

## BYPASSING SURGERY

When I was a kid, having one's tonsils and adenoids surgically yanked was almost inevitable, like circumcision for a Jewish baby boy. I still remember at three years of age yelling and fighting for my life as the doctors and nurses pinned down my arms and legs, clamped a mask on my face and tried to smother me. (How could I know they were only trying to administer ether?) A few years later, they pulled the same thing on me and, again, I fought like a little wounded tiger. This time it was middle ear surgery for mastoiditis. I was five, and I had a whole year ahead of painful weekly treatments. I remember sobbing desperately before, during, and after each one, and throwing up all over my sweet, patient mother.

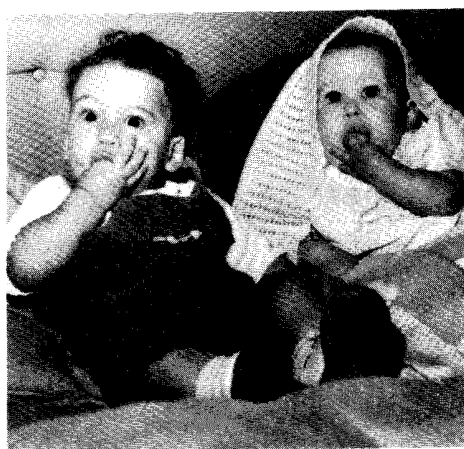
At age 20, married only a short while, I had to have my appendix taken out. At age 26, pregnant with my second child, I was in the hospital for weeks at a time because my placenta was anchored too low and kept pulling away from its moorings. Placenta previa, it was called. Six or seven weeks before the baby was due, the placenta separated completely from the womb. Miraculously, I was still in the hospital that morning and so was my obstetrician. Afterwards, he told me there were only minutes of life-giving oxygenated blood left for the baby in the umbilical cord when he hauled out my son, in record time, by Cesarean section.

Like many of my woman friends, secretly I was thrilled at playing leading lady in these real-life medical dramas, a "mature" version of adolescent daydreams with me as the heroine and my gallant doctors the rescuing heroes. The more terrifying the episode, the more poignant my fantasies became. Though, I had a hard time whipping up suitable romantic visions some years later, when I became the reluctant star of a hemorrhoidectomy production!

### *The Worm Turns*

Meanwhile, my outlook and lifestyle were undergoing an accelerated maturation-fermentation, like pickles roiling in a barrel. The catalysts were nutritionist Adelle Davis' books in the mid

1950s. I was experimenting wildly with strange foods and even stranger things called vitamin supplements, goaded by Davis' electrifying descriptions of the devastations to the mind and body when key nutrients were in short supply. She had, of course, sketched my family and me to a T! The big and little complaints our doctors couldn't explain began to make sense when seen as aspects of numerous biochemical imbalances created by our lousy diet. I now had a choice. I could continue to limp along on one cylinder, forever hauling the kids and myself to the clinic for sore throats, tonsillitis, bronchitis, ear infections, skin rashes, and so on, while we went on eating our all-American diet based on Three Food Groups: Meat, Sweets, and Grease (also Green Stuff, i.e., three peas and a lettuce leaf per child per week).



Or, à la Davis, I could use the family fare to clean up existing ailments and head off future ones. Believe me, this was a revolutionary concept for a nutritionist-biochemist like Davis to espouse at that time. *Nutrient deficiencies* in the prosperous '50s? Heresy and rubbish!! But it worked for us. In a matter of months we got visibly healthier on a regimen largely bypassing our beloved sweets and processed stuff in favor of whole grains (brown rice, millet, whole wheat, oatmeal, barley, and buckwheat), yogurt, lean meat, liver, fish, wheat germ, sunflower and pumpkin seeds, plenty of fruits and vegetables, and good-tasting desserts made with honey, dried fruit, nuts and unrefined

flours. It was one that provided us with supplements of brewers yeast, blackstrap molasses, lecithin, and vitamins and minerals in RDA amounts except for C and E in so-called megadoses. Eventually, I was so exhilarated by the results of my 15-year experiment that I became a university re-entry, receiving a bachelor of science degree in nutrition at U.C. Berkeley in 1977.

Doctors have been good to me. They were caring and conscientious, at least twice saved my life and rescued my baby's during his perilous birth. But I view these medical experiences now in a different light — and not just because being the heroine of a hospital soap opera has a muted appeal by now! Upon reflection, I see how each surgery became necessary mainly because of many years of substandard nutrition.

