

The FELIX Letter

A COMMENTARY ON NUTRITION

No. 124

Summer 2003

YOU'LL BE HAPPY TO KNOW...

The biggest news in 21st century medicine is happening right now. In FL#123 this spring, I wrote about Dr. Tom Levy's history-making book, *Vitamin C, Infectious Diseases, & Toxins: Curing the Incurable*, in which he summarizes the most significant of the 1200 peer-reviewed, published medical studies that he cites. He culled these out of many thousands he found in his 3-year search for medical journal articles on therapeutic uses of vitamin C, going back decades. To his incredulous eyes, he found study after study had been overlooked, deliberately ignored, or dismissed by mainstream medicine. Yet here were outright cures in patients suffering deadly viral and bacterial diseases, including 60 out of 60 cases of polio in 1949. Dr. Levy learned of recoveries from toxins as lethal as snake venom and 'death cap' mushroom poisoning. Animals, too, benefited from intravenous vitamin C: it kept scores of dogs and cats who developed usually fatal distemper from being put to sleep. [See FL#123 for more.]

We Have To Get The Word Out

The 'moment of truth' has arrived: how are we going to convince conventional and 'alternative' doctors of the soundness and unparalleled safety of 'megaC' therapy, to enlist them in the ranks of providers?

My friend Phil Jacklin is a retired philosophy prof and president of Smart Life Forum's Board, at whose invitation Tom Levy MD came from Colorado to talk at SLF's public meeting in April.

To those of us who heard him that night, and bought and read his book, the world has never looked the same. Fired up-- all of us.

Phil mailed dozens of books to leaders in the alternative medical world, including one to Julian Whitaker MD, who happens to be one of my long-time doc heroes. Not only does he practice nutrition-based medicine in his own clinic, since 1991 he's also been publishing *Health & Healing*, a monthly guide to "alternative health & anti-aging medicine" with a huge subscription base. [Call 800-539-8129 for info.]

Providentially, he'd been at a scientific meeting of the American College for Advancement in Medicine (ACAM), where members talked about Levy's book, and Hugh Riordan MD had given "an extremely provocative presentation on the use of intravenous (IV) vitamin C as a treatment for cancer and other diseases," Whitaker writes in his July *Health & Healing*. Levy's book was waiting for him when he got home, he told Phil, "and I read it from cover to cover."



Whitaker caught the fever, too. In the July issue he writes, referring to Riordan's work:

"Seeing the power of IV vitamin C presented anew rekindled my interest and commitment to this extremely useful medical therapy. Even more convincing is the research presented in a new book by Thomas E. Levy, MD, JD....a must-read for doctors and patients. This 400-page volume with over 1,200 cited scientific references is a litany of the unbelievable. But it's all true."

Current MegaC Applications

Dr. Levy spoke to Whitaker about some of his own experiences using IV vitamin C. "A woman suffering with severe and debilitating Lyme disease had been seen

by many doctors, and had not responded to several courses of antibiotics. Her health was rapidly failing, and her husband called Dr. Levy.

"The woman was immediately infused with 100 grams of vitamin C...Over the next two days she received five more 50-gram infusions of vitamin C, and by hour 72 she was completely well. That was nearly two years ago. She has since suffered no relapses, nor is there any indication of a chronic infection."

Whitaker describes equally rewarding results for Dr. Riordan and for Robert Cathcart MD using IV hi-dose C in ailments as varied as infectious mononucleosis and cancer. Repeated infusions "would be curative for patients with SARS," Whitaker believes.

"Let the truth be known," he writes. "Vitamin C has been much maligned by conventional medicine. For years it was blamed for causing kidney stones and vitamin B12 deficiencies—accusations that were proven false (although this misinformation remains in textbooks everywhere)...Here at the Whitaker Wellness Institute we've used IV vitamin C (up to 75 grams per dose) for over 20 years, with no sign of toxicity.

"The work of Drs. Riordan, Levy, Cathcart, and others serves only to increase my enthusiasm for and to step up my use of these infusions...What's more, this therapy can be administered at home. In fact, Dr. Riordan sends many of his patients home, and a nurse comes by simply to mix the solution and hook up the IV. If that sounds risky to you, consider that cancer patients often have home infusions of chemotherapy. If some of the most toxic drugs in human history can be administered at home, why not one of the safest therapies ever known?"

He says you can find a physician with experience in IV vitamin C by visiting the ACAM website at www.acam.org, or calling (800) 532-3688.

