

Our Family Nutritional History

Eating habits developed in childhood usually follow us throughout life. Thus, each person's nutritional history has a lasting impact on health. This chapter is the history of Mark's and our family's nutritional journey. I am also including my nutritional "roots" because of their learning experiences and influence on Mark.

I consider myself blessed to have a good nutritional history. I came from a large extended family of cooks and gardeners who encouraged children to help in the kitchen from an early age. They also taught children to love plants by giving us our own little flower beds and mini-vegetable gardens. (This practice helped protect the "real garden." We were told to leave it alone and "work" in our mini-gardens).

Learning about edible plants also happened at least weekly when we visited our grandparents, aunts and uncles. Unless it was winter, the first thing that happened on a visit to any relative was that the men and children – and women also unless they were busy cooking – traipsed out to the garden to see what progress the vegetables and fruit trees had made since the last visit. We sampled vegetables and tree-ripened fruit after a quick rinse with the hose, and Grandpa made each child a zucchini whistle using a leaf stalk from a zucchini plant and his pocket knife. We knew and ate *real food* long before Michael Polan encouraged that practice.

I remember watching my grandfather graft two kinds of apple branches from his trees onto an apple tree in our yard, making pie crust and learning how to crimp the edge with my aunt, and Italian sweet bread baking lessons from my grandmother. I'm sorry to say that I didn't put most of the gardening lessons into practice in my own yard until just a few years ago. I often wish I had the older generations around to ask for garden advice on a regular basis, but now I'm the "old person" who passes the family cooking heritage and gardening memories down to my children. When our son John helps me garden, he often asks what my father did about weeds and other gardening challenges.

When I was young, children were involved in getting food from the garden to our plates regularly. I remember my dad appearing at the back door with grocery bags full of romaine, red or green leaf lettuce, spinach and other vegetables. I first began washing them when I still needed a chair to reach the kitchen sink. I learned at a young age to add salt to the water to kill bugs and then lift the greens, letting each handful drain, into fresh water on the other side of the sink. I remember summer evenings during my pre-teen through college years spent on the patio snapping grocery bags full of Italian beans with my dad while we talked. The next day we would all be involved in processing and freezing the beans.

When the fruit from our trees was harvested, my mother and I sat together at the kitchen sink peeling and talking for hours. We made applesauce and also canned peaches, pears and sweet dark purple Italian plums. Nobody looked for a no-work shortcut to healthy and delicious food. Getting food from the garden to the table involved the entire family, and memories of long conversations with my parents during food-related tasks are precious.

During the 1950s, girls especially were encouraged to spend time in the kitchen and learn cooking techniques and tricks from relatives and family friends. I began living in the kitchen at a young age. In my preschool years, I “helped” my mother bake. When she put the muffins or bread in the oven, she turned on the oven light and I sat in front of the oven watching dough rise and brown as it baked. Watching the transformation in the oven was more exciting than watching TV.

Our nutrition was controlled and was very important to my mother. We could snack on fruit, carrots, celery or fennel from the produce drawers of the refrigerator freely. When I was older, I would drizzle a stalk of celery or piece of fennel with olive oil and sprinkle it with salt and pepper, or fill a bowl with lettuce and small chunks of cheese for a snack. Dessert other than fruit, on the other hand, was reserved for special occasions, and candy was strictly rationed. The candy we received at Halloween and for Easter was kept in a high cupboard. On Saturday night, we could choose one piece, and after eating it, we brushed our teeth.

Mark’s childhood food experience, unfortunately, was not as pleasant as mine. He enjoyed dinner when they had steak or a roast because those were plain foods. He did not like the open-and-pour casseroles³, canned spaghetti, or pizza made from a box that they often had. He tried to hide how little he was actually eating of these foods and then freely snacked from the always-well-stocked candy drawer in the kitchen after and between meals. As he grew older, he learned to make himself lettuce and mayonnaise sandwiches and Cup-of-Soup™ meals.

When Mark met me he discovered an entirely new approach to food. He loved pizza made completely from scratch, and we had dates on which we made pizza together in my parents’ kitchen. Large extended family dinners were a delight to him, not only because of the abundance of homemade and homegrown foods, but also because my relatives welcomed him into the family enthusiastically. Grandma called him “Marco” and always commented on his “blonde” hair. (Blonde by Italian standards only, it was actually light brown).

After we were married, he began teaching me about food. On our honeymoon, he introduced me to the pleasure of picking something from the restaurant’s dessert cart every evening. The trend continued after we settled in the city where he was attending graduate school about 1000 miles away from our parents’ homes. When my parents came to visit after we had been married about six months, my mother and I were working together in the kitchen. I dropped something on the floor and bent over to pick it up. My mother looked at my behind and said, “You better watch out. You’re going to end up looking like...” and she mentioned the names of relatives who inherited the Savioli body type. (My paternal grandmother, Maria Savioli Jannetti, was quite wide in spite of working on the family farm all day almost every day from spring through fall. Her brothers were wide and tall).