### *Ailments and Alternatives*

**TONSILLECTOMY-ADENOIDECTOMY.** Usually, doctors recommend it for a child who has frequent bouts of tonsillitis, or has problems with nasal congestion, hearing, mouth breathing, distorted speech, etc. caused by chronically swollen tonsils and adenoids. Around 400,000 of these surgeries still take place every year in the U.S. In 1956, my new stepson, age 5, was spared a scheduled tonsillectomy-adenoidectomy only because he and my daughter, almost the same age, got the mumps. By the time they recovered, I had the whole gang *gungho* into our nutrition program and the sore throats and runny noses were becoming rarer. Later, a checkup showed my stepson's tonsils had shrunk to normal size and were performing their guardian function nicely. Neither he nor the others had to have their tonsils out, ever.

I strongly advise anyone whose youngsters are targeted for this surgery to do an honest review of the family's nutrition. Because small children eat so little, every mouthful has to supply health-building nutrients — not an easy responsibility for parents in this age of massive junkfood advertising. A common finding in children who seem to be well-nourished but develop

respiratory and ear infections over and over again is an unsuspected sensitivity to milk or some other food eaten daily. The repeated exposure stresses their immune defenses and they come down with yet another cold or earache, or they suffer from chronically stuffy or drippy noses and swollen tonsils. (THE ALLERGY SELF-HELP BOOK by Sharon Faelten, Rodale Press, 1983, is a good guide.) If tonsils — part of the immune system that protects us — are overworked, they can lose their effectiveness. Tonsils may be underfed, too, in the sense that a child's immune system needs antioxidant nutrients such as vitamins A, E, and C in much more than RDA amounts when infections and allergies keep striking. Zinc supplements also may be helpful. (Pediatrician Lendon Smith's FEED YOUR KIDS RIGHT, McGraw Hill, 1979, is a useful book for parents.)

The growing body of information on Omega-3 fats makes it clear that a majority of us have been robbing ourselves and our kids unwittingly of the amounts we need. Make sure the child is getting a teaspoon of cod liver oil several times a week (mint-flavored usually is more acceptable); also, a teaspoon or two daily of food-grade linseed, soy, or walnut oil to supply both Omega-6 and Omega-3 fats. These vegetable oils can be stirred routinely into salads, scrambled eggs, casseroles, or grain dishes. The Omega-6 and Omega-3 fats are indispensable to sturdy immune defenses that guard against allergies, infections, parasites, and aberrant cancer cells.



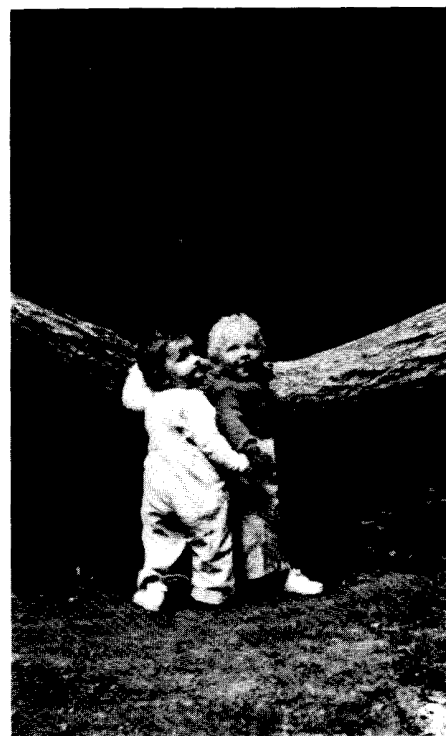
**MASTOIDECTOMY.** When I was little, research in the biochemistry of nutrition was in its infancy. My rosy-cheeked red-headed mother was brought up in a Ukrainian farm village on dark bread, clabber milk, potatoes, cabbage, cucumbers, herring, millet, buckwheat, and linseed oil; her idea of "dessert" was a handful of sunflower seeds which she could dehull with her teeth at an astounding rate. To the young "greenhorn," America seemed so sophisticated, so modern! Surely, the mer-

chants knew their business when they advertised how wonderful it was for one's children to eat white bread, cookies, candy, sodapop, and cakes baked with Crisco. It never occurred to her (how could it, when it still doesn't occur to most doctors today!) to relate her small daughter's frequent colds, sore throats and earaches to the loss of traditional foodstuffs, the kind that had nourished generations of ancestors.

