



# Dying to Understand



## **NUTRITION, BODY IMAGE & WEIGHT LOSS**

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## Foreword

*There is a great deal of knowledge when it comes to illness and the thorny topic of dying. However, this knowledge is often confined to the medical realm, remaining in the hands of the clinicians, palliative care physicians and allied health workers who treat us.*

*Of course, we expect professionals to have this knowledge, but for those of us who need palliative care, or those of us on a personal journey with cancer or serious illness, there can often be huge gaps in the information that is available to us.*

*The purpose of this book is to help you fill these gaps. It gives you a framework of essential basic knowledge that will help you to have meaningful discussions with the people who are providing you or your loved ones with medical and palliative care.*

*This is not a textbook with academic references and scientific jargon. Rather, it provides you with easy-to-read information about common palliative care topics from a cancer perspective.*

*While the focus is on cancer, much of the information crosses over into other fields of palliative care. As such, this book offers you a powerful knowledge base to negotiate better outcomes, not only for your health, but also for other aspects of your wellbeing. Topics have been organised into physical, emotional and spiritual themes. Not all of these may be relevant to you at a particular time, but they are there for you to read when the time is right.*

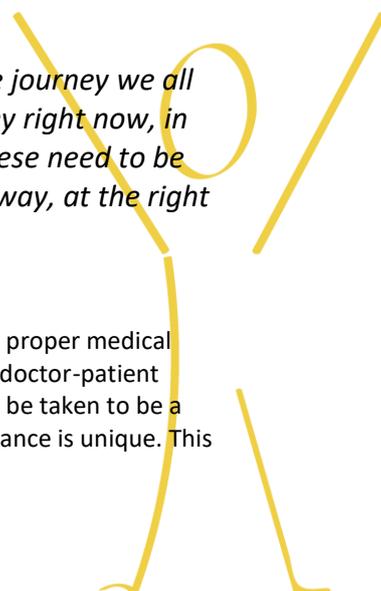
*This booklet is for everyone on the palliative care journey, whether as a direct recipient of palliative care or as a friend or family member of someone who is.*

*Palliative care is a rapidly changing field of medicine. Information that is relevant today may be out-dated by tomorrow. This book does not intend to keep up with scientific literature and is **not** the final say in palliative medicine. It is intended only as a framework for discussion.*

*I hope this book will enrich your knowledge and understanding of the journey we all take at the end of life. Regardless of where you may be on the journey right now, in time we all require palliative care. As humans we have needs, and these need to be communicated. I hope this book helps you communicate in the right way, at the right time, to the right person.*

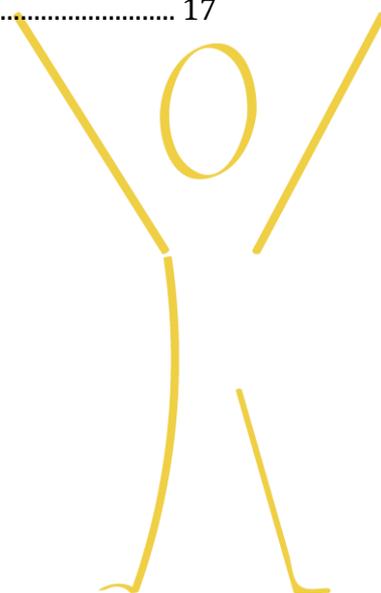
### DISCLAIMER

Any medical advice taken from this booklet needs to be placed in context with the proper medical care that is administered by the attending physician and within the domain of the doctor-patient relationship. As no such relationship can exist through a book, this book can never be taken to be a formal comment on medical advice. Each person's medical condition and circumstance is unique. This book cannot meet the specific needs of every person.



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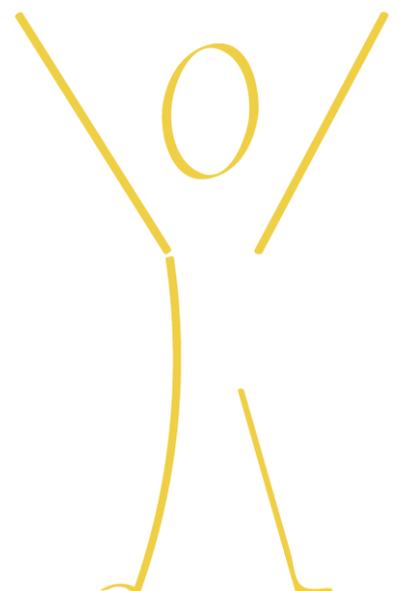


## INTRODUCTION

Nutrition, weight loss and body image are real problems in chronic illness and palliative care. While it is easy for most to shrug off the next 200g of weight loss, to those who are struggling to maintain weight, this is often a devastating loss. There are few greater areas of conflict in advanced illness than the dining room table.

