



What makes
dairy an
essential part of
a **sustainable**
diet?

MEET the speaker

Abby Courtenay

Registered Dietitian



About Abby...

Bachelor of Dietetics

- University of Pretoria

Master of Nutrition

- University of Stellenbosch

- Nutrition education 
- Nutrition counselling 
- Clinical nutrition 
- **Pizza connoisseur** 



28 states in the USA have
an official state
beverage...

**21 of those
chose milk...**

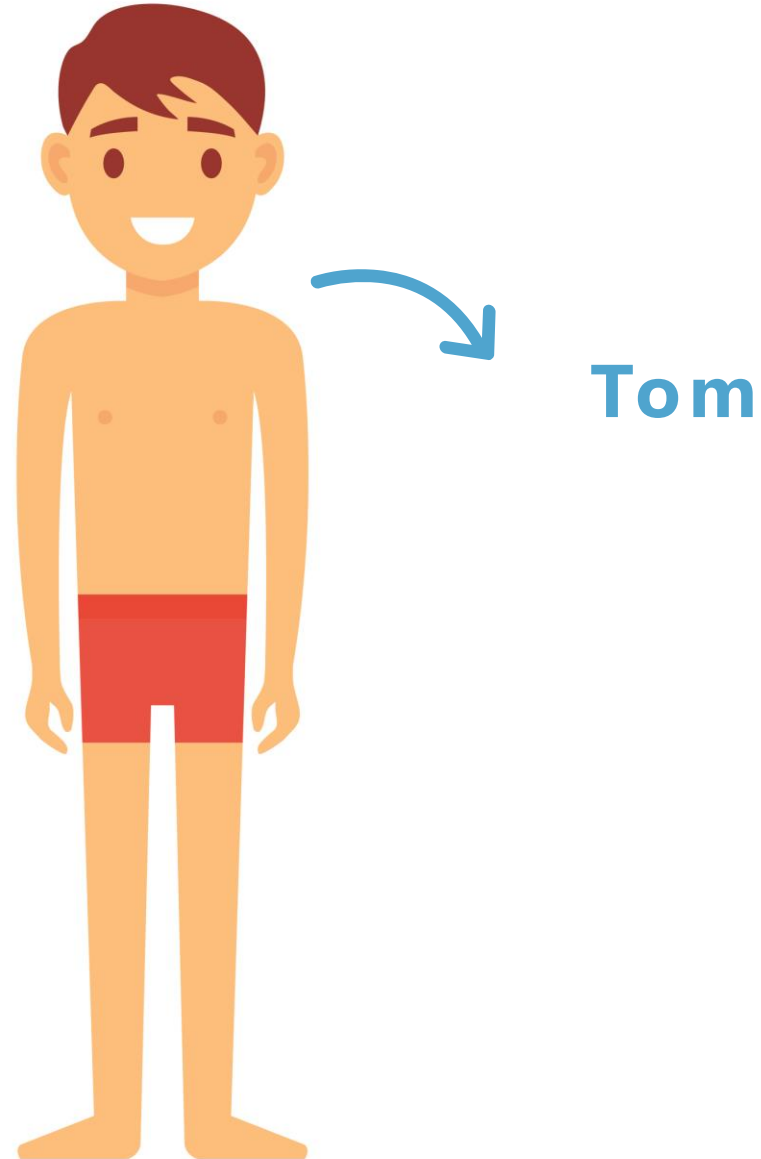
#DairyDay #Moorica

(Image: <https://www.teepublic.com/t-shirt/5093115-cow-moorica-american-flag-usa-4th-of-july-gift>)

How is

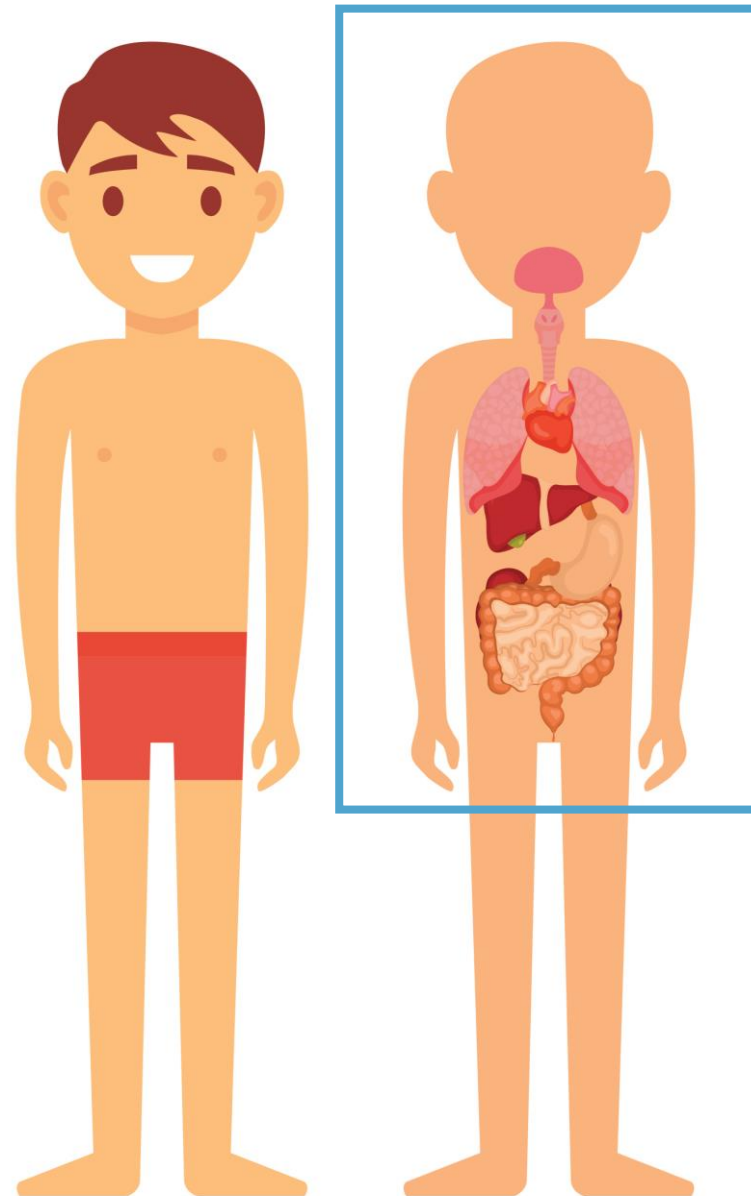
-
-
-
-
-
-

protein
digested?



