Winds of Change

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Nutritional dogma has blocked the use of nutrients as supplements for nearly forty years. The main tenets of this dogma are simple. They are based on what was known about nutrition and nutrient supplements before foods were so devitalized that it did not matter. When only whole, natural foods were available and minimally processed, one's natural appetite for good food which tasted good was an adequate guide, provided these foods were available. Thus, natives of the Arctic were healthy before their food was corrupted by the introduction of sugar, lard, white flour and alcohol. One can state that the healthier the food supply the less damaging are modern nutritionists' food rules or guides. The dogma is: (1) a balanced diet will obviate the need for supplements, (2) vitamins are only needed to cure vitamin deficiency diseases such as scurvy or pellagra, (3) any excess of vitamin over Recommended Daily Allowances (RDAs) is a waste and harmful. We now know these guides are misleading and wrong. Today, when nearly 80 percent of our food supply is processed, we need to have modern food guides to compensate for this degradation in nutritional value.

The basic rule is, the more we devitalize our food, the more intelligent do we have to be to compensate for these changes. We have not been very successful so far, or else we would not have half our population (at least) suffering from one or more degenerative diseases.

The confrontation between old guard nutritionists and modern Orthomolecular nutritionists has been violent and unrelenting. The old guard are supported by professional nutritionists, especially those employed by large industry. They still deny pure sugar is harmful as a food. They are also followed by the medical profession which, having had little or no training in nutrition and having had no experience in Orthomolecular nutrition, naturally left the field to nutritionists. In a bizarre twist of logic, these nutritionists advise their readers to seek out their physician for advice before taking nutrient supplements. This is a remarkable example of the blind leading the blind. In my opinion, most doctors know much less about nutrition than do their secretaries. One would be better seeking the advice of any mother who has raised several healthy children.

In the past it has taken the medical profession about forty years before new ideas were accepted. Thus, after Sir James lind proved citrus fruits prevented scurvy, the British navy allowed 100,000 sailors to die of scurvy over forty years before it began to issue limes. Almost every current orthodoxy was once considered quackery. Sometimes it takes much longer. Thus Dr. Coley, who first began to use a bacterial vaccine in 1895 for cancer, was declared a quack by the American Cancer Society a few years ago. A similar vaccine is now being used at the Sloan-Kettering Institute in New York City. Occasionally it takes less time. Our discovery that niacin lowered cholesterol was reported in 1955. Within a few years it was confirmed. But only thirty years later was niacin established as a safe substance which also decreased mortality and increased life expectancy by two years in a vulnerable population of coronary patients.

The winds of change are blowing more strongly, but not yet at hurricane force. There are two main lines of evidence. The first is that the population has entered the fray on the side of Orthomolecular nutritionists. The second is that research physicians are no longer fearful of reporting their use of vitamin supplements even in large doses, and medical journals are publishing their reports.

A. The public is turning to the use of nutrient supplements. About 50 percent of the population use these supplements, and many do so in spite of their doctors' strictures. Since few doctors publicly support this use of supplements, it is clear 50 percent of the population have decided they are not to be believed. But what is remarkable is that even young doctors or medical students are following this same trend. Thus in one study 26 percent of family

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medicine residents took vitamins. Among the clinical faculty at Harvard Medical School, 14 percent took daily supplements. Registered nurses (mostly women) more often used vitamins — 38 percent.

Sobal and Muncie[1] (1986), studied vitamin habits of new medical students.

Vitamin Use	Class of: 1985	1986
Regularly	27%	31%
Sometimes	25%	32%
Rarely	38%	37%

These students, not surprisingly, followed use patterns common among the general population. It is equally clear that medical education effectively quenches interest in vitamin use since recent graduates fall between the general population and the profession at large. It quenches, but does not extinguish, interest.

B. To test the entry of vitamin supplement papers into the medical literature, I have taken all nutritional reports from one issue of *The Medical Post,* December 23,1986. This magazine is sent to all Canadian physicians.

The following reports appeared: 1. On Omega-3 essential fatty acids such as in Maxepa.

(a) Dr. C. Glueck, Director of Lipid Research Clinic, reported to the American Society of Clinical Nutrition that Maxepa is beneficial for alleviating migraine.

(b) Dr. M. Neuringer, Oregon Health Sciences Center, reported Omega-3 essential fatty acids are essential for proper visual development in monkeys. Infant formulas may have too little, less than is found in human milk.

(c) Dr. J. Kremer, Albany Medical College, New York, reported to the American Rheumatism Association that Maxepa was helpful for patients with rheumatoid arthritis. This is surely heresy for American rheumatologists; almost as evil as suggesting copper bracelets may help, or Vitamin B-3.

2. Vitamins C and E.

Dr. S. Gauthier, McGill University, suggested antioxidant therapy for Alzheimers using vitamins. Unfortunately, I have not found large doses of ascorbic acid or Vitamin E helpful for true Alzheimers. More specific ones will be needed.

3. Folic acid.

Dr. C. Butterworth, University of Alabama, reported folic acid 10 mg per day reversed precancerous lesions in lungs induced by smoking, and reversed precancerous lesions of the cervix — Pap smears became normal. Dr. Butterworth supports the view there may be localized deficiency states; he said, "... we're beginning to see that vitamin deficiency doesn't necessarily affect the whole body the way we used to think it did. It affects primarily those cells that are on the firing line." This is what Linus Pauling maintained over twenty years ago. Dr. Butterworth used 10 mg of folic acid and 0.5 mg Vitamin B-12 per day. For this dose of folic acid you would need a prescription in the U.S.A. and for the past year, also in Canada- The Canadian government has followed the example of big brother in the U.S.A. for no scientific reasons. The decision is based upon the worry that someone, someday, may develop a problem, which so far has not occurred. I wish they had the same concern over food additives, aspirin, and every other over-the-counter drug now freely available.

This issue of *The Medical Post* may be overly loaded, but I think by very little. Almost every issue will have one or more similar articles. So, the winds of change are blowing more fiercely and in a positive direction. In my opinion, it is no longer reversible and will within a decade or two blow ortho-molecular nutrition into the medical profession. You can help by bringing this to the attention of your physicians.

•Sobal J and Mucie HL: Vitamin use and vitamins beliefs among students entering medical school. J. Nutrition Education, 17:123-125, 1985.