No. 70

# the FELIX Letter

A COMMENTARY ON NUTRITION

1993

## LACTATING LASCIVIOUSLY

It's rewarding to report that Florida has become the first state in the U.S. to guarantee a mother's right to breast-feed in public. In March, the legislature overwhelmingly approved a bill stating that a woman who nurses her baby in public cannot be charged under any of the state's *obscenity, lewdness, or nudity laws.*

The incentive for the bill rose out of a news item about a woman who was accosted in a mall by a security guard while she was nursing her 4-month-old infant. The guard yelled, "Cover your nipple!," insisting her action would draw "gapers and gawkers" and had no place in a public mall. Fortunately , she was a journalist who wrote a column about it. Public indignation that reached the nerve of a sympathetic lawmaker did the rest.

I say three cheers for the new law, which also endorses breast-feeding as the preferred way to nourish an infant, the goal being to end ignorance based on "archaic and outdated moral taboos."

How absurd it is that our boobs-fixated society turns prudish when women's breasts are used for feeding babies, yet takes for granted commercial exploitation of mammaries as objects for (pardon the expression) titilation! ❄

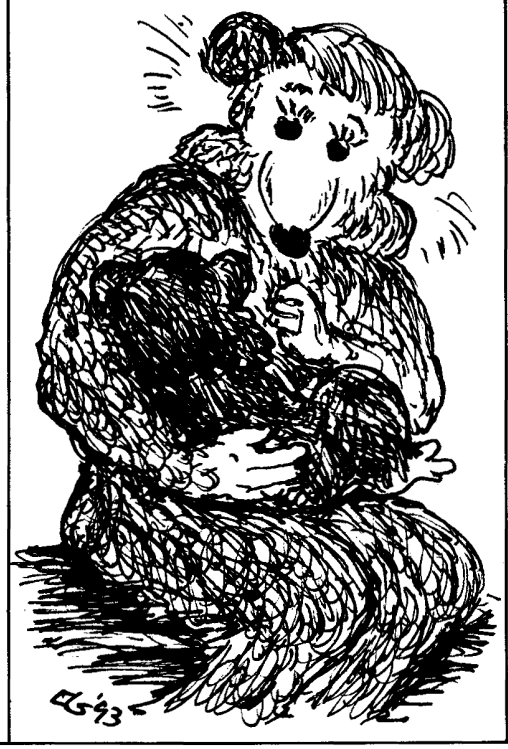
## BACKWARD TO OUR HUNTER-GATHERER ANCESTORS!

Let us abandon all smugness about our status as members of an 'advanced civilization' -- at least where eating habits and kid-rearing are concerned! Science writer Charles Petit, reporting February 16 in *The San Francisco Chronicle* on the meeting of the American Assoc. for Advancement of Science, writes: "The idea, fostered by a growing cadre of researchers from many fields, is that people are unchanged genetically from ancestors who lived by hunting and gathering in small tribal groups, and that a lot of human ailments stem from 'maladaptation' to modern, industrial society."

The puzzle, for example, of lusty but colicky babies who scream inconsolably for hours may be explained by contrasting it to child-rearing customs in the few remaining hunter-gatherer societies. Pediatrician Ronald Barr of Montreal says colic is virtually never a problem among the Bushmen of Botswana, Africa. There, the mamas carry their new babes almost constantly and feed them *two to four times an hour for a few minutes at a time.*

When I was a shaky, first-time mom during World War II, the government pamphlet on infant care said to ***pick up and feed the baby strictly every four hours,*** in order to train it to proper habits! My 'colicky' son and I *both* were inconsolable those early months, even though I would sneakily pick him up to try to comfort him, feeling guilty as I did so. [I'd still like to dip those 'experts' in a vat of warm baby doodoo for the misery they caused! Thank goodness, Dr. Benjamin Spock came along to rescue subsequent batches of babies and parents.]

When he finally was asleep at night, I'd lie awake listening worriedly to make sure he was breathing. His bed was in a crib in the next room, the proper place for a baby, of course.



Or was it? Five years ago, my new grandson slept right there in bed with his mom and suckled on and off sleepily every night. It troubled me a little, until I realized after a year or so I had never seen a more contented baby! He had no trouble graduating to his own bed and eventually to his own room when the time was right. Petit writes: "Anthropologist James McKenna of Pomona College said new studies of mothers and babies sleeping together revealed a complex tapestry of interactions as the two synchronize their cycles of different levels of sleep and touch, and communicate in other ways even during slumber.