Understanding weight loss and moving on to accept weight loss as a part of the process rather than the next battle line, is an essential step in being happier. It is time to call a truce and make eating fun and enjoyable again.

These are my thoughts on eating and nutrition and the things that may affect this in advanced illness. They are simply thoughts to aid discussion and comment about this important aspect of care. Because I do not have first-hand information about each person's situation, this can never be more than a comment, and all medical advice still needs to be sought through the hands of your physician.



## WEIGHT LOSS IN ADVANCED CANCER

One of the common effects of advanced illness is unexplained weight loss. Where deliberate weight loss programs may be used to shape sexy bodies, in advanced illness, weight often falls off uncontrollably. Weight loss in advanced cancer is not the same process as starvation.

The cause of this unwanted weight loss is often multifactorial. Regardless of the cause, the effects are often personally challenging.

Because we want to look good, this physical effect of illness is often crueller than we like to admit. Working it through requires understanding about the processes at work and a practical acceptance that we are more than the sum of our parts. We know that our physical appearance is only a part of who we are, but it remains an important part that we need not neglect.

As oncologists, we know that significant weight loss is bad news and a poor prognostic factor. For poorly understood reasons, cancer produces a chemical change in the metabolic set point of the body. This is known as the cachexia-anorexia-syndrome. This results in the unnatural breakdown of fats and proteins resulting in loss of muscle strength and bulk. In addition, the appetite is disabled and even the most scrumptious food seems unattractive. When this syndrome occurs, people don't want to eat, and what they do eat is not utilised in the normal way.

Add to this biochemical malfunction the direct or indirect effects of cancer such as: the effects of surgery, subacute bowel obstruction, nausea and vomiting, diarrhoea, constipation, a sore mouth, medication effects or simply feeling unwell, and it is easy to understand why nutrition is not a simple matter.

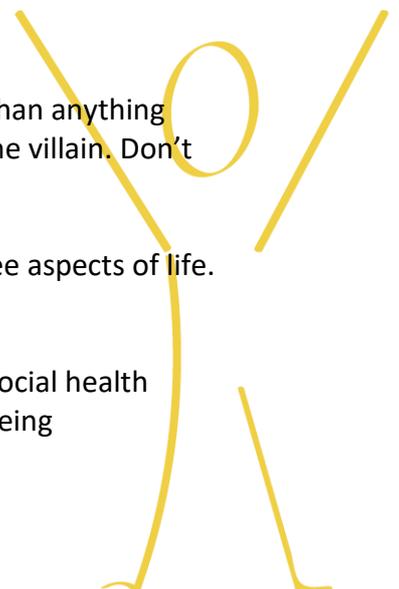
Another complexity is our desire to conform and be 'normal' and it soon becomes apparent that eating is one of the greatest conflict points in advanced illness. The first thing to do is call a truce, stop the arguments and gain perspective.

### *Putting weight loss into perspective*

Understand that it is the illness that is affecting your weight rather than anything you are doing or not doing. You are not the problem. The illness is the villain. Don't take the blame for something that you are not responsible for.

The consequences of significant weight loss are typically seen in three aspects of life. These are:

- Personal - as the weight loss affects body image and psychosocial health
- Physical - as the weight loss affects health and physical wellbeing
- Social - as the weight loss affects relationships



## *Personal effects*

We often make comments about how we feel, and in the setting of advanced illness, the comments received are often negative or even destructive.

*“I feel like a victim of a concentration camp.”*

*“John was gaunt and thin, with pale skin, the bones almost visible. His athletic body had reduced to stringy muscles and he often commented about looking like a skeleton dressed to go out.”*

*“I feel ridiculous, drowned in my clothes.”*

For some of us, there are few things as distressing as being reminded about the physical effects of advanced illness every time we get undressed. Body image is an essential part of our wellbeing. We want to look good and presentable to the world. Our identity is influenced by how we look and dress. We comb our hair in a particular fashion, wear clothing that suits our personality, and present ourselves in a way that states ‘this is me’ without saying a word.

