



..... Nutrition

in rheumatoid arthritis

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Dear Patient,

For many affected people, the diagnosis of **inflammatory joint or inflammatory spinal disease** leads to a radical life change that triggers questions and worries and potentially leads to anxiety.

The good news is that, in many cases, modern medicine can reduce the symptoms of these diseases and prevent subsequent damage. Nevertheless, many patients ask **what they can do to have a positive impact on the progression of the disease through adaptations of their current lifestyle**. Is it perhaps possible to avoid taking medications if you keep to a consistent diet? Can symptoms be resolved by “detoxifying” or “cleansing” measures? Do nutritional supplements help?

You might also ask whether you’ve made **mistakes in diet** or other lifestyle habits in the past that may have contributed to the development of the disease.

This brochure is intended to provide you with an overview of the currently known facts regarding **nutrition in rheumatoid arthritis**, and to provide answers to frequently asked questions. Even if this brochure is not a scientific work in the strict sense, the **statements are based on verified findings of modern scientific medicine**.

We **hope you enjoy reading** it and wish you every **success in following the recipes**.

Prof. Dr med. Gernot Keyßer

Are there correlations between diet and the development of rheumatic diseases?

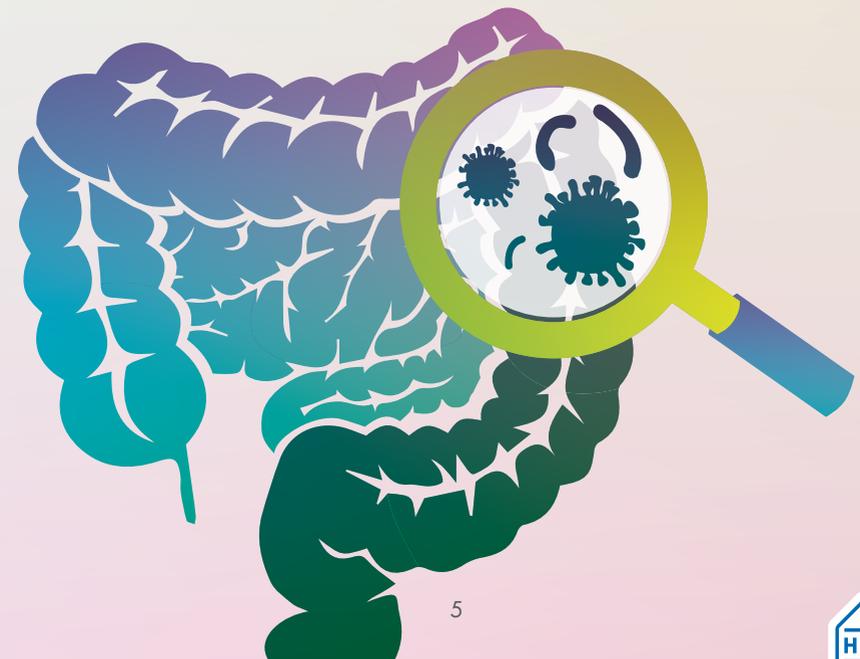
For years, scientists from all over the world have been studying our **microbiome**. The microbiome refers to the totality of the **microorganisms** living in and on the body. In particular our intestines, but also our skin, the oral cavity and many other parts of the body are inhabited by large amounts of bacteria and fungi that perform numerous, often vital functions. This means that disorders of the microbiome may promote inflammatory diseases.

People with different diets also differ from each other in terms of the microbiome. In some rheumatic diseases, **including rheumatoid arthritis**, there are **initial indications of a correlation between the microbiome and the disease**. Admittedly, we are still far from being able to treat rheumatic diseases in a targeted way through precise interventions in the microbiome.

However, we are increasingly improving our knowledge of the effects of our diet on the risk of rheumatic diseases. In recent years, an American study has demonstrated that **a healthy diet can noticeably reduce the risk of rheumatoid arthritis**. Women who followed a longstanding, healthy diet were compared to those who ate an unhealthy diet over the same period.

A high proportion of **whole grain products, nuts, fruit, vegetables and vegetable oils and fats** in the diet were considered to be healthy. Minor alcohol consumption was also classified as healthy; this meant a maximum (!) intake of one small beer (250 ml) or half a glass of wine (100 ml) on a maximum of 5 days per week.

