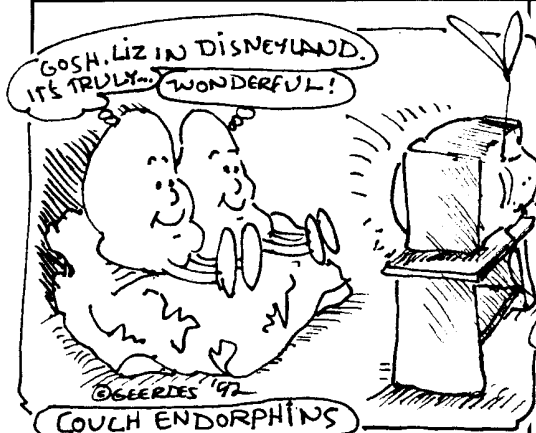


# The FELIX Letter

No. 63

A COMMENTARY ON NUTRITION

1992



## PHARMACEUTICAL LULLABY

**H**alcion is the world's best-selling sleeping pill, marketed here by Upjohn since 1983 and sold in 89 other countries. Now the firm is accused of concealing data from the Food & Drug Administration about symptoms of amnesia, paranoia, depression, and hallucinations in a sizeable number of Halcion's users. The FDA has begun an investigation, while its counterpart in the U.K. has decided to ban Halcion outright.

Medical writer Gina Kolata in her report in *The N. Y. Times*, January 20, says Upjohn "added fainting to the side effects listed on the Halcion package insert in 1990, after the FDA had received 37 reports of fainting associated with the drug."

Guess who took a Halcion tablet a day or so before he fainted (and heaved his cookies on the prime minister) at a fancy banquet in his honor in Japan! Yup, the Prez. Kolata writes: "Although his fainting was attributed to an attack of stomach influenza, it could also have been a side effect of Halcion, say the critics of the pill."

In July 1991 director Mike Nichols told about his experiences four years earlier with Halcion. "A doctor innocently gave me a sleeping pill that made me crazy... It had depressive and then pre-psychotic side effects (for six months). People thought I was having a breakdown. Finally, a doctor figured out what it was and weaned me off... And 10 days later I was fine. I was me again."

The scary thing is that Upjohn's scientists say Halcion has no more side effects than other sleeping pills of its class! Note the "innocence" of the doctor who prescribed it to Nichols. Dear readers, be careful out there! While the FDA trains its guns on evening primrose oil and flaxseed oil, who knows how many more Halcions are slipping through their gates?

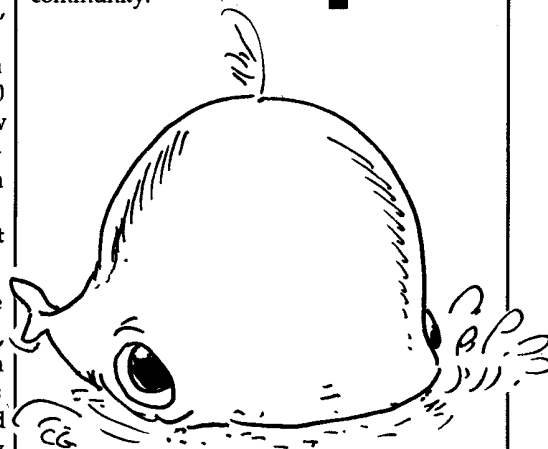
## A Natural Aid?

A clinical nutritionist tells me she has been seeing good results in insomniac clients to whom she's recommended the amino acid, *taurine*, for the past two years. The nighttime dose that seems to encourage a deeper, dream-filled sleep is 500 to 1500 milligrams. I'm collecting interesting new literature on this once obscure sulfur-containing amino acid, one of whose known functions in the body is to unite with cholesterol to form bile salts to help digest fats.

Our bodies are supposed to be able to make taurine from cysteine or methionine, essential amino acids that also contain sulfur. First, scientists learned that *cats* couldn't make taurine very well and needed it ready-formed from their diet. Then, they found that *newborn babies and preemies* weren't very good at synthesizing it, either! Mother's milk is a good source, but cow's milk or soy-based formulas are not. Some infant formula manufacturers are adding taurine to their products, wisely. Kittens deprived of it in embryo get eye and vision defects.

And now some preliminary research hints at the possibility that humans, in general, may not be any better taurine makers than cats! That should give us pause, *because there is no taurine in the vegetable kingdom*. Shellfish are the richest source by far. (Aha! the Aquatic Ape theory of human evolution strikes again! Shellfish would have been the easiest to pick up of all protein foods for our hypothesized apes living by the sea. If sea otters are smart enough to break open shellfish by pounding them with big pebbles, why not apes? See FL #35 & #58 on Aquatic Ape theory.)

