

3-14-2017

Feeding Your Microbiome Well

Terry L. Wahls

Dept. of Veteran Affairs; University of Iowa, Iowa City, IA, USA, terry.wahls@va.gov

Follow this and additional works at: <http://jevohealth.com/journal>

 Part of the [Alternative and Complementary Medicine Commons](#), and the [Digestive, Oral, and Skin Physiology Commons](#)

Recommended Citation

Wahls, Terry L. (2017) "Feeding Your Microbiome Well," *Journal of Evolution and Health*: Vol. 2: Iss. 1, Article 5.
<https://doi.org/10.15310/2334-3591.1055>

This Extended Abstract is brought to you for free and open access by Journal of Evolution and Health. It has been accepted for inclusion in Journal of Evolution and Health by an authorized editor of Journal of Evolution and Health. For more information, please contact pauljaminet@jevohealth.com.

Feeding Your Microbiome Well

Keywords

nutrition, paleolithic diet, microbiota, dysbiosis, chronic disease

Cover Page Footnote

This work was supported by the University of Iowa and the Department of Veteran Affairs. This publication's contents are solely the responsibility of the authors and do not necessarily represent the official views of the University of Iowa or the Department of Veteran Affairs.

Feeding Your Microbiome Well

Terry L. Wahls, M.D.

Terry Wahls, M.D.,
Clinical Professor of Medicine
Division of General Medicine
Carver College of Medicine
University of Iowa

Director, Extended Care and Rehab Service line
Iowa City VA Health Care System
2e05
601 West Highway 6
Iowa City, IA 52246
Phone: (319) 338-0581 ext. 6080
Fax: (319) 339 -7048
Email: Terry.Wahls@va.gov

Corresponding author: Terry Wahls, M.D.

Word count: 1319

Key words: nutrition, paleolithic diet, microbiota, dysbiosis, chronic disease

There is increased recognition that the health of the individual depends on the health of the ecosystem of the microbial community living on and in the body of the individual. The state of the individual's ecosystem is reflected in the diversity of species living in the gut microbiome. This paper will summarize recent findings on the gut brain axis, the connection between the gut microbiome and health status, and practical steps an individual can take to monitor and improve the diversity of species in their gut microbiome.

Life began approximately 4 billion years ago in the ocean, initially as single cell organisms. One and a half billion years ago, the development of mitochondria allowed for the evolution of multicellular organisms. As early animals developed a digestive tract, single cell organisms from those ancient seas entered the gut and co-evolved with early animals. Animals have since developed a cooperative mutualistic relationship with the microbes in their gut; these microbes assist the individual with completing the metabolic processes required for life.

There is increasing recognition that gut microbes have a complex relationship with the brain, the immune cells, and the health of the host. Gut microbes and their metabolic byproducts influence the levels of systemic and central nervous system inflammation. In addition, microbes impact neural pathways and endocrine system via the hypothalamic pituitary adrenal axis¹⁻³. Microbes in the gastrointestinal tract are under selective pressure to manipulate the host's eating behavior in order to increase their population by generating cravings for their preferred foods and suppressing competitors. These manipulations may occur at the expense of the host⁴.

In animal models the microbiome impacts the activity of genes that regulate myelination⁵, and there is evidence linking the growth of the brain to the nutritional status and the microbiome of the individual. In two studies of humans with multiple sclerosis, patients with multiple sclerosis had a microbiome distinct from control subjects⁶⁻⁸. Likewise, in a study of rheumatoid arthritis patients, analysis of the microbiome found that the gut and oral microbiome was distinct between controls and patients with rheumatoid arthritis⁹.

Cross-sectional analyses of hunter-gatherer societies, primitive subsistence farmers, and westernized urbanites have shown each group has a distinct gut microbiome. The greatest microbial diversity is observed in hunter-gather societies and the smallest diversity in westernized urbanites¹⁰. There is increased recognition that the species that once resided in the human gut microbiome are diminishing and at risk of becoming extinct. Researchers are beginning to ask what the health consequence of the lost biodiversity in the gut microbiome is¹¹.

