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Five Ways MC Has Prepared Us for Covid-19 and Social Distancing

1. We already have had to learn to cope with staying close to home when in a flare. This has prepared us for sheltering in place.



2. We already minimize eating out at restaurants, so don't miss not having that option.

3. The difficulties of traveling with MC can make it hard to plan trips and vacations. And observing others taking fun trips can be depressing. But now everyone is in the same boat.

4. Home-cooked food is what we normally eat. Many others have come to depend on fast food and convenience foods that suddenly aren't as readily available. Transitioning to planning meals can be a major irritation and adjustment that we already have accomplished.

5. We can feel left out when so much of social life revolves around food-related gatherings. Now everyone is in the same situation, and socializing via phones and computers has become common.

And hopefully our family and friends will now have a more sympathetic understanding of the adjustments we have had to make, having now experienced what so many of us have gone through in our journey with MC.



"HOW COULD YOU CALL IT 'DOG FLU' ?
I'VE NEVER EVEN HAD A SNIFF-LE!"



Why an MC Recovery Diet Should Be Low-Carb

Despite the fact that it's rather common knowledge that the production of digestive enzymes decreases significantly when the small intestine becomes inflamed, a search of the medical literature produces surprisingly little useful medical

research on this issue. The loss of those enzymes significantly limits our ability to digest many foods, especially carbohydrates, whenever an inflammatory bowel disease (IBD) is active. We can still produce relatively tiny amounts of these enzymes, but not enough to digest a normal meal. That's why we eat soup when we have the flu — we aren't able to digest more substantial foods because our gut is inflamed. So because of the inflammation that causes microscopic colitis (MC), digestive enzymes are in short supply whenever the disease is active. Unfortunately, most medical professionals don't even realize that the small intestine is usually also inflamed with MC, because that's not part of the official medical description of the disease.

Both the Small Bowel and the Pancreas tend to Become Inflamed.

Not only is enzyme production by the small intestine seriously limited, but often the pancreas is also inflamed when MC is active, resulting in a deficiency of pancreatic enzymes. That means that our digestive system is better able to extract nutrients from simple, overcooked, easy-to-digest foods. A simple recovery diet consisting of a few foods that are heavy on proteins while minimizing carbohydrates is not only helpful, but in many cases essential, if recovery is to be achieved.

This Can Happen with Flares, Also.

Please note that this is even true in the case of a subsequent flare that lasts longer than a few days. We will progressively lose our ability to produce

sufficient enzymes as a flare continues, so a return to a very basic recovery diet is often necessary. It matters little whether our recovery diet is balanced, because the inflammation prevents us from absorbing many of the nutrients in our food at that point, anyway. The best we can hope to do is to get enough protein out of the food to begin healing, and enough energy to enable us to perform our daily duties until our digestive system heals sufficiently to allow better digestion

Some Practitioners Recommend Enzyme Supplements.

MC patients being treated by functional doctors or naturopaths are often advised to take digestive enzymes, based on their test results. In a few cases, this turns out to be helpful, but for many others, it's either not helpful, or it may even interfere with recovery. Why this happens is not clear, but for most of us, it's usually better to avoid such supplements while recovering. After stable remission is achieved, a patient is in a much better position to be able to experiment with digestive supplements if desired, to see if they help (or make symptoms worse), without jeopardizing their recovery. But for most of us, we seem to recover just fine without those supplements, and by avoiding them, we eliminate an unnecessary risk that might cause our treatment program to fail.

Above All, Every Item in Our Diet Must Be Safe.

Specifically, our recovery diet must not contain any food that we know provokes our immune system to produce antibodies against it. This is essential, or healing cannot occur. If anything we put into our mouth causes an immune system reaction, the inflammation will be perpetuated and we may never be able to reach remission. This caveat applies not only to food, but to medications, supplements, mouthwashes, toothpaste, and anything else that contacts the mucus membranes of our mouth, or is swallowed. In severe cases, even skin products that contain certain ingredients can perpetuate a flare.

