

Cheeseburgers and a Chocolate Cake

Brad Lichtenstein, ND

Fred weighed around 325 pounds the day he walked through my door for his first appointment. With a referral in hand from his HMO for naturopathic medicine, Fred charged me with the task of “fixing” his digestive tract. His MD had diagnosed him with irritable bowel syndrome, then throwing his hands in the air declared nothing could be done, so why not see a naturopath?

“I like my weight and have no desire to diet. I am attracted to chubby people. Oh, and I don’t like exercise.” Thus began our visit. Fred made it abundantly clear that dietary changes would not be the topic of conversation. His only goal was to have a normal bowel movement before he went to work. As a salesman, Fred traveled throughout the state six days a week, leaving his house around 6 AM each day, only to return around 7 PM each night. His issue involved the need to use public restrooms. He dreaded squeezing into stalls at gas stations or fast food restaurants, believing he had to dodge glaring looks of disapproval each time. As he spoke, my heart instantly went out to him.

Fred went on to share the details of his life. Listening attentively and with great interest, I continued to wonder what I could possibly do for him. I knew of no way to schedule, without fail and like clockwork, a morning bowel movement. Unsurprisingly, a review of his other symptoms revealed that Fred also suffered from eczema, asthma, seasonal allergies, mild hypertension, elevated cholesterol, hypoglycemia

and poor circulation. Regarding these he quickly qualified, “I am not interested in addressing those today.”

Cautiously, I inquired about Fred’s daily routine, including meals. His morning ritual began at 6:30 AM with a large cup of coffee, obtained from the local Starbucks drive-through, thereby eliminating the need to get out of the car. Depending upon his current mood, this may or may not include a bagel or muffin. The remainder of the morning consisted of driving across the state to meet with clients. At noon, Fred drove to one specific fast food chain where he would order six cheeseburgers, again using the drive-through. Before consuming his lunch, he took a quick ride to the bakery of a local grocery store (which by the way, also had a drive-through window) where he would purchase an 8-inch chocolate cake. Fred would then proceed to his next appointment, chewing on a cheeseburger or eating some cake on the way. This continued throughout the afternoon until he looked down to see all had been consumed. Fred could not tell me how long this “meal” actually took, as it was so often punctuated by meetings. This noontime meal ritual took place six days a week. On the seventh day, however, Fred rested and splurged by having a pizza delivered at home. Having shared his story, Fred sat back, smiled and waited. *Help me have a bowel movement in the morning*, echoed in my head.

What to do? I was fairly confident any attempt to modify Fred’s diet would fail miserably at this point in



ABOUT THE AUTHOR

Dr. Lichtenstein is a licensed naturopathic physician living and breathing in Seattle, WA. His passion is shifting the healthcare paradigm from an emphasis on illness to one of living in peace and flow. Currently, he practices as a life coach and counselor, meditation teacher, biofeedback trainer, breathworker, energetic bodyworker, and movement and yoga therapist (www.pranaplay.com). For the past decade, he has been an adjunct faculty member of Bastyr University teaching counseling, yoga therapy, breathwork, movement therapy and naturopathic philosophy. Dr. Lichtenstein continues to travel throughout the US facilitating his *PranaPlay* workshops that emphasize the cultivation of fluid being through mindful self-expression, believing that body-centered awareness is the key to unlocking the doors to our innate wellness.

time. No matter what approach I took, Fred needed to feel valued and understood. Therefore, whatever I did must respect his wishes, which in this case, meant avoiding dietary recommendations. To lay down the law, as some of my students have suggested, and tell Fred that his six cheeseburgers must go would surely send Fred on his merry way. Fred considered himself an intelligent man who was open to learning. Therefore, I focused on *Docere*, or Doctor as Teacher, one of the main principles of naturopathic medicine. To truly empower another, the playing field must be level. If the people who come through the provider's door are considered sick, ignorant or lazy, how are they to be whole? It is through educating, providing the individual with information, that we give them the tools to shape their own lives on their own terms. When invited to partner in the healing process, the patient's role, knowledge and history must be held with equal esteem and worth.

After an hour and a half of gathering information, I asked Fred, "*What do you know about the physiology of digestion?*" I spent the next ten minutes describing the process of digestion, absorption, assimilation and overall bowel functioning. Intrigued, Fred exclaimed that he had never heard any of this science before. Spurred on by his enthusiasm, I asked if Fred was willing to conduct an experiment. When we experiment, I explained, our working hypothesis is that something will happen, although we may be uncertain as to what exactly that might be. This allows us to remain unattached to the outcome, yet be open and engaged in the process. Neither good nor bad, results just occur, and they inform our subsequent course of action.

For Fred's experiment, I suggested that he contin-

ue his cheeseburgers and chocolate cake routine. However, the variable I wanted him to examine was the timing and situation in which he ate. Rather than continue along the freeway, mindlessly chewing burger after burger, I asked him to find a place where he could quietly and mindfully consume his food. Fred knew of just the place, a lookout spot off the interstate with scenic views of the mountains and valleys. He had frequently wanted to pull off the freeway and park at these places, but never had felt he had a good reason for doing so. Now armed with the knowledge that proper digestion involves the parasympathetic nervous system, he understood how driving was counterproductive. Delightfully, Fred was game for this new eating experiment. Since I made no demands regarding dietary modifications, Fred was pleased. I suggested that he observe what happened to his body, keep track of his symptoms and return in two weeks to discuss the results of his experiment.

