Processad mat

Ingredienser: Rapsolja, vatten, vitkål, socker, ättika, blomkål, modifierad stärkelse, kryddor (innehåller **senap**), past. **ägg**ulor, gurka, lök, salt, arom, stabiliseringsmedel (E410, E415), surhetsreglerande medel (E330, E270), konserveringsmedel (E202, E211). pH under 4,5.

Flødekarameller
Ingredienser: glukosesirup, sukker, kondenseret **skummetmælk** (18,2 %), palmefedt, fugtighedsbevarende middel: sorbitolsirup, **fløde** (3,9 %), kondenseret **valle (fra mælk)**, **smør** (2,5 %), **vallepulver (fra mælk)**, salt, rørsukkersirup, emulgator lecithiner (**soja**), aroma.

Gräddkola
Ingredienser: Glukossirap, socker, kondenserad **skummjölk** (18,2 %), palmfett, fuktighetsbevarande medel: sorbitolsirap, **grädde** (3,9 %), **kondenserad vassle (från mjölk)**, **smör** (2,5 %), **vasslepulver (från mjölk)**, salt, rörsockersirap, emulgeringsmedel: lecitiner (**soja**), arom.

PALEO TEKET

Autoimmun Rev. 2015 Jun;14(6):479-89. doi: 10.1016/j.autrev.2015.01.009. Epub 2015 Feb 9.

Changes in intestinal tight junction permeability associated with industrial food additives explain the rising incidence of autoimmune disease.

Lerner A[1], Matthias T[2].

Author information

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Abstract

The incidence of autoimmune diseases is increasing along with the expansion of industrial food processing and food additive consumption. The intestinal epithelial barrier, with its intercellular tight junction, controls the equilibrium between tolerance and immunity to non-self-antigens. As a result, particular attention is being placed on the role of tight junction dysfunction in the pathogenesis of AD. Tight junction leakage is enhanced by many luminal components, commonly used industrial food additives being some of them. Glucose, salt, emulsifiers, organic solvents, gluten, microbial transglutaminase, and nanoparticles are extensively and increasingly used by the food industry, claim the manufacturers, to improve the qualities of food. However, all of the aforementioned additives increase intestinal permeability by breaching the integrity of tight junction paracellular transfer. In fact, tight junction dysfunction is common in multiple autoimmune diseases and the central part played by the tight junction in autoimmune diseases pathogenesis is extensively described. It is hypothesized that commonly used industrial food additives abrogate human epithelial barrier function, thus, increasing intestinal permeability through the opened tight junction, resulting in entry of foreign immunogenic antigens and activation of the autoimmune cascade. Future research on food additives exposure-intestinal permeability-autoimmunity interplay will enhance our knowledge of the common mechanisms associated with autoimmune progression.

KEYWORDS: Autoimmune disease; Food additive; Industry; Intestine; Permeability; Tight junction

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Aliment Pharmacol Ther. 2013 Nov;38(10):1156-71. doi: 10.1111/apt.12500. Epub 2013 Sep 17.

Review article: evidence-based dietary advice for patients with inflammatory bowel disease.

Richman E[1], Rhodes JM.

Author information

1 Department of Dietetics, Royal Liverpool University Hospital, Liverpool, UK.

Abstract

BACKGROUND: The therapeutic effect of enteral nutrition in Crohn's disease (CD) and the epidemiological associations between diet and inflammatory bowel disease (IBD) implicate diet in IBD causation. There is little evidence, however, to support specific dietary changes and patients often receive contradictory advice.

AIM: To review the literature on the impacts of diet on IBD causation and activity to produce guidance based on 'best available evidence'.

METHOD: Review of Medline, Embase and Cochrane databases from 1975 to 2012 using MeSH headings 'crohn's disease' 'ulcerative colitis' 'enteral' 'diet' 'nutrition' 'fatty acid' and 'food additives'.

RESULTS: Enteral nutrition with a formula-defined feed is effective treatment for CD, but approximately 50% of patients relapse within 6 months of return to normal diet. There is no direct evidence of benefit from any other specific dietary modification in CD, but indirect evidence supports recommendation of a low intake of animal fat, insoluble fibre and processed fatty foods containing emulsifiers. Foods tolerated in sustained remission may not be tolerated following relapse. Some evidence supports vitamin D supplementation. In ulcerative colitis (UC), evidence is weaker, but high intakes of meat and margarine correlate with increased UC incidence and high meat intake also correlates with increased likelihood of relapse.

