A Diet Instruction Aid for Planning Bland Diets

Viola Ruth Hardin Greene

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LOMA LINDA UNIVERSITY
Graduate School

A DIET INSTRUCTION AID FOR PLANNING BLAND DIETS

by

Viola Ruth Herdin Greene

A Thesis in Partial Fulfillment
of the Requirements for the Degree
Master of Science in the Field of Dietetics

June 1967
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CHAPTER I

THE PROBLEM AND DEFINITIONS OF TERMS USED

Bland diets of various types have frequently been prescribed for patients with peptic ulcers. Diet instruction for these patients has all too often consisted of a "diet-sheet" dispensed by either the physician or dietitian, with little or no explanation and no provision for tailoring the diet to the needs, schedule, and condition of the patient. Diets high in saturated fat have been implicated as contributing factors in coronary heart disease. Since ulcer regimens often employ diets high in fat and calories, some provision will often be needed to allow modification of these factors.

Therefore, a diet instruction booklet will be written with provisions for the adjustment of calories, fat saturation, sodium, number of meals, and degree of blandness. This booklet will be for use in diet instruction, as determined by the physician's order, and the dietary interview.

I. THE PROBLEM

Statement of the problem. It is the purpose of this study to determine from the literature current practices in the use of bland diets. Results of research, as cited in recent literature, will be compiled. From this information, a booklet will be prepared for use in patient diet instruction. Food lists will be prepared with the aim being maximum flexibility. Several suggested meal patterns
will be provided to serve as a guide in the preparation of the diet pattern for each patient. Consideration will be given to planning (1) bland, calorie-restricted, (2) bland, saturated-fat restricted, and (3) bland, sodium-restricted diets. The number and type of feedings will be influenced by secondary diet restrictions when necessary, however, meal patterns will be suggested for three, four, five and six meals per day.

**Importance of the study.** Patients find it difficult to adhere to dietary regimens they do not understand, and usually will not follow programs which deviate to a great degree from their normal meal pattern. A diet is much more likely to be followed when there is a choice of specific foods from a list, in which the meal pattern has been planned to conform as much as possible to the patient's normal way of life, and is written and thoroughly explained to him. This booklet is planned as a tool for use by the therapeutic dietitian in aiding the physician in alleviating symptoms and maintaining optimal health in ulcer patients.

**II. DEFINITIONS OF TERMS USED**

**Bland diet.** A dietary modification implying physical mealleability, a lack of chemical irritants, and thermal tepidity; the individual features may vary widely on various bland diets.

The bland diet usually consists of many small meals, or three meals with between meal feedings. It frequently is the intention to keep food in the stomach most, or all, of the time. The type of
food and the amount allowed per feeding may vary widely, depending on the condition of the patient and the practices of the area, hospital, or physician.

This diet is usually prescribed for ulcers or open lesions upon the mucous lining of the stomach or duodenum and in various diseases of the gastrointestinal tract where inflammation or spasms are present.\textsuperscript{13}

\textbf{Ulc}er. A focal loss of mucous tissue, caused by a molecular disintegration, which extends through the muscularis mucosa into the submucosa.\textsuperscript{113}

\textbf{Peptic ulcer.} A lesion in the mucous tissue of the stomach, duodenum, or lower end of the esophagus.\textsuperscript{113}

\textbf{Arteriosclerosis.} A loss of elasticity of the arteries, due to the deposition of lipids and calcium in the intima of the arterial walls. The result of this loss of elasticity may be hypertension, or if the deposition is in the coronary arteries, coronary heart disease.\textsuperscript{8}

\textbf{Atherosclerosis.} The accumulation of lipid deposits in the intima, usually in plaques. As the plaques enlarge, the result may be thrombosis, rupture of the plaque, or hemorrhage into it. Any of these may result in the occlusion of the vessel. If the occluded vessel is one of the coronary system, this occurrence results in coronary heart disease.\textsuperscript{121}

\textbf{Serum cholesterol.} A derived lipid of the steroid class, which is readily synthesized by the liver. The extent of synthesis is
directly proportional to the degree of saturation of the fat ingested. It is used as a laboratory finding to indicate total serum lipids. An increased value may show a tendency to high total serum lipids, which seem to be a contributing factor in atherosclerotic plaque formation.\textsuperscript{121}
CHAPTER II

A REVIEW OF THE LITERATURE

Evaluation of any dietary regimen is known to be difficult, due to the many factors involved in the exacerbations and remissions of gastrointestinal lesions. Studies done under controlled conditions and statistically evaluated show that foods seldom do what they are commonly believed to do. The basic difficulty lies in lack of knowledge as to what happens to an individual food item in the gut and its effect on the intestinal tract.

The bland diet has been prescribed as a therapeutic agent, for symptom alleviation, and to prevent lesion recurrences. Yet Lawrence denies it has any value, suggesting no restrictions are needed, as healing is accomplished as rapidly without them.

The high-fat regimens thought to delay emptying of the stomach have been implicated in the pathogenesis of coronary heart disease, and at the same time Saint-Hilaire et al. question the efficacy of the high-fat diet in delaying emptying, since there is a later increased production of acid.

I. LITERATURE ON ULCEROGENESIS

Definition of peptic ulcer. A peptic ulcer is a lesion which occurs in that portion of the alimentary tract which comes in contact
with gastric juice, i.e., the lower esophagus, the stomach, and the duodenum. 13

Peptic ulcer may occur in the jejunum after a gastroenterostomy, in the duodenum and jejunum in the Zollinger-Ellison syndrome, and in a diverticulum containing ectopic gastric mucosa.

Usually each lesion is designated by its anatomical location, since there may be wide variation in the conditions associated with each type. 13

**Gastric secretory phases.** During the normal gastric secretory process, three phases occur: (1) the cephalic phase, in which the vagus nerves stimulate the gastric glands in response to the taste, smell, sight, or thought of food; (2) the gastric phase, during which gastrin is produced in the antrum of the stomach in response to the distention, and the presence of food, especially products of protein digestion. Gastrin then stimulates the parietal cell acid production; (3) the intestinal phase, in which there is relatively little secretory effect. All three phases and the various factors in the control of them may be involved in ulcerogenesis. 47

In the cephalic phase, there can be an abundant secretion of gastric juice, even though there is no food in the stomach. This is demonstrated by sham feedings of an animal provided with an esophagogastostomy. Secretion of gastric juice begins within five minutes from the time the food is introduced into the mouth and may last as long as one and one-half hours. It does not occur after vagotomy. A similar type of gastric juice is secreted by the empty stomach on
electrical stimulation of the vagus nerve. This secretion contains a high concentration of both hydrochloric acid and pepsin.¹²

If the secretion results from the sight or smell of food without the food making actual contact with the mouth it is referred to as psychic secretion.¹²

The gastric phase of gastric secretion begins about one-fourth hour after the food has been introduced. Contact of food with the gastric mucosa results in the production of gastrin, a hormone elaborated by the pyloric mucous membrane. After hematic absorption it is carried to the gastric glands, causing them to secrete. Histamine or a histamine-like substance is also involved in stimulating secretion of hydrochloric acid by the stomach. Both acetylcholine and gastrin possess the capacity to liberate histamine in the vicinity of the parietal cells.¹²

"Considerable evidence has accumulated in recent years indicating that the gastric phase of gastric secretion is not a pure chemical phase but that its full functioning is dependent in some ways upon the nervous system."¹²

Neither gastrin alone, nor vagus stimulation alone, can cause maximal stimulation of the gastric glands. Abundant secretion is obtained only when both nervous and hormonal stimuli act simultaneously.¹²

This phase is noted for the ease of suppression of acid production by the presence of fat in the intestine. Following fat absorption there is a pronounced increase in gastric secretion. Involved in depressing the intestinal phase is a substance known as enterogastrone, which is extracted from intestinal mucous membrane
that has been exposed to fat. Since it has not yet been obtained in pure form its chemical composition is unknown.12

Pathogenic factors. Hypersecretion of nervous origin, failure of the duodenal acid feedback mechanism, possibly the influence of some of the adrenal cortex hormones, an increased number of parietal cells, or an inherited factor (probably blood group connected) may together or singly be responsible for ulcerogenesis.47

The pathogenesis usually involves the production of gastrin, which causes the parietal cells to secrete the hydrochloric acid necessary for the activity of pepsin.47

Hyperactivity of nervous origin is considered the predominant cause of duodenal ulcer. The successful healing of these ulcers following vagotomy is thought to prove the nervous origin.47

There is also considerable evidence that there is an antral inhibitory hormone, action probably controlled by pH. Its formula and exact action remain unknown.75

Concentration and quantity of acid are directly related to ulcerogenesis, whereas the strength of pepsin activity is less important than its presence.47

"The most obvious, probably the most important and certainly the least studied inhibitory factor is a decrease in vagal activity accompanying satiety. ... Cessation of vagal impulses should not only result in a decrease in direct excitation of the parietal cells but should also decrease gastrin release from the antrum."75

Failure of the feedback mechanism to cause acid production to cease, when the stomach empties, is in some cases due to the impairment
or failure of the acid inhibitory mechanism of the duodenum. Normally, when the stomach empties and acid reaches the duodenum in higher concentration, the parietal cells are inhibited. In some cases the duodenal feedback mechanism has been proved to be impaired.103