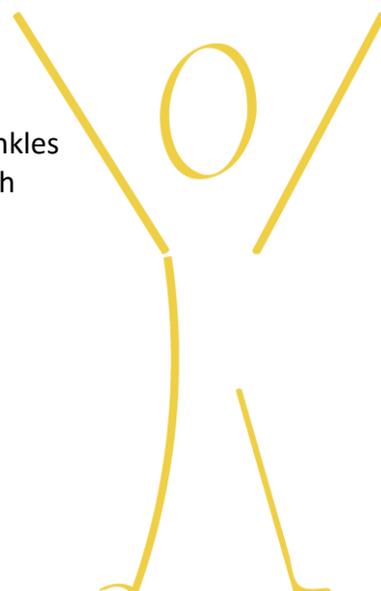
In modern society, the importance of cosmetic and physical appearance is emphasised almost everywhere we look. Little wonder that changes in our body image can cause so much distress.

Weight loss can have a major impact on how you look and feel. If left unattended it is easy to imagine how this may cause people to lose confidence and as a result, become isolated and withdrawn. This in turn may increase your emotional distress. A vicious cycle of isolation and low self-esteem is set in motion.

## *Physical effects*

Weight loss in advanced illness also has physical consequences. Common effects of malnutrition include:

- Altered taste sensation - eating is an unattractive prospect
- Loose dentures - pain and difficulty when eating
- Low blood albumin (protein) - resulting in swollen feet and ankles
- Pressure sores - the padding around joints and bones diminish
- Weakness and fatigue - activities become arduous



## *Social effects*

The social impact of weight loss is usually the most difficult because everyone is an expert. We all know that eating is good and if we are not careful, the best intentions of “being good and eating all your food” becomes a warzone.

*“Mamma sobs inconsolably because no one has ever refused her food before!”*

*“I have worked so hard preparing your favourite meal”*

*“You always used to love apple pie, what’s wrong with my cooking?”*

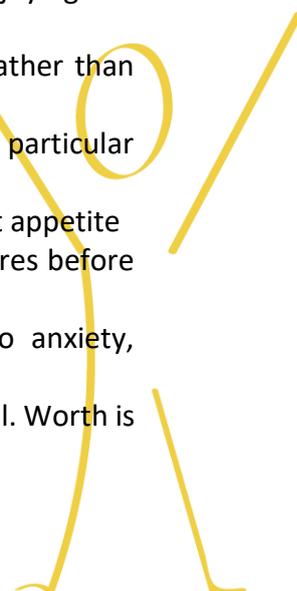
For some onlookers, this can be hard to understand and even harder to deal with. People with advanced illness are not hungry, they won’t eat, so don’t make them do the impossible. Forcing the issue, nagging, threatening or placing large quantities of ‘mamma’s best cooking’ before someone who physically cannot eat will make no difference. It will only result in feelings of guilt, anger, distress and frustration for everyone.

## *Managing weight loss and its consequences*

Being unable to eat because you have no appetite is part of the disease process.

Weight loss is so common in advanced cancer that we often tend to ignore its impact on someone’s quality of life. While you may not be able to do much to prevent the weight loss, you can change your response to it. These tips might help you to do this:

- Recognise that the disease is the problem, not you
- Avoid checking your diminishing weight on scales
- If possible, buy new clothes that fit well rather than wear large, baggy clothes
- Don’t make meals a warzone. Set realistic goals and focus on enjoying the company
- You may find it easier to graze by regularly eating small snacks rather than three large meals a day
- Always see a dietician for the best supplements. Fish oil may be of particular benefit in high doses
- Drugs such as corticosteroids may be of short-term benefit to boost appetite
- Seek early medical advice about complications such as pressure sores before they become a problem
- Seek professional psychological help if the weight loss leads to anxiety, depression or feelings of isolation
- Understand that the essence of a human being is more than physical. Worth is not determined by how one looks but by who one is



Weight loss in advanced illness is common and it is often distressing. Having a strategy to minimise this distress is always going to be worthwhile. Speak to those who may be able to help and are willing to listen. Create a safe zone when it comes to weight loss, one where you can be comfortable with your body.