Essentially, when I began feeding my own family Adelle Davis-style, I was reverting to this traditional diet except for the embellishment of vitamin supplements. All four kids stopped having earaches and, of course, never suffered the painful progression from ear infection to abscess to mastoiditis that I did at 5 years of age. Today, antibiotics can prevent mastoiditis, but painful ear infections still are all too common. I can't help but feel much of the answer lies in purposeful dietary changes in the home, not on passive reliance on antibiotics.

**APPENDECTOMY.** Appendicitis is rare among people in pre-industrial societies where high-fiber grains, root vegetables, beans and fruits are staple foods. A true daughter of higher civilization, I ate lots of meat, white bread, and cookies and hardly any fibrous foods, from childhood until I kicked over the civilized traces in 1956.

**HEMORRHOIDECTOMY.** Half the adults in the U.S. are plagued with hemorrhoids. Like appendicitis, they are uncommon in pre-industrial cultures and generally are associated with a diet high in refined flour and sugar and thoroughly low as mine was in fiber. I suggest also that the prominent lack of Omega-3 fats in the U.S. diet has something to do with this high incidence. Both the Omega-3 and Omega-6 essential fatty acids are needed for a healthy circulatory system which includes the targeted small veins and arteries in the anal canal. There is also convincing empirical evidence that supplements of vitamins E and C help to prevent hemorrhoids.



**PLACENTA PREVIA.** Abnormal placement of the placenta in the womb occurs experimentally in mice that are made either *folic acid-deficient* or *vitamin E-deficient* before pregnancy. My own diet was chronically low in both until I turned over a new leaf when my youngest was five years old. Today, a woman planning to have a baby has wonderful options open to her, nutritionally speaking. First, plenty of good information is available to her nowadays. It wasn't, in my day. Secondly, she can choose from a handy variety of vitamin and mineral supplements, many quite affordable, as well as supplementary foods such as wheat germ, lecithin, plus dozens more I never heard of years ago.

To top it off, she can take advantage of the very recent scientific discovery that the Omega-3 and Omega-6 polyunsaturated fats we eat turn into powerful regulators of virtually every function of the body. All maternal and fetal tissues require them, the developing neural tissues such as the infant's brain and retina of its eyes having especially high needs. Most clinicians still overlook the long-neglected Omega-3 fats, so she may have to take the initiative in adding sources to her diet. She can do this safely by eating generous amounts of fish, fish oils, and high Omega-3 plant foods such as soybeans, tofu, walnuts, wheat germ, chia seeds, fresh sea vegetables, and oils such as linseed, soy, and walnut.

By the way, all of the above applies to the father-to-be. The wisest course for any couple with a gleam in their eyes is to go on a health-building program in advance *together!*



The moral of these real-life stories is that since the medical profession is trained primarily in detecting and treating *sickness*, we should be training ourselves defensively to search for and achieve *wellness*. You probably know the nice metaphor that visualizes health as a stool resting solidly on three legs: mental attitude, physical activity, and good nutrition. If the stool gets a little wobbly, we have to get to work strengthening and stabilizing the legs. Sometimes we can use a little help, but if we hand over the whole job to doctors and surgeons, we shouldn't be surprised if we end up with a 2½-legged stool!



The book that Donald O. Rudin, M.D., and I wrote with Constance Schrader, **THE OMEGA-3 PHENOMENON** (Rawson Assoc./Macmillan, NY, 1987), clarifies the role of the Omega-3 and Omega-6 fats in regulating the health of the fetus, child, and adult. It's the most practical guide I know of for using traditional foods to keep the doctor away! If you can't get it at a local book or health store, the publishers have set up a new toll-free ordering service for VISA or MasterCard holders: 1-800-323-7445 between 9 a.m. and 5:30 p.m. Eastern time. ■

## A FIBER THAT LOWERS CHOLESTEROL

Researchers at Washington State University reported in the January 1988 *Amer. J. of Clinical Nutrition* that psyllium fiber added to the diet caused a sizeable drop in plasma cholesterol (35 mg per deciliter on average) in healthy male subjects. For the first three weeks, participants were given a controlled Western-style diet containing 17 grams of fiber (a fairly typical fiber content in Western nonvegetarian diets); then for the next three weeks, one tablespoon (7 grams) of psyllium was added to each meal.

