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Eating Well Is the Best Revenge

Noted nutrition **expert**
and author **Larrian Gillespie,**
MD, shares her insight about food,
cooking and weight management

Larrian Gillespie is talking. Her latest book, *The Complete Idiot's Guide to Total Nutrition Cooking*, is in release across the country and, with it, the widely quoted author is continuing her public dialogue about what and how Americans should eat.

Although she's attracted the attention of some high-profile celebrities, Gillespie's message isn't adorned with gimmicks and faddish twists. Rather, it's a bedrock of common sense blended with sound nutritional science. As it turns out, this diet guru says eating delicious food to maintain optimum health is easier than most people think.

NWM sat down with the upbeat and ever-busy Gillespie and asked her to give nurses the inside scoop on the secrets to healthy eating.

NWM: *You spent many years practicing medicine as a urologist. When did you become interested in nutrition and what started you writing on the subject?*

Gillespie: I really enjoy preparing and eating food. During my fellowship in London in 1978, I studied with Mr. Richard Turner-Warwick. The only time he didn't see patients was on Wednesday afternoons. It so happened that the famous Le Cordon Bleu offered a weekly cooking course at the same time. So, on Wednesdays, I traded in my scrubs for an apron.

Later, in my own private practice, I noticed that many patients with irritable bladders told me that certain foods seemed to aggravate their symptoms. But the explanations I found in urologic texts simply didn't jive with what I was hearing from patients.

As I collected a unique laundry list of foods, I soon discovered they belonged to a category known as the biogenic amines—foods highest in tryptophan, tyrosine, tyramine and phenylalanine. Examples of these foods include cheddar cheese, chocolate, soy sauce and soybean condiments, and processed meats, such as cold cuts. Now, back in 1982, few people—including surgeons—had any inkling about the impact of digestion on the urinary tract, let alone smooth-walled blood vessels, urinary bladder linings and nerve endings. However, I dug out my human biochemistry textbooks from medical school, reviewed the metabolic pathways, both normal and abnormal, and found that highly charged “free radicals” could be produced from these foods, especially in the face of rapid gastric emptying.

I began to analyze the urine from these patients for these specific byproducts and was able to prove the existence of metabolic abnormalities. My findings ended up in an article published in the *British Journal of Urology* and in a medical textbook discussion of interstitial cystitis. However, when I told patients to avoid these foods, they would whine, “But what can I eat?” So, I started writing recipes that eliminated these foods, and produced the first interstitial cystitis cookbook called *The New My Body My Diet*. I have found, happily, that this diet is effective in reducing migraines and irritable bowel problems.

NWM: *You also studied at La Varenne in Paris, another prominent culinary school. What did this experience teach you about nutrition?*

Gillespie: Well, cooking school in the 70’s and 80’s wasn’t concerned about nutrition or cholesterol. It was the era of the “French” influence on high cuisine, with lots of fats and complicated sauces. Cooking seasonally was not emphasized, and frozen foods were the popular choice for

vegetables. Since I traveled internationally to medical conferences, I was exposed to a wide variety of cuisines in their natural settings, using local ingredients. I can still taste my first bite of *fejoida* in Brazil, goat stew in Morocco, tomato salad with sardines in Istanbul, and pork with apples and pears in Belgium.

NWM: *Can you describe how and what you ate when you were growing up and how you think that is different from how children eat today?*

“Choosing a diet is like wearing a hat—not all styles look good on everyone.”

Gillespie: Oh, this is really sad. My mother was raised on a wheat farm in Canada, and her mother was a very good, simple cook. My mother, however, still burns water and has no aptitude for taming the flame. As a result, we ate rubbery oatmeal for breakfast, canned soup for lunch and, for dinner, chicken masquerading as jerky along with instant mashed potatoes and canned vegetables. Desserts were rare, as was bread. We never ate at restaurants. It wasn’t until college that I actually discovered how food could really taste. I took a job as a food server in the dorm cafeteria and watched the cook prepare simple foods like scrambled eggs, which to my surprise did not require the shell to be a completely nutritious meal!