## NUTRITION

*And when you crush an apple with your teeth, say to it in your heart,  
"Your seeds shall live in my body,  
And the buds of your tomorrow shall blossom in my heart,  
And your fragrance shall be my breath,  
And together we shall rejoice through all the seasons."*

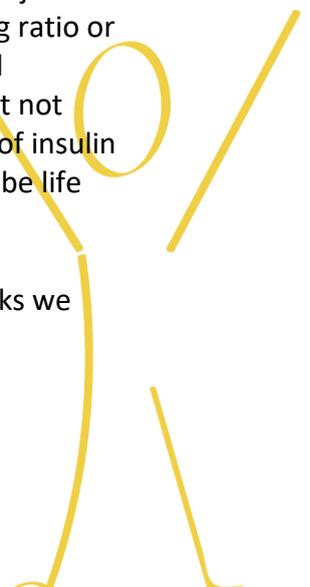
— Kahlil Gibran

Often, I am confronted by the question, 'What should I be eating?' It is not an easy question to answer if a holistic view of eating is taken. Eating is one of life's pleasures. Not only is food tasty, but it often forms the basis of social interaction. When eating becomes affected by advanced illness, it affects friendships as well as nutrition. Eating can become a warzone when it is used as a weapon. Rather than getting caught up in personal propaganda - and everyone has an opinion - let's look at the basics of nutrition.

Everything we eat gets digested, and in the process of digestion it ends up as one of four possible products: glucose from carbohydrates; amino acids from proteins; fatty acids from fats and oils; and the essential vitamins and minerals required for life. These small building blocks of food can be absorbed through the lining of the intestine. From here they enter the bloodstream where they are circulated to provide energy for life. In addition to these essential basic by-products of digestion, we all need water to survive.

Each product of digestion is essential and without the right ratios we are subject to malnutrition. Malnutrition may also occur from too much food in the wrong ratio or from deficient food intake. It is, for example, possible to be overweight and malnourished. This may occur where people eat too much fat and sugar but not enough protein for example. Diabetes, a serious illness, results from a lack of insulin and consequently an inability to process sugar. This sugar malnutrition can be life threatening.

To be nourished requires a balanced diet that provides all the building blocks we require for cellular function.



## *Causes of malnutrition*

### **Eating too much**

Fat is the most amazing high-energy store you can have. It can be converted into sugar when needed. As such, when you have eaten an abundance of energy-rich foods, fat is the first thing to be built and stored in your body. Too much fat is harmful, too much sugar is harmful and too much protein is harmful. An occasional binge is understandable, but excessive eating is no one's friend. There is increasing evidence that links obesity to cancer. Add to this the burden of care associated with obesity and it is easy to see that this form of malnutrition will become the greatest cause of death in the next decade. The sad fact is that there are more people overweight in the world than malnourished from starvation.

### **Eating too little**

People often associate eating too little with anorexia. However, some people who eat enough may not be getting enough nutritional value from their food. This can be due to illness where digestion is impaired such as in gluten intolerance or inflammatory bowel disease. It may follow surgery where parts of the digestive system have been altered or removed. These uncommon illnesses and conditions are known to cause digestive problems and usually the medical teams optimally manage these.

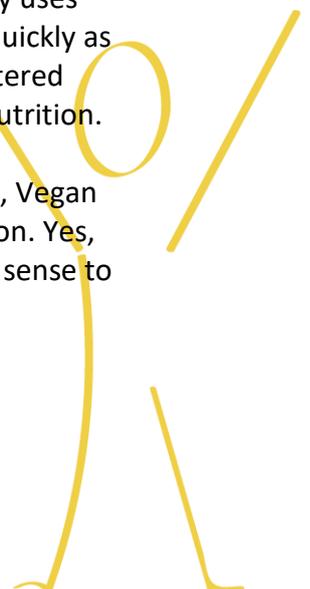
Sometimes people are malnourished because of misinformation. They eat sufficiently but in the wrong ratios.

### **Eating in the wrong ratios**

The building blocks of life include all the food groups. Eliminating a single food group puts strain on the body, as it needs to synthesise the food group via alternative physiological pathways.

One common misconception is that sugar is harmful and should be avoided in cancer. The correct statement is that excess sugar is harmful. Our brain only uses glucose; it has no other fuel source. Without glucose, our brain dies quite quickly as evident by the onset of coma and death where too much insulin is administered (hypoglycaemic coma). Healthy carbohydrates are good and essential for nutrition.

When it comes to eating there are many experts. We now have Paleo-diets, Vegan diets, gluten-free diets, the Banting diet and I am sure the list goes on and on. Yes, we are what we eat in a very real sense, but it also requires some common sense to eating and companionship as part of life's great pleasure.