In any event, there normally is a lot of taurine in our brain and eyes (scientists are not yet sure exactly what it does) and it's safe enough to go into infant formulas, so I don't think we're talking Big Risk if adults opt to experiment with 500 mg at bedtime to promote a night's sleep. Taurine supplements are available from most healthfood stores and mailorder vitamin suppliers. I'll be reporting on it in future newsletters because some of taurine's effects (in circulatory disorders, high blood pressure, and immune enhancement, for instance) are creating a stir in the research community. ■



## SORE NECKS & SARDINES

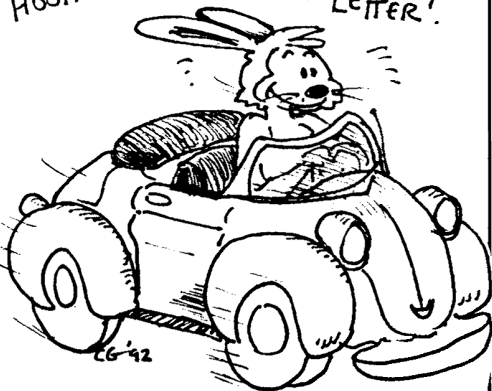
One weekend in January I took the Peerless Bus at twilight to visit two of my kids and their families in Santa Cruz, and a day later I rode it back to Oakland. The many stops (Hayward, Fremont, San Jose, Los Gatos, Scotts Valley) made the trip a lot longer than driving, but I needed the time to study for a beginner's Spanish conversation class and catch a few winks. At Hayward, a slim young Asian boarded and sat down next to me, bent on practicing English. It turned out he was from Japan, and was going back when he got his degree in physical rehabilitation at Hayward State. No sooner had I told him I did nutrition writing and consulting, then he instantly asked if I knew of something he could take for the pain in his neck and shoulders!--all this in halting but pretty good English.

"What kinds of food have you been eating?" I asked, like a good nutritionist. "Oh," he said, "hamburgers and hot dogs, french fries--stuff like that." I asked, "Can you eat fish instead?" No, he couldn't because he lived and ate in the dorm. "Okay," I said, "just go to a market and buy lots of cans of sardines." I wrote on a piece of notebook paper: 'Norwegian sardines in sild sardine oil.' "Try to eat at least three cans of sardines a week plus a tablespoon of oil from the can each time," I told him, "and get some B vitamins and supplements of vitamins C and E, if you don't have any. Maybe part of the problem is stress from being away from home, but you probably know that the main reason your people have the longest life span of anybody is their traditional diet--and it's not hamburgers and hot dogs!"

He shook his head, grinning. "Oh, no. My family eats seafood, kombu [a popular edible kelp], rice, and vegetables sometimes three times a day!" He was from a fishing village--they don't eat much meat, "not like the big cities. That's why I was so happy to eat hamburgers! What has that to do with my sore neck and shoulders?"

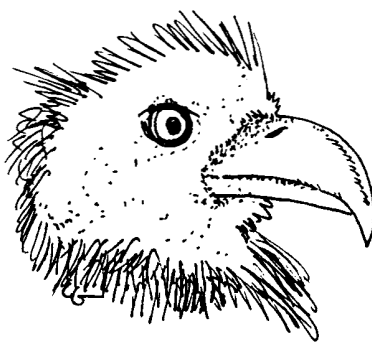
Whereupon I launched into my three-minute quickie on the balancing act our system can generally manage between inflammation vs. healing, but *only if* our foods supply us with a reasonable mix of Omega-6 and Omega-3 essential fatty acids, in addition to other required nutrients. I said I thought his joints, ligaments and muscles were reacting to the lack of Omega-3 'winter' oil in a diet heavy with meat, white bread, and greasy fries. He nodded eagerly. Now, he remembered! In his biochemistry class they talked about the essential fatty acids and different kinds of prostaglandins our body makes from them, some good and some bad. To think that his parents, who never went to school, had the right idea all the time! At home, everybody was making good prostaglandins!

HOORAH! A NEW FELIX LETTER!



He was on his way to see a friend in Monterey for the weekend. I told him to be sure to visit the marvelous Aquarium. "When you see the otters racing and twisting through the water, remember they're mammals like us, but think how good a seafood diet is for *their* muscles and joints!"

