THE BALANCE OF LIFE

Minerals the Foundation of Helalth

by

John A. Myers, M.D.

edited by

Constance Amsden, Ph.D.

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Chapter One

HEALTHY MOTHERS AND SUPER BABIES

Fertility

Our enormous harvest of food grains, vegetables and fruits attests to the high rate of reproduction in nature. Few people realize, however, that much effort and scientific acumen are applied to improve the germination of seeds to reap this harvest. Various kinds of treatment are applied to the seeds to be sure that they can germinate when planted. An increase in this rate of germination is a great saving to the farmers, the seed producers, and the consumer.

When we consider the breeding of livestock for food, we find a wide range of success in having the animals become pregnant, and an even wider range in the number of offspring from each pregnancy. Just to improve the productive process by a small percentage makes a tremendous increase in the farmer's income as well as in the number of animals sent to market.

The problem of fertility in the human being has been discussed as far back as earliest recorded history. In those early days, religious ceremonics developed around the problem of procreation. Prayers, incantations and phallic rites were offered to help women become pregnant. To be barren of child was a disgrace. A woman was not considered a complete person without being able to bear children. Husbands were allowed to abandon a wife who could not bear a child. Even today we see this same situation. The deposed late Shah of Iran divorced his beautiful wife, Saroya, because she could not bear him children as heirs to his throne. Saroya was fortunate, since the Shah was rich enough to set her up in fine style in a beautiful home so that she could live comfortably in her exile.

In earlier times a woman would not be quite so fortunate. To be barren was to be an outcast.

Not only is the problem of becoming pregnant important, but the production of quality offspring is even more important. A defective child born into aboriginal tribes was immediately destroyed—just as animals destroy their defective offspring. James A. Michener in his book, Hawaii, pointed out that defective children were drowned by their elders before the mothers ever saw them. The Hawaiian King Kamehameha was barely saved from this fate when it was found that he had a defective earlobe. He grew up to be their great king and the idol of their modern civilization.

One of the parables of Jesus entitled "The Sower" (Matthew 13, verse 3), tells of seeds growing well in good soil, poorly in sand, but not at all among the rocks. Of course, he was talking about the quality of the soil in which the seed was planted. In my medical practice I have had a great opportunity to improve the health of the women I have treated and to improve the soil of life in which the seed of life was growing. My earliest medical interests were to improve the health of the mother and her vitality during pregnancy as well as to help her have a more comfortable and satisfactory delivery. In the course of improving these characteristics of procreation I was impressed by the improvement in the quality of the offspring. My program not only produced a healthy mother, it also produced super babies and helped them grow into super children.

Fortunate Mothers

Farly in my practice I took over some patients whose physicians had gone into military service. One of them came to me in a great state of apprehension, having been told by her previous physician that if she became pregnant again she would be likely to die in childbirth. She had just become pregnant and was in a great state of fear that this would happen. I quieted her fears and gave her certain vitamins and minerals as well as endocrine support throughout this pregnancy. On the day she left my office just prior

to going to the hospital to have her baby, she felt so well and energetic and so tireless that she said to me that 24 hours a day was not enough time for her to work. She delivered her baby with great ease and without the uterine inertia that had plagued her before. She had a beautiful baby boy who developed

into a fine young man.

I have had a number of young women—particularly those with a background of hypothyroidism--who developed postpartum psychosis and were subsequently rehabilitated by metabolic support after the delivery of their children. Unfortunately, in some of these cases—due to my not having the opportunity to treat them during their pregnancy--their babies were born with some metabolic defect. This is a condition that is all too common. One of these patients, after having had three children, two of whom had congenital defects, ended up in the Phipps Psychiatric Institute at Johns Hopkins. After six months of psychiatric care, including some 21 shock treatments, she was discharged from the hospital and became my patient. Under metabolic support she is now a 50-year-old woman in an excellent state of health and clever enough to be a three-time life bridge master.

Those Phenomenal Minerals

From correspondence with Mr. Rollin J. Anderson of Sterling, Utah, I have received the following information:

Perhaps the most phenomenal thing that I learned about mineral and trace element compounds in the natural state has been their effect on fertility. This was manifested in the fertility of animals, the fertility of eggs of domestic poultry, and in the germination of seed plantings in the soil. This of course was done back in 1942 and we had no scientific information to go on in regard to the application of these mineral elements. I had to proceed on a trial-and-error basis, along with what was suggested to me by Dr. Head of

the U.S. Bureau of Mines.

"My first experience," Dr. Head related, "was with a young Holstein bull. He had been bought by a number of dairymen to service a group of cows. He failed to produce any calves. They were about to send him to the slaughterhouse when one of the owners of the bull allowed me to add some mineral elements in his feed. In a short time the bull became the sire of healthy calves and continued to do so for the next five years."

Another case involved a 14-year-old mare of excellent racing stock that had failed to produce a colt. The owner, at my suggestion, tried minerals in her diet, and she produced the mare's several fine colts.

In order to put the minerals to a real test I took 16 elderly ewes from a sheep herd that were to be discarded because they were too old to breed. I then purchased an old ram which had become infertile. The owner laughed at my purchase. He told me that the hottest of the ewes in the herd would nudge him and he wouldn't even raise his head. When I bought the old ewes the owner stated that I might get six lambs out of the 16, but he would give me a sure bet that I wouldn't get eight. I carried out the experiment by mineralizing the pasture on which they grazed and gave them free choice of foods in their feeds or hoppers. I kept the buck supplied with minerals mixed with a concentrate that we were feeding him for about six weeks. Then I let him run with the ewes. The following spring after turning the buck in with the ewes, he produced 31 lambs from the 16 ewes. It is important to remember that both the ewes and the buck had been discarded because they were infertile--yet with the minerals supplied in their diet they were able to double the usual production of lambs in a normal setting.

A supplier of guinea pigs for hospital and university experimentation could not keep up

= superfluous

with the demand because of the low rate of reproduction. He started mixing mineral elements in the cows' milk which was fed to them, but which previously they had refused to drink. The reproduction began to increase rapidly. Before the minerals were supplied to them in their diet, the females produced only two pigs at a time and usually only one at a time. When the minerals were supplied them they began producing three—then four—then five—and at one time as many as seven—all very healthy.

When planting seeds for various crops, it has been found that germination is roughly about 60% in soil where no minerals are added. With the addition of trace minerals to the soil at the time of seeding, the germination is 100% most of the time. The plants grow faster—roughly two to three times as fast—and are stronger. In the case of corn and tomatoes the plants are nearly doubled in size.

Iodine, manganese, copper and zinc play important roles in reproduction in animals. The wide-spread deficiency of iodine in farm animals gives rise to much infertility. Many times, if the young are born at all, they are born dead, or are weak and hairless. The parents may be normal, but their progeny have a very low iodine content in their thyroid glands. Iack of iodine can cause goiter with its "big neck," but the presence of this swollen thyroid is not necessary for impaired reproductive ability.

Sexual Vigor

The link between normal thyroid functioning and normal sexual development is very close. Thus, in human beings with low or disturbed iodine metabolism, the unfortunate sufferer is often sterile and has delayed maturation of the genitalia and invariably fails to develop normal sexual vigor. Experiments show that when thyroidectomy (removal of the thyroid gland) is performed on young birds and mammals, the animal stays in an infantile state for a long time and the

gonads and secondary sexual characteristics develop very much later than normally. In contrast, the administration of the iodine-containing hormone, thyroxin, to bulls, boars and rams which have shown little sexual desire, results in a marked improvement in their sexual drive or libido.

Apart from the influence of iodine on the development of puberty, iodine is also very important in the intrauterine development of the mammalian embryo. In geographical areas where iodine is deficient, abortions and stillbirths are common, and the retention of the placenta is frequent. The gestation period may also be prolonged and the delivery of the babies difficult as well. In women, the greatest iodine requirement appears to be linked to sexual development, puberty through lactation. The increased demands for thyroidal functions, which are known to be associated with menstruation, pregnancy and lactation, may well explain the high incidence of goiter and thyroid disease in women.

Manganese has a marked influence upon both male and female animals. In cattle, manganese levels are an index of fertiltiy. Heifers deficient in manganese are slow in developing their estrus period and in conceiving normally, while the calves they produce tend to be weak.

Copper also plays an important part in reproduction. Copper deficiency results in impaired fertility in cattle. However, here we have an interesting development in which too much molybdenum will cause a relative copper deficiency. In other words, a decrease in fertility may be due to the toxic influence of too much molybdenum, despite the presence of copper. It is now recognized that there is a balance between copper and molybdenum that must be maintained. Unfortunately the actual percentage of these elements and their ratio has not yet been determined.

Zinc is present in fairly large quantities in mammals—being present in amounts of about one-half the concentration of iron, and considerably more than such elements as copper. Zinc has recently been shown

to be responsible for a marked improvement in the sexual development of young men. In reproduction, zinc is particularly associated with the testicles and sperm. In experimental rats, a deficiency leads to irreversible atrophy of the testes and hence sterility in the male. The zinc content of viable sperm—especially human sperm—is very high. This element is of importance as a constituent of these cells.

The general picture that emerges from an investigation of the part played by micro-mineral nutrients in reproduction shows that they are important in many phases of this process. While the exact details of the chemical mechanisms involved are by no means clear, fortunately their essential nature is quite obvious. Although their causes are not understood, the conditions of need are recognized and are in some cases, treated successfully. Thus the link between trace elements and normal reproduction is a very strong one. It must be stressed that although trace element deficiencies have been known since earliest historic times, they are still widespread.

The Thread Of Life

As previously stated, infertility, along with the production of strong, healthy offspring, has been the subject of continuous investigation and study throughout recorded history. It becomes clear to us now that the mineral elements in nutrition play a vital and indispensable role. A more detailed story of the interrelationship of mineral elements in the biology of food, plants and farm animals can be found in my book, The Metabolic Aspects of Health (Nutritional Elements in Health and Disease).

We cannot leave the subject of fertility without pointing out that the most important element of fertility in all of nature is the soil in which we grow our food. Yet, today, it comes as a surprise to many of us to realize that in the United States alone approximately 30 billion (30,000,000,000) tons of topsoil are washed away every year to end up in the oceans, rivers and bays. This topsoil is the carrier

of the micro-life (bacteria, fungi and worms), organic matter, and mineral matter that combine to form the fertility of the soil in which all our crops are grown.

In 1906 Dr. W.J. Spillman pointed out the vast differences in the natural fertility of the soils as follows:

Some soils do not produce well from the start unless special attention is given to making them productive; others produce large crops for a short time and then rapidly diminish in fertility; while others, known as strong soils, remain productive for many years without attention to their fertility. But even

the strongest soils will wear out in time unless they are intelligently managed. Curiously enough, as the tide of migration went westward in this country, the settlers found soils of increasing natural fertility, and in each new settlement the opinion prevailed that the soil was inexhaustible. But even the strong soils of the western prairies have now been cropped with grain and abused by improper methods of tillage until they show signs of approaching exhaustion.

This statement, made 78 years ago, gives credence to the suggestion that these depleted soils are producing deficient food for our consumption, something frequently denied by government officials. Many patients, however, while searching for wways to improve their health have found this to be true and so shop at health food stores for specially-grown foods enriched with trace elements and organic fertilizers.

It is not within the scope of this paper to discuss the vast subject of soil fertility further. I cannot, however, pass by the opportunity to recommend to those of our readers interested in having more specific information concerning the subject of soil fertility, two magnificent books produced by the United States Department of Agriculture.

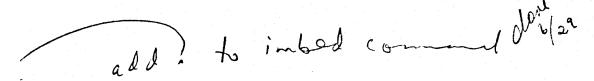
The first is entitled Soils and Men, The

Yearbook of Agriculture for 1938. It is now out of print, but may be obtained from any good library. It was a magnificent effort by Henry A. Wallace, Secretary of Agriculture, to put science to work to preserve our soils and, ultimately, to make the United States the breadbasket of the world.

The second book is also produced by the United States Department of Agriculture. It is entitled Soil and is the 1957 Yearbook of Agriculture promoted by Ezra Taft Benson, Secretary of Agriculture. This book goes into the science and chemistry of the fertility of the soil. It is a magnificent compilation of every facet of the subject. The book should be read by every student of soil fertility and farming. It, too, is out of print, but can be obtained from many libraries.

The conclusion of all of these works of scientific excellence is that the fertility of the soil depends upon the mineral elements obtained from the erosion of the rocks that contain the metals in the form of carbonates, silicates, phosphates, sulfates, etc. Even the micro-life (the bacteria and the fungi that grow in the soil) flourishes only in the presence of the proper balance of these mineral elements. The motto of the early pioneers in soil enrichment was: "Feed the micro-life and it will feed you."

Thus, we can see that the thread of life--from the soil, through the vegetable and animal kingdoms to man--is dependent upon the mineral elements. From the beginning of time and throughout all the phases of evolution to modern man, mineral elements have played a decisive role. They must be returned to our diet if we are to maintain health at an optimum level.



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Chapter Two MIRACLES OF LIFE

. . Unto The Third And Fourth Generations

The word "miracle" conjures up different ideas in each of us. It is a word we like to use to depict something that appeals to us as extremely unusual in our sphere of life. To all of us, without exception, the miracle of birth is the greatest of all miracles. To see a newborn baby with all of its parts and organs perfection in miniature, is a thrill to behold and to contemplate. However, the miracle of birth must be supported by the proper nutrition to promote the miracle of metabolism, or it will end in catastrophe.

The study of the generation of life through embryology and genetics has inspired the attention of scientists from the beginning of time. The study of genetics led to the discovery of the chromosomes and genes and eventually to the template of life called "DNA" (deoxyribonucleic acid). Modifying this code is called genetic engineering. By the miracle of genetic engineering we can select and combine sections of the DNA code and use it to manufacture a single hormone such as human insulin. This modification is done in the DNA of bacteria which grow and produce the insulin. This human insulin is harvested from the bacteria and then used as an exact replacement to treat diabetic patients.