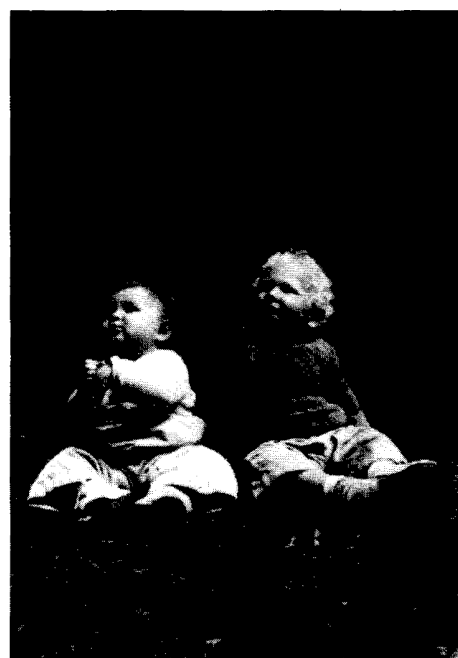
Blood tests showed the decrease in cholesterol to have occurred mainly in the LDL fraction, which led to a higher ratio of HDL to LDL cholesterol in most of the subjects — a result welcomed by the scientists because it's associated statistically with better cardiovascular health.

The husk of the *Plantago ovato* seed is ground to a powder to make psyllium, a traditional herb in Asian medicine, incidentally. Psyllium forms a viscous gel when moist and is the basis for many bulk laxatives (e.g., Metamucil). Its benign effects are noted in the commonest of all gut afflictions, irritable or spastic colon, where its bulking action on the stool favors diminished spasms/hyperactivity of the intestines.

The experiment is one of a number of studies that, happily, confirm psyllium's cholesterol-lowering qualities with a notable absence of side effects. ■

## FEEDING THE THINKING BRAIN

Ninety schoolchildren (45 boys and 45 girls) in Wrexham, Wales, 12 and 13 years of age, kept a diary for three days of the foods they ate. Vitamin intake for most although by no means all of the children proved to be close to the U.S. recommended daily allowance (RDA). Their intake of essential minerals, however, was consistently low, about half the RDA. Afterwards, for a period of 8 months, thirty of the children took a multi-vitamin/mineral supplement daily, thirty others a placebo tablet, and thirty no tablets. The tablets were administered double-blind, i.e., no parent, teacher, or child knew if they were placebo or supplement. Standard intelligence tests given before, during, and at the end of the experiment showed no effect on verbal intelligence scores in any group.



However, a significant increase in non-verbal intelligence scores took place over the duration of the trials, and only in the group taking the supplements. Reporting the study in the British medical journal *The Lancet*, Jan 23, 1988, psychologists David Benton and Gwilym Roberts make these telling observations:

*The adequacy of the diet in industrialized societies is a topic that generates great controversy. On one side are those who argue that a diet that contains too much refined food can be so poor in minerals and vitamins as to hamper biochemical functions. On the other are those who maintain that in most cases the diet is adequate, often supplying minerals and vitamins in excess of our needs . . . What of subclinical deficiencies? With some vitamins and minerals there are no suitable biochemical indices of deficiency, and the recommended daily allowances (RDAs) are based on scant information. In this context there is mounting evidence that certain subclinical dietary inadequacies have measurable psychological effects. Aspects of diet have been found to be associated with personality, intellectual functioning, motivation, and abnormalities of attention and perception.*

For readers who feel they or their nearest and dearest could use a boost in non-verbal intelligence, here's the formula the researchers used!

**Bioflavonoids 50mg; biotin 100 micrograms (mcg); choline 70mg; folic acid 100mcg; inositol 30mg; niacin 50mg; pantothenic acid 50mg; PABA 10mg; B6, 12mg; B1, 3.9mg; B2, 5mg; vitamin A, 375mcg; vitamin B12, 10mcg; vitamin C, 500mg; vitamin D, 3mcg; vitamin E, 70 IU; vitamin K, 100mcg; calcium gluconate 100mg; chromium 0.2mg; magnesium 7.6mg; manganese 1.5mg; molybdenum 0.1mg; iodine 50mcg; iron 1.3mg; zinc 10mg. ■**

## MORE ON RDA FOR VITAMIN C

I received the following letter from Dr. Linus Pauling dated May 16, 1988:

"Dear Clara Felix: I thank you for writing to me and for sending me a copy of The Felix Letter, No. 40, 1988, in which you discuss vitamin C.