**Protective mechanisms.** A breakdown in the protective mechanisms of the gastrointestinal tract may be responsible for ulcerogenesis in some cases. These mechanisms include the mucous barrier, rapidity of mucosal regeneration, cellular resistance to digestion, dilution and neutralization of gastric juice by food and fluid, neutralization of chyme in the duodenum, and the acid feedback mechanism in the antrum and in the duodenum.47 There seems to be also an antral inhibitory hormone, as yet unknown, involved in the protective mechanism.47, 75

A protective mucous coating is secreted continuously, which is more resistant to peptic digestion than is the mucosa it covers. Should this mucous barrier be penetrated, the rapidity of replacement of the damaged mucosal cells is an important defense. Blood supply is at least partly responsible for rapid regeneration, and conversely a poor blood supply may well result in poor replacement. The cellular resistance to digestion also varies, being greatest in the gastric mucosa and least in the esophageal mucosa. Malnutrition and vitamin deficiency decrease the cellular resistance, however, they are seldom responsible for peptic ulcers seen clinically.47

Of significance in prevention of ulcerogenesis is the protective influence of food, fluid, and saliva in the stomach, to dilute and neutralize the gastric juice.47
"The duodenum is normally protected by pancreatic juice, bile and duodenal secretions, which combine to keep the pH of the duodenum from remaining low for long periods."^47

**Endocrine influences.** With perhaps the exception of gastrin, endocrine influences during normal physiology play a minor role in ulcerogenesis. However, when administered (or in the Zollinger-Ellison syndrome) they may be primarily responsible for ulcer occurrence.

Stimulating gastrointestinal humoral agents are adrenocorticotropic hormone (ACTH), cortisone, insulin, gastrin, and histamine; inhibitory agents include enterogastrone, secretin, and serotonin.^76

High levels of the adrenal-corticoid hormones, specifically cortisone, seem to promote a tendency to ulcerogenesis, whether administered, or secreted as the result of stress. These hormones are thought to cause a decrease in the gastric mucous production and therefore a lessening in the defense mechanisms.^76

The parathyroid hormone seems to have a double role in the production of peptic ulcers, influencing gastric secretion by hypercalcemic inhibition of vagal activity, or by a direct liquifying action on the gastric mucous and the destruction of the ground substance of the gastric mucosa.^104 These hypotheses have not been clarified experimentally. It has more recently been demonstrated that administration of parathyroid extract increased mucous content of gastric mucosa and protected cortisone-treated rats from ulcer production.^76b

There is evidence that the gastrin activity of duodenal ulcer patients may be higher than that of gastric ulcer patients. Gastrin was extracted from the antral mucosa of operated peptic ulcer cases,
and the activity determined on anesthetized cats. The secretory activity per gram was three times as great in patients with duodenal ulcers as in those with gastric ulcers. An attempt to use non-ulcer human autopsy specimens as a control varied too greatly to give reliable information. 38

A potent gastrin-like hormone has been demonstrated in the extracts of a non-beta cell adenoma of the pancreas. 122 This disease, referred to as the Zollinger-Ellison syndrome, is characterized by gastric hypersecretion and rapidly progressive ulceration, recurring despite usually adequate medical and surgical therapy. Glucagon, the antagonist of insulin, was formerly considered a possible ulcerogenenic factor in this syndrome. This assumption has not been substantiated. Just what mechanisms are triggered to produce the marked gastric hypersecretion in this disease have not been clearly defined. 75

Insulin-induced hypoglycemia results in vagal stimulation which increases gastric motility and acid secretion. 75

- The high histamine level caused by a portacaval shunt is thought to be responsible for the increased ulcerogenesis observed following the procedure. 3 Pepsin secretion can be induced by high levels of histamine, with production being greatest in patients with duodenal ulcers. 14

The production of enterogastrone is promoted by a high concentration of fat or sugar in the duodenum. Gastric secretion and
motility are inhibited. However, the value of this as a protective mechanism has been questioned by Jordan, since it is not released in sufficient amounts to exert a significant role in the problem of ulcer formation.57

Removal of the duodenum produced a significant increase in the secretion of gastric juice, indicating that the duodenum exerts a predominantly inhibitory effect on gastric secretion. A primary influence in the inhibition is thought to be pancreatic secretin. Secretin depresses the gastrin and histamine-induced acid production.93

Serotonin is primarily found in the gastrointestinal mucosa, and to a lesser degree in blood platelets and the brain. It is a potent, smooth muscle contractant, causing a marked increase in gastric motility when administered.51 If given by continuous infusion, it loses its ability to cause increased gastric motility after 8-10 minutes.84

Exogenous serotonin in dosages of 0.04 milligrams per kilogram per minute has been shown to reduce gastric acid secretion, however, in smaller amounts it had no significant effect.51

Neural influences. It appears that neurohumoral mechanisms may be important in the production of peptic ulcer.57 The parietal cells of the stomach respond to vagal stimuli.41 A schematic
representation of cerebral influence of stomach hydrochloric acid secretion suggests.  

![Diagram of the nervous system and hormone release]

Vagal route - ½ hr.  
Non-vagal route - 2 to 3 hrs.

It appears that there is recognizable difference in acid production among the various types of ulcer patients. Persons with duodenal ulcers have an acid output greater than persons with prepyloric gastric ulcers; who in turn have an acid production greater than those patients with angulus gastric ulcers; persons with body of the stomach gastric ulcers have an even lower acid output. Differences are significant in women. The reasons for these differences have not been fully elucidated.

II. LITERATURE ON DIETARY RESTRICTIONS

The bland diet as a therapeutic agent. In 1915, Sippy advocated a very restricted diet for the healing of ulcers. He suggested the
use of only a milk and cream mixture for several days, followed by the gradual addition of eggs, farina, and other foods. In the late 1930's, two regimens, named for the doctors who originated them, were felt to promote healing. The Andresen diet consisted of a milk-cream-gelatin-glucose mixture given immediately after a gastric hemorrhage, with the gradual addition of selected bland foods beginning about the fifth day. The Meulengracht diet marked the beginning of the tendency to allow some foods to patients with bleeding peptic ulcers, with ground or scraped meats allowed after the first two days. This diet was also prescribed to promote healing.

To promote complete healing of the ulcer crater, medical management is suggested for relatively long periods after x-rays show healing. The period listed is from six weeks to six months for a gastric ulcer, and twelve to eighteen months for a duodenal ulcer.

The bland diet for symptomatic relief. One common feature of the bland diet is that of frequent feedings, with from six to twelve feedings being advised by some authors. In general, these are not now thought to have therapeutic value, but are used to eliminate the unpleasant symptoms.

Many internists today feel the value of the bland diet is chiefly in its ability to relieve the symptoms until sufficient therapy can be instituted to result in a cure. In 1964, Joseph B. Kirsner suggested: "Since dietary restrictions can provide greater
comfort for some patients, avoidance of irritants in food and drink, as determined in the individual case, seems worthwhile. In cases where bleeding occurs, a milk drip was suggested by A. F. Jones as soon as surgery was ruled out. The purpose of this was the comfort of the patient, and the use of warm or room temperature milk was suggested.

If sufficient caloric intake cannot be comfortably achieved in three meals, the meal pattern should be adjusted to provide adequate nutrients in several small meals. However, it is emphasized the small meals are given for comfort, not as a therapeutic device.

The use of the bland diet in healed ulcers. There is considerable disagreement as to the value of dietary restriction in the prevention of recurrence.

There is a definite tendency for duodenal ulcers to reoccur, and it is suggested these patients be instructed to maintain the dietary restriction for a relatively long period, if they wish to avoid surgery. They should be told that they may, for many reasons, stop adhering to the diet prescribed, and this may result in recurrence of symptoms. They should be encouraged to return to their doctor for a prescribed regimen, rather than feeling guilty.

Moore and Moeller stated that alcoholic beverages, coffee, and highly-seasoned foods should be permanently omitted from the diet of the ulcer patient. At least three meals per day should always be taken. Goldstein states that patients with healed ulcers should
be reminded that returning to a way of life which produced an ulcer may produce a second. Excesses of all types are thought by some to contribute to recurrence.

J. A. Rider disagreed, feeling that while a bland diet is probably useful in alleviation of symptoms during an acute exacerbation, it is questionable that diets play a major role in preventing recurrence of symptoms. Carefully controlled studies demonstrate that dietary restrictions are of little value in the long-term management of patients with peptic ulcers. Hirschowitz states flatly that there is no evidence that dietary restrictions during asymptomatic periods prevent recurrences or complications.

The advocacy of unrestricted diets. Since dietary intake is seldom, if ever, the main cause of gastric ulcers, J. L. Burn feels that more attention should be given to discovering the cause of the ulcer, and the problem solved, if possible, rather than only employing a dietary regimen.

One indication of the tendency to form ulcers is gastric acidity. A comparison of therapeutic and freely chosen diets showed that the gastric acidity in twelve duodenal ulcer patients was no greater when they took a completely 'free-choice' diet than when they took a typical therapeutic diet as conventionally advised for peptic ulcer. Another study showed that a self-selected, high-protein diet resulted in better neutralization of gastric acidity than the conventional hospital ulcer diet.
Foods which produced the greatest gastric secretion were the proteins, i.e., meat, eggs, milk, fish. Foods producing the least were fruits, white bread, butter and some dry cereals. There was found to be a close correlation between the protein content of a food and its stimulation of hydrochloric acid. The acid-stimulating property was also found to be related to the capacity of the food to neutralize or buffer acid. 98

A study, reported by J. S. Lawrence in 1952, was made in which alternate patients were assigned to two groups. One group received a milk and eggs diet, while the other received the normal hospital diet, including fried foods. The group receiving the normal diet took, on the average, six days less to heal. 68 Therefore, it was suggested a less strict ulcer dietary regimen should be prescribed.