Just as the study of genetics has enabled us to modify the DNA code, the study of nutrition has enabled us to protect the miracle of birth by modifying the elements of nutrition that are fed to the mother. It is known, for example, that insufficient copper in the diet of the mother will lead to offspring that have severly damaged brains.

This is described in my book, Metabolic Aspects of Mealth.

Dr. Francis Pottenger, Jr. showed that heating the food fed to cats could cause their kittens to be born with goiter, skeletal deformities, and many other disease characteristics that occur in humans. After four generations of cats eating heated food, they lost their ability to procreate. This makes one think of the Biblical verse which says, "I will visit the sins of the fathers upon the children unto the third and fourth generation of them that hate me."

We are now seeing children born with cancer, with crippling bone diseases of every imaginable type, so crippled at times that the infants hardly look like human beings. These deformities are all traceable to the inadequate diets of mothers who are deficient in the basic trace elements, iodine, vitamins and amino acids. The mothers' health is made even worse when they smoke and consume alcohol. Of course, there is no life without protein, which contains the twenty amino acids necessary for nutrition, but it seems to me that the guiding forces of procreation are the mineral elements and iodine.

Natural Living

Much is said about "natural living." By that we mean using only the foods of nature without supplementation. There have been several examples in the world where the fortuitous concentration of the elements of life are supplied to the inhabitants. These elements have given the people good health and longevity.

Dr. Alexander Leaf published an article on three of these regions in the January 1973, issue of "National Geographic." I reviewed this article in my paper entitled "Iodine and Trace Elements in the Promotion and Maintenance of Metabolic Excellence," which is now found in my book, Metabolic Aspects of Mealth. It seems very clear to me that the people in the three areas of the world obtained the necessary minerals from the silt of the rivers that ran through their crops and themselves. The DNA molecule is the

most durable substance on the face of the earth. When properly nourished in an acceptable setting, it reproduces itself in a most remarkable way and keeps itself healthy over a long period of time.

On August 3, 1978, I gave a lecture to the Convention of the Pennsylvania Society for Natural Living. This society represents The Ideal for people who want to live by nature's bounty without supplementation. My lecture, entitled "The Weakest Link," discussed the role that vitamin C plays in all life. The lecture was especially directed, however, to the fact that vitamin C is manufactured in tremendous quantity in all forms of life except in four species: the human being, the anthropoid ape, the guinea pig, and some birds. Every other living thing has the enzymes, which are the tools of life, passed on to them in their genetic code that enables them to manufacture vitamin C from the moment of conception.

Dr. Irwin Stone, in his book, The Healing Factor, Vitamin C Against Disease, argues that by genetic modification some 60 million years ago, the human being lost one of the four enzymes necessary to make this important substance. This immediately requires that vitamin C be supplied in the diet of all human beings. If a mother is properly fed, she will pass vitamin C on to her baby in the course of nursing. If the baby is bottle-fed, it is imperative that the vitamin C be supplied by supplementation, especially if the milk is pasteurized or sterilized before it is given to the infant.

When I was a medical student at the Johns Hopkins University in the early 1930s, scurvy in infants was a constant condition, but it was not recognized until Dr. Edwards A. Park diagnosed it from the hemorrhages occurring between the bone and the periosteum (the skin covering the bone containing the cells that produce bone tissue).

The babies would scream with pain when one touched the bones of their arms and legs where these hemorrhages had separated the periosteum from the bone. Dr. Park showed that this could be completely eliminated by feeding the babies fresh orange juice as

a source of vitamin C. Later he also showed that cod-liver oil, which contains vitamin D, would eliminate the rickets of the growing child. He is properly honored for his great contribution to the nealth and development of all infants.

Immediately upon my arrival at the Natural Living Convention, I was told that the Amish girls who were present all had false teeth—both upper and lower plates. This came as a great surprise to me, because I was under the impression that this sect had separated itself from the mainstream of society in order to live the best possible way—using only natural food, undiluted by the various chemicals of preservation that we find in other walks of life.

I stopped a young woman in Amish dress and asked her if it was true that all the young women of the Amish sect had lost their teeth by the time they were 20—even before they had had a baby. She agreed that this was true, and she added that the men were not much better.

About this time a group of Amish men walked by, and I was amazed to see that their front teeth looked as though they were ragged on the sides and edges and stained a peculiar brownish color. Many of them were missing. The young lady to whom I had been talking informed me that she had been sent from the Indiana sect to the Lancaster sect to intermarry in the hope that it would help slow this devastating pattern of their health.

She further stated that many of the babies born to them were in trouble, mentally as well as physically. She also said it was considered that this entire pattern was of genetic origin. I told her that I did not believe this was true, and that most of their problem was due to their nutrition—a subject I would be discussing in my lecture. She informed me that the large attendance of these Amish men and women was because of their interest in my subject.

Since then I have tried to contact the Amish with the hope of learning something more about their problem, but have not been able to obtain an audience with them. I understand from hearsay that the genetic approach is being investigated by some scientists from a medical school. I was asked at one time whether, if I were allowed to do anything for them, I would proceed by natural foods only. I said "No. It would have to be by some supplementation, as the scriousness of the condition has developed too far for natural foods alone to be effective." It may be because of that statement that my offer was rejected.

Fortunate Babies

Some time ago, the grandmother of a baby boy asked me if I could offer some help to her grandchild. It seemed that from the time of his birth the baby had screamed day and night. The pediatrician kept him sedated with phenobarbital and tried in every way to relieve his abdominal distress. The grandmother told me that at the time of his christening the baby was sound asleep from sedation. I never did see the baby, but was apprised of his condition by the grandmother.

It seemed to me from her description that the baby was having spasms of the pyloric valve at the opening of the stomach into the intestine as well as spasms of the colon. The pyloric spasm produces pain in the upper part of the abdomen and lower chest, while a spasm of the colon produces pain below the navel in the lower abdomen. I suggested that the baby be given zinc ion granules. At the end of two months all of the pain stopped abruptly.

The mother of the child said it was like a miracle the way it ended. From that time on the child has had no abdominal cramps of any kind. The baby had sweaty hands and feet and would have body sweats at night. The zinc ions stopped the excessive sweating.

This child also had symptoms of an allergic nature. He was allergic to the food he ate, which frequently caused diarrhea and indigestion. He reacted to dust, dog hair and other allergens of the environment. He had a constantly stuffy nose, which ran all the time. His pediatrician diagnosed his condition as an allergic rhinitis.

Interestingly enough, the father of the child had also been troubled with an allergic condition for most

of his life. Because of the father's long-standing allergy, it was considered that the child had inherited the condition from the father. The father had been under a desensitization treatment, which consisted of taking shots of extracts of various materials to which he had been allergic over the years. It was felt that the baby would eventually come to this type of treatment, but the pediatrician suggested that it be delayed until he was at least four years old. The mother asked if I could recommend anything else that might help him.

I told the mother that I knew nothing of a specific nature, but it seemed to me that this child should be given every opportunity to have a good base of minerals and iodine (just from a common sense point of view, because from the moment of his birth he had been in trouble with abdominal cramps, which had responded to zinc).

It therefore seemed to me that the entire spectrum of minerals should be supplied as a daily supplement to his food. After the baby had been taking one heaping teaspoonful of powdered trace minerals each day in water or orange juice (see chapter 9, "An M.D. Reveals the Powers in Minerals") and one-third drop of iodine each day for several months, I received the following note from his mother dated, February 8, 1980.

Something wonderful has Dear Dr. Myers, happened to my son Brendan. Since last November his allergies seem to be suddenly under control! As of this weekend he is able to eat any food without having an allergic reaction. His asthma is gone, his cough is gone, and his runny nose is gone!! In the past, visiting Mom and Dad had been difficult for Brendan. Dog hair caused him to become terribly congested and asthmatic. Today he is a different child. Thank you so much for all of your help. Brendan will continue to take the mineral powder and iodine through the years to come. Sincerely yours, Rebie.

Allergy or Chemical Imbalance?

One of the most common things physicians see is some sort of allergic response to many things in a child's environment. The medical literature is replete with thousands of reports describing these cases. The standard procedure is some form of desensitization. It has been my experience that what is often called an "allergy" is really a chemical imbalance. When this imbalance of chemistry is recognized and corrected, the allergic symptoms disappear. This case that I have just described is the youngest child I have ever seen respond to chemical supplementation, but I have seen many other children, some starting around 10 to 12 years of age, who have had dramatic responses to this supportive treatment and require no specific allergic desensitization thereafter.

It is my feeling that the plight of the Amish people that I described previously would respond in exactly the same way to supportive minerals and iodine, along with supplementary vitamins—especially vitamin C, the weakest link. Their treatment would require a long time, with much concentrated effort and TLC.

My conclusion from years of experience is that every child, from birth, should receive an adequate supply of minerals and vitamins—especially vitamin C—either from its mother's nursing, or from a bottle formula. If the baby is fed a bottle formula I recommend the addition of one heaping teaspoonful of autolyzed yeast per day and one heaping teaspoonful of mineral powder, along with the supplementary vitamin C and a vitamin and mineral formula for infants. These materials can be easily divided among the bottles containing the baby's formula for a day. (See Chapter 5 for an explanation of autolyzed yeast.)

Assuming the baby will get six bottles a day, place six tablespoonfuls of water in a container, then add the total day's supply of the vitamins, minerals and autolyzed yeast. Place this mixture in the refrigerator and add one tablespoonful to each bottle

of formula after it has been sterilized and cooled ready to give to the baby. It must not be placed in the bottle during the sterilization time. By feeding the same flavored material in each bottle, the baby does not become disturbed by a change of taste.

Once the baby becomes adjusted to the rich flavor of the autolyzed yeast it is almost impossible to feed it sweet things. However, if the baby's taste buds have been perverted by sweet foods, it is almost impossible to get it to accept natural tasting food.

Many formulas and vitamin drops are sweetened with sugar to get the baby to accept them. This is completely wrong. This procedure perverts the baby's

taste for everything else it eats.

If the mother nurses the baby, she should take an adequate supply of vitamins and minerals as a supplement to her own diet, along with iodine, which will then come out in her breast milk. It is usually impossible to get sufficient vitamin C, so I recommend the supplementation of the breast milk with vitamin C-as much as 500 milligrams a day. After a year, I believe the baby should be given 500 milligrams twice a day. It is nothing short of remarkable to see the benefit that this supplementation gives the baby.

It is important to point out at this time that the complete knowledge of a perfect, balanced diet is not yet within our grasp. It is for this reason that such natural foods as yeast and minerals from the silt of a riverbed give us elements of nutrition that contribute to the good health of a baby in ways that are still unknown to us. The necessary modification of our foods to allow time for their distribution as well as to prevent them from spoiling in transit, causes a certain amount of deterioration. The things that are recommended in this paper are supplements only, to bring back this modified food to approximate nature's plan.

Chenistry Of Health

The chemistry of health was studied by Roger J. Williams, Ph.D., one of the great chemists of our time. He devoted much of his research to the biological chemistry of nutrition. In the course of his studies he discovered the B vitamin, pantothenic acid. This is one of the most important vitamins in the Krebs' Cycle-of-Energy in the cell. In a paper entitled "Nutrition for Chemists" he states:

The list of raw materials we need from our environment is a long one, and the list is largely what nutrition is all about. We need calcium ions, phosphate ions, sodium ions, potassium ions, chloride ions, magnesium ions, ferric or ferrous ions, zinc ions, manganese ions, copper ions, cobalt ions, molybdenum ions, iodine, leucine, isoleucine, valine, methionine, threonine, phenylalanine, chlorine, some form of vitamin A, some form of vitamin D, some form of vitamin E, some form of vitamin K, vitamin C, thiamine, riboflavin, pantothenate, niacinamide, biotin, folic acid, pyridoxine and vitamin B12.

Unbelievable as it may seem, we need all of these elements in about the right amount every day (or every two days), or we suffer. Furthermore, there is excellent evidence that all of the elements listed constitute absolute needs. If we fail to get them and run out of an odd feeling to realize that your very — his or her -(or) Their existence depends every day on the practical solution of an equation with 40 or more variables."

As long as this list may seem to you, it is still incomplete. New elements are continuing to be added to the list, such as selenium, tin, silver, chromium, silicon, vanadium, etc., and so the list grows as time passes and our research improves.

One of the most indisputable adages of time is that gem of philosophy expressed in the statement: "No chain is stronger than its weakest link.

Here we have the chain of health constantly dependent on at least 40 or more specialized links. These links are so intertwined and interdependent it is very difficult to show clearly how much and to what degree each one contributes to our state of health. Some in lowest concentration—called trace elements, such as iodine—can affect the body in most remarkable ways and cause great illness when in short supply. Some have a wide range of tolerance and produce only mild discomfort. At present there are no tests to indicate the individual's need for many of these raw materials. Therefore, the decision as to how many each person needs is not easy. The best tool of measurement of nealth improvement is therapeutic testing.

As I pointed out in the beginning of this chapter, the greatest miracle of life is the embryology of birth. However, the nutritional support of life after birth is the miracle of metabolism and growth. Without the proper balance of the elements of nutrition, this miracle of growth will not develop into the perfection we all so anxiously hope and pray for.

One of the saddest moments of our lives comes when the obstetrician tells us he has delivered a congenitally damaged baby, when we were in ecstasy awaiting a perfect one. It behooves us to see that all women, from birth, are treated as potential nothers and nourished constantly so that the "soil of life" will be prepared to receive the "seed of life" at the propitious time.

Chapter Three

POST-PRECNANCY DEPRESSION--PSYCHOLOGICAL OR BIOLOGICALA,

deal of research and interest in mental disease. In Zurich, Switzerland, a young doctor, Adolph Meyer, appeared on the scene. He developed his interest in psychiatry from a point of view which he called "psychobiology." This new term was meant to suggest that the patient's mental state was in great measure dependent upon his biological well-being. In 1905, Dr. Meyer was asked to come to the Johns Hopkins University to carry on his research. He was appointed Professor of Psychiatry and Director of the Henry Phipps Clinic of the Johns Hopkins Hospital in Baltimore, Maryland. Dr. Meyer's concept of psychobiology is widely accepted and practiced today.