"Something strange is happening," Fred told me. "I still buy my regular fare, but after the first week, I found I can't eat all six cheeseburgers, and I can't nearly finish all that cake." No changes in his stools were detectable, but his "gut felt different." This all had Fred curious. Without any prompting, he suggested continuing with this inquiry for an additional two weeks.

Fred reported significantly less gas and bloating during our session two weeks later. Of great interest to him was the fact that his bowel movements had begun to change. They were more formed and solid, although the timing could fluctuate, arriving at "the most inconvenient of times." Overall, Fred felt indescribably better somehow. He then asked the question



every naturopath loves to hear: "If I were to change my diet, where would you suggest I start?" I had to force myself to hold my tongue and swallow the urge to say, *How about eliminating gluten, dairy, sugar, caffeine, corn, chocolate...!* Here was an opening, and I had to be gentle and kind. I again took the Docere, or educational, approach. I explained the difference between food allergies and food sensitivities, leaky gut syndrome, symptoms of food allergies, Type I versus Type IV hypersensitivity, and a few other aspects of diet and nutrition. I also shared my personal experience with dairy allergies. I told Fred how in fourth grade, through countless doctor's visits and prescriptions for gastrointestinal problems, I was given a range of diagnoses from IBS to ulcerative colitis to "psychosomatic issues." While I do not deny the relevance of psychological factors, particularly when I was young, the story remained incomplete. Since childhood, I suffered from horrible eczema as well, with cortisone my main treatment until my graduation from high school. Beginning at 14 years old and for the next twenty years, I was an ovo-lacto-vegetarian, with dairy being my major source of protein. I ended up in the hospital with severe gastrointestinal distress twice during college, only to be told it was either all in my head or colitis. Years after these hospitalizations, I came across a book on eating whole foods. When I read how dairy was a huge allergen for many people, and the symptoms could resemble mine, I was floored. I spent the next six months struggling to completely eliminate dairy from my diet, fearful that I could not exist without it. Once I did, however, the difference was immediate and profound. Intense abdominal pain, bloating and erratic bowel movements were no longer an issue. When I re-introduced dairy, my symptoms flared within 4 hours. To this day, I am still unable to tolerate dairy in any form.

Fred listened intently. He admitted interest, but felt at a complete loss of how to make such a shift. Like every single person I talk to about food elimination, he asked, "*What do you EAT?*" Since the diet I described was so utterly foreign to him, as was the notion of cooking, I suggested we schedule our next meeting at the local cooperative grocery store. Located several blocks from his home, he had wanted to go there for years, but had felt too intimidated by his lack of knowledge. The day arrived, and Fred and I spent an hour exploring options of organic, wheat-free, dairy-free and sugar-free foods. Since cooking was something unknown and daunting to him, I highlighted the prepackaged foods that met these criteria. Excited by the possibilities, Fred grabbed a cart and went shopping.

When I told my former supervisor at Bastyr how I

accompanied Fred to the grocery store, she smiled politely and said, "That's what nutritionists do. We don't have time to do that." I have counseled people on diet for well over a decade now, and I can attest to this: Not only do you learn more about a person when you take them shopping for food, but you also are better equipped to educate them on the concepts when standing beside them next to the items you are trying to introduce. As if out of a bad made-for-television movie, one client from Minnesota shook his head and said, "I never knew there were this many vegetables!" Strolling up and down the produce aisles, I had him taste various green leafy vegetables to determine which he might be most inclined to eat. That little walk up and down the produce aisle initiated a new chapter in his dietary life.

As Fred continued to change his eating habits, he watched his weight begin to drop. After six months of working together, he sheepishly expressed an interest in "trying exercise." He loved swimming as an adolescent, but has avoided it for years out of fear of ridicule and humiliation. Since he was so deconditioned, Fred worried that exercising in his current condition could be potentially harmful. His ideal was to work with a personal trainer or healthcare provider. After some research, Fred found what he was envisioning just outside of Seattle; a facility that offered evaluation by physicians, monitoring by nurses and instruction by personal trainers. And they had a pool! As this was a healthcare center, the members were dealing with individual health concerns rather than bodybuilding, which helped put Fred at ease. Maintaining the perspective of experimentation allowed Fred to branch out of his habitual patterns and try something new. Success or failure never entered the equation. The outcome merely provided information with which to move forward. Without fear of judgment or criticism, Fred found himself able to literally take the plunge!

