FORAGERS ALL!

"I've had bad eczema all my life, in spite of seeing many, many M.D.'s and an assortment of health practitioners. Any relief I've gotten has never lasted long," Ben W., a 41-year-old computer scientist, was describing some of the treatments and their failed outcomes to the nutrition consultant. "I think I've used up all my medical options," he told her ruefully. The soft-spoken, slender man seemed almost resigned to the eczema welts that appeared daily, along with blisters, itching, and a dryness so harsh his skin sometimes formed painful cracks. A night of fully restful sleep was rare. He said he felt tired most of the time.

Ben's 3-day diet diary showed intelligent choices. His wife, Janet, and he were careful shoppers, opting for organically grown produce, avoiding foods to which he was allergic but managing to eat a good variety of natural stuff—beans, yogurt, brown rice, abundant veggies, organically raised chicken, and whole grain rye and wheat breads, bagels, and muffins. But even though he ate 5 or 6 times a day, he told the nutritionist he almost always felt hungry.

Besides dining apparently wisely and well, Ben took vitamin and mineral supplements, along with digestive enzymes to help him get the best out of his fare. Also, he was aware Omega-3 fatty acids were needed for healthy skin (along with Omega-6), but tended to avoid it for a source, fish, because he was allergic to several kinds. He had, however, begun taking flax oil daily (with cottage cheese) as an alternative source two months before, and safflower oil for its high Omega-6 content. Although he saw improvement, "the skin is still very dry and itchy and definitely a daily discomfort," he told her.

Ben's other complaints besides tiredness were chronic bouts with diarrhea or constipation that had bothered him for years.

In Ben's family's health history, the nutritionist found the clues she needed. His father had died of cancer at age 35. Allergies and eczema were strong on both sides of the family. Ben's mother, while free of eczema, had allergies, arthritis, digestive problems, and suffered from depression. Chris M. Reading, M.D. of Australia teaches his patients how to chart the health history of blood relatives in the form of a medical family tree. In reviewing thousands of these trees, he found a hidden allergy to gluten components in grains to be the single most common thread running through a slew of family ailments. Eczema, allergies, depression, arthritis, chronic digestive complaints, and cancer were typical afflictions that turned out frequently to have strong ties to gluten intolerance. (1)

Ben ate lots of breads and baked goods made of wheat and rye—the grains highest in gluten, the consultant noted.

After a while, when illnesses such as the above appeared in a patient's newly charted tree, Dr. Reading would automatically order allergy tests. With uncanny predictability, specific antibodies to gluten fractions showed up, and occasionally to milk, eggs, beef and other foods as well. The gluten allergies in particular appeared not only in patients but in many of their kin who were tested.

The forming of antibodies is a necessary, natural defense against allergy-causing particles and other systemic trouble-makers, but in Reading's patients the antibodies had run amuck. They had turned on their host's own tissues. The name for this is autoimmune disease. Instead of being cleared from the body in the normal way, "immune complexes" (antibodies linked to antigens) accumulated in great numbers. Wherever clusters of them invaded tissues, damage was a likelihood—whether in the gut, joints, respiratory tract, muscles, skin, etc. (The term 'autoimmune disease' has acquired a realistic dimension, now that special technology makes it possible to see microphotographs of immune complexes in the process of attacking the host's tissues!)

In literally thousands of family trees, Dr. Reading found a prevalence of certain "X-linked" autoimmune diseases, i.e., carried from generation to generation on X-chromosomes. Did that mean these ailments were inescapable?

He embarked on a unique course. If a genetic predisposition to certain autoimmune illnesses was present, maybe the patient and others in the family had inherited specific allergies as well. Was it possible the untreated allergies were at the root of the primary illnesses?

The answers came in short order. When he removed offending allergens from the patient's diet and prescribed supportive vitamin and mineral supplements, substantial improvement and often complete recovery followed.