Bay Area folks can log on to Smart Life Forum's website for a list of local physicians providing MegaC rx: www.smartlifeforum.org □

FOR MILLIONS, IT'S NO TIE

STAFF OF 133

My mysteries that are solved by nutrition: How I love 'em! I got a clue the other day that should be emblazoned with arc lights, heralded with trumpets. It could, at the very least, serve as a lifetime guide to, yes, at least 2 million people in the USA alone.

Would you normally be willing to give up some of your favorite foods? Of course not. But...could you give them up if they were the *sole reason* for your 101 miseries that no treatment had ever permanently whipped?

Im referring to the sneakiest disorder ever to hit our post hunter-gatherer world: gluten intolerance (celiac disease).^{*} My 1999 (17th ed) *Merck Manual* essentially dismisses its impact by stating its prevalence in North America to be a mere 1 in 5000. Way off the mark. Based on 13,145 blood samples, here's the current scoop on celiac prevalence in the U.S.:

1 in 133 celiacs were found in testing average 'healthy' people; and 1 in 22 in people related to a celiac had the ailment. [A. Fasano et al., *Archives Internal Med*, Feb 10, 2003.]

Thus, the U.S. population of 275 million has a *minimum* of 2 million celiacs. Lots more, if people related to known celiacs are added—it runs in families.

I don't do consulting any longer, but I remember with pleasure a group of cases in which a one-size-fits-all solution solved the dilemma of each person's crummy health--ailments as disabling or obnoxious as lifelong eczema, arthritic pain in arms and joints, frequent diarrhea, deadly tiredness.

I had my clients take the bread out of their mouths...and the crackers, cookies, cakes, croissants, bagels, cereals, and everything else made of wheat. Rye and barley, too, but wheat flour is the biggest, hardest-to-avoid offender.

It wasn't easy, at the beginning. Gluten-rich stuff, while attacking my clients' intestinal tracts viciously, also sneakily produced endorphinlike substances that engendered powerful cravings--true addictions. I encouraged my clients to search out a variety of nongluten carbs that gradually eased the cravings, feelings of deprivation. Fortunately, the payoff in symptom amelioration came fast enough to strengthen their resolve. I can only describe it as their bodies saying, **"Free, free at last!"**

Pickles/Brian Crane



Clara Makes the Big Sacrifice

To be a good sport, and out of experimental curiosity, I took the glutenfree route myself. Surprise! --after a couple of months, my good health got even better. It led to a permanently different mindset when I shop for vittles.

If you're lucky enough to be near a healthfood store, or a Trader Joe's, they carry glutenfree breads, cookies, cereals, and snacks. My newest favorites are thin, crisp disks of organic popped corn or rice--more fun than traditional rice cakes (too thick)--and they make great open-face sandwiches or dipping chips.**

I use potatoes, sweet potatoes, and cassava (yuca, or manioc) freely in any form. These roots and tubers are close enough to the kinds that supplied major starchy foods for our species for 99% of existence on earth. Safe grains without gluten are also plentiful: rice and corn, of course, but also millet, buckwheat, quinoa, amaranth, and oats.

My Cornucopia

Oats were finally and definitively taken off the gluten list recently. I love hot oatmeal for breakfast, with nuts, seeds, raisins, or dried blueberries added, plus cinnamon. I keep rice flour and tapioca (cassava) starch in the fridge for thickening sauces or gravies, or for occasional baking.

All beans, peas, lentils, and the flours made from them, are gluten-free. Of course, all fruits and nuts, seeds of leafy plants (e.g., pumpkin, sunflower, chia, peanuts, sesame, flaxseed), all berries, all leafy and root vegetables, fish, shellfish, dairy, eggs, poultry, and meats are gluten-free. Incidentally, my Italian-style spaghetti-&-meat balls made with *rice spaghetti* are divine and indistinguishable from the usual kind made with wheat spaghetti.

I dare you to feel deprived on some or all of the above!

Funny, my worst cravings used to be for crusty sourdough breads. I could never

eat just one slice, but had to be handcuffed to keep from making a pig of myself--typical addictive behavior! After about two glutenfree months, I could walk by a bakery without whimpering.

Proof of nature's mercy: chocolate is gluten-free. □

^{*}Gluten intolerance, or celiac disease (CD), still is largely overlooked in U.S. medicine. Good research drifting over from Europe and Scandinavia showed that, in fact, this "autoimmune disease" (the body's immune system mistakenly attacks its own tissues) was surprisingly common there. Less invasive tests also became available, making diagnosis simpler and cheaper. Medical interest in the U.S. finally is increasing.