³ Open-and-pour casseroles were made from cans of cream of mushroom soup, canned meat or fish, and other unthinkable things, opened and poured into a casserole dish, mixed, sometimes sprinkled with crushed potato chips and then baked until warm.

I took my mother's warning seriously and tried to lose weight with a standard low calorie, low fat weight loss diet. I carried a small spiral notebook with me, recorded everything I ate plus the calorie count, and kept my food intake at 500 calories less than the books said I needed per day. According to the experts, I should have lost a pound a week, but I didn't, so I boosted my calorie deficit to 1000 calories per day. I began doing a lot of swimming and still didn't lose very much weight. In addition, I was starved all of the time.

An office assistant at work who was about 40 (which seemed old to me at the time) but was very slim and stylish routinely followed a high-protein, ultra-low-carbohydrate diet. I decided to try that. The first day I didn't feel that great by mid-afternoon, but I stuck with it. I lost weight but never really felt right. Then my uncle died and I flew home for the funeral and the weekend. For four days I ate normally, including bread, fruit, and foods I hadn't eaten at all for a few months. When I flew back, Mark picked me up at the airport. He put his arm around my waist and said, "Gained a little weight, didn't you?" It was that obvious! I had gained back every pound that I had lost.

Finally I found a book called *Low Blood Sugar and You* by Carlton Fredericks, PhD. I began to follow his diet which was balanced and contained a moderate amount of carbohydrate, yet not more than the equivalent of one slice of bread at any meal or snack. It directed that the dieter have a snack containing protein three times a day, mid-morning, mid-afternoon and at bedtime. I lost weight gradually and was never hungry. When I had slimmed down, I stopped strictly controlling portion sizes, but retained some of the basic habits from Dr. Fredericks' diet such as eating a protein snack when I was hungry between meals and listening to my body about what, when, and how much to eat. I also permanently gave up eating sugar and sweets and made fruit-sweetened desserts for special occasions such as birthdays and holidays.

When we were newlyweds, I also gave Mark food lessons, such as teaching him that vegetables other than canned peas and corn (the only vegetables his family routinely ate) were good if prepared correctly. He discovered that broccoli, which he remembered as strong-flavored, foul-smelling mush from a can, was delicious if cooked from the fresh vegetable. He learned to eat a wide variety of properly prepared vegetables such as beets, winter squash, cauliflower, broccoli, raw spinach, and asparagus.

I made some of the casserole-type foods that my mother had made such as stuffed peppers and cabbage rolls. Although I made these dishes from scratch using nutritious whole foods, Mark disliked casseroles of any kind. When we had cabbage rolls, he asked me to give him the cabbage, rice, meat and tomatoes separately the next time. I finally gave up on casseroles. When we visited our parents for holidays, my mother-in-law gave me well-intentioned advice on how to make life in the kitchen easier. I'll never forget one of her recipes: one can of SpamTM cut in cubes, one can of potatoes (I never knew that canned potatoes existed before that day!) also cut in cubes, a few tablespoons of pickle relish, one can of mushroom soup, or Miracle WhipTM mayonnaise could be used instead as another "glue" option. All the

ingredients were mixed together in a casserole dish, sprinkled with crushed potato chips, and baked until warm. No wonder Mark didn't like casseroles!

Although I didn't eat sugar and developed food allergies after we'd been married a few years, I continued to cook what Mark liked. The main and side dishes were nutritious and made from scratch. I also made him desserts from scratch with sugar, although occasionally I'd use a fruit sweetener like apple juice concentrate or dates.

After our first child was born, Mark made a great realization. It was, "This kid needs me and will need me for a long time! I have to take care of myself." He wanted to lose weight. I persuaded him, from my experience with Carlton Frederick's weight loss plan, that giving up sugar might be a good start, which he did, but he made no other changes. He lost 35 pounds. I also tried to get him to eat protein-containing between meal snacks, but the squares of cheese I put in his work lunches for snacks were eaten at the same time as his sandwich or cold chicken. Eating breakfast on weekdays was something that took him several years to learn. I think our firstborn was in late elementary school when Mark finally began eating breakfast every day.

He eventually realized that his highs and lows of energy and mood were part of a low blood sugar problem and got serious about controlling it. When I read *The Insulin Resistance Diet* by Dr. Cherlye Hart, MD, and other books, I learned about the glycemic index and "upgraded" Dr. Frederick's diet that I had followed thirty years previously to take advantage of the advances in medical science and be something that Mark could follow easily and be satisfied on. With Dr. Hart's program, he stayed within 30 grams of carbohydrates per meal balanced with protein most of the time, but occasionally one of us would "mess up."