Emmanuel Cheraskin, M.D., D.M.D., Professor and Chairman of the Department of Oral Medicine in the Birmingham School of Dentistry at the University of Alabama, has written extensively on this subject of psychobiology. His widely read book, Psycho-Dietetics, is a classic. With the present widespread knowledge and acceptance of psychobiology, one might expect that the fountainhead of knowledge in this field would be the place where it was conceived. However, I did not find it practiced at Johns Hopkins during all my years in medical school. Today, 30 years later, I have examples to show that it is still not well practiced there.

Two of my patients with postpartum psychosis were inmates of the Phipps Clinic at Johns Hopkins. Both were treated with electric shock therapy. At no time did they have metabolic support, nor was it discussed with them. One of them discharged herself, and the other was discharged with no improvement after six months of therapy, including electric shock. Under my care, both of these young women received supportive biological therapy. They have made complete recoveries

and are in excellent health today—even better than they were before they became pregnant with their first-born children.

Another patient came to me from the Medical College of Virginia. She had a postpartum psychosis and was treated with two sessions of electric shock therapy, with no improvement in her emotional condition. This patient came to me at the suggestion of another one of my patients. At the time of her arrival she was completely disoriented. Her memory had been blacked out—supposedly to remove all recall of her married life and both of her pregnancies. Not only had this been accomplished, but she also forgot most of what she had learned in school. She could not make a decision. She was constantly fearful of birds or other flying objects coming through the ceiling at her. She would frequently scream and withdraw as though she were dodging these flying objects. She had also been told that she should never have any more children, as this would make her condition worse.

It required about two years of biochemical support to get her to a normal state where I felt I could allow her to consider pregnancy. anxious to have two more children, and she succeeded in having two very fine boys--giving her a total of four children in her family, all in excellent health. This patient has had a wonderful life since her rehabilitation 20 years ago. She still requires estrogen and thyroid, along with her vitamins, minerals and iodine. To relieve her of the worry of endometrial cancer and the problems of the menopause, we performed a vaginal hysterectomy at 42 years of age, and she feels even better since this operation. She says she feels more feminine, more energetic and more creative. She operates a boutique and generally looks like a fashion model from Hollywood, instead of the browbeaten, disoriented person who came to me 20 years ago.

Biochemical Support Or Psychotherapy?

Another patient, 42 years of age and the mother of three children, was told by her personal physician

Imasinery?

and friend that she could expect to be a bedridden invalid as part of her menopausal condition and that she could not expect to get any better. She was treated in several clinics to no avail. After 25 treatments of the supportive medication of intravenous magnesium, vitamins and minerals, estrogen, thyroid and iodine, she made a complete recovery in six months, and is now a very active member of her social group. She was treated with estrogen from the fifth day of her cycle to the 21st day. When the estrogen is stopped for this period of time to aid the onset of her period, she becomes tired and depleted. It has been my experience with other patients that after a vaginal hysterectomy, when the estrogen supplementation is continued regularly, they feel constantly energetic and peppy. We eventually planned a complete hysterectomy for this patient. interesting that all of these patients continually tell me about their friends who need this kind of support, but are unable to get it from their physicians. It seems preposterous that the emotional symptoms and the physiological debilitation which follow pregnancy are still considered psychological rather than biological. Biochemical support is far superior to psychotherapy.

No one knows better than I that these stories I have told you sound fictitious, especially when I tell you of the remarkable recovery of these patients by supportive medication. So that you may judge for yourself, here is the history of the second of two patients, whom I mentiond at the beginning of this chapter. As I have explained, this patient went to the Johns Hopkins Phipps Clinic. She tells how her condition developed over the period of having three children, how she responded in the hospital and the story of her feelings concerning shock therapy.

This patient had her first baby at 21. Her breasts and nipples were tender throughout pregnancy. She attempted to nurse her baby for three weeks, but the nipples were cracked, bleeding and painful, so she had to stop nursing. The baby developed diarrhea and remained on skimmed milk. Later this child was found

to have congenital kidney disease.

She had her second child at 23 and decided not to nurse this baby because of her previous nursing problem. The baby developed severe diarrhea on a formula. He was taken to the hospital when he was six days old with edema ("swelling up like an elephant") and one episode of convulsions. The baby remained on the critical list for three days. He was allergic to all milk and was put on a soybean formula—then later on powdered skimmed milk. He also had congenital problems with his kidneys when he was 12 years old. He continued to produce stones after a kidney operation—about one every six months. He had a scaly dermatitis, which was relieved by applications of zinc oxide.

With the third child at 25, the mother was determined to nurse for three months. She was told by the doctors that this should avoid allergic problems for the baby. She managed to nurse the baby for three difficult months. She asked the doctor to stop her milk supply by either giving her medication, or by binding her breasts. He refused and said that nature would take care of it. Her breasts were huge, swollen and so sore she could hardly touch them with her arms. She had no sleep for 72 hours. She was told by her pediatrician that she should go away for a weekend vacation with her husband. However, the painful breasts made her return home immediately. As she said, the pain was driving her wild. She thought she was going out of her mind, so signed herself into the Phipps Psychiatric Clinic of the Johns Hopkins Hospital. Without medical treatment, but for natural reasons, her breasts lost six pounds in weight in the first 24 hours she was in the hospital.

There was no attempt by the hospital physicians at any time to discuss the history of the physiology and pathology that had led to her seeking admission to the Psychiatric Ward. She was given several ink blot tests. Page after page of ink blots were shown to her on different occasions, and when asked what they looked like, each picture received the same answer—they looked like "breasts." Without further

effort to give her metabolic support, or even a consideration of metabolic support, she was given electric shock therapy. The following is her report of this experience, which she entitles "SMOCK."

Shock

Sometimes, with a twisted smile, I would state 'I came of age with 21 shock treatments.' No one laughed or bothered to reply. I was speaking to my fellow inmates in a mental institution. Nor did my remark amuse me. It rankled in my soul and burdened the air about me.

Four years ago, a week or so before Christmas, I had a nervous breakdown. The causes, as with all mental patients, were many and varied. Most people, regardless of how tough they believe themselves to be, do have a breaking point. So, just where or why mine arrived is of little consequence. The fact remains that at the age of 27 I left my husband and three small children to live in a hospital for the mentally ill for six months.

My husband was not allowed to visit me or consult my psychiatrist, Dr. S., for three weeks. On one of his first consultations with my doctor, Dr. S. recommended electric shock treatments for me to shorten the length of cure. Asked for his feelings on shock therapy, Dr. S. said, "I'd recommend them for my own mother." Knowing Dr. S. quite well, I'm sure he meant just what he said. (Fortunately for mankind, the good doctor has since forsaken psychiatry.)

The therapy began and with it came my pain, degradation, real loss of mentality, and private Hell on Earth.

I was awakened early on the day of my treatment and given a needle that weakened me throughout. My hospital gown was checked and a complete search of my person was made to secure

the fact that I wore nothing metallic. I was then wrapped from neck to toe in a marcon wool blanket and assisted into a wheelchair. I joined a deathlike procession of marcon, wool-clad wheelchair occupants awaiting elevators to the operating room. All were silent and all eyes wore the same hopeless, God-forsaken dread.

A staff of unknown doctors and nurses awaited me in the operating room. I was soon placed on the operating table. No one spoke. Why waste words on an imbecile? A gag was stuffed into my mouth to prevent my swallowing my tongue in the approaching agonies. Next I was given an intravenous injection of an anesthetic. Electrodes, which brought anguish to the expected convulsion, were pasted to my temples. When the current was turned on, an eternity of terror passed in moments as the first tremors shook and cast me into oblivion. I was spared the physical awareness of the awfulness of that abyss. The soft steady buzzing of the electric contraption conditioned me to expect each time the living death, which followed relentlessly--'because I remembered.' The resultant confusion, loss of memory, and the late breakfast, which was administered afterwards with ineptly kind words, cannot affect the memory of the experience which always returned.

The above is standard and inhuman treatment. We patients were not criminals, and this is not the Dark Ages, but whoever before devised such a torture as incomplete electrocution several times a week?

With awakening came more horror. Electric shock causes real regression. I was a child again with a child's mind. I wished to play Pussy in the Corner, Musical Chairs, and other long-forgotten favorite childhood games. I arranged imaginary tea parties with friends. This in itself may not sound benighted, but the

fact remains that I knew I was a 27-year-old woman who was unable to speak or act older than a five-year-old child.

Patients who were not undergoing shock were allowed to read, play cards, and communicate in an adult way. I could not. Reading was totally impossible, and with this loss came an imposed loss of communication from friends outside. (I do not remember a soul writing to me, although I know many did.) Nor could I write. The only words I felt capable of spelling were "dog" and "cat" and I wasn't really positive of these.

My conversation was of an infantile nature also. But, always lurking in the background was the inner knowledge that my capabilities were great and that expression was hopeless. To be a child as a child is a gift of God. To be a child as an adult and know you are such, is to be damned.

The dreaded sessions in the operating room became more horrible. I learned to know many others not sharing my Hell, but suffering their own. Max was a sweet little Swiss man in his 60's whom I saw on the ward each day. This was not his first series of shock treatments and he could tell of more inhuman methods employed elsewhere. Often Max and I silently shared the elevator in our trip to the electric torture chamber. One particular day Max preceded me on the operating table. Only a curtain and a few feet separated us. A few minutes before my time arrived I heard the electrodes pierce Max's brain. My torment was great. Senselessly my physical and emotional being suffered double that day. This was not an error. The hospital staff merely considered the patients too feeble-minded to have any sensitivity.

The attendants, Jim and Donald, untrained and lowly paid, were salvations for us. They did not question their charges for a half hour a day as the doctors did, or observe us and take notes as the nurses did. They stayed with us all day, became our friends and gave us the only link with human kindness we were to know for many months.

To have an attendant push my wheelchair to the operating room was a blessing. A friend, a touch of warmth and compassion. Perhaps I was not completely forsaken. I would ask and be allowed to hold the attendant's hand through the dreadful preliminaries. My grip would tighten with each passing second. The doctors and nurses condescendingly observed my childish gesture. How little they understood the lifeline of hope the clasped hands represented.

The attendants left. Perhaps the daily torture of those they knew and understood was too great a pain for them to bear. No longer did I have a friend in my last moments. The faces of the staff members frequently changed, but always remained stoic. All hope was lost, my sense of doom was complete.

Time passed. I existed by day, and was drugged by night. Finally shock therapy ended for me. Slowly I rejoined humanity. My memory began to return. I could read again, think intelligently again, live again.

I was transferred to another ward. Doors were unlocked. I was free to walk about the hospital grounds. Then weekends at home and finally the joyful day I was released and allowed to return to my husband and children.

For four years I have wanted to write this article, to expose electric shock therapy for what it is—one of man's severest inhumanities to man. I could not write my thoughts, for the thoughts themselves brought great physical pain as I relived the agonies of electricity penetrating my brain. Often late at night I would come downstairs to read, for in the still hours the sensations would unbearably, vividly return. I am still extremely frightened of

electricity. The prospect of an X-ray gives me days of dread. But now I can think of electric shocks without any pressure vibrating beneath my temples.

Medical science has a long way to go in helping mental patients. One of the first steps should be the abolition of electric shock as treatment. Never should a patient, regardless of appearances, be treated as anything less than human. (End of her story.)

Supportive Medications

The other patient whom I mentioned at the beginning of this chapter also had problems with her endocrine system and required estrogen, thyroid, and vitamins and minerals to keep her well. I warned her that if she got pregnant when she was not living close enough to come to me, she should advise the doctor who cared for her that she needed this metabolic support.

I did not hear from her for several years. But after those years her husband came to me and asked if I would take her back. She had been both in Phipps and in a private psychiatric unit. She had received about 20 shock treatments in all.

I was surprised when her husband told me she had had a baby, and that it had been three days after the baby was born that she went into a postpartum psychosis. He told me that the physician who cared for her during the pregnancy told her that he did not want her to return to me—that he would take care of her health during her pregnancy. He didn't believe she needed estrogen, or thyroid, or vitamins, or minerals. When I called him and asked him about this procedure he told me that all his patients had postpartum psychosis. It was only a short time after this that he committed suicide. He had been a well-known narcotics addict long before this took place.

This patient had been treated with shock therapy by two psychiatrists, without any question about her previous metabolic needs. The shock therapy made her worse. When she first came to me she did not know what she was doing. She did not know what the handles on her stove were for. She could hardly walk through the doorway into my office. She was in a screaming, hysterical condition. Within an hour I had given her enough metabolic help to calm her down, so that she acted like a normal person. Both she and the previously described patient have made remarkable recoveries and are in excellent health today, but they must be maintained on the supportive medication of vitamins, minerals, thyroid and estrogen.

Metabolic Rehabilitation

I could give many more examples of patients whom I have treated, but this should suffice to present the picture. There are many, many more such patients who have been described to me by my own patients. I still can't believe that these patients cannot be recognized for their metabolic imbalance and treated properly by other physicians.

The minerals particularly should be supplied to all pregnant women. They are the critical elements required for all procreation and have been necessary in the process of evolution since the beginning of life. Their restriction leads to illness, poor health, and death.

The beginning of my private practice of medicine developed around helping young women through their pregnancies and rehabilitating them thereafter. There seemed to be no end of young women needing this type of help 45 years ago. There seems to be a tremendous number of them still in need of this type of help today. The remarkable success that this treatment gives to the health of the mother and her baby has been proven beyond a shadow of a doubt.

I am sure that young physicians now will find this field of rehabilitation most rewarding. I still have several of the first patients that I took in those early days. They are most grateful for the help they obtained and for the help given to their children. Postpartum psychosis is not a psychogenic pattern of illness. It responds most readily and beautifully to metabolic and biological support.

Chapter Four

SAVE THE OVARIES

Cancer phobia—an inordinate fear of cancer—has produced an atmosphere that induces surgeons to remove normal but susceptible organs. When one breast develops cancer, it is felt that the other might become cancerous. Prophylactic removal of the unaffected breast is frequently recommended by the doctor and sometimes requested by the patient. Similarly, when a hysterectomy is performed, it is considered wise by some surgeons to remove at least one or both ovaries for fear of cancer developing later.

