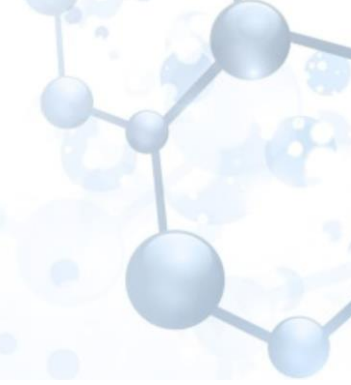


Specific Carbohydrate Diet (SCD)



The origins of the SCD can be dated back to medical documents as early as 1888 which recommend patients with celiac disease to avoid carbohydrates, specifically grains.

The Story Behind the SCD

The modern SCD is based on a protocol by Dr. Sidney Haas, a medical doctor in the United States who treated over 600 patients with celiac disease and inflammatory bowel disorders.

Dr Haas helped one of his patients who was suffering from Ulcerative Colitis achieve remission through specific dietary changes. This patient's mother, Elaine Gottschall was so grateful for her daughter's improvements that she dedicated her life to researching the link between food and gut health, and came up with the concept of the Specific Carbohydrate Diet.

Who Can Benefit from the SCD?

People suffering from the following conditions have noted a marked improvement of symptoms, some noticing a change within a matter of days. However strictly following the diet for the long term is required to maintain positive results.

The SCD may help those who are suffering from:

- Crohn's Disease
- Ulcerative Colitis
- Coeliac Disease
- Diverticulitis
- Cystic Fibrosis
- Chronic diarrhea and food intolerances
- Autism
- ADHD

A Quick Lesson on Carbohydrates

Carbohydrates are essentially sugar, they are classified by their molecular structure. There are different types of carbohydrates and they are categorized as either:

1. Monosaccharides: Simple sugars, consisting of one sugar molecule (e.g.: Glucose, fructose, galactose)
2. Disaccharides: Two sugar molecules linked together (e.g.: Maltose, sucrose, lactose)
3. Polysaccharides: Many sugar molecules linked together (e.g.: glycogen, starch, cellulose)

The Theory Behind the SCD

The SCD only allows monosaccharides to be eaten, as other carbohydrates such as disaccharides and polysaccharides require more effort to digest.



Specific Carbohydrate Diet (SCD)

People with digestive diseases will have inflamed bowels and bacterial overgrowth in their gut. The principles of the SCD is based on the fact that we are unable to digest complex carbohydrates and other sugars optimally. Undigested sugars that remain in the digestive tract will feed the harmful bacteria in our gut and further worsen the effects of dysbiosis (bacterial overgrowth). Dysbiosis will lead to fermentation, putrefaction, toxin formation, and irritation of the intestines.

Intestinal damage may cause leaky gut syndrome, and toxins will penetrate through the gut wall, into the bloodstream, causing local and systemic inflammation.

The SCD aims to heal intestinal dysbiosis by eradicating the sugars that feed the harmful bacteria, essentially starving them out. A strong focus of this diet is on rebalancing gut flora, and encouraging intestinal healing.

Protecting and Boosting Gut Bacteria

Inside our digestive tract are billions of live bacteria, which are very important for our overall health and wellbeing (both physical and mental).

Bacteria in our gut are responsible for various functions including the digestion and assimilation of nutrients. Without this occurring properly, nutritional deficiencies can arise.

Gut flora also aids in the formation of some very important nutrients, such as Vitamin K, which plays a crucial role in blood clotting.

Digestive micro-flora helps to ward off harmful pathogens and toxins from entering the bloodstream through the gut wall.

Acting like a protective barrier and lining for the gastrointestinal tract, the micro-flora also encourages the appropriate manufacturing of various cells which contribute to our overall immune function.

The SCD for Improved Gut Health

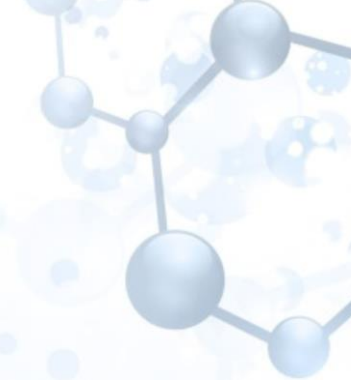
The diet commences with various foods which are very easy to digest, along with the elimination of some carbohydrates, and processed foods. Digestive gut flora is restored, inflammation settles, and healing begins to take place.

How to Implement the SCD

The SCD begins with an introductory diet, which commences the healing process. This is followed by the maintenance diet which involves the reintroduction of more complex foods, very slowly.



Specific Carbohydrate Diet (SCD)



The Introductory SCD Diet

The introductory diet may be followed for anywhere between 1-5 days. If at the beginning, digestive symptoms such as pain and stool changes (e.g. diarrhea) are severe, the introductory diet should be followed for longer (5 days).