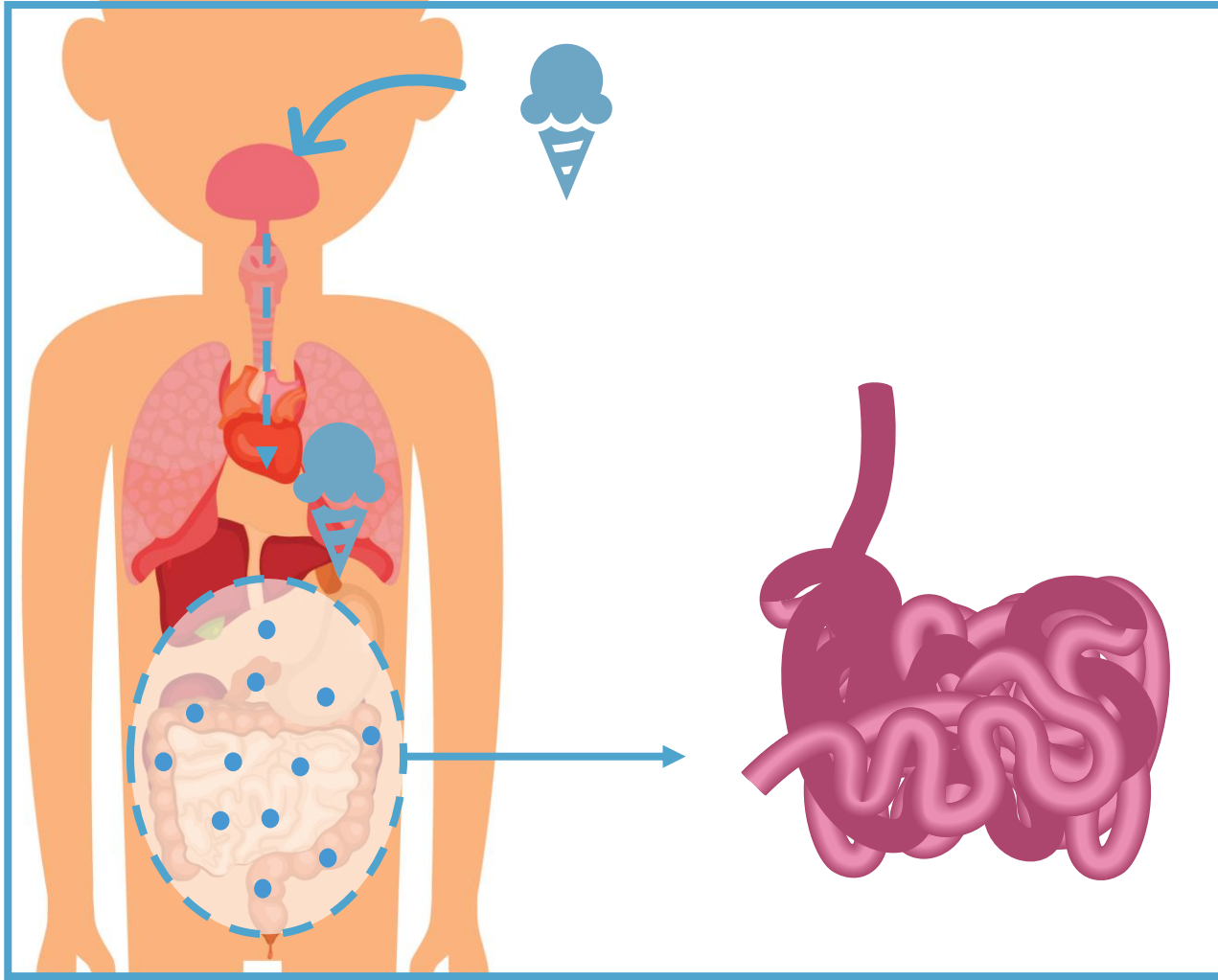
Tom

(Image: Shaw Academy Professional Diploma in Nutrition- Lesson 3)

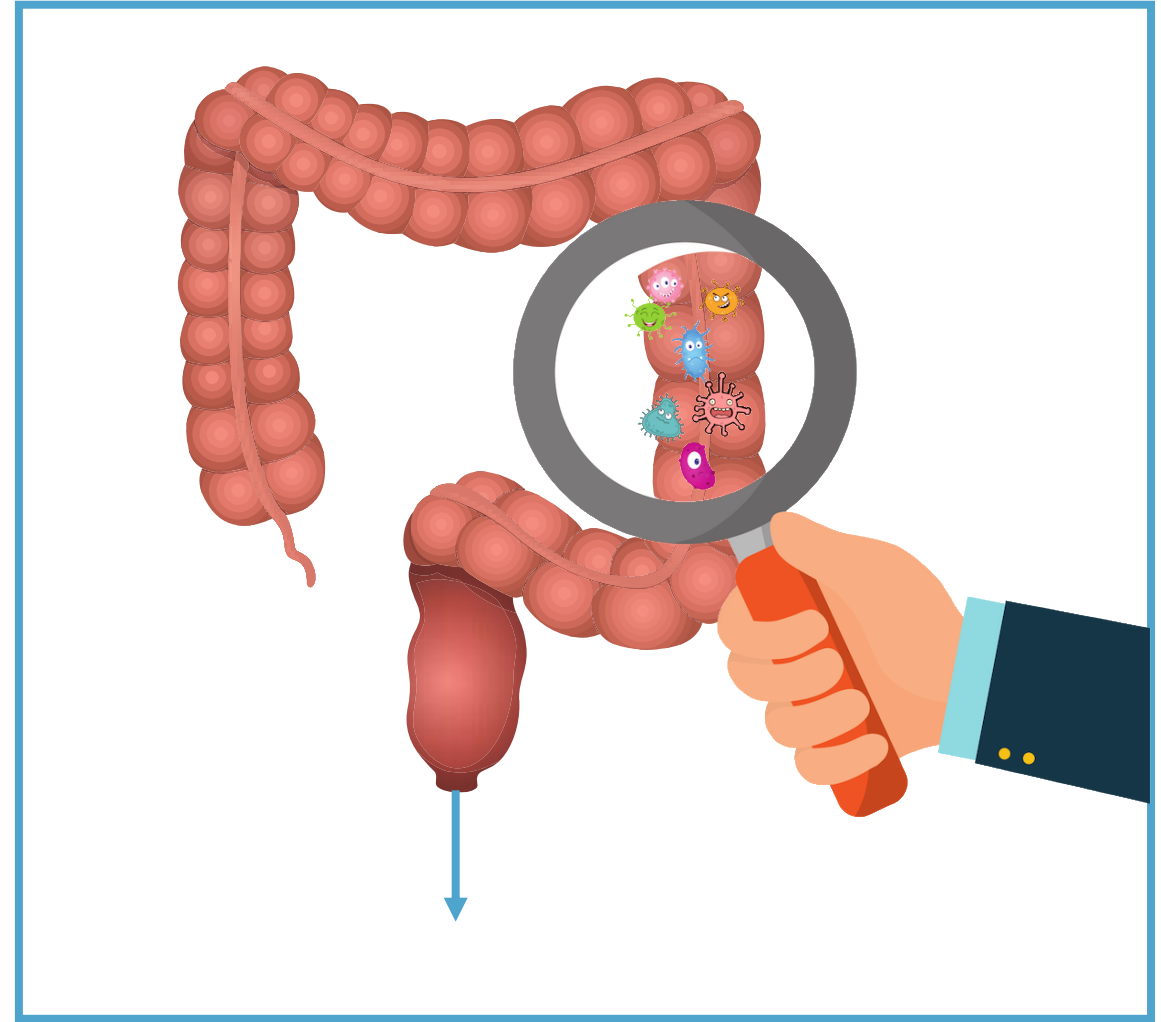


(Image: Shaw Academy Professional Diploma in Nutrition- Lesson 3)

