Beyond the Question: What Should I Eat!

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What should I eat?

That must be the most prevalent question on nutrition asked every day.

There is an enormous amount of information and discussion on nutrients and food effects on our health, and they are very important, showing scientific evidence and thus changing paradigms and behaviours.

The question, per se, leads to some distress, mainly among people who have Diabetes mellitus, obesity and dyslipidaemia. The need for changes in lifestyle and routine is a factor of distress in itself, which certainly changes stress hormone secretion.

According to Cheung, et al. [1] it is necessary to assume that the mechanisms which control food intake are complex and are influenced by the homeostatic regulation for the control of energy intake and by the hedonic regulation for the control of sensory pleasure in eating. Therefore, it is possible to understand the use of the term comfort food, which is mainly used among culinary professionals and for semiotic production of dietary industries.

But, are we discussing efficiently why do we eat?

Our modern lifestyle leads to a need to control time and schedule therefore it is usual for people to have a meal just because it is lunch or dinner time, without the real perception of hunger.

On the other hand, we very often forget that we are part of the animal kingdom, but we are not at the top of the food chain, which means that our body was, by nature, prepared to consume food quickly because, of course, close to where the food is, there are other predator to which humans are prey. Therefore, our ancestors needed to identify which food they could eat, and consume it as quickly as possible, using all the senses (smell, sight, taste, hearing and touch), which we are not used to doing at all. Our senses are complex and provide us with some control over the appetite and satiety through neural and hormonal pathways.

Nowadays, recent studies on epigenetics have changed our perspective on the subject, mainly the studies on famine population, which showed metabolic modification among descendants of people who were exposed to starvation periods due to social conditions, thus explaining why some people have more tendency to obesity and therefore are in the axis of the “epidemic” prevalence of obesity as well as related conditions as Diabetes Mellitus and coronary artery disease [2].

It is also very important to consider the emergence of the emotional eating [3], the influence of emotional status in the choice and intake of food. People are not prone to control emotional stresses and use food as a frustration compensation or as a reward gift.

Is necessary to change the management of the motivation of the choice for amounts and quality of the food intake. One approach that is promising is the use of awareness in diet provided by mindfulness and mindful eating techniques.

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Mindful eating practices may increase dietary adherence by reducing craving-related eating. Training in mindfulness, which can be defined as “paying attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment to moment” may equip individuals with skills to recognize and observe their experiences of food cravings without acting on them. Mindfulness training focuses on reducing self-judgment (nonjudgment), which may increase resilience (resumption of dietary adherence) after temporary lapses in dietary adherence [4].

According to Kristeller [5] Mindfulness-Based Eating Awareness Training (MB-EAT) integrates the science of meditation practice with the science of our relationship to eating, nutrition, food and body awareness, coupled with theories of self-regulation.

Being aware and conscious of what and, more importantly, why you are eating, through mindfulness-based eating programs enhances the ‘wise self’ in the service of self-regulation, as an alternative to drawing on externally imposed rules of dieting, food restriction and socially imposed rules regarding body weight and appearance.

Mindfulness practices are commonly - and usefully - framed as a cognitive process, in which attention is trained to rest gently on the breath or body experience, and then expanded further onto thoughts or particular emotional experiences, without being drawn into reactive or judgmental conditioned responses. Therefore, these kinds of practices could help to avoid the common practice of automatic eating and provide people with the ability to have pleasure and satisfaction with the eating.

Even among obese adolescents [6], methods of mindful eating proved to be feasible and acceptable. Future studies with more intense therapy and larger sample sizes are warranted to examine the role of mindful eating in treating pediatric obesity. Probably involving the whole family in changes of habits and paradigms.

Bibliography