

# Children, Vitamin C and Medical Progress

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My Dad was a pediatrician, modern, scientific and respected by his peers. In the 1920s and 1930s it was standard medical practice to fluoroscope babies to search for the enlarged thymus, which "everyone knew" was the cause of Sudden Infant Death Syndrome, as a large thymus would crush the windpipe. If you did not have a fluoroscope, you were a bad doctor. It was standard medical practice, at least that is what the fluoroscope salesman told Dad. If Dad found an enlarged thymus, he sent that patient off to the radiologist who x-rayed it down to a more "normal" size. It was almost an emergency to get this done before the thymus suffocated the child.

Dad was always supposed to wear the lead gloves, but sometimes he forgot. After twenty years he got cancer of his fingers, six of them had to be amputated, and skin grafts were necessary for the rest. Some of the children so treated grew up to get cancer of the thyroid. That was science in the 1920s and 1930s. One wonders what we are doing now that will be an embarrassment to the medical profession in the years to come.

After I had been in the practice of pediatrics for about twenty years, I began to realize that medical school did not teach us everything we needed to know to be a reliable doctor. I shifted my practice to a more nutrition oriented approach when I realized that conditions like bed-wetting and hyperactivity were not psychogenic, but related to diet and nutrient deficiencies. My wife and I could not tolerate the idea that these conditions in our children were the result of poor parenting skills. What a relief to know that these things were related to nutrition and not psychogenic factors.

I found, in general, that many of these so-called "psychiatric" conditions were really genetic problems that became manifest when the diet was not appropriate.

Sometimes bad parenting skills were to blame but often academic failure was due to bad teaching techniques, and even school phobia could be due to the big dog on the way to school.

I conducted a clinical study over ten years involving 8,000 youngsters who had been diagnosed by the teacher as being hyperactive, or academic failures. I discovered that 75% of them were blue-eyed blondes or green-eyed red-heads. Boys outnumbered the girls five to one. A few had been injured at birth enough to be a causative factor, but most had a genetic tendency that only showed up if they were eating the wrong foods, or they had a deficiency of calcium or magnesium.

Most of them were very ticklish. I could hardly touch them. The stethoscope and the otoscope were like knives to them. I found that response to my exam correlated well with being distractible in the classroom. Hair and blood tests showed me that the children who were distractible were also low in magnesium. Magnesium is necessary for the function of the limbic system, part of which is devoted to screening or filtering out unimportant stimuli. These children are unable to disregard unimportant stimuli. This gets them into trouble, because the teacher asks them to sit down and pay attention, but they are unable to do this; there are too many distractions, just from the children in the class breathing, or cars going by outside.

The other give-away clue that the diet is faulty is that these children have mood swings, or they are the Jekyll-and-Hyde type of person. This is not psychiatric, but due to the blood sugar fluctuating up and down. When I gave these children calcium, magnesium, stopped the sugar, and stopped any food to which I found them sensitive, 80% of them were 60 to 100% better, and the Ritalin could be discontinued.

Other confirmatory research helped me become more comfortable in saying that

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hyper kids had a nutrition problem. Stephen Schoenthaler, a criminal justice professor in Turlock, California, has done much research to show diet is a key in maladaptive behavior in children. He is the person who did the famous study with the New York school children. Back in 1979, he started changing the breakfasts and lunches of the 800,000 children. He first stopped the sugar, then the next year he pulled out the colors, then the flavors and the additives. In five years he moved the average achievement tests from a sad 39 up to a better than average of 55. The children who were getting the worst scores in 1979 were eating the school food; at the end of the five years, the children who were getting the best grades were eating the school food. But remember, the food had gotten better. If children eat good food, their scores improve. We don't need any more studies. We have the proof. What are the school and government authorities doing about this? Who is implementing this?

