

Health Relatives: Depression, Anxiety, Learning Issues, Obesity, Diabetes and Problems with Alcohol

When you visit the Suppers website, the first thing you read is that the “diagnosis or name of the disease is inconsequential compared to the biochemical and environmental causes.” At Suppers meetings we often have a mixture of people who identify with labels like “depressed”, “anxious”, “overweight”, etc. Many have troubling diagnoses like “diabetic”, “hypertensive”, or “hypothyroid”. What unifies us is that our solutions require diet and lifestyle changes that are all quite similar.

We call all of our members “health relatives” because in order to heal, they need to make similar movements away from the foods and habits that got them into trouble and toward the foods and habits that meet their individual biological needs to heal.

The health relatives we see most often at Suppers are people whose problems involve blood sugar regulation and mood chemistry, i.e., people with depression, anxiety, learning issues, obesity, diabetes, and problems with alcohol. These problems tend to cluster within individuals and cluster in families.

Can you think of a person who has learning difficulties or diabetes, who has none of the other issues? Or someone with a drinking problem who is fine in all other respects? If you can't think of any, it's because problems like diabetes and alcoholism never stand alone. They take place in the context of one's whole physical body and one's life.

How can this information help you?

It can help you by directing your attention to the shared roots and mutual solutions of all these health challenges in terms of their biochemical and environmental causes.

The relationships are complicated in their details but simple in underlying principle. All of the problems are caused by some combination of how the fixed reality of our bodies (genes and history) interacts with the flexible variables of environment, diet, and lifestyle. The Suppers programs emphasize two critical, underlying biological conditions that arise over and over. One is trouble with blood sugar related to refined foods, inactivity, and stress; the other is deficits in the brain chemicals needed to feel normal pleasure. And the two go hand in hand.

There are two general ways to approach the myriad problems associated with blood sugar regulation and mood chemistry. One is more scientific, more medical. It focuses on precise diagnosis and treatment with medical solutions. It's expensive and not available to those without access to health care. The other is about diet and lifestyle, family, and community. It's not so expensive, and it's available to anyone who is able and willing to embrace healthy change.

For people with end-state conditions – diagnoses like diabetes, or clinical depression – the scientific approach is necessary and must be part of the solution. For others, diet and lifestyle can delay and sometimes prevent the diagnosable disease. That's because at their roots, problems related to blood sugar and mood chemistry are often *caused* by or at least reinforced by poor nutrition and lifestyle choices, the “flexible variables”. For those suffering with the end-state diseases, both approaches are likely to be needed: medical intervention and lifestyle change.

Consider this observation: The United States spends more than any other country on the planet for health care. We are rated 37th in the world, however, in terms of the quality of the health care we deliver (World Health Organization, 2000). When epidemiologists gauged the relative importance of the many factors that determine health, genetics,

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environment and the health care system together accounted for only 50%. The other 50% was a single factor: lifestyle. The conclusion that drives the Suppers program design is that we'd all be better off investing more in diet and lifestyle change.

This is very good news for any of you with health issues related to blood sugar and mood chemistry because most of your problems fall into the category of challenges over which you already have control or can get full or partial control. At Suppers we make a distinction between what you have no control over (for example, your history or genetic makeup) and that over which you have or can get full control (for example, what you put in your mouth), and that over which you have or can get partial control (anything requiring participation of other people, like family dinners). The solutions to many of your sufferings will not be found by doctors, scientists, or experts of any kind. They require that you accept both the challenge to change and the available support to help you sustain the changes. The support is vital because for most health relatives, the physical problem starts with a relationship with food or drink that is fundamentally addictive. The physical problem owes in large part to relying on refined carbohydrates to manipulate energy levels and mood. What does that look like? Coffee and a doughnut for morning fatigue, ice cream for evening blues, mashed potatoes or pasta for comfort, or secret candy bars that feel like company.

The important point is that both prevention and self-retrieval rely on what you eat, how you eat it, your stress load, how you use your body, and your context. These are all areas of your life over which you have or can get full or partial control.