The rationale for removing the ovaries in a woman past her menopause is that the ovary produces only estrogen, progesterone and ova. After age 50 there is no demand for ova. Estrogen and progesterone can be supplied as required. Were these the only functions of the ovaries it might be reasonable to dispense with them, since there is the ever-present danger that they will become malignant.

Longevity

While studying the subject of atherosclerosis. the author came upon a paper by Joseph Stambul, MD, Chief Cardiologist, Department of Medicine, Southern Division of the Albert Einstein Medical Center.6,7 In this paper, Stambul states that atherosclerosis is the result of cholesterol being deposited in the lining of the arteries, particularly the coronary arteries. This condition is more prevalent in men than in women (a ratio of approximately 6 to 1). It is an established fact that the longevity of women is greater than that of men, as can be seen by the number of men and women in retirement homes. The reason for this difference has been ascribed to estrogen. Sporadic attempts have been made to give estrogen to men in an effort to correct this difference. Stambul, however, has shown that the fact that women live longer than men is more likely due to the presence of



another hormone-like substance produced in the ovaries. This material is the protein-bound iodine in the blood, which was later identified as "di-iodotyrosine."

The breasts are produced from fifteen sweat glands in the skin which form the nipple and grow backward toward the chest wall. What were embryologically tortuous sweat glands, develop into the globules of the breast. The globules of the breast are like a bunch of grapes. Each grape-like structure is called an alveolus. The alveolae secrete the cholesterol-type materials that contribute to the formation of milk. It appears that di-iodotyrosine is a special hormone secreted by the ovaries for the purpose of keeping the cholesterol substance in liquid form. In the female this is nature's method of keeping the wax-like cholesterol in solution.

It is well known that the breasts are prone to develop cysts and abscesses which are due to improper functioning of this softening and liquefying mechanism. "Caked breasts" is a very common problem in nursing mothers. It is not unusual, however, for a woman to have a caked breast with abscess formation even when she is not nursing.

Di-Ioodotyrosine

Long before he learned the thesis of Stambul's work, the author used di-iodotyrosine to soften breasts for nursing--especially in hypothyroid women. In one patient where the left breast was involved with severe pain and induration, it required 200 grams of di-iodotyrosine and two days to bring the breast to normal. In another case the mother was nursing the baby with only fair results. The breasts were hard and very painful so that the baby was having great difficulty getting sufficient milk to satisfy its hunger. The mother was given 10 grams of di-iodotyrosine powder on her tongue in the course of several hours. After allowing it to dissolve in the mouth, prompt softening of the breast occurred. The milk came out of the breast within minutes under pressure and could be seen to spurt from the nipple

for a distance of about 2 centimeters. This of course subsided after the pressure in the breast was released. The patient had no further difficulty nursing her baby after this initial help.

On another occasion, a woman about 45 years of age had a large abscess develop in her left breast and a cyst about 4 centimeters in diameter on her left ovary. The diagnosis of these conditions had been made by a competent gynecologist who was prepared to operate on both the breast abscess and the ovarian The patient was greatly upset over contemplating the two operations and came to Baltimore to see if the condition could be treated without surgical intervention. After two days of treatment with di-iodotyrosine by mouth (roughly 50 grams), intravenous magnesium, B-complex and vitamin C. the ovarian cyst ruptured, and the breast abscess came to a head and discharged about 200 milliliters of purulent material. The breast abscess healed quickly. Di-iodotyrosine was continued to soften the breast to a normal condition. This patient's breasts had been large, heavy and doughy. Di-iodotyrosine made them soft, with a feeling of fluidity. The feeling of doughiness disappeared and gave the patient a sensation of lightness.

The experience of these three patients with breast soreness and heaviness has been repeated innumerable times. There is a condition called "Schimmelbusch's Disease," in which the breast feels like "a bag of worms." The ducts more often feel like strands of spaghetti with nodules along them, rather than worms. They are hard and sometimes form masses which are described as "cystic fibrosis" and are quite easily visualized by xerography. The use of di-iodotyrosine, along with the trace elements of magnesium, copper, cobalt, manganese and silver ions, has a remarkable effect on this syndrome, relieving the condition so the breasts feel almost liquid.

Iodine

The author, while serving an internship in the GYN service of the Johns Hopkins Hospital, had the

opportunity to see many cases of women with trichomonas infection, yeast infection and non-specific leukorrhea. It was noted that these women did not respond well to the usual treatment for infection with the various types of antiseptics. It gradually became evident that many of these women were suffering from a hypothyroid condition. Treatment for the hypothyroidism with thyroid and iodine, and particularly iodine intravaginally, produced a remarkable improvement in these women. Not only did they have an improvement in their systemic hypothyroid condition, but a remarkable change in the consistency of vaginal mucous occured. In the beginning the mucous was thick, white-flour-paste-like in consistency. Sometimes this paste would look like cottage cheese. As the iodine intake was increased, the mucous changed to a clear, limpid fluid flowing from the cervix. About 15 minutes after spraying iodine on the vaginal lining, a strand of clear mucous would flow from the cervix to a length of 4 centimeters. This strand of mucous was present normally in women who had sufficient iodine in their body, serving to lubricate the vaginal lining. In time this mucous would flow so adequately that a woman could expel it when voiding. Along with the remarkable improvement in the flow of mucous, there was a complete disappearance of all infective organisms in the vagina. It was never necessary to use any kind of antiseptic to free the woman of trichomonas or other infection thereafter. It seemed that she no longer could become infected with these organisms when she excreted sufficient iodine in the mucous.

The carrier of this iodine seems to be the unsaturated fatty acid, linoleic acid. In the case of severe vaginitis, large doses of linoleic acid in the form of safflower oil (10 capsules a day) are required with the iodine to bring the mucous membrane back to normal.

Several women who had Bartholin gland cysts were also relieved by this iodine application. Here again the iodine made the secretions of these glands fluid

so that the material could flow out of the small orifices of the glands. Without the liquification of this secretion, the orifice was blocked and large painful cysts appeared. These cysts were nearly always present in hypothyroid individuals—several of whom had the cysts incised on previous occasions.

Two other remarkable things occurred following the application of iodine to the vaginal lining. The first was a remarkable softening of the breasts. They lost their tension and became light and soft, fluid-like. Patients were aware of this change within several minutes after the application of the iodine.

The second change was in the abdomen. Many of these patients complained of abdominal distress and a general feeling of soreness in the abdomen. Several patients had had laparotomies to search for the cause of this discomfort. After the application of the iodine they commented on how comfortable they felt in their abdomen. One of them could not be touched for palpation, but after several months of treatment this distress and sensitivity completely disappeared. It was noted that several of these women had had their gallbladders removed in an effort to relieve their abdominal distress. Some of them had had stones at the time of surgery. However, the removal of the gallbladder had not eliminated the discomfort for which the operation was performed. This discomfort disappeared only after the vaginal application of the iodine for about a year.

Two women developed goiters within several weeks after the removal of their ovaries at 46 years of age. One of the patients was a Navy nurse who had had a complete hysterectomy including the removal of her ovaries in the Naval Hospital at Bethesda, Maryland. Even before she was discharged from her operation, her thyroid developed nodules and she was told by the Navy physicians to have these nodules removed for fear of cancer. She was treated by the author with estrogen, iodine, and vitamin and mineral support. After two years the nodules in her thyroid completely disappeared. Navy doctors who examined her at Corpus Christi two years later would not believe that she had

ever had the nodules that were recorded in her history from the Bethesda Naval Hospital.

With her third pregnancy, the author's mother (at about 30 years of age) developed a goiter in the right side of her thyroid as large as a hen's egg. Her physician told her that if she would get over her nervousness, the lump would go away. He did not recognize that her nervousness was due to the lump, which was goiter. Her treatment started at 60 years of age with iodine, di-iodotyrosine, thyroid hormone, and vitamin and mineral therapy, with particular emphasis on intravenous magnesium (2%). The thyroid mass completely disappeared in 10 years. This patient commented that these materials "acted like tranquilizers." These were her own words! She lived comfortably to 90 years of age, with no cancer or heart disease. She expired at the age of 90 years following a fractured femur.

Stambul's research brings together tremendous amounts of endocrine physiology. He teaches us how iodine and its products, di-iodotyrosine and thyroxin, function in the body with cholesterol. He cites a remarkable paper by Perkins and Brown of the Lahey Clinic in Boston, Massachusetts. This work was done in 1938 but apparently its significance has been lost sight of. It gives us a remarkable insight into the functional difference between the male and the female, as well as a probable reason for the longer life span of the female without coronary artery disease from atherosclerosis.

Perkins and Brown, in their experiments on dogs, show that when the thyroid is removed from a male dog, its protein-bound iodine drops to about 1/10th of its normal value by the next day. When the thyroid is removed from the female, nothing happens until the ovary is also removed at which time her blood iodine falls to the same level as the male after thyroidectomy.

It is interesting to note that at the estrous period of the female dog, which occurs twice a year, in March and October, her protein-bound iodine doubled for the few days of her 'heat' period. When she became

pregnant, the protein-bound iodine in her blood dropped to a very low value, a little higher than it was after the removal of her thyroid and ovary. It is important to remember that all of these changes occurred while both the male and female were being given an adequate intake of iodine every day, 72 milligrams of iodine daily in the form of Lugols solution and administered by stomach tube to be sure it was completely ingested.

From these data and the proof by Stambul that the ovary manufactured di-iodotyrosine, it can be inferred that the female is endowed with this ovarian function to make it possible for her to feed her offspring. In softening the cholesterol material in the glands of her breast, she also keeps the cholesterol in other parts of the body in solution—thereby preventing it from precipitating in the arteries of her heart, brain and elsewhere.

It is well known throughout the world that pregnancy induces goiter at roughly a ratio of 4 to 1 (women to men). The Perkins and Brown paper shows the remarkable decrease of blood iodine during gestation, despite the fact that the dogs were getting a good supply of iodine every day. Prior to the work of David Marine in 1925, goiter was present everywhere. He showed that this was due primarily to a lack of iodine in the drinking water the world over, especially in Switzerland and the goiter belt of the Inited States. At his suggestion, table salt was iodized to supply a continuous intake of iodine to the diet of all people. This served to eliminate the tremendous non-toxic goiters that were present in many women before this time. However, it now seems that much more iodine is necessary to keep the male, as well as the female, in a more desirable state of health.

Iodine Supplementation

When one views the remarkable improvement in a woman due to the higher intake of iodine in protecting her against vaginal infection, cystic fibrosis of the breast, and breast pain, one has to realize that she

needs much more iodine than she is getting from her present dietary intake, even when supplemented with iodized salt.

There are two other symptoms that appear both in the male and in the female from an additional supply of iodine. One is a loss of the stiffness of the neck. Many patients complain that they cannot turn their heads freely, that there is a constant soreness and stiffness in the muscles of the neck. Frequently, even in young women, the muscles feel more like steel guy wires than flexible muscles that should be very pliable and soft to the touch. For some reason the left side of the neck is more involved than the right side-both in the male and the female. Although iodine plays a large role in relieving this stiffness, it is not sufficient in itself. Trace elements must be added to effect complete relief of this muscle soreness and stiffness. This is also true of pain in the breast and soreness in the abdomen. The trace elements which are required in ion form are magnesium, copper, cobalt, silver, zinc and molybdenum. Copper is the ion that has the most to do with the thyroid and catalyzes the manufacture of di-iodotyrosine. As in nature, copper is almost always associated with silver. It requires silver ions to relieve the pain in the left side of the neck and back. Much of the pain in the left side and the shoulder-arm syndrome is relieved by silver, copper and iodine. It is very difficult to say how much one must give to perform these changes. One must feel one's way along with these exchanging resins. Relief comes within a few minutes and one can palpate the neck muscles, feeling the tension and knots in the muscles disappear. Silver seems to have the most effect on the stomach and esophagus which produces pain in the left back at about the level of the fifth interspace next to the spine. Pain in this area is sometimes so severe that a patient cannot press his back against a chair. Pain in this area is such a common occurrence that it is difficult to find a patient completely free of it.

When we place these ions on the tongue of a patient, changes occur from within a few seconds to a

few minutes in the breast, neck, back and remarkably, in the vision. The patient will frequently remark that the lights have become brighter in the room.

Tyrosine plays a great role in the sympathetic nervous system and in the visual apparatus, as is shown by the work of Dr. John G. Nicholls. Apparently the activation of the tyrosine by copper produces a higher sensitivity of the retina to light. It also improves color sensitivity. Red color especially is made more vivid and more brilliant. There is hardly a patient seen by the author who has normal red sensitivity. It is always improved by the addition of tyrosine, iodine and the trace elements.

Ovarian Supplementation

These illustrations are presented only as corroborative evidence of the requirement for di-iodotyrosine, the main source of which is the ovary in the female. The main thesis of this paper is that under no circumstances should a woman lose her ovaries at any time in her life, unless they are completely involved in a cancerous condition. supplementation of iodine, tyrosine and the trace elements give a woman the advantage of health and longevity. This outweighs any apprehension or anxiety that she may develop over the possibility of getting cancer of the ovaries. In fact, from the thesis of Otto Warburg, it is quite likely that by the use of these supplementary materials of vitamins, minerals, amino acids, and hormones, she may be greatly protected against the onset of cancer in the areas of her breasts and ovaries.

It may well be that the ovaries do not function sufficiently to enable them to produce all the estrogen the female requires for a complete sense of health and energy and they will have to be supplemented. It is quite likely that this supplementation of estrogen will encourage the normal development of the endometrial lining, with its natural tendency to bleed. This bleeding, of course, is most undesirable and frightening in later life in the light of the tendency for this lining to develop

cancer. Hence, it seems only reasonable to remove the uterus and cervix at the earliest possible time after a woman feels she is no longer interested in having children.