A high proportion of red meat (e.g. pork and beef), as well as soft drinks, salt and saturated fats (butter and lard) were classified as unhealthy. In the aforementioned study, people with a healthy diet had a measurably lower risk of rheumatoid arthritis.





Expressed in numbers: if 3 in 300 people with an unhealthy diet develop rheumatoid arthritis during their life, only two with a healthy diet develop the disease. However, smoking increases the risk of rheumatoid arthritis more than unhealthy nutrition. In recent years, it has become clear that smokers who also eat unhealthy foods further significantly increase their risk of developing the disease. This is especially true for the combination of smoking and obesity, as well as smoking and a very salty diet.

In spite of these clear numbers, people who have never smoked and always eaten healthily can, of course, also develop rheumatoid arthritis – in the same way that a seatbelt in a car reduces the risk of accidents, but does not completely eliminate them.



I was diagnosed with rheumatoid arthritis. Can I avoid taking medication through changes to my diet?

Rheumatism therapy isn't about treating the symptoms either with classic "conventional medicine" or with dietary change. **Modern rheumatism medications are effective and tolerable** – and they protect against **side effects** of the disease:

- Joint damage
- Pain
- Fatigue
- Shortened life expectancy

Nutritional therapy alone cannot sustainably improve the progression of the disease, especially not in acute relapse situations. According to current knowledge, it also does not protect against joint damage. In addition, a radical change in diet may represent a major impingement on quality of life; this means that even harmful effects cannot always be ruled out.

Therefore, rheumatism patients should avoid any extremes in their diet. Each diet should also be wholesome; i.e. containing all essential substances in the right amount, in the right ratio and in the right form.

Before addressing the significance of individual dietary forms for the activity of inflammatory joint diseases, some important terms are explained:

Mediterranean cuisine ...

... or a Mediterranean diet describes a diet that was practised about 100 years ago in some countries of the Mediterranean region. A **high proportion of vegetables and fruits** on the menu is characteristic. **Fish and seafood are important sources of protein**. It also includes **nuts and whole grain products**. Red meat is eaten only sparingly. Dairy products are enjoyed especially in low-fat forms: yogurt, cheese, quark. In addition, there is seasoning with plenty of **herbs and spices** to promote digestion. A key source of fats is **olive oil**. Sugar is replaced by dried fruits and honey; red wine is served with meals.



Vegetarianism ...

... or a vegetarian diet does **not include meat, fish and meat products** such as sausage or ham. The consumption of eggs and milk, as well as dairy products, is permitted (lacto-ovo vegetarianism).



Veganism ...

... **does not include any foods that contain animal ingredients**. Vegans therefore do not consume eggs or milk, and also do not consume honey. Nor do they consume products containing gelatine. This dietary form **requires the supplementation of vitamin B12**, which is exclusively contained in animal products. The sources of protein are soya products and pulses. A deficiency of vital protein components (essential amino acids) is possible in cases of improper nutrition.



Gluten-free diet ...

... **excludes all cereal products that contain gluten**, the so-called "adhesive protein". These include, in particular, wheat, rye and barley. This form of diet is required in patients with coeliac disease, i.e. congenital or acquired hypersensitivity to gluten, but is also preferred by some non-sufferers of the disease.



Hypoallergenic diet forms ...

... avoid **food components that could trigger allergies**. Before starting such a diet, people affected are often tested for food allergens, which are then eliminated from the diet.



Is one of the presented diet forms suitable as a rheumatism diet?

There are scientific studies on rheumatism patients for most of the diets presented. **The best-founded studies are for the Mediterranean diet.** This works for rheumatism patients in two different ways. Firstly, it was shown that patients with rheumatoid arthritis who ate a Mediterranean diet after intensive instruction over several months felt somewhat better with regard to their joint pain than patients who ate regular food. Although the improvement did not reach the scale that is achieved with one of the new rheumatism drugs, a supportive effect is to be assumed.

The aspect of Mediterranean cuisine that is assumed to be most important is that **this lifestyle has been shown to reduce the risk of heart attack and stroke.** These two problems occur significantly more frequently in people with rheumatoid arthritis than in healthy people. Therefore, patients with rheumatoid arthritis can be recommended this diet. However, if you try the meals listed in the recipes, you will notice that Mediterranean cuisine is not the same as the dishes that are often served today in Greek or Italian restaurants.

