World Nutritional Determinants

World Review of Nutrition and Dietetics

Vol. 45

Editor G.H. Bourne, Grenada, West Indies

World Nutritional Determinants

Volume Editor Geoffrey H. Bourne, St. Georges University School of Medicine, Grenada, West Indies

11 figures and 34 tables, 1%



World Review of Nutrition and Dietetics

Vol. 42: Nutrients and Energy

G.H. Bourne, Grenada, West Indies (ed.)

XII + 228 p., 27 fig., 44 tab., hard cover, 1983. ISBN 3-8055-3710-7

Vol. 43: Nutrition, Food and Drug Interactions in Man

G. Debry, Nancy (ed.)

X + 202 p., 33 fig., 46 tab., hard cover, 1984. ISBN 3-8055-3800-6

Vol. 44: Nutritional Considerations in a Changing World

G.H. Bourne, Grenada, West Indies (ed.)

X + 218 p., 18 fig., 41 tab., hard cover, 1984. ISBN 3-8055-3837-5

National Library of Medicine, Cataloging in Publication

World nutritional determinants/ volume editor, Geoffrey H. Bourne.

-- Basel; New York: Karger, 1985 .--

(World review of nutrition and dietetics; v. 45)

Includes bibliographies and index.

1. Nutrition I. Bourne, Geoffrey H. (Geoffrey Howard), 1909- II. Series

W1 W0898 v. 45 [QU 145 W9278]

ISBN 3-8055-3948-7

Drug Dosage

The authors and the publisher have exerted every effort to ensure that drug selection and dosag set forth in this text are in accord with current recommendations and practice at the time opublication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged check the package insert for each drug for any change in indications and dosage and for additional warnings and precautions. This is particularly important when the recommended igent is a ne and/or infrequently employed drug.

All rights reserved.

No part of this publication may be translated into other languages, reproduced or utilized in a form or by any means, electronic or mechanical, including photocopying, ecording, micropying, or by any information storage and retrieval system, without per vission in writifrom the publisher.

© Copyright 1985 by S. Karger AG, P.O. Box, CH-4009 Basel (Switzerland) Printed in Switzerland by Thür AG Offsetdruck, Pratteln ISBN 3-8055-3948-7 World Nutritional Determinants

World Review of Nutrition and Dietetics

Vol. 45

Series Editor Geoffrey H. Bourne, Grenada, West Indies



S. Karger · Basel · München · Paris · London · New York · Tokyo · Sydney

Advisory Board

Sir David P. Cuthbertson, United Kingdom

Dr. J.E. Dutra de Oliveira, Brazil

Dr. J. Ganguly, India

Dr. G. Gopalan, India

Prof. C. den Hartog, Netherlands

Dr. D.M. Hegsted, United States

Dr. C.G. King, United States

Dr. A. Rérat, France

Prof. F.J. Stare, United States

Dr. M.R. Turner, United Kingdom

