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THE FOOD ISSUE

JUICY FRUIT
Delicious ways
with peaches

GOOD GRUB
Eat yourself well

HIPPIE CHIC
This summer's
boho look



TUMMY TUCKER

One woman's quest to find food that loves her

A FEW months ago, an old lady at the bus stop asked me how many months pregnant I was. To her crimson-faced surprise, I wasn't. But I'm not blaming the gentle geriatric or any others who have wondered. Given I'm an otherwise small, partnered-up 28-year-old who's not currently drinking alcohol and prone to rubbing her distended belly, it's a fair guess. But nope, no baby in there — just pure bloat. Not that pre-period puffiness, nor that got-to-undo-a-button-on-my-pants bloating which follows Christmas dinner, but a swelling more like that of an overeating adult or a starving African child. Yet as my stomach is relatively flat before breakfast, I knew the puffball was neither a layer of fat nor the signs of starvation. Instead, over the day, it would gradually blow up like a balloon, to the point where I couldn't help imagining pricking it with a pin to deflate it.

Over a recent period of about 18 months, the bloating got so bad that, unless it was a rare, subdued day, I'd veil my belly with flowing tops, baby-doll dresses, nothing tight around the tummy. And while my stomach had never been a quiet companion, its occasional machinations had given way to alarming-sounding gurgling and a startling squeaking sound (as my boyfriend put it, "as though a small creature had crawled up there to die"). Then there were the intermittent stabbing pains, the socially-impairing gassiness, and other symptoms that I'll spare you.

Blood tests, digestive-aid tablets, not drinking while eating... my doctors' counsel proved fruitless. So, determined to quash those pregnancy rumours, I did some online research and started wondering: did I have a food intolerance?

Strictly speaking, an intolerance is a sensitivity to one or more food chemicals which, due to their drug-like side effects, can cause adverse reactions. While symptoms vary from person to person, stomach and/or bowel problems are the most common, sometimes accompanied by headaches and a rundown feeling. Check to all four.

When my mother reminded me I'd outgrown a mild wheat allergy as a child, I resolved to go all Gwyneth and cut out wheat. It was an expensive exercise buying the gluten-free bread, muesli, pasta and biscuits (some of which tasted decidedly cardboardy), but with no improvement after six weeks I gave up.

Then one weekend, after a dish of vegetarian nachos, my swollen stomach spasmed into severe stabbing pains and bursting out of a suddenly-too-small top. My friends were aghast. "You don't have to put up with this!" they said. "Someone must be able to help."

True. If Paris Hilton had had this problem someone would've got her back in her slinky outfits by now, so I headed back to my doctor with new hope. She

My search for food that loves me

SARAH LANG recounts her quest for food she can stomach without ill-effect

referred me to Auckland Hospital's gastroenterology department, who wrote me a very polite letter saying that, as I was a non-urgent case, they were declining to treat me. Unsure what to do next, I put my stomach in the too-hard basket, treating it like an unpredictable toddler who needed placating. Trouble was, I didn't know how.

WHILE RESEARCHING a story about how our eating habits have changed, I interviewed registered dietitian Anna Richards, who has specialised in allergies and intolerances for 15 years.

While like other dietitians Richards has witnessed a significant rise in intolerances, there are no New Zealand statistics to confirm this (international estimates are that intolerances affect 5 per cent to 10 per cent of people). Are more people suffering them, or have we just got better at recognising them and shrugging off the

lies spend vast sums of money buying special products and on tests that aren't actually diagnosing food intolerance," says Richards.

Meanwhile, it's easy to fall into the incorrect-self-diagnosis trap, especially if you're Google-searching or reading magazines where every second celebrity seems to be spurning gluten and/or wheat (which usually goes hand-in-hand).

Richards points out (and as I had discovered) that gluten is often a red herring.