Today, more children and adults want fast foods to grab and go, as everyone claims to be in a hurry. Processing has become the mantra: processed cereals, fruit juices, dinners in a box—anything to avoid cooking.

So, although the food I was raised on wasn’t the best, it was home cooked, and we always sat down together for a meal.

NWM: *What do you think is the single biggest misconception about eating healthy?*

Gillespie: I can sum it up in one word: labeling. Just put the word “healthy” on anything and shoppers blindly assume the company is putting consumer health over profit margins.

Eating healthy is really about understanding your own personal needs, such as watching the salt load, or not eating too many carbs or fat. In my book, *The Complete Idiot’s Guide to Total Nutrition Cooking (CIGTNC)*, I explain this in depth. I also wrote 308 recipes geared to reduced sodium, high fiber, low fat or controlled glycemic-load diets. It’s all about assessing your medical issues and using your diet to help reduce or eliminate the dependence on buckets of medication to live well.

NWM: *A study published in the Annals of Internal Medicine concluded that many popular weight loss programs don’t work. About the same time, the Journal of the American Medical Association reported that Weight Watcher’s participants did lose weight, but the average loss was only 6.4 pounds after two years. What do you think about popular weight loss programs? If they don’t work, then why are they so popular?*

Gillespie: Diets, by and large, are about a dream. We see a flattering image and we want to instantly look like that or wake up 10 pounds lighter overnight. It takes about one month to lose 6 pounds, and that is the limit of many people’s attention span. A “diet” means consistently focusing attention on selection and quantity. It’s not about comforting ourselves with foods that stimulate the release of pleasurable endorphins. Most of



Gillespie cooking with friend, Elora Alden.

us have access to more food than we need, which can lead to conspicuous over-consumption, the demand for “supersizing” and the goal to get the most for our buck!

When it comes to weight-loss programs, many people want someone else to be responsible. If the program doesn't work, then it was the program that failed, not the individual. No one wants to be alone in denial! I think many people need group support and accountability to maintain their focus on weight control.

NWM: *There are so many diet books and diet theories in the marketplace today, and they all make similar claims. Are you of the mind that some diets may work for certain individuals and not for others? How do you see your approach to eating healthy as a choice among many, and why would someone want to choose your approach over another?*

Gillespie: Choosing a diet is like wearing a hat—not all styles look good on everyone. I believe you need to select a balanced nutrition plan that suits your lifestyle, personality and snacking habits. My approach is to emphasize conscious selection. You can't simply waltz into the house or a restaurant and magically find a healthy meal without some forethought. The goal of my books, including *The Menopause Diet* and *CIGTNC*, is

to demonstrate how you can quickly prepare foods that are fresh in about the same time it would take to park a car in Los Angeles. Food doesn't have to be a culinary production number to be entertaining, nutritious and satisfying. If you feature freshness, you don't need to gussy things up with tons of fats, salts or starches. And if you feel the need for some high-fat, gooey delight, then enjoy it, take responsibility for it and get right back on track.

NWM: *You have written that men and women digest and metabolize food differently. Can you talk a little about this? In your book, *The Menopause Diet*, you raise this issue and maintain that understanding it is essential to managing weight gain during this period of a woman's life. What research led you to this conclusion and why wasn't this information available to women earlier?*

Gillespie: This is important to understanding why diets, and even medications, don't work equally for men and women. Women were designed to procreate even in the face of starvation; men were not. As a result, progesterone makes our stomachs empty one hour later than men, which enhances our ability to suck out every carb in our food and store it as fat. For the same reason, glucose tolerance

tests need to extend one hour longer for women. Once you understand the timetable of gastric function, it becomes clear that women need to choose a low-glycemic diet (good carbs that digest more slowly and don't spike blood sugar) with moderate fat intake, while men should avoid fats and dairy to a significant degree. In *The Gladiator Diet*, I explain the effect of testosterone on digestion and, incidentally, drug metabolism.

I should note that this information has been available since 1997, but relating gastroenterology to nutrition simply doesn't happen.