### *Practical approaches to good nutrition*

- Eat good food, organic if possible because it potentially contains less preservatives, pesticides and other chemicals associated with large-scale farming.
- Avoid processed food if you can help it. Often highly processed food lacks the level of nutrition available in less refined foods. Add to this the colouring, stabilisers, salt, preservatives and other additives, and processed food looks less appealing.
- Limit sugar when you can. There is no need to entirely eliminate sugar from your diet unless you are diabetic. However, you will be surprised by how much sugar is in processed food.
- Eat more fruit and vegetables. They are an excellent source of nutrition and contain essential fibre to aid with digestion.
- Make sure you get enough protein. In illness you need your muscles and bones to be strong, so provide them with good building blocks. Milk, eggs and meat are excellent sources of protein.
- Drink enough water. Our cells are made up of 80 percent water. A lack of water results in poor cellular function. Most of us are chronically dehydrated. Boost your water intake by 20 percent and notice the difference.
- Save your money for a special meal at a good restaurant rather than using it on supplements. A balanced diet will provide you with the vitamins and minerals you need (unless you have been diagnosed with a dietary insufficiency due to illness).
- Learn to say “no” if you are overweight.
- Don’t juice your food unless you have a problem with digestion (that is what your teeth and digestive system are for). If you do juice, make sure you put the best ingredients into the juicer. These should be organic rather than chemically sprayed mega crops sold at super-cheap prices in the stores.
- There are no super-foods, but some foods are better than others.
- Eat for enjoyment and companionship—a shared meal with friends is one of life’s joys.

Nutrition is a real challenge in advanced illness. Take the time to not only *digest* your food, but also sound professional advice. When it comes to nutrition don’t believe every story unless you can accept that most of the stories are pure fiction. Because it is so important and because it can make such a difference to your health, my recommendation is that you see an accredited dietician.



## MOUTH CARE

In the setting of advanced illness, one aspect that is most often ignored or disregarded is mouth care. The mouth is particularly vulnerable in cancer patients. Treatments such as chemotherapy and radiation directed at the mouth, weaken the cells that form the mucosal lining. This results in ulceration and pain. Add to this poor healing due to deconditioning, infections and the mechanical effects of eating, and it is easy to understand that the mouth becomes a warzone—an everyday painful experience.

Being aware of the many causes of a painful mouth, as well as strategies to minimise the suffering, goes a long way to improving the quality of life. Your mouth is one of the first parts of our body people see. In addition to its physical appearance, our mouth also transmits our breath, our speech and is the first port of call when it comes to eating and nutrition. Poor mouth care may affect all of these aspects of daily life.

The four common mouth-monsters are:

- Smelly breath (halitosis)
- A sore mouth (stomatitis)
- A dry mouth
- An abnormal taste

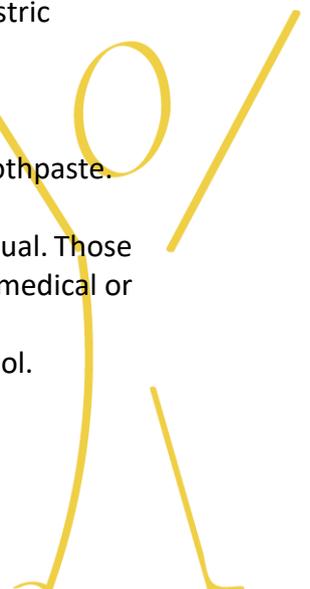
### *Halitosis*

Foul-smelling breath is a social embarrassment and can profoundly affect relationships. Often the halitosis is not as noticeable to the 'owner of the odour' and other people politely avoid raising the issue rather than cause social embarrassment. If people around you drop like flies whenever you open your mouth, you need to get on to the issue and manage your halitosis.

Bad breath is caused by a number of things, including: poor dental or oral hygiene; infections (in the mouth, nose, throat, sinuses or lungs); smoking; eating substances with volatile flavours or properties such as garlic, onions or alcohol; and gastric stagnation (which is when undigested food is immobilised in the stomach).

Minimise halitosis by:

- Regularly cleaning your teeth and tongue with a toothbrush and toothpaste.
- Regular dental flossing.
- Using refreshing mouthwash and rinses. Not all mouthwashes are equal. Those containing alcohol for example may make a dry mouth worse. Seek medical or dental advice about the best mouthwash for your circumstances.
- Avoiding volatile products such as garlic, onions, tobacco, and alcohol.
- Treating infections such as oral thrush.