But Schoenthaler went on. In a detention home for boys in Oklahoma, he conducted a double blind, cross-over, placebo-controlled study on 71 rough, surly adolescents. Before the program started, the administration had a list of complaints about these youths: fights, throwing things, non-compliance, and escape attempts. Half of these boys got a multiple vitamin and mineral capsule; the other half got a placebo. Within two weeks, the kids on the vitamins became more compliant, escape attempts and fights dropped by 75%, and surliness almost disappeared. There was a 5% change in the placebo group, but nothing significant. At six weeks the groups were switched. The placebo group got the vitamin capsule, and the incidence of antisocial behavior got better to the same 75% as the other group had, but the group now on the placebo began to go back to their previous nasty behavior.

This vitamin capsule would cost the state about a dollar or two per week per youngster. They decided not to use it because they have Valium to control behavior, and besides, they feed these kids good food, don't they? Schoenthaler even has documentation of the vitamin and mineral status of these youngsters: hyperkeratosis, white spots

on the nails, cracks at the corners of their mouths, gingival hyperemia, capillary dilatation on the sclerae.

So research has proven that diet and behavior are related. Why doesn't it happen to everyone in the same way? Vitamin and mineral deficiencies affect different people in different ways. Some people go into crime. Some get depressed. Some will get sick, or have a headache. Some will become hyperactive, some hypoactive.

I am in touch with a former patient of mine who just got out of federal prison after eleven years serving time for bank robbery. I took care of his pediatric needs until he was an adolescent. He was surly and uncooperative. He hated school. I tried to get him to change his diet, but he craved and stole sugar. When he robbed a bank when he was 20 years old, he had not eaten breakfast. Now, if you are going to rob a bank, you would assume it will be very stressful, and being a smart person, you would load up with complex carbohydrates, some protein and extra vitamin C and B complex. During the robbery he killed his uncle by mistake, and wounded a policeman. After they caught him, he could hardly remember the episode, he was so spacey.

I believe as part of the arresting procedure, the police should ask if the accused had been drinking or eating, and if so, what. Teachers know this. Most have a rule: "No child can be taught anything if he did not bring his brain to school." This fall I will be talking to the California Reading Teachers Association meeting. They always have the meeting the first week of November. Do you know why? Because it follows Halloween. They know they cannot teach the children until all the candy has been eaten up, so they get substitutes to baby sit while they are away at the meeting. Very little learning goes on after holidays. Easter might be just as bad. But doctors have trouble believing this, as sugar and bad nutrition do not affect every child in the same way.

I have learned a great deal from the researchers here at this Congress, and also from the books about nutrition. As an example, Archie Kalokerinos wrote a book

some years ago, called *Every Second Child*. He was referring to the deaths among aborigine children after the government doctors gave them their DPT immunization shots. Every second child died. Archie knew it wasn't pneumonia or meningitis; it was the shots. He knew that the impoverished diet that these people were on could do nothing to support the immune system, so in the absence of the appropriate vitamins and minerals, the stress of the shots wiped them out.

On his own, Archie supplied each child in his district with some vitamin C. They received 1000 mg per day per year of age. The two year old got 2000 mg a day and so on until age five years, when they all got 5000 mg per day. When the shots were administered, nobody died. Archie is still convinced that the DPT shots are the most likely cause of Sudden Infant Death Syndrome. (I believe that there must be at least ten reasons for SIDS, and the DPT shots administered to a baby with a truncated immune system is but one.)

When I heard this from Archie, I began to do this in my practice. I'd give a DPT shot in one of the baby's muscles, and immediately would give a shot of vitamin C (50 mg) mixed with the B complex (1 cc total fluid) in another muscle. Infants that had trouble with irritability and fever with the previous shots had no trouble at all with this method. I am convinced I was shoring up the immune system by this method. If the vitamin C and B complex mixture is unavailable to parents, I have them *give* 1000 mg of C, 100 mg of B<sub>6</sub> and 1000 mg of calcium by mouth on the day before, the day of, and the day after the shots. People who are malnourished or under some stress will have trouble with shots, vitamins and minerals can be used prophylactically as well as therapeutically. As time passed I became more and more enthusiastic about large doses of vitamin C and the B complex as therapy; I had to turn away from my teaching of the use of antibiotics. It was working. I billed insurance companies when I gave intravenous vitamin C, hoping they would see that this cheap, safe method was vastly superior to expensive hospital stays. What those companies were supposed to do is alert the other doctors that Smith was on to something and why doesn't everyone do this; it would save vast sums

of money. Instead, they called the Board of Medical Examiners to say that Smith was doing something unproven and unsafe. The Board suggested I retire.