Most of the patients he saw were unaware of intolerance to foods they probably had eaten every day of their lives. Some of those most severely affected by grains had out-and-out celiac disease—confirmed by biopsy showing damaged tissues in the jejunum, the middle section of the small intestine where considerable digestion and absorption normally takes place. Others merely harbored the same autoimmune antibodies seen in the celiac patients. They all tested low in numerous vitamins and minerals because their allergies kept them from absorbing nutrients well.

This may seem contradictory, i.e., to be severely allergic to a food and not be aware, but it's all too commonplace. Unlike hives, hayfever, and other blatant reactions to allergens, apparently when we assault the body, day after day, with substances that harm it, a strange accommodation may take place over time. The body copes by producing endorphins and other natural opiates that take away pain and distress. We then become addicted to the good feelings we get from the home-made opiates! Stressful withdrawal symptoms hit us when we do without these "favorite" foods, so we make sure we eat them often. The endorphins keep kicking in, but the damage grows.

I know all about it, because a few years ago I tried giving up my beloved sour dough breads, chewy bagels, and crispy crackers and had a devil of a time—for a while. Yet, if I had to do without something I enjoyed to which I wasn't allergic, say, beef, or yams, I could do it easily and find satisfying substitutes, and not suffer the same intense cravings I had, at first, with "bread withdrawal"!
Now, after six nongluton months, Ben says he is "80% cured." Most of the redness is gone, the skin less dry and showing a softness it never had before. Ben's energy is up, his digestion better, the episodes of diarrhea have been over for months, and he isn't hungry all the time. "I suspect I'm absorbing what I eat better." He says the sacrifice is well worth it.

**Gluten & Rheumatism**

Closer to home, a longtime writer friend of mine, Matthew, at age 58 developed a deep ache in the upper muscles of one arm. It was driving him nuts. At first, he had it pegged as a simple strain, but rest, ointments, and hot compresses hadn't helped. Now, after weeks of misery, an ominous truth hit him. This was just like the "rheumatism" his mother had complained about most of her adult life. "You know how kids are. I never paid attention, because as far back as I can remember, she says her arms and hands hurt. The last ten years before she died, she lived on white bread, jelly, and aspirin! I'm afraid I've got the same hellish thing, but I'll be damned if I'll take aspirin or other drugs."

Matthew had always had robust health. He didn't drink or smoke, his diet was good, he took vitamin and mineral supplements, etc. To make a long story short, in desperation he decided to try a nongluton regimen which, for him, meant giving up his beloved spaghetti and whole wheat bread. He wasn't big on cake and cookies, fortunately, and he long ago had given up bagels, crusty breads and crackers to favor a touchy molar, so had less of a "withdrawal" problem than most of us who go nongluton. Nevertheless, he was feeling pretty sorry for himself, especially the first three weeks when he had the misery of deprivation and an aching arm. But, by golly, that fourth week the arm definitely was better! Soon, it was back to normal.

Well and good. Three months went by and Matthew was feeling pretty cocky. Maybe, after all, the sore arm had been a remnant from an earlier bout with flu. He began eating pasta and whole wheat bread again. In three weeks, exactly the same muscles in his arm were throbbing. He'd had neither colds nor flu as a matter of fact, was feeling his jaunty self until the unbearable ache began. This time, Matthew didn't hesitate. Out went the gluten grains. In three weeks, the pain began to lift and he tells me it hasn't returned since.

**A Theory About Grains**

They weren't always 'the staff of life.' We are all descended from gatherer-hunters (foragers). When our ancestors ranged with wild foraging foods, they began ten thousand years ago to plant and harvest, probably in the warm Fertile Crescent of the Near East or perhaps in southeast Asia. (Most of what is now Britain, Europe, Scandinavia, Russia, and northern North America still was trying to thaw out from the last great Ice Age which had kept it under sheets of ice for thousands of years.)

Then, and only then, did grains gradually begin to be used as vittles. Gluten is a complex mixture of proteins that's unique to seeds in the grass family to which the major grains belong. The culprit in so-called gluten intolerance is one specific group of proteins in gluten, chief among them the gliadins. For simplicity's sake, 'gluten' is the term I'm using to denote any and all trouble-making fractions in amaranth, rye, and barley belong together in one botanical subfamily and are the most toxic of all grains (in descending order) for gluten-sensitive folks.