Outside the bus, he was smiling as he waved goodbye. Thus, hurtling through the night on the Peerless Express, East met West and forged a bond: *prostaglandins!*



#### A Word About w6 & w3 Requirements

Readers have been asking, but the official word on requirements isn't in yet. About 12 to 18 grams of Omega-6 linoleic acid plus 4 to 8 grams of Omega-3 fatty acids (alpha-linolenic and/or EPA and DHA) appear to be ample for normal daily needs. (Therapeutic amounts, of course, would vary with the individual and health problem.)

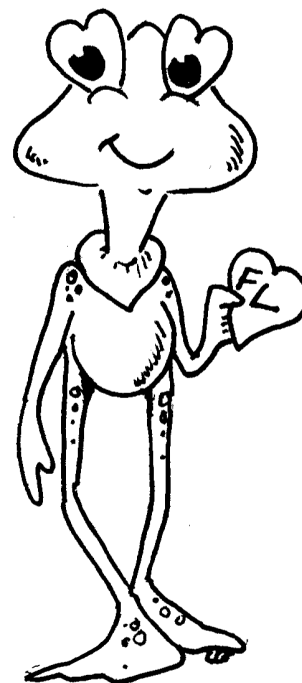
Here's how to translate 4 to 8 grams daily of Omega-3 into practical terms, using canned sardines as an example: A 3-3/4 ounce can (106 grams) of Norway sardines has 1-1/2 tablespoons of sild (sardine) oil. Sardines and oil each provide roughly 3 or 4 grams of EPA & DHA, a total of 6 to 8 grams per can (fat contents of sardines vary).

I know, canned tuna tastes better to most people, and I eat it once in a while, too, but (a) 106 grams of tuna provide only about 5 mg of calcium, compared with approx. 350 mg calcium (a third of the day's requirements) from softened small bones in canned sardines; (b) tuna is canned in vegetable oil or water, not sardine oil; (c) tuna, a large fish that eats other fish, tends to accumulate mercury, but sardines which feed at the bottom of the food chain do not.

For those of us concerned about salt, a quick rinse with cold water of either canned tuna or sardines (or mackerel, or salmon) gets rid of a good bit. Fresh fish, of course, doesn't present a salt problem, but for the young Japanese student without a kitchen, and millions of other busy people, canned fish is a boon.

Our Omega-6 requirements, 12-18 grams daily of linoleic acid (LA), are easily met by good foods like these: Half a cup of soy beans or tofu (3 grams LA); one egg (0.5 gram LA); three walnuts (5 grams LA); three Brazil nuts (2 grams LA); two teaspoons canola oil (2 grams LA); six ounces of chicken (2.5 grams LA); and one-quarter avocado (1 gram LA). Total: 16 grams linoleic acid. Corn and whole grains provide additional small amounts, while all nuts and seeds are good sources, so it's much easier to fill your Omega-6 tank than your Omega-3.

**Caution:** If you're into the all-American fun habit of eating lots of fried foods and/or chips, or slathering your salads and sandwiches with dressing and mayonnaise, there's a good chance your Omega-6 (and total fat) intake will skyrocket--and all bets about balanced prostaglandins are off!



#### FOODS TO HEAL THE BODY

I haven't met Bessie Jo Tillman, M.D. ("Doctor Jo"), but the photo in her GET HEALTHY COOKBOOK shows a comely young woman with a great smile. She was in clinical medical practice for some years before she got hooked on nutrition. Dr. Jo, who now is president of Price-Pottenger Nutrition Foundation's board of directors, first attended one of their seminars in 1984 and wondered why "no one had ever taught me these nutritional principles before. I immediately applied them to my life and my practice in preventive and wellness medicine. Not only did my health improve,

but so did the health of innumerable patients who chose to apply these basic natural laws of nutrition to their lifestyles."

She wrote the cookbook because her patients kept asking for written information and recipes. The first part has "The Get Healthy Eating Plan." *It's her practical eight-week program for using nutrition to restore wellness.* She guides the reader in the choices of foods that "allow body chemistry to balance and the gastrointestinal tract and immune system to heal." Easy-to-follow charts and food lists provide daily menus for both meat-eaters and vegetarians. Dr. Jo describes a self-'detoxification' method, using mild internal herbal 'cleansers,' for those who want to start the Get Healthy Plan with a clean slate. The greater part of the book is devoted to recipes for making the get-well program feasible and satisfying.