I miscalculated how much spaghetti was two units of carbohydrate (30 grams) and discovered the error when I began re-checking the carbohydrate math for his meals and weighing the carbohydrate foods he ate after the macular degeneration diagnosis. Thankfully, we only had spaghetti once every three weeks.

He "messed up" occasionally when he did something like finding an open bag of potato chips in our son John's car while riding with him and eating enough chips to satisfy him fully. After that he felt destabilized for several days, which was something he forgot the next time he saw an open bag of chips. When we heard that his hemoglobin A1c blood test result was in the pre-diabetic range, we began striving for perfection in what he ate. I began weighing all of his carbohydrate portions rather than relying on previous weighings and estimating portion sizes from memory.

The naturopath had told Mark that he should eliminate all white flour, white rice and white potatoes. The rice was easy; he rarely ate rice. The white flour was more of a challenge because he hated 100% stoneground whole wheat bread when he started Dr. Hart's link-and-balance plan. We switched to sourdough bread made with white flour when I learned that sourdough has a glycemic index lower than stoneground whole wheat bread. The naturopath thought my two whole wheat sourdough recipes (on pages 139 and 141), which contain mostly whole wheat flour but also bread flour, were all right. Initially I added stevia to take the bitter edge off the whole wheat which Mark tasted, but now that he has become more accustomed to whole wheat,

he likes whole wheat sourdough bread without stevia. In addition, I usually use King Arthur™ white whole wheat flour. It is milled from a different strain of whole wheat that is equal in nutrition to darker whole wheat flour (although its color is lighter) because the whole grain is included in grinding the grain into flour. King Arthur™ calls it “lighter in color and flavor.” This white whole wheat flour also has a great advantage because it contains little or no glyphosate (RoundUp™)⁴ although it costs the price of an “ordinary” bag of King Arthur™ flour rather than the higher organic flour price.

The “no white potatoes” was also a challenge. My first try on “alternative” potatoes was made with Jersey sweet potatoes. (They are called white sweet potatoes although their flesh is yellow). When boiled, Jerseys have a glycemic index of 44, well down in the “low” range, with less than half the GI of white bread. I boiled and mashed the sweet potatoes so that we could both eat them (with my dairy allergy) using only the potatoes, some of the cooking water, olive oil, and salt. This was way too much like “fake mashed potatoes” for Mark. In a few weeks, I again made mashed Jersey sweet potatoes but mashed them with milk and butter. He liked them that way with a freshly cooked turkey and the “turkey juice” poured over the turkey and potatoes. (Not only is turkey juice free of white flour but, unlike gravy, it requires no extra effort to make). I thought we had come up with a mashed potatoes solution for Thanksgiving. However, he hasn’t consented to eat mashed white sweet potatoes again yet. See the recipes for these potatoes and mashed rutabagas, which he liked better, on page 115.

Another dietary challenge was the advice of the two eye doctors he saw initially. They said he needed to eat salmon, eggs, and kale (preferably) or other green leafy vegetables. The salmon and eggs were not much of a problem, but Mark really did not like kale, even when I cooked it with bacon. I bought some kale chips that he thought he could eat. Hoping that he’d snack on them in large quantities, I made kale chips patterned after the brand he liked (recipe on page 162). He liked them better because they were made with milder-tasting, young and thinner kale leaves, but he still was not eating many of them. We supplemented the kale chips with a large salad of spinach, tomatoes, and red peppers every evening. The naturopath solved the kale problem with her smoothie which is packed with everything he needs – kale, spinach, fish oil, blueberries and more. See the recipe on page 87.

The doctor said he wouldn’t notice the kale in the smoothie, but I had my doubts. The first time I made it, I used spinach as the only vegetable and added some vanilla and stevia. The second day, I made most of the serving as I had the previous day and put it in a large glass. However, I reserved a small amount of the smoothie in

⁴ Quote from a customer care representative’s email about King Arthur Flour™’s white whole wheat flour, their first identity preserved product: “In addition to other requirements of this [identity preserved] program, our farmers are not permitted to use glyphosate as a pre-harvest application on the white winter wheat it’s milled from. Our team is continuing to expand the level of control we have over aspects of growing practices to our other products, and we recognize that our work in this is never done. Although most of our flour is from wheat fields and farmers that do not use glyphosate pre-harvest, we’re unable to offer a 100% guarantee of this except on our organic line of flours.”

the blender and added some kale to it, blended it and put in a small glass. He drank them both and asked, "What's in this little glass? It's better than the large glass." I was amazed! The doctor was right! Also, our bodies are right when we listen to them. Our taste buds are really sensitive to the nutrients we need the most.