CONCLUSIONS: There is little evidence from interventional studies to support specific dietary recommendations. Nevertheless, people with IBD deserve advice based on 'best available evidence' rather than no advice at all, although dietary intake should not be inappropriately restrictive. Further interventional studies of dietary manipulation are urgently required.

PALEO TEKET

Tillsatser att undvika

- Sulfiter (E 220–224)
- Fosfater (E 338–41, E 343, E450–52)
- Färgämnen (E 100–180)
- Smakförstärkare (E 620–625)
- Hydrolyserade proteiner
- Emulgeringsmedel (E 400–495)
- Guargummi eller guarkärnmjöl (E 412)
- Xantangummi (E 415), karragenan (E407) och cellulosagummi (E466). Lecitin: E 322
- Artificiella sötningsmedel: erytritol, sorbitol, maltitol, sackarin, aspartam och sucralos
- Växtoljor
- Tillsatsen E330 (citronsyra)

Processade livsmedel orsakar:

- Överätning
- Sockerberoende
- Förhöjt blodsocker
- Dysbios
- Inflammation

Minnesregler

1) Välj i första hand mat utan innehållsförteckning
2) Efter läkningsfasen: Läs alltid innehållsförteckningen ordentligt innan du äter processad mat

Fetter

PALEO
TEKET

PALEO TEKET

Biomed Pharmacother. 2002 Oct;56(8):365-79.

The importance of the ratio of omega-6/omega-3 essential fatty acids.

Simopoulos AP[1].

Author information

1 The Center for Genetics, Nutrition and Health, Washington, DC 20009, USA. cgnh@bellatlantic.net

Abstract

Several sources of information suggest that human beings evolved on a diet with a ratio of omega-6 to omega-3 essential fatty acids (EFA) of approximately 1 whereas in Western diets the ratio is 15/1-16.7/1. Western diets are deficient in omega-3 fatty acids, and have excessive amounts of omega-6 fatty acids compared with the diet on which human beings evolved and their genetic patterns were established. Excessive amounts of omega-6 polyunsaturated fatty acids (PUFA) and a very high omega-6/omega-3 ratio, as is found in today's Western diets, promote the pathogenesis of many diseases, including cardiovascular disease, cancer, and inflammatory and autoimmune diseases, whereas increased levels of omega-3 PUFA (a low omega-6/omega-3 ratio) exert suppressive effects. In the secondary prevention of cardiovascular disease, a ratio of 4/1 was associated with a 70% decrease in total mortality. A ratio of 2.5/1 reduced rectal cell proliferation in patients with colorectal cancer, whereas a ratio of 4/1 with the same amount of omega-3 PUFA had no effect. The lower omega-6/omega-3 ratio in women with breast cancer was associated with decreased risk. A ratio of 2-3/1 suppressed inflammation in patients with rheumatoid arthritis, and a ratio of 5/1 had a beneficial effect on patients with asthma, whereas a ratio of 10/1 had adverse consequences. These studies indicate that the optimal ratio may vary with the disease under consideration. This is consistent with the fact that chronic diseases are multigenic and multifactorial. Therefore, it is quite possible that the therapeutic dose of omega-3 fatty acids will depend on the degree of severity of disease resulting from the genetic predisposition. A lower ratio of omega-6/omega-3 fatty acids is more desirable in reducing the risk of many of the chronic diseases of high prevalence in Western societies, as well as in the developing countries, that are being exported to the rest of the world.

PMID: 12442909 DOI: 10.1016/s0753-3322(02)00253-6

[Indexed for MEDLINE]

Processad mat

17:1

Paleo-kost

1:1

PALEO TEKET

Gram omega-6 per 100 gram	
Tistelolja	75,5
Druvkärnolja	65,9
Solrosolja	63,1
Majsolja	55,7
Vetegroddsolja	54,2
Hampfröolja	52,6
Sojaolja	51,1
Sesamolja	41,3
Rapsolja	19,4
Linfröolja	14,4
Palmolja	9,1
Olivolja (AIP)	8,4
Smör	2,0
Kokosolja	1,8