In perusing medical studies and reports from celiac sprue (gluten-intolerant) societies here and in Canada, I'm struck with their nearly universal characterization of celiac sprue as a disease. I beg to differ! Individuals who can't handle these grains may simply be true to their gatherer-hunter genes. Just because they haven't adapted to foodstuffs that continued to be ignored by the first Homo sapiens (Archaic) beginning 400,000 years ago, and by Cro-Magnon (Homo sapiens sapiens) 40,000 years ago, until a mere 10,000 years ago when farming began, doesn't mean they've got a disease.

Undoubtedly, many generations have thrived since the grass seeds first began to be harvested, shaken free of their husks, pounded into meal, and cooked or baked. Some paleontologists even suggest a single-gene mutation might have taken place, most likely in regions where wheat, rye, and barley became staples, which enabled citizens to tolerate gluten. By all foraging standards, however, I suspect the tiny grains would seldom have been considered worth the bother by our pre-agricultural ancestors, when they could pick and choose from an abundance of tasty tubers, yams, and starchy roots!

But even after farming began, vast regions of the world never grew wheat and rye, depending for thousands of years on starchy crops with little or no gluten such as cassava, potatoes, yams, millet, sorghum, corn, and rice — until modern freighter, rail, truck, and air transport brought wheat products to every hamlet and islet on the globe.
I refuse to refer to an inability to adapt to a relatively new and potentially toxic food as a disease! On the other hand, gluten’s ability to create disease in vulnerable individuals is becoming crystal clear. Celiac sprue was recognized as a gluten-derived gut disorder only in the 1950’s. Since then medical workers are learning it may appear in tandem with some pretty nasty ailments. Netherlands researchers Mulder and Tytgat review its significant association with autoimmune diseases such as diabetes, thyroid disorder, vasculitis (inflammation of blood or lymph vessels), rheumatoid arthritis, kidney disease, and malignant intestinal lymphoma.

Maybe Dr. Reading is being rosyly optimistic, but he cites case after case where a glutenfree regimen and optimal nutrient supplements brought about improvement, even recovery, in stubborn autoimmune ailments, whenever the patients happened to have an inherited gluten allergy also.

Could it be that simple? That if you take away the substances that are wrecking your immune system, the ‘family’ autoimmune afflictions have a chance to heal, or maybe to never happen in the first place?

Just because supermarkets all over the world now are stocked with Twinkies, doughnuts, crackers, cookies, cakes, good and bad breads, and oodles of noodles doesn’t justify the assumption that these substances must be universally benign! We need more health workers to be aware of the existence of a large population for whom gluten spells trouble. After all, one of the commonest allergies diagnosed is to wheat even where testing for gluten allergy is omitted.

The last three years have been an education for me in inventive food shopping and preparation. Vacuum packed breads made from rice, potato, and tapioca flours are sent by Ener-G Foods in Seattle (1-800-331-5222). Besides old friends like rice, millet, and corn, I’m using starches I hardly knew existed before -- cassava and African yam -- and I’m finding rice spaghetti and macaroni that are every bit as satisfying as wheat pastas. I don’t feel deprived (the cravings for bagels, etc. do go away eventually) and I expect I may be bypassing some of the ailments on my family tree. We’ll see!

In PALEOLITHIC PRESCRIPTION: (3)

So, here we are in the late twentieth century, with a 40,000-year-old model body, trying quite nobly to understand what it means to be human, adjusting as best we can to the complex demands of our lives. Yet with genetic makeup essentially out of synch with our lifestyles, an inevitable discordance exists between the world we live in today and the world our genes “think” we live in still. This mismatch...can account for many of our ills, especially the chronic “diseases of civilization”...