It can be ordered from ENJOY, P.O. Box 4726, Redding, CA 96099-4726. Check or money order for \$20.90 (shipping included) plus 7.25% sales tax (\$1.51) for California buyers. ■



### IN HUMAN NUTRITION, PURE SCIENCE IS A MYTH!

I'm not so much a scientist as I am a gatherer and interpreter of scientific stuff. The futility of my daydreams of becoming a white-coated researcher dawned on me finally when, as a middle-aged returnee plodding through courses for my B.S. degree in nutrition science, I invariably broke out in

a cold sweat before, during, and after every laboratory experiment. My unruffled young classmates would be bustling around happily, munching on baloney sandwiches, humming snatches of song, confidently setting out noxious chemicals and little pickled animal parts---while I could only stare at the incomprehensible instructions and long for death.

Luckily, kindly lab partners pulled me through. I haven't followed all their careers since those years (1973-1977), but I know some of them went on to become 'real' researchers with Ph.D's and M.D.'s tacked on to their names. Occasionally I see them at conferences, or spot their papers in biomedical and nutrition journals--participants in the long, patient process of extracting increments of knowledge from hundreds of thousands of laboratory procedures.

I wonder if most of them ever see the whole picture--how the nutrients we eat become our own flesh, bones, blood, nerves, and brain. Months and years spent researching one tiny aspect can blind a scientist to the larger aspect of healing forces in nutrition. Somehow, the more journal articles one reads (or writes), the harder it may be to perceive this 'magic.' Simple truths get shoved aside by an avalanche of data that keeps growing bigger and more complex. Few researchers nowadays claim to be experts in any but their own terrain, or dare to come out with broad-based statements on biomedical matters. Scientists, you know, are notorious for nitpicking their own kind to death--see "Letters to the Editor" in any of their periodicals!

### Someone's Got To Ask The Questions!

That's where I try to earn my 'overview' stripes. I read their studies and think: What's in it for us, the Eating Public? What bearing does this or that experiment have on our everyday dietary choices? Do the statistics in the journals on low levels of chromium in 20th century Americans provide a clue, say, to the rise of modern adult-onset diabetes? Could our disgracefully low intake of magnesium have more to do with heart disease than our cholesterol intake, which is no higher than it was during eras when heart attacks were rare? My rule of thumb is to ask myself: Which foods come closest to those we thrived on when we were hunter-gatherers in a green, unspoiled world? My job is to review, ruminate, and offer my own and others' insights--as long as I don't proclaim these as ultimate Truths!

I also have an obligation to sound off about perceived stupidities. I'm free to do this because I don't have to scramble for grant monies or worry about my future with a university or research institution. What's more, I'd be thrilled to death if a hot-shot scientist attacked *The Felix Letter* in a classy journal! Swell chance. To the point, nothing gets my back up faster than the shortsightedness--disguised as scientific caution--of some of the policy-makers in matters of prenatal and infant nutrition. All the so-called 'primitive' people on earth have always gone to great pains to feed their mothers-to-be with special and often hard-to-get foods, to insure easy births and lusty newborns. Yet, in a prime example of top-level lumpishness, the Food and Nutrition Board of the National Research Council lowered the requirements for folic acid and magnesium--both immensely vital nutrients for the fetus--in the 10th and latest (1989) Recommended Dietary Allowances (RDAs). (See FL #55 for discussion.)



Professor Michael A. Crawford, whose landmark book on nutrients and evolution, *THE DRIVING FORCE*, was the subject of FL #58, sent me recent studies by his group at the Institute of Brain Chemistry & Human Nutrition in London. I suspect he finds some of the authorities who set maternal nutrition policy for the U.K. to have as stodgy a mindset as their U.S. counterparts. Any dietary lack of magnesium, for example, was unlikely, they said. Crawford's group showed that to be a fallacy. More important, it found that low magnesium intake in pregnant women was the single most significant nutritional factor associated with low birthweight. (Low birthweight babies have a couple of strikes against them healthwise compared with chubbier ones.) In addition, studies from other countries reported that maternal low magnesium intake was related to preterm birth, miscarriage, low birthweight, and high blood pressure during pregnancy.

**Folic acid, one of the other nutrients placed on the RDA chopping block**, is found most abundantly in liver. Other good sources are fresh or dried beans and peas, lentils, peanuts, brewer's yeast, sunflower and pumpkin seeds; cashew, brazil, almonds, walnuts, and most nuts; wheat germ, leafy greens, sweet potatoes, asparagus, broccoli, brussel sprouts, blackberries, melons and fresh fruit.

