

SO WHAT IF YOU CAN'T CHEW - EAT HARDY



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How To Tolerate Lactose Intolerance

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*To my family and to my husband Mort, my hero,
for his encouragement and support, but most especially for his love,
lo these many years.*



*Little Miss Muffet sat on a tuffet
Eating her curds and whey;
There came a great spider
Who sat down beside her
And frightened Miss Muffet away.*

FOREWORD

Lactose intolerance is extremely common. Nearly 50 million Americans have lactose intolerance. Lactase, the enzyme that digests lactose (the sugar in milk), diminishes in activity as one ages. Symptoms of lactose intolerance such as gas, bloating, abdominal pain, and diarrhea usually occur within two hours of the ingestion of milk. These symptoms begin to develop in the teenage and young adult population. If one becomes lactose intolerant, the symptoms may increase with age.

The enzyme lactase is produced in the small intestine. It breaks down milk sugar so that it can be absorbed from the small intestine into blood vessels. Lactose cannot be absorbed without lactase. For reasons that are not yet clearly understood, less lactase is produced with aging. When the amount of lactase decreases to a certain critical level, the symptoms of lactose intolerance appear. It is important for people to understand that not only milk, but *any* milk product, can cause the symptoms of lactose intolerance in someone with diminished levels of lactase.

The incidence of lactose intolerance is very high among certain ethnic groups. For example, up to 75 percent of all African-Americans, Jewish, Native Americans, and Mexican-Americans are lactose intolerant. It is less common among northern Europeans, but up to 90 percent of Asian-Americans are lactose intolerant. Approximately, 75 percent of the world population is lactose intolerant.

Most patients with lactose intolerance have the hereditary delayed onset type. It can, however, be associated with other gastrointestinal disorders such as infectious gastroenteritis, inflammatory bowel disease (such as Crohn's disease), or celiac sprue. In these diseases, injury to the lining of the small intestine can decrease the amount of lactase that is produced. Often, patients with Crohn's disease or celiac sprue will have an unmasking of latent lactose intolerance or an increase in

their known lactose intolerance when their primary gastrointestinal disorder flares.

Lactose intolerance must be differentiated from other gastrointestinal disorders. The symptoms of lactose intolerance are similar to those of the irritable bowel syndrome which can cause abdominal cramps, nausea, gas, and diarrhea. More serious diseases such as celiac sprue, inflammatory bowel disease (Crohn's disease and ulcerative colitis), or various infections need to be excluded. Because lactose intolerance and irritable bowel syndrome are very common, they can often coexist. Both disorders may have to be treated to get full resolution of symptoms.

Lactose intolerance can often be diagnosed clinically. The association of milk products along with the typical symptoms often gives the diagnosis. Avoiding milk products for several days, with clearing of the symptoms, makes the diagnosis. If the diagnosis is unclear, several tests can be done. The lactose intolerance test measures blood sugar (glucose) after the ingestion of a lactose-containing liquid. Lactase breaks down the lactose into glucose and galactose. If the blood sugar level does not rise appropriately, then lactose intolerance is present. Other less commonly used tests include the hydrogen breath test and stool acidity (ph) test. The latter test is used in young children.

The treatment of lactose intolerance is lactose restriction. Remember that it is the sugar, not the fat, in milk that is the problem. Low fat milk may be good for your cholesterol, but it will not help lactose intolerance. Lactose-reduced milk which contains the additions of the enzyme lactase is helpful. Lactase tablets, capsules, and the liquid can be added to the milk product or ingested just prior to the milk product. This will often prevent the symptoms of lactose intolerance. One must be sure to take enough of these tablets (often 3 or 4 tablets) to prevent the symptoms. This will vary with an individual's sensitivity to lactose.

Lactose intolerance is a very common disorder. It is usually not serious unless associated with other disorders such as Crohn's disease or celiac sprue. Depending on the degree of lactose intolerance, however, the symptoms can be quite disturbing. The use of lactase products and better understanding of this disorder have greatly improved its management.

A dietary guide of this type offers tasty, attractive lactose-free recipes. It is also a guide to commercially available food and sugges-

tions in ways to help improve the management of lactose intolerance. This can be an important assistance for the lactose-impaired person, so that he or she, too, can enjoy healthy and happy eating.

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PREFACE AND ACKNOWLEDGMENTS

This book is the result of a personal need. Several years ago, I became lactose intolerant—one of approximately 50 million Americans who cannot digest dairy products.

Although I am neither a nutritionist nor a physician, I am the author of another special-needs cookbook, *So What If You Can't Chew, Eat Hearty!* It was specifically designed as a guide and recipe book for the orally compromised person.

Because I saw the need for a similar guide and cookbook for the person who is lactose intolerant, I took up the challenge to write this book, *How To Tolerate Lactose Intolerance*.

I researched my files for recipes that could be converted or adjusted to satisfy the nutritional needs of a person who is lactose intolerant, and to provide excellent and tasty meals for the entire family.

My research also took me to Medical libraries for the latest literature on lactose intolerance and nutrition, to the pharmaceutical industry and to “fast food” corporations, airlines, supermarkets, health food stores, and restaurants. This helped to provide me with a comprehensive study of lactose intolerance, and knowledge of how to eat well and happily without dairy products.

A cookbook and guide of this kind cannot be written without help, advice, and encouragement. Therefore, I am indebted to authors of other cookbooks and friends who readily shared their favorite recipes—only to have them redone by me.

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