- Seeking treatment when delayed gastric emptying (stagnation) is an issue. A drug such as Metoclopramide may promote gastric emptying.

Sometimes these preventative measures won't be sufficient to control disease-related halitosis. Don't give up; make your problem your doctor's problem as well. Seek medical advice often, even if it seems embarrassing. You deserve the best chance to feel good about yourself, and that includes feeling good about your breath.

### *Stomatitis*

A sore mouth is a nightmare because we use our mouths so often when we speak and eat. There are variable terms to describe a sore mouth commonly known as Mucositis or stomatitis. Regardless of the definition, eating is distressing if your mouth is painful. A sore mouth may be caused by:

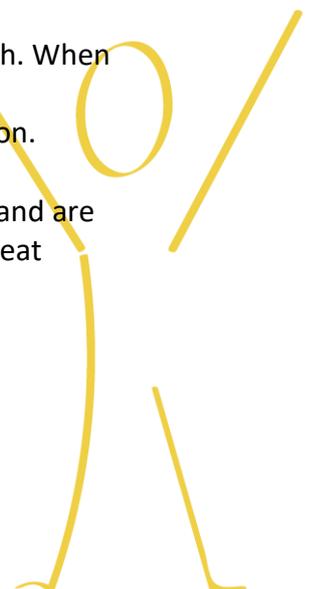
- Recent treatment with radiation or chemotherapy
- Mouth infections
- The disease process itself, such as with mouth cancer
- Dental problems
- A combination of the above

A practical approach to treating a painful mouth is to:

- Manage hygiene with regular cleaning.
- Be gentle. Use a soft toothbrush and eat soft textured foods.
- Treat a dry mouth with artificial saliva.
- Treat infections, particularly thrush, aggressively.
- Rinse the mouth regularly; for example, with salt and baking soda solution.
- Use good pain medication and consider a topical (local) anaesthetic agent.
- Avoid irritants such as spicy food, acidic juice, carbonated water, alcohol and tobacco.
- Have a dental check-up, particularly if ill-fitting dentures are a cause of the discomfort.
- Drink through a straw to bypass the mouth.

Most causes of a painful mouth are transient, and the soreness will diminish. When pain is severe, treat it aggressively. If the pain problem is due to illness and irreversible, it may be important for you to consider other routes of nutrition.

The best course of action is to consult a dietician. They specialise in eating and are well acquainted with the problems of a sore mouth. They have access to great products, so don't miss out and get help if you need it.



## *A dry mouth*

A dry mouth is very common in advanced illness and it is a contributing factor to a painful mouth and halitosis. The mornings are often the most distressing times as this is when thickened sticky saliva that has collected overnight sticks to the mucosa of the mouth. Changing the environment of your mouth from what seems like the Sahara to a tropical paradise is never going to be possible. However, with some care, a dry mouth can be manageable.

You produce 1.5 litres of saliva in 24 hours. The purpose of saliva is to lubricate and cleanse the mouth, decrease microbial activity, re-mineralise the teeth and help with the digestion of food. A dry mouth affects more than 75 per cent of cancer patients. Some patients describe the dryness as a burning sensation in the mouth.

Causes of a dry mouth include:

- Drug therapy, such as antidepressants, morphine, oxygen therapy, diuretics
- Damage to the salivary glands as a result of disease or after radiation treatment to the salivary glands
- Increased evaporation from the mouth, such as in oxygen therapy or with breathing through the mouth instead of the nose (mouth breathing)
- Electrolyte abnormalities, such as raised blood calcium

Practical steps to manage a dry mouth include:

- A review of medication to try and eliminate the drugs causing a dry mouth.
- The use of artificial saliva.
- Regular mouth washes.
- Lollies and chewing gum to stimulate salivary flow, although sugar in lollies is not an attractive option because of tooth decay.
- Pineapple chunks, sucked as a sweet, can be helpful as they contain an enzyme that freshens and cleans the mouth.
- Applying small amounts of butter or margarine or vegetable oil, especially around the mouth, may help at times.
- Carrying a water bottle and regularly sipping water to moisten the mouth.
- Using humidified oxygen if oxygen therapy is a precipitating factor.
- Avoiding glycerine as it makes a dry mouth worse.