PALEO TEKET

Omega-3 (EPA & DHA

- Motverkar inflammation
- Ger upphov till “goda” eikosanoider

Omega-6 (arakidonsyra)

- Bidrar till inflammation
- Ger upphov till “dåliga” eikosanoider

PALEO TEKET

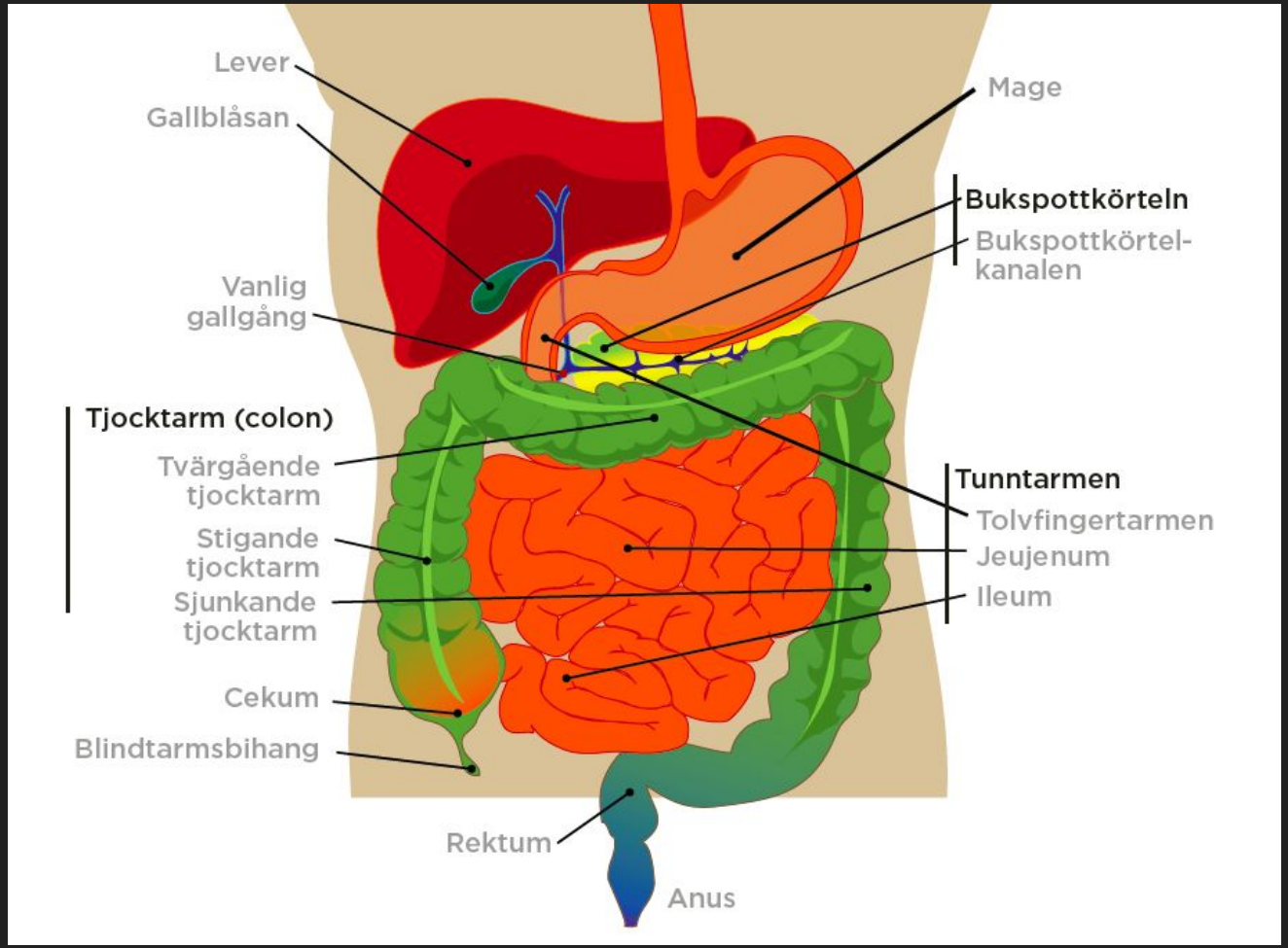
KOST FÖR EN GOD FETTSYRABALANS

1. Minimera ditt intag av växtoljor
2. Ät helst fet fisk och skaldjur ungefär 3 gånger per vecka
3. Välj i första hand gräsbeteskött eller viltkött
4. Du kan mäta din fettsyrabalans