NWM: *Are you saying that the two disciplines aren't collaborating?*

Gillespie: Exactly. It's much like urology and gynecology never “talking” to each other until the last decade. When I entered menopause I gained 24 pounds by following the recommendations of the American Dietetic Association. But this was wrong for me at that stage of my life. Fortunately, I accessed the National Library of Medicine (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>) and by using some keywords, *voilà!* I found the information I needed.

NWM: *Recent research from the Canadian Community Health Survey found that nurses working evening and night shifts have more difficulty maintaining a healthy weight. The researchers give certain suggestions for modifying food choices, but what are your thoughts on this finding, and do you have recommendations you might offer to this segment of the workforce?*

Gillespie: I, too, looked into night-shift health issues during my research and realized our cortisol levels naturally rise between 1 and 4 a.m. Now, increased cortisol affects insulin levels and makes us hungry. This is fine and good when we are asleep, because our brains are very active during rest.

But if we are awake at this time, and at work, it's much harder to resist the biologic drive to consume carbohydrates.

Another hormone, melatonin, is released from the pineal gland under darkness. However, if someone is exposed to artificial light and doesn't have a prolonged period of "darkness," melatonin can't inhibit linoleic acid from stimulating normal breast tissue to think about starting a "party." This cancer-inhibiting effect is severely disrupted in women who work night shifts, in addition to affecting insulin response, which is also part of the cascade that can stimulate abnormal capillary growth in hormone sensitive tissue.*

So, my recommendation is that if you work the night shift, increase your protein consumption during the evening, as this will slow down the rate of gastric emptying stimulated by cortisol, and help smooth out your blood-sugar levels. I also suggest that you sleep as soon as you get home using eyeshades to block out light. When you get up, turn the lights on in your house. I recommend using full-spectrum light bulbs to help better adjust your melatonin levels to more normal rhythms. And finally, try to stay clear of vending machines during stressful shifts at work.

NWM: *Many American's take multivitamin tablets or capsules to get their daily dose of RDA. Do vitamins really work? How does what an individual eat impact the effectiveness of multivitamins?*

Gillespie: I don't think vitamins should be considered a primary source for obtaining nutrients. This means no mega doses of anything. Studies show that supplements don't have the same effect that minerals or vitamins do in

their natural state. This is explained by the fact that there are oodles of additional helpers in a food source, such as fiber or other micronutrients, which are key to allowing our bodies to utilize the vitamins for maximum benefit. Foods are nutraceuticals, not pills. To increase your intake of valuable nutrients, I suggest selecting fresh foods instead of canned or processed alternatives.

NWM: *Many dietitians maintain that Americans do not eat enough fiber. What's your position on this? Do you think fiber is that important and how much should people be consuming as part of their daily diet?*

Gillespie: Again, processing food robs it of key fiber content. My grandparents lived on a farm and ate no processed foods. They smoked unfiltered cigarettes, drank alcohol and lived into their mid 90s. They also consumed fresh produce and grains and got daily exercise tending to all the duties of managing a farm.

Now, I'm not advocating that anybody smoke, and you don't have to live on a farm to be healthy. But to get your fiber—and we all need it—we have to look again at fresh foods. In *CIGTNC* and all my lifestyle books, I demonstrate how easy it is to get 25 to 30 grams of soluble and insoluble fiber daily by preparing your own meals. It's about selection and keeping the right foods in your house. And I'm not talking huge quantities either. For example, just one cup of blackberries has 7.6 grams of fiber.

NWM: *How do you respond to claims that deep fried or flash-fried food is healthier than pan-fried food?*

Gillespie: Fried food is a comfort food and should be viewed as a treat.

Deep-frying, if not done at the proper temperature or with a crowded pan, will lower the ideal cooking temperature and increase the absorption of oil into the food. For this reason, many manufacturing plants control flash-fried food, minimizing the exposure time to hot oil before the product is frozen. Pan-fried food is cooked at a much lower temperature and absorbs more oil. Think fried chicken in a cast-iron pan.