### **Folic Acid vs. Neural Tube Defects**

These may seem like natural, inviting foods to you and me, but apparently there are millions of young American and British women who hardly touch the stuff! If pregnant, their babies could be born with abnormalities of the spinal cord or brain. "Neural tube defects," one of the commonest disabling birth defects in the U.K. and U.S. (about 1 in 900 newborns), now are conclusively tied to *folic acid deficiency during the first six weeks of pregnancy*. The latest definitive study, involving 1200 British women, appeared in *The Lancet*, July 20, 1991, putting any lingering medical doubts to rest. The benefits of taking supplements of folic acid *from conception onward* in preventing neural tube defects were so clear-cut that the researchers from Medical College of St. Bartholomew's Hospital, London, stopped the study ahead of schedule!

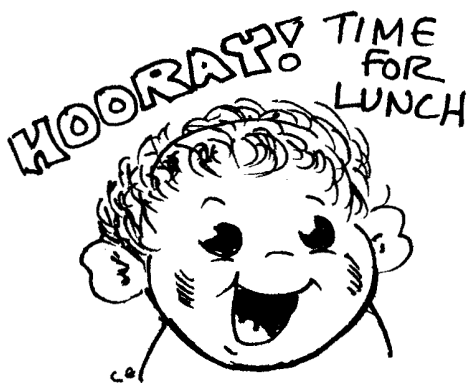
The Food & Nutrition Board's committee on Nutritional Status during Pregnancy and Lactation, whose work helped to guide the Board's decisions in 1989, admitted in their report that the use of folic acid supplements *around the time of conception* "may provide some protection against the occurrence of neural tube defects." Nevertheless, *they refused to recommend supplements for this purpose*. The data are not conclusive, these 'pure' scientists said.

So the Board issued the RDAs that slashed folic acid for pregnant women *in half* (from 800 to 400 micrograms a day). Well, now there are undeniably conclusive data, only it's too late to revise the RDAs for another five or ten years!

The new RDAs make no mention of neural tube defects in babies born to some unlucky mothers who don't get enough folic acid early in pregnancy. *Nowhere is there a recommendation that supplements of folic acid be started as early in pregnancy as possible, or better yet when a woman is planning to conceive, to prevent this*. The influence of the committee on Nutritional Status during Pregnancy and Lactation is seen here, since their report to the Board

recommended that no vitamin, mineral, or folic acid supplements (except iron) be given unless health professionals first *evaluate* a woman's diet and status. If it's determined she's at risk for nutrient deficiencies, a supplement *might* be recommended, including 300 micrograms of folic acid, *but never before the 13th week of pregnancy*. In other words, too late to prevent neural tube defects. I ask you....!

Give me compassion for moms and kids, and the simple logic of preventive nutrition, *any* time, over this kind of 'pure science'! I know that in spite of the RDAs, sensible obstetricians, nurses, dieticians, etc. will do everything possible to make sure each newly pregnant patient **quickly** gets adequate supplements of folic acid and all other vitamins and minerals, and is told how important they are to her and the baby. *Then*, they can "evaluate" her diet--what an impossibility that is in the practical life of most clinics!--and send her home with pamphlets on choosing foods that are good for the fetus and herself, praying that she's got the money, time, and inclination to heed them. ■



### **YES, BIG CHANGE IS ON THE WAY**

It looks like our Health-Free Care-Less Medical System is getting the attention it badly needed from state and national lawmakers. Congress, responding at last to furious rumblings, is studying more than 30 bills on health plans. Labor, community, and religious leaders have been speaking out passionately, no longer nervous about being tarred with the "socialized medicine" brush. An executive of the Presbyterian Church said the present system "fails the American dream of compassion and justice." A leading rabbi calls it a "moral scandal" and "national disgrace." A broad coalition

of national and state religious bodies launched the Interreligious Health Care Access Campaign, to work for basic health care for all, contemplating proposals that range from partial solutions all the way to nationalized universal health insurance, modeled on European or Canadian systems.

I've said harsh things about the medical hierarchy who've fought such changes for fifty years with every weapon in the book, but here are some words from a rank and file M.D., Lorraine Bonner of Oakland. In a letter in January to *The Tribune*, she describes how it feels to try to take care of sick needy people in a bureaucratic system, to be constantly hassled "by the regulations and cost considerations that limit our judgment...Neither the doctor nor the patient benefits under a health system whose goal is cost containment, not provision of care...."

"...We as a society seem to have forgotten what even the musk ox remember: that when danger threatens you form a circle and protect the babies!..." ■



*Illustrations by Clay Geerdes and other artists as noted.*

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