the FELIX Letter
A COMMENTARY ON NUTRITION
NO. 32 1987

CAN DIET SHRINK THE ENLARGED PROSTATE?

Early this year, President Reagan underwent surgery to remove non-cancerous overgrown tissue from his prostate gland, a repeat of the surgical procedure performed on him some years earlier for the same problem. "Benign prostatic hyperplasia" is so common in men over age 50 in the United States, it's considered almost an inevitable fact of aging. Medical texts offer little encouragement, describing available treatment as largely stopgap measures, not cures. One states bluntly: "At the present time, no agent is available to shrink the prostate effectively" (Conn's CURRENT THERAPY, 1986). If the problems caused by swollen tissues become too disturbing (very frequent urges to urinate, difficulty in starting the urinary stream and in emptying the bladder completely, interrupted sleep because of waking to urinate, changes in sexual function, etc.), surgery is held out as the only dependable cure. Judging by the President's case, even that may require a repeat performance.

My advice to men: don't give up that easily! In FELIX LETTER No. 8 of June 1982, I wrote about the case of "Hank," a middle-aged man suffering from enlarged prostate for a number of years. With the help of his new wife, he started on a program of better diet plus supplements. Within a year, there was considerable alleviation of his symptoms.

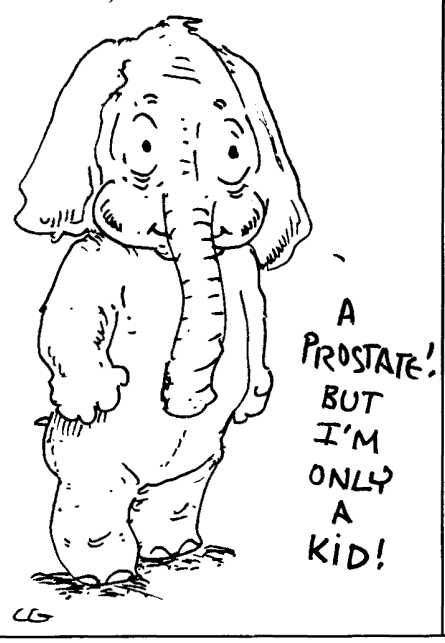
A follow-up on the case turns out to be even more encouraging. At the time, I had pulled together a nutrient program for Hank from every alternative health care source I could find. A year or so later, I began working with Donald O. Rudin, M.D., to adapt his unpublished biomedical/nutrition text in popular form. His revolutionary insights concerning the "missing-link nutrients" — the Omega-3 essential fatty acids — were providing answers to questions I had been asking for 30 years. I recommended to Hank and his wife that they add Omega-3 oils to their regimen. Today, Hank is free of any symptoms whatsoever. He's three years older, but his prostate seems to have gotten younger!

Foods for Healing

These are the measures that worked for Hank, described in detail in F.L. No. 8. First of all, after his marriage (a second one for both), his generally poor diet improved greatly. He was eating, on a regular basis, brown rice, lots of steamed vegetables, whole grain bread, and fish, and a minimum of junkfood. Daily supplements that I originally recommended included 1000-5000 milligrams vitamin C; 200-400 IU vitamin E; calcium/magnesium tablets (Hank used almost no dairy products as calcium sources); two tablets 800 micrograms each of folic acid; 3-6 capsules of soybean lecithin; multimineral tablets, especially including the RDA of manganese, chromium, and selenium; 30-50 milligrams of zinc; and capsules containing a mixture of the amino acids glycine, alanine, and glutamic acid, available in health food stores.

In addition, he took raw bovine prostate concentrate, also available without prescription from health food stores.

He also began, for the first time, to eat raw pumpkin and sunflower seeds; folklore in many countries associates these seeds "with freedom from prostate troubles and continued male virility into great old age" (F.L. No. 8).



The chief Omega-3 contribution came from linseed oil, used in sauteeing fish and added to rice and vegetables. Capsules of cod liver oil or fish oil were taken daily.

Now that he's back to normal, Hank has cut down on his supplements to a few times a week instead of daily. However, he still takes vitamins C and E, zinc, and the fish oils almost every day.

Special note: The capacity to assimilate nutrients may lessen as men reach their 70's and 80's. While I'm not an advocate of "More is Better" with regard to supplementation, in the case of older men vigorous use of higher potency supplements can enhance absorption and utilization. Zinc, vitamins C and E, and the fish oils especially can be used generously.