Lägg till fetter av hög kvalitet

- Enkelomättat
  - Olivolja
  - Avovadoolja
- Mättat
  - Talg
  - Ankfett
  - Späck
  - Kokosolja
- Fleromättat
  - Fet fisk
  - Avocado
  - Gräsbeteskött
  - Torskleverolja (vid lågt intag av fisk och gräsbeteskött)

Socker


Lever
Gallblåsan
Vanlig gallgång
Tjocktarm (colon)
Tvärgående tjocktarm
Stigande tjocktarm
Sjunkande tjocktarm
Cekum
Blindtarmsbihang
Rektum
Anus
Mage
Bukspottkörteln
Bukspottkörtel-kanalen
Tunntarmen
Tolvfingertarmen
Jeujenum
Ileum

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Am J Gastroenterol. 2003 Jun;98(6):1348-53.

Fructose intolerance: an under-recognized problem.

Choi YK[1], Johlin FC Jr, Summers RW, Jackson M, Rao SS.

Author information

1 Department of Internal Medicine, University of Iowa Carver College of Medicine, Iowa City, Iowa, USA.

Abstract

OBJECTIVES: Although the role of lactose intolerance in the pathogenesis of abdominal symptoms is well known, the role of fructose intolerance is unclear. Our aims were 1) to examine the prevalence of fructose intolerance in patients with unexplained abdominal symptoms, and 2) to explore whether fructose concentration influences fructose breath test.

METHODS: Over 2 yr, patients with unexplained symptoms answered questionnaires and underwent fructose breath tests. Patients received 50 g fructose in 150 ml water (33% solution). Breath samples were collected for hydrogen and methane. In a second study, breath test was performed after giving either 10%, 20%, or 33% fructose solution. Data were analyzed retrospectively.

RESULTS: A total of 183 patients (50 male, 133 female) had breath tests, of whom 134 (73%) were positive. Among these, 119 (89%) had elevated H(2), and 15 (11%) had elevated CH(4) or both gases. Questionnaires showed that flatus (83%), pain (80%), bloating (78%), belching (70%), and altered bowel habit (65%) were the most common symptoms. Breath test reproduced symptoms in 101 patients (75%). In the second study, 14/36 (39%) tested positive with a 10% solution, 23/33 (70%) with a 20% solution, and 16/20 (80%) with a 33% solution (10% versus 20% or 33%, $p < 0.01$).

CONCLUSIONS: Fructose intolerance may cause unexplained GI symptoms. The higher yield of positive tests in our initial study may be due to referral bias or testing conditions; lower test dose produced a lower yield. Nonetheless, recognition and treatment of fructose intolerance may help many patients.

PMID: 12818280 DOI: 10.1111/j.1572-0241.2003.07476.x

[Indexed for MEDLINE]