"People come in and say 'I need a gluten-free diet,' but often the issue isn't actually gluten." Rather, the problem can be the form of the bread or pasta — with thin and crisp being tolerated and doughy causing bloating — or it could be the preservatives in it, or the foods commonly consumed with it, she says. "Don't cut out a major food group for the rest of your life based on a whim, as socially, financially, as

then what the likely level of tolerance is," says Richards. "Ultimately we want a diet that is as wide and unrestricted as it can be, while moderate enough to continue to manage symptoms."

Unlike allergies, intolerances are dose-related — so people can usually stomach a certain amount of the problem chemical. "A mistake people often make with intolerance is assuming they have to have nothing," explains Richards. "I have a bit of a dodgy relationship with dairy products: if I have too many I get very sneezy and dark under the eyes. So I'll have cheese and yoghurt but I won't have them both in one day; and I can have a latte every day, but if I have two lattes in a day I know about it."

Resolving not to sail solo on my stomach-settling endeavours, I booked an appointment with Richards. After detailing my normal daily diet from my fruit-and-cereal breakfast right down to the last handful of dates, and outlining all my symptoms, it's patent that what looks good on paper doesn't sit well in my stomach. As Richards then explained, my genetic inheritance hasn't helped. I come from an "atopic" family whose genetic make-up predisposes us to asthma, hayfever, eczema, food allergy and intolerances. (Only eczema, which my sister suffers, has bypassed me.)

Time to mentally prepare myself for the restrictive, month-long elimination diet (ED). I shouldn't expect too much, too soon, Richards warned. "Sometimes people don't see a huge improvement straightaway but then see a marked deterioration at the [food-chemical] challenge." So when my stomach is up to its usual madness on a challenge, I should be able to pinpoint the problem substance(s).

It's surprising what you do and don't cut out of your diet. As cutting out wheat had made no difference, and (after looking at my diet history and symptoms) Richards thought a dairy intolerance was unlikely, the problem was more likely to be one of the "mother nature" food chemicals: sali-

I WASN'T ENTIRELY SURPRISED TO LEARN THAT THE TASTIEST FOODS, USUALLY THE HIGHEST IN NATURAL CHEMICALS, ARE GENERALLY THE MOST PROBLEMATIC ONES.

grin-and-bear-it attitude of old? While they're definitely more prevalent nowadays, says Richards, there's no consensus on why.

One reason for the lack of statistics is that there is no diagnostic test for intolerances, which are often underdiagnosed or misdiagnosed and poorly managed, explains Richards. Unlike allergies, intolerances don't involve antibodies which can be picked up with a blood test, skin prick or patch test. And with no quick, conclusive test available, many people are proclaiming themselves intolerant without a professional diagnosis.

"What upsets me hugely is that fami-

well as nutritionally it has a huge impact. Wait until you know what the problem is."

So how would I go about diagnosing a food intolerance? Via a strict exclusion-and-reintroduction process: an elimination diet followed by several food-chemical challenges. Not everyone will do the same challenges, says Richards. "It depends on your symptoms and often the results of initial challenges indicate which other challenges may or may not be warranted."

A dietitian who is experienced in the area should take a full history, outline the diagnostic process, then check regularly with the client. "My role is trying to identify exactly what the problem chemical is,



EXPERIMENT:
 Writer Sarah Lang
 slowly weeded out
 the culprits in her
 body's war with
 food.

PICTURE / RICHARD
 ROBINSON

cylates, amines and glutamate.

"Solicit, glutton — what?" Thankfully Richards handed me two booklets to guide me on my way, with detailed explanations, tips and strategies. They became my *Bible*, ending up in a well-thumbed scruffy state in the nether regions of my bag.