Why Does It Work?

Why do simple vegetable and fish oils help men recover from an ailment that, according to modern medicine, is essentially uncorrectable?

Reason No. One: The Omega-3 fatty acids contained in these oils supply highly unsaturated molecules specifically needed to create resilient, flexible membranes in all body cells.

Cell membranes are the keys to healthy cell function. Like factories going day and night, each cell in the body carries on endless metabolic activities: protein manufacture, energy production, waste disposal, nutrient exchanges, and so on. Added up, they become the sum total of how we function as individuals. Much of the cell's work takes place in its membranes. A deficiency of Omega-3 fatty acids results in faulty membranes. Faulty membranes produce ailing cells. When we provide the missing Omega-3's each cell that recovers contributes to the health of the prostate and the body as a whole.

Reason No. Two: Omega-3's from vegetable and fish oils can be transformed into prostaglandins. Prostaglandins act as ***local hormones,*** assuring that messages from the major hor-

mones in the blood will be activated by the proper cells. Prostaglandins made from both Omega-3 and Omega-6 fatty acids are regulators of bodily functions. This knowledge, barely a decade old, has great medical implications. We understand now that the Omega-3 and Omega-6 fats we eat have a direct impact on the kinds and amounts of prostaglandins we make. When Omega-3's are lacking in our diet, we have a tendency to make too many of the wrong kinds of prostaglandins from Omega-6 fats. These are known to cause trouble: e.g. pain, inflammation, and spasms in arteries, muscles, intestines and bronchial tubes.

When we 'refuel' our Omega-3 reservoirs, runaway prostaglandins quiet down and healing can take place.

Overgrowth (hyperplasia or hypertrophy) of the prostate gland might very well have its origins in multiple nutrient deficiencies, plus the chronic Omega-3 deficiency which is standard in most people's diets today. If, due to this lack, a man's prostate gland functions poorly, hyperplasia may represent his body's attempts to compensate by increasing the working area of the gland — a phenomenon well-known in nature.

The healing and renewal that can take place when all dietary factors are supplied will not, of course, happen overnight. Patience is important, but the gains are lasting and may even show up in additional, unexpected ways.

Dr. Rudin tells me that in a group of his patients who recovered from enlarged prostate, one man also found that his chronic tinnitus (swooshing and ringing noises in his ears) had quieted down considerably. Another patient realized that his lifelong dandruff had permanently disappeared as well! ■

I'D RATHER BE POOR.

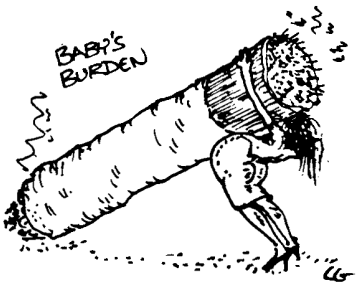
Gloria Steinem, in Berkeley in December to sign copies of her new book (on Marilyn Monroe), was met by a small band of protesters carrying banners. They were criticizing the feminist editor of MS. magazine for running cigarette ads and for underplaying smoking-related health issues in the magazine. Their signs read: "MS. smoking ads would be like EBONY advertizing the Ku Klux Klan." They were referring to the undeniable connection between the great rise in numbers of women smokers in the last few decades and the corresponding surge in lung cancer — once a 'male' disease but now the ***number one fatal cancer in women.*** To make the smoking/cancer correlation even sharper, the same period has seen a ***drop*** in lung cancer in men as the percentage of men who smoke continues to decline. As reported in THE DAILY CALIFORNIAN on December 11, Steinem was asked: "Why does MS. still accept cigarette advertising and why has it failed to provide any coverage of the smoking issue?"

Her answer was that MS. must accept cigarette advertising if it is to survive economically. The power of vested interests to influence what we read stood out nakedly as Steinem described what happened when, months ago, MS. planned a special issue on women and addictions, including addiction to nicotine. Steinem said: ***"Because we are focusing on addictions, none of the cigarette or alcohol companies would place advertisements in the February issue. We have had to spend the last six months finding other advertising."*** ■

PREGNANT AND HEALTHY

Abruptio placentae is one of the scariest scenarios in pregnancy. The placenta separates prematurely from the uterine wall while the fetus is still in the uterus. Ordinarily, the placenta and umbilical cord — the baby's life-support systems — accept nutrients, oxygen, antibodies, etc. from the mother's circulation. After the baby is born and the cord tied, the placenta, no longer needed, is expelled as "afterbirth." Abruption of the placenta constitutes the gravest kind of obstetrical emergency. I know, because it happened to me seven weeks before my second child was due.