'Ileal' digestibility

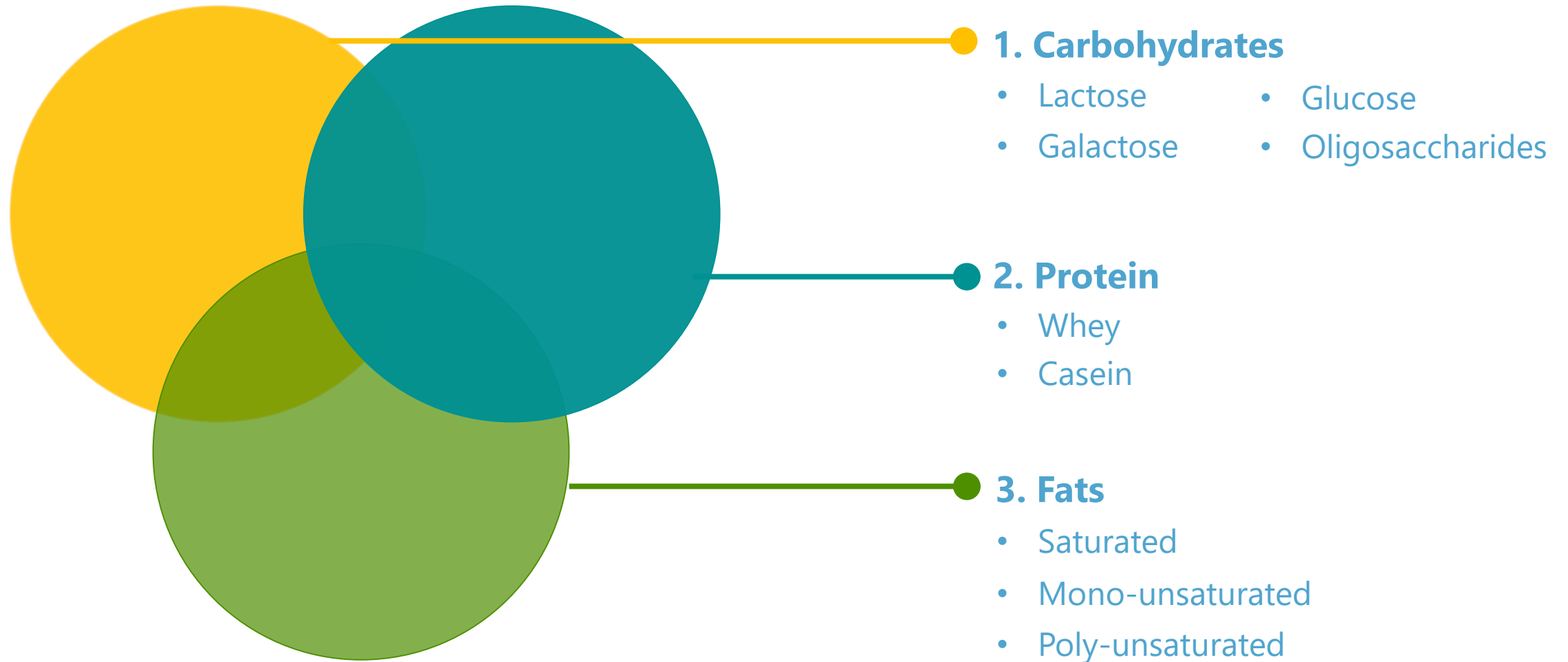


'Faecal' digestibility



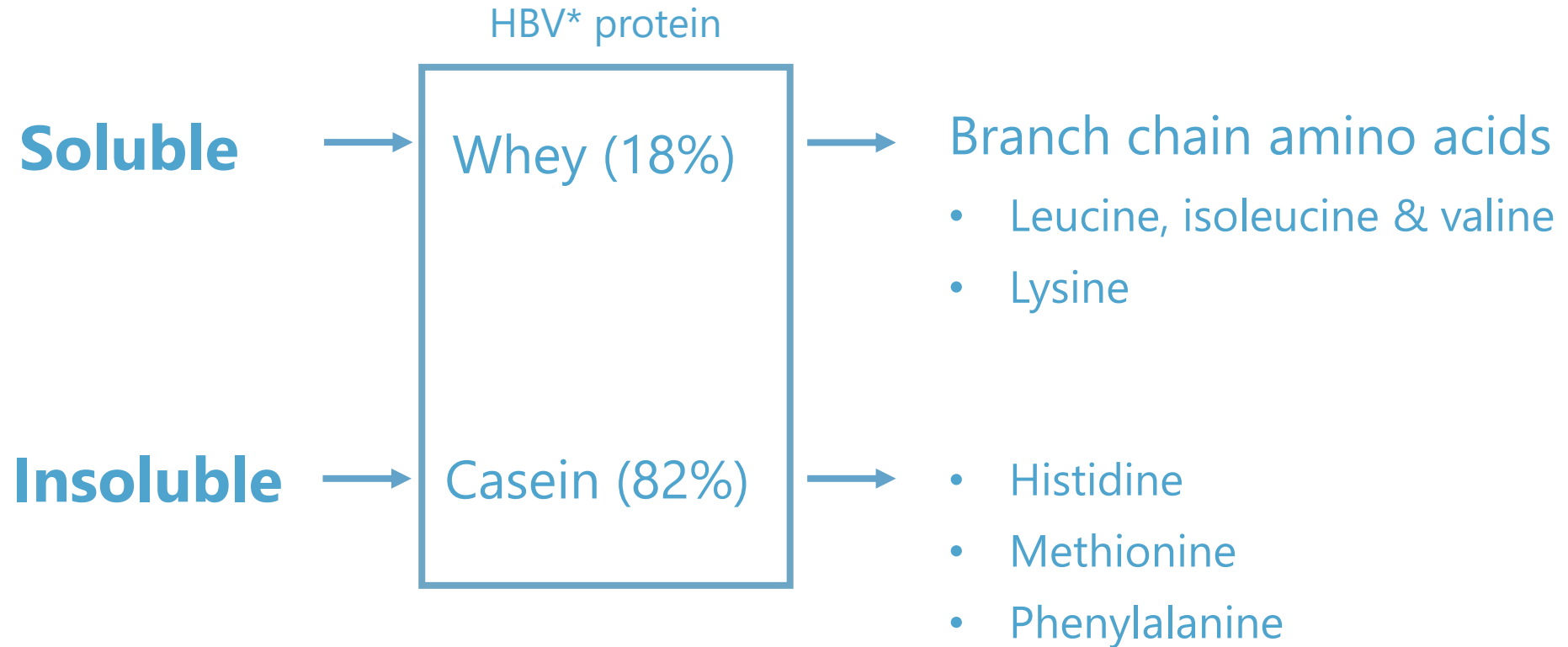
(Rediscoverdairy.co.za) (Wada & Lönnerdal, 2014) (Image: Shaw Academy Professional Diploma in Nutrition- Lesson 3)