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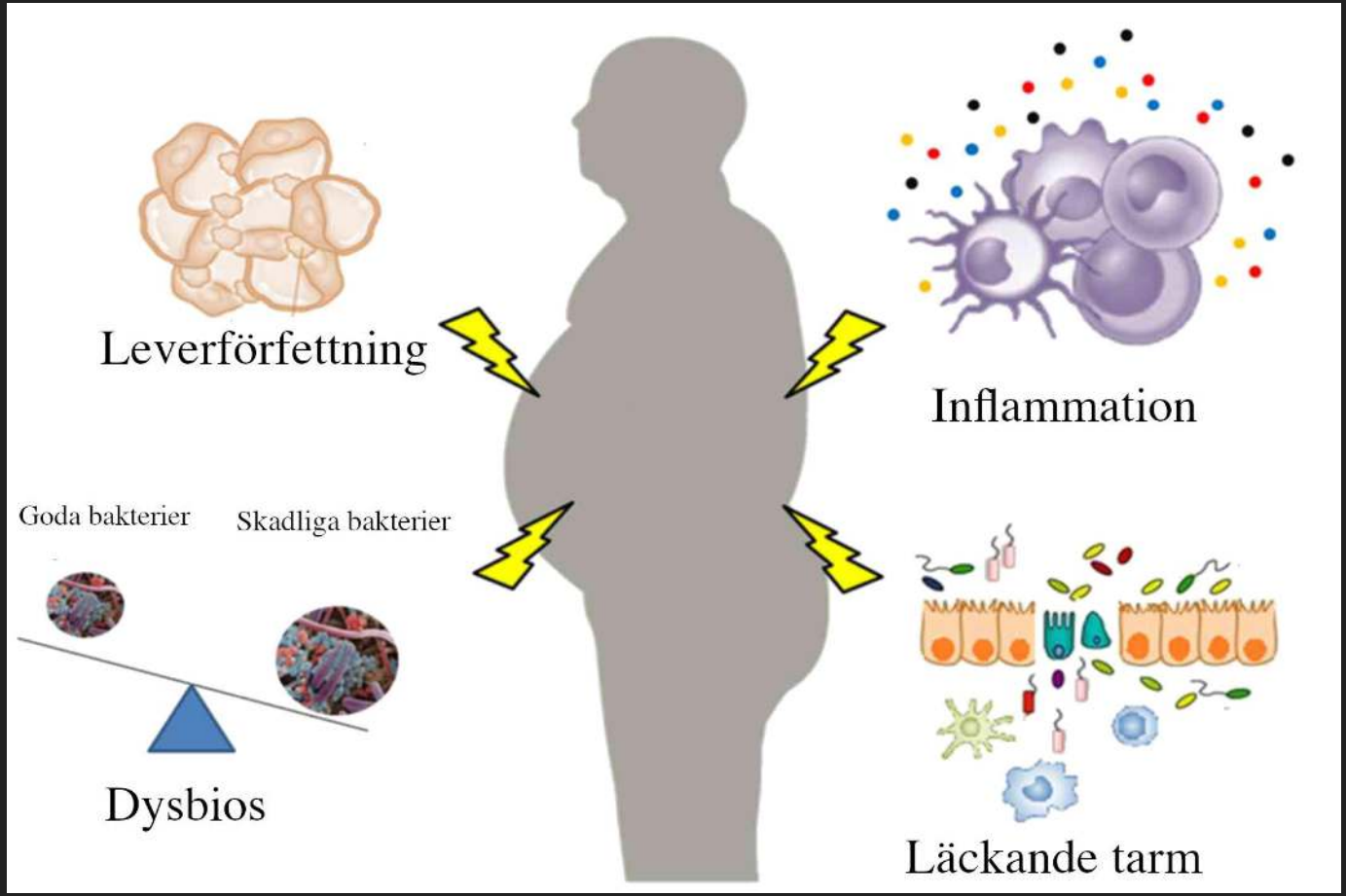
Leverförfettning
Inflammation
Goda bakterier
Skadliga bakterier
Dysbios
Läckande tarm

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Coca-Cola
life


FELIX®
TOMATKETCHUP
NATURLIGT SÖTAD
MED
Stevia


stevia
Nellie
Dellies


Sødestof
STEVIASØD


Sprite
Mynte


MER

1. Frukt och bär kan ingå en immunvänlig kost
    a. Maximalt 3 frukter om dagen
    b. Överskrid aldrig 20 gram fruktos per dag
2. Begränsa bröd och bakverk för bästa resultat
3. Tidigare sockerberoende kan kräva ytterligare begränsning
4. Det går bra att helt avstå

PALEO TEKET

Alkohol

World Journal of Gastroenterology

World J Gastroenterol. 2014 Nov 28; 20(44): 16639–16648.
Published online 2014 Nov 28. doi: 10.3748/wjg.v20.i44.16639

PMCID: PMC4248208
PMID: 25469033

Gut microbiota in alcoholic liver disease: Pathogenetic role and therapeutic perspectives

Giulia Malaguarnera, Maria Giordano, Giuseppe Nunnari, Gaetano Bertino, and Michele Malaguarnera

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Abstract

Go to:

Alcoholic liver disease (ALD) is the commonest cause of cirrhosis in many Western countries and it has a high rate of morbidity and mortality. The pathogenesis is characterized by complex interactions between metabolic intermediates of alcohol. Bacterial intestinal flora is itself responsible for production of endogenous ethanol through the fermentation of carbohydrates. The intestinal metabolism of alcohol produces a high concentration of toxic acetaldehyde that modifies gut permeability and microbiota equilibrium. Furthermore it causes direct hepatocyte damage. In patients who consume alcohol over a long period, there is a modification of gut microbiota and, in particular, an increment of Gram negative bacteria. This causes endotoxemia and hyperactivation of the immune system. Endotoxin is a constituent of Gram negative bacteria cell walls. Two types of receptors, cluster of differentiation 14 and Toll-like receptors-4, present on Kupffer cells, recognize endotoxins. Several studies have demonstrated the importance of gut-liver axis and new treatments have been studied in recent years to reduce progression of ALD modifying gut microbiota. It has focused attention on antibiotics, prebiotics, probiotics and synbiotics.

Keywords: Alcoholic liver disease, Bacterial translocation, Dysbiosis, Prebiotics, Probiotics, Synbiotic, Gut microbiota, Endotoxin

Dig Dis Sci. 2014 Mar;59(3):638-44. doi: 10.1007/s10620-013-2960-y. Epub 2013 Dec 10.

The impact of alcohol consumption and cholecystectomy on small intestinal bacterial overgrowth.

Gabbard SL[1], Lacy BE, Levine GM, Crowell MD.

Author information

1 Department of Gastroenterology and Hepatology, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH, 44195, USA, gabbars@ccf.org.

Abstract

BACKGROUND: The etiology of small intestinal bacterial overgrowth (SIBO) is diverse and frequently multi-factorial. SIBO is thought to result from structural changes of the gastrointestinal tract, disordered peristalsis of the stomach and/or small intestine, or a disruption of the normal mucosal defenses of the small intestine. Alcoholics are reported to have higher rates of SIBO, as diagnosed by jejunal aspirate; however, no data are available on the association between moderate alcohol consumption and SIBO.

AIM: To evaluate the association between moderate alcohol consumption and SIBO and identify risk factors for SIBO using the lactulose breath test (LBT).

METHODS: A retrospective chart review was completed for 210 consecutive patients who underwent the LBT between 2008 and 2010. We reviewed demographic data, including age, race, body mass index, alcohol and tobacco history, medication use, comorbid medical conditions, and history of abdominal surgery.

RESULTS: The study included 196 patients (68 % female; mean age 55 years), 93 of whom had a positive LBT (47.4 %). Of those patients who consumed a moderate amount of alcohol, 58 % had a positive LBT, compared to 38.9 % of abstainers (P = 0.008). Those with a history of cholecystectomy had significantly lower rates of a positive LBT than those who had not (33.3 vs. 51.7 % respectively; P = 0.031). Neither proton pump inhibitor (PPI) use nor tobacco use was associated with a positive LBT.

CONCLUSION: In this retrospective review, moderate alcohol consumption was a strong risk factor for SIBO. Cholecystectomy appeared to be protective against SIBO. Neither PPI use nor tobacco use was associated with an increased risk of SIBO.

PMID: 24323179 DOI: 10.1007/s10620-013-2960-y

[Indexed for MEDLINE]

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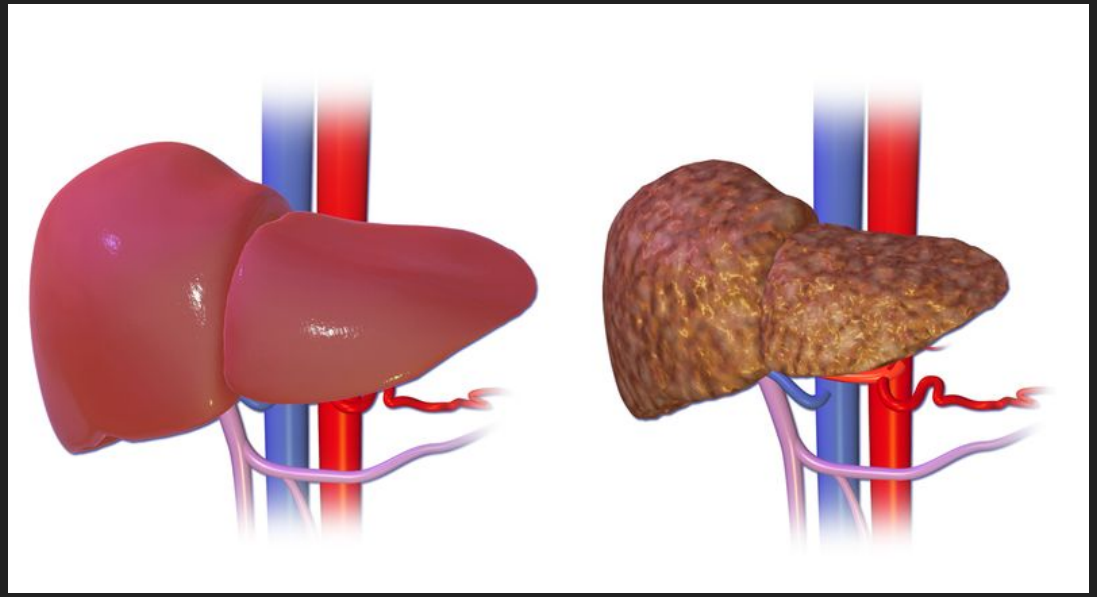