Each time Fred entered the office, the very first thing he would do was show me his belt. Since beginning our work together, Fred wore the same belt. Rather than buy a new one, he continued to wrap it around his torso to remind him of where he started and the progress that he made. Fred's weight eventually dropped to 200 pounds. He felt physically healthy and strong, but more importantly, he felt emotionally stable and secure. After a year of dietary changes and six months of exercising many of his symptoms, particularly asthma, eczema, allergies and digestive troubles significantly abated, if not disappeared altogether. Still, Fred inquired about supplements and herbs to further promote his health and wellbeing. His gradual lifestyle changes gave him the faith he could change his life. Within two years, he

quit his job, ended an unhappy relationship and forged a new life.

In working with Fred, my goals for him never included weight loss, diet change, exercise or supplements. While I recognize their utility, these were not Fred's goals. Jean, on the other hand, had already tried dietary changes and supplements and had found no salvation. Jean was a charismatic, outgoing and active 45-year old woman suffering with fatigue, insomnia, abdominal pain, intense gas and bloating and hot flashes. She worked full-time as a trainer for a large institution, and part-time in phone sales, resulting in a 50–60 hour work week. Her husband worked some 60 hours a week in sales as well; with three daughters in high school, one of whom was about to graduate and start college, Jean wanted to save as much money as possible. At our first meeting, Jean expressed that her main goal was better gastrointestinal health. It had been years since her bowel habits were consistent and regular, and she could recall one day in the past year when she hadn't had intense cramping and gas. All of this affected her mood, and she believed was the cause of her fatigue.

Upon first glance at her supplements, I agreed with all of them. Jean's previous trips to naturopaths resulted in prescriptions of digestive enzymes, probiotics, multivitamins and minerals, essential fatty acids and many versions of formulas containing valerian. Hundreds of dollars later, Jean felt no improvement. Yet these were the standard prescriptions of naturopaths on a daily basis, providing relief to hundreds of the patients. What was going on?

Does this call into question the medicine?

I asked Jean to tell me about her life. Jean strongly valued family time. Sharing meals together was of high priority for Jean. A first-generation Latina woman, she loved to cook and wanted her family to eat as many meals together as possible, given that she had three teenage girls involved in numerous school activities. Jean made certain that each night a home-cooked meal was prepared for her girls. After the meal she would clean the dishes, while her girls did their various activities or homework. Since her husband worked until 7 – 8 PM daily, she would wait to eat until he arrived, having already cleaned up most of the kitchen. Upon his return, they would sit together to eat, with Jean frequently inhaling her food in order to go work for a few more hours before going to bed. Her lunchtime meals usually consisted of leftovers or a salad, eaten at her desk six days a week. As Jean had been told that 64 ounces of water was healthy, she would try to consume that every day. Since she was constantly on the run, she forced herself to drink about 30 ounces with each meal.

In our conversation, the notion of perfection frequently surfaced. Jean felt compelled to be perfect – the perfect mother, the perfect career woman, the perfect spouse, the perfect cook, the perfect patient. She followed all instruction to the letter. When she failed to have relief after previous visits to healthcare providers, Jean blamed herself. Critical to our work was the exploration of the need for perfection, and how it influenced her behavior. This core belief had Jean compelled to rush through every meal, work



excessively, rarely stop for breaks, and force herself to drink water, even when the desire wasn't present.

For Jean's first experiment, I suggested she discontinue all supplements; she enthusiastically agreed. I wanted to reset her system and start with a clean slate. Like Fred, I explained to Jean the process of digestion. Jean came up with two more experiments from this discussion. First, she stopped all work at lunchtime. Although still eating at her desk, she turned off the computer, turned off her cell phone and cleared away any paperwork. In the evenings, she ate with her girls, listening to their stories of the day and inviting herself to relax. When her husband came home in the evening, she would sit with him while he ate, allowing herself this time for connection.

The second step involved water. Jean now understood that too much water at the time of meals could decrease her digestive enzymes. She therefore experimented with drinking water throughout the day on the hour, and abstaining from drinking for at least 30 minutes before and after meals. Within a week, the results were remarkable. Gas and bloating subsided, and Jean had more energy. Moreover, her sleep began to improve. We gradually reintroduced several of her supplements over the next two

months, yet Jean never required digestive enzymes or probiotics. Once her digestion improved, reintroduction of evening primrose oil controlled her hot flashes, subsequently improving her sleep as well.

Fred and Jean both had very specific physical complaints. While Jean welcomed supplements and dietary advice, Fred did not; for both of them, however, beginning with such approaches was not to the point. When forcing a situation - be it our schedules, activities, physiologies, or willfulness - resistance occurs. How much do we believe we need to do to treat symptoms, whether our patients' or our own? Do we believe the answers must exist externally? How much force do we think is required? Force food into the body, and the body revolts. Force a patient to make changes in which they are not interested, and the patient revolts. Alternatively, when we begin by clearing the space, we invoke the healer of all wounds; *time*. It is then and there that we may discover our own true nature. And in this recognition, learn how to live in flow.



Align Your Advertising

alignment: the ideal position of different components relative to one another, so that they perform optimally.

Join *UnifiedEnergetics*™ and position your company's advertising to reach thousands of leading professional clinicians (NDs, DCs, LAcS, MDs & others) committed to the physical, mental and spiritual wellbeing of the patients they serve.

Contact: ads@unifiedhealthpress.com