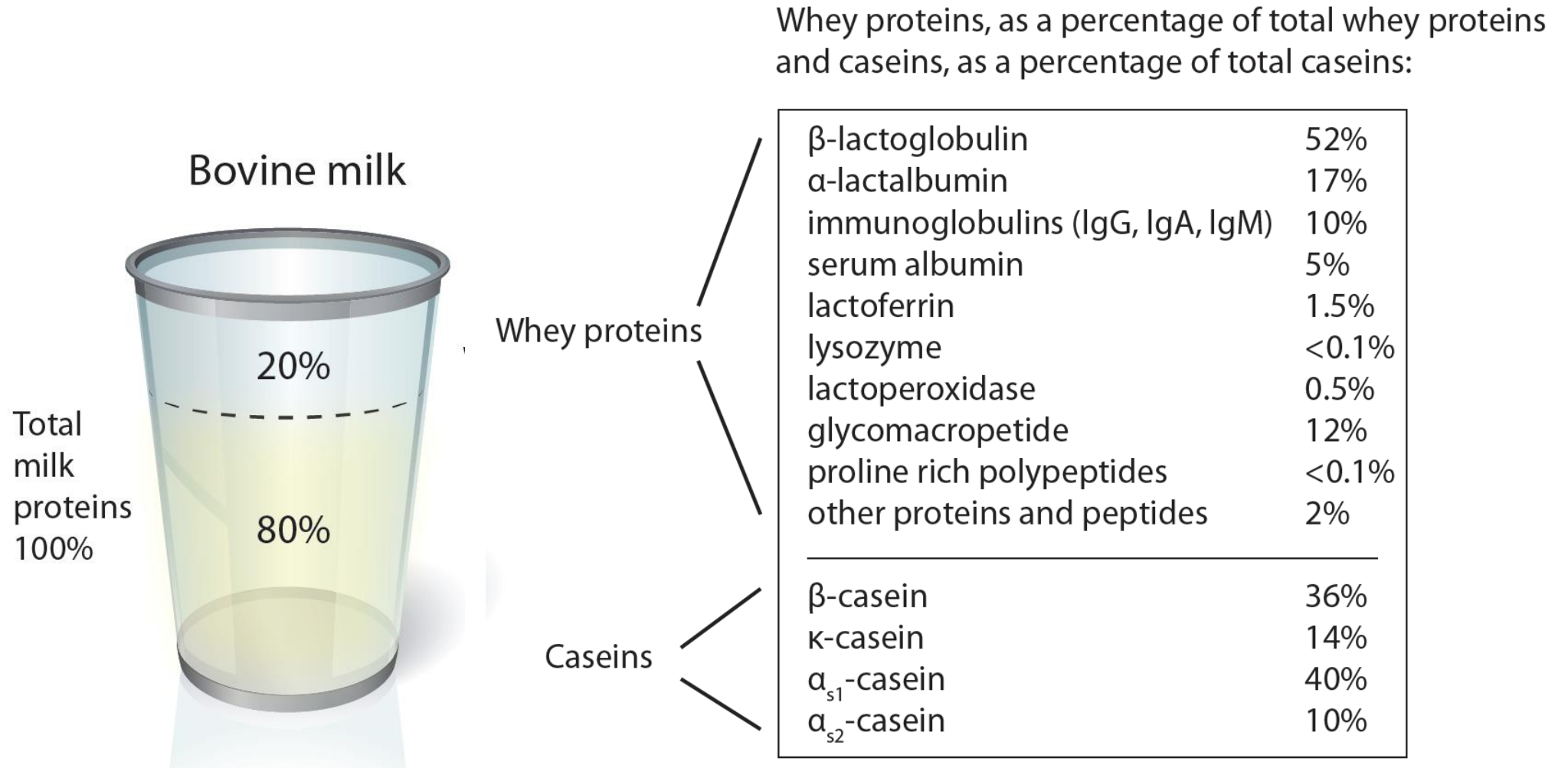
Milk composition



(Rediscoverdairy.co.za, 2019; Nongonierma and FitzGerald, 2015)

Milk protein composition





(Artym and Zimecki, 2013)

Non-specific milk proteins & health

- Hypertension

- Dyslipidaemia



- Whey as an ACE inhibitor

- Cardiometabolic effect: specifically **leucine**

- Mild hyperglycaemia

- Weight management



- Satiety

- Body composition

- Functions synergistically with physical activity

- Osteoporosis & bone health

(McGregor & Poppitt, 2013; Boye, 2012; Pal & Radavelli-Bagatini, 2013; Heaney & Layman, 2008)

Casein protein



- Predominant form of milk protein
- Alpha, **beta A1**, **beta A2** & kappa
- Beta-casein widely studied
 - **A1/ A2 hypothesis**
- A1 & A2 digested differently
 - A1 = Betacasomorphin 7 (**BCM-7**)
 - A2 = Betacasomorphin 9 (**BCM-9**)

(Rediscoverdairy.co.za; 2019; Pereira 2013; Aslam et al., 2019)

(Image: <https://www.africanewshub.com/news/4619399-milk-youve-never-heard-of-is-rocking-the-dairy-world>)

*Bioactive peptides

Beta casein: A1/ A2 hypothesis



* A1 and A2 proteins refer to A1 and A2 beta-casein protein types

- **A1** = histidine (His67)
- **A2** = proline (Pro67)
- A1 mutation from **Pro67 to His67**
- Most milk = A1 & A2 (depending on cattle's genetics)
 - Absent in **purebred Asian and African cattle**
 - Presence of His67 mutation in other mammals (including humans) is **rare**

(Brooke-Taylor et al., 2017) (Image: <https://www.a2milk.com/>)

South African dairy cattle & A2 milk production



- Guernsey (70%)
- Brown Swiss Jersey & Fleckvieh (50-60%)
- Holstein, Friesland & Ayshire (lowest)

(<http://www.a2dairy.co.za/a2-cows/>) (Image: <http://www.a2dairy.co.za/a2-cows/>)

Table 1 – Peptide sequences detected in human biological fluids (plasma, serum and milk) following the ingestion of bovine milk or dairy products.

| Parent protein | Peptide fragment | Peptide sequence ^a | Locus | Bioactive properties | Reference |
|-------------------|-------------------------------|---|----------------|-------------------------|-------------------------|
| α_{s1} -CN | 1–21 | RPKHPIKHQGLPQEVLNENLL | Plasma | n.d. | (Chabance et al., 1998) |
| | 1–23 | RPKHPIKHQGLPQEVLNENLLRF (isracidin) | Plasma | Antibacterial | (Chabance et al., 1998) |
| β -CN | 51–58 | YPFVEPIP (human β -casomorphin-8) | Plasma | Opioid | (Koch et al., 1988) |
| | 51–58 | YPFVEPIP (human β -casomorphin-8) | Milk | Opioid | (Renlund et al., 1993) |
| | 51–58 | YPFVEPIP (human β -casomorphin-8) | Serum and milk | Opioid | (Righard et al., 2014) |
| | 51–57 | YPFVEPI (human β -casomorphin-7) | Plasma | Opioid | (Kost et al., 2009) |
| | 60–66 | YFPFGPI (bovine β -casomorphin-7) | Plasma | Opioid | (Kost et al., 2009) |
| κ -CN | 106–117 | MAIPPKKNQDKT | Plasma | n.d. | (Chabance et al., 1998) |
| | 106–169 | Glycomacropeptide | Plasma | Antithrombic | (Chabance et al., 1995) |
| LF | 81–82 and 399–400 | IY | Serum | ACE inhibitor | (Foltz et al., 2007) |
| CN and whey | Diverse | LW | Serum | ACE inhibitor | (Foltz et al., 2007) |
| | Diverse | FY | Serum | ACE inhibitor | (Foltz et al., 2007) |
| | Diverse | IW | Serum | ACE inhibitor | (Foltz et al., 2007) |
| | (α -La and BSA) | | | | |
| | Diverse | AW | Serum | ACE inhibitor | (Foltz et al., 2007) |
| | Diverse | VY | Serum | ACE inhibitor | (Foltz et al., 2007) |
| | Diverse | IPP | Serum | ACE inhibitor | (Foltz et al., 2007) |
| | (β - and κ -CN) | | | | |
| | Diverse | LPP | Serum | ACE inhibitor | (Foltz et al., 2007) |
| | Diverse | IL | Plasma | n.d. | (Morifuji et al., 2010) |
| Diverse | VL | Plasma | n.d. | (Morifuji et al., 2010) | |
| Diverse | LL | Plasma | n.d. | (Morifuji et al., 2010) | |

^a Peptide sequence with the one letter amino acid code.

n.d.: not disclosed; ACE: angiotensin converting enzyme; BSA: bovine serum albumin; CN: casein; α -La: α -lactalbumin; LF: lactoferrin.