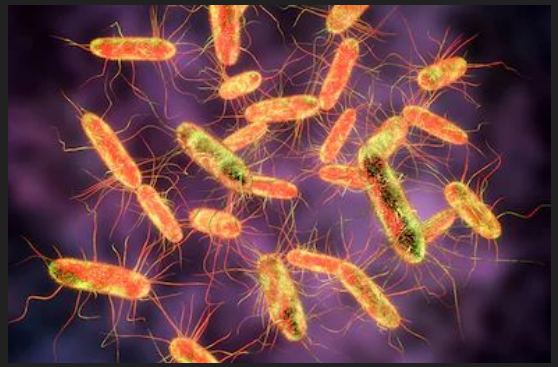

Kaffe

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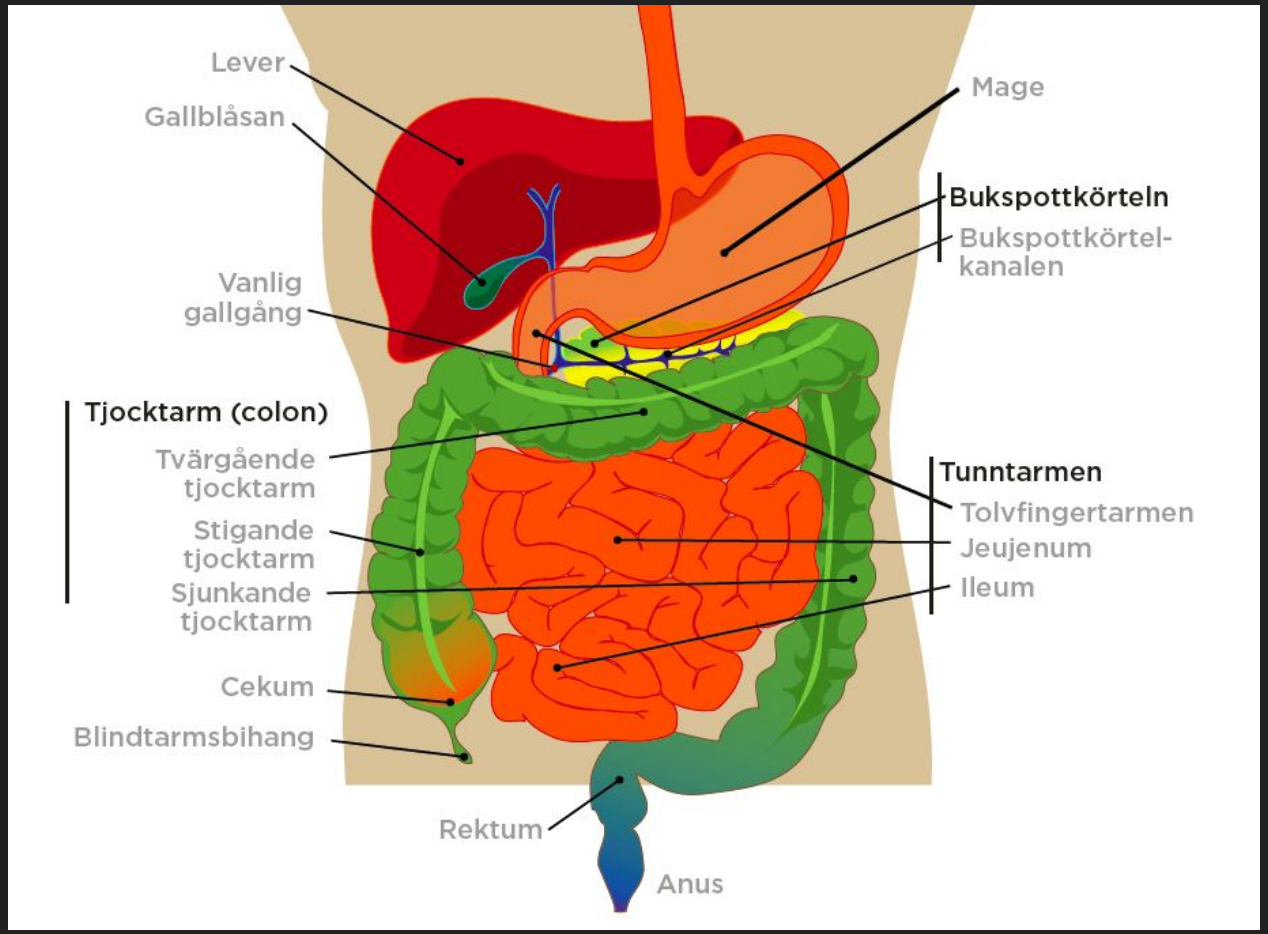
Lever
Gallblåsan
Mage
Bukspottkörteln
Bukspottkörtel-
kanalen
Vanlig
gallgång
Tjocktarm (colon)
Tvärgående
tjocktarm
Stigande
tjocktarm
Sjunkande
tjocktarm
Tunntarmen
Tolvfingertarmen
Jeujenum
Ileum
Cekum
Blindtarmsbihang
Rektum
Anus