There is some comment and criticism that estrogen does not give a woman the youthfulness, the improved texture of her skin, and the creative femininity that she expects and desires. This is true especially if iodine and the trace elements are not also supplied. It is iodine that plays the largest role in the removal of the wrinkled texture of her skin. It is the loss of iodine by sublimation from the skin that is responsible for a great deal of wrinkling that is seen in later years. This is accentuated by exposure to sunlight and heat. There are many warnings that skin should not be exposed to ultra-violet rays for fear of developing cancer. No comment, however, is made as to how this comes about. It is the experience of the author that the supplementation of iodine and trace elements, along with estrogen, gives the woman an improved complexion and longevity with a sense of tranquility.

Abstract

This chapter presents a specific reason for never removing the ovaries unless they are cancerous. It is shown that the ovaries metabolize iodine and secrete di-iodotyrosine into the blood. Di-iodotyrosine maintains cholesterol in solution throughout the body, and is especially required by the female to maintain a fluid milk supply for her babies.

The wax-like consistency of cholesterol is changed to a soluble form that is unable to clog the arteries--particularly those of the heart--thus preventing arteriosclerotic coronary artery disease. Coronary artery disease is the No. 1 cause of death and occurs approximately six times as frequently in the male as in the female. It is suggested that this liquefying action of di-iodotyrosine to cholesterol is the reason for the increased longevity of the female.

Chapter Five

DIGESTION--YOUR "ADEQUATE DIET" MAY BE INADEQUATE

Much time and effort has been expended defining what we call an "adequate diet". The term "adequate diet" obviously refers to a diet which supplies the body with all the elements of nutrition that are required to keep it in a state of good health. The fact is, however, we do not actually know what constitutes an adequate diet. As Dr. Roger Williams points out: "There are at least 40 items that have been identified that enter into the formula that make up an adequate diet composed of amino acids and vitamins and minerals."

The items of an adequate diet are easily supplied by eating a variety of foods, if they are properly digested and assimilated. Digestion is a process that is well understood. Most people have digestive enzymes and hydrochloric acid in sufficient amounts to digest completely the food that enters the stomach. We sometimes perform this digestion in a bottle in a laboratory. This type of digestion in a bottle is called an "artifical stomach."

When we use this artificial stomach, we immediately find that there is a great difference in the digestibility of food under the standardized conditions of the artifical stomach. Foods are prepared in various ways and fed to an animal or person. After allowing the food to digest for a certian length of time, it is removed from the stomach and its state of digestion determined. It is then placed in the artificial stomach and further treated with more hydrochloric acid and pepsin to the point of complete digestion.

This experimentation shows that cooked food requires more digestive enzymes and hydrochloric acid to digest it than many people have available. Because of this decreased efficiency of digestion, an adequate diet becomes inadequate. The incompletely digested

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food cannot be absorbed from the intestine into the blood.

Our Need For Hydrochloric Acid

A group of elderly women living in a retirement home in the San Diego area consulted their dentists because their mouths and tongues were so sore that they could not wear their dentures. The dentists, who were aware of the importance of nutrition, immediately recognized the exceriated mucus membrane and irritated tongue as symptoms of a vitamin B deficiency—pictures of which they had seen many times in their textbooks. They supplemented the patients' diets with what they felt was an adequate B-complex, but without success. By a clever bit of intuitive thinking they added hydrochloric acid to the patients' diets without the addition of the vitamin supplementation, and the patients became completely well.

The subjects of this experiment were elderly patients. Immediately one accepts this as an understandable situation for old people. I have found, however, that this is true not only for elderly people, but is also true for young people and sometimes even for babies. The conditions of early childhood known as colic bloating, abdominal distress, alternate constipation and diarrhea as well as an irritable disposition, are frequently eliminated by the use of a digestive enzyme with hydrochloric acid. Sometimes the hydrochloric acid is too strong and irritating for a child or even for an adult. In these cases I use a solution of equal parts of honey and vinegar. Vinegar is four percent acetic acid.

In his book, Folk Medicine, Dr. J.C. Jarvis highly recommended this honey and vinegar supplement to the diet. He also claimed great value for the potassium in apple cider vinegar. Without going into a detailed controversy, I would like to say that in my work the honey and vinegar supplement has been a cheap and easy way to acidify the pepsin in the stomach. It has served as an excellent help to people of all ages to relieve indigestion, bloating and all the other symptoms of poor digestion.

- mucous #

This product is simple to make with equal parts of vinegar and honey. The honey is slowly poured into the vinegar and stirred into solution. If the vinegar tastes too strong and sour, more honey may be added to reduce the sourness. The solution is kept in the refrigerator. One or two tablespoonsful are taken with each meal.

I learned of the value of this procedure when I was very young. I attended a banquet where a quarter of a head of lettuce marinated in sweet-pickle vinegar was served. I was amazed at the comfort I had from eating this salad. All my life I had had severe bloating and indigestion after meals. Since then I have enjoyed hearts of lettuce salad with oil and vinegar, known as Italian dressing.

This problem is not limited to the elderly. When babies belch and vomit their meals, a small amount of vinegar, with sufficient honey to make it pleasing, will often completely eliminate this condition.

That "Burning" Sensation

The production of hydrochloric acid in the stomach, one of the strongest mineral acids known, is a miracle of physiology. The dog has sufficient HCL in his digestive system to be able to dissolve bones. You seldom hear of a dog having a gastric ulcer. However, our lay literature and television screens are constantly bombarded with advertisements that urge us to use antacids to prevent the "burning" sensation due to the hydrochloric acid in the stomach. This, of course, is to sell an antacid. The so-called "burning sensation" of indigestion has nothing to do with HCL. It has to do with a sympathetic nerve irritation and must be treated with the proper amino acids, vitamins, and minerals for its alleviation.

The "burning" that comes after a person has a gastric ulcer is an entirely different matter. When small areas of the protective mucus detach from the stomach wall and leave a bare surface called an "ulcer," hydrochloric acid comes in contact with the nerves and muscles and carries on its digestive action

as it should. But it is not the HCL that burns a hole in this protective mucus. The small areas of protective mucus detach from the stomach wall because— Mucocco of the lack of vitamins and minerals to maintain the integrity of the mucus-secreting cells. The HCL must — be neutralized to prevent this type of pain and irritation in the ulcer.

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Abosorption

After the food is digested, it must be absorbed from the small intestine. Much experimental work shows that this is a variable action—some foods being easily absorbed and others poorly absorbed.

Fats, for instance, must be emulsified (made water-soluble and broken into smaller units) before they can be absorbed.

Some minerals are absorbed only after chelation; that is, they have to be attached to an organic molecule before they can traverse the intestinal wall.

There are times when this absorption goes on in a very effective way. There are other times when it does not proceed well at all. What would be a normal diet suddenly produces diarrhea and hyperperistalsis, and the patient appears to be suffering from food poisoning.

Many years ago, I attended several large dinner parties at the Surf Club in Miami Beach, Florida. After a beautiful day of relaxation on the beach, the golf course and tennis courts, we would gather at the Surf Club about 9 P.M. Of course, there was the usual round of cocktails before dinner (as well as previous rounds of them from 4 to 6 P.M.). Guests would sit down to a sumptuous dinner around 10 P.M. in great glee, with everyone in full dress for the after-dinner dance.

About halfway through the dinner, two or three people out of about twelve at our table would become ill. Being the doctor, I would have to take care of them—watching them vomit, settling their stomachs, and seeing them arrive home safely. This got to be a very distasteful and disturbing routine.

Our Need For Hydrochloric Acid In Absorption

I decided that this situation revolved around the elimination of the digestive enzymes. Drinking sufficient alcohol had completely extracted the hydrochloric acid and pepsin from the intestinal mucosa.

Three ounces of seven percent alcohol is regularly used by doctors as a "test meal" to determine how much hydrochloric acid could be produced by these gastric secreting cells. These guests had had much more alcohol than this. Consequently, they had already performed the alcohol test meal on themselves—probably several times over—before they sat down for dinner. Thus, they had used up all their digestive enzymes and hydrochloric acid.

I decided to supply them with this deficient chemical. Before anyone sat down, I placed a digestive enzyme tablet called Plurizyme in front of everyone's plate. About halfway through dinner, I would announced that everyone should swallow the tablet. I never again had to take a sick person home.

Another illustration shows how anxiety can disturb digestion when one is on an airplane. Many people are so frightened that their sympathetic nervous systems will not allow the digestive system to function. They often regurgitate the undigested food in their stomachs. I give them something to quiet their sympathetic nervous system and tell them to eat food and follow it with a digestive enzyme. It has never failed. And strangely, no one ever refused to take the material, even though no one knew I was a doctor.

Predigested Brewer's Yeast

At both ends of life, digestion and absorption are frequently difficult. It is often necessary to help babies and elderly people with this problem of nutrition. One of the best things that I have found is predigested brewers yeast. This product was manufactured by a major brewing company during the 1930's at the request of the armed services. They needed a nutritional product that could be stored

indefinitely in sealed cans and reconstituted, when necessary, with only water. In the first World War, the British used small white potatoes, but these were stored in water. The aforementioned brewer produced this completely digested dehydrated yeast under the name Basamin. The name, of course, means "Basic Amino Acids." This material, dissolved in water, produced a clear solution that looked like caramel soda. In this completely predigested state, the product was absorbed almost as rapidly as if it were given intravenous injection. I added it to the diet of elderly people (they could drink it) with excellent results.

It is important to remember that in developing the yeast from a culture in a large vat of nutrient fluid, the brewer that originated it had to supply the trace elements necessary for the growth of this nutritional product. Therefore, when it is broken down into its basic parts, it gives the patient a goodly supply of trace elements, amino acids, polypeptides and enzymes—all ready to be absorbed through the intestinal wall without modification or digestion.

The late Dr. Krause of Washington University, St. Louis, carried out the experimental tests for Basamin. It is difficult in nutritional experimentation of this kind to find examples that are spectacular enough to make claims of superiority for such a product. For this reason, the FDA would not allow the company to make claims for a superior product so that they could charge a sufficient price to pay for its manufacturing. Therefore, it disappeared from the market.

There is now a great need in our growing elderly population for an easily digested nutritional product. Because there are others on the market now, this old product is being renamed Autolyzed Yeast Extract to distinguish it from the rest. This product, I believe, will be one of the most satisfying foods for the sick, the bedridden in nursing homes, or anyone who needs to supplement his diet with easily absorbed total nutrition. The brewer's yeast that is now available in the diet shops is not a substitute for this predigested nutritional yeast product.

In my experience with babies, this material added

to the formula gave it a very deep meaty flavor and eliminated the sweet sugary taste that perverted the babies' tastebuds. When this material was continued throughout their early years, these children did not like sweet products and refused them. It was only in later years when birthday parties, cakes, and ice cream became so prevalent that they developed a sweet tooth. The same is true of food for cats and dogs. Food that would be turned down by these animals would be quickly accepted when the Basamin powder was sprinkled over it. The animals seemed to go wild over the flavor.

Fortunate Lady

One of the most spectacular responses to brewers yeast I have ever seen, was that made by a patient who had been operated on for cancer of the uterus. The surgery had been performed at the George Washington University Hospital in Washington, D.C. After the operation she was deeply irradiated with X-ray across her pelvis in back and across her lower abdomen in front.

She was 54 years old when she came to see me. Her skin was burned to leather. The radiation had so affected her system—her mouth was so swollen that she could not open it to eat anything and the saliva was so thick her mouth seemed glued shut. Her left leg had developed phlebitis and was twice its normal size. She was a Christian Scientist and when her husband brought her to me she maintained she could not take medication. I asked if she would consider taking a nutritional product that had been prepared from natural yeast. She agreed that she could take that.

I dissolved three ounces of the Basamin powder in a glass of water and had her sip it through a straw. She swallowed with great difficulty, but said that it was satisfactory and caused her no difficulty in taste and flavor. I had her take this amount of Basamin five times a day. Within a month, the leatherlike condition of the skin of her abdomen and back had changed to almost normal. Her mouth was back to normal and she could now swallow regular food. The

phlebitis of her left leg was down to about one-half its size. When she returned to the radiologists at George Washington University Hospital, they could not believe the remarkable changes that had taken place from using the Basamin.

Dr. Krause, who carried out the original tests on Basamin for Washington University, said that no matter when or for what reason he gave Basamin to his elderly patients, it always improved their general nutrition. Inderly people who had previously refused to eat any more food would easily swallow this liquid Basamin and

almost double their protein intake.

In short, autolyzed yeast is one of the best products I have ever used in my practice, whether for a baby, an elderly person, or a sick person being rehabilitated. Used as supportive nutrition after surgery, the plasma protein level is maintained without using blood transfusions. From infancy to old age, from cradle to grave—these basic amino acids obtained from autolyzed nutritional yeast serve as an excellent support to health in normal growth and in rehabilitation.

Chapter Six

WHEN IS ENOUGH, ENOUGH?

rools Of Metabolism

From conception to death, life is constantly associated with growth and repair. The nutrients required to keep our metabolic balance are constantly in a state of flux. There is always a wide variation in the quantity, as well as the quality, of the food chain. No matter how hard we try, the ideal balance of nutrients eludes us. We try to evaluate the mowledge we have of the varying items in our diet. As we do so, we constantly ask ourselves "When is enough, enough?"

Much discussion is currently being given to the nega doses of vitamins and other nutritional supports. dowever, despite continuous testing of the use of these materials over long periods of time, we do not find the hoped-for answers. Therefore, the questions continue to arise: "What are the right items--when is enough, enough?"

The trace elements are a case in point. The tools of metabolism are called "enzymes." They are specific chemical entities that activate remarkable chemical changes in the breakdown of our food to release energy and amino acids for growth and repair. Each of these enzymes is activated by a specific mineral element.