## *Oral Thrush*

Thrush is common in advanced illness and when the immune system is weakened. It is more common in diabetes, for example.



Thrush typically presents as white patches on the lining of the mucous membranes in the mouth or on the tongue. It can be very painful and often alters a person's taste sensation.

Not all thrush is white. Chronic thrush results in a red, sore tongue. Sometimes the small little cracks or sore areas at the angles of the mouth where the top and lower lips meet are also caused by thrush. If you have a painful mouth, you should always suspect thrush to be the cause.

Thrush is easy to treat. Many products to treat thrush are available. Discuss which ones are the best for you with your pharmacist or doctor. If you have dentures, you need to take special care when it comes to treating thrush. Dentures are frequently a source of thrush and, as such, they need vigorous care and cleaning. Also regularly soak your dentures overnight in one of the many recognised cleansing solutions, such as hydrogen peroxide.

### *Abnormal taste*

Up to 50 per cent of patients with advanced cancer experience a change in taste sensation over the course of their illness. This often leads to poor nutrition. One of the pleasures in life is the ability to taste food. When this ability is lost and everything tastes like the same old cardboard, eating becomes a challenge.

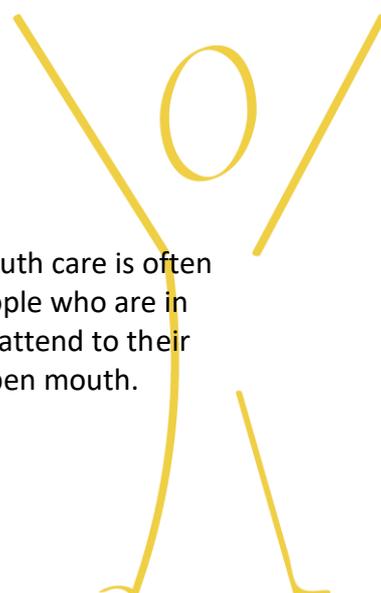
Taste alteration may also be due to ageing, treatment with recent radiotherapy, or drugs therapy. Phenytoin, an anti-seizure drug, may affect taste. Insulin can decrease the sensation of salty and sweet foods. Lithium produces a rancid taste with dairy products and makes celery taste intolerable.

Ways you can minimise the impact of an altered taste sensation include:

- Treating thrush
- Improving mouth care and hygiene
- Discontinuing or reviewing drugs that may affect taste
- Eating tart or distinctive/strong tasting foods
- Increasing or decreasing the amount of sugar you eat

### *Mouth care at the end of life – A carer's perspective*

When life is ending, there are so many things to think about that mouth care is often neglected. In the last days of life, mouth care is easily neglected. People who are in the last days of life may be so weak and frail that they are unable to attend to their mouth care. They may be semi-conscious or often asleep, with an open mouth. These patients are at risk of developing a sore mouth.



Some may argue that in this setting, when someone is dying, why bother about the mouth? However, taking care of a few small, practical things may make life more comfortable even when life is ending.

The following steps can help patients who are near the end of their life:

- Applying an oral gel to treat thrush.
- Placing small pieces of crushed ice in the mouth to lubricate the mouth where someone is no longer able to swallow.
- Applying Vaseline or a similar product on the lips prevents the lips from drying out and cracking.

## COMMENTS ON SUGAR

After many arguments and comments about sugar, I thought it would be a good topic to add into the conversation. One of the myths about cancer is that “because it feeds on sugar, eliminating sugar will cure cancer”. While this is idealistically possible and, on its merits, a wonderful idea, it is physiologically impossible to eliminate sugar in the body. Sugar is essential for good health and, unless you suffer from Diabetes, sugar is your friend.

I know that this comment will be controversial so perhaps it’s best to start at the beginning and discuss digestion.

### *The process of digestion*

One of the great joys of life is eating. The mouth and nose play an integral part in the pleasure that comes from eating. Lined with millions of sensory neurons, the mouth and nose are the first to appreciate the pleasures of a meal. These neurons send messages to the brain and, based on previous memories and experiences, the enjoyment of what goes into the mouth is amplified by what went into the mouth before and previously caused pleasure. If for example an ice-cream was good before, the chances are that you will order the same flavour based on the previous experience and in anticipation of the next good experience. Likewise, if you had a rotten egg, chances are that you won’t eat an egg again, ever!