At Suppers, we interpret the high rates of obesity, diabetes, learning issues, etc. as the logical consequence of a collision course. The collision is between our bodies – designed by thousands of years of evolutionary pressure for feast and famine, hard work, and a pure environment – with our lifestyle - characterized by plentiful junk food and substances, lack of physical activity, and an increasingly toxic environment.

Alcoholism, Type 2 diabetes, and obesity are particularly tight health relatives. They all respond well to good nutrition and improved carbohydrate metabolism. Estimates by nutritional psychologists of the percentage of late stage alcoholics who develop blood sugar regulation problems vary, but typically indicate a majority. Of course, Type II diabetes itself is defined by the body's loss of capacity to regulate blood sugar through appropriate insulin responses. And concerns about obesity, now epidemic among American children, have prompted the Centers for Disease Control to estimate that one out of three American children will become diabetic in their lifetimes.

At the time of this writing, the figure is one of two for Hispanic children, and African Americans are in between. The fastest growing subgroup of the population to be diagnosed with Type 2 diabetes -- once a disease of the aged -- is Hispanic men in their 30s. Native Americans also have extremely high incidence of both alcoholism and diabetes, now the fastest growing disease on the planet. Let's take a closer look at these people.

Thinking like a "nutritional anthropologist", the first few generations exposed to the Western way of life are the first guinea pigs for their population. The first generation exposed suffers the consequences of new and refined food and relative physical inactivity in addition to the social and economic disadvantages of being the newcomers to the culture.

Take the example of a Central American immigrant who finds himself working in an American city. For all previous generations, his ancestors subsisted on whatever nature and their own labors could provide: water, whole plant-based foods, and meats that required

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much physical labor to gather or produce. Nature ensured that their bodies were designed to survive famine and hard conditions.

Then one of their sons arrives in a strange and stressful American city where, suddenly, food is cheap and plentiful, and his diet is composed of new and highly refined ingredients. What might be the consequence?

The consequence is exactly what we are seeing: high rates of diabetes, obesity, and alcoholism. His body is, in a sense, ancient. It is crafted by survival pressures in his native land for the conditions in his native land. But he is the first generation to suffer the full blow of the consequences of the modern diet and lifestyle, unlike European Americans, who have been exposed to these ingredients and refining processes for many generations. In that population, natural pressures had already started to weed out people who developed blood sugar problems. Before there were blood sugar medications, they were doomed. That first generation of Central Americans suffers the greatest consequences of the collision course between the ancient bodies of their people and the modern diet and lifestyle.

Add to the immigrant's plight that he is poor, living in a neighborhood with lots of booze and fast food and inadequate grocery stores, and stressed. Add to his plight that junk carbohydrates are cheap, plentiful, and more addictive than whole foods, and the consequences of the collision course are reinforced: diabetes, obesity, and problems with alcohol, depression, anxiety and often learning issues.

The same scenario applies to any group whose members arrive in the land of plenty in ancient bodies designed by the simple diets and challenging physical conditions of their biological homeland. Similarly, in cultures to which western junk food and lazy-making conveniences have recently been imported, the younger generation is less active and fatter than the older generations who grew up on hard work and limited but pure whole food. We see that now in India, with a rising middle class and skyrocketing rates of diabetes to go with it.

There is no such thing as a genetic epidemic. There is only genetic vulnerability and how it combines with all the other circumstances. The rest is accounted for through our habits and the culture in which we form these habits. The solution lies in creating a culture that supports our basic biological need for wholesome food and meaningful physical activity and our basic human need for healthy connections.

At Suppers, our understanding is that the incidence of preventable disease in the health relatives of blood sugar regulation and mood chemistry will not improve until the individuals, families, and culture meet these most basic human needs. Our understanding is that the turnaround will require large-scale application of addictions model strategies that include the physical body in the healing equation. We call our method "nutritional harm reduction"; and our forum for making these changes is the family tables of Suppers.