

Query and Minor Note

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Credit: Dr. Francis M. Pottenger, Jr., Monrovia, California

To the Editor:- Please advise treatment on patient who weighs three hundred and five pounds. Her blood pressure is 280/152. Her Blood Sugar and BMR are normal. Her gallbladder is full of stones and are giving her symptoms. I have her on Serpasil .25 mgm bd with a low calorie diet. She is also on Biphetafel to control her appetite. Your suggestions for study will be appreciated.

M.D., Ironton, Ohio

ANSWER.- (Please double space and write on one side of paper only.)

The patient under consideration poses an extremely difficult problem at best. However, a surgical approach with cholecystectomy may be an <sup>necessary</sup> emergency measure. On the other hand, her problem of hypertension and her malnutrition are of major importance. The latter may be treated nutritionally. First, she should be placed on a high protein diet, eliminating refined sugars, breadstuffs, and foods high in the saturated fatty acids. She should receive at least a half ounce of an excellent <sup>source of</sup> unsaturated fatty acids daily. This may be codliver oil, wheat germ oil, sesame oil, or any other oil, rich in the multiple bonded essential fatty acids. These oils must not be rancid. With these oils a dram of lecithin, either crude or of a refined grade, should be given three times a day.

Rather than a low calorie diet, she should have a low carbohydrate, high protein diet, relatively low in fats and oils, other than those previously

mentioned. Roughly 1/3 of the calories are supplied by the protein, 1/3 by the carbohydrates, and 1/3 by the fats. In fact, a straight meat diet utilizing at least 1800 to 2000 calories a day, in which the meat is rare, the excess fat removed, along with a green salad and meat base soup which would supply soluble proteins, would give a basis for decreasing dimensions and improving muscle and physical tone. Also, the use of liver capsules, of low temperature extraction, equivalent to 1/2 oz. liver daily would be of value.

This patient should be maintained ambulatory if at all possible. Such a dietary program would make her a better surgical risk if the cholecystectomy could be delayed.

As to the continuation of Serpasil, this would be advisable, but no drug to control appetite should be used.

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FMP/rc