Pepperoni pizza, tiramisu or gyros with tzatziki are often no better than fast food in their nutrient composition.

Good to know:

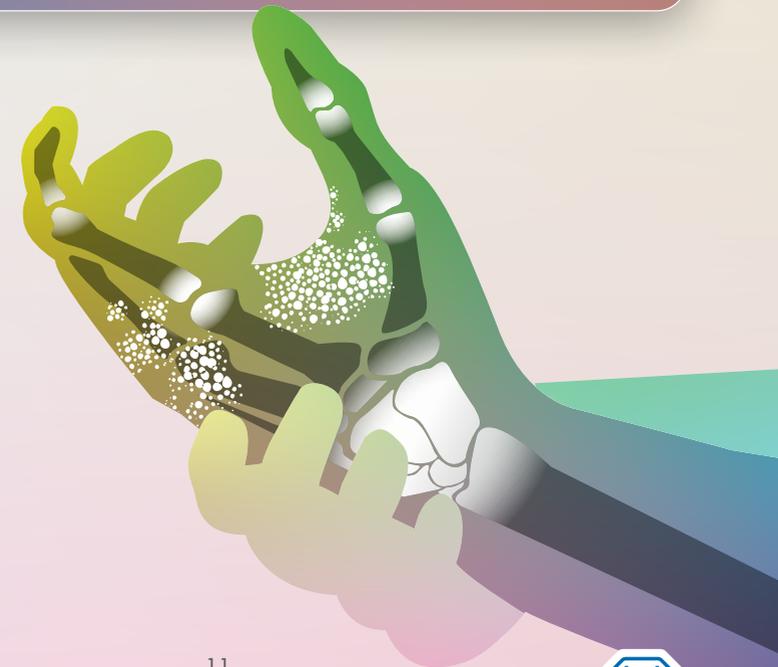
Well-prepared Mediterranean cuisine is tasty and varied; you won't lose the joy of good food!

Are there individual "good" and "bad" foods for my disease?

In practice, rheumatologists repeatedly observe patients who report more joint pain and swelling after ingestion of certain foods and drinks. However, very different examples are given: meat, but also confectionery, wine, soft drinks, citrus fruits or coffee. Other patients notice an improvement with some foods.

Therefore:

If you notice an increase in joint pain under a certain diet, this should be taken seriously. Discuss with your doctor whether you should avoid the relevant foods.



As a rheumatism patient, should I aim for a gluten-free diet?

A gluten-free diet is vital for patients with **gluten intolerance (coeliac disease)**. Patients with rheumatism may also suffer from coeliac disease, but this is rarely the case. If there is no coeliac disease, a gluten-free diet is not required. A benefit has not been proven; a gluten-free diet often contains too few vitamins and minerals. In addition, it is generally more expensive than conventional food.

The biggest disadvantage is that a **gluten-free diet also excludes whole grain products** and therefore lacks an important source of **fibre**. These substances are not absorbed by the intestine, but are excreted undigested. They have important functions:

Fibre binds to water, increases the amount of stool, and stimulates bowel activity. In addition, a better filled intestine increases the feeling of satiety, providing an "eating brake" against weight gain. It also ensures the delayed release of sugars into the bloodstream, thereby reducing the risk of diabetes.



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My partner is suffering from gout and is supposed to follow an appropriate diet. Do the same principles also apply to me as a rheumatism patient?

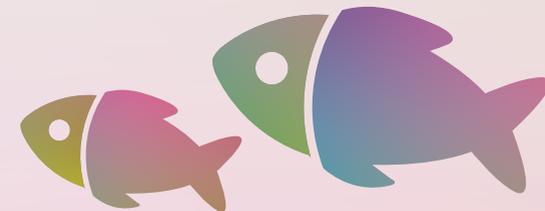
Gout is caused by the accumulation of excess uric acid in the body. Uric acid crystals can lead to severe joint inflammation and kidney stones. This substance is found as an end product in food components mainly contained in meat and offal. Alcohol and soft drinks can increase the risk of gout.

