The Wonders Of Mediterranean Diet
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Citation

Abstract
The concept of healthy dieting is considered to be one aspect of good living and healthy practices. Observations in social behavior and archeological findings lead researchers to notice that longevity and healthy life away from high incidence of myocardial infarctions and cancer are resulting from good habits of eating. The concept of Mediterranean diet in the age of globalization is not very precise term. There are many countries surrounding the Mediterranean Sea. They are south European, North African and Middle Eastern countries and they are rather different in their economical and social frame. So there is no such thing as typical Mediterranean diet. Only the traditional Mediterranean diet originally was eaten in most Mediterranean countries.

Most of the western researchers have documented their findings in epidemiological studies of diet habits and health existence. Similar dieting habits are seen in other not previously reported countries. They follow the same pattern of eating too much vegetables legumes and fruit. Olive oil is an essential source of dietary vegetarian fat. There are no long term studies which show the influence on health of current populations. Some pictures are presented regarding daily basic current daily food of villagers in the Arabic societies in the Middle East.

INTRODUCTION
Mortality statistics from the World Health Organization have provided early evidence that the diet in the Mediterranean countries has been affecting the health of the respective populations and, in particular, their coronary health. Ancel Benjamin Keys (1904 - 2004) was an American scientist who studied the influence of diet on health. Ancel Keys died peacefully of old age on November 20, 2004--two months before his 101st birthday. He established that different kinds of dietary fats had different effects on health. He had important role in establishing modern cardiovascular disease (CVD) epidemiology. Ancel Keys and his wife, Margaret, popularized the Mediterranean diet with a series of bestselling books. Science, diet, and health have been central themes of their professional and private lives.

Ravnskov, a medical doctor with a PhD in Chemistry is criticizing the Lipid Hypothesis of heart disease, the belief that dietary saturated fats and cholesterol clog arteries and cause atherosclerosis and heart disease. He critically analyzes trying to demolish the nine main myths of the Lipid Hypothesis:

1. High-fat foods cause heart disease,
2. High cholesterol causes heart disease,
3. High fat foods raise blood cholesterol,
4. Cholesterol blocks arteries,
5. Animal studies prove the diet-heart idea,
6. Lowering your cholesterol will lengthen your life,
7. Polyunsaturated oils are good for you,
8. The cholesterol campaign is based on good science, and
9. All scientists support the diet-heart idea.

Ravnskov methodically criticized the Lipid Hypothesis and the studies which supposedly prove them, and shows how the studies are flawed or based on manipulated statistics that actually prove nothing. Ravnskov then answers the objections or rationalizations offered by diet-heart supporters, desperate to explain away inconsistencies and contradictions in their own data.

For example, Ravnskov demonstrated an analysis of the study that kicked off the Lipid Hypothesis in the 1950s: Ancel Keys' Six Countries Study. Keys' study showed that countries with the highest animal fat intake have the highest
rates of heart disease. Keys’ conclusion was that there was a cause and effect relationship because the country with the lowest animal fat intake (at that time, Japan) had the lowest rates of heart disease. Dr. Ravnskov explains how Keys hand-picked the countries he included in his studies, namely, the ones that supported his hypothesis, and conveniently ignored all of the other countries that didn't.

Ravnskov comes close to fingering a few factors such as high stress, excessive polyunsaturated fat intake, trans-fatty acids, and smoking, but he never offers his own theory as to what causes the Western world's number one threat.

TRADITIONAL MEDITERRANEAN DIET

The term “Mediterranean diet,” (MeDi) referred to in the context of healthy diet, is a misnomer. It may give some meaning that all societies living around the Mediterranean basin have uniformed diet. It is implying that all Mediterranean people have the same diet. In reality there are many countries around the Mediterranean basin. However, they may have had once in history political continuity. Now they have different diets, religions and cultures. Recent studies, founded on the accumulated evidence of the last three decades, have concluded that: the traditional Mediterranean diet contains several important criteria of healthy diet, using a score which has been developed and evaluated. Several studies among the elderly in Greece, Denmark, Australia, Spain and China have shown that the factor overall Mediterranean dietary pattern was more important for longevity than single nutrients. These findings suggest, therefore, that a Mediterranean diet is associated with longer survival. Two additional questions should be addressed at this time:

Is the Mediterranean diet an integral entity, or the sum of identifiable components that can and should be separately considered in the development of guidelines?

Is the Mediterranean diet or its major components transferable to populations living far from the Mediterranean area?

Answers to these questions would be important for it implication.

RESEARCHES FINDING IN EUROPEAN COUNTRIES

The dietary patterns that prevail in the Mediterranean area have many common characteristics, most of which stem from the fact that olive oil plays an important role in all of them. Thus, although different regions in the Mediterranean basin have their own diets, it is accurate to consider them as variants of a single entity, the Mediterranean diet. The Mediterranean diet can be described as the dietary pattern found in the olive growing areas of the Mediterranean region, in the late ‘50s and early ‘60s, when the consequences of World War II were overcome, but the fast-food culture had not reached the area yet. Olive oil is important both because of its several beneficial properties and because it allows the consumption of large quantities of vegetables and legumes in the form of salads and of cooked foods. Other essential components of the Mediterranean diet are wheat, grapes, and their derived products. Total lipid consumption may be high, around 40% of total energy intake as in Greece, or moderate, around 30% of total energy intake as in Italy. In all instances, however, the ratio of monounsaturated to saturated dietary lipids is much higher.

Analyses of the dietary pattern of the diet of Crete shows a number of protective substances, such as selenium, glutathione, a balanced ratio of essential fatty acids (EFA), high amounts of fiber, antioxidants (especially resveratrol from wine and polyphenols from olive oil), vitamins E and C, some of which have been shown to be associated with lower risk of cancer, including cancer of the breast. These findings should serve as a strong incentive for the initiation of intervention trials that will test the effect of specific dietary patterns in the prevention and management of patients with cancer.