Microbes that are considered pathogens in westernized urbanite dwellers have been consistently observed in hunter-gatherer societies without causing disease¹⁰. This suggests that our concept of pathogen should be adjusted to consider context, including other organisms in the community, which may influence whether a particular species is disease-promoting.

Over the last 500 million years of the mammalian species, the microbiome has been passed to the next generation as offspring pass through the birth canal during the birthing process. Each individual establishes a mix of microbial species in their gut microbiome that is unique and can be used as an identification tool. The metabolic functions provided by the microbiome help individuals conduct the chemistry of life, and these metabolic functions may be fulfilled by different microbial species¹². The greater the diversity in the species that support the various metabolic functions, the more stable the microbiome is and the more resistant it is to external perturbations¹³. The diet can change the mix of microbial species very quickly, providing substrates that give competitive advantages to different

microbial populations. Within just three days of shifting from an animal protein–based diet to a plant-based diet without animal proteins significant shifts in gut microbiomes can be observed¹⁴.

Since the industrial revolution there has been a dramatic change in the dietary habits of westernized societies. In 2000, over 153 pounds of sugar was consumed per person per year, with a concomitant increase in the incidence of obesity¹⁵. Over that same period, the intake of vegetables has declined to less than 1.5 servings per person per day.

There are multiple strategies to improve the diversity of the gut microbiome, including the following.

- 1) Have a vaginal delivery. If a Caesarian section is needed, swab the child with mother’s vaginal secretions immediately after birth.
- 2) Breastfeed for 2 to 3 years. Breast milk contains human milk oligosaccharides, which the baby cannot digest but the bifidobacteria can, helping to establish the baby’s gut microbiome. A side benefit of breastfeeding is the favorable development of the upper and lower jaws, markedly improving the alignment of teeth and markedly reducing the risk of malocclusion and the need for orthodontia.
- 3) Consider the use of probiotics if born via Caesarian section or antibiotics are given early in life. *Saccharomyces Boulardii* is the most studied yeast probiotic and *Lactobacillus Rhamnosus* is the most studied bacterial probiotic¹⁶. However, once you stop the probiotic, it does not continue to live in the gut microbiome.
- 4) Eat fermented foods. All probiotic strains are derived from fermented foods. Gradually add live culture fermented foods such as kimchi, sauerkraut, or kombucha to increase the diversity of the gut microbiome.
- 5) Fertilize the gut garden by eating more microbial-accessible carbohydrates, replacing sugar and processed foods with non-starchy vegetables.

Microbiota-accessible carbohydrates (MACs) – what we refer to traditionally as fiber -- resist digestion by the human gut but can be consumed by the gut microbiota¹⁷. The hunter-gatherer diets averaged 100 to 150 grams of fiber per day¹⁸. The current recommendation is 36 grams of fiber per day; modern urbanites eat an average of 15 grams of fiber per day. The consequence of consuming a diet low in microbiota-accessible carbohydrates is decreased diversity of the microbial species, altered function of the gut barrier, and increased levels of inflammatory cytokines.

I am the medical director of a Therapeutic Lifestyle Clinic where we teach our patients how to use dietary approaches to reduce symptoms related to chronic medical and mental health problems. We recommend a low or no grain diet that emphasizes non-starchy vegetables and berries and sufficient protein. The following are the specific dietary recommendations we use in our clinic: gradually increase MACs by replacing sugar, processed foods, and grain-based foods with vegetables; consume 6 to 9 cups (measured raw) of vegetables per day; and improve the quality of the food consumed according to financial resources. The clean fifteen and dirty dozen consumer guides from the Environmental Working Group are recommended tools to prioritize how the food budget is allocated.

Chronic constipation is associated with higher rates of cancer, metabolic dysfunction, and oxidative stress¹⁹. In our lifestyle clinics we advise patients that reducing constipation will likely reduce the risk of many chronic health problems and improve multiple markers that are associated with better health status. We also encourage our patients to monitor the health of their gut microbiome by monitoring the quality and quantity of stool passed. How many bowel movements occur within 24 hours? Is the bowel movement(s) hard individual lumps? Is the bowel movement(s) smooth and soft, like a long snake? Is the bowel movement(s) pudding-like, mushy, or liquid, indicating excess inflammation? We advise our patients that the optimal pattern is to have soft, easily passed stool. If the stool is hard, the amount of MACs consumed is to be increased or decreased as needed to achieve one or two soft stools each day. If chronic diarrhea is occurring, suggesting excess inflammation, additional evaluation is recommended.