As the booklets explain, salicylates, amines and glutamate — natural substances found in many different foods — can upset sensitive systems. A family of plant chemicals found naturally in many fruits, vegetables, nuts, herbs, spices, jams, honey, tea, coffee, beer, wines, medications including aspirin and so on, salicylates — something I'd normally swallow a lot of — were out of bounds on the ED. As were amines, which come from protein breakdown/fermentation and are found in foods including cheese, chocolate, wines, beer, and certain fruits and vegetables. Tasty foods rich in the natural protein-building glutamate (including mushrooms, tomatoes, cheeses) were also a no-go zone, along with pure monosodium glutamate (MSG), often used to flavour soups, sauces, snacks and Asian food. And as most food-chemical-sensitive people are also sensitive to common food additives, including colours, preservatives and flavour enhancers, I'd need to avoid them too.

Although slightly miffed, I wasn't entirely surprised to learn that the tastiest foods, usually the highest in natural chemicals, are generally the most problematic ones. So I put off starting the ED until after a tasty-treat-studded function. Jam-and-cream scones, chocolate eclairs, fruit tarts, lamingtons and chocolate-dipped strawberries were all consumed with the smug rationalisation that I'd be eating plain food for the next month.

THE DAY before D-Day, fellow supermarket shoppers shot me strange glances as I traipsed turtle-speed through the aisles, suspiciously scanning wrappers for tell-tale additives and neurotically thumbing through my booklets which listed the chemical status of foods: one in "allowed" and "avoid" groupings, and one according to low (eat most), moderate (eat occasionally), high and very high.

By the time I finally left Foodtown nearly two hours later, I'd realised just how many weird-sounding additives are in our food (a packet of wraps will never look the same again). And given the supermarket's lack of preservative-free cottage cheese, I had to detour to my local wholefoods store where I also discovered henceforth staple snack: roasted chickpeas. (By the diet's end, I'd got through so many jars of chickpeas and cottage cheese that the store ran out of both products twice.) With the larder stocked, it was time to run the gauntlet. As a vegetarian/sometime-pescatarian, by far the hardest thing was changing, and somewhat reducing, my fruit-and-vege options. No more morning fruit salads or

my favourite fruit, mango. Pears were the only fruit permitted — ripe and peeled, mind you. No more tomato, cucumber and capsicum in salads; no more courgettes, carrot, mushrooms and broccoli in stirfries or curries — just a few vegetables such as green beans, leeks, cabbage and celery. No thick or squishy bread, only the preservative-free stuff. No more spices (thank God salt was spared). No more wine or beer. No more caffeine. And my dried-fruit addiction — particularly to dates — had to go on hold. But I could go for gold on pita bread, pasta, potatoes, pears and pretzels (for short, I dubbed it the P diet).

Plagiarising Peter Elliot on that *Get Ready Get Thru* ad campaign, my new mantra was “be prepared”. And I usually was, to the extent that going away for a long weekend necessitated a barrel resembling a week’s food aid. But it was hard. The allowed foods I ate most often — pita bread, potatoes, rice, shallots, cottage cheese, eggs, lettuce and pears — were uneasy bedfellows. Flavour seemed a thing of the past and far from feeling healthy, I felt clogged up with carbs. My caffeine-withdrawal headache didn’t taper off for days; I couldn’t ask friends over for dinner or accept their dinner invitations; and no takeaways was a pain, especially when out-late hunger pangs struck. I missed kebabs.

But it’s all about the outcome, right? Studiously filling in my food diary, I noted every handful of chickpeas and every incidence of symptoms. A few days in, with my symptoms coming and going, I took a “night off” for a long-planned dinner at a friend’s. How was I meant to resist seafood laksa and apple pie, for heaven’s sake? It was like manna from the heavens. Reassured by my yellow booklet — which said to treat an unpostponeable dinner or party like a one-day challenge — I jumped back on the elimination wagon.

With my symptoms persisting, likely because of my lapse, I began feeling decidedly disheartened. On one hand I didn’t want to give up or waste two weeks’ effort, but on the other hand it was all so hard and how did I know it was working? Maybe I was just intolerant to food full stop. But I



reminded myself of Richards’ advice: that sometimes symptoms take quite a while to settle down. And right on cue they did, and stayed at bay for the first time in a long time. I hadn’t realised how flabby I’d been feeling until the fitted dress I put on, well, fitted.