Bioactive peptides (BAPs)

- **Short chain peptides** with **multiple physiological functions**
- Milk & dairy are **largest contributor of BAPs** among food derived peptides
- Not biologically active in parent protein
 - Released through **enzymatic hydrolysis**
- Digestion depends on **BAP sequence**
 - May reach small intestine and be absorbed intact
 - Or degraded by GI enzymes or serum peptidase (in circulation)

(Aslam et al., 2019, Nongonierma and FitzGerald, 2011, Nongonierma and FitzGerald, 2015)

Potential benefits of BAPs

- May be used as **preventative/ prophylactic** agent to alleviate symptoms of various diseases
- **Potential benefit** would be high if benefits similar to drug counterparts
 - With **fewer/ no side effects**
- Notable examples include:
 - Angiotensin converting enzyme (ACE) inhibitory peptides **Ile-Pro-Pro** and **Val-Pro-Pro**
 - Antimicrobial [**lactoferrin- LF f(1–11)**] peptides
- Promising results, however with **multiple limitations**

(Rediscoverdairy.co.za; 2019; Pereira 2013)

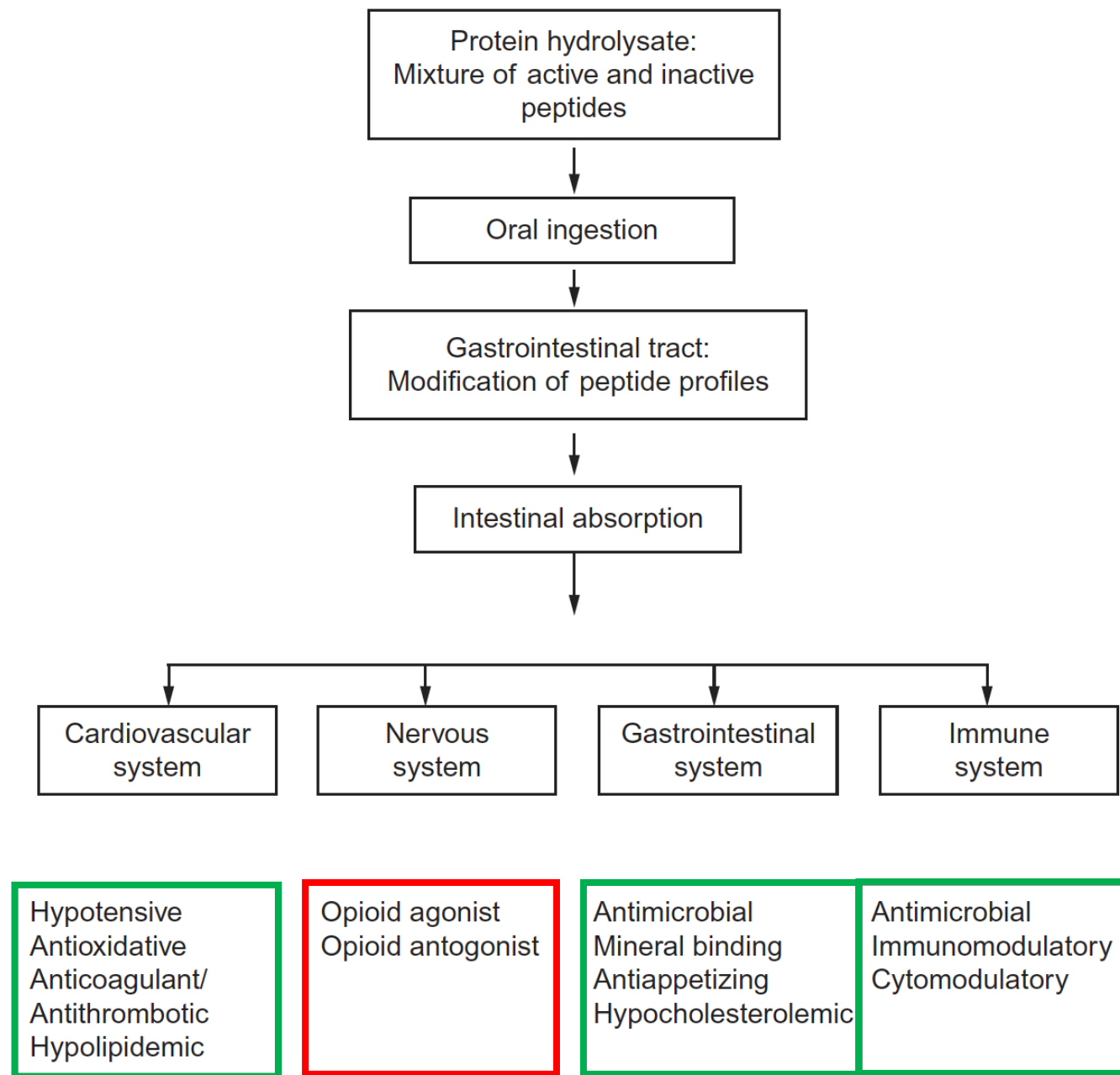
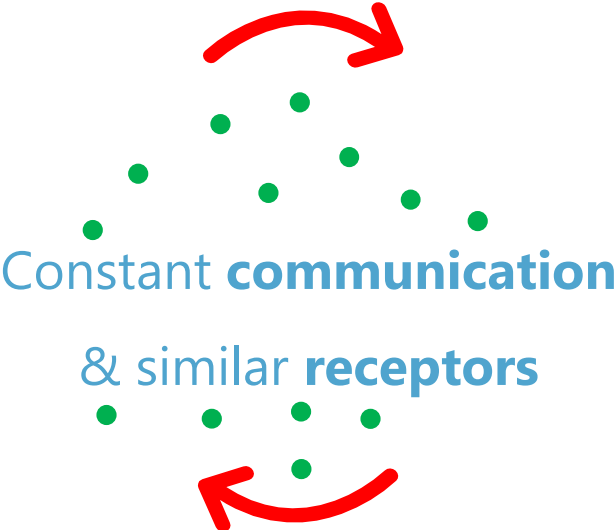
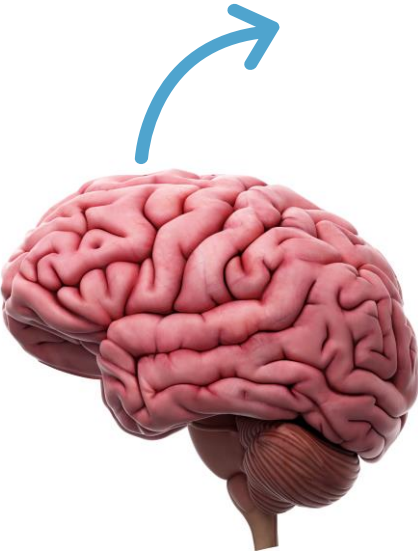


Fig. 1 Physiological effects of biologically active peptides derived from food proteins on major body systems.

