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### Doctor Uses Some Foods As Medicines

By Daphne Miller  
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"Just a cold? I thought I was dying." Martha sounded irritated.

She had hustled the kids off to day care and skipped work, clearly expecting to hear that something more dramatic was brewing than a late springtime cold. But what motivated her visit to my office, I realized, was not the infection itself as much as the dizzying array of symptoms caused by her self-administered treatments: The fatigue and stomach pain appeared to intensify with each dose of opioid-derived cough suppressant she chugged; as for her headache, dry mouth and racing heart, they coincided suspiciously with a decongestant that contained pseudoephedrine (a close cousin to methamphetamine).

Bolstered by a growing body of data and my own clinical experience, I opened my electronic medical record and entered a prescription that would give Martha relief without more side effects: [mushroom ginger soup](#). The recipe sits right there on my screen, one click below morphine and one above mycostatin.

There was a time when I might have scoffed at a physician whose pharmacopeia included gastronomic offerings. Like many of my colleagues, I left medical school with a sturdy respect for biomedical research and a belief that there was a drug to match every ill, or almost. When medication wasn't the answer, surely there was a surgery.

Such illusions were swiftly dispelled within months of entering a family medical practice where my patients range in age from 2 minutes to 102 years and, on any given day, I am challenged with everything from upper-respiratory infections to asthma and lung cancer. Rare are the moments when a specific pill promises a quick fix. To the contrary, medications often produce a buckshot-like effect, hitting organs far beyond their intended target. So prescriptions to control cough end up causing incontinence, arrhythmias and sleepiness, and those for joint and low-back pain frequently kick off a series of digestive woes.

Over the years, these frustrating experiences have prompted me to take a closer look at nutrition and herbal research. Take that soup: Unlike standard pharmaceutical cold preparations, which study after study has shown do little to block symptoms or speed up recovery, ginger and mushrooms have the potential to help, and with virtually no ill effects. Indeed, a phalanx of lab-coated scientists have finally convinced me of something that generations of traditional Chinese and Japanese healers, and my great-grandmother, already knew to be true: Ginger is an excellent decongestant, and mushrooms boost your immune system.



The author, Daphne Miller, prescribes exercise and foods for some illnesses. (Getty Images)

Some of the most compelling mushroom research has been done by Keith Martin, a nutritionist at Arizona State University and author of more than 30 papers in peer-reviewed journals. Martin and his colleagues have tested a variety of common mushrooms, such as white buttons and shiitakes, and found that in the presence of viruses that cause cold and flu symptoms, all of them can raise the immune system's proteins to three to five times normal.

Although mushroom extracts and supplements have gained popularity on store shelves, with promises that they can

stop the spread of cancer and help manage infections, Martin cautions that no one has been able to definitively pinpoint the substances that give fungi the immune-boosting qualities he has identified. "Nutrition researchers have gotten themselves in trouble before when they tried to find the magic bullet in foods," he says, referring to studies where high-dose nutrient extracts given to reduce a cancer paradoxically caused a cancer spike in the study participants.

Martin, who does get some funding from the mushroom industry, went on to advise that eating whole fungi rather than taking supplements is likely to be the healthier choice. Lucky for us, it happens to be the tastier option as well.

Another favorite recipe in my EMR is turmeric stir fry. In 1999, while Merck and Pfizer were ceremoniously launching their painkillers Celebrex and Vioxx, researchers in the United Kingdom reported the results of laboratory research suggesting that curcumin extracts of turmeric (first referenced in ancient Sanskrit medical theses for its ability to soothe joints, wounds and intestinal tracts) could have the very same impact in treating arthritis pain.

We all know how this story ends: Vioxx and Celebrex have since been linked to heart problems and stomach ulcers, while turmeric marches on, posing few risks other than its tendency to permanently stain your collar (and semi-permanently, your teeth).

Not wanting to miss out on the action, nutraceutical companies have produced an array of anti-inflammatory, curcumin-containing supplements. Being mindful of wallets and taste buds (and aware that unregulated supplements sometimes don't contain what they purport to), I steer patients instead toward my turmeric stir fry and other turmeric-laced dishes. (They are also in my EMR below "Triphasal Birth Control Pills" and above "Tylenol!") According to physician Tieraona Low Dog, chair of U.S. Pharmacopeia's Dietary Supplements and Botanicals Expert Committee: "You need to take two to three teaspoons per day of turmeric to see a benefit. Remember, though: Eat the turmeric with some fat and add black pepper, as this dramatically increases the absorption of the curcumin."

Certainly recipes are not a panacea for our health woes; nor will EMRs clear up the quagmire that is our current medical system. But when it comes to treating the chronic or subacute medical problems that are the bread and butter of most primary care practices, non-pharmacological prescriptions for edibles (and, for that matter, exercise and mindful breathing) may have the potential to save billions of dollars annually, in both direct drug costs and the treatment of side effects.

Most important, recipes offer an attractive alternative for those who are wary of popping too many pills.

A recent study reported that 1.6 million Medicare beneficiaries per year fail to fill or refill one or more prescriptions. While some of the abandoned prescriptions may have been lifesaving or life-prolonging, somewhere between 35 and 65 percent were given to address health issues such as osteoarthritis pain or the cough and congestion experienced by my patient Martha, all problems where pharmaceuticals have no clear advantage over other forms of treatment.

In this study, the reasons Medicare beneficiaries gave for their "non-adherence" not doing what the doctor tells you to do) were varied: Some were worried about cost, some felt the medication would not work and others feared side effects.

A tasty dish made with inexpensive ingredients from the local market could sidestep many of their concerns. After all, food is the one medicine that we seem quite willing to swallow -- at least three times a day.

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