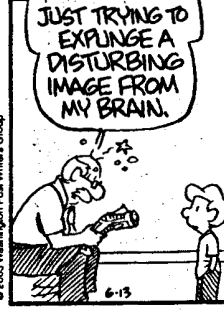
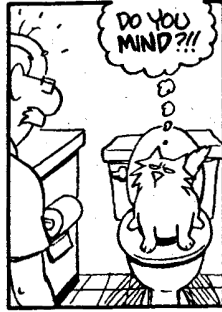
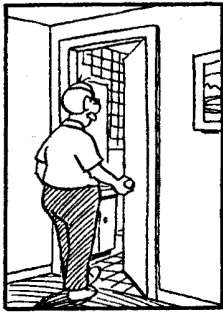
The continuing characteristic destruction of the small intestine's villi, which normally do the major digesting and absorbing of nutrients, often causes severe bloating, & chronic diarrhea. But even in the absence of these symptoms, CD is known to lead to varied disorders, many of them affected by the celiac's chronic undernutrition: osteoporosis, muscle wasting or weakness, arthritis, easy bruising, depression, epilepsy, infertility, bone pain, anemia, migraines, hypertension, kidney disease, and unusually high incidence of intestinal lymphoma that can be fatal. (See more re CD in *FLs* 44, 47, 48, 53, 60, 73, 74, 77/78, 90/91, 94/95, 97, 112.)

******Publications by active U.S. celiac groups feature lots of mail-order nongluten foods, along with good advice. Celiac Disease Fndtn: (818) 990-2354. email: cdff@celiac.org. American Celiac Society: (504) 737-3293. email: AmerCeliacSoc@netscape.net

FROM HERE & THERE

•Mercury Update: "One-third of canned albacore 'white' tuna tested by a nonprofit watchdog group contained levels of toxic methylmercury exceeding a federally recommended maximum dose for women of child-bearing age," writes Jane Kay in *SF Chronicle*, June 19. Canned "light tuna" is made up of smaller, darker tuna & has less mercury than albacore ("white tuna") but still has higher than so-called safe levels for kids, or for women who are or will someday be pregnant. Sorry!

Better choices, as noted in *FL#123*: **Fresh, frozen, or canned Salmon; Sardines, Sole, Tilapia, Clams, Shrimp, King Crab, Catfish, Scallops, Calamari (Squid).**



•High Protein for Better Bones:

Women aged 65-77 who had a comfortably high protein intake (71 grams/day) fared significantly better in bone-mineral density than their peers consuming between 54 and 65 grams daily – *but only if they also took in more than 408 grams of calcium a day.* (Protein intake of all groups was higher than the RDA.)

Some researchers fear a high protein intake causes leaching of calcium from bones to neutralize the high acid load it creates, but this did not occur in the study group. Researchers B.P. Rapuri et al. conclude: "Our results suggest that in the elderly, who are at the highest risk of osteoporosis, a higher protein intake is important for the maintenance of good bone health." [*Am J Clinical Nutrition*, June 2003.]

Note: Most hi-protein foods create metabolic acids that need to be neutralized by the body's acid-base buffering systems. Safest and best way (besides ample calcium and magnesium supplements): *plenty of alkaline-yielding fruits, berries, and veggies.*

•Inhaling Without Smoking:

Univ. of Puerto Rico researchers who measured plasma vitamin C in kids ages 2 to 12, in homes where parents did or didn't smoke, found definitely lower blood ascorbate in smoke-exposed kids, even though both groups consumed equal amounts of dietary C. Sadly, the biggest drop in ascorbate levels was found in the 2 to 4 year olds. Researchers note: "Tropical homes are primarily ventilated through open windows and ceiling fans...Yet even in this very open environment, [environmental tobacco smoke] was a factor in reducing blood vitamin C concentrations, with the subsequent risk that antioxidant protection may be suboptimal." [*Am J Clin Nutr*, Jan. 2003.] □

TRADE SECRETS

As a nutritionist, I'm trained to look for critical clues to health puzzles in an individual's typical intake of foodstuffs and supplemental nutrients. Historically, physicians employed herbs, nutrients, and food-based substances (e.g., cod liver oil) commonly as therapeutic measures. Nowadays, to put it charitably, doctors' training has a different emphasis. I don't know whether to laugh or cry when I compare the wistful little pocketbook compendium of pharmaceuticals (about 70 tiny pages) of "The Materia Medica As In Actual Use To-day by American Physicians" in my *Merck's 1899 Manual*, with the drugs listed in 3500 giant pages of my current 6-pound *Physicians' Desk Reference*.

