

INSTITUTE OF NUTRITIONAL RESEARCH

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NUTRITIONAL ASPECTS OF ILL-HEALTH



It is an axiom "We are what we eat." It is accepted by professional nutritionists and lay people alike, and was elaborated on by the great Dr. Goldberger in a lecture just before his death. Using it as a base, he postulated that the time would come when we would understand nutrition sufficiently to prevent ill-health and eliminate many of the degenerate diseases. This was his vision.

From a physician's point of view it can be said "We are what we don't eat." The lack of certain nutritional elements in the diet of an individual may lead to symptoms of ill-health both mentally and physically. A very important distinction to be understood when one speaks of the need for certain materials to help the patient on the road to health, is that the suspect element actually may not be absent from the diet—it may be there in an insufficient quantity, which allows a metabolic pattern to develop slowly over a long period of time. One cannot use the word "deficiency"—one must use the word "insufficiency." The patient may progress in acceptably satisfactory health for years—then with the intervention of an infection such as the grippe from a virus, or the necessity for an operative procedure for hysterectomy or hernia, the increased demand for these metabolic agents to effect the healing causes a discontinuity in the metabolism and ultimately a breakdown which always looks like the grippe.

Constantly I hear from the lay public, as well as professionals in the field of nutrition and diet control (such as our Editor) criticism as to why Medical Schools do not teach nutrition. As a member of the International College of Applied Nutrition, I knew one of its most illustrious members, Dr. Michael J. Walsh. He decried the tendency of our meetings to capitulate into clinical discussions of symptoms and their cure by supplying nutritional elements. Dr. Walsh was a famous lecturer on nutrition and tried his best to analyze the diet of his patients so that they contained adequate amount of all of the nutritional elements. He was a dedicated scientist and his work was monumental. I have tried to live by Dr. Walsh's suggestions and to eat the kind of diet that he compounded. I have had no antipathy to this procedure and have made it a way of life. I am sorry to say however that it does not keep me as well as I can stay by adding nutritional supplements of vitamins, minerals, amino acids and hormones.

As a practicing physician I am constantly confronted with patients who buy the best of the food available and try to follow the same advice that I do, but they still come down with various degrees of ill-health and it requires supplementation to get them back together again. Patients may develop symptoms of classical vitamin deficiency—disease of the mouth from inability to completely digest an adequate diet, due to lack of hydrochloric acid in the stomach. Massive doses of supplementary vitamins fail to help the patient, whereas digestive enzymes with hydrochloric acid produce remarkable results. Dr. Francis M. Pottenger, Jr. demonstrated that an adequate diet in cats, when partially cooked, produced goiter, along with tissue and bone degeneration in the off-spring. This poor digestion, along with heating food in preservation or cooking, added to innumerable combinations of deficiency or excess of nutrient elements such as vitamins, minerals, amino acids, fats, proteins, carbohydrates, enzymes, hormones and hereditary demands, produces a patient with problems of unbelievable complexity.

When I mentioned hysterectomy and hernia operations in a previous paragraph, I particularly chose operations that were not complicated by infection in their onset. They were elective operations from a state of well-being. When a patient is brought to a state of surgical intervention by infection such as acute gallbladder, pancreatitis, appendicitis, and various infectious diseases of the intestinal tract, the presence of the infective organism and their associated toxins produce a picture of degeneration that can cause acute disaster. Somehow the toxins produced by the bacteria destroy, transform, or inactivate valuable nutritional agents in the vitamin and mineral complement. In order to get the patient back to normal again, it requires tremendous amounts of these agents—one hundred to one thousand times the minimum daily requirements, and some of it intravenously. Mouth medication is almost worthless.

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AMERICAN CHEMICAL SOCIETY
NATIONAL HEALTH FEDERATION

AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE
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As physicians are often confronted with illness complicated by infection, it is not possible for them to prescribe nutritional support alone. As one dentist said to me: "Nutritional therapy is just another sandwich"—and so it is in the face of this kind of medical need. The physician is required to give specific agents to meet the critical and immediate metabolic demand of the situation with combined intravenous and oral administration. Many times, with the help of nutrient elements, the response is nothing short of miraculous.

My experience gives me a great respect for the nutritional aspect of ill-health. I view it from two points of view:

1. To feed all people the best we know in nutritional balance of foods.
2. Chemical support of metabolic balance with nutritional elements to help the patient back to health after an acute episode of illness.

The two are completely separate and the physician is not likely to have time to spend on the diet alone when he is completely swamped in his practice with ill patients from infection and surgery requiring his help.

It is hoped that in the future more attention will be paid to the response of these specific agents and in time we can apply them as specifically as we do antibiotics for infection. This will be a step along the way in the attainment of the vision of Dr. Goldberger.

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