Loss Of Critical Minerals

According to one theory of evolution, life began in the sea, absorbing energy from the ultraviolet light of the sun, and using the mineral elements dissolved in the water to activate the enzymes. As long as life stayed in the sea there was a constant

supply of these mineral elements. Later, when life appeared on the land, it could still get its supply of mineral elements from the mud and hard water. The primitive diet of the aboriginal Indian supplied him with sufficient minerals to give him robust health, magnificent teeth and dental arch. The photographs by Weston A. Price reproduced in his classical treatise entitled Nutrition and Physical Degeneration showed this clearly. Price was able to show that all races of people living in their native culture and consuming their native diets, are able to have reasonably good health. Dr. Price's pictures illustrate the degeneration and breakdown of these people's health, particularly the breakdown of their dental structures, within a year of consuming the white man's diet. It is my feeling that if these aboriginal Indians had continued to use their hard water and supply of minerals, they could have eaten the white man's food without such devastating results to their health. In the diet of our highly civilized races today, it is the loss of the mineral elements that is most critical in maintaining health. An example is afforded in the exceptional story of Deaf Smith County, Texas, called "the town without a toothache." The people of Deaf Smith county drank their water from deep wells that not only contained the hardness factors of water: calcium and magnesium, but also iodine and other minerals. Not one of the lucky people even had a toothbrush!

Mineral Therapy

Iodine is the most difficult of all trace elements to obtain in the modern man's diet. This is true around the world, and for this reason goiter is an endemic disease everywhere. The supplementation of our diet with iodized salt has all but eliminated the huge goiters that used to exist in the United States. Dr. David Marine of the Johns Hopkins University was the pioneer in this discovery, but still the controversy continues—"Are we getting enough, or too much iodine in our diet by using iodized salt as a method of supplementation?" Even though unsightly

goiters are rarely seen today, there is evidence that subacute symptoms of goiter continue. Some nervous and mental symptoms of this are caused by a subacute deficiency of iodine. These are extremely difficult to diagnose or to recognize, unless one has had the experience of watching them disappear with the supplementation of iodine.

Many of the nervous and emotional symptoms now usually treated with psychotherapy, tranquilizers, sedatives and mood raisers, could be eliminated by the adjustment of the thyroid hormone and iodine concentration in the patient's metabolic balance.

Even obscure diseases such as multiple sclerosis require iodine as part of the therapy for remission. Six years ago, a 24-year old woman called me from San Francisco to ask my advice. Having been diagnosed as having multiple sclerosis she was told by her neurologist that this was an incurable disease which would eventually kill her. I recommended that each day she drink three glasses of freshly made juice from green leafy vegetables. She made such a remarkable improvement from this intake of natural food that she came to see me in Baltimore for consultation several months later. When I added intravenous magnesium chloride 2%, with vitamin B complex and C, she made further improvement. A pelvic examination showed that her vaginal mucus was in a state of coagulation that looked like plaster of paris. The addition of Romanol iodine as a spray to the vaginal lining caused this mucous to change to a normal consistency. The absorption of the iodine softened her breasts and caused a marked improvement in the light sensitivity of her eyes. My office, which she said had seemed dark and poorly lighted to her, now became bright and

mulus or mucous? see my subbestions on ps. 43 cheerful. She was greatly impressed by this change as well as by her new recognition of the world around her. The addition of thyroxin and estrogen each day gave her a further increase in her energy and her feeling of well-being. She has now made a complete recovery. She is in an excellent state of health, with no sign of multiple sclerosis. She is able to carry on a heavy schedule of health clinic activities, where she is a supervisor of a large group of nurses. She reports that each day she is able to either play racquet ball, ride a bicycle, swim, or jog for several miles. Along with her newly found energy and endurance, there is also a feeling of happiness, internal tranquility, and a sense of sureness and comfort in her daily duties and recreation.

Recently, on a visit to San Francisco, I met a young woman 35 years of age. Since the birth of her only child, now 5 years of age, she was not getting rest from her sleep; she had taken on excessive weight; and had become very nervous, irritable, weepy and tired. After seeing numerous doctors, she had just about given up the medical profession, regarding it as cult therapy. Her breasts were heavy with fluid. The right one contained a large lump in the pendulous portion and was sore to the touch. Di-iodotyrosine powder, one gram on her tongue, relieved the pain in her breast and softened the lump in about 5 minutes. Intravenous magnesium chloride with the B complex and C, relieved her nervous tension and took away her feeling of depression. She is now doing extremely well on thyroid, iodine, Tyrosine, Nutri-Mega and vitamin C. It is interesting to note that tests for thyroid function were equivocal. Because of this uncertainty she was denied this therapy that was so essential to her well-being. Patients who are often tested for variations in the chemistry of the blood are given thyroid function tests to indicate the status of the thyroid gland. More often than not, these tests confuse the issue. A simple test performed by giving the patient some thyroid, would tell the doctor more than he could obtain from an expensive thyroid function test. The

benefits to the patient are invaluable. As this woman said: "You have not only made me feel like a new person--you have saved my marriage."

Iodine is in a class by itself as a trace mineral. It cannot be measured by the usual spectographic analysis. The best of the arc of the spectograph vaporizes the iodine so that it disappears. It is also absent in the trace elements of sea silt. Here it disappears into the atmosphere by a process known as "sublimation." It is the only element in the periodic table that at room temperature and pressure, passes from a solid state into a gas and

disappears. This is called sublimation.

Many people will tell you how much better they feel when they go to the seashore for a vacation. They frequently say that the salt water does them so much good. In my opinion, it is not the salt water, but the iodine in the salt water which they absorb into their bodies that makes them feel better. Our reservoir of iodine is in the sea water, from which it is extracted by chemical processing. There is no easy way of measurement to tell you when the amount of iodine we absorb is enough. Lack of it produces swollen lymphoid glands and, in my opinion, is the cause of infectious mononucleosis. This is a misnamed disease. It is not infectious, and it is not mononucleosis. It is lymphadenitis and is due to the great need of iodine at the time of puberty. For this reason, the disease is common in young people. I have treated young people with this disease with remarkable results by giving them intravenous iodine. However, iodine can be given in several satisfactory forms by mouth--the intravenous material being no longer available by order of the F.D.A.

Lucky Dogs

An experiment performed by Dr. W.O. Belfield, D.V.M., and reported at the 1977 convention of the International College of Applied Nutrition, showed that hip dysplasia of German Shepherd dogs could be prevented by feeding the pups 500 milligrams of

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vitamin C a day, beginning at birth. Hip dysplasia is a condition frequently seen in large dogs such as the German Shepherd and Great Dane, and is considered All dogs have the ability to manufacture hereditary. in their liver in large vitamin C quantity--consequently I have activated the four enzymes involved in this synthesis with trace minerals, and my dogs were also relieved of hip dysplasia. It is one thing to relieve this condition in a young dog, but an even more remarkable thing to relieve it in an old dog. I have the following cases to report. The first dog was an eight-year-old Great Dane, female, who had been a most lovable and playful dog with her family and the children she grew up with. Somewhere in her later years she became weak in her hips and would not allow the children to lie on her any more or play roughly with her. She could not jump up into the window seat where she liked to lie and watch the children play. She also could not run up and down the stairs and would cry due to the pain in her hips. The veterinarian said that there was nothing to do for an animal at that age, so my patient, who was the owner of the dog, consulted me. I gave the dog one tablespoonful, twice a day, of trace minerals from an ancient seabed deposit. In three months the dog was like a three-year-old--running around with youthful activity, up and down the steps, jumping into the window seat, playing with the children, and rough-housing as she had always done. Even her disposition had remarkably improved.

The second dog was a poodle, also a female, that was to be operated for hip dysplasia, a condition she had had since a pup. However, I fed her trace elements in ion form--copper, cobalt, zinc and manganese. She recovered, lived to be 14 years old and died of an overdose of anesthesia given to her to

investigate a tooth abscess.

The third animal was the most remarkable. She was an eight-year-old German Shepard that had had some very successful litters. She became shaggy, with a poor coat, developed an irritable disposition, and was so weak in her hind legs that she could not stand up.

The veterinarian taking care of her said there was nothing that could be done except destroy her. I gave her two tablespoonfuls of mineral powder, twice a day, and she made a remarkable recovery in about four months. She acted like a young dog with a lot of pep, energy and playfulness. There was also a remarkable improvement in her disposition. She had been so snappy as to be untrustworthy around strangers. The addition of vitamin E made her coat glisten like that of a young dog. The owners of this dog went away on a month's vacation leaving the dog in the hands of their housekeeper, who fed the dog but did not give her mineral powder. When the owners returned the dog could not stand up. They immediately started the trace minerals again, and in about two weeks the dog was back on her feet. The following summer they took the dog with them on vacation, but forgot the minerals. Within a week the dog was down again. Resumption of the mineral therapy, two tablespoonfuls twice a day for several days, brought the dog back to normal.

About a year later, the woman who owned the dog and regularly attended to it, asked her husband if he would feed the dog as she had business to attend to in the morning. He said he would be glad to carry out this duty, but for some reason gave the dog only one teaspoonful of the minerals instead of the two tablespoonfuls that had been its daily ration. The wife was unaware of this reduction in the amount of the material that was being fed the dog, consequently she was surprised to see the dog gradually get weaker in its hind quarters. When she discovered the error and explained that the dog was supposed to get two tablespoonfuls of the powder a day, not one teaspoonful, her husband doubled the dosage and the dog became well again.

Here we have several experiments that teach us not only that these trace elements are needed to help dogs stay free of hip dysplasia in their old age, but also tell us how much is needed and answers the question, "When is enough, enough?"

Interestingly, when a sample of this material was

sent to the FDA for appraisal, a Compliance Officer made the observation that the concentration of the elements in this silt was so low that he did not believe it to be worth marketing. He apparently did not realize that this was the concentration that nature used in the sea for all of evolution. So, it is a matter of how much is necessary, not whether it is necessary.

Preventive Medicine In Its Finest Form

Unfortunately in our ministrations to the sick and unhealthy, we are faced with a depletion syndrome where the patient has been allowed to run down over a long period of time. It then becomes a question of whether the enzyme reactions that are dependent upon these trace elements have lost their ability to return to a normal state. In the case of cancer, this is exactly what Warburg found. If the cells lost their ability to use oxygen by simply lowering the oxygen tension in which they were growing, they could not regain that ability to use oxygen again when the oxygen pressure was returned to normal. In the time of two cell divisions--about 48 hours --a normal cell was changed to a cancer cell. This was brought about by the inability of the cell to continue to use oxygen for its metabolic energy. It could still, however, use sugar in a state of fermentation and continue to grow as a cancer cell, but it could not return to normal and regain its function to use oxygen. It is for this reason that prevention is so important. All of our supplementation must be done before the cell loses its ability to use oxygen. It is remarkable how many times the application of these trace elements in sufficient amounts will return and organism to normal metabolic functioning and give an animal back the appearance of youthfulness.

There is never going to be a time when we can say, with certainty, exactly how much is enough. The closer we come to a state of perfection, the more difficult it is to make these measurements. When we understand the specificity and sensitivity of these ions in the cell, we can realize that there is never

likely to be a time when we will have instruments delicate enough to make these measurements. It behooves us all, patient and doctor alike, to learn this lesson and stay one step ahead of our metabolic need--not one step behind it. This is preventive medicine in its finest form.

Chapter Seven

IS FOOD A DRUG?

The distinction between a food and a drug has often arisen in investigations conducted by the Federal Drug Administration regarding the licensing and availability of vitamin and mineral supplements.

In 1951, the FDA requested a ruling to label Nutrilite, a mineral supplement, as a drug in the state of Michigan and about a dozen or so other states.

Nutrilite had formerly been exonerated in an appellate court hearing in Washington, D.C. in 1949. I testified before a tribuna and gave "expert testimony" which was supportive of the continued use and manufacturing of these important nutrients, by all legitimate manufacturers, not just the manufacturer of Nutrilite.

The FDA had anticipated making Nutrilite the "whipping boy" of the industry by once and for all labelling the product as a drug, hence making it available only through a prescribing physician. Instead, based on my testimony, the case was dismissed. The following comments were among those I received from attorneys following the trial.

"I need not tell you that without your testimony, our success could never have been achieved. You were truly a wonderful witness and the three doctors whom they called to answer you, all left the stand completely discredited or in the status of having repudiated (the prosecution's chief witness)."

The case for providing good sources of mineral and vitamin supplementation, and making them available to the public, has been a continuing saga.

In 1951, The FDA began procedures for a ruling, which once again involved Nutrilite and its manufacturers and distributors. Several states were to be involved in lengthy court hearings implemented to enforce stricter regulations on, not only Nutrilite,

but other manyfacturers of mineral and vitamin supplements, as well.

I was asked once more to provide expert witness to the Attorney General of the state of Michigan. As a result of the subsequent hearing, the 1941 decision was left standing and the manufacturers of Nutrilite were allowed to continue marketing their product.

Of course, the significance of this decision was that supplementation remained within the discretion of the public. The preventive health field remains open for health practitioners to administer materials they feel to be in the best interest of their patients.

The following opinion letter was presented by me to Michigan's Attorney General as testimony in favor

of the continued manufacturing of Nutrilite.

"Under the statement of Michigan law which you sent me, which provides that a drug is 'a substance or mixture of substances, or device intended to be used for the cure, mitigation, or prevention of disease in either man or other animals,' I do not see that one can make any distinction between food and a drug.... It seems to me that since dietary regimens are prescribed by physicians for mitigation and prevention of disease and protection of patients against disease, ergo all such foods are drugs under this Michigan statute.

"The problem of fixing a precise line to determine on which side a chemical or nutritional substance shall be called a food or a drug has always been a very difficult one. It is my understanding that even the Federal Food and Drug Administration itself has consistently shied away from giving a definition of what constitutes a food, and at what stage the modification of that food will make it a drug. I am sure it is obvious to anyone that concentrating certain elements extracted from natural products places them in a position of questionable or sometimes obvious toxicity. Such, for instance, could be said of iodine. In its natural state it exists in many foods in very low concentration, and in correct amount is indispensable to human physiology, but in

its concentrated form it is one of our most potent

antiseptics and dangerous poisons.

"It is well known that the reverse of this pattern has been proven over the past fifty years. That is, the elimination from natural foods of certain materials in minute amounts made animals ill. One of the first efforts was made by Dr. E.V. McCollum, who in 1951 was acclaimed in a symposium at the Johns Hopkins University for his splendid work in 1914 at the Agricultural Experiment Station in Wisconsin. He found that one of the elements required in an artificial diet was vitamin A, and that the lack of it quickly prevented cattle from carrying their young, even after they had been pregnant for three months. The addition of insignificant amounts of butter, and other fats such as cream and cod liver oil, etc., protected the animals and enabled them to proceed to normal parturition. In this case, it was the intentional selection of a restricted diet which caused the difficulty. However, similar conditions occur in animals and humans unknowingly.

