



The History & Future of the **SPECIFIC CARBOHYDRATE DIET**

Ever heard of the banana babies? In the 1920s, long before anyone knew about gluten, Dr. Sidney V. Haas discovered that children with celiac disease got better when they avoided all grains and ate a special diet including many bananas a day. These “banana babies” who changed their diet became healthy, while many of the children who weren’t put on a special diet died.

Haas was a firm believer that food is medicine for digestive disorders, and it’s taken nearly a century for science to catch up with his work. Over the next decades, Dr. Haas refined his banana diet, which became known as the Specific Carbohydrate Diet, or SCD.

Of course, little was known about digestive diseases back in the early 1900s. There were no blood tests for celiac and there was no way to see what was happening in the intestine. As equipment to perform an endoscopy became available in the 1960s and onward, doctors could determine the difference between celiac disease and inflammatory bowel diseases (IBD) like Crohn’s and ulcerative colitis. Additionally, in the 1950s, researchers determined that gluten was the cause of celiac disease. As a result, the SCD fell out of favor, and people who were diagnosed with celiac disease were generally put on a gluten-free diet.

The banana babies and the SCD might have become just a footnote in celiac history, but there was one determined mom who wasn’t going to let that happen! Elaine Gottschall took her daughter with ulcerative colitis to Dr. Haas in the early 1950s. Dr. Haas prescribed the SCD, and she went into remission. Gottschall spent the rest of her life endorsing the diet for people with IBD. She wrote a book called “Breaking the Vicious Cycle,” which remains the cornerstone of SCD guidance.

While people with IBD have been following the SCD since banana baby days, formal research didn’t happen until recently. Trials now show that the diet can be very beneficial for IBD.



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What is the Specific Carbohydrate Diet and how does it work?

The SCD allows “legal” foods, including plain proteins, like poultry, fish, meat, eggs, etc., most vegetables and fruits, many herbs and spices, and specially fermented yogurt. The diet excludes specific types of starches, namely all kinds of grains, most sugars, and root vegetables. Additives and processed foods are also strictly avoided.

The belief behind the diet is that the types of carbohydrates we eat influence our gut bacteria, or microbiome. Simple carbohydrates that are easily digested, like fruit or honey, are allowed on the SCD. Complex carbohydrates are “illegal” because they are believed to cause a bacterial imbalance, leading to inflammation and difficulty with digestion.

It’s well established that the microbiome is a key marker of health, although we still don’t fully understand all aspects of the multifaceted interaction between gut bacteria and food. However, a few studies have shown that when people with IBD follow the diet, the types of gut bacteria do change in favorable ways.

Category	Legal	Illegal
Proteins	Fresh or frozen: <ul style="list-style-type: none"> • Eggs • Poultry – chicken, turkey, etc. • Fish and shellfish • Beef • Lamb • Pork • Canned fish in oil or water with no additives or starches 	Processed meats: <ul style="list-style-type: none"> • Hot dogs • Bologna • Ham cured with sugar • Breaded fish • Canned fish with sauces • Smoked meats All canned meats
Beans / legumes	Specially prepared with only allowed ingredients: <i>white beans, navy beans, lentils, split peas, lima beans, kidney beans, black beans, peanuts in the shell</i>	Soybeans, chickpeas, bean sprouts, mung beans, fava beans
Nuts / seeds	Almonds, Brazil nuts, cashews, boiled chestnuts, hazelnuts, pecans, walnuts	Nuts roasted with starches; seeds, like amaranth, buckwheat, chia, flax, quinoa, etc.
Vegetables	Most vegetables that grow above the ground, carrots, beets	Underground vegetables, like potatoes, sweet potatoes, parsnips
Dairy	Specially fermented yogurt, natural aged cheeses, butter	Milk, soft cheeses, processed cheese
Oils	Olive oil is highly recommended	Soybean oil, flaxseed oil

For a much longer and more detailed legal and illegal list, please see the official SCD website, breakingtheviciouscycle.info

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Benefits of the Specific Carbohydrate Diet

For years, there were many anecdotal stories of people who saw big improvements in IBD symptoms on this diet. Some people avoided surgery or even experienced complete intestinal healing, but there was no solid data. In the past handful of years, a range of published studies show that the SCD helps a significant percentage of people with IBD. Many have been able to achieve disease remission, reduce inflammatory markers, stop taking steroids and other medications, and have seen major improvements in symptoms.