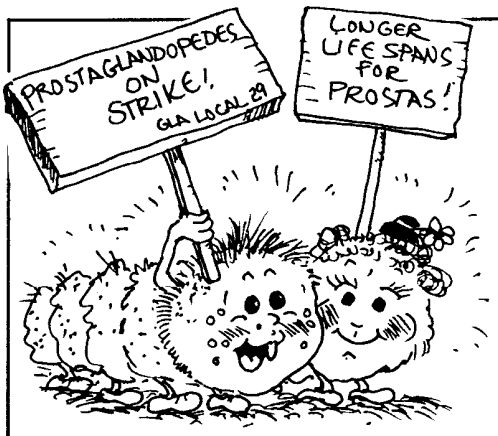
"In virtually all pre-industrial societies, mothers sleep with their babies for many months....'Sleeping together may be the most evolutionarily normal habit for mothers and infants,' he said."

The meeting featured a luncheon address by the grand old man of medical research, 83-year-old British physician Denis P. Burkitt, who worked for nearly 50 years in Africa. During that time, while treating native people who lived largely off the land, he rarely saw cases of coronary heart disease, varicose veins, adult-onset diabetes, hemorrhoids, constipation, gallstones, or dental cavities. Their diets were full of high-fiber, starchy plant foods, and sparing in meats, sweets, and grease.

Western diets, he said, are too low in bulk and too dense in calories for our intestines to remain healthy.

"Burkitt asserted that in 20 years of surgery in Africa, he had to remove exactly one gallstone. At an African medical school, students had a hard time learning about heart disease because they saw so few cases. Westerners' longer life spans are due to better sanitation and control of infectious diseases, not to better food.

"'The only way we are going to reduce disease,' he said, '"is to go backward to the diets and lifestyles of our ancestors.....America is a constipated nation.....If you pass small stools, you have to have large hospitals!'" ❄




## BRING BACK A SIMPLE REMEDY

My older son's wife calls them "swimming pool salts." In the dental office she manages, she's got half the staff swearing by them. I personally love the results I've had since I began stirring about a half-teaspoon of a mixture of sodium bicarbonate (baking soda) and potassium bicarbonate into water and swilling it down. [See *FL's 52 & 53* .]

Mostly, I use the salts to improve digestion. Like a lot of Golden Agers, I have a stomach that doesn't make enough acid, and my pancreas doesn't make enough bicarbonate. The bicarbonate salts I take augment the pancreas' bicarbonate which fuels the body's continual acid-alkaline balancing chore. William Philpott, M.D., in his invaluable book *Brain Allergies*, suggests that food allergies, chronic overeating, exhaustion, nervous strain, etc., inhibit the pancreas' bicarbonate output, making this a commonplace condition. The consequences of not enough bicarbonate, however, are far-reaching.

In the small intestine we need bicarbonate to neutralize any leftover stomach acid and to *create an alkaline environment which activates digestive enzymes.* Put simply, my gut works better when I swallow about 1/3 to 1/2 teaspoon of my "swimming-pool salts" stirred into a half-cup of water ***between meals***. The 'between meals' is important. Taken ***with*** meals, the salts would neutralize whatever stomach acid I make, rendering it useless.

Now, I'm aware the big complaint on airwaves and TV is "acid stomach" or "heartburn." It's a real enough discomfort, but after the middle years more of us actually may be making *too little* hydrochloric acid in the stomach rather than too much. Even so, one can get an occasional bout of heartburn. That's when the "swimming-pool salts" can be used after a meal or at any time to neutralize stomach acid, like the common drugstore remedies for heartburn.

They've also been a great help in relieving painful distention in my "irritable bowel." After a lifetime of these attacks, in my book the salts qualify for miracle status.

Before the advent, post-WW II, of big-time pharmaceuticals, baking soda was a popular household remedy for indigestion and/or heartburn. In flipping through the pages of my antique1910 medical manual, its leather binding crumbling with age, I see "Sodii bicarbonatis" recommended (along with other medicinals) for chronic gastritis, excess stomach acidity, even for sore throat and kidney inflammation. Potassium bicarbonate is recommended in a number of ailments, too.