What's new to human history is the production of pharmaceuticals as *mighty* big business. The industry took off like a rocket after World War II and by now there's no way to calculate its influence in every nook and cranny of your life. You've seen the newest ploy: television and magazine ads cajoling you into telling your docs what to prescribe for you.

But doctors themselves are subject to the industry's inestimable persuasive forces, during their medical education and continuing throughout their working lives. Every medical journal reinforces in articles and ads the dictum *that restoration of health hangs on pharmaceutical intervention*. Sure, diet may be important, but doctors can't exercise control over patients' daily food habits the way they can over intake of medicines. Besides, they view nutrition as 'baby-stuff' science, while pharmaceuticals are complex, challenging, exciting...

Truth is, the chemistry of nutrients themselves, plus the physiology and biochemistry of their effects on the human system, even on *genes*, is compelling and intricate beyond belief and growing more so with discoveries every couple of months. Believe me, nutrition journals are very low on the reading agenda of physicians, who've a hard enough time keeping up with medical publications.

Panacea...or Gold Mine?

So now the forces guiding your health are expanding their one-trick pony--the statin family of cholesterol-lowering drugs--into uncharted territory: populations whose cholesterol levels are 'okay' but who have high blood pressure. The April 5 *Lancet* said the Anglo-Scandinavian study (ASCOT) using atorvastatin (Lipitor®) was a success, producing a 36% reduction in fatal coronary heart disease and nonfatal myocardial infarction compared with the placebo group. This benefit happened to men, *but not to women in the study.*

However, Compared with the placebo group, Lipitor® takers developed more cases of *life-threatening arrhythmias, renal impairment, newly developed diabetes, and higher totals of fatal and nonfatal heart failure.*

How Inconvenient!

Also, one man developed nonfatal *rhabdomyolysis* (severe muscle breakdown). Out of hundreds of cases of severe muscle weakness (myopathy) in patients who were taking the Bayer AG cholesterol-lowering drug Baycol (cerivastatin), *31 died of complications from rhabdomyolysis.* Baycol was pulled off the market afterwards, in August of 2001.

Severe muscle myopathy is a condition doctors need to be especially alert to in their statin patients. *Its chief cause is the body's depressed synthesis of Coenzyme Q10, a pivotal electron carrier in the energy-producing process in your cells' mitochondria.* Statins reduce your cholesterol levels by inhibiting one of the enzymes (HMG-CoA reductase) in your body's assembly-line production of cholesterol. But your ability to make CoQ10 *depends on the same enzyme.*

The August 31, 2002 *Lancet* describes a case of a woman on whom a variety of statins were tried but who nevertheless developed systemic muscle weaknesses, even in her eye muscles, resulting in strabismus, or "cross-eyes." "Discontinuation of the cholesterol-lowering agent led to a brisk clinical improvement."

The "high-cholesterol=coronary heart disease (CHD)" concept has lost some of its lustre with the revelation that healthy older populations seem to do just fine with so-called high cholesterol, while the heart-health of older women appears to be unrelated to LDL cholesterol levels [see *FLs 116/117*]. Now the drug companies are saying statin's successes may be ascribed also to its "antioxidant action."

You and I can think of a dozen nutrients providing superb antioxidant actions with complete safety. Foremost among them would be vitamin C, whose prodigious antioxidant capacity is matched by its necessary role in collagen production, enabling blood vessels in your body to be sturdy, elastic, and resistant to inflammation, i.e., to the simmering infections that send "C-reactive protein" levels (a newer marker for CHD) through the roof.

But MDs are conditioned to be suspicious of nutrient supplements, if not downright hostile to them. Hardly a month passes without a news bulletin of yet another vitamin supplement 'failure' or 'danger.' Yet how often do you see news articles or tv stories about statins' dangers? Even a prominent report about the Baycol deaths (*SF Chronicle*, Aug 26, '01) hastened to point out the benefits derived by its (living) users. Also, many doctors feel uneasy about lack of control over their patient's intake of nonprescribed nutrient-based items. Even if not downright dangerous, these substances could never deliver the punch of tried and true, dose-controlled medications, backed up by billion-dollar studies, right?