Among the other changes Mark made was to drink half his body weight in ounces of water each day. We had purchased a water filter about 1³/₄ years previously when I learned post-mastectomy that water purchased in plastic bottles contains chemicals that leach from the plastic which could cause cancer to return. At that time, Mark insisted that he didn't need special water. When he began drinking more water, he switched to filtered water.

He also began eating a much wider variety of vegetables with the emphasis on highly colored types – bright orange kabocha squash, purple cabbage, beets, and his salads of spinach, tomatoes and red bell peppers. Peas, his old staple, appear on our dinner table only occasionally now.

A little over two months into the new way of eating, Mark decided that eight ounces of cottage cheese, a thin slice of whole wheat toast with butter, and a smoothie was too much food for breakfast and eliminated the toast. He did well and was less hungry later in the day. (This was probably due reducing breakfast carbohydrate from two to one carbohydrate unit which comes from the blueberries in the smoothie). After about three weeks, however, he was craving bread, so now he has a little sourdough whole wheat bread with high-protein dinner entrées occasionally.

After three months of no white flour, rice or potatoes, the super-nutrient dense diet, and strictly following Dr. Hart's eating plan presented in *The Insulin Resistance Diet*, he had another hemoglobin A1c blood test. It had gone down only slightly, so we began using a glucometer to monitor his blood glucose levels at two hours after meals. He passed the first test, a meal containing a hamburger with a sourdough bun, with flying colors and a two-hour post-meal blood sugar test result of 91 mg/dl. The next week he ate a moderately sized portion of high protein lasagne (recipe on page 110) with a two-hour postprandial glucose result of 98 mg/dl. A week later, he ate a generous portion of sourdough pizza and his two hours-after-dinner blood glucose test result was 98 mg/dl. I wondered if the glucometer was stuck on 98, so tested myself, and the result was different.

The next test, done about two weeks later, was an intentional challenge of a meal containing as much spaghetti as he desired. It contained about 60 grams of carbohydrate, twice as much as he'd eaten in a long time, except on rare occasions when he was a dinner guest. The result of his blood test two hours after this feast was 100 mg/dl. His glucometer readings were nowhere near the upper limit of 140 mg/dl for normal two-hour postprandial blood sugar test results.. How could he be pre-diabetic and have such a low test result after eating that much carbohydrate in one sitting?

I searched the internet and learned that the hemoglobin A1c blood test is not the most reliable way to tell if and how much of a problem one has, but that two-hour

postprandial glucose test results are more meaningful.⁵ The hemoglobin A1c blood test assumes that the lifespan of the red blood cells is three months. However, for non-diabetics, the life span of red blood cells can be up to 150 days, or about five months. This allows the red blood cells about 66 percent more time to absorb glucose, which skews the test results. The faulty assumption built into normal hemoglobin A1c values is that everyone's red blood cells have a three-month lifespan. Also, taking 1000 milligrams of vitamin C per day, which Mark has done for years, can skew hemoglobin A1c test results.⁶

Although we were relieved that Mark's glucometer results showed that he does not have blood sugar surges (but rather led to the discovery that hemoglobin A1c test results may be meaningless), he found the "deprivation" that he had endured due to misleading blood tests discouraging. Dread of his upcoming six-month appointment with the retina specialist also took a toll on him mentally. He so strongly expected to receive bad news that, before hearing any news, he felt like he had given up pleasures of eating for nothing.

I tried to add some of the "fun" back to his diet by developing a cola recipe without sugar or artificial sweeteners (recipe on page 91) to replace the diet sodas he had given up. I also began making stevia or monk fruit sweetened cacao candy and cacao chip cookies (recipes on pages 172 and 153). This seemed to cheer him up. He felt better physically and thought it was because the cacao provided needed nutrients. I read that cacao is high in magnesium and antioxidants and also stimulates the production of neurotransmitters which can improve mood.⁷

When the appointment with the retina specialist finally occurred, it was a surprisingly positive experience. (See pages 71 to 72 for the details). Mark is now cheerfully eating everything he should. He enjoys his food as well as improved vision, the happy result of receiving superior eye nutrition.

5 Kresser, Chris. "Why Hemoglobin A1c Is Not a Reliable Marker." March 1, 2011. <https://chriskresser.com/why-hemoglobin-a1c-is-not-a-reliable-marker/>

6 Radin, Michael S. MD. "Pitfalls in Hemoglobin A1c Measurement: When Results may be Misleading." *Journal of General Internal Medicine*. 2014 Feb; 29(2): 388-394. <https://www.springermedizin.de/pitfalls-in-hemoglobin-a1c-measurement-when-results-may-be-misle/9021322>

7 Mercola, Joseph, DO. Dark Chocolate Reduces Stress and Inflammation, Boosts Memory and Mood. May 10, 2018. <https://articles.mercola.com/sites/articles/archive/2018/05/10/dark-chocolate-benefits.aspx>