In summary, a healthy ecosystem is required to achieve optimal health for the individual. The gut microbiome diversity is a reflection of the health of the ecosystem and the individual. Increased diversity in the gut microbiome is associated with higher intake of fiber and resistant starch. Replacing dietary sugar and processed foods with vegetables and limited fruits will provide more microbial-accessible carbohydrates and is associated with higher levels of diversity in the gut microbiome.

Acknowledgments

This work was supported by the University of Iowa and the Department of Veteran Affairs. This publication's contents are solely the responsibility of the author and does not necessarily represent the official views of the University of Iowa or the Department of Veteran Affairs.

References

1. Galland L. The gut microbiome and the brain. *Journal of medicinal food* 2014;17:1261-72.
2. Mu C, Yang Y, Zhu W. Gut Microbiota: The Brain Peacekeeper. *Front Microbiol* 2016;7:345.
3. Wang Y, Kasper LH. The role of microbiome in central nervous system disorders. *Brain, behavior, and immunity* 2014;38:1-12.
4. Alcock J, Maley CC, Aktipis CA. Is eating behavior manipulated by the gastrointestinal microbiota? Evolutionary pressures and potential mechanisms. *Bioessays* 2014;36:940-9.
5. Hoban AE, Stilling RM, Ryan FJ, et al. Regulation of prefrontal cortex myelination by the microbiota. *Transl Psychiatry* 2016;6:e774.
6. Chen J, Chia N, Kalari KR, et al. Multiple sclerosis patients have a distinct gut microbiota compared to healthy controls. *Sci Rep* 2016;6:28484.
7. Miyake S, Kim S, Suda W, et al. Dysbiosis in the Gut Microbiota of Patients with Multiple Sclerosis, with a Striking Depletion of Species Belonging to Clostridia XIVA and IV Clusters. *PloS one* 2015;10:e0137429.
8. Rosser EC, Mauri C. A clinical update on the significance of the gut microbiota in systemic autoimmunity. *J Autoimmun* 2016.
9. Zhang X, Zhang D, Jia H, et al. The oral and gut microbiomes are perturbed in rheumatoid arthritis and partly normalized after treatment. *Nat Med* 2015;21:895-905.
10. Obregon-Tito AJ, Tito RY, Metcalf J, et al. Subsistence strategies in traditional societies distinguish gut microbiomes. *Nat Commun* 2015;6:6505.
11. Segata N. Gut Microbiome: Westernization and the Disappearance of Intestinal Diversity. *Curr Biol* 2015;25:R611-3.
12. Human Microbiome Project C. Structure, function and diversity of the healthy human microbiome. *Nature* 2012;486:207-14.
13. Heiman ML, Greenway FL. A healthy gastrointestinal microbiome is dependent on dietary diversity. *Mol Metab* 2016;5:317-20.
14. David LA, Maurice CF, Carmody RN, et al. Diet rapidly and reproducibly alters the human gut microbiome. *Nature* 2014;505:559-63.
15. Johnson RJ, Segal MS, Sautin Y, et al. Potential role of sugar (fructose) in the epidemic of hypertension, obesity and the metabolic syndrome, diabetes, kidney disease, and cardiovascular disease. *The American journal of clinical nutrition* 2007;86:899-906.
16. Szajewska H, Konarska Z, Kolodziej M. Probiotic Bacterial and Fungal Strains: Claims with Evidence. *Digestive diseases* 2016;34:251-9.
17. JL SES. Starving our microbial self: the deleterious consequences of a diet deficient in microbiota-accessible carbohydrates. *Cell Metab* 2014;20:7.
18. Konner M, Eaton SB. Paleolithic nutrition: twenty-five years later. *Nutrition in clinical practice : official publication of the American Society for Parenteral and Enteral Nutrition* 2010;25:594-602.
19. Vermorken AJ, Andres E, Cui Y. Bowel movement frequency, oxidative stress and disease prevention. *Mol Clin Oncol* 2016;5:339-42.