

FODMAP Fantasies

The doctors in Australia who “discovered” the FODMAP diet had an absolutely startling revelation. ----- If people cut out sugar and beans, they get less intestinal distress! Truly amazing.

Why are beans a problem? The FODMAP diet blames it on the nature of the bean carbohydrate --- with a significant content of galactans. It may be true that galactans are not an easy starch to digest, but the complicating factor with beans is the enzyme inhibitors they contain. Since beans contain trypsinase and other enzymes that inhibit protein digestion, you end up with the lower intestinal tract receiving a combination of difficult to digest starches plus putrefying protein --- a combination sure to cause distress in any who are even slightly deficient in digestive capacity.

There is another major problem with beans --- the lectins they contain. What are lectins? Lectins are constituents of many foods. They probably exist in plants as part of their resistance against their natural biological enemies. When we ingest lectins, they tend to cause an agglutination reaction in our blood elements. Obviously, that is not healthy. However, the lectins in most foods are quantitatively insignificant. In beans, however, the lectins do have enough biological activity in humans to be a very definite detractor. So, with beans being a less than ideal food, add one more reason why violations of the FODMAP diet (in other words eating beans) can cause some level of distress in a few individuals. [For a more complete explanation of the lectin phenomenon, consult the NUTRI-SPEC Article, “Lectin Quackery”.

There is yet another problem with beans that does not directly relate to the claimed benefits of the FODMAP diet, but is very definitely a negative against bean ingestion. Beans are very high in goitrogens and other anti-metabolites that suppress thyroid function and decrease the efficiency of oxidative metabolism.

By far the greatest benefit from the FODMAP diet is that it eliminates most sugars along with sugar alcohols. A significant percentage of people have some degree of disaccharidase enzyme deficiency. Lactose is a disaccharide, and all those who are lactose intolerant are simply displaying their inability to break the two-molecule sugar lactose into its two constituent monosaccharides. The incidence of lactose intolerance is about 60% to 65% worldwide --- but the prevalence is mainly in those of Asian and African ancestry. Among Caucasians of Northern and Eastern European ancestry the incidence is less than 25%.

Everyone with lactose intolerance, and many, many other people as well, have an overall disaccharidase enzyme deficiency, which limits their ability to digest any two-molecule sugar, not just lactose. Note that sucrose (common table sugar) is a disaccharide consisting of one glucose molecule linked with one fructose molecule. The incidence of sucrose intolerance is far higher than the incidence of lactose intolerance. It is 71% worldwide --- and about the same incidence among all ethnic backgrounds.

Why does sucrose intolerance not get the same recognition as lactose intolerance? Two reasons --- first, is that the presence of sugar dominates the processed food industry --- and without it many food companies would be out of business --- and there are countless people who would find it impossible to give up their sugar addiction. Second, the symptoms of sucrose intolerance can be less acute than the symptoms of lactose intolerance. There is chronic intestinal gas pressure, irritability, and low-grade inflammation. But less people have the severe diarrhea and so forth of lactose intolerance. So, with people's inability to live without sugar and the symptoms being "tolerable" you never hear about the 71% of people whose digestion is compromised by eating sugar.

[Of course fructose, making up 50% sucrose, has many far-reaching effects beyond the digestive tract. Fructose is perhaps the major contributor to both Exogenous INFLAM-AGING and Endogenous INFLAM-AGING. A lifetime of consuming fructose (fruit sugar) is a major immune system stressor and contributor to premature aging.]

Those with limited disaccharidase enzyme capacity also have difficulty digesting oligosaccharides (grains, starchy vegetables, potatoes) that break down into disaccharides as one step in the digestive process. In other words, once the oligosaccharide breaks down to a 2-saccharide molecule, the digestive process stops, rather than proceeding on to the single saccharide that can be absorbed.

Of course, all these partially digested sugars and starches that enter the colon feed whatever critters are living there. And that obviously brings us to a consideration every bit as important as disaccharidase deficiency --- the rotten microbiota living in most people's gut. Some individuals have extreme symptoms from eating FODMAP foods, yet many have absolutely none. For those not deficient in disaccharidase, building a healthy microbiota is the key, and synbiotics are the only way.

Rather than complicate their lives with the complexities of the FODMAP diet, all patients need to do is eliminate sugar, eliminate beans, and eliminate milk from the diet. Lettuce should be eliminated as well because it is not only completely indigestible, but also an extremely irritating form of roughage.

[A question arises regarding the 2 prebiotics in your NUTRI-SPEC Immuno-Synbiotics. Both those prebiotics have dozens and dozens of studies showing how they decrease intestinal inflammation. Still, there are certainly individual patients who initially respond negatively to those 2 prebiotics --- not due to disaccharides but do so because of their rotten microbiota --- either a grotesque collection of species in the colon, or, due to small intestine bacterial overgrowth (SIBO), or small intestine fungal overgrowth (SIFO). In those cases, the Immuno-Synbiotic should be taken in an initially small quantity and slowly increased as the microbiota improves. --- And --- those same people should be strictly avoiding sugar, beans, milk, and lettuce (and while they are at it, make a point of eating at least 1 raw carrot daily).]