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Autoimmun Rev. 2017 Jul;16(7):712-721. doi: 10.1016/j.autrev.2017.05.007. Epub 2017 May 4.

Coffee and autoimmunity: More than a mere hot beverage!

Sharif K[1], Watad A[1], Bragazzi NL[2], Adawi M[3], Amital H[1], Shoenfeld Y[4].

Author information

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2 School of Public Health, Department of Health Sciences (DISSAL), University of Genoa, Genoa, Italy.

3 Padeh and Ziv hospitals, Bar-Ilan Faculty of Medicine, Israel.

4 Zabludowicz Center for Autoimmune Diseases, Sheba Medical Center, Tel-Hashomer, Israel; Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv, Israel. Electronic address: shoenfel@post.tau.ac.il.

Abstract

Coffee is one of the world's most consumed beverage. In the last decades, coffee consumption has attracted a huge body of research due to its impact on health. Recent scientific evidences showed that coffee intake could be associated with decreased mortality from cardiovascular and neurological diseases, diabetes type II, as well as from endometrial and liver cancer, among others. In this review, on the basis of available data in the literature, we aimed to investigate the association between coffee intake and its influence on the immune system and the insurgence of the most relevant autoimmune diseases. While some studies reported conflicting results, general trends have been identified. Coffee consumption seems to increase the risk of developing rheumatoid arthritis (RA) and type 1 diabetes mellitus (T1DM). By contrast, coffee consumption may exert a protective role against multiple sclerosis, primary sclerosing cholangitis, and ulcerative colitis. Concerning other autoimmune diseases such as systemic lupus erythematosus, psoriasis, primary biliary cholangitis and Crohn's disease, no significant association was found. In other studies, coffee consumption was shown to influence disease course and management options. Coffee intake led to a decrease in insulin sensitivity in T1DM, in methotrexate efficacy in RA, and in levothyroxine absorption in Hashimoto's disease. Further, coffee consumption was associated with cross reactivity with gliadin antibodies in celiac patients. Data on certain autoimmune diseases like systemic sclerosis, Sjögren's syndrome, and Behçet's disease, among others, are lacking in the existent literature. As such, further research is warranted.

KEYWORDS: Autoimmune diseases; Autoimmunity; Caffeine; Clinical nutrition; Coffee; Rheumatoid arthritis; Rheumatology

PMID: 28479483 DOI: 10.1016/j.autrev.2017.05.007

[Indexed for MEDLINE]

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ARRAY 4 – Antibody

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CYREX™ Laboratories

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