The story ended happily. I was delivered by speedy Cesarean section of a tiny but scrappy little boy. He survived only since I was in the hospital because of prior complications. Luckily, my obstetrician, who was chief of staff, was on hand that morning to marshal a lightning-quick team which had me prepped and up in Surgery in minutes. Afterwards, he told me that when he hauled my son out in record time, the umbilical cord had only a few minutes worth of oxygenated blood left. A delay would have been fatal.



That was over thirty-five years ago, but despite advances in medical technology, ***abruptio placentae*** is still a leading cause of infant death. When it happens outside of a hospital setting, uncontrolled hemorrhage can lead to the mother's death as well. Medical texts have little to say about its cause . . . it's one of many 'mysteries' in obstetrical practice. I have a journal report which casts a different light on the matter (Sharma et al., ***Internat. J. Vit. Nutr. Research,*** 56:3-9, 1986). In 44 women who had suffered abruption of the placenta, blood levels of vitamin A, beta-carotene (pro-vitamin A), and vitamin E were significantly lower than in 86 women with normal pregnancies. Earlier studies had shown that vitamin C and folic acid levels also were lower in pregnant women who suffered ***abruptio placentae.***

One of the reasons I publish THE FELIX LETER is to disseminate information that wasn't around when I was rearing my own kids. To be honest, I didn't know beans about nutrition; it never occurred to me that the state of our health had anything to do with the food we ate. My ideas about feeding a growing family came from Fanny Farmer-type cookbooks and the ads in women's magazines. A well-balanced meal ***always*** had a sweet dessert. Whole wheat bread would scratch the intestines. A conscientious mother served all vegetables drowned in White Sauce — the first recipe girls in my day were taught in junior high Home Economics classes. It was made of white flour, salt, and butter or Crisco, and resembled warm library paste. I hated it, so I skipped the vegetables for my family, figuring what's the use? We filled up on meat, white bread, crackers, milk, cookies and desserts.

So we were as healthy as horses, right? You bet: colds every month, allergies, tonsillitis, bronchitis, ear aches, stomach

upsets, and cranky spells — parents and offspring both. For me, the nearly fatal second pregnancy. Difficulty maintaining breast milk after 3 or 4 months. Tiredness much of the time. The doctors and pediatricians said we were normal. Hah! They had low standards. One of our friends was a pediatrician and his two kids ***always*** had runny noses!

Diet & A Healthy Placenta

Nowadays, by applying some knowledge and foresight, young parents or about-to-be parents can sidestep certain problems in child-bearing and rearing that were looked upon as unavoidable in the 1950's, specifically the nutrition-related ones. Take ***abruptio placentae,*** for example. Thomas Brewer, M.D., and his wife, Gail Sforza Brewer, don't think it's as mysterious as medical textbooks imply. They've been working for years to establish the primacy of good nutrition as a first-line defense against obstetrical nightmares. In THE BREWER MEDICAL DIET FOR NORMAL AND HIGH-RISK PREGNANCY, Simon & Schuster, NY, 1983, they state:

> ***The placenta is anchored to the wall of the uterus by strands of connective tissue that run from the surface of the placenta deep into the surface of the uterus. These strands are like guy wires that hold a circus tent in place: they need to have enormous tensile strength to hold up under stress and strain . . . When the strands cannot withstand these stresses, the placenta shears off from its moorings . . . The connective tissues strands holding your placenta secure are composed of collagen, a protein substance that is strongest when you are well nourished. If your diet does not keep up with the demands of your pregnancy, defective collagen synthesis leads to weaker connective tissues and the threat of abruption.*** [Vitamin C is needed in amounts well above the RDA to enable us to make and maintain collagen properly on a daily basis. CF]
> ***We have counseled numerous women who have experienced two or more abruptions and lost their babies. When they corrected their diets, they were able to carry their subsequent pregnancies to term with no abruptions. Good nutrition made the critical difference.***

The placenta's ability not only to hang on to the uterus for dear life but to perform its complex tasks, depends on ***optimum blood volume,*** which the Brewers say is achieved, again, by the mother's careful attention to nutrition. A hazardous condition known as "placental insufficiency" arises from ***reduced blood volume caused specifically by undernutrition.*** In RIGHT FROM THE START (Gail Brewer & Janice Greene, Rodale Press, 1981), the authors note: ". . . many studies have shown that when a woman's diet is improved, even in the last month of pregnancy, her placental function improves due to the increased blood flow through it."