The studies done thus far aren't perfect. Most of the studies are small, not controlled, or randomized, which means that the patients decided whether or not to follow the diet, rather than researchers randomly assigning groups. However, there are currently more than a dozen published peer-reviewed studies on children and adults showing that more than half of the people with IBD who follow the SCD do experience gut healing, symptomatic improvements, or a reduction in inflammatory markers.

Hopefully, future studies will give a better idea of what percentage of people with IBD improve on the diet, and which people are most likely to improve. Seattle Children's Hospital, Stanford, and University of Massachusetts have studies under way.

Note: Another popular variation of the SCD is called GAPS, or Gut and Psychology Syndrome Diet, which is a version of the SCD that removes dairy and makes a few other diet adjustments. So far, all the published research is on the SCD.

To SCD, or Not to SCD?

I'm all for food as medicine, and it's exciting to see clients experience remarkable improvements. Ideally, people try simpler diet changes first, like an anti-inflammatory gluten-free diet, or removing lactose or dairy, removing emulsifiers and gums, following a low FODMAP diet, etc. However, if those don't work, the SCD can be a good option to explore for highly motivated people with IBD whose symptoms aren't adequately managed on the medications or who experience intolerable side effects.

But, and I can't emphasize this enough ... don't go off prescribed medications without medical supervision and support.

No matter what you choose to do, don't go rogue. That can cause a flare, hospitalization, or surgery, and no one wants that. If or when you decide you're ready to try diet changes, talk to your doctor and a nutritionist or dietitian, too. Some people are ready to jump into a full SCD diet, while others need to introduce foods in stages for the best results. Additionally, many people lose weight on the SCD. So, if you're underweight,



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Real stories from a medical practice and the science of how gluten causes ailments varying from chronic pain and autoimmune diseases to metabolic and psychiatric illnesses
by Dr. Alexander Shikhman

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"Trust me, no matter if you are seeking answers and wondering if you are gluten intolerant, or if you have celiac disease and have been gluten free for 20 years, you want to read this book." -Lauren Lucille Vasser, The Celiac Diva

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make sure you've got really good support and a structured plan. Most people need to get labs done, which can help monitor changes in inflammation and nutritional status.

Once the background pieces are in place, it's best to see the SCD as an experiment and notice how symptoms and labs respond. Often, people notice improvements after just one month. Then, and only then, it's time for you and your healthcare team to discuss medication changes.

It's important to know that the SCD is a big commitment, and a lot of work. One survey said that people on the diet spend more than 10 hours in the kitchen a week, and there are very few prepared foods that are allowed on the diet.

Most research and anecdotal reports on the diet also suggest it's something that must be approached fully to see benefits. Most SCD guidance stresses strict compliance, and several studies looking at a modified SCD diet show much less benefit than a strict SCD diet.

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What about other conditions?

So far, the only published research on the SCD is on people with Crohn's disease and ulcerative colitis. It may be helpful for celiac disease that does not respond fully to a gluten-free diet, irritable bowel syndrome (IBS), small intestinal bowel overgrowth (SIBO), microscopic colitis, or other conditions, but research has been limited thus far. Since the diet is very detailed, challenging, and time-consuming, normally it would be sensible to try less restrictive diets first.

Additional sites to learn more:

nimbal.org

harriswholehealth.com/scd

todaysdietitian.com/newarchives/0617p42.shtml 

As always, consult a medical professional before beginning any new protocol.



ABOUT THE AUTHOR:

Cheryl Harris is an award-winning Registered Dietitian, Nutritionist, and Certified Wellness Coach helping clients learn to live and love a gluten-free lifestyle. She has been published in Today's Dietitian and has been quoted by the Washingtonian, Washington Post, ABC.com, WebMD, Buzzfeed, and Food Network. Find Cheryl at harriswholehealth.com and gfgoodness.com.

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Cheryl Harris is an award-winning Registered Dietitian, Nutritionist, and Certified Wellness Coach helping clients learn to live and love a gluten-free lifestyle. She has been published in Today's Dietitian and has been quoted by the Washingtonian, Washington Post, ABC.com, WebMD, Buzzfeed, and Food Network. Find Cheryl at harriswholehealth.com and gfgoodness.com.

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