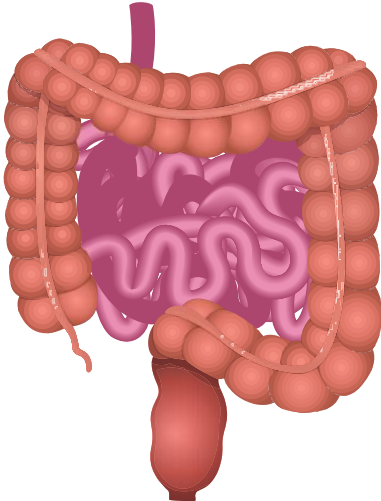
Opioid receptors: Neurologic & enteric response

First brain: a.k.a Central Nervous System



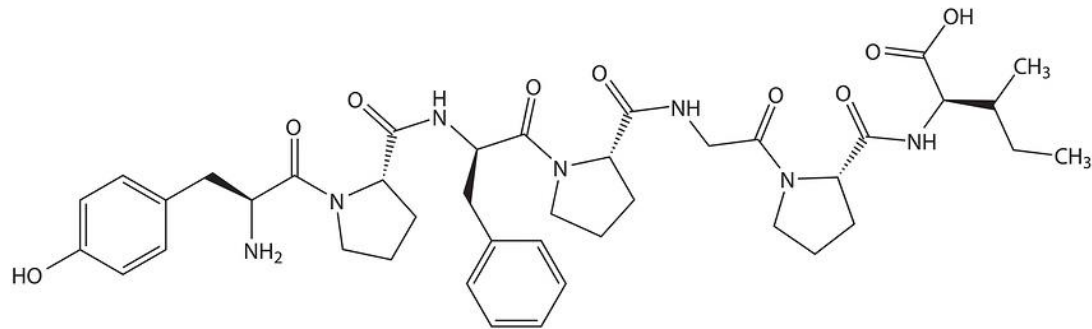
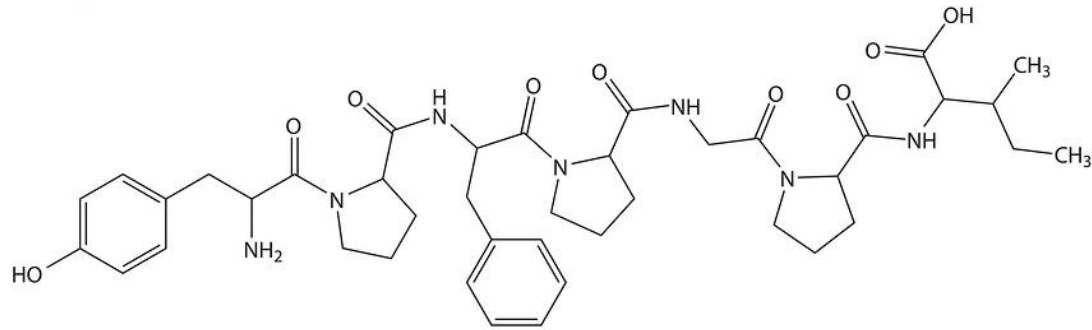
Second brain

a.k.a Enteric Nervous System



(Aslam et al., 2019)

Opioid peptides i.e. A1 / BCM-7



BCM-7 peptide

- **Epidemiological/ animal** data
- May be linked to pathophysiology of various **disease**
- E.g. CVD, T1DM & neurological ds
- **GIT disturbances:**
 - Resemble lactose intolerance:
 - Reduced gut motility, inflammation, post-dairy digestive discomfort & reduced cognitive processing

(Aslam et al., 2019; Jianqin et al., 2015)

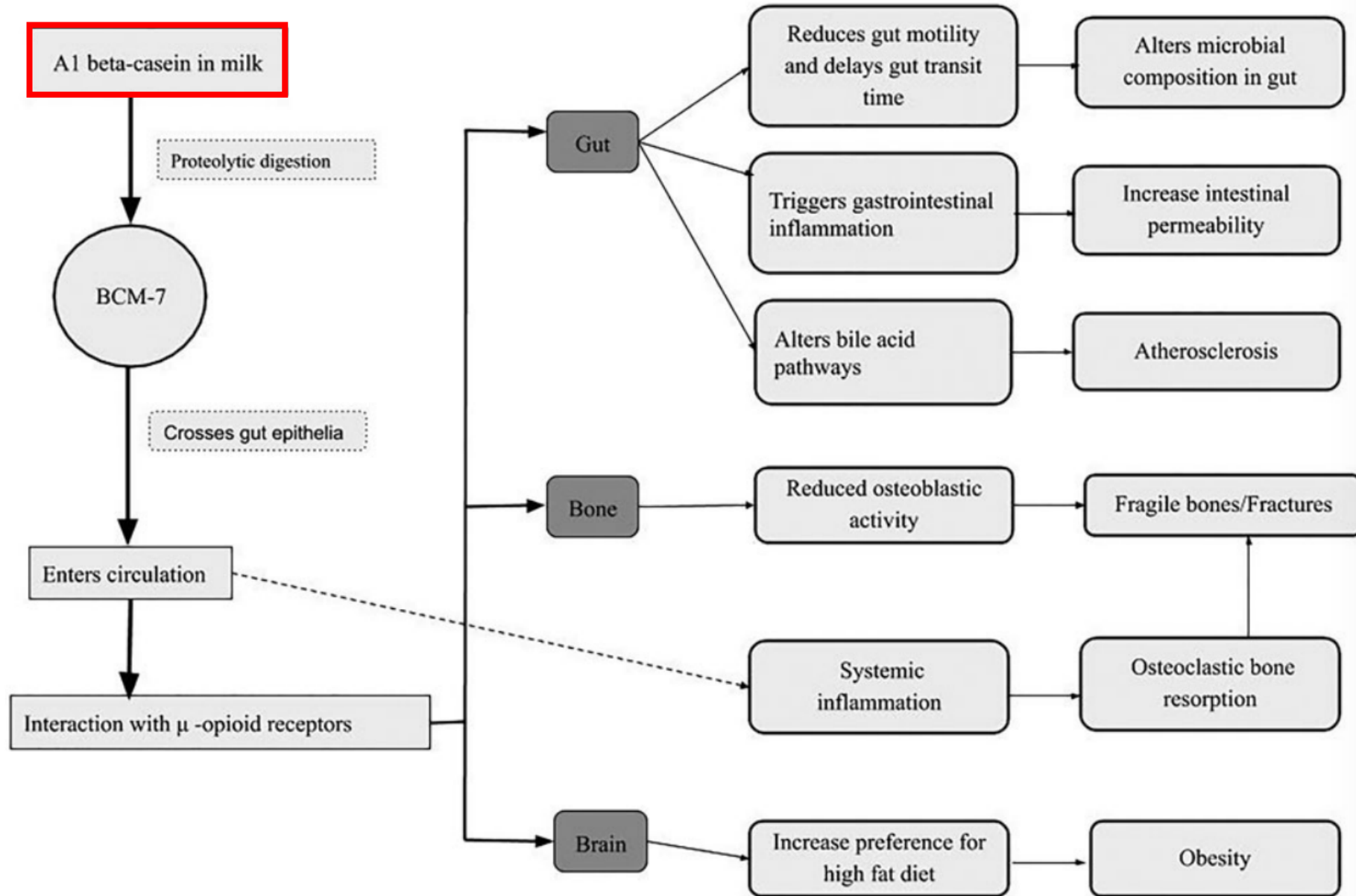


Figure 1. Potential pathways by which milk opioid peptides may influence physiological functions.