Carbohydrates Should Be Selected Carefully.

Small to moderate amounts of certain peeled (to remove most of the fiber) and over-cooked (to ease digestion) vegetables may be well-tolerated during a flare. Grains, however, should be carefully considered before selection as a candidate for a recovery diet. And it's not just refined grains that are the problem, even whole grains present digestive problems for many MC patients. True, highly-processed grains are a greater problem than whole grains, but considering whole grains to be a healthy choice is ignoring their inherent problems. They are simply a lesser evil when compared with processed grains. Here's why:

Compounds Known as Anti-nutrients Are Common in Grains.

Grains contain numerous anti-nutrients designed to reduce herbivore predation. Some of the better-known examples include lectins, benzoxazinoids, and amylase trypsin inhibitors (ATIs). These anti-nutrients are not restricted to grains. Some of them are present in all plants, especially beans and other legumes, but beans and other legumes should be avoided in a recovery diet anyway, because of the association with soy intolerance. Note that proper cooking can reduce the effect of these anti-nutrients, but probably not neutralize them completely in many cases. This provides further evidence of the benefits of over-cooking food used in a recovery diet. Rather than describe the rather complex details of the risks that anti-nutrients present to MC patients here, suffice to say that it can be shown that these anti-nutrients may cause increased intestinal porosity (leaky gut) in IBD patients, providing a more-than-ample reason why an MC patient might want to avoid them in a recovery diet. **(1)**

Brain Fog, Is a Common Complaint Among Patients in a Severe Flair.

Recently-published research shows that diet not only regulates brain aging in young adults, but it clearly demonstrates that diet can also be used to reverse age-related effects in the brain.⁽²⁾ The research article focuses on the benefits of a low-carb diet. The fact that a low-carb diet provides such brain-enhancing benefits for everyone (not just MC patients) shouldn't surprise us. After all, the main reason why humans were able to compete so successfully when they were initially evolving (during the paleolithic period), was because of their development of a relatively large brain, compared with other species. And this development was not due to chance — their large brain developed because of their meat-based diet. In other words, we evolved eating primarily meat.⁽³⁾

Did the Paleo Diet Normally Contain a Substantial Amount of Carbs?

Many scientists point out that the archaeological records show that our paleo ancestors often ate a diet that included carbs (based on preserved fecal samples), so they arbitrarily conclude that carbs were a preferred part of the paleo diet. It's easy to visualize how they might have relished many fruits, for example. But how often were fruits in season? They had no way to store them, or ship them around the world, so that season was surely rather short. Would they have preferred carbs like bark and roots? Surely not, unless they were starving. Grains were not an option, as they didn't even exist in those days, except as widely scattered plants that produced only a few kernels.

Humans Evolved During a Time Span of Roughly 2,000,000 Years.

Consider that the most likely fecal samples that survived to be analyzed in modern times were probably the ones that were most-recently discharged. These came from a population that found itself running short of meat as the end of the paleolithic period approached, and over-population by humans had resulted in over-hunting, leading to a scarcity of game animals. Starving people will eat almost anything. Starvation was the driving force behind the original development of agriculture during the neolithic period. It's therefore rather likely that humans evolved their big brains by primarily eating meat (especially early on), as claimed by Wanjek.⁽³⁾

Wheat Was the First Grain to be Developed.

And it quickly became a staple in the human diet. The other common grains came along much later in our history. But of course our epidemiological (combined) experiences as MC patients show that not only do we have to totally avoid wheat if we hope to gain remission (and remain there) without needing any medications, but we also fare much better, on the average, if we avoid all grains. This is yet another reason why we should follow a paleo-based diet that avoids modern carbohydrates when selecting a recovery diet. After we reach stable remission, we can add certain grains back into our diet if we choose to do so, after testing them one at a time. But many of us will find that if we continue to exclude grains, or at least minimize them in our diet, our digestive system will thank us every day, and it will show its appreciation by performing beautifully, as it was originally designed.

References:

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“Keep your eyes straight ahead and you can make it!”