The diet recommendations for rheumatoid arthritis and gout contain many similarities:

- Restriction of meat consumption
- Significant restriction of alcohol intake
- Avoidance of highly sweetened drinks
- Focus on fruit and vegetables

However, the recommendations are not completely identical:

Fish and seafood are good for rheumatoid arthritis patients; they can be problematic for gout patients.



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A friend recommended fasting to me as a way of detoxifying. Is that helpful for me as a rheumatism patient?

There are actually scientific studies on the **effects of short fasting periods (1 – 2 weeks)**. Such measures were performed on patients with mild and stable rheumatoid arthritis. A **slight reduction in joint pain** was noted; **however, there was no fundamental improvement in disease activity**.

Even if the idea of “cleansing” or “detoxifying” through fasting sounds plausible, the effect of food withdrawal is not guaranteed to lead to this. Rheumatoid arthritis is not “poisoning” and it has not yet been proven that fasting actually removes toxins from the body.



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It is certain that a **fasting cure releases an increase in the body's own anti-inflammatory substances (glucocorticoids)**, which means a similar effect to fasting could probably also be achieved with prednisolone therapy. One reason for fasting is sometimes the hope to get rid of excess pounds.

Expectations should not be set too high here:

the weight loss occurs in the first few days, mainly due to bowel movements. In parallel, short-term available energy storage systems, e.g. in the liver, are broken down. Unfortunately, fat reserves are only mobilised later. However, fasting can lead to the breakdown of protein from muscles, bones and other tissues. This is an absolutely undesirable effect with active rheumatoid arthritis.

Therefore ...

... fasting cures are at most recommended in overweight patients with stable rheumatoid arthritis. These treatments should be performed by physicians with experience in diet therapy.

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Nutritional supplements for rheumatism and osteoarthritis are often advertised with the addition “Clinically tested”. Are these products recommended?



The most important advice on this topic:

Talk to your rheumatologist about this. The newspapers repeatedly circulate news about alleged “super foods” or dietary supplements, which are supposed to have astonishing effects in patients with joint pain. The ingredients often sound exotic, come from distant countries and contain mysterious recipes.

Information such as “Clinically tested!” or “Scientifically tested!” does **not say anything about how this test was performed**, and whether the measured effects for the individual patient are actually helpful.

In principle ...

... all the necessary substances that we need to live should come from our normal daily diet. Dietary supplements are required in only a few cases, such as where iron deficiency is present, or if vitamin D is prescribed to protect the bones during prednisolone therapy. You do not have to buy such products yourself, because these products are reimbursed by the health insurance companies.

Patients who suffer from pain but who do not want to take any commercially available painkillers may be able to try treatment with **fish oil capsules or other products** that contain polyunsaturated omega-3 fatty acids such as EPA and DHA¹. These preparations can be shown to relieve pain if they are taken at a sufficiently high dose (at least 2.5 to 3 grams of EPA and DHA) and for a long enough period (2 – 3 months).

¹ EPA: eicosapentaenoic acid, DHA: docosahexaenoic acid



How much meat should I eat as a rheumatism patient? As a chronically ill person, do I not need a lot of animal protein?

Sufficient **protein intake** does **not have to be obtained exclusively via animal protein**. Many plant-based foods contain significant amounts of protein. These include **soya products, oats, linseed and nuts**, but also **legumes, chard and fennel**. The protein content of potatoes is not high, but the protein contained in them is very valuable.

In animal food, "red" meat (i.e. pork, beef and game) can only be enjoyed with caution, due to the often high proportion of inflammatory omega-6 fatty acids. Meat products such as sausages and ham should be regarded with particular caution, as these can contain a lot of salt – a factor for the development of high blood pressure.

However, an **exclusively plant-based (vegan) diet is not recommended for rheumatic patients**. In a diet that focuses on plant-based products, but does not cut out dairy products and eggs and is essentially limited to one meat meal per week, no lack of protein caused by nutrition is to be expected.



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I always read that rheumatism patients should eat fish and take fish oil capsules. But I can't stand fish. Is there any other solution for me?

Fish and fish oil capsules contain fatty acids that belong to the dietary fats. There are generally two sides to these: they are good energy suppliers and ensure the absorption of essential vitamins (A, D, E, K) via the intestines.

