

## The Curse of Conventional Dietetics

Commentary by Jack Challem, Editor and Publisher

A group of self-righteous defenders of conventional dietetics recently looked at my web site\* and deemed it “very unbalanced.” They even accused me of claiming to have found cures for diabetes, cardiomyopathy, and other diseases, which I had not.

Their response to what I have written about the therapeutic use of vitamins and other supplements reflected a fundamental difference in how I – and other people interested in nutritional medicine – view foods and supplements and how conventional dietitians do.

In my opinion, most dietitians practice what I call the “Betty Crocker home economics school” of nutrition – in other words, a “crock.” (Don’t be self-conscious if you’re a more enlightened dietitian.) There’s far more to optimal nutrition than four food groups, food pyramids, and muffins and mashed potatoes. There are disciplines called biochemistry, cell biology, and molecular biology, which conventional dietitians seem oblivious to.

Dietitians’ antiquated nutrition message has become less relevant to the health concerns of most people today – those who don’t eat right and for any number of reasons probably aren’t likely to take the time to do so (perhaps because they don’t have the time.) Furthermore, dietitians don’t seem to realize that their well-worn message – you can get all the nutrition you need out of a balanced diet – is based on shaky assumptions and a lack of scientific support.

Essentially, dietitians and their academic counterparts fiddle around like Nero as Rome burned – in this case, as the modern, highly processed diet continues to deteriorate. Meanwhile, dietitians have the audacity to accuse people of being health food nuts and wasting their money on organic foods – simple and wholesome foods – and dietary supplements. In addition, the American Dietetic Association avoids criticizing junk foods, perhaps because the organization gets a major share of its funding from giant food processors and fast-food burger companies.

### A Diet Designed for Disaster

Let’s begin with the typical American diet. Over the past 100 years, food processing has undergone profound and unfortunate changes, and increasingly sophisticated marketing has manipulated people’s tastes and food wants. Nutritious whole-grain breads have given way to the mass consumption of highly refined white breads that contain a fraction of the vitamins, minerals, and other micronutrients originally found in grains. Sugar consumption has skyrocketed from a few pounds a year to 150 pounds for the average American. Our consumption of fats has changed radically as well. Today’s diet is flooded with grain oils, such as corn oil, rich in predominantly proinflammatory, atherogenic, and

carcinogenic omega-6 fatty acids.

As a consequence, most people consume relatively little of the omega-3 fatty acids (from fish or flaxseed oils) or omega-9 fatty acids (from olive oil), which have the opposite effects and are particularly important for health. The domestication of cattle and other livestock, and feeding them grains, has altered their fatty acid ratios. When we eat these meats, our fatty acid ratios become even more unbalanced. (In contrast, the fat composition of game, or untampered, meats is similar to that of wild salmon.) In other words, the foods sold at the typical supermarket furnish little of what our genes evolved to work with, and we pay the price with ill health. No wonder people eating the typical American diet discover that their aches and pains go away when they restore some measure of balance, such as by taking omega-3 fish oil capsules or replenishing antioxidant vitamins.

Study after study has also shown that Americans are not eating the recommended three-to-nine daily servings of fruits and vegetables, which are rich in most vitamins and minerals. Depending on the study cited, only 9, 18, or 34 percent of Americans are eating three or more fruits and vegetables daily. But dietitians don’t seem to be paying attention to any of this.

And the truth is that, over the years, dietitians have been among the biggest advocates of unproven fad diets and foods. They have uncritically promoted the use of refined grain oils, many of which increase the risk of cancer and alter behavior. They have promoted the use of margarine, which increases the risk of heart disease more than butter does. They have promoted low-fat diets to lose weight, but evidence is growing that low-fat diets promote weight gain, not loss. Basically, dietitians have been suckered by the food-processing giants, the companies that take good nutrition out of foods.

### Fundamental Falsehoods

Not long ago, during a break at a scientific meeting, I found myself sitting across the table from a university nutrition professor and defender of conventional dietetics. We were chatting, and I raised the name of Roger Williams, PhD, who developed the concept of biochemical individuality a half-century ago. I got a blank stare. This supposed expert had no idea who Williams was or what I was talking about.

Williams, who discovered one of the B vitamins and did seminal research on others, developed the concept of biochemical individuality, based on the vast differences among genetically related animals. All people, he wrote, require the same basic nutrients – but in very different and highly individualized quantities.

Continues on other side

Some needed more, some less – and the differences were almost as distinct as our fingerprints. If you accept Williams' concept of biochemical individuality, and it's hard not to, the RDAs and other population-based nutrition standards – the gospel of dietitians – become meaningless, as Williams and so many others also argued from a scientific standpoint.

This discussion sets the stage for debunking what I call one of the false principles of dietetics: that people can get all the nutrition they need out of a vaguely defined "balanced diet." Why false? It assumes that what a person eats is what he or she will actually absorb, or is somehow magically exactly what he needs. In truth, we absorb only a fraction of the nutrients we consume, and none of us absorbs all nutrients consistently. So the assumption that people can get all the nutrition they need from the diet is without scientific support.