(An aside: The manual deals with the same diseases my modern medical texts cover, but the remedies are remarkably few and simple compared with today's high-powered stuff. It stresses the need for tonics to "improve general health" and at the head of the list, over and over again, is *cod liver oil.* The eerie part is that many of the disorders for which high-Omega-3 cod liver oil was recommended in 1910 -- long before chemists knew anything about essential fats -- are turning out to be *the very ones responsive to Omega-3 oils (fish oil, flax oil)* in current research: e.g., psoriasis, acne, seborrhea, eczema, neuralgia, and rheumatoid arthritis!)

A friend in her 70s tells me she remembers as a child hearing how, overnight, baking soda acquired a bad rep. Rudolf Valentino, the silent screen's Great Lover, died suddenly in 1926, age 31, of peritonitis following surgery for an inflamed appendix. Weird rumors followed his demise, one tale attributing his death to "arsenic revenge" by a society woman lover whom he had spurned. The story my friend remembers is that a buildup of carbon dioxide gas had "burst" Valentino's stomach after he took too much bicarbonate of soda. Medically, it's extremely unlikely, but the fear it created persisted for a long time.

The mixture of alkaline bicarbonate salts of sodium and potassium does more than aid digestion. *It helps to remove acidic metabolic wastes. from our system.* Since most allergic attacks, as well as colds and flus, are preceded by a buildup of these acidic wastes, doses of the salts may help to ward off allergies and viral illness. It's worked for me scores of times in the last few years, but it's not foolproof: I'm writing this with a rotten cold that no amount of salts, vitamin C, and herbal remedies could arrest! (Any tendencies I have toward complacency are quickly scotched by such episodes. The best I can hope for is an uneventful recovery.)

The proportions I use in my dry mixture are rather casual. Some health practitioners recommend 1 part potassium bicarb to 2 parts sodium bicarb. Depending on my mood, or the availability of potassium bicarb which I have to buy from a chemical lab (sodium bicarb, of course, is plain old Arm & Hammer, available in any grocery), I make a mixture of either 1 to 2, or 1 to 1, potassium to sodium bicarb, making about a cupful and storing it dry in a tightly-lidded glass jar to keep out moisture.

Folks who have to watch their salt intake because of high blood pressure prefer the 1 to 1 mixture. In a pinch, plain sodium bicarbonate in water works very well. I use the mixture of the two bicarbonates because it's recommended by respected health professionals. The good news is that sodium *in the bicarbonate form* does not seem to raise blood pressure the way table salt, *sodium chloride,* does, according to newer studies. But it doesn't hurt to be cautious until all the data are in.

And now I've got even more incentive to add potassium bicarbonate to my mixture. Two separate large-scale medical trials will be conducted in the Bay area with volunteers, double-blind, placebo-controlled, etc., involving *potassium.* One study will attempt to discover if *potassium bicarbonate given to healthy postmenopausal women helps to arrest bone loss.* The reasoning may be that bicarbonate salts lessen the amount of calcium lost via urine. Both the placebo and potassium subjects will get a multi-vitamin and calcium supplement, but will eat their usual diets.

The other large trial will determine if potassium bicarbonate or another potassium compound will *lower high blood pressure* . Our hunter-gatherer ancestors found abundant potassium but little salt in natural foods. The chief exception would be sea vegetation, but along with a lot of sodium, marine algae and other sea vegetables have an extraordinarily high potassium content (plus high calcium and magnesium). Researchers speculate it's not the amount of salt itself that causes hypertension in sensitive persons, but the *low ratio of potassium to salt* in their diets. Maybe the new study will answer this question.

I'm hoping the word gets around about potassium bicarbonate, making it more easily available in neighborhood drug stores. Meanwhile, a side effect of taking "swimming-pool salts" *may* be lower blood pressure and stronger bones.

Back in 1990 I ran parts of a letter from a zesty 80-year-old writer: *I remember my father singing a ditty, "I eat when I'm hungry, I drink when I'm dry. And if the baking 'sodie' holds out, I'll live 'till I die."* L'chayem and skoal! ❋

## WOMEN WHO MISCARRY: A FATTY ACID CONNECTION?

Medical researchers in Helsinki, Finland, tested 22 women in the early months of pregnancy who had a history of repeated miscarriages, together with a 'control' group of normal pregnant women. The ones who tended to abort produced much more *thromboxane* and much less *prostacyclin* in their system than the controls.