Fat serves as an energy store, cushions body regions sensitive to pressure, and protects us from cold. On the other hand, trans fats (especially in processed foods) contribute to the risk of vascular damage, thus promoting heart attacks and strokes.

In food, our body absorbs **inflammation-inhibiting (omega-3) and inflammation-promoting fatty acids (omega-6)**. Fatty sea fish (for example, herring and mackerel) is a good source of omega-3 fatty acids. However, vegetable oils can also positively influence the balance between omega-3 and omega-6 fatty acids.

A particularly useful source is ...

... the **olive oil** primarily used in Mediterranean food. Linseed oil, rapeseed oil and walnut oil also have a **good fatty acid ratio**. It is therefore possible to meet your omega-3 needs through vegetable oils, and this is also recommended with a view to our **heavily overfished oceans**.

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I have to take methotrexate as a rheumatism medication, and my doctor has therefore warned me about alcohol. As a rheumatism patient, am I allowed to drink alcohol at all, even if it is supposed to be good for my rheumatism?

With regard to the topic of alcohol consumption, the responsibility of the patients must be strongly called upon. Alcohol can, in fact, protect against rheumatoid arthritis in very small quantities (see above). The progression of rheumatoid arthritis can also be favourably influenced by the consumption of small amounts of alcohol.

Patients taking the rheumatism medication methotrexate (MTX) do not have to avoid alcohol completely.

However, the following applies:

Both the beneficial effect on the course of treatment and the tolerability of MTX and alcohol refer to small amounts of alcohol: **no more than 8 g per day** – equivalent to 250 ml beer, 100 ml wine or 20 ml higher percentage alcohol (up to 40% by volume) on a maximum of five days per week.

If these quantities are exceeded, the positive effect can **quickly turn into the opposite**: there is then a risk of liver damage in combination with MTX; the inflammatory activity also increases again.

As a rheumatism patient, I have been combatting obesity for years by doing regular sport. However, I find it difficult to reduce my weight (currently I weigh 82 kg, my height is 1.70 m). What body weight should I aim for?

Based on the measurements given, you have a body mass index (BMI) of about 28.4. This would make you slightly overweight. Studies have shown that very obese persons (with a BMI of significantly over 30) but also very slim persons have poorer results in rheumatism therapy.

You do not have to be dissatisfied with the stated dimensions, because patients with a BMI between 25 and 30 have definitely performed favourably in some scientific studies on long-term treatment of rheumatoid arthritis.

It is also in your favour that you regularly exercise:

The positive effects of exercise on the risk of heart and circulatory diseases, but also on the success of rheumatism treatment, have been scientifically well proven. Therefore, you should maintain your weight and not give up your efforts for physical fitness.

My rheumatologist has diagnosed me with osteoporosis. How can I adapt my diet for this?

Rheumatism patients have an increased risk of osteoporosis for several reasons: these include joint inflammation itself, the associated lack of exercise, and taking prednisolone. The risk of osteoporosis is also increased if two components are missing in the diet: **calcium and vitamin D**.

The minerals of our bones contain a lot of **calcium**. It is therefore important that our food contains adequate calcium. Milk and dairy products are an important and easily available source of calcium, with skimmed milk products being preferred. People with milk intolerance can also ensure their calcium intake, e.g. via calcium-rich mineral water. There are also calcium-rich vegetables (e.g. fennel and broccoli). **Fish also contains significant amounts of calcium.**

Lactose intolerance

People with **lactose intolerance** can switch to lactose-reduced milk products and cheese types. However, you should definitely discuss taking additional calcium supplements with your rheumatologist: **excessive calcium intake may also promote vascular damage.**



Vitamin D ensures that calcium absorbed from food is incorporated into the bones. This substance also promotes muscle strength and dexterity – a vitamin D deficiency increases the risk of falls.

Vitamin D is a hormone whose precursors are formed in the body. The vitamin D itself is produced by exposure to **sunlight** in the skin. A lack of sunlight promotes the development of osteoporosis. It is therefore recommended that you spend at least 30 minutes outdoors every day, with at least the face and forearms exposed to the sun. **If you are also active in sports, your bones need even more!**

Please note that ...