I then realized that the only way to encourage a change in our health management was to show doctors and the lay people alike that there are other safe, effective, alternative methods of treatment. I discovered that the pressure from the pharmaceutical companies was so overwhelming and pervasive that the allopathic doctor feels compelled to treat everything with drugs. That is why I put together the published works of the late Dr. Frederick Klenner in "Clinical Guide to the Use of Vitamin C". Doctors tell me, "Smith, if you can get this nutrition stuff published in peer-review journals, I might believe you." So here it is. Now what are they all waiting for? Dr. Klenner began in the late 1930s to use vitamin C for almost any pathology, from viruses to germs, injuries to shock, coma to burns and snake bites. "While you are pondering the diagnosis, *give* vitamin C."

He experimented on his own children: When one would come down with chickenpox or measles, he would give a small dose of C to help take the edge off the symptoms — maybe 200 mg two or three times per day. But his wife, Ann, upset with his experimenting, would plead, "Get them well, Fred." He would give them 1,000 mg every couple of hours and they would be well in a day or two.

I have been further encouraged by the work of the later Norman Cousins. He used to get a disease every ten years and then write a book about it. The last illness did him in. His first book, *An Anatomy of an Illness*, was about his struggle with ankylosing spondylitis. This disease is very painful as it bends the victim into a pretzel-like position. He had heard about humor and vitamin C, so he talked his doctor into moving him out of the stifling hospital to a motel across the street and treat him with Groucho Marx movies and Candid Camera vignettes. Along with laughter therapy he got intravenous vitamin C, at first a paltry 10 grams, but finally moving up to 20 grams at a time.

He found that if he could laugh for 20 minutes, he would have two hours of pain-free sleep. He could get the same blessed relief with the IV vitamin C. They both had the same effect on pain. And the sedimentation rate, a test for inflammation in the body, would improve by about 10%, a meaningful change. He fully recovered from the AS, only to suffer from a devastating heart attack ten years later.

The assumption is that laughter or vitamin C will encourage the brain to produce endorphins. Vitamin C is also a fighter against inflammation, and helps the body make Cortisol, the stress hormone from the adrenal gland.

I have been delighted with the results I see from the use of vitamin C, but since I am retired, treatment with intravenous nutrients is no longer possible. So now into a new phase I call metabolic counselling.

Almost seven years ago a man from Spokane called me. He said, Dr. Smith, I believe I can make you more credible with your listeners, and at the same time you might be able to help us with our program." He continued: "I have been working with animals for 25 years and now I have put together a program for humans. I have studied animal husbandry, soil agronomy, chemistry, and biochemistry. Putting all these things together I realized that human function is based on the immutable laws of chemistry."

He told me about his reasonably healthy horses. He studied the chemicals in their blood. Some of them were low in calcium, some low in magnesium, and some in zinc. He mixed extra calcium in one of the food troughs, some magnesium in another, and some zinc in a third. The animals smelled each of the troughs. The horses that were low in calcium only ate from the calcium supplemented feed. The animals low in magnesium, ate from the magnesium supplemented feed, and the same with the low zinc horses. He said, "That is why the nose is in front of the mouth. It is not in your armpit." It is necessary as a monitoring and detection device. Then he asked, "Dr. Smith, do you know why a lactating cow will never eat grass that has ever had manure on it?" "That makes sense to me. I

wouldn't eat it either."

He explained that manure makes the soil, and the grass growing from it, alkaline, and the small brain of the cow senses that the calcium in the milk she will produce will be too alkaline to be soluble, and will not get through the lacteals in her udder. A caked breast is very painful in all mammals.