References


(3) THE PALEOLITHIC PRESCRIPTION by S. Boyd Eaton, M.D., Marjorie Shostak, & Melvin Konner, M.D., Ph.D., 1988, Harper & Row, NY.

ADDICTIONS: A NEW CLUE TO RECOVERY?

I had the rare pleasure of attending a 9-hour class given by Julia Ross on biochemical treatment of addictions and eating disorders, given over a 3-week span at UC Berkeley. Before becoming director of Recovery Systems in Mill Valley (415-383-3611), she had worked for many years in clinics where standard treatment for substance abuse was -- still is -- the “Minneapolis Model” emphasizing education and self-understanding for addicts and their families and employing “12-steps” used in Alcoholics Anonymous. The goal is emotional and spiritual recovery.

In truth, lasting rewards have been few and far between for workers in the addiction field. Success rate for long-term recovery remains a distant 10 to 25 percent. However, even that statistic falters, depending on how one defines “success.” Routinely, she saw scores of clients who had been abstinent for many years but suffered from depression and stress with frequent relapses. Many had “graduated” from substance abuse to eating disorders!

That’s why the last five years for her have an aura of miracle about them. She and a handful of clinic directors around the country employ a medically directed program of “biorepair” to heal the damage done by alcohol, drugs, and eating disorders. The class she taught is the first ever given at UC Berkeley or any university in California on the new “biochemical restoration” model. People in the class were loudly skeptical at first. Some were in recovery but battling anorexia, bulimia, obesity. Others were themselves counselors in clinics and, to them, the statistics she gave on new success rates were inconceivable. But Julia Ross at Recovery Systems, and Joan Mathews Larson, director of Healing from Addictive Disorders in Minneapolis, consistently get 75 to 80% longterm recovery rates.

Most important of all, their ‘graduates’ don’t have depressions and cravings years after treatment, and usually feel better than they ever did before.

The textbook for the class was ALCOHOLISM: THE BIOCHEMICAL CONNECTION, A Breakthrough Seven-Week Self-Treatment Program, by Joan Mathews Larson, Ph.D. She lays out protocol in wonderful detail, much of it in the form of self-help directions. The underlying premise is that longtime substance abusers have done much harm to body and brain. In addition to medical tests that may be needed to identify and deal with allergies, yeast infection, thyroid disorders, blood sugar problems, etc., treatment relies heavily on a restorative program of nonprescription nutrient supplements. In addition certain amino acids such as glutamine, tyrosine or phenylalanine are given apart from meals to allow them swift access to the brain. Some are converted to the natural “chemical messengers” that have much to do with our feelings of liveliness and well being.

For some folks, alcohol and/or drugs trigger artificially high levels in the brain of the “feel good” chemicals, including endorphins and enkephalins, the body’s natural opiates. Repeated hits of the chosen substance temporarily spare them the ‘crash’ that occurs when the brain’s ‘feelgood’ supplies run out. Eventually, longterm use seriously disrupts brain chemistry, playing havoc with a capacity for clear thought and well being.

Julia Ross learned the hard way that emotional and spiritual recovery were just beyond the reach of clients, until their brain and body functioning began to be restored. At that point, she found they could deal rationally with group or individual counseling, 12-step programs, etc., not before.
The Ties That Bind

There is a connection between substance abuse and eating disorders. Both involve a consuming search for an unbroken ‘high’ to chase away the lousy ‘lows.’ Yes, starved anorectic individuals have learned to rely on the opiates their bodies make to deaden the devastating stress of starvation. When they eat normally, they feel rotten because the endorphins, enkephalins, etc. disappear. Overeaters tend to gorge on foods to which they have hidden allergies. The good feelings come from the endorphins, etc. released by the brain as a way of coping with damaging allergens. Studies show that bulimics get an opioid ‘high’ from bingeing (usually on sweets and baked goods), then get another ‘high’ from throwing up!