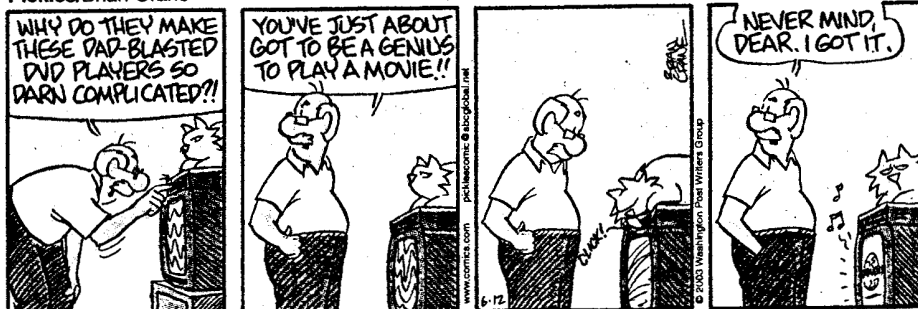
But Nature is Smarter!

Julian Whitaker MD, in the January issue of his newsletter *Health & Healing*, tells about speaking in London at the 3rd conference of the International Coenzyme Q10 Assoc. In his opinion, CoQ10 "ranks as one of the top three discoveries of the 20th century, for it can enhance the health of hundreds of millions of people...As levels of this crucial compound fall, the ability to produce energy is diminished and all manner of ailments develop. If CoQ10 levels are increased by oral supplementation, energy production increases, and astounding benefits result."

Paper after paper at the conference described its protective or therapeutic role in asthma, ulcerative colitis, periodontal disease, diabetes, fibromyalgia, cataracts, skin damage, etc.

Its best-researched uses are in cardiovascular applications, where "supplementing with CoQ10 improved endothelial function, allowing the arteries to relax and dilate and blood pressure to fall." Other studies showed its benefits "for congestive heart failure, recovery following heart attack, and relief of angina."

Pickles/Brian Crane



Here Come the Punchlines

Scientists presented "concrete evidence showing that statin cholesterol-lowering drugs...reduce CoQ10 levels in the blood, muscles, and heart tissues..."

Dr. Whitaker in his presentation said *the statin manufacturers were well aware of this*. Two patents assigned to Merck & Co. in 1990 covered "the use of CoQ10 in combination with statin drugs to prevent, treat, or ameliorate the complications brought on by the drugs..."

"Incredibly and inexplicably, Merck never exercised these patents, never made combination CoQ10-statin products, and even more ominous, never attempted to educate physicians or patients about the very dangerous statin-CoQ10 connection..."[My emphasis. CF]

Color me cynical, but I can't help wondering if Merck's decision wasn't based in part on the calculated knowledge that all of the above ominous side effects would require additional pharmaceutical interventions, i.e, good for Merck's bottom line. Do you suppose that's why all the other statin-makers cooperate to keep this information under wraps? Integrity, anyone??...

Whitaker has petitioned the FDA to require a warning on labels of statin cholesterol-lowering drugs, stating they block the production of CoQ10 and put people at risk of such side effects as liver dysfunction, severe muscle weakness, including cardiomyopathy (diseased heart muscle), leading to congestive heart failure.

He says the label warning should state that patients taking statin drugs should also take 100 to 200 mg of CoQ10 a day "to prevent and treat these side effects."

Doc, thanks again, for fighting the good fight for us. □

Bulletin: Phil Jacklin, SLF president, tells me he met with an MD at Palo Alto VA Hospital to give him Tom Levy's book and to ask him to investigate the megaC therapy. The doctor, a nationally known specialist in infectious disease, was responsive and offered to draft a concept paper for a small pilot study, to test two hypotheses: (1) that hi-dose IV and oral ascorbate is an effective treatment for a common viral disease such as hepatitis C, mononucleosis, or genital herpes; and (2) that hi-dose C "perturbs the immune system." He wants to use new measures of immune function to determine this. (An affirmative result would eliminate the objection that there is no conceivable mechanism by which the therapy could possibly work.) The doctor would like to do the research if the money can be found. SLF may try to raise the funds. □



Illustrations are by the late Clay Geerdes & other artists as noted.

THE FELIX LETTER, P.O. Box 7094, Berkeley CA 94707, has been published independently by Clara Felix since 1981, supported by subscriptions. She now publishes it quarterly.

Descriptive list of issues & sample: \$1 Subscriptions USA, Canada (US funds):

6 issues (1-1/2 yrs): \$12
12 issues (3 years): \$22

No. 124 - Summer 2003

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