If you have to choose between the devil and the deep-blue fat sea, flash fried is the better way to go. As for choices of oil, I prefer peanut or

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Low-Glycemic Choices

In her book *The Menopause Diet*, Larrian Gillespie offered the nuts and bolts to choosing good carbohydrates. The following is her A-list recommendations for the very best low-glycemic foods.

- Asparagus
- Bean thread noodles
- Broccoli
- Brussels sprouts
- Cabbage
- Cauliflower
- Celery
- Cherries
- Cucumbers
- Dried apricots
- Green beans
- Kiwi
- Lettuce
- Nuts
- Onions
- Pears
- Peppers
- Plums
- Spinach
- Tomatoes
- Zucchini

*Travis, R., Allen, D., et. al. (2004). Melatonin and breast cancer: A prospective study. *Journal of the National Cancer Institute*. <http://jnci.oxfordjournals.org/cgi/content/full/96/6/475>

Blask, D., Dauchy, R., et. al. (2005). Putting cancer to sleep at night: The neuroendocrine/circadian melatonin signal. *Endocrine*, 27(2), 179-188.

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canola since they have the least amount of saturated and trans fats.

NWM: *There is a lot of media coverage about the risks of osteoporosis, which some medical professionals consider a natural part of aging. How concerned do you think women should be about it, and what is their best defense against it?*

Gillespie: Prunes! Seriously, studies show that eating dried plums can do more for a woman's bone health than all the drugs currently marketed to older women. The original 1995 studies* compared potassium carbonate to pharmaceutical wonder drugs and found that women increased bone production just as well with a daily dose of potassium carbonate. In addition to boron, prunes contain high levels of potassium and phenolic compounds, nature's natural antioxidants.

Of course, poor dietary habits and insufficient exercise are big issues, and many women are taking drugs that steal calcium from their bones. So, I do think some concern about osteoporosis is warranted.

NWM: *Today, more and more adults, including nurses, do not have the time or do not take the time to prepare meals at home without relying on heavily processed and pre-packaged food, much of*



Snack time for Gillespie's canine buddies, Rhett and Scarlett.

which seems to be an update and expansion of the old "TV dinner." For adults pressed for time, what strategies do you recommend to support healthier eating?

Gillespie: I don't buy the "not enough time" argument. I think it's an excuse for consuming prepackaged foods marketed as healthy when, by now, most people should know these choices are loaded with sodium and simple carbs. How much prep time does it take to eat an apple with some cottage cheese and berries? In *CIGTNC*, I offer numerous recipes that are quick and easy to prepare and are also low in sodium, fat and bad carbs. They take about 15 minutes. Why? Because you already have the ingredients you need in the house. You can be talking to your friend, your spouse or your kids and be grilling a chicken breast, steaming vegetables

and nuking a sweet potato in the microwave, all without breaking a sweat. It's about a little planning and making conscious choices.

Now, if you absolutely have to go frozen, on my website at <http://menopausediet.com>, I provide a list of frozen meals that are your best bets. There's plenty more information there as well, including free articles, quizzes and other fun things.

NWM: *What's your position on the benefits of eating organic?*

Gillespie: I have mixed feelings about this, mainly because some people feel guilty for buying non-organic to save some money. There are some foods, however, that are especially high in pesticides and other toxins, according to the Food and Drug Administration. These include strawberries, green bell peppers, spinach, cherries, peaches, cantaloupe, celery, apples, apricots, green beans, grapes and cucumbers. So, I think paying an "organic" premium for these foods makes sense.

NWM: *Finally, what are your favorite foods, healthy or otherwise?*

Gillespie: It's hard to say because I travel a lot and enjoy so many cuisines and cooking styles. But some particular favorites are Leonidas hazelnut-flavored Belgium whipped-cream chocolates, fine wine, great steaks, fresh fish and avocados. But perhaps my very favorite will be a new dish I haven't yet tasted, prepared with love and respect for its natural ingredients! **nwm**

* Remer, T., Manz, F. (1995). Potential renal acid load of foods & its influence on urine pH. *Journal of the American Dietetic Association*, 95(7),791-797.