Whilst on the introductory diet, the foods to eat are limited, however, you can eat as much food as you need as long as it is allowable.

The following foods are allowable on the introductory SCD diet:

Meat and eggs	Vegetables (well cooked and peeled)	Others
Chicken broth	Carrot	Apple cider vinegar
Chicken meatballs (made from ground chicken mince and boiled)	Onion	Real grape juice
Roast chicken	Celery	Gelatin and homemade jello/jelly made from gelatin and grape juice
Roast turkey	Parsley	
Roast lean pork	All vegetables except for carrots are only to be used to add flavor to broth/stock bases.	
Beef broth		
Grilled beef patties		
Beef meatballs		
Grilled fish		
Eggs (scrambled, poached, hard boiled, soft boiled, sunny side up)		

Introductory Diet Meal Recommendations

Breakfast	Lunch	Dinner
Eggs	Homemade chicken soup/broth	Variations of breakfast and lunch
Dry curd cottage cheese	Carrot puree	
Homemade yoghurt	Grilled beef patty	
Pressed apple or grape juice	Grilled fish	
Homemade gelatin with honey and fruit juice	SCD homemade Cheesecake	



Specific Carbohydrate Diet (SCD)



Beyond the Introductory Diet

After completing a maximum of 5 days on the introductory diet, it is time to move on to the full version of the SCD. A lot more foods are allowed, however the only carbohydrates that can be eaten are those from fruit, honey, and homemade yoghurt.

Homemade, and properly prepared foods are recommended, avoid everything artificial and pre-packaged which may contain preservatives.

A guide to slowly reintroducing more foods into the diet:

- Soft and easy to digest foods are best
- Gradually introduce new foods, eating it every other day.
- Some foods are not recommended to be introduced until three months, including Lentils, beans, seeds, cashews, peanut butter, and dried fruit.
- Raw fruit and vegetables should also be introduced several months later.
- Initial 'die-off' reactions can occur when starving off bad bacteria: digestive symptoms (constipation, diarrhea, cramping, pain), headaches, body aches, irritability.

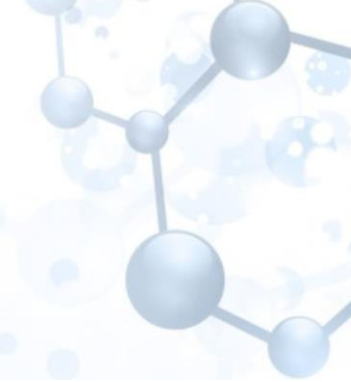
*It is important to undergo this diet with the guidance of a qualified practitioner.

Below are some meal options for the full SCD:

Breakfast	Lunch	Dinner
Eggs Bacon Avocado SCD Bread Homemade yoghurt SCD Cheesecake Baked apples SCD Banana pancakes	Chicken/beef/fish/pork/ lamb Vegetables (broccoli, cauliflower, green beans) Kiwi/apple/grapes	Chicken/beef/fish/pork/lamb Curd cottage cheese SCD bread Vegetables (asparagus, beetroot, Brussels Sprouts)Cherries, dates, figs



Specific Carbohydrate Diet (SCD)



SCD

Short introductory diet lasting a maximum of 5 days

Plenty of allowable foods. If there is a reaction to a food, it is permanently eliminated from the diet

Focus is on symptom management. Long term diet solution!

GAPS

Long and extensive introductory diet which can last months

Restrictive foods list

Focus is on fat content, gut flora and detoxification so that eventually all foods can be digested.

Focus is on healing digestive system, not solely symptom management.

Not as long term as SCD, a 2-3 year healing protocol.

References:

Dowd B, Walker-Smith J, 1974, 'Samuel Gee, Areatus, and the celiac affection', British Medical Journal, Apr 6; 2(5909): 45-47.

www.breakingtheviciouscycle.info

www.scdlifestyle.com

Specific Carbohydrate Diet

The basic SCD principle is the restoration of gastrointestinal health through diet. We all know that individuals with Coeliac need to avoid gluten in their diet. What is less well-known is that the damaged digestive tract of many Coeliacs is sensitive to a range of carbohydrates. In fact, in the 1930s Drs. Sidney and Merrill Haas of New York defined Coeliac as a sensitivity to a range of disaccharides and polysaccharides, not just gluten. Elaine Gottsall later termed this The Specific Carbohydrate Diet (SCD) which is effective for managing Coeliac, Crohn's Disease, Colitis, Irritable Bowel Syndrome and associated anxiety, depression and mood disorders.

The Haas' also identified an imbalance in microbes in the digestive tract as being a part of Coeliac. Current research is revisiting this theory by looking into the idea that certain overgrowth in bacteria actually drives the expression of the Coeliac gene.