Second, the generic "balanced diet" advice assumes all people are nutritional equals. In fact, it is foolhardy for a dietitian to argue that a person does not need extra amounts of vitamins E or C, or calcium or magnesium, when she has never even bothered to measure a person's vitamin and mineral levels. I'll illustrate this point with a personal example. Last year, a physician conducted a comprehensive dietary workup and nutrient-blood chemistries on me. My blood antioxidant levels were high, but then I take a lot of antioxidants. My vitamin B1 level was 38 percent of normal, despite achieving dietary RDA levels *and* taking 50 mg more in supplements. My fatty acids were all mixed up, and nearly all of my mineral levels were below normal.

Yet my dietary analysis looked good, and according to dietetic standards, I was eating 100 percent of the RDA of most vitamins and minerals. I had been eating a good diet, but even with supplementation, tests showed that I wasn't doing all that well in terms of how my body was utilizing nutrients. And I was supposed to be better off than most people, who are not as conscientious as I am about food choices.

## Nutrition: Medicine's Missing Link

Contributing to the overall problem of our modern nutritional malaise, hardly anyone ever tests for vitamin and mineral levels. Physicians too often take nutrition for granted, and they have not been taught to recognize relationships between low nutrient levels and disease. And insurers generally won't pay for nutrient testing, even when physicians ask for it. No one will ever find a nutritional deficiency if they don't look for it. As a consequence, doctors end up treating the symptoms of diseases instead of addressing their more fundamental biochemical causes which can often be mediated, easily and inexpensively, with nutrition and supplements. They'll prescribe methotrexate instead of omega-3 fish oils to treat inflammatory arthritis, lovastatin instead of vitamin E to treat cardiovascular disease, and Prozac® instead of B vitamins to treat anxiety and depression.

And that raises yet another issue that conventional dietitians, and many physicians, can't seem to figure out. Does using vitamins and minerals therapeutically make them drugs?

The answer, in my opinion, is no. It's an opinion that has been

shaped by conversations with some great scientists, including Williams and Linus Pauling, PhD. Vitamins and minerals are natural substances that promote normal gene expression and biochemical activities in the body. Inadequate levels of these micronutrients become "rate-limiting factors" that inhibit the pace and efficiency of the molecular and biochemical reactions that promote health. Taking vitamins, minerals, and other micronutrients supplementally can correct this rate-limiting effect. In contrast, drugs are essentially xenocellular "wrenches" thrown into the normal workings of the body. Drugs might correct one problem, but they typically induce undesirable side effects.

## Nutritional Underdogs

In a world engulfed by junk foods and bad eating habits, taking vitamin and mineral supplements – even somewhat haphazardly – restores some measure of balance to our nutrition and biochemistry. Using vitamins and other micronutrients therapeutically does not turn them into drugs any more than eating a steak to avoid anemia turns meat into a pharmaceutical. Supplements are a rational and necessary response to the perverted thinking that the modern diet is adequate for health.

In practical terms, there's no easy way to turn around bad nutritional habits. Billion-dollar processed-food companies induce nutritional deficiencies, and billion-dollar pharmaceutical companies thrive on treating the symptoms (but not the underlying causes) of these deficiencies. Both industries hold far greater social, economic, and political clout than do the smaller purveyors of natural and organic foods, vitamin supplements, and herbal products. It should be obvious when push comes to shove in the marketplace, who pushes and who gets shoved.

I do have a few bits of practical advice in this crazy world. First, eat the best diet you can, with as many fresh foods and fruits and vegetables as you can. Second, minimize the junk foods, which consist largely of various combinations of refined carbohydrates, sugars, and fats and oils. Third, at the very least, take a high-potency vitamin and mineral supplement. And fourth, ignore dietitians who can't get beyond a muffins-and-mashed-potato mentality. With their outdated and unscientific recommendations, they should come with a warning on their uniform, like the warnings you see on packs of cigarettes. □

THE NUTRITION REPORTER™ (ISSN 1079-8609) is published monthly except for August and December. This issue, Vol 9 No 8, © August 1998 by Jack Challem. All rights reserved. Reproduction without written permission is prohibited. Phone: (503) 642-1372. Fax: (503) 649-8948. Email addresses: Jack\_Challem@class.orednet.org or challem@compuserve.com. This newsletter is strictly educational and not intended as medical advice. For diagnosis and treatment, consult your physician. Subscriptions are \$25 per year in the U.S.; either \$32 U.S. or \$43 CDN for Canada; and \$38 for other countries, payable in U.S. funds through a U.S. bank. The Nutrition Reporter is a trademark(TM) of Jack Challem.

### THE NUTRITION REPORTER™

Post Office Box 5505  
Aloha, OR 97006-5505 USA

Editor and Publisher: **Jack Challem** Associate Publisher: **Renate Lewin**

#### Medical Advisors:

**Lendon H. Smith, MD** Portland, Oregon  
**Richard P. Huemer, MD** Vancouver, Washington  
**Ralph K. Campbell, MD** Polson, Montana  
**Peter Langsjoen, MD** Tyler, Texas  
**G. Edward Desaulniers, MD** The Shute Institute Medical Clinic London, Ontario  
**Marcus Laux, ND** Marina del Rey, California