A1/ A2 casein protein: Human studies



- A1 delays **intestinal transit**
- Digestive **discomfort**
 - For A1, not A2
- Looser **stool consistency**
- A2 = Greater increase in plasma **glutathione** production
- Further research needed
 - A1 relative to A2 in different populations & dietary settings

(Brooke-Taylor et al., 2017; Jianqin et al., 2015; Ho et al., 2014, Deth et al., 2015)

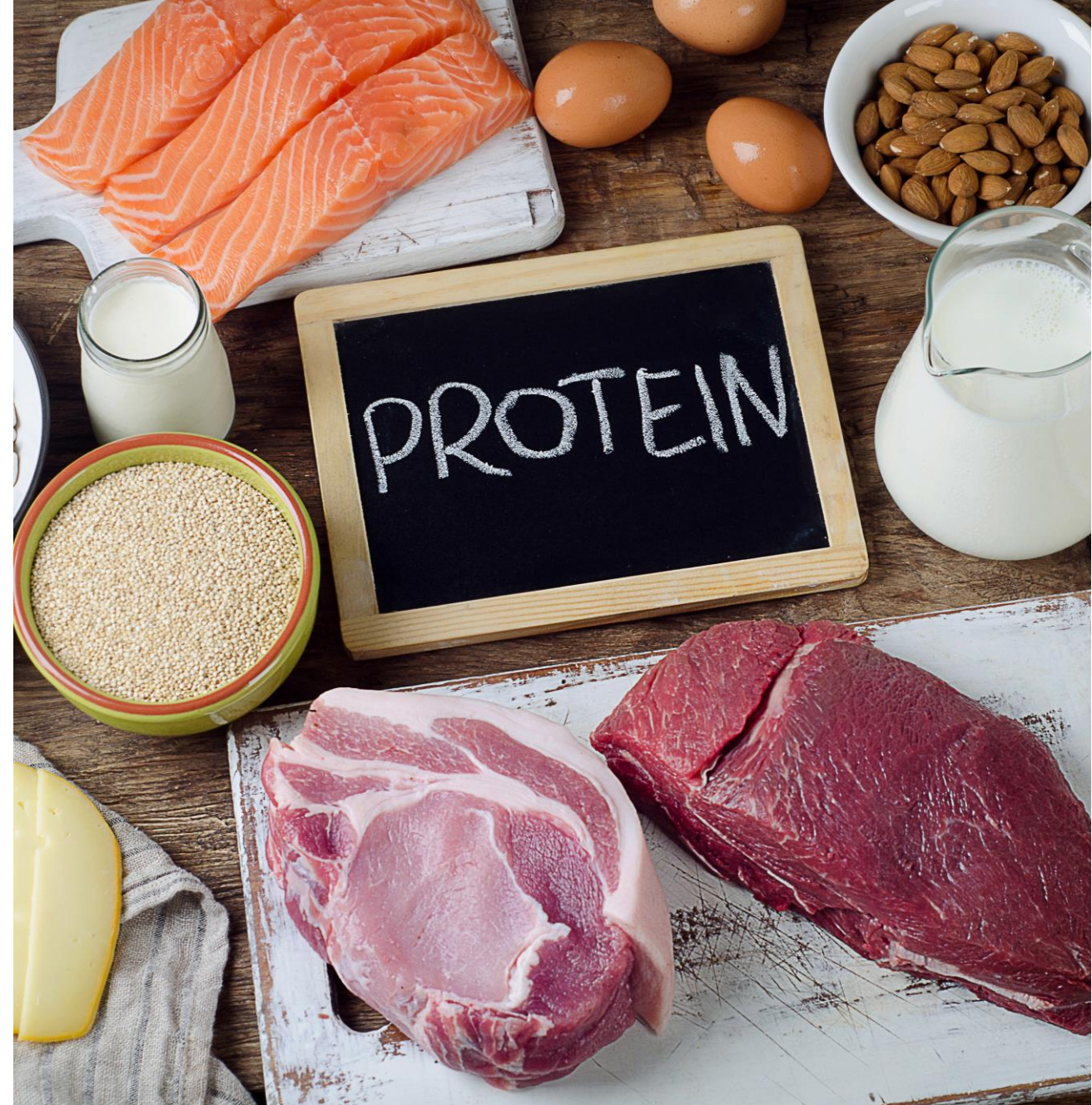
Protein quality

Define:

“Ability of a food protein to meet the **metabolic demand** of the (human) body for **amino acids & nitrogen**”

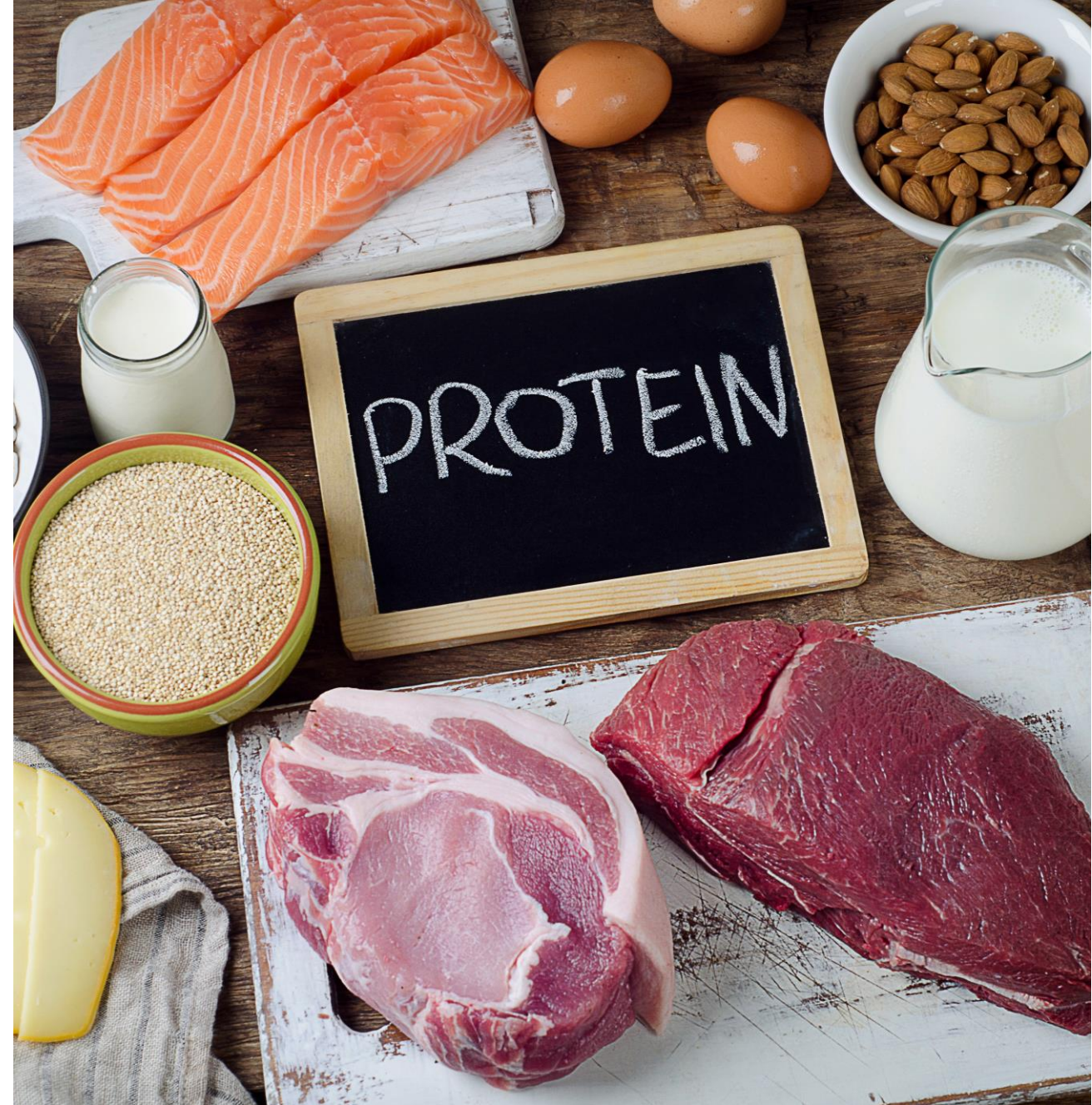
- Different criteria & markers can be used
- Physiological criteria such as digestibility & bioavailability are core concepts
- Protein digestibility-corrected amino acid score (PDCAAS) widely used