Minimum

"We can modify well-chosen food by cooking, preserving, or allowing it to deteriorate by staleness. In most cases this course of events is unintentional. It may be carried out with the express purpose of making the food more palatable, such as cooking and processing; or it may be enforced, such as the time required to ship the food from one part of the nation to the other. If we know that the process of disease can be produced so simply by these natural daily habits of people, it seems sensible, natural and simple to supply these missing or deteriorated elements in a properly prepared food supplement, improving or changing it from time to time as knowledge and needs indicate. According to the best of my knowledge and belief, the product 'Nutrilite' was developed as such a food supplement, primarily to supply these missing elements which many lest unintentionally by the necessary processing, cooking, preserving and staleness that is unavoidable in our 'Nutrilite', therefore, is rightly present economy.

termed a food supplement, and contains only reasonable proportions of the 'Minimum Daily Requirements' as set forth by the Food and Nutrition Board of the National Research Council.

"When we speak of 'Minimum Daily Requirements' we are speaking of the minimum amounts of these materials required to keep a normal, healthy individual in proper nutritional balance. This is very important to remember. It does not supply a sufficient amount to completely help anyone in a state of illness characterized by the symptoms of severe nutritional deficiency, yet it is not without significant help in some of these cases. You might liken the results of its use in severe cases to a man who is dying of thirst in a desert. Although it would require several quarts of water to bring him back to fluid balance, I daresay he would feel like a new man if you gave him only so much as a mouthful of water, or just enough to wet his lips. Minute amounts of vitamins sometimes produce amazing results. Many examples of this exist in the literature, the most notable of which was the use of rice bran extract in alleviating beriberi in Java in the early years of this century. It was because of this characteristic that vitamins were discovered and is the basis of further research today. Incomplete

"A piece of experimental work which I have recently done illustrates most strikingly how easily and unknowingly it is possible to affect food and change it to an incomplete metabolic support. I was raising a colony of guinea pigs on a commercial food recommended by Dr. McCollum's laboratory to be adequate for their normal development. The guinea pigs grew very well, reproduced, and seemed to live normal, happy, healthful lives to their usual stage of longevity. By way of a crude test I heated this food in a drying oven to 160 degrees Centigrade, for a period of two hours, and this so-called 'heated' food was fed to the animals as before. It looked the same, tasted the same, and was not in any way refused by the guinea pigs. In eighteen days all of the guinea pigs had diarrhea and were sick, many dead; and within

twenty-five days all of them were dead. This condition of heating could easily have happened accidentally by having the food stored in too hot a place over a furnace or sterilizer by some technician. The food comes in hard, dry pellets and is thrown around and treated rather roughly. It would not occur to anyone that food heated to this mild degree for such a short time could have caused such serious consequences. This experiment has been repeated at least six times and has never failed to produce the same results.

"A question which gives a somewhat different point of view to the problem is brought up by fractured bones. It is quite obvious that if you want bone-building materials, the best natural place to get it is from similar material; but wouldn't a food and drug inspector look rather silly chewing on a bone, trying to mend his broken leg, for instance? I doubt if his teeth would stand it, even though he had the persistence to gnaw on the bone. It consequently becomes imperative that some processing be done to the bone. This has been done and the fresh bones of young animals are carefully ground into bone powder and fed to patients where it is necessary to supply the enzymes and growth factors necessary to rebuild new bones. Even though nothing more is done to this product than to make it available to a human, it is immediately controlled and labelled a drug, by the Food and Drug Administration. It is impossible for me to tell when it would be a food or a drug, and I can't see how it could be used in its natural state.

"Moving along one step nearer to conditions that could be described as disease, we have such a condition in permicious anemia. This is mitigated and prevented by the feeding of liver. Twenty-five years ago patients with this disease were required to eat pounds of raw liver every day. This was so unpalatable that the patients would rather suffer the disability of their disease than force down a single mouthful of the food required to relieve them. In the course of these twenty-five years, the liver has been dehydrated, defatted, later extracted and finally the

potent substance vitamin B12 has been recovered as the effective agent. At the present time, it has even been synthesized and we can now make it from pure chemicals in the laboratory. Where does the transition occur which changes the raw liver, which alleviates the same condition that can be cured by the extract, from a food to a drug? Was the raw liver a food or a drug to start with?

Thyroid

"Carrying our illustration a step further, it is well known that in certain types of goiter the feeding of thyroid supplies iodine in organic form, which is very necessary in alleviating the thyroid deficiency. In order to make the material more palatable, desiccation, defatting and concentration offers a more esthetic product—easier for the patient to use. It is still, however, the feeding of a natural organ of the body which supplies deficient material, thereby mitigating or preventing disease or deficiency of that organ.

"A more striking illustration of this same pattern was shown many years ago by Claude Bernard, the great French physiologist, who found in his old age that by eating rooster testicles he could rehabilitate his waning strength. He felt better in every way by the support obtained from eating these glands and, contrary to what many people think, he did not take this material with the idea of improving his sexual potency. Again, desiccation and concentration of these materials to make them more palatable and more easily available, does not change the fact that they are still a food and are still potent. Despite this, however, the Federal Food and Drug Administration declares them a drug, and goes a step further and says that they are 'inert.' If they are 'inert,' how can they be a drug?

Glandular

"Here we see the entrance of a new pattern in F.D.A. thinking. This glandular material is efficacious as a food and is also efficacious in its desiccated and prepared form, but not so violently as to cause radical changes in the body that can be

measured by crude tests or measurements. Most of the results are subjective and recognizable only by the user. To prevent manufacturers from packaging and selling it in this esthetic form, they declare it 'inert' as a drug, yet refuse to recognize its use as food. It is typically a supplemental material and should be used as a food—a natural support of the

body's constant need.

"My first interest in endocrine therapy developed around an even more repugnant method of obtaining useful elements from the body's metabolism. We collected the urine of pregnant women and found that it carried a very potent hormone which overflowed from the large supply manufactured by the placenta. We proved its potency by feeding it to rats. It goes without saying that this would be a very unpalatable drink for a human. We, therefore, dehydrated the urine and fed the residue in capsule form to the patients. In this crude preparation we had sufficient potency to stimulate women in depressive psychoses in mental institutions to the point of rehabilitation. Since that time urine of pregnant animals has been used as the starting point for the production of estrogenic hormones in tremendous quantities.

Exception

"It is well known that the afterbirth is consumed by all animals; the human is the only exception. It is also well known that few animals bleed postpartum; humans again being the exception. This fact was used as the basis for making an extract of a crude nature which we fed by mouth to patients at the University Hospital in Baltimore while I was resident there, and it was found that it had a striking coagulating effect on the blood of persons who tended to bleed, both after delivery and in other conditions in which the clotting time was prolonged.

"I think I have given you a sufficient number of examples to indicate that almost any organ of the body carries food value for the improvement of a similar organ in another individual. In fact, I believe that one of the bases for poor nutrition in our highly civilized society is the great tendency to shy away

from accessory and glandular products of animals used for food, and to rely almost entirely on muscle products for protein.

"Under the present interpretation of the Food and Drug law, anything that is useful for the treatment or alleviation of a deficiency disease is designated as a drug. Carried to its ultimate conclusion, you can readily see that there can be no such thing as a food.

If then, foods are drugs by this arbitrary determination, why is it that the medical schools do not teach the use of foods and food elements as part of the therapy in the treatment of disease? Actually, there is hardly a medical school in the country that has a good course in the use of foods in health and disease. If the medical schools do not consider these things as therapeutic elements, where can the Food and Drug Administration find the 'consensus of opinion' to so interpret it for themselves?

"In order to understand the real necessity for

such a food supplement as 'Nutrilite' one must look carefully into the materials we place on our tables under the name of food--which is, as yet, not controlled by the Michigan law, or the Federal Food and Drug Administration. Let us take, for example, This is made from wheat, which has been processed to the point of removing all of its vitamins, minerals, enzymes and nucleoproteins, leaving the product sold to the public and to the baker nothing but high-grade starch with a little protein. This starch flour has been proven so lacking in health-giving elements that it is now enriched by the addition of nine vitamin and mineral elements to improve its efficacy in supporting normal health and in preventing deficiency diseases. The addition of these elements in the enrichment program to improve bread's efficacy and protective value must certainly now make it a drug, under the Michigan law. The residue of this wheat is processed into forms that are protected from perishing and are then sold to the

consumer as vitamin, mineral and nucleoproteins to protect him against deficiencies produced by eating the

devitalized bread.

Now we are faced with selling

these by-products of milling to the individual under the name of 'drugs.' Actually, most of it is sold to the farmer to fatten his livestock and he gladly buys it as the best food he knows about. I am certain he would be quite surprised if he were told it is a drug.

"It might be said that the concentration to which an element is removed from its natural state would determine its position as a drug. For instance, vitamin B12 exists in liver in very low concentration. In processing liver, vitamin B12 can be obtained in a highly concentrated crystalline form. It might be said that if given in concentrations of one hundred times that existing in liver it could be truly termed a tolerance in the individual. Similarly, vitamin B1 has been extracted from rice polishings; many tons of rice polishings being required to get a few milligrams of the crystalline vitamin. Here again when concentrated to certain values high above that which exists in its natural state it could be termed a drug, especially when it approaches the tolerance of an individual using it. But we have another example in what is still called food, in which the extractive is given in one hundred percent concentration in pure crystalline form and, so far as I know, nothing is done to prevent its use as a food. In fact, it would be a great help if it were restricted. outstanding example of this is sugar. It is pure sucrose, a well known chemical substance. Its use in its present volume is believed by many physicians and nutritionists to be a very potent reason for the development of deficiency disease throughout the world. Further processing leads to the production of glucose, a basic organic chemical substance in pure form. Glucose is used in enormous quantities as a constituent of foods and along with polished rice is probably the basis of beriberi in acute and subclinical forms throughout the world. It is recognized that giving it intravenously postoperatively as a source of calories may produce an acute beriberi. To prevent such a condition, glucose solutions are now 'enriched,' like white bread, with B vitamins before they are administered to the patient.

Glucose is truly a drug because it will actually poison the body and produce disease; yet it escapes control, and is even considered a food. Minute amounts of substances which protect the body against this poison are labeled drugs. Such reasoning is difficult for me to understand. Addition

"To approach yet closer to a pure chemical element that is a recognized food substance, we have sodium chloride, used as table salt, and combined with it is a Small amount of potassium iodine, added with the express purpose of preventing goiter in the goiter-belt states like Michigan and Minnesota. Is this a food or a drug? Not only is salt used to prevent disease, but at the present time it is being criticized in medical circles as the cause of edema in certain conditions of the heart and kidneys--the alleviation of which is accomplished by the complete elimination of sodium chloride from the diet. Here we have the pattern in which a food can be used for the prevention of a disease, and in other instances its elimination is protective.

"We are just now becoming highly conscious of the importance of traces of mineral elements in our diet, the most important of which are iron, iodine, magnesium, manganese, zinc, cobalt, copper and potassium. We have now been able to recognize endemic disease in certain localities of the world, due to the lack of certain of these elements. The one that leads this pattern is iodine deficiency in the goiter belt of the northern central area of the United States, of which Michigan is a part. Chlorosis, a disease which was very common forty years ago in young women, has now been recognized as due to an iron deficiency. Degeneration of heart and skeletal muscle, as well as kidney tubules, is now recognized to be present in potassium deficiency; a picture very similar to that produced by thiamin deficiency. Research in this field of vitamin and mineral deficiency continues at a breath-taking pace with each new discovery uncovering another pattern of human ailments attributable to deficient and ill-balanced food. It seems a rather shortsighted approach to the well-being and health of our people to pass a law restricting the addition of these elements to their diet to keep them happy and healthy. Inasmuch as 'Nutrilite' was designed with the express purpose of supplying the reasonable proportions of the 'Minimum Daily Requirements' of the known vitamin and mineral elements to supplement the average diet throughout the United States, I do not think that it can be called a drug, unless, as I stated in the first paragraph of this letter, all foods are drugs."

Chapter & Snt M.S., LUPUS, PELLAGRA

"M.S." stands for 'multiple sclerosis' -- and

'Lupus" for 'lupus erythematosis'.

These are the names of two diseases that are frequently mistaken for each other--and just as frequently mis-diagnosed because of their vague neurological symptoms. There are many young women today who are labelled with these diseases when the attending physicians uses these epitaphs for want of a better name. I will describe two such cases that have come to my attention.

About three and one-half years ago, a young woman 30 years of age gave birth to her first baby. She deliverred her baby in a hjospital setting. The baby girl weighed 7-3/4 pounds and was in excellent condition. The husband offered the observation that almost from the time she delivered the baby she began to have peculiar symptoms associated with her nervous system. She was later seen by three physicians in her home area--two of whom were neurologists. Her symptoms were so bizarre and variable that one doctor actually called her a 'neurotic' and discharged her. After approximately a year had passed, she became so unsteady on her feet that she would fall down, and fall out of her car, and was unable to take care of her baby. She was in and out of the hospital, on several occasions.

Her husband became so alarmed, he felt he was about to lose her unless something more could be done for her. He called me and asked me if I could arrange an appointment with a top neurologist at John Hopkins. She entered The John Hopkins Hospital under the care of Dr. Thomas Preziosi Assistant Professor of Neurology and one of the finest and most conscientious physicians that I know of. She was at the peak of her symptoms when she was admitted to the hospital. Dr. Preziosi considered three tentative diagnoses—the first one 'aneurism in the circle of willis' (a ring of blood vessels at the base of the brain). 2. 'lupus

erythematosis' and 3. 'multiple sclerosis'.