He then pointed out that many pregnant women when they are about six months along will send their husband out in the middle of the night for some ice cream — for the calcium, and pickles — to acidify the calcium. The baby will not get the calcium for his rapidly growing bones unless it is in an acid medium. He made enough sense that I got involved with his program.

It basically involves smelling each of 20 bottles of vitamins and minerals daily. If the contents have a good or no smell, the smeller needs it that day. If the pills smell bad, then the smeller has had enough of that particular vitamin or mineral that day. If I have drunk some milk, or eaten some cheese or ice cream on Monday, on Tuesday the calcium smells like used kitty litter. My body knows that I do not need it on Tuesday and is trying to help me. We all need clues like that to help us through the jungle of life.

I used to give Judy vitamin B and C shots about 12 years ago. They helped to lift her depression for a while, but then they stopped working. I was sure she had an endogenous depression as there was nothing in the history to indicate that it was stress, or family, or her boyfriend. She, however, knew that there were some good things about the shots, so she suggested to me that I give the B vitamins separately.

I gave her 100 mg of B<sub>1</sub>, and followed that in three or four days with 100 mg of B<sub>2</sub>, then B<sub>3</sub>, then B<sub>6</sub>, then B<sub>12</sub> (1 mg), and finally folic acid (10 mg). When she returned after the B<sub>1</sub> to get the B<sub>2</sub>, she said, "Don't ever do that one again to me. That was the pits." B<sub>2</sub> did nothing for her, nor did B<sub>3</sub>, but after the B<sub>6</sub> shots she said, "I think you are on to something." Then the B<sub>12</sub> and the folate gave her a definite lift. So we just gave her the B<sub>6</sub>, B<sub>12</sub>, and folic acid. No more depression.

Time passes. Last year she was 31 years

old, happily married, and with her same good job, but she was slipping into her depression again. Now I was not giving shots, so I had her go through the program, smelling each bottle, to see which were her favorites. Most of the vitamins and minerals had some odor to them, but nothing really sweet nor terribly offensive, until she came to the bottle of thiamin. "Good Lord," she exclaimed, "it smells as if I have my head in the toilet! There's something wrong with this bottle." I replied, "No, Judy, it's you. You don't need thiamin today. Apparently she has the right kind of bacteria in her intestines so that she makes her own thiamin, and absorbs it as she needs it.

There are many of us who are taking too much of one vitamin or mineral, and not enough of the others. This might help to explain why some customers of health food stores might bring a bottle of vitamins back because they have developed a bad odor. The vitamins have not changed; the customer has changed. He has become overloaded with some of them. The same with vitamin C; it should smell good to you if you need it that day.

I have found that I need vitamin A. It always smells good to me. I had warts all over my hands when I was a little boy, and now if I get a cold or the flu and it settles in my chest, I take a shot of A (50,000 units) and 500,000 units orally for a few days, and the infection is gone. Vitamin C works if the infection is from the neck up and vitamin A works if the infection is in my chest below my Adam's apple. I have always loved the Vitamin A-bearing foods, like carrots, squash and sweet potato. Ten years ago I tried 100,000 units daily for a month or so, to see if I would get the symptoms suggesting a toxic dose: the crossed eyes, the swollen liver, the headache, and the dry skin. I did lose the rough skin on the back of my upper arms, and my wife told me, "You smell better." I was rancid until I took the amount of A that I needed. I only take those big doses when I am sick enough to need them. After the most recent bout of the flu and the use of the megadoses, a plantar wart on the bottom of my foot fell off.

A chemist helped me figure out my wife. Julie and I have been married for 41 years,

and I have been treated to her wonderful cooking, but she has always put about a cup of vinegar onto each salad we eat. I don't care for all that sour fluid, so I am wringing out the vinegar as she turns to get a pickle. Then I discovered that she is moderately alkaline. This is obtained by using the formula: (sodium + potassium) — (chloride + CO<sub>2</sub>). The acidic elements in the blood are subtracted from the alkaline elements; the answer should be between 6 and 12. Hers was a whopping 18, mainly because her blood sodium is at the upper range of normal (145 meq).