Toxemia is Preventable

Metabolic toxemia of late pregnancy (MTLP), sometimes called preeclampsia, is a complication which doctors dread. Women with this condition, marked by low blood proteins and low blood volume, ***often have a history of malnutrition.*** The low blood volume causes a reduction in blood flow to all organs, including the placenta. Blood pressure rises, water and salt are retained abnormally ("edema"), and protein shows up in the urine where it doesn't belong. Uncontrolled MTLP is a major cause of fetal death.

Dr. Brewer and his wife point out that not long ago, traditional prenatal care practices to prevent MTLP included rigid weight control (keeping total weight gain to 15 lbs.), the use of low-calorie, low-salt diets, and drugs like amphetamines to control appetite. These measures "in fact ***caused*** MTLP in large numbers of pregnant women who carefully followed such recommendations without question."

Luckily for young mothers today, most physicians have discarded this (mis)treatment protocol. The Brewers state: "The most important message about MTLP . . . is that it is now ***totally preventable***" — through stress-reducing measures, comfortable exercise, and conscientious attention to the mother's and unborn infant's nutritional needs.

After my children were grown and I was back in the university for a science degree, I ran across a study on pregnant rats which showed that a dietary deficiency of folic acid could provoke placental abnormalities similar to mine. (My little furry sisters-under-the-skin!) Low folic acid is almost the rule in modern (human) diets. In the first-mentioned work by Sharma, not just folic acid but vitamins E, C, A and beta-carotene were found to be low in the women who had ***abruptio placentae.*** Our bodily functions depend on subtle interactions among ALL the nutrients. Any that are missing or in short supply can undercut our health. In pregnancy, requirements became highly sensitized. Nature doesn't fool around! The young women who subsists happily for years on cokes, french fries and cigarettes finds herself in deep trouble if she continues this life style when she gets pregnant.

By the same token, we should stay alert to the newly discovered role the Omega-3 fatty acids play in regulating cellular activities during the amazing process of fetal and maternal tissue growth. If you've been following THE FELIX LETTER for a few years, you probably know that modern food processing practices, together with big changes in our eating habits, have essentially robbed us of most of the Omega-3 fats we require for bouncing health. When we put them back in our diet, things begin to fall into place, healthwise. In no situation is this more important than in the maternal diet! Omega-3 and Omega-6 fatty acids are needed to form the membranes of every single one of the billions of cells in the expanding maternal tissues and the fetus. The unborn baby needs especially large amounts in its brain and its eyes.

My preemie -- at four months.

Easy Ways to Restore Omega-3's

While the factors which conspired to remove the Omega-3's from the national diet are many and complex, the means to put them back in our diets are extraordinarily simple. Best of all, we can control the process ourselves.

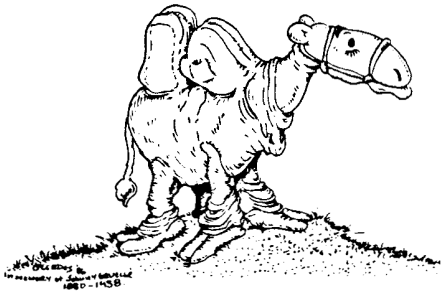
- Throw out all margarines, partially hydrogenated oils, and shortenings. Replace them with high Omega-3 oils: linseed, walnut, nonhydrogenated soybean, and wheat germ oils, and a little bit of butter if you like it.
- Eat walnuts, beechnuts, and butternuts. They're highest in Omega-3's. Keep them in the freezer. They stay fresh longer, and you can eat them right out of the freezer.
- Emphasize the high Omega-3 beans: soy, navy, pinto, large Northern, kidney and red.

All of these foods are high in ***alpha-linolenic acid,*** the "parent" Omega-3. They're also good sources of ***linoleic acid,*** the "parent" Omega-6. Both are "essential" fatty acids, because they are vitaminlike in their actions in our systems and, like vitamins, they have to be gotten from food.