We were always admonished as students at The John Hopkins Medical school, that a diagnosis must be preceded by a very careful history of the patient, giving the natrual progress of their symptoms from early life to the present illness. The husband told me that he tried with every physician who saw his wife, to tell them about how rapidly she deteriorated after her baby was born, and that he always felt that the pregnancy had something to do with her illness. All of the doctors refused to pay any attention to this history of post-partum symptoms and assured the husband that the accumulation of laboratory data, X-rays, cat scans, and moving pictures of the dye passing through the various areas under consideration called 'cino-radiographs', would be sufficient to clinch the diagnosis.

The diagnosis of 'aneurism', which seemed very plausible at first, was discarded after another four days. The diagnosis of 'multiple sclerosis' was pursued with great diligence—but the doctor himself, in all honesty, told the patient and her huysband that the base is was a diagnosis of exclusion, rather than an accumulation of positive indicators—but that that was

the best diagnosis they could make.

I was informed that the patient was sent to another hospital associated with Hopkins, where a newer model of the cat scan equipment was available. It was said that with this more sophisticated equipment more detailed pictures showed definite sclerotic plaques in the brain, that made the diagnosis of 'multiple sclerosis' a positive one. The attending doctors were sure of their diagnosis!

This patient was placed on a treatment regimen of intravenous cortisone for ten days before she was sent home. About six months later she showed a numbness and weakness in her arms and legs. She went to a local neurologist and was given intravenous cortisone in the hospital, as indicated. It was obvious that she was getting worse. The husband realized that he was going to lose his wife if no other pattern of treatment could be found to help her.

The husband, who had been my patient for 24 years, called and asked me what my opinion would be in the situation, and over the phone I told him that I would take her off the cortisone and put her on estrogen, vitamins, minerals, thyroid hormone, and iodine. Te immediately remonstrated and siad that his wife was only 31 years old, but why was he so satisfied that she should take cortisone and be so opposed to estrogen? Cortisone is a male type steroid, and estrogen is a female type steroid. He had no answer to this statement of fact--and asked if I would talk with his wife. She also remonstrated with the remark "I am only 31 years old-why should I need estrogen?" I then told her that since she was only 31 years old, the should she need cortisone--which was a male type of hormone. She became impatient and did not want any further explanation of why she should take estrogen, but agreed that she would take it if I would tell her husband how to prepare the things I had recommended.

I put her on estrogen 0.625 milligrams every day--plus a vitamin-mineral-and iodine combination that she and her husband and baby should take every day--but only she swas to take the estrogen. Right from the first dose she began to feel better, and continued to do so until her local family physician stepped into the picture and said that she had to stop the estrogen five days before her period and five days through her period. Within a short time on this dosage she began to go bad in spells that corresponded with her period time.

She would get so bad that they would have to take her to the hospital. It was with great reluctance that she realized that she wet bad when she stopped taking the estrogen for the ten day interval before her period and through it. I modified her estrogen regimen to two tablets a day—one in the morning upon arising, and one at 4 p.m.—and to stop only one of them five days before her period and five days during her period—and she has not had any breakdown since that time. In fact, she looks extremely well and is capable of carrying on all of her social and family

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duties, and has energy enough to give dinner parties that she prepare herself. Strangely, however, she still does not want to give up the idea that she has multiple sclerosis, and attends meetings of people in her community who have been diagnosed with this disease.

I have treated hundreds of patients like her, but have never called a single one 'multiple sclerosis'. My early practice was so completely involved in taking care of young women with this condition, that I never suspected that there were few who did not have some need of metabolic support after the birth of a baby. Sometimes they did not go bad after the first one, but they would get the sumptoms after the second. If they were fortunate enough toget by with the second one, it was almost guaranteed that they would have it with the third one.

-Tranquilizers?

On June 10, 1973, I received a letter from Geigy Pharmaceuticals advertising 'Tofranil', a tranquillizer for young women who had just had a baby and who were unable to take care of their family tasks, their husband and the baby without despressing their nervous system. I sent the following letter of reply to their company. In their letter acknowledging my communication, there was no discussion of this metabolic relationship whatever.

Mr. Frederick E. Muster, Director of Medical Services Geigy Pharmaceuticals

Dear Mr. Muster,

Recently I received a pamphlet from you, advertising your product "Tofranil", a brand of imipramine hydrochloride. There was a picture shown of a young woman holding her baby, and in your message to the doctor were the following statements: "A new baby is nothing to cry about. Eight months ago this young mother happily gave birth to a beautiful baby--now she's depressed. While she eagerly expected

her child, she now finds herself crying more than the baby and 'for no reason at all'. She fells utterly tired from the early morning on. Sahe doesn't have the strength to take care of her baby, her husband, or herself. She feels lost. If these symptoms, along with a patient's overall behavior, indicates to you that your patient is in a state of depression, remeber "Toframil" imipramine hydrochloride Usp, is generally

effectie in a variety of depressive states."

I have been in practice now for 35 years and have concentrated on treating just this type of case, but never have I had to resort to a tranquillizer of any kind. Yes, these young mothers cry--but not "for no reason at all", as you state. They cry for a very real reason, and the reason is that they have become so depleted in their metabolic materials, from the pregnancy. Some of them are so depleted that they have ended up in the hands of psychiatrists, where they have been given shock treatment. I have had a number of such cases that I have taken out of the John Hopkins Phipps Clinic and the University of Maryland Psychiatric Clinic in Baltimore, and the Psychiatric Clinic of the Medical College of Virginia in Richmond.

All of these patients, have made spectacular recoveries by rehabilitating them with vitamins, minerals and hormones; the only metabolic agents in the medical armanentarium to help anybody. Not only have these young women regained their normal feelings of happiness and are able to take care of their babies, their husbands and their households; but they have again become lovely feminine persons, with all of the sexual desire and attraction that naturally belong to them. In many cases of postpartum depression these functions disappear, never to return, and it is falsely blamed on a transference of the mother's affection from her husband to the baby. This is a sad excuse, and adding "Tofranil" only depressed the situation still further.

I discussed this pattern of illness in a paper delivered to the New York Academy of Dentistry on February 13, 1958, entitled "The Role of Some Nutritional Elements in the Health of the Teeth and

Their Supporting Structures".—This paper is available in my book, "Metabolic Aspects of Health" on page 229. It is self-explanatory.

It is sad to me that this type of advertising literature is fed to our young doctors, and they use it eagerly to 'get rid of a patient', rather than making the effort (which is sometimes difficult) to rebuild the patient back to health with metabolic agents. I could give you a lot of examples, but I am sure you understand.

where I was introduced to a woman about 40 years old. She had had four boys, which had left her in a state of crippling arthritis. She was seen by a specialist at John Hopkins, who made the diagnosis of 'lupus erythematosis' and gave her cortisone by mouth. When she heard that I was a graduate of Hopkins, she was very anxious to tell me her story and how grateful she was for the help that she had gotten from the specialist in arthritis. When

When I asked her if she was taking any estrogen and supportive medication, she said "No"--not even potassium. Here again was the same story--debilitation from pregnancy--in this case four pregnancies instead of one. Although she felt a great improvement from her symptoms, she was far from being as healthy as she could be.

On February 3, 1984 Dr. Simon Margolis, Professor of Emiochemistry at John-Hopkins gave a lecture to the Senior Alumni entitled The Billion Dollar Health Rip-Off". I was unable to attend the lecture and asked a friend of mine to make a tape recording of it for me. Dr. Margolis refused to allow a recording of his lecture. My secretatry went along and took some shorthand notes of the lecture, which she found was a constant derision of viamin and mineral supplementation to the diet--and with the statement that all of the necessary vitamins and minerals could be obtained from the proper selection of food from any food market--and that any people buying vitamins and minerals as supplements to their diet were being "ripped off" and wasting their money, and

unnecessarily enriching their urine. It is this kind of lecture given to the second year students in Medical Schools that biases their minds against supplementation for themselves and their patients.

When I gave similar lectures to the fourth year class of medical students at the University of Maryland Medical School—their enthusiasm in the use of these materials was unbelievable. The head of the Rharmacy would call and tell me that he knew I was giving the course because the students were therebuying vitamins and minerals for themselves, their families and their friend? It was a thrill to hear their stories and watch them improve their health. And what is more, they never missed a session of an 8 o'clock class, and were always asking for more sessions to be added to this course. One of the cases that occurred during these sessions is worth describing.

The patient was a man 63 years old, who was a watch-maker, bornin Germany. I went to see him to have him make some delicate watch parts. When he opened the door I could hardly believe what I saw. His hair was full of a crusty, white plaster-of-paris-like material--and this material was in his ears also and around his face. He remarked, "You are surprised at what you see?" I said, "I certainly am." He invited me in and could hardly wait to show me some sights I shall never forget. He took off his shirt and exposed a pair of 'long-john' underwear that he used to absorb the excretion of serum from under his arms and between his legs, that looked like brown molasses. I asked him what kind of treatment he was getting, and he told me that he was going to the Dispensary of the Juniversity of Maryland Medical School, to the Department of Dermatology. I asked him what he was being treated for and he said "Dermatitis"--for which he was spreading Cadeberry Ointment on his skin. I asked him if he had had any additional supplementation and he said "No."

I found out that he had worked with his father, who was a watch-maker in Germany, and-starting at the early age of eight years. He had boiled watch parts in a solution of sodium cyanide, which was a metal

claener and is still used today. He stood on a box beside the stove and inhaled the steam from this boiling solution. This slowly poisoned the respiratory cycle of the cells, so that the condition we were looking at was 'pellagra.' I had him come to my office and gave him intravenous B-Complex, with large doses of Niacinamide and Riboflavin. He made a most remarkable recovery and I took him to the class to show them this remarkable demonstration of how a systemic disease like pellagra could be mis-diagnosed as a 'dermatitis' -- which was one of the cardinal points of diagnosis for this classical disease. The four 'D's' of acute pellagra are: dermatitis; diarrhea; dementia; and death. I thought this was a great opportunty to have the students see how easy it was to mis-judge a systemic disease like pellagra and treat it only for its mildest symptoms of dermatitis. Unfortunatelythe Professor of Dermatology did not agree.

On another occasion another 60 year-old man was being treated for a severe dermatitis fof his arms and chest, and he was also being treated for heart disease. # he could hardly get his breath from walking up a slight incline. The same Professor was treating his dermatitis. When I gave him the B-Complex to relieve his heart symptoms, his dermatitis disappeared also.

As the Resident Physician of an Episcopal Hospital I was required to take care of forty elderly women as who were patients residents of the Hospital Infirmary. They were lovely ladies who had come from the finest of our society. On the first day that I was introduced to them as their physician, I went over their medication with the nurse. With the very first old lady I asked her how she was doing with her digaitalis. She hesitated and then said, "Doctor, we don't take it." "What do you do with it?", I asked her. She replied, "We throw it down the toilet." When I asked her "Why?" she said, "Because it makes us feel sick in our stomach. We are all on digitali." The nurse was unaware of this action and so she dutifully gave them digitalis every day. I asked the old lady if she would be willing to take a new drug to see if it would help her, and she was overjoyed to join in such an experiment.

(amegry) (2 remarkABLES)

In my Medical School days, I exposed the brains of dogs, cats, monkeys and chimpanzees in order to trace the nerve pathways from the motor cortex to the various moveable parts such as fingers, toes, etc. The animals were under anesthesia for about 3 hours. Although we tookevery possible precaution to save the animals, they seemed to die from the anesthesia, which was usually inhaled ether. One of the Medical Interns in the Hospital suggested that we give our animals 'Coramine' injections at the end of the experiment, to prevent this loss of the animals by the inhalation of

ether--after which we never lost another animal.

The incident with the old ladies and their response to digitalis made me recall my experience with the dogs on 'Coramine'. I also remembered that the Ciba company had stored many cases of 'Coramine' in 3-ounce bottles in the Interns' quarters, to interest them in using it--which they had never done. I thought this was agreat opportunity to test this material on these elderly ladies who could not take digitalis. I gave each of them a bottle and asked them to take a teaspoonful in three ounces of water each day. At the end of one month all of these ladies were up and around, and many of them were going out of the Infirmary and shopping downtown. All of them commented how much better they fel, and many were not wetting themselves as much as they had been doing previously. Since that time I have been using 'Coramine' for all of my heart patients. It is amazing how quickly they respond in their symptoms--particularly a lowering of their pulse rate and the elimination of their skipped beats.

Coramine' is a form of Nicotinic Acid which was found by Dr. Goldberger to be the cure for pellagra. The old ladies' response to 'Coramine' showed that they had pellagrous heart disease. There are many more older people who would respond dramatically to this support help.

Last year the Dean of the Johnshopkins Medical School, Dr. Richard Ross, sent a form letter to all of the Alumni, telling them of his efforts to make Johnshopkins the top-grade Medical School of the country. I

wrote him a letter and suggested that more of these physiological agents be used, in place of the drugs supplied by the Pharmaceutical Industry. I gave him the story of the old ladies and their response to Coramine' when digitalis made them ill--and I enclosed a copy of the book I had put together entitles "Metabolic Aspects of Health", to give further illustrations of the effectiveness of metabolic support with vitamins, minerals, hormones and iodine. He sent me a short note acknowledging receipt of the book and stating that he thought the story about the Coramine' episode was rather interesting. At one time, Dr. Ross, Dean of the John Hopkins Medical School and Professor of Cardiology, was also President of the Maryland Heart Association and President of the American Heart Association. During this interval he felt that coronary heart disease could be eliminated by the removal of eggs from the marketplace. He made a bet on television with the President of the Southern States Egg Cooperative that he would see the time when eggs would be removed from the diet. He lost that bet.

From these illustrations you can easily see that heart drugs like Beta Blockers, Propanolol, Tenoramin, and many others of similar nature are being used to treat hear disease—while the normal physiological support is being denied. These patients are then picked up by chiropractors, naturopaths, and other health professionals and given a new lease on life. It is a sad commentary on Medicine while we watch these patients struggle with heart transplants and artificial mechanical hearts. What a way to go—Multiple Sclerosis; Lupis and Pellagra.

From this experience we can conclude that many of our elderly patients with heart disease problems, are suffering in some degree from pellagrous heart disease, and will only get worse when given heart drugs instead of physiological support with vitamins, minerals and iodine.