

# "A nourishing approach to diet" *with nutritional therapist Kirsten Chick*

Q&A's

Q: How do you make the move "jump" from white bread sugary "low fibre" default nhs dietician how to bowel. Cancer non integrative to a holistic diet when it's so overwhelming the fear of making things worse going off piste and all the confusing exhausting and multiple info

*Kirsten: Gently! Start slowly with a few more very well cooked, blended or mashed vegetables. There's no hurry, but also try not to get scared of vegetables. Fear disrupts our digestive processes – so gently and calmly 😊*

Q: The professional title of "Complementary Therapy" covers all who work as therapists. My question is have you any suggestion to creating another professional title for therapists who work entirely with cancer such as my charity does "Circle of Comfort" separating from the the Spa Complementary Therapy?

*Kirsten: People often use the phrase "specialising in integrative oncology" – or if someone undertakes a specific training, there will be a title they can use from that.*

Q: Can you suggest what the nonveg approaches are you mentioned for low fibre diet please

*Kirsten: clear broths, vegetables juices where appropriate (these are fibre-free), supplementation where appropriate.*

Q: Is turmeric the same as curcumin?

*Kirsten: Curcumin – or actually a group of curcuminoids – are nutrients found in turmeric*

Q: And any other supplements

*K: There are some supplements that I would recommend during chemotherapy and other treatments on a case-by-case basis, and also supplements that I wouldn't. I would also get the person to run the list by their oncologist. I generally suggest stopping supplements a week before surgery.*

Q: Outcomes in research can be confusing like your reference to dairy! As you say we are all different in how living affects us, does research take this into account or is it purely around the content being research?

*K: There are so many variables at play, it would be impossible to take everything into account. But there is often at least some discussion of some of these and how that might be influencing results.*

Q: Are turmeric supplements necessary or is putting a lot into your cooking sufficient?

*Kirsten: There are situations where supplements might be helpful, but cooking with a lot will provide many benefits. Just be careful of the quality of the turmeric – some are laced with lead to make them more yellow! So in that respect, a good quality supplement might give you more confidence that it's been tested for this.*

Q: What is an acceptable glucose/ketone range? I understand anything above 4 mmol for ketones can be dangerous?

*Kirsten: yes – if it goes over 3mmol/L I'd suggest you get checked out by your GP or medical team*

Q: What do you think about Bone stock as a simple whole nourishment form?

*Kirsten: Great from time to time and in moderation – like all things! It can be really great for gut healing, but there is an argument that you don't want too much glutamine with a cancer diagnosis – in the same way that you don't want too much sugar, too much fat, too much protein. "Too much" is a very individual thing and can vary at different times – but in general, is a reminder to not get into habits of having lots of something all the time because it's supposed to be "good."*

Q: You talked about women not skipping breakfast - I do an eating window of 11-4 most days. could you point us in the direction of the research around not skipping breakfast please? is it only menstruating women?

*Kirsten: there are literally a handful of studies on intermittent fasting and women. Here are 2 I often cite:*

*"In this study, late breakfast was associated with increased breast cancer risk, especially among premenopausal women, compared with early breakfast." Palomar-Cros, Anna, et al. "Association of time of breakfast and nighttime fasting duration with breast cancer risk in the multicase-control study in Spain." Frontiers in nutrition 9 (2022): 941477.*

*"Delaying the first meal of the day by 4 h by extending the fasting period may have adverse metabolic effects in young, healthy, adult females but not males." S. Atkinson, Fiona, et al. "Extending the overnight fast: sex differences in acute metabolic responses to breakfast." Nutrients 12.8 (2020): 2173.*

Q: As I take levothyroxine I like to eat breakfast later too

*Kirsten: you could, for example, take your levothyroxine on waking and have breakfast half an hour later*

Q: What are your thoughts on the Bubwig protocol which uses dairy?

*Kirsten: The principles are sound, but I apply them in a different way. Budwig was trying to increase omega 3 fatty acids and the sulphur aminos which she saw helped transport them. You can absolutely do that without dairy – and even with fish oil or vegan EPA/DHA instead of flax oil.*

Q: Turmeric question - would an easy solution to intake of this be a spoonful daily with a teaspoon of honey and twist of black pepper?

*Kirsten: I'd say a spoonful with a twist of black pepper and some cold-pressed extra virgin olive oil or coconut oil would be best*

Q: Can you say more about eating energetically - cooling for hot emotions and easy predigested food slow cooked food

*K: There is lots on this in Traditional Chinese Medicine and Ayurveda, and I find this approach really helpful. To make it really useful, you need an understanding of where you're at, i.e. hot, cold, damp, dry etc. – and that level of connection can often lead you to intuit what you need. But there are general guidelines that you can play with so you can investigate what works for you. Such as aloe vera to cool digestion or cinnamon and other gentle spices to warm. Raw to cool, cooked when things are already too cold/damp.*

*It's also helpful to be aware that this approach is about gently bringing us back to centre, rather than hitting extremes with the other extreme. So rather than throwing ice at a fire, you'd gradually bring the temperature down, soothingly.*

*Hayley North is well versed in all of this too, and runs some excellent online courses.*