

The Nutrition Reporter™

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EXTRA

The independent newsletter that reports vitamin, mineral, and food therapies

Three Brief Essays on Nutrition and Health

Why Nutrition Should Be Number One

Sometimes the obvious escapes people. The obvious here is nutrition.

Physicians routinely prescribe drugs or perform surgery to modify the symptoms or consequences of diseases. Yet neither drugs nor surgery tackle the underlying causes of disease. Likewise, biochemists routinely ignore the nutritional underpinnings of the very biochemicals they study.

Diseases result from an interplay of nutrition, environment, and genetics. And nutrition should always be the first element investigated and the first treatment modality. It is conservative and safe, efficacious, and fundamental to everything else.

Why nutrition? Nutrients provide the building blocks of all the biochemicals in our bodies. Without nutrition, life would not be possible – and anything resembling genuine health would not be achievable. If the "buck" stops anywhere, it's with nutrition. Even our genes, which direct the biochemical reactions that take place within us, depend on nutrients for synthesis, repair, and normal functioning. Good nutrition provides a strong foundation for health, whereas poor nutrition offers only a weak one.

Many other factors influence our biochemistry. Stress affects our hormones and other aspects of our biochemical machinery. So does belief and mood. And so do environmental toxins, which derail normal nutrient utilization and biochemical processes. But nutrition underlies everything that happens with our biochemistry.

And yet nutrition is routinely ignored.

In the accompanying November 2005 issue of *The Nutrition Reporter*, we describe how Prilosec, one of the most widely used drugs in the world, reduces the body's levels of vitamin C. Other research has clearly shown that this and related drugs also interfere with vitamin B12 levels.

This situation adds insult to existing nutritional injury. In the United States, 48 percent of adults do not consume the ridiculously low recommended Reference Dietary Intake (RDI) of vitamin C, and 30

percent do not obtain the minimal requirements for vitamin B12. If you or I used a more liberal standard than the RDI, the percentages of people with deficiencies would be still higher. Nutritionally speaking, people are driving on fumes.

In another report, we relate a study in which various treatments are commonly promoted for the treatment of dry-eye syndrome, when in fact this disorder is caused by a nutritional imbalance, namely too many omega-6 fats (i.e., processed foods) relative to too few omega-3 fats (i.e., fish and veggies).

Nutrition has long been a blind spot in conventional medicine, and biochemists are as culpable as physicians. It is one thing to learn about fundamental biochemical processes in the body—the Krebs cycle, oxidative phosphorylation, and the SAM cycle come immediately to mind. But it is of utmost importance to connect the biochemical dots back to real-world nutrition or, as the case may be, real-world malnutrition. All of these complex biochemical processes slow down or are inhibited when just one of the involved nutrients is in short supply. Technically, low nutrient levels are referred to as "rate-limiting" factors because they reduce the rate of biochemical reactions.

When physicians talk about "evidence-based" clinical practice, they rarely grasp how little evidence is actually behind many of their decisions. Clinicians often start with an assumption – no evidence – that their patients are adequately nourished. A person's nutritional status is rarely considered unless he has diabetes, heart disease, or is grossly obese, and then the role of nutrition is usually considered in the most naive terms. Why take Prilosec when it is much more straightforward to simply avoid the foods that cause gastric reflux? Why take metformin when better eating habits and a little physical activity will work just as well for many people? As one physician friend pointed out, no drug will ever correct a nutritional deficiency or imbalance.

I don't mean to be hard on physicians or biochemists. The late Emanuel Cheraskin, MD, DMD,

Continues on next page

once quipped that "Medicine is America's fastest growing failing business." It's the system that's totally dysfunctional. Drug companies aggressively promote symptomatic treatments because they see little or no profit in treating the underlying causes with nutrition. Meanwhile, insurers want to ration medical care to rein in costs. I have been repeatedly told of cases in which patients' vitamin C levels were measured and found to be undetectable – qualifying as scurvy – and the insurers still refuse to reimburse for the testing or vitamin C.

'See what's wrong?

Head-in-the-Sand Syndrome

I've just read perhaps the hundredth newspaper article in which some so-called expert is quoted as saying something like "there's little scientific evidence to back up popular diets."

While I can't – and won't – defend every weight-loss diet ever devised, such blanket statements by supposed experts demonstrates only that (1) they have not bothered to read the scientific literature in recent years, (2) that they are not really experts, and (3) that my journalistic brethren are far too gullible.

Over the past several years, numerous well-conducted clinical trials have found that increasing protein and reducing carbohydrate intake leads to weight loss, improved lipid profiles, and a lower risk of diabetes and heart disease. I'm not just talking about high-protein diets either. Some researchers have produced benefits after only *modestly* increasing their protein and reducing their carbohydrate intake.

In many news reports, researchers incredulously equate a high-protein diet with a high-saturated fat intake. Apparently they lack the imagination to think of protein as anything beyond high-fat beef and pork. Chicken, turkey, and fish are excellent sources of protein and are also low in saturated fat.

The key to successful dieting is not to think of it as a temporary change to lose weight. It has to become a life-long habit. You have to avoid junk foods as if they were dangerous drugs, which is a reasonable analogy considering the hazardous side effects of these foods.

I have long recommended sensible nutrient-dense eating habits, focusing on nutrient-rich proteins, healthy fats, and high-fiber vegetables and fruit. The opposite is what most Americans are eating – calorie-dense, nutrient-poor processed foods. And this is essentially the same diet that America's processed-food companies are marketing to the rest of the world – where, not surprisingly, the incidence of obesity and diabetes are rapidly increasing.

You don't have to be a nutritionist to figure out any of this.

The Bird-Flu Cometh

Whether it's this year or next, or a few years from now, millions of people will likely die in a worldwide influenza pandemic. It's inevitable, given the origins of new flus. But our susceptibility to the flu is not.

Most flu viruses originate in Asia, where soils and water are commonly deficient in selenium. It has been clearly established that selenium deficiencies promote virulent mutations in flu and common cold viruses. The first step to slow the rate of flu and cold mutations would be to ensure that every person and as many household pets and farm animals as possible receive supplemental selenium. While there is no easy way to feed selenium to wild fowl, it is easy to add selenium to the food supply for chickens and other fowl raised for food.

In terms of treatment, an Italian study several years ago showed that N-acetylcysteine (NAC), a particular form of a dietary amino acid, can virtually eliminate flu symptoms. The subjects in the study were given either 600 mg of NAC or placebos twice daily over the winter cold and flu season. Patients with AIDS have been given several grams daily, with a doubling of their life expectancy.

NAC is a precursor to glutathione, and it is a powerful immune enhancer. In my own experience, I have found NAC helpful in combating cold and flu symptoms in dosages of 2,000 to 6,000 mg daily. NAC is well suited for dealing with the flu because it enhances respiratory and liver function. It is used medically to treat lung congestion and Tylenol overdose.

Last year, I described my personal recommendations for preventing and reducing symptoms of the common cold and flu. If you would like another copy of this special issue of *The Nutrition Reporter*, please email me (for a pdf) at nutritioncomment@cs.com, or send a *stamped*, self-addressed envelope to Cold and Flu Report, The Nutrition Reporter, PO Box 30246, Tucson AZ 85751. –*Jack Challem*

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