Mediterranean countries are falling under three classes: South European, North African and Middle Eastern. They differ in economical level and culture but they are all share unique historical and cultural mixing and interchange. South European has well research epidemiological and nutritional researches. Most of the literature dealing with nutrition and epidemiological effect was conducted in south European countries especially Spain, Italy and Greece; little has come from Middle Eastern and North African Countries. All existing studies by Keys and other are limited to Southern European countries. But not the other Mediterranean countries' diet.

The health of the individual and the population in general is the result of interactions between genetics and a number of environmental factors. The human genetic profile has not changed over the past 10,000 years, whereas major changes have taken place in our food supply and in energy expenditure and physical activity. Nutrition is an
environmental factor of major importance. Today, industrialized societies are characterized by the following:

1. an increase in energy intake and decrease in energy expenditure;
2. an increase in saturated fat, (n-6) fatty acids and trans fatty acids and a decrease in (n-3) fatty acid intake;
3. a decrease in complex carbohydrates and fiber intake;
4. an increase in cereal grains and a decrease in fruit and vegetable intake; and
5. a decrease in protein, antioxidant and calcium intake. Furthermore, the ratio of (n-6) to (n-3) fatty acids is 16.74:1, whereas during evolution it was 2–1:1

GENERAL CHARACTERISTICS OF TRADITIONAL MEDITERRANEAN FOOD

The traditional Mediterranean diet is frequently being considered as a prototype for dietary recommendations. The authors investigated a weekly menu typical of the Greek variant of the Mediterranean diet to examine the compatibility with the nutritional recommendations of the Scientific Committee for Food of the European Commission, concerning macronutrients and certain micronutrients. The investigated a typical weekly traditional Greek Mediterranean menu by chemical analyzes, but certain food constituents, like flavonoids were theoretically estimated. They found that the evaluated typical menu meets all the dietary recommendations for macronutrients. The daily energy intake is derived from dietary lipids (40.3%) and carbohydrates (41.4%). The ratio of alpha-tocopherol per gram of polyunsaturated fatty acids in the Mediterranean diet under investigation is around 0.4 mg, indicating a well-balanced diet. With respect to microcomponents, with existing recommendations of the Scientific Committee for Food of the European Commission, such as inorganic constituents, the investigated menu meets all the requirements. They concluded that the diet that the Mediterranean populations developed many years ago, without any scientific input, appears to meet current dietary recommendations.

The original triangular scale of nutrition has been modified to have rectangular scales as the Greek researchers suggested. Fig 1 a,b.

**Figure 1**

Figure 1a: The old food triangle; The base of the triangle means free helping with moderation, as we approached the top less access is recommended. b: The Greek diet column more emphasis of whole diet balance with exercise, moderation in intake. [15] Simopoulos, A. P. (1996) The Mediterranean Food Guide. Greek column rather than an Egyptian pyramid. Nutr. Today 30:54-61.

**Figure 2**

DOES THE TRADITIONAL MEDITERRANEAN DIET MEET THE CRITERIA OF HEALTHY DIET?

The traditional Mediterranean diet meets several important criteria for a healthy diet. An attempt to conceptualize the proper diet and to make it able to function has been reported and a score has been developed and evaluated. Studies among the elderly in Greece, Denmark, Australia, Spain and China have shown...
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WHAT PART OF MEDI IS MORE IMPORTANT FOR LONGEVITY?

The overall Mediterranean dietary pattern was more important for longevity than single nutrients. These findings suggest, therefore, that a Mediterranean diet is associated with longer survival.

IS THE MEDITERRANEAN DIET AN INTEGRAL ENTITY, OR THE SUM OF IDENTIFIABLE COMPONENTS THAT CAN AND SHOULD BE SEPARATELY CONSIDERED IN THE DEVELOPMENT OF GUIDELINES?

It is a way of living gathered by collective society's trial and error methods. It is determined by local food habitat, balance between needs and availability of the edible food, economics and atmospheric seasons.

IS THE MEDITERRANEAN DIET OR ITS MAJOR COMPONENTS TRANSFERABLE TO POPULATIONS LIVING FAR FROM THE MEDITERRANEAN AREA?

It is very difficult to find a reply to this question. Answers to these questions would be important for scientific and policy reasons. The dietary patterns that prevail in the Mediterranean area have many common characteristics, most of which stem from the fact that olive oil plays an important role in all of them. Thus, although different regions in the Mediterranean basin have their own diets, it is legitimate to consider them as variants of a single entity, the Mediterranean diet.

CONCLUSION

The Mediterranean diet can be described as the dietary pattern found in the olive growing areas of the Mediterranean region in the late ’50s and early ’60s, when the consequences of World War II were overcome but the fast-food culture had not reached the area yet. Olive oil is important both because of its several beneficial properties and because it allows the consumption of large quantities of vegetables and legumes in the form of salads and of cooked foods. Other essential components of the Mediterranean diet are wheat, grapes, and their derived products. Total lipid consumption may be high, around 40% of total energy intake as in Greece, or moderate, around 30% of total energy intake as in Italy. In all instances, however, the ratio of monounsaturated to saturated dietary lipids is much higher than in other places of the world, including northern Europe and North America.

LACK OF SIMILAR RESEARCH IN OTHER MIDDLE EASTERN COUNTRIES

Middle Eastern countries follow the trend of nutrition of the west. Sometimes poverty and underdevelopment impose a restrictive traditional Mediterranean diet similar to a long extent that of Greece and Create diet Fig 2 a.b.c.d & e

Figure 3

Figure 4
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