The first paragraph of The Felix Letter is incorrect. You write "I've seen the preliminary recommendations for daily intake of vitamin C by the Committee on Dietary Allowances and they are scary. Ostensibly, these will be incorporated into the forthcoming 10th edition of Recommended Dietary Allowances to replace the 1980 RDA (9th edition), unless another hue and cry arises, as it did in 1985 when an earlier draft report came out."

In fact, you have not seen the preliminary recommendations for daily intake of vitamin C by the Committee on Dietary Allowances. The President of the National Academy of Sciences refused to accept the preliminary recommendations of the Committee on Dietary Allowances, and the 10th edition of Recommended Dietary Allowances, supposed to be published in 1985, has not yet been published. The President of the National Academy of Sciences removed the members of the Committee from office. Presumably the 10th edition will be published in the course of time, but not including the authors of the article that you quote, Dr. R. A. Olson and Dr. R. E. Hodges. You should notice that their article, which you quote, has the title "Recommended Dietary Intakes (RDI) of Vitamin C in Humans." It is not an article about RDA, which is Recommended Dietary Allowances. The authors have no official standing now. They are not members of the National Academy of Sciences' committee. This article is not going to be incorporated into the forthcoming 10th edition of Recommended Dietary Allowances. The authors of this article, by writing about the RDI of vitamin C, are hoping to confuse the public into thinking they are writing about the RDA.

I may mention that I think your complaints about their article are thoroughly justified. Sincerely, Linus Pauling."

The recommendations by Drs. Olson and Hodges for vitamin C intake were alarmingly low. Maybe there's a chance the ones eventually approved by the National Academy of Sciences will be an improvement, but we'll have to wait and see. ■

## HOW TO OUTWIT MENSTRUAL CRAMPS

Many girls and young women suffer terribly from cramps each month, while their lucky sisters or friends may have little or no discomfort. Prostaglandins (PG) evidently are the key; certain ones produced in excess by the body from the Omega-6 fat known as arachidonic acid, can trigger uterine cramping. As a matter of fact, the ability of these PG to produce powerful contractions of the uterus is the reason pharmaceutical companies synthesize them for use in medically induced abortions.

A newly discovered way for a person to fight monthly cramps without resorting to numbing painkillers is to consume foods high in Omega-3 fats! The Omega-3 molecules have the ability to lure away the enzymes that transform arachidonic in the body into the culprit PG, thus allowing fewer to be made. Also, the Omega-3s can be converted into a different kind of PG that offsets the influence of the others — a natural Yin-Yang effect.

Although I haven't seen any formal reports yet, the anecdotal evidence keeps mounting. Several women have written me and I've been hearing of others who have been successful in averting cramps using a teaspoon a day of cod liver oil, or about 5 one-gram fish oil capsules, starting ten days before each period. A young friend who is a strict vegetarian has been having very good results with linseed oil (food grade, not paint store variety). She takes a teaspoon daily and increases it to a tablespoon during the week before her period. In theory at least, it should be possible for an individual to create a better PG balance in her system by cutting down on meat (high in Omega-6 arachidonic acid) and increasing to several meals a week her intake of fatty fish (high in Omega-3 fatty acids), particularly in the premenstrual period. I think we'll be hearing much more in the future about this drugless way to circumvent pain. ■



## BREASTFEEDING & HEALTH

A study from Shanghai Medical University utilized the medical records of a very large population of infants in China to determine whether a pattern of illness would emerge that was related to whether a baby was breastfed or not. No attempt was made to correlate length of breastfeeding with absence of illness, since all infants who were nursed, whether for a few weeks or the full 18 months of the study, were categorized as breastfed, and all others as never-breastfed.

The report in the January 1988 issue of *Pediatrics* indicates that never-breastfed babies were twice as likely as breastfed ones to be hospitalized for respiratory infections, and about one-third more likely to be hospitalized for gastroenteritis or other infections during the first 18 months of life.

Let's hear it for mother's milk! ■



Illustrations are by Clay Geerdes and other artists as noted.

The *Felix Letter*, an independent publication by Clara Felix, is supported by subscription only. Sample issue and index to previous issues, \$1 plus large self-addressed stamped envelope. Subscriptions are \$10 a year (six issues) in U.S. For Canada & Mexico, \$12 a year, U.S. cash or money orders only.