Most people in North America are somewhat alkaline so their score is above 12. The elevated sodium also correlates with high blood pressure. Acetic acid in vinegar pulls the sodium out of the body via the kidneys. One stressful day her blood pressure was 200 over 100, and I thought she was on her way to a stroke. I gave her a teaspoon of apple cider vinegar in an eight ounce glass of water. She loved the "sweet" taste and drank it down. In 15 minutes her blood pressure had dropped to 175 over 100. I did it again and it dropped to 150 over 100. She then ate some potassium loaded fruits and vegetables and in about three hours total her blood pressure was down to a tolerable 135 over 85.

Vegetarians do not like vinegar because the end metabolic product of fruits and vegetables is acetic acid, and their sodium is low as a result of that chemistry. They usually have low blood pressure, like 110 over 60.

One of the bottles in the kit contains pills of the acidifier, ammonium chloride, the salt of a weak base and a strong acid. If a person is alkaline, he usually loves the smell of it. Julie says it smells like vanilla, so I then give her two or three of them. In about thirty minutes when she smells that bottle again it has a bad, sickening smell to her, so she has had enough for the time being. Sometimes I awaken her when I go to bed at midnight, and have her smell the ammonium chloride. She usually says, "I don't smell anything." So I give her two of them. If I do not, she is likely to awaken at 3 a.m. with a terrible muscle cramp in her calf. She assumes that if I were a better husband, she would not need these vitamins and minerals. The acidifier makes

the calcium soluble enough to allow muscles to relax. She likes me if her chemistry is good, and loves me if her pH is perfectly balanced.

If the body is perfectly balanced and all the nutrients are present in the right proportion, sickness, mental and physical, are easily dealt with. We all know that vitamin C does many wonderful things, but one of those things that has not been explored is that it acts as an acid, and when one takes C as the ascorbic acid, it may be acting to acidify the ingester, and hence correcting an alkaline condition. The right amount of C can help make iron more bioavailable, but too much C can wash it out of the body.

Here are a few stories to help you get your endorphins flowing. It is possible that laughter may be more important than vitamin C. I believe that if a person has an abundant supply of C in his system, it is easier for him to laugh.

I used to believe that I would never get Alzheimer's Disease, because I was taught that it was synonymous with PRE-senile psychosis, and one had to have the signs of it before the age of sixty. I am over that age, so it should not happen to me. But now people are calling anything forgetful the first clue that Alzheimer's is on the way. Young or old, we all forget things every once in a while. You have mislaid your keys or your glasses. But if you find them and you do not know what they are for, that is a problem. Two good things about Alzheimer's: You meet new people every day, and you can hide your own Easter eggs.

Make yourself laugh. You don't have to have someone to tell you a joke to laugh. If you just laugh uproariously every hour for 10 seconds, you will be a better person to live and work with. But if you need a joke, try this one:

Ed is a nice 96 year old man living in a nursing home. He has made friends with a 75 year old lady. One day she says to Ed, "I'll bet I can guess how old you are."

"You couldn't know. I might be 60, 70, 80, 90, or 110 years. Let's lay a bet on it." They both put \$5 down. "Okay, guess."

She says, "First you have to take your clothes off. It's part of the bet." He removes shirt and pants. "Underwear, too."

"Okay, but hurry up." A crowd is gathering. She gets a good look, spending a couple of minutes counting wrinkles.

"You are 96!" He is angry and frustrated as he pulls on his clothes.

"How did you guess? There's no clue on my body."

"You told me yesterday!"

This whole congress is based on the concept that since we cannot go back to the way we are meant to be in the hunting and gathering days of two million years ago, we have to make do with what we've got. Linus Pauling tells us that those ancestors were eating about 600 mg of C daily. Food was whole and natural.

A parting thought: Eat food that rots, but eat it before it does rot.