These compounds illustrate a kind of balancing, 'yang/yin' characteristic of essential fatty acids. Both are made in our bodies from Omega-6 arachidonic acid. *Thromboxane* --the 'yang' factor-- causes blood platelets to clump together and blood vessels to squeeze down in spasm, which become life-saving actions to prevent hemorrhage after serious injury. *Prostacyclin* --the 'yin'like factor-- relaxes and expands blood vessels, and frees platelets to flow smoothly again.

Unfortunately for the women with a history of miscarriages, the tendency to make too much thromboxane caused damage to the placenta. Without ample prostacyclin to stop the damage, conditions for nourishing the fetus were less than ideal. While all of the control group of women completed successful pregnancies, nine of the others miscarried. *These nine also tended to make more thromboxane and less prostacyclin* than the others in the habitual aborter group

The doctors who did the study [*The Lancet* April 13, 1991] suggest that "daily low-dose aspirin" which inhibits thromboxane "without affecting prostacyclin" may be useful during early pregnancy in women who abort repeatedly.

### *Panning for Useful Nuggets*

Ive news for the doctors! Aspirin works by inhibiting the first enzyme (cyclooxygenase) needed before arachidonic acid turns into prostaglandins, thromboxane, *and prostacyclin*. Will it really do much good for these women to take aspirin to decrease thromboxane, *if their prostacyclin levels decline, too?*

There may be a more logical path. (You know me, folks, the perennial searcher through daunting medical hieroglyphics for simple truths!) When the Omega-3 fatty acids in such traditional foods as fatty fish, flaxmeal, flax oil, and walnuts become a regular part of one's diet, *they serve as a natural brake on excess thromboxane*. They do not suppress prostacyclin; they also make a prostacyclin of their own which works against constriction of blood vessels and clumping of platelets.

Were these women's diets examined for adequate Omega-3 content? Not likely. It's altogether possible that women who abort habitually may have *higher than average Omega-3 requirements*. Finland is a cold country, which means more

## THE NEW HOLY GRAIL

Next door to our post office is an aerobics center where, to throbbing disco rhythms that vibrate through the walls, sweaty women in leotards pursue their dreams of sleek, boyish bodies. Fitness I believe in, but the worship (by females) of skinniness has become a national calamity. Here's a poem I cherish by an English instructor at Cabrillo College:

### SPIRIT & FLESH

One woman's humming "Hallelujah" floats through the room
As a dimple-buttocked figure stands at the altar of the
weighing scale.
Head bent, she prays for a vision of God: one twelve.
Others anoint themselves, emptying vials
of pink Oil of Olay, green Vaseline.
Another, bent double, shakes breasts into hallowed cups.
Women with arms crossed over bare breasts whisper together
in the baptismal waters of the jacuzzi.
They memorize the catechism of weight loss:
celery, saccharin, let us celery,
All the while draining Diet Cokes, blood of the lamb.
A scant purple leotard squeezing out limbs
clads a figure gazing long into the mirror confessional;
waist is pinched, thighs poked.

Those returning from aerobic revival
congratulate one another with breathless laughter,
Bestowing kisses of peace on flushed cheeks.
Enters their teacher, slim blonde Cindi;
All eyes glitter toward Cindi.
Cindi, Hallowed be thy name Cindi
Bless us Cindi Make us Cindi Cindi slim & blonde Cindi.

Elissa Wagner
March 7, 1988

Omega-3's are needed, since it's the "winterizing" oil. Clinicians slowly are becoming aware of the role of these essential fats in preventing heart disease, but, in general, have not yet been alerted to their importance in pregnancy and infant feeding. [See *FL #69* .]

As an extra measure, along with increased Omega-3 sources it might be prudent to add daily supplements supplying *Omega-6 GLA* (gamma-linolenic acid), available from evening primrose oil, black currant oil, borage oil, or spirulina. GLA eventually produces a benign class of prostaglandins that also help to keep thromboxane and other mischief-makers in check, while providing anti-inflammatory benefits as a bonus.

Aspirin may have its uses, but has known dangers as well. Nature's oils may do a better job in the long run, certainly a safer one. ❁

## *Alcoholism: The Biochemical Connection*

Readers have been asking how to get Dr. Joan Mathews Larson's remarkable guide to understanding and self-treatment, as described in *FL #67*. If your book store won't stock it (ask them first), it can be ordered with Visa or Mastercharge directly from the publishers: 800-733-3000.