(Boye et al, 2012)



PDCAAs limitations

- Does not account for **biological value** > 1
- Supplementation power values (**SP values**)
- Milk protein = **supply limiting AA**
- AA **availability** not accounted for
- **Anti-nutritional factors** not taken into consideration
- **THUS:** Milk protein **better quality** than originally predicted by uncorrected PDCCs



(Boye et al, 2012)

Protein requirements

Define:

“The **lowest level** of **dietary** protein intake that will **balance the losses of nitrogen** from the body and thus **maintain** the body’s **protein mass** in persons at **energy balance** with **modest levels of physical activity.**”

Concerns:

- Poor protein quality = high energy intake
- Essential amino acid recommendations for children more than previously thought
- Based on ‘ideal’ conditions

(WHO/FAO/UNU, 2007; Uauy, 2013a:228; Pencharz, 2013:238; Millward & Jackson, 2003; Kurpad, 2013:235)



Malnutrition

& protein

- 1955 = UN **Protein Advisory Group** (PAG)
- 1974 = The **Great Protein Fiasco** (The Lancet)
- Sufficient **energy** was proposed as main concern
- Newer research affirms **importance of protein** in preventing malnutrition
- **Micronutrient** malnutrition
 - Little/ no effect on linear growth

(Semba, 2016)

Malnutrition in Southern Africa

- Protein deficiency is associated with the prevalence of **stunting**
 - Malawi: stunted children had 10-20% lower [serum] of all 9 EAA*
 - Considerably lower conditionally essential AA* (arginine, glycine & glutamine) & NEAA (asparagine, glutamate & serine)
- Staple foods in S.A like **maize** are deficient in **tryptophan & lysine**
 - Lysine requirements increase ~20% with intestinal parasitic infection

Mechanistic Target of Rapamycin Complex 1 (mTORC1)

- Availability of amino acids is sensed via the master growth regulatory pathway of the cell the mechanistic target of rapamycin complex 1 (**mTORC1**)
- Integrates **environmental cues** to regulate growth and homeostasis
 - Nutrients, growth factors, oxygen & energy
 - Will **repress** protein & lipid synthesis and cell and organismal growth when amino acids are deficient



Malnutrition

& cow's milk protein

- Improves protein **quality**
- **Metabolic** advantages
- Improved **linear growth** without excessive adipose deposition & improved **muscle mass** & **functional test scores**
- **Anti-nutritional effects** are reduced
- **Intolerance** to be a consideration (A1/ A2?)

(Michaelsen, 2013a:249 Tome, 2013; Uauy, 2013b:259; Allen, 2013:265; Gilani et al, 2012a; Hoppe et al, 2009)



Thank you!

References*

*All articles available on request

Artym, J. and Zimecki, M. (2013). Milk-derived proteins and peptides in clinical trials. *Postępy Higieny i Medycyny Doświadczalnej*, 67, pp.800-816.

Allen L. Comparing the value of protein sources for maternal and child nutrition. *Food Nutr Bull* 2013;34(2):263-266.

Brooke-Taylor, S., Dwyer, K., Woodford, K. and Kost, N. (2017). Systematic Review of the Gastrointestinal Effects of A1 Compared with A2 β -Casein. *Advances in Nutrition: An International Review Journal*, 8(5), pp.739-748.

Deth, R., Clarke, A., Ni, J. and Trivedi, M. (2015). Clinical evaluation of glutathione concentrations after consumption of milk containing different subtypes of β -casein: results from a randomized, cross-over clinical trial. *Nutrition Journal*, 15(1).

Gilani GS, Xiao CW, Cockness KA. Impact of antinutritional factors in food proteins on the digestibility of protein and the bioavailability of amino acids and on protein quality. *Br J Nutr* 2012a;108:S315-S332.

Ho, S., Woodford, K., Kukuljan, S. and Pal, S. (2014). Comparative effects of A1 versus A2 beta-casein on gastrointestinal measures: a blinded randomised cross-over pilot study. *European Journal of Clinical Nutrition*, 68(9), pp.994-1000.

Hoppe C, Andersen GS, Jacobsen S et al. The use of whey or skimmed milk powder in fortified blended foods for vulnerable groups. *J Nutr* 2008;138:145S-161S.

Jianqin, S., Leiming, X., Lu, X., Yelland, G., Ni, J. and Clarke, A. (2015). Erratum to: 'Effects of milk containing only A2 beta casein versus milk containing both A1 and A2 beta casein proteins on gastrointestinal physiology, symptoms of discomfort, and cognitive behavior of people with self-reported intolerance to traditional cows' milk'. *Nutrition Journal*, 15(1).

Kurpad A. Overview of changing protein and amino acid requirements and application to pregnancy requirements. *Food Nutr Bull* 2013;34(2):234-236.

Michaelsen KF. Cow's milk in the prevention and treatment of stunting and wasting. *Food Nutr Bull* 2013a;34(2):249-251.

Millward JD, Jackson AA. Protein/energy ratios for current diets in developed and developing countries compared with a safe protein/energy ratio: implications for recommended protein and amino acid intakes. *Publ Health Nutr* 2003;7(3):387-405.

Nasri, M. (2017). Protein Hydrolysates and Biopeptides. *Advances in Food and Nutrition Research*, pp.109-159.

Nongonierma, A. and FitzGerald, R. (2015). The scientific evidence for the role of milk protein-derived bioactive peptides in humans: A Review. *Journal of Functional Foods*, 17, pp.640-656.

Pencharz P. Methodology for evaluating protein quality and implications of requirements for product fortification. *Food Nutr Bull* 2013;34(2):237-239.

Pereira, P. (2014). Milk nutritional composition and its role in human health. *Nutrition*, 30(6), pp.619-627.

Rediscoverdairy.co.za. (2019). *Dairy | Nutrient Components of Dairy | Rediscover Dairy*. [online] Available at: <http://www.rediscoverdairy.co.za/nutrition-health-wellness/dairy-based-nutrition-4/nutrient-components-of-dairy/> [Accessed 14 Aug. 2019].

Tome D. Digestibility issues of vegetable versus animal proteins: protein and amino acid requirements – functional aspects. *Food Nutr Bull* 2013;34(2):272-274.

Uauy R. Improving linear growth without excess body fat gain in women and children. *Food Nutr Bull* 2013b;34(2):259-262.

Uauy R. Keynote: Rethinking protein. *Food Nutr Bull* 2013a; 34(2):228-231.

Wada, Y., & Lönnerdal, B. (2014). Bioactive peptides derived from human milk proteins – mechanisms of action. *The Journal of Nutritional Biochemistry*, 25, 503–514.

WHO/FAO/UNU. Protein and amino acid requirements in human nutrition: report of a joint WHO/FAO/UNU expert consultation. WHO Technical Report Series 935. Geneva. FAO/WHO/UNU, 276. 2007.