Is Fish Oil or Cod Liver Oil Better?

Even though our remarkable bodies can manufacture EPA and DHA from alpha-linolenic, it's advantageous to also get these super-unsaturated Omega-3's in ready-made form. Fish — the fatter the better — and shellfish contain EPA and DHA. Those who want extra amounts can take a teaspoon, or approximately 5 large capsules, of the new fish oils, or of cod liver oil, a few times a week. Individuals who for therapeutic reasons are taking more than this are better off with the fish oils, rather than cod liver oil. Fish oils don't contain vitamins A and D. A and D can have toxic effects if consumed regularly in large amounts. Cod liver oil, with its high A and D content, is a fine product taken in small doses, but may provide too much of these vitamins if taken daily in tablespoon amounts over a long period of time. I'd rather get my extra A from beta-carotene (from plant sources).

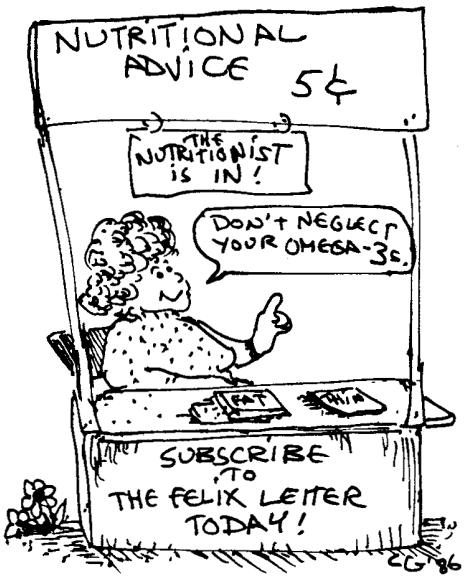
All of the above are ***not*** daring or experimental foods! The use of the fiber, seeds, and oil of flax (linseed oil) was common in ancient times. Roman soldiers marched with rations of bread made of whole grain flour and flax seed. Cod liver oil is an early friend of man, and fish oils were used in canning fish until government edict ended it, for commercial, not health, reasons. When we add the high Omega-3 foods to a sound diet of vegetables, fruits, and berries, plus whole grains, nuts, seeds, sprouted seeds and beans, dairy, and a little poultry and meat, we're subscribing to a time-tested way of eating that protected and nurtured everybody, including pregnant women and their unborn children, for centuries past. ■



THE ROYAL OIL

Just after New Year's, I was in New York City on book business. (THE NUTRITION BREAKTHROUGH OF THE '80's — The Omega-3 Phenomenon by Donald O. Rudin, M.D. and Clara Felix will be published this spring or early summer by Rawson Associates of Scribner/Macmillan.) At the Metropolitan Museum of Art's haunting Egyptian collection, I learned that the burial cloth of choice for royal and upper-class Egyptians who enjoyed mummification was ... ***linen.*** One display case shows the tomb of a favorite concubine of a man of substance in 2060-2010 B.C. Large woven sheets of linen with fringed edges were used as palls over the coffin, containing the well-preserved if not toothsome lady, who is wrapped in linen strips in the usual fashion for mummies. Another display of marvelously preserved bolts of linen (1504-1379 B.C.) is described as "Finest quality linens woven during Dynasty 18. Their feather lightness and transparent quality cannot by duplicated by modern techniques and may be due to early harvesting of the immature flax plant and manual spinning of the yarn." A carved boxwood and ebony chair from the burial chambers of a royal couple of this era is displayed, with this description: "The back panel contains an openwork frieze of the god Bes flanked by the hieroglyphic signs for stability and protection. The woven seat is original and consists of triple strands of linen cord arranged in a herringbone pattern."

All of this is to let readers know that 3000-4000 years ago, Egyptians were growing flax, or linen, ***(Linum usitatissimum)*** along with the cotton for which they became famous. The fiber was spun to make linen, and undoubtedly the seeds were pressed for use as cooking oil, as they were then and still are to this day in India. Flax seed and the oil expressed from it are among the richest sources of Omega-3 alpha-linolenic acid known. I'm simply assuring readers that if, as espousers of the dietary use of linseed oil, we are accused of food-faddism, we can point out modestly that our food-faddism is of the vintage sort shared by kings and concubines. ■



Illustrations are by Clay Geerdes and other artists as noted.

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