When I called Health Recovery Center in Minneapolis, Dr. Larson's daughter told me that beginning some time in April, Biorecovery, a division of the center, will make available a packet that includes the book and "Detox" formula. It's for persons who have difficulty obtaining the separate supplements in the formula, although they are nonprescription. The phone number is 800-247-6237. ❁

## THUMBS-UP FOR CALCIUM

Good news on the bone-protection front: Summing up the evidence so far, *The New England J. of Medicine* editorial of February 18 concluded that a total calcium intake of at least 1000 and preferably 1500 milligrams a day, from diet and supplements, should be encouraged for postmenopausal women. The latest study of 122 women by New Zealand researchers convinced the editors 750 mg a day will *not* do the trick. That was the total calcium intake of the placebo group. The others, who got about the same from their diet, were supplemented for two years with 1000 mg of effervescent calcium lactate-gluconate tablets. (The placebo group got similar looking effervescent non-calcium tablets. Neither doctors nor subjects knew who was getting what for the two years.)

All were at least 3 years past menopause and not taking female hormones. Bone mineral density measurements showed some overall loss in both groups after two years, *but it was considerably reduced in the gals taking the supplement--about 43% less!* Mineral density in bones of the trunk actually increased a little. These women also had much more protection from osteoporosis in the upper part of the femur (thigh bone), where fragility can make a person vulnerable to hip fractures.

With regard to their recommendation for 1500 mg per day for postmenopausal women, the *Journal* editorial makes this illuminating point: "The prevailing calcium intake during most of human evolution was probably substantially above that figure.... "

Based on available evidence in hunter-gatherer societies, in *The Paleolithic Prescription* (Harper & Row, 1988) authors S. Boyd Eaton, M.D., Marjorie Shostak, and Melvin Konner, M.D. estimate calcium intake by men and women of the Stone Age *to be close to 1900 mg*, most of it from plant foods. Probably considerably more came from chewable bones of small animals and birds.

In *FL #50* ("Save Your Bones") I wrote about the many nutrients *besides calcium* that must be available before bones can rebuild. *The Paleolithic Prescription* describes early humans' diets as loaded, not just with calcium, but with magnesium, potassium, fiber, folic acid, vitamin C, trace minerals, vitamin E, and essential w3 and w6 fat.

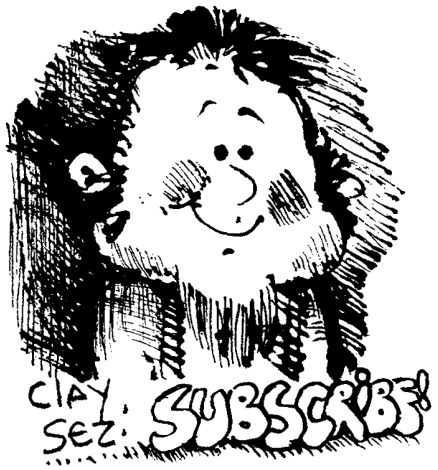
This incomparable book, in which everything related to human diet comes together with shining logic, has been a big influence on me. When I think about diet, I visualize the hunter-gatherer world that was our original garden of Eden. My dentist tells me that at age 71 the gingival bones supporting my teeth look as strong in X-rays as they did 20 years ago. Besides eating foods that protect the skeleton's mineral density, I have been taking calcium supplements for 40 years.

Lately, because of research reports, I've been favoring calcium citrate because of its ready absorbability. I also take a supplement made from bovine bones, composed of *microcrystalline hydroxyapatite*. Hydroxyapatite supplies minerals such as calcium, magnesium, sodium, potassium, manganese, zinc, silicon, iron, etc. in their natural ratio in bone. I've also added the trace mineral *boron* as a supplement, if it's not already in the above formula.

I plan, of course, to keep you updated, if more good stuff comes my way. It behooves us all to keep our framework strong!

**FLASH!** A report in the March 25 *New England J. of Med.* says calcium need no longer be a bogeyman to *kidney stone sufferers*. The doctors' traditional advice to persons who tend to develop kidney stones, usually made largely of calcium, is to avoid high-calcium foods and calcium supplements. Keeping tabs for four years on the health habits of over 45,000 male health professionals (dentists, optometrists, osteopaths, pharmacists, podiatrists, and veterinarians), Harvard researchers discovered *that men with the highest calcium intake had a one-third lower risk of kidney stones* than the men who had the lowest calcium intake.

"The important message is that people who have had calcium stones should not restrict their calcium intake," said Dr. Gary C. Curhan of Harvard School of Public Health. "People may actually be at increased risk of forming stones" if they cut back on calcium. ❁




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

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