Spices have often been implicated in symptom production, perhaps without adequate clinical trial. When fifty ulcer patients were treated with conventional ulcer schedules, capsules containing spices or herbs in the amounts ordinarily used to season such foods were given. No adverse effects were noted except with chili and black pepper. 101 "Black pepper, chili pepper, cloves, mustard seed, and probably nutmeg may be considered gastric irritants." 101

Kirsner writes:

"There is no conclusive evidence either implicating coarse or seasoned foods in the development or chronicity of peptic ulcer or demonstrating enhanced healing of peptic ulcer during a soft diet." 61

In small quantities, fat has an inhibitory effect on gastric secretion without a later stimulation. One dram of fat taken hourly
Is suggested by Forrester as the correct dosage, in combination with
antiacids and sedatives as needed. Dietary restrictions were
then minimal, with the patient avoiding those items known to cause
distress.

Food intolerances were not found to be more common among ulcer
patients than among those with normal gastrointestinal tracts.

In conjunction with a discussion on diet therapy, A. F. Jones
states: "Two factors only have so far been demonstrated as having
a beneficial influence--admission to the hospital, which implies bed
rest, and stopping smoking." This statement is supported by Doll
and Sircus.

Marshall prefers that his patients not follow any therapeutic
diet. He feels that the necessity for adherence to a restricted diet
is proof that the ulcer is open, rather than healing, and uses the
unrestricted diet in determining the amount of antiacid and sedative
needed to promote healing.

About the use of restricted diets, Moore states:

"There is little objective justification for the pro-
longed use of a restricted diet composed of ground and
pureed meats and vegetables, other than the observation that
the gastric secretion is suppressed by the sight of unappe-
tizing food, although it seems reasonable to avoid obvious
chemical and mechanical irritants."

The need for individualization of bland diets. Diet therapy
is still considered by Bockus, Hirshowitz, and Hock as the mainstay
of ulcer management in most cases, but many diets are unnecessarily
restrictive. Each patient must be treated as an individual,
with a program planned to allow for his schedule, work situation, and way of life. The practice of giving a set ulcer routine and/or diet sheet to each patient should be discontinued. Instead, a careful study of the patient's habits will allow a regimen to be devised which he can follow. Some patients are already tense and unhappy without a very rigid diet to follow.

Some choice of food should be allowed, even when the patient is on a therapeutic diet. Selective menus can be successfully used during the hospital stay to make the patient more contented. Thus, he will be more ready and willing to stay on the diet when he goes home. All foods, herbs, and spices which are tolerated by the patient may be used. A diet which the patient finds acceptable should include one which is palatable and yet alleviates his symptoms.

In The Journal of the American Dietetic Association, Kramer suggests:

"Perhaps dietary restrictions are needed for psychic reasons. What we advocate is that physicians and dietitians adopt a more objective and flexible attitude to diet therapy and abandon the rigid, ritualistic, and often irrational approach."  

In some cases, a more liberal diet with more unrefined foods may be tolerated. Foods which require thorough mastication result in larger quantities of saliva of a higher buffering capacity, with a result of lessened incidence of gastric ulcer in those groups commonly consuming "chewy" diets noted.

Texter feels that it is important that patients eat only when they are hungry, and eat only as much as they want per feeding.
The ulcer regimen must be tailored to the needs and desires of each patient.  

The possibility of food idiosyncrasy must not be overlooked. While the incidence of food intolerance is no greater in ulcer patients than in groups with normal gastrointestinal tracts, there is still that group with the inability to tolerate certain foods.  

One food commonly used in large quantities is milk, yet it is frequently mentioned as producing gastric distress to some patients. Kramer feels milk has the property of increasing acid production without the ability to adequately neutralize it. However, Bynum states that "milk actually neutralizes up to one-third its volume of hydrochloric acid."  

Patients should be questioned as to food allergies, and assisted in removing sources of known allergies from their dietary regimens.  

The importance of good nutrition. In recent years there has been concern expressed due to the traditional inadequacy of therapeutic diets in some cases. Ulcer diets are often low in ascorbic acid, which is known to be important for healing, and the prevention of hemorrhage. Maximal, rather than minimal or suboptimal intakes of Vitamin C should be planned, since there is increased need for this nutrient during stress. Adequate calories are important, and a minimum of 100 grams of protein per day for the ulcer patient is recommended.
Kirsner advises:

"There is no rationale for severe restriction of diet or for the use of unusual food supplements in the management of peptic ulcer. The chief purposes of diet therapy are avoidance of gastrointestinal irritants, neutralization and buffering of acid by frequent feedings, and the provision of sufficient calories and nutrients." 62

The requirement for frequent feedings. The lack of properly spaced ingestion of food is blamed for ulcer production in many cases. Some patients have a meal pattern which does not include breakfast. The long interval between the evening meal and the next day's lunch may exhaust the intrinsic protective mechanisms. 44 Even between exacerbations, it is important that the ulcer patient not miss meals. 53 The current clinical trend is toward a liberal diet of foods which are acceptable to the patient—away from the theory that extremely bland, non-irritating foods are necessary. The most important principle of treatment is the frequent feeding of food. 65

Mann advocates hourly meals as most likely to give comfort and promote healing. 71 Richard allows the meals to be chosen from a wide variety of foods. 94

"Careful comparisons of the gastric pH in duodenal ulcer patients show that with two-hourly feeds, maximum acidity never rises as high as with four hourly feeds, and there is less fluctuation in acid level throughout the day." It was concluded that "both size and frequency of meals may be of clinical importance in relation to the pain of duodenal ulcer." 5
If the diet instruction has been careless or incomplete, the patient may often go hungry when something "on his list" is not available. The resulting discomfort is most unnecessary.54

III. RELATIONSHIP OF BLAND DIETS TO HEART DISEASE

There has been an increasing concern due to the high incidence of coronary heart disease in the United States. Research by Sebrell has indicated that one factor in the development of atherosclerosis is the degree of saturation of fat in the diet consumed, and perhaps the amount of fat is related.102

Ulcer diets, especially in the early stages, have traditionally contained large amounts of fat, usually of a very saturated type.100 A possible relationship between this regimen and an increased incidence of coronary heart disease among ulcer patients was thought possible. A research program was initiated to elucidate the facts.50

The incidence of heart disease in ulcer patients. In Brooks, Sandweiss and Long's study of the relationship of coronary heart disease to ulcer occurrence, a statistically significant increase in the incidence of coronary occlusions was found in patients with duodenal ulcers as compared to the general population.17 Ulcer patients had approximately twice as many deaths due to arteriosclerotic heart disease as did the general public.100 A study was made of patients with chronic peptic ulcers who were treated with a Sippy-type diet in the United States and Britain. They were compared with ulcer
patients not treated with a milk-and-cream diet, and with non-ulcer patients. Briggs found the incidence of myocardial infarcts was twice as high in the groups treated with the Sippy diet as in the other two groups.\textsuperscript{16} Other work, reported by Hartroft, showed a positive correlation between the Sippy-type therapeutic diet and myocardial infarction in patients with chronic peptic ulcer.\textsuperscript{50}

However, a Scandinavian study reported in 1963 does not confirm this conclusion. Rather, they found a significantly reduced mortality compared with the expected figures in the group cardiac and vascular diseases among both men and women with peptic ulcers.\textsuperscript{66}

**The results of administration of a milk-and-cream diet.** An analysis of the Sippy and Modified Sippy diets as commonly used showed a P: S. ratio in the range of 0.12 to 0.41.\textsuperscript{100} Therefore, it is not surprising to find that controlled studies revealed the Sippy-type diets resulted in elevation of serum lipids in each case. It was felt that prolonged administration of this type dietary may result in the development of atherosclerosis and its complications.\textsuperscript{10} Changes were observed to occur in the blood vessels which are degenerative and bear similarities to arteriosclerosis.\textsuperscript{111}

**The results of administration of a polyunsaturated fat diet.** When a skim milk and corn oil mixture was substituted for a milk-and-cream ulcer regimen, there was a significant lowering of serum cholesterol. The skim milk and oil mixture was found by Kaplan and others to be palatable and effective.\textsuperscript{58} A corn-oil antiacid
preparation was compared with a milk-and-cream diet for relief of symptoms and serum cholesterol effect. The corn-oil antacid preparation produced 100 per cent marked symptomatic relief, and a 15 per cent lowering of serum cholesterol, the milk and cream produced a similar clinical improvement but no serum cholesterol lowering. Animal experiments indicate that gastric secretion is inhibited equally well by fats high in polyunsaturates as by fats containing predominantly saturated fats.

Recommendations for lipid content of the bland diet. Since polyunsaturated fat preparation feeding resulted in significantly lower lipemia than half milk and half cream feedings, use of such a preparation in routine management of active peptic ulcer was recommended. Not only can such a product be expected to lower serum cholesterol, but it was also found to be most advantageous in reducing gastric acidity.