A new, illuminating connection is emerging. Dr. Larson and Julia Ross both are finding hidden allergies to gluten in grains in a great number of clients, whether they have food disorders or are substance abusers. Taking a leaf from clinical ecologists like Theron Randolph, M.D., and William Philpott, M.D., who clarified the concept of allergy-addiction, Ross and Larson observed that recovery could proceed successfully only when these clients gave up their ‘favorite’ foods, i.e., breads, bagels, crackers, pizzas, cakes, pies, croissants, etc. (Aren’t they everyone’s??)

Joseph Beasley, M.D., author of HOW TO DEFEAT ALCOHOLISM: Nutritional Guidelines for Getting Sober (Times Books, 1989), directs Comprehensive Medical Care, Amityville, NY (1-800-787-0230), a clinic where biochemical restoration is a primary goal. He finds that most alcoholics are allergic to a wide range of food and environmental allergens. Grains “are particularly common culprits.” He’s seen the allergy-addiction phenomenon in full bloom in countless patients who have told me they ‘couldn’t live without’ the very foods to which they are most allergic.

You Endorphins! Always Bugging. You Ought to Be a Prostaglandin. So Much to Do and You Live Less Than a Second!

The major distilled alcoholic beverages are made from wheat, rye and barley, the grains highest in gluten. Larson writes: “People from the Mediterranean area of Europe have been drinking alcohol for more than 7,000 years. Today, they have a very low (10%) susceptibility to alcoholism. Those from northern European countries, including Ireland, Scotland, Wales, and northern parts of Russia and Poland, and the Scandinavian countries, have been using alcohol for only 1,500 years...their susceptibility to alcoholism...is between 20 and 40%. Native Americans (including Eskimos) had no access to alcohol until 300 years ago. Their vulnerability to alcoholism is extraordinarily high (between 80 and 90%).”

If worldwide testing for gluten allergy were to take place, I’d bet my bottom dollar the ethnic distribution would closely resemble the ones for the rate of vulnerability to alcoholism! Mediterraneans might test fairly low. Northern Europeans, the Irish, Scandinavians, Russians, etc should test much higher. And I predict Native Americans and Eskimos, who never ate these grains until European settlers came, would go off the scale!

We’re back full-circle to the hunter-gatherer concept. I’m convinced sizeable numbers of us with “pure forager genes” can now add substance abuse and eating disorders to the list of ailments I described before as having possible roots in untreated gluten intolerance. I have two pieces of good news for readers who (1) think they could be allergic to gluten, but don’t know how to find out; and (2) even if they learn they are, are sure they could never give up their favorite foods!

First, an accurate new antibody test is available. Mary Alice Warren, editor of the informative newsletter, The Celiac ActionLine (112 St. Croix Ave, Cocoa Beach, FL 32931), tells in the October issue about the ones that can be performed by Specialty Laboratories in Santa Monica, California (1-800-421-7110) from blood samples sent by a physician. The IgA endomysial antibody test is described as the best blood test yet for diagnosing gluten intolerance.

Second, Julia Ross told the class how her clients are able to get off addictive substances and foods with only a few days of minor discomfort! She has them take at regular times throughout the day amino acids and supplements similar to the “Detox Formula” program in Dr. Larson’s book. Afterwards, as they continue with supplements formulated for specific addictions and conditions, they tell her their cravings just go away!

It may not work that easily for everyone, but at our class’s last session, first a bulimic woman said she hadn’t binged or purged for two weeks — a record for her — ever since she bought ingredients similar to the Detox Formula in a health food store, after the first class, and began taking them. Then a man who had licked his alcohol problem years before but remained chronically depressed said he, too, had started on Julia Ross’s detox program a few days after the first class. Now, three weeks later, he realized he’d been feeling good for ten full days!

The class applauded loudly, people were beaming, I tell you it began to feel like a revival meeting.

You can use a credit card to order the full Detox Formula and the Larson book, or just the book alone, by calling Health Recovery Centers’ division, Biorecovery, Inc. at 1-800-247-6227. Also, you can get the book by making out a check or money order for $27 which includes shipping to Biorecovery, Inc., 3255 Hennepin Ave South, Minneapolis MN 55408.

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