Once the food has entered the mouth and the brain has agreed this is in fact pleasurable, eating may continue well beyond the point of satiety. It is amazing how many scoops of ice-cream you can eat once you get going.



After the food has been swallowed, the emotional component of digestion is over. All that is left is the complicated emotionless chemical factory that digests food into the basic components of nutrition, these being: glucose; fatty acids; amino acids; and then the minerals and vitamins that complete nutrition.

Regardless of what you put in your mouth, the next step is the unattractive environment of the stomach, where harsh acid is mixed with the chewed stomach content to form a partially mixed soup of digestive material. If you have ever vomited (and I am sure you have), you will have an idea about the contents of the stomach. Not attractive at all. Peas, beans, apples, meat, cream, yoghurt, are all combined into this mixing pot of sludge, ready for the next great adventure.

This soup is gradually released into the duodenum where combination of chemicals from the gall bladder and pancreas are added to break down the mixture into the basic building blocks of nutrition. All carbohydrates, whether they are slabs of fudge, pasta or apples are converted to glucose. All fats, whether they are in chunks of salmon or blobs of cream, end up being fatty acids; and all proteins, be they strips of chicken or omelettes, are broken down to amino acids. This process of breaking food down into its basic components is the process of digestion.

These basic products can now be absorbed into the blood stream and used to build new products in the body: proteins, sugars and fats. Each one is important and without each component of digestion, the consequence is malnutrition.

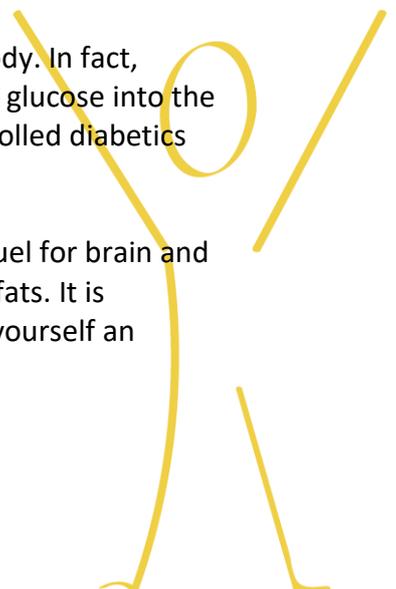
### *Getting the balance right*

The body needs carbohydrates, amino acids, fatty acids, vitamins, minerals and water to be happy. Without any of these, unhappiness on a cellular level is a fact.

In Africa, for example, if you only ate carbohydrates (Maize), you would have enough energy but eventually succumb to protein malnutrition. This is typically seen in the children with distended bellies suffering from Kwashiorkor. Protein is an essential building block required to sustain life.

Similarly, glucose is the essential energy source of each cell in the body. In fact, people with Type 1 diabetes lack the insulin that is used to transport glucose into the cells for energy, and it only takes a good look at how unwell uncontrolled diabetics are to understand that sugar is essential for good health.

Avoiding sugar is not possible because sugar is the most important fuel for brain and if you don't eat sugar, your body *will make sugar* from proteins and fats. It is unavoidable to have no sugar in your blood, and if you try by giving yourself an overdose of insulin, death will soon follow.



Most of us remember the hypoglycaemic low after doing exercise too enthusiastically when we are unfit. The nausea, sweating, and sometimes vomiting from low blood sugar are not enjoyable—Why do this on a cellular level on purpose?

## SO, WHAT AM I TRYING TO SAY?

Good nutrition requires a balanced diet and sugars/carbohydrates are a part of a balanced diet (unless you have been diagnosed with diabetes).

Too much of anything is harmful, so moderation is the key.

Processed sugars should be eliminated as much as possible as part of a healthy diet.

The better you eat, the better your cells will be able to adjust to stress and illness.

As with all cells in the body, cancer cells also use glucose—but you cannot starve one cell without starving the other cells as well. Good cells need glucose.

Avoiding or eliminating glucose/sugar will not cure cancer.

Eating is about enjoyment and friendship and fellowship, so if you have an ice-cream or a piece of chocolate, don't freak out, enjoy it!

Talk about the role of food and nutrition. Define a game plan and rules of engagement or ask for a professional dietician's advice when it comes to a better diet.

Please don't try and cure cancer by eliminating sugar, it is a con job. You literally cannot eliminate sugar totally. And please do not be bullied into eliminating sugar because someone else believes the myth.

If you get a chance, why not share your best food experience and tell us why this is your favourite meal.

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