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Editorial

Risks to Asthmatic Patients from The Consumption of Pickles

E. Mortaz¹, S.S. Athari^{2*}

1. Airways Disease Section, National Heart and Lung Institute, Faculty of Medicine, Imperial College London, London, UK 2. Department of Immunology, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran

(E-mail: shamsadin.athari@modares.ac.ir)

Pickled foods in Middle Eastern countries are usually salty. The manufacture of pickles involves many chemical reactions. Pickling can preserve food for several months, because acidic marinades inhibit the growth of bacteria and fungi. Pickling was developed to allow foodstuffs to be used out of season. On the other hand, the taste of pickles is valued. Pickle consumption is relatively high in cold weather (Akcay et al., 2014; Woods et al., 2003).

People with asthma must be cautious when consuming pickles. Acidic steam from vinegar can cause severe asthmatic attacks. Moreover, pickles and condiments can seriously injure the gastrointestinal system (Akcay et al., 2014). Acidic blood can be neutralized by alkalis. If pickles are consumed, alkaline minerals may be recovered from storage in the body, notably calcium from the bones. This can diminish the body's reserve of calcium. Heavy consumption of pickled foods can lead to osteoporosis in postmenopausal women and in people who have, or are prone to develop kidney stones. In the elderly, heavy consumption of pickled foods may lead to weakness of the respiratory and nervous systems. It may induce severe coughing which could lead to asthma (Bracken et al., 2002; Rosenkranz et al., 2012; Subbarao et al., 2009). Pickles stimulate the secretion of digestive enzymes, increasing the rate of digestion. This can increase food intake, leading to obesity. Pickles are salty, limiting their value for patients with renal failure, cardiovascular disease or high blood pressure, and for smokers. In general, the consumption of pickles is likely to present risks to people with respiratory disorders such as asthma, and to those with gastrointestinal disorders.

References

- Akcay A., Tamay Z., Hocaoglu A.B., Ergin A., Guler N. (2014). Risk factors affecting asthma prevalence in adolescents living in Istanbul, Turkey. *Allergol Immunopathol (Madr)*. 42: 449-458.
- Bracken M.B., Belanger K., Cookson W.O., Triche E., Christiani D.C., Leaderer B.P. (2002). Genetic and perinatal risk factors for asthma onset and severity: a review and theoretical analysis. *Epidemiologic Reviews*. 24: 176-189.
- Rosenkranz R.R., Rosenkranz S.K., Neessen K.J. (2012). Dietary factors associated with lifetime asthma or hay fever diagnosis in Australian middle-aged and older adults: a cross-sectional study. *Nutrition Journal*. 11: 84.
- Subbarao P., Mandhane P.J., Sears M.R. (2009). Asthma: epidemiology, etiology and risk factors. *Canadian Medical Association Journal*. 181: 181–190.
- Woods R.K., Walters E.H., Raven J.M., Wolfe R., Ireland P.D., Thien F.C.K., Abramson M.J. (2003). Food and nutrient intakes and asthma risk in young adults. *The American Journal* of Clinical Nutrition. 78: 414-421.