It is suggested serious consideration be given to lowering the saturated fat content of ulcer diets in patients also presenting arteriosclerotic symptoms, for obese patients with a family history of coronary artery disease, and all in the "high-risk" coronary group. Several proprietary products are available, with some having the added feature of low caloric content, and therefore especially useful for the obese patient.
IV. LITERATURE ON DIET INSTRUCTIONS

The opportunity to select foods which are most pleasing to the patient and yet do not interfere with his therapy is one good way to teach modified diets.\(^49\)

**Written instruction is needed.** Once the decision is made to put the patient on a modified diet, every effort must be made to fit the therapy to the patient and his immediate circumstances. "One should not delude himself by thinking that giving a printed diet list to an unprepared patient is a form of therapy."\(^{117}\) However, copies of the basic diet should be available, to be modified as needed, so the patient receives written instruction.\(^{115}\) If possible, the written instruction should be given to each patient in his native tongue.\(^{46}\)

**The interview.** The first step in the interview is to find out if the patient fully understands why he is on the diet. The reasons are briefly explained as needed.\(^{115}\) The dietitian is responsible for taking a dietary history, consulting with the physician where indicated, interpreting the dietary prescription, and teaching the patient.\(^{115}\)

A dietary summary for one day is often sufficient to give a place to start.\(^{81}\) Factors which contribute to the patient's dietary situation include his medical status, history, and prognosis, his customary food habits and meal patterns, his cultural and social environment, and his living situation.\(^{89}\) The interview should cover
where, and with whom, the patient eats, who prepares the food, the preparation and storage facilities available, shopping conditions, money available for food, and meal pattern if any exists.117

The interviewer needs to be able to put the patient at ease, and to listen unhurriedly. She must be aware of the various psychological needs of the patient for acceptance, preservation of self-respect, and recognition, and to learn the meaning of his attitudes.37, 117 "Dietary interviews are best carried out in a quiet, calm place with some degree of privacy." "Food habits are personal matters which deserve some privacy; also recall is much better when there is some freedom from distractions."117

Follow-up. Dietary interviews usually should be followed by subsequent, perhaps briefer, visits. This allows the patient to ask questions which may have occurred. It may be useful to talk with the person preparing the food.117 While the first visit should last about thirty minutes, the follow-up visits may be five to fifteen minutes as needed by the individual patient.45

It is important that the interviewer believe in what he is teaching, or there will be lack of conviction necessary to convince.61
CHAPTER III

METHODS OF PROCEDURE

The aim of this manual is to give professional personnel a starting point in instructing patients on ways to follow a bland diet. A practical booklet, patient centered, will be constructed. Its aim will be simplified procedure and flexible content.

Current therapy will be reviewed so that usual procedures can form a basis for planning. The professional journals will be examined, and diet manuals in use by leading medical centers will be considered.

I. BLAND DIET MEAL PATTERNS

One indication of current therapy is the therapeutic diets published in the diet manuals of hospitals.

Hospital diet manuals listing ulcer diets with many restrictions generally listed all whole vegetables as forbidden. Some required that fruits be omitted or pureed and a few restricted the amount as well as the type of meat allowed. These manuals usually listed a Sippy-type diet as being available for a more restricted regimen.21, 25, 33, 74, 91, 102a, 109

Three diet manuals, all known to be recently issued, were much less restrictive. A mimeographed Diet Manual, from Palo Alto--Stanford Medical Center, allows most spices in moderation. Main
restrictions were in broths and large amounts of tea or coffee; pepper and rich pastries were forbidden. The Bland Diet of the University (of Michigan) Hospital consists of three stages: Bland One allows meat only one time per day; Bland Two allows meat two times, whole vegetables of the softer types; Bland Three allows most vegetables, fresh melon, and spices in moderation. A Sippy-type diet is not included.

The very new Diet Manual, The University of California Hospitals, San Francisco Medical Center lists a modified Sippy diet. The Bland Diet allows whole vegetables, most meats, and one cup of coffee per meal. No spices are allowed.

II. FOOD LISTS

Many different listings of foods, spices and herbs are available. Among the more complete are the U.S.D.A.'s Agricultural Handbook # 8, and Home and Garden Bulletin # 72. The decision to place a food on the allowed or avoid lists will be reached by considering those lists in diet manuals, and the experience of the author. There are fat and sodium-restricted lists in the commonly accepted diet instruction materials.

III. RECIPES

Large numbers of recipes will not be included, since many can easily be modified to the limitations.
A few recipes in each major food class will be included, to provide new ideas and serve as a reference point.

Recipe sources include cookbooks, \textsuperscript{11, 18, 31} magazines, \textsuperscript{55, 72} pamphlets, \textsuperscript{42, 43} hospital recipes, and the personal recipe file of the author.
CHAPTER IV

INTRODUCTION TO THE BOOKLET

In using the "Bland Diet" Instruction booklet, several points should be kept in mind.

This booklet is intended to serve as an aid to the dietitian, or physician, in keeping the patient comfortable while his gastrointestinal tract is healing. Therefore, if a patient insists on being allowed some item on the avoid list, stating it does not cause him discomfort, it might be transferred to the allowed list for him.

Patients should be encouraged to experiment, try new foods, and to make meals as interesting and pleasant as possible.

The food lists are comprised of foods commonly consumed in the United States. Those patients whose cultural and ethnic background varies widely will require help in augmenting these lists with the foods common to them.

It is more important that scheduled meals not be missed than that the food lists be followed exactly. Less discomfort will usually result from eating some of the forbidden foods rather than going hungry.

The meal patterns are intended to serve as a guide in planning the personal pattern for each patient, especially as to the number of items to be included per meal. They are to be modified as each situation indicates a need.
Since many patients need to be on calorie, fat, or sodium-restricted diets, as well as a bland regimen, meal patterns for these restrictions are included.

The sodium and fat-restricted diet patterns are primarily intended for use when patients have previously followed these regimens. If both the bland restriction and another restriction are being initiated simultaneously, additional information concerning the fat and/or sodium restriction should be made available.

It is of greatest importance that a meal pattern be planned for the patient only after his normal meal pattern has been determined. Only in unusual cases will one of the suggested meal patterns be so close to his normal pattern as to allow unmodified use.

After the meal pattern has been prepared for the patient by the dispensing professional, he should be encouraged to plan a sample menu from this meal pattern. This sample menu may be written in the space provided for in the booklet.

The following six pages contain suggested meal patterns for persons needing three, four, five or six meals per day. Pages 35-37 contain information for those persons who must have the addition of a calorie, fat, or sodium restriction.
# Bland Diet—3 Meals

**Breakfast**
- 1 Fruit—List 5
- 1 Protein Food—List 1
- 2 Starchy Foods—List 3
- 2 Fat—List 7
- 1 Beverage—List 8

**Lunch**
- 1 Soup—List 2
- 1 Protein Food—List 1
- 1 Vegetable—List 4
- 1 Starchy Food—List 3
- 2 Fat—List 7
- 1 Fruit—List 5
- 1 Beverage—List 8

**Dinner**
- 1 Salad— from allowed foods
- 1 Protein Food—List 1
- 1 Vegetable—List 4
- 2 Starchy Foods—List 3
- 2 Fat—List 7
- 1 Dessert—List 6
- 1 Beverage—List 8

# Bland Diet—4 Meals

**Breakfast**
- 1 Fruit—List 5
- 1 Protein Food—List 1
- 1-2 Starchy Foods—List 3
- 2 Fat—List 7
- 1 Beverage—List 8

**Lunch**
- 1 Salad— from allowed foods
- 1 Protein Food—List 1
- 1 Vegetable—List 4
- 1 Starchy Food—List 3
- 1-2 Fat—List 7
- 1 Dessert—List 6
- 1 Beverage—List 8

**Dinner**
- 1 Protein Food—List 1
- 1 Vegetable—List 4
- 1 Starchy Food—List 3
- 1 Fruit—List 5
- 1 Beverage—List 8

**Bedtime**
- 1 Soup—List 2
- 1 Starchy Food—List 3
- 1 Dessert—List 6
- 1 Beverage—List 8
BLAND DIET--5 MEALS

Breakfast

1 Fruit- List 1
1 Starchy Food- List 3
1-2 Fat- List 7
1 Beverage- List 8

Lunch

1 Salad- from allowed foods
1 Protein Food- List 1 (in salad or sandwich)
1-2 Starchy Foods- List 3
1-2 Fat- List 7
1 Fruit- List 5
1 Beverage- List 8

Midafternoon

1 Protein Food- List 1
1 Starchy Food- List 3
1 Fat- List 7
1 Fruit- List 5

Dinner

1 Protein Food- List 1
1 Starchy Food- List 3
1 Vegetable- List 4
1-2 Fat- List 7
1 Beverage- List 8

Bedtime

1 Soup- List 2
OR
1 Milk Beverage from List 8
1 Starchy Food- List 3
1 Dessert- List 6
BLAND DIET -- 6 MEALS

Breakfast

1 Protein Food- List 1
1 Starchy Food- List 3
1-2 Fat- List 7
1 Beverage- List 8

Midmorning

1 Fruit- List 5
1 Starchy Food- List 3
1 Milk Beverage- from List 8

Lunch

1 Protein Food- List 1
1 Vegetable- List 4
1 Starchy Food- List 3
1-2 Fat- List 7
1 Beverage- List 8

Midafternoon

1 Salad- from Fruit- List 5
1 Starchy Food- List 3
1 Fat- List 7
1 Beverage- List 8

Dinner

1 Protein Food- List 1
1 Starchy Food- List 3
1 Vegetable- List 4
1-2 Fat- List 7
1 Beverage- List 8

Bedtime

1 Soup- List 2
OR
1 Milk Beverage- from List 8
1 Dessert- List 6
CALORIE-RESTRICTED DIET--3 MEALS

It is important that at least three meals be taken, even when a caloric restriction is imposed.

Between meals, cereal beverage or artificially-sweetened gelatin may be used as desired. A serving of some food may be saved from a meal and used as a snack.

Suggested Menu Patterns

<table>
<thead>
<tr>
<th>CALORIC ALLOWANCE</th>
<th>1000 cal</th>
<th>1200 cal</th>
<th>1500 cal</th>
</tr>
</thead>
<tbody>
<tr>
<td>List Number</td>
<td>B</td>
<td>L</td>
<td>D</td>
</tr>
<tr>
<td>1- Protein Foods</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2- Soup</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3- Starchy Foods</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4- Vegetable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5- Fruit</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>6A- Sweets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7- Fat</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8- Non-fat Milk</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BLAND, FAT-MODIFIED DIET—3 MEALS

Foods to be changed from "Use these foods" column, to the "Avoid these" column:

Butter
Whole milk
Evaporated milk

The margarine used as part of the fat allowance should be one which is "poly-unsaturated". At least half of the fat allowance should be used as oil.

Breakfast

1 Fruit- List 5
1 Egg- 4 times per week
2-3 Starchy Foods- List 3
2 Fat- List 7
1 Beverage- List 8

Lunch

1 Soup, made with non-fat milk- List 7
1 Protein Food- List 1
1 Vegetable- List 4
1-2 Starchy Foods- List 3
2 Fat- List 7
1 Fruit- List 5
1 Beverage- List 8

Dinner

1 Salad- from allowed foods
1 Protein Food- List 1
1 Vegetable- List 4
1-2 Starchy Foods- List 3
2 Fat- List 7
1 Dessert- List 5B
1 Beverage- List 8
SODIUM-RESTRICTED DIET--3 MEALS

No salt (sodium chloride) should be used, either at the table or in cooking. Foods known to have large amounts of salt used in their preparation, such as saltine crackers, should not be used.

In List One--Protein Foods, cottage cheese and nut butters may be used only if they are unsalted.

Up to three slices of regular bread and three pats of butter or margarine per day may be used, depending on the level of sodium restriction. If more than this is desired, unsalted products should be used for the remainder.

Vegetables may be fresh, unsalted frozen, or canned dietetic pack. Spinach, carrots, and beets should not be used frequently, they are high in sodium.

Olives should be removed from the "use" list of the Fats, and placed in the "avoid" group.

No more than one pint milk per day, from List 8--Beverages, should be used.

**Breakfast**

1 Fruit- List 5
1 Protein Food- List 1
1 Starchy Food- List 3
1-2 Fat- List 7
1 Beverage- List 8

**Lunch**

1 Soup- List 2, made without salt
1 Protein Food- List 1
1-2 Starchy Food- List 3
1-2 Vegetable- List 4
1-2 Fat- List 7
1 Fruit- List 5
1 Beverage- List 8

**Dinner**

1 Salad, from allowed foods
1 Protein Food- List 1
1-2 Starchy Food- List 3
1-2 Vegetable- List 4
1-2 Fat- List 7
1 Fruit- List 5
1 Beverage- List 8
So that the approximate calories, fat, or sodium may be calculated, averages are listed for each group. For an accurate check, refer to more specific information.

<table>
<thead>
<tr>
<th>Food List</th>
<th>Calories</th>
<th>grams Carbohydrate</th>
<th>grams Protein</th>
<th>grams Fat</th>
<th>grams Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein Foods</td>
<td>225</td>
<td>-</td>
<td>21</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>Soups</td>
<td>65</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>400**</td>
</tr>
<tr>
<td>Starchy Foods</td>
<td>70</td>
<td>15</td>
<td>2</td>
<td>-</td>
<td>5*</td>
</tr>
<tr>
<td>Vegetables</td>
<td>20</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>10*</td>
</tr>
<tr>
<td>Fruits</td>
<td>40</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Sweets</td>
<td>200</td>
<td>31</td>
<td>2</td>
<td>8</td>
<td>10*</td>
</tr>
<tr>
<td>Sweets, calorie restr.</td>
<td>75</td>
<td>12</td>
<td>2</td>
<td>2</td>
<td>10*</td>
</tr>
<tr>
<td>Sweets, fat restr.</td>
<td>200</td>
<td>35</td>
<td>2</td>
<td>6</td>
<td>10*</td>
</tr>
<tr>
<td>Fats</td>
<td>45</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>0*</td>
</tr>
<tr>
<td>Beverages, milk base</td>
<td>170</td>
<td>12</td>
<td>8</td>
<td>10</td>
<td>120</td>
</tr>
<tr>
<td>Beverages, water base</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* If food is prepared without the addition of sodium.
** Canned cream type.
CHAPTER V

THE BOOKLET

The Booklet, which is outlined in the following pages, will be given to the patient before he goes home.

The instruction contained in the Booklet will enable the ambulatory patient to follow at home the diet designated by his physician. It is not intended for the use in the hospital although the principles in general may be adapted to any situation.
PLANNING BLAND DIETS--A DIET INSTRUCTION AID
I. PLANNING BLAND DIETS--A DIET INSTRUCTION AID

Introduction. This booklet contains a diet prescribed for you by your doctor. It is called a bland diet, because foods which may be irritating have been omitted.

A bland diet is usually prescribed to make you more comfortable while your gastrointestinal tract is returning to normal.

Some persons are more comfortable when they eat less at each meal, and have more than three meals per day. If your doctor feels you would profit by this, you may be given a four, five or six meal per day pattern. The type of foods you may include are the same, whether you have three meals a day, or six.

II. WHY THIS DIET IS PLANNED

Each meal pattern has two objectives: (1) Optimum nutrition, especially in vitamins and protein, since they are necessary for healing; and (2) Maximum comfort for you.

There may be an additional goal of returning your weight to normal, and/or lowering your blood lipids.

Your meal pattern has been planned for you with these objectives in mind. The way you usually eat has also been considered, so that your meals may be changed as little as possible. Therefore, you should plan to follow this diet quite closely. If occasional changes need to be made, you should talk them over with your doctor or dietitian.
Certain types of foods should be included in each meal, every day. There are many foods which can be substituted in each food group, so that your menu can be varied and interesting. In fact, your total nutrition will probably be better if you do include a wide variety of foods in your menus.

You will find, as you study this diet, that it requires some changes in your food habits. These will be kept to a minimum. Meals can still be delicious, and can include many of your favorite foods and desserts. The recipes at the end of the booklet show you how well you can eat on a bland diet.

III. MEALS AT HOME

To help you get used to your diet, this section contains suggestions for shopping and cooking. If your weight is where it should be, you won't have to concern yourself with watching calories. You will have to plan your meals, however, to see that the right kinds and amounts of foods are used each day.

Planning your meals. For some time (until it becomes easy for you) you should plan on paper everything you will eat. Many home economists suggest planning the main meals for a week at a time, to make shopping an easier task and to avoid a monotonous diet.

Your meal pattern has been outlined to include certain foods which you need. The number of servings of each item listed below
are required by an adult each day. If you need more food, additional servings can be added. Sweets and desserts tend to give you more calories and less vitamins and minerals.

Include these basic foods daily:

<table>
<thead>
<tr>
<th>Foods</th>
<th>Servings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein Foods (List No. 1)</td>
<td>2 servings</td>
</tr>
<tr>
<td>Starchy Foods (List No. 3)</td>
<td>3 servings</td>
</tr>
<tr>
<td>Vegetables (List No. 4)</td>
<td>3 servings</td>
</tr>
<tr>
<td>Fruit (List No. 5)</td>
<td>3 servings (include 1 high in Vit C)</td>
</tr>
<tr>
<td>Fats (List No. 7)</td>
<td>3 servings</td>
</tr>
<tr>
<td>Milk (List No. 8)</td>
<td>1 pint, as beverage or in cooking</td>
</tr>
</tbody>
</table>

**Shopping tips.** Shopping will be easy if you remember to—read the labels, especially on prepared foods and mixes. At first you may want to take your booklet with you while you shop, so you may check the items in question. A safe rule to follow is avoiding the use of any product which contains a food item listed as one which should be avoided.

Unless your calories or fat are restricted, you may use:

1. Any pudding mix, except those with coconut or nuts.
2. Cake and cookie mixes which do not contain nuts, raisins, or spices.
3. Pie crust mix, prepared pie crusts. (Some graham cracker crusts have nuts in them, avoid these.)
4. Dehydrated foods, such as potatoes, may be used, provided the food is allowed in its original form.

You should avoid:

1. Meat pies—they contain gravy and spices.
2. Frozen or canned entrees, which usually contain gravy or spices not allowed, barbequed chicken and beef.
3. Prepared potato, rice, or macaroni salads.

Cooking ideas. If you have been accustomed to using just salt and pepper for seasoning, your diet can be a delightful experiment for you. Even if your calories, fat, or sodium are restricted, you can use herbs and the milder spices to give interest to your food.

As a start, try some of these:

- with Beef—bay leaves, celery salt, soy sauce
- with Poultry—celery salt, cranberry glaze, paprika, sage, soy sauce
- with Fish—celery salt, lemon, paprika, tarragon
- with Lamb—apricot (or peach) glaze, mace, mint, rosemary, sage, thyme
- with Veal—celery salt, mace, paprika, sage
- with Beets—dill, lemon, mint, orange
- with Green Beans—dill, marjoram, mint, paprika, sage
- with Carrots—mace, mint, paprika, sage, thyme
- with Eggplant—dill, rosemary
- with Spinach—basil, marjoram
- with Squash—lemon, mace, mint, orange, thyme
- with Sweet Potatoes—mace, maple, thyme
- with Turnips—basil

If you enjoy cooking, you have many favorite recipes. A large part of these you can use as they are, some of them may require some changes.
If, for instance, a recipe is for applesauce cake, the chances are that it will need to have the nutmeg, and perhaps some other "forbidden" spices, omitted. If it is a "nutty" applesauce cake, the nuts must be omitted, but you could add black walnut or other nut flavoring to your recipe, this duplicating the original as much as possible.

The recipes included at the end of the booklet will show what can be done, perhaps give you some new ideas, and will provide some recipes for your use until you can find time to modify your own.

Serving Suggestions. Try to make meals as attractive as you can, and they will seem to taste better. Even if the garnish can't be eaten, it will have served its purpose if the dish you serve looks "good enough to eat."

Some edible garnishes you could use:

- Broiled peach or pear--halves or slices
- Tinted, peeled apples or pears (may be flavored, too)
- Cutouts from strained cranberry sauce or gelatin
- Beet slices or shreds
- Bread, cookie, or graham cracker crumbs
- Whipped or sour cream
- Chocolate curls, bits, or chips
- Butterscotch or lemon chips
- Egg wedges, slices
- Melon balls
- Banana, dipped in gelatin dessert mix
- Grated egg yolk or white
- Colored sugar granules
IV. WHEN YOU EAT OUT

Eating out offers more dietary pitfalls than eating at home. But with a little practice, you will probably find that you can manage almost any situation that arises.

When invited to a private home, explain ahead of time to your hostess about your diet. She will usually try to serve you something you are allowed to have.

In a restaurant or cafeteria, of course, you will be able to make your own selections. Some suggestions for choosing foods are given below.

Choose from these foods:

for First Course
- Creamed soups
- Fruit Cup (leave coarse or tough pieces)

for Main Dish
- A plain meat, baked, broiled, or roasted, or a meat alternate
- Baked or mashed potato (no gravy)
- Steamed or boiled rice
- Buttered noodles

for Salad
- Molded gelatin
- Cottage cheese
- Tender hearts of lettuce

for Dessert
- Plain pudding
- Plain ice cream or sherbet (no nuts)
- Plain cake
- Cream pie (except coconut)
- Fruit pie, made with an allowed fruit

Meals where you have no choice of food at all—a banquet, a dinner meeting, a business luncheon, for example—can be handled in
various ways. One possibility is to eat beforehand, or you could plan to arrive in time for the program after the meal.

But there will be times when you are faced with a meal that seems all wrong for you—and that cannot be avoided. When this happens, make the best of the situation and try not to worry.

Most of the time you will be able to do something about the "wrong" foods you are served. You can remove the skin from fried chicken, or the coating from a veal cutlet, and thus most of the spices. And you can push the gravy aside and eat what's under it.

Remember that the occasional, unavoidable days when you cannot stay strictly on the diet are not as important, in the long run, as careful adherence to it the rest of the time.

Learn to say no to:
Clear broths and soups
Fried foods
Casseroles and mixed dishes
Meat base gravies
Rich pastries

V. USING THE FOOD LISTS

On the following pages are the food lists. Foods are grouped together by nutrient supplied in largest quantity, to make it easier to plan a balanced diet.
**LIST 1--PROTEIN FOODS**

<table>
<thead>
<tr>
<th>USE THESE FOODS</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cottage Cheese</td>
<td>1/2 cup</td>
<td>Chipped Beef</td>
</tr>
<tr>
<td>Eggs, boiled, poached, baked or in souffle</td>
<td>1-2 eggs</td>
<td>Corned Beef</td>
</tr>
<tr>
<td>Nut Butters, creamy</td>
<td>1/4 cup</td>
<td>Frankfurters</td>
</tr>
<tr>
<td>Mild Cheeses</td>
<td>2 oz.</td>
<td>Fried Meats</td>
</tr>
<tr>
<td>Beef, baked, broiled, or roasted</td>
<td>3 oz. cooked</td>
<td>Luncheon Meat</td>
</tr>
<tr>
<td>Chicken, baked, broiled, or roasted</td>
<td>3 oz. cooked</td>
<td>Meat Pies</td>
</tr>
<tr>
<td>Fish, baked, broiled, or roasted</td>
<td>3 oz. cooked</td>
<td>Sausage</td>
</tr>
<tr>
<td>Gluten, tender, smooth</td>
<td>3 oz.</td>
<td>Smoked, Spiced Meats</td>
</tr>
<tr>
<td>Bland nut meats</td>
<td>3 oz.</td>
<td>Stews</td>
</tr>
<tr>
<td>Soymeat</td>
<td>3 oz.</td>
<td>Wieners</td>
</tr>
<tr>
<td>Tofu</td>
<td>3 oz.</td>
<td></td>
</tr>
<tr>
<td>Turkey, baked, broiled, or roasted</td>
<td>3 oz. cooked</td>
<td></td>
</tr>
<tr>
<td>Veal, baked, broiled, or roasted</td>
<td>3 oz. cooked</td>
<td></td>
</tr>
</tbody>
</table>

**LIST 2--SOUPS**

<table>
<thead>
<tr>
<th>USE THESE FOODS</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creamed Soup, made with allowed foods</td>
<td>½ cup</td>
<td>Bouillon Cubes</td>
</tr>
<tr>
<td>Examples:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cream of Celery</td>
<td></td>
<td>Broths</td>
</tr>
<tr>
<td>Cream of Mushroom</td>
<td></td>
<td>Chicken or Beef Noodle</td>
</tr>
<tr>
<td>Cream of Carrot</td>
<td></td>
<td>Chicken Rice</td>
</tr>
<tr>
<td>Cream of Asparagus</td>
<td></td>
<td>Onion Soup</td>
</tr>
</tbody>
</table>
### LIST 3--STARCHY FOODS

<table>
<thead>
<tr>
<th>USE THESE FOODS</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potato, Baked</td>
<td>1 small</td>
<td>Fried Potatoes or Rice</td>
</tr>
<tr>
<td>Potatoes, Mashed</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Potatoes, Creamed or Escallop</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Rice, White, Steamed or Boiled</td>
<td>½ cup</td>
<td>Rice, Brown or Wild</td>
</tr>
<tr>
<td>Noodles, Buttered</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Macaroni/Cheese Sauce</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Farina, Cream of Wheat*</td>
<td>½ cup</td>
<td>Whole Wheat Cereals, Cooked or Dry</td>
</tr>
<tr>
<td>Cream of Rice*</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Malt-O-Meal*</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Oatmeal</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Corn or Rice Dry Cereals</td>
<td>3/4 cup</td>
<td></td>
</tr>
<tr>
<td>White Enriched Bread</td>
<td>1 slice</td>
<td>Whole Wheat Bread</td>
</tr>
<tr>
<td>White Enriched Roll</td>
<td>1 roll</td>
<td>Whole Wheat Rolls</td>
</tr>
<tr>
<td>Light Rye Bread, Unseeded</td>
<td>1 slice</td>
<td>Boston Brown Bread</td>
</tr>
<tr>
<td>Light Wheat Not Whole Grain</td>
<td>1 slice</td>
<td>Pumpernickel Bread</td>
</tr>
<tr>
<td>White Crackers</td>
<td>2 crackers</td>
<td>Hot Bread (Biscuits, Cornbread, etc.)</td>
</tr>
<tr>
<td>Graham Crackers</td>
<td>2 crackers</td>
<td></td>
</tr>
</tbody>
</table>

*Brand names are used for clarification, not as an endorsement.*
**LIST 4--VEGETABLES**

### USE THESE FOODS

All vegetables should be cooked, tender. They may be creamed or buttered, provided your calories are not restricted.

<table>
<thead>
<tr>
<th><strong>Serving</strong></th>
<th><strong>FOOD</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4 cup</td>
<td>Beans, Green or Wax</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Beans, Green Lima, pureed</td>
</tr>
<tr>
<td>1/4 cup</td>
<td>Corn, strained</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Eggplant</td>
</tr>
<tr>
<td>as desired</td>
<td>Mushrooms</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Peas, pureed</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Pumpkin</td>
</tr>
<tr>
<td>3/4 cup</td>
<td>Spinach, chopped</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Squash, yellow</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Summer Squash, young</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Sweet Potatoes</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Tomato Juice</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Turnips</td>
</tr>
<tr>
<td>1/2 cup</td>
<td>Tender greens</td>
</tr>
<tr>
<td>3-4 slices</td>
<td>Tomatoes, peeled, seeded</td>
</tr>
</tbody>
</table>

*These may be used raw:*

| 1 cup       | Lettuce, Butter or Iceberg |
| 1 cup       | Sauerkraut |

### AVOID THESE

Beans, dry

Beans, lima

Broccoli

Brussels Sprouts

Cabbage

Cauliflower

Celery

Collards, mature

Corn, cream style or whole

Cucumbers

Endive

Lettuce, romaine

Mustard Greens

Okra

Onions

Parsley

Peas, dry

Peppers

Radishes

Sauerkraut

Turnip Greens, mature
## USE THESE FOODS

<table>
<thead>
<tr>
<th>Food</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applesauce</td>
<td>½ cup</td>
<td>Blueberries</td>
</tr>
<tr>
<td>Banana</td>
<td>½ small</td>
<td>Blackberries</td>
</tr>
<tr>
<td>*C-Cantaloupe</td>
<td>2&quot; wedge</td>
<td>Cranberries</td>
</tr>
<tr>
<td>Cherries, light, cooked</td>
<td>10</td>
<td>Dates</td>
</tr>
<tr>
<td>Cranberry juice</td>
<td>½ cup</td>
<td>Figs</td>
</tr>
<tr>
<td>*C-Grapefruit sections, no membrane</td>
<td>½ cup</td>
<td>Grapes</td>
</tr>
<tr>
<td>Grape Juice</td>
<td>¼ cup</td>
<td>Pineapple</td>
</tr>
<tr>
<td>Lemonade</td>
<td>1 cup</td>
<td>Plums, green gage</td>
</tr>
<tr>
<td>Limeade</td>
<td>1 cup</td>
<td>Prunes, unless pureed</td>
</tr>
<tr>
<td>*C-Orange sections, no membrane</td>
<td>½ cup</td>
<td>Raisins</td>
</tr>
<tr>
<td>*C-Orange Juice</td>
<td>½ cup</td>
<td>Raspberries</td>
</tr>
<tr>
<td>*C-Papaya</td>
<td>½ cup</td>
<td>Strawberries</td>
</tr>
<tr>
<td>Peaches, peeled cooked</td>
<td>2 halves</td>
<td></td>
</tr>
<tr>
<td>Pears, peeled cooked</td>
<td>2 halves</td>
<td></td>
</tr>
<tr>
<td>Persimmons, peeled</td>
<td>½ persmn</td>
<td></td>
</tr>
<tr>
<td>Plums, Blue, peeled cooked</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Prune Juice</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Rhubarb, cooked</td>
<td>3/4 cup</td>
<td></td>
</tr>
<tr>
<td>*C-Tangerine sections, no membrane</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>*C-Tangerine Juice</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Watermelon, seeded</td>
<td>1 cup</td>
<td></td>
</tr>
</tbody>
</table>

*C-A good source of Vitamin C, include one serving each day.
### LIST 6—SWEETS & DESSERTS

<table>
<thead>
<tr>
<th>USE THESE FOODS</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cake, Plain</td>
<td>1 slice</td>
<td>Coconut</td>
</tr>
<tr>
<td>Cookies, small commercial</td>
<td>5-6</td>
<td>Doughnuts</td>
</tr>
<tr>
<td>Sugar</td>
<td></td>
<td>Fig Bar</td>
</tr>
<tr>
<td>Vanilla Wafers</td>
<td></td>
<td>Gingerbread</td>
</tr>
<tr>
<td>Chocolate Chip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peanut Butter, smooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gelatin Dessert</td>
<td>½ cup</td>
<td>Jam</td>
</tr>
<tr>
<td>Ice Cream</td>
<td>½ cup</td>
<td>Macaroon</td>
</tr>
<tr>
<td>Pie, Cream (no coconut or</td>
<td>1/6 pie</td>
<td>Nuts in any dessert</td>
</tr>
<tr>
<td>chocolate)</td>
<td></td>
<td>Pancakes</td>
</tr>
<tr>
<td>Pie, Fruit, (from allowed</td>
<td>1/6 pie</td>
<td>Sweets in excess</td>
</tr>
<tr>
<td>fruits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pudding</td>
<td>½ cup</td>
<td></td>
</tr>
<tr>
<td>Sherbet</td>
<td>½ cup</td>
<td></td>
</tr>
</tbody>
</table>

**Sweets, with meals in moderate amounts**

### LIST 6A—SWEETS AND DESSERTS, CALORIE RESTRICTED

<table>
<thead>
<tr>
<th>USE THESE FOODS</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cake, sponge or angelfood</td>
<td>1&quot; slice</td>
<td>Any dessert over 75 calories/serving</td>
</tr>
<tr>
<td>Cookies, dietetic</td>
<td>4-5</td>
<td>Coconut</td>
</tr>
<tr>
<td>Gelatin Dessert, Dietetic</td>
<td>as desired</td>
<td></td>
</tr>
<tr>
<td>Pudding Dessert, Dietetic</td>
<td>½ cup</td>
<td>Nuts</td>
</tr>
<tr>
<td>Jelly, Dietetic</td>
<td>1 Tbsp</td>
<td></td>
</tr>
</tbody>
</table>
## LIST 6B--SWEETS & DESSERTS, FAT RESTRICTED

<table>
<thead>
<tr>
<th>USE THESE FOODS</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cake, Angelfood</td>
<td>1&quot; slice</td>
<td>Chocolate</td>
</tr>
<tr>
<td>Cake, Plain unfrosted</td>
<td>1&quot; slice</td>
<td>Coconut</td>
</tr>
<tr>
<td>Cookies</td>
<td>2-3</td>
<td>Doughnuts</td>
</tr>
<tr>
<td>Sugar</td>
<td></td>
<td>Fig Bars</td>
</tr>
<tr>
<td>Vanilla Wafers</td>
<td></td>
<td>Gingerbread</td>
</tr>
<tr>
<td>Peanut Butter, smooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gelatin Dessert</td>
<td>1/3 cup</td>
<td>Jam</td>
</tr>
<tr>
<td>Pie, Cream, made with Non-fat Milk</td>
<td>1/6 pie</td>
<td>Nuts in any dessert</td>
</tr>
<tr>
<td>Pie, Fruit</td>
<td>1/6 pie</td>
<td>Pancakes</td>
</tr>
<tr>
<td>Plain Pudding, made with Non-fat Milk</td>
<td>½ cup</td>
<td>Sweets in excess</td>
</tr>
<tr>
<td>Sherbet</td>
<td>½ cup</td>
<td></td>
</tr>
</tbody>
</table>

Sweets, with meals in moderate amounts

All pastry must be made with oil. Commercial mixes usually cannot be used.
## LIST 7--FATS

<table>
<thead>
<tr>
<th>USE THESE FOODS</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avocado</td>
<td>1/8</td>
<td>Green Pickled Olives</td>
</tr>
<tr>
<td>Butter</td>
<td>1 pat</td>
<td>Salad Dressings containing Vinegar</td>
</tr>
<tr>
<td>Margarine</td>
<td>1 pat</td>
<td></td>
</tr>
<tr>
<td>Mayonnaise, made with lemon</td>
<td>1 tsp.</td>
<td></td>
</tr>
<tr>
<td>Oil, cooking</td>
<td>1 tsp.</td>
<td></td>
</tr>
<tr>
<td>Olives, ripe</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>French Dressing, made with</td>
<td>1 Tbsp.</td>
<td></td>
</tr>
<tr>
<td>lemon</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## LIST 8--BEVERAGES

<table>
<thead>
<tr>
<th>USE THESE FOODS</th>
<th>Serving</th>
<th>AVOID THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereal Beverage</td>
<td>as desired</td>
<td>Alcoholic beverages</td>
</tr>
<tr>
<td>Milk, whole</td>
<td>1 cup</td>
<td>Carbonated beverages</td>
</tr>
<tr>
<td>Milk, evaporated</td>
<td>½ cup</td>
<td>Coffee</td>
</tr>
<tr>
<td>Milk, Non-fat</td>
<td>1 cup</td>
<td>Coffee, decaffeinated</td>
</tr>
<tr>
<td>Milk, Non-fat Dry</td>
<td>½ cup</td>
<td>Tea</td>
</tr>
</tbody>
</table>
# List 9—Herbs, Spices, and Condiments

**Use These**

<table>
<thead>
<tr>
<th>Herbs/Spices/Condiments</th>
<th>As desired for flavor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basil</td>
<td></td>
</tr>
<tr>
<td>Bay Leaf</td>
<td></td>
</tr>
<tr>
<td>Celery</td>
<td></td>
</tr>
<tr>
<td>Chevril</td>
<td></td>
</tr>
<tr>
<td>Dill Leaves</td>
<td></td>
</tr>
<tr>
<td>Lemon</td>
<td></td>
</tr>
<tr>
<td>Mace</td>
<td></td>
</tr>
<tr>
<td>Marjoram</td>
<td></td>
</tr>
<tr>
<td>Mint</td>
<td></td>
</tr>
<tr>
<td>Orange</td>
<td></td>
</tr>
<tr>
<td>Oregano</td>
<td></td>
</tr>
<tr>
<td>Parsley</td>
<td></td>
</tr>
<tr>
<td>Paprika</td>
<td></td>
</tr>
<tr>
<td>Sage</td>
<td></td>
</tr>
<tr>
<td>Savory</td>
<td></td>
</tr>
<tr>
<td>Rosemary</td>
<td></td>
</tr>
<tr>
<td>Tarragon</td>
<td></td>
</tr>
<tr>
<td>Thyme</td>
<td></td>
</tr>
</tbody>
</table>

**Avoid These**

<table>
<thead>
<tr>
<th>Herbs/Spices/Condiments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allspice</td>
<td></td>
</tr>
<tr>
<td>Catsup</td>
<td></td>
</tr>
<tr>
<td>Chili</td>
<td></td>
</tr>
<tr>
<td>Chives</td>
<td></td>
</tr>
<tr>
<td>Cinnamon</td>
<td></td>
</tr>
<tr>
<td>Cloves</td>
<td></td>
</tr>
<tr>
<td>Curry</td>
<td></td>
</tr>
<tr>
<td>Ginger</td>
<td></td>
</tr>
<tr>
<td>Mustard</td>
<td></td>
</tr>
<tr>
<td>Pepper</td>
<td></td>
</tr>
<tr>
<td>All Seeds</td>
<td></td>
</tr>
<tr>
<td>Nutmeg</td>
<td></td>
</tr>
</tbody>
</table>
MEAL PATTERN FOR

Breakfast at ___ A.M.

Midmorning at ___ A.M.

Lunch at ___ A.M./P.M.

Midafternoon at ___ P.M.

Dinner at ___ P.M.

Bedtime at ___ P.M.
SAMPLE MENU

Breakfast

Midmorning

Lunch

Midafternoon

Dinner

Bedtime
VI. RECIPES

Spinach Soup

1 10 oz pkg frozen chopped spinach
2 1/2 cups milk
1/2 tsp salt


Baked Chicken Puff
(May be made with Soyameat also)

1 can condensed mushroom soup
1/3 cup milk
1/2 tsp salt
1 cup cooked diced chicken
2 cups cooked green beans
4 eggs, separated
1/3 cup grated process cheese


Asparagus Fondue

1 pkg frozen cut asparagus
milk
2 eggs, well beaten
1 cup grated cheese
2 cups soft bread crumbs
salt
paprika

Cook asparagus until just tender. Drain liquid from cooked asparagus into a measuring cup, add enough milk or cream to make 2 cups, put in top of double boiler. Stir in eggs, cheese, and bread crumbs. Put over boiling water and cook until cheese is melted. Season to taste, add asparagus, and pour into shallow greased casserole. Dust top with paprika and bake in 350° oven about 30 minutes, or until firm. Knife inserted in center should come out clean when fondue is ready. Serves 4.

Cheese Souffle

3 tbsp oil
5 tbsp flour
1 1/3 cups hot milk
1 tsp salt
1/3 cup grated cheese
4 eggs, separated

Blend oil and flour, add hot milk, salt, and cheese. Cook slowly, stirring constantly, until sauce thickens. Cool, add egg yolks. Fold into stiffly beaten egg whites, and pour into greased baking dish. Place in hot water and bake to 350° for 50 to 60 minutes. Serve at once.
Cream Sauce

2 tbsp oil
2 tbsp flour
1 cup milk
½ tsp salt

Blend oil and flour well. Add milk and cook over low heat until thick, stirring constantly. Add salt. Makes 1 cup.

Repeat with other 3 avocado halves. Spoon cheese mixture into avocado halves, then wrap each tightly with foil and refrigerate. At serving time remove foil, cut each avocado half in half with sharp knife. Serves 6.

Under-The-Sea Salad

1 3-oz pkg lime gelatin
½ tsp salt
1 lb can pear halves
6 oz cream cheese
1 cup boiling water
1 tbsp lemon juice

Dissolve gelatin and salt in boiling water. Drain pears, measuring 3/4 cup syrup (add water if necessary). Dice pears and set aside. Add pear syrup and lemon juice to gelatin. Measure 1 ½ cups into a 1 qt mold. Chill until firm, but not set.


Mint-Glazed Pears

1 lb can pear halves, drained
1 pkg (3 oz) lime or lemon-lime gelatin
1 cup boiling water
½ tsp mint extract

Arrange pears in flat baking dish. Dissolve gelatin in boiling water. Add mint extract. Pour over pears. Broil, basting often, until glaze begins to bubble and pears are lightly tinted--about 15 min. Serve warm or chilled. Serves 3 to 4
Mayonnaise

1 egg
1/2 tsp paprika
1 tsp sugar
2 tbsp lemon juice
1/2 tsp salt
1 cup oil

Blend all ingredients except oil together. Add oil gradually, beating at high speed, until oil has been mixed thoroughly. Makes 1 1/2 cups.

Honey French Dressing

1 cup oil
1/2 cup lemon juice
1 tbsp sugar
2 tbsp honey
1 tsp salt

Blend all ingredients together until smooth. Makes 1 1/2 cups.

Prune Whip

1 1/2 cups sweetened prune pulp
1 1/2 tbsp lemon juice
1/8 tsp salt
1/3 cup sugar
3 egg whites, stiffly beaten

Mix pulp, lemon juice and salt together. Beat sugar into egg whites, fold in fruit mixture. Bake in 250° oven 30 to 45 minutes. Serve chilled or warm.

Canadian Caper

8 cups milk
2 tsp maple flavoring
4 tsp sugar

Mix all ingredients. Serve chilled.
CHAPTER VI

SUMMARY AND CONCLUSIONS

Dietary instruction material for persons requiring an ulcer regimen is meager and often inadequate. A bland diet instruction booklet was the subject of this thesis. The booklet is patient-centered, simple and easily understood. It is intended for the ambulatory adult who will be dismissed from the hospital or who does not require hospitalization.

Many gastroenterologists seem to feel that while the ulcer regimen is not therapeutic, it should be employed to provide comfort to the patient while healing is being accomplished.\(8, 13, 32, 53, 54, 61, 121\)

It is important that each ulcer patient be treated as an individual, with a program planned to allow for his schedule, work situation, and way of life.\(54\) Good nutrition, with maximal protein and Vitamin C allowances, should be planned.\(37, 119\)

Written instruction should be available, however, this does not imply handing a printed sheet to an unprepared patient.\(115\)

An interview should be used to determine the patient's food habits, environment, and living situation. A meal pattern should be planned which will require the least change necessary consistent with good therapy.\(87\)
The booklet is planned to encourage individualization of the diet by the dispensing professional, both by the content and the inclusion of space for the personal meal pattern. Provision is also made for those persons who require an additional restriction of calories, fat, or sodium, as prescribed by the physician.

The diet, as planned in the suggested meal patterns (pages 32-34), is nutritionally adequate for a fifty-five year old male. Additional calories would be needed for a younger person doing heavy physical labor. Table II compares the nutritional analysis of each of the four meal patterns with the recommended daily allowances for a fifty-five year old male.

Since the booklet has not yet been used for patient diet instruction, no evaluation of its effectiveness can be made.

Statistical analysis of clinical improvement of patients who had been carefully instructed in the dietary regimen, compared with those given a brief "diet sheet" instruction, would be useful for future study. This would facilitate the evaluation of the booklet and its revision if necessary.
TABLE II

NUTRITIONAL ANALYSIS OF BLAND DIETS

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<th></th>
<th>Calories (Gm.)</th>
<th>Protein (Gm.)</th>
<th>Fat (Gm.)</th>
<th>Carbohydrate (Gm.)</th>
<th>Calcium (Gm.)</th>
<th>Phosphorus (Gm.)</th>
<th>Iron (Mg.)</th>
<th>Vitamin A (I.U.)</th>
<th>Thiamine (Mg.)</th>
<th>Riboflavin (Mg.)</th>
<th>Niacin (Mg.)</th>
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<tr>
<td>Rec. Daily Allowance*</td>
<td>2200</td>
<td>70</td>
<td>0.8</td>
<td>10</td>
<td>5000</td>
<td>70</td>
<td>0.9</td>
<td>1.3</td>
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<td></td>
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<td>Bland Diet-3 Meals</td>
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<td>90</td>
<td>89</td>
<td>243</td>
<td>1.41</td>
<td>1.33</td>
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<td>131</td>
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<td>265</td>
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<td>13.5</td>
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<td>131</td>
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<tr>
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<td>13.6</td>
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<td>133</td>
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<td>2.4</td>
</tr>
</tbody>
</table>

* The recommended daily allowance for a 55-year old male. 118


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Addendum

LOMA LINDA UNIVERSITY

Graduate School

A DIET INSTRUCTION AID FOR PLANNING BLAND DIETS
by
Viola Ruth Hardin Greene

An Abstract of a Thesis
in Partial Fulfillment of the Requirements
for the Degree Master of Science
in the Field of Dietetics

June 1967
ABSTRACT

It was the purpose of this study to determine, from the literature, current practice in the use of bland diets, and from this information to prepare a booklet for use in instructing the ambulatory ulcer patient.

Ulcer regimens have been criticized in recent literature for being unnecessarily restrictive, and for employing a diet which is high in saturated fat.

It is recommended that patients be given diet instructions in written form. These instructions are to be adapted as much as possible to the normal meal patterns of the patient as determined by dietary interview, carried out in a quiet place with privacy.

The diet instruction booklet contains general information on the reasons for prescribing a bland diet and how to plan for meals at home and away. Nine food lists were prepared, stating which foods may be used and which the ulcer patient should avoid. Suggested meal patterns are included, which provide good nutrition as well as a bland regimen. Space is provided for a personal meal pattern and menu, planned by the dispensing professional for each patient. A few recipes are included.

In the introduction to the booklet are suggested meal patterns and modifications for persons also on fat, sodium or calorie restrictions.