During the third week the cravings hit — damn those fast-food ads during *Shortland Street* — but by Week 4 all I wanted was a salad: something fresh and tasty rather than bland and stodgy. So I decided to buy every vegetable I was allowed and get creative with them. Vegetable-filled frittata and risotto became culinary bastions.

A month in, with symptoms still at bay, I checked in with Richards. Time for the challenges: first adding high-salicylate

foods to the baseline diet. Over the week, I was to consume at least six servings of salicylate-heavy food each day — for instance, a cup of strawberries or watermelon, one cup of strong tea — selected from the list provided. (As many foods have high levels of two or even three chemicals, I could eat only-salicylate-sporting foods so as not to confuse what was causing the symptoms.) You can imagine the relish with which I substituted my monotonous porridge-and-yoghurt breakfast with fruit salad, all the while reminding myself of Richards’ advice: not to necessarily expect a particular set of reactions, which vary in speed and severity. But by that night I looked at least a few months pregnant and my unlimited cups of tea — no decaf necessary — made me feel as buzzed out as if I’d ingested a dozen flat whites. By the next day, all my symptoms were back with a vengeance.

As Richards had told me, if the more of the food you eat the worse you feel, you can pull the plug on the challenge. But I decided to plough on: partly because being bloated was second nature anyway, partly because I was enjoying my fruit-and-veg reunion, and partly because I wanted to yield enough evidence as to whether I was salicylate-sensitive. On Day 7, I ate salicylates at every meal and snack. This time I looked like I was about to call the midwife.

After three symptom-free days back on the baseline diet, the amines challenge was tricky in an entirely different way.

Eating a minimum of 60g of chocolate each day — around 12 squares — was a deeply-weird anathema to years, decades even, of training that said just have a square or two. But only my brain, not my stomach, had qualms at the chocolate deposits. So, as Richards said when I called in, I didn’t appear to have an amine sensitivity, and could eat chocolate freely once this process had finished (although after the overdose my taste for chocolate has yet to return).

Despite this calorie overload, with my jeans a lot looser I realised I’d lost a few kilos. But I wouldn’t recommend this as a

weight-loss plan, as the hike in carbs more or less balances out the lack of processed foods — and there are much tastier diets out there.

During the diet I’d had to eschew wine and restaurant meals on a weekend away, so by the time my anniversary rolled round I was gagging to break the diet with an additive-and-flavour-laden dinner out and an obligatory glass of champagne. Less than half a glass left me tipsy — and sure enough, my stomach flared up.

A few days later, after it had calmed again, it was time to see what glutamate — mainly consumed in lashings of soy sauce — would do to me. Nothing.

So, as Richards confirmed, salicylates has emerged as the culprit — but that’s not to say I can’t have any. As the effects of problem chemicals depend on the combination and amount consumed in your daily diet, everyone has a different “budget” they can use up before reacting. In other words, depending on your reaction “threshold” — the amount of problem-chemical-containing foods you can eat before symptoms return — large amounts may upset you, while smaller doses may not.

THE FINAL step is to work out my salicylate threshold over a period of up to 10 weeks, starting with half a serve every third day for a couple of weeks, and working my way up to two serves daily. Once I know my threshold, I’ll weave my daily budget into my diet. If it’s a special occasion, I’ll likely decide to eat salicylate-laden food anyway and suffer the bloated consequences. If I’m going out in a slimline dress, I’ll likely decide to avoid it.

It’ll be hard, given that fruit and veg are my two main food groups. But either way, I’ve got the power back: the power to make decisions about how my body will look and feel, rather than the frustration of being dealt an utterly unpredictable hand.

But belly or no, I’m definitely not starting until after the holidays. As I write this, I’m counting down to the day when I start partaking of every treat imaginable. Starting with some fresh dates... □

EXPERT: Dietician Anna Richards says many people are proclaiming themselves intolerant without a professional diagnosis.

PICTURE / RICHARD ROBINSON

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