... **foods containing** a lot of **phosphate** such as **coca cola** or **some types of sausages** impede the absorption of calcium from the intestine. Large amounts of caffeine and alcohol promote calcium loss via the kidneys, while **moderate consumption** of coffee and alcoholic beverages has **no consequences for bone density.**



1. Chia pudding with berries, banana, nuts (serves 2)

Ingredients:

- 250 ml rice, almond or oat milk, alternatively low-fat cow's milk
- 3 tbsp chia seeds
- 1 pinch of salt
- 1 tsp lemon juice
- 1/2 tsp cardamom
- 100 g frozen blueberries, defrosted

To serve:

- 1 banana, peeled, halved lengthwise
- 1 tbsp maple syrup
- 1 tbsp coconut oil
- 1 small handful of walnuts, coarsely crushed
- 1 tsp ginger powder
- 1 tsp cinnamon powder
- 1 tbsp almond butter
- Coconut chips

Mash the defrosted blueberries in a bowl using a fork. Stir the milk with the chia seeds, salt, lemon juice and cardamom in a tall container, and leave to soak for about 30 minutes. Stir every now and then. Then add the blueberry mash and mix it into the chia pudding. Heat coconut oil and maple syrup, stir in cinnamon and ginger, and roast walnuts in a pan. Remove from the pan. Add the banana halves to the pan and heat for 1 – 2 minutes on each side. Distribute chia pudding in bowls, place banana in the middle, and garnish with nuts, coconut chips and almond butter.



2. Pear and avocado smoothie (serves 2)

Ingredients:

- 1/4 avocado
- 1 large or 2 small pears
- 1 orange, squeezed
- 50 g baby spinach
- 1 tsp lemon juice

Halve the avocado, remove the core, and remove from the skin with a spoon. Peel fruit, remove the pear core, and coarsely chop the pears and orange. Wash the baby spinach thoroughly. Purée all ingredients well in a blender or with a hand mixer.



3. Lamb's lettuce with avocado, orange and smoked trout (serves 2)

Ingredients:

- 125 g smoked trout fillet
- 1 orange or grapefruit
- 1 large avocado
- 100 g lamb's lettuce or mixed herb salad
- 150 g cucumber
- 30 ml olive oil
- 1/2 tsp mustard
- 10 g horseradish, fresh or from a jar

Remove the smoked trout fillet from the packet and allow it to reach room temperature. Remove the orange or grapefruit peel with the knife, and remove the segments by cutting along the partitions. Squeeze the fruit pulp thoroughly. Collect the juice that comes out. Halve the avocado, remove the stone, remove the flesh with a spoon, and cut into slices.

Wash the lamb's lettuce well, dry and divide it up onto 2 plates. Wash the cucumber, peel if necessary, cut into thin slices and place in the salad. Add the avocado and orange or grapefruit segments. Mix olive oil, the orange or grapefruit juice, mustard, and salt and pepper into a dressing, and pour over the salad. Divide the trout fillet into smaller pieces, spread over the portions, and garnish with horseradish as needed.



4. Vegetable soup with pesto (serves 4)

Ingredients:

- 3 tomatoes
- 1 large onion
- 200 g fine green beans
- 2 celery sticks
- 2 large carrots
- 2 large potatoes
- 1 thin leek
- 1 small courgette
- 3 tbsp olive oil or rapeseed oil
- 2 l vegetable stock
- 2 sprigs of thyme
- 2 bay leaves
- 100 g small soup noodles

To serve:

Grated parmesan to taste, and basil pesto.

Wash the tomatoes, peel if desired, deseed and chop coarsely. Peel and finely dice the onion. Wash and clean the remaining vegetables. Divide the green beans into bite-sized pieces. Cut the celery into slices. Peel and coarsely chop the carrots and potatoes. Cut the leek into finger-width rings, the courgette into small cubes. Heat the oil to a low temperature in a large pan, and sauté the onion cubes. Add all vegetables except the tomatoes, and add the vegetable stock. Wash the thyme sprigs and add them with the bay leaves. Increase the temperature, bring the soup to the boil, and continue to cook uncovered for approx. 5 minutes.

Boil a second pan of salted water, add the noodles and cook for 1 – 2 minutes less than the specified cooking time. Drain into a sieve and rinse with cold water. Add the tomatoes and noodles to the soup and cook for another 5 minutes. Season to taste with salt and pepper and remove the bay leaf. Place the soup in a bowl, serve with the pesto, and sprinkle with parmesan cheese to taste.



5. Spicy lentil dal with fried tofu (serves 4–6)

Ingredients:

- 2 tbsp native coconut oil
- 1 onion, peeled
- 3 cloves of garlic, peeled
- 1 tbsp grated fresh ginger
- 1 tbsp curry powder
- 1 tsp ground turmeric
- 1/4 tsp chilli powder
- 3 waxy potatoes, peeled
- 2 carrots, cleaned and peeled
- 200 g red lentils, rinsed
- 1 – 1.3 l vegetable stock
- 3 tomatoes, diced
- Sea salt

To serve:

1 – 2 tbsp rapeseed oil, 100 g firm tofu, fresh coriander leaves, low-fat natural yoghurt

Heat the coconut oil in a pan at low temperature. Finely chop the onion and garlic, add to the pan and sauté for 5 minutes, then add the ginger and spices and sauté for another 3 minutes while stirring.

Cut potatoes and carrots into small cubes, add to the onions in the pan and cook for 5 minutes. Then add the lentils and the stock, season with salt and bring to the boil. Reduce the temperature and allow everything to simmer for about 30 minutes until the lentils are cooked. Stir now and then and add extra stock as needed. Add the tomatoes 5 minutes before the end of the cooking time and stir in.

Cut the tofu into cubes or strips. Heat the oil in a coated pan and fry the tofu until it is slightly browned. Serve each portion of dal with tofu and coriander leaves, and add yoghurt.



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6. Soba noodles with edamame and salmon (serves 2)

Ingredients:

- 200 g edamame beans or frozen peas
- 200 g soba noodles (buckwheat noodles)
- 3 tbsp rapeseed oil
- 250 g salmon fillet
- 1 lemon, juice squeezed out
- 200 g spring onions
- 1/2 bunch of coriander
- 1 tbsp sesame oil
- 2 tbsp sesame seeds
- 1 tbsp rice or white wine vinegar
- 1 lime, juice squeezed out

Bring salted water to the boil in a saucepan, add edamame beans to the water, and briefly blanch. Remove from the water with a skimmer, drain and leave a while to cool. Then remove the beans from the pods. Cook soba noodles in a large pan according to the instructions on the pack, drain and rinse with hot water. Mix the noodles with 1 tbsp rapeseed oil, and set aside covered.

Wash and pat dry the salmon fillet. Heat the remaining rapeseed oil in a pan and fry the salmon on each side for 3 – 4 minutes. Season with salt and pepper and lemon juice. In the meantime, wash and clean the spring onions and cut the white and light green parts into thin slices. Wash the coriander, peel the leaves and chop coarsely.

Lift the salmon out of the pan and keep warm. Briefly sauté the spring onions and edamame in the salmon pan. Then fold into the noodles, together with sesame oil, sesame seeds, rice vinegar and chopped coriander. Arrange the noodles on two plates, place the salmon on top and sprinkle with lime juice.

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7. Tonka chocolate mousse made of silken tofu (serves 4)

Ingredients:

- 150 g bitter chocolate (70 – 90% cocoa)
- 4 tbsp vanilla sugar or maple syrup
- 400 g silken tofu
- 2 tbsp very strong espresso
- 1 tsp coffee powder (instant)
- Freshly grated tonka bean

Break the chocolate into pieces and place in a heat-resistant bowl. Carefully melt over the hot water bath. The water must not boil, only simmer. Take off the stove and stir in the vanilla sugar or maple syrup.

Finely purée the silken tofu with espresso and coffee powder using the hand mixer. Grate a large cherry stone-sized piece of tonka bean. Add the melted chocolate to the tofu and mix everything again. Fill the mousse into bowls and cover with cling film. Allow to solidify in the refrigerator for 1 – 2 hours.

You can find further suggestions for dealing with
your disease on a daily basis here:

[https://www.hexal.de/patienten/ratgeber/
chronisch-entzuendliche-erkrankungen/FeelinX](https://www.hexal.de/patienten/ratgeber/chronisch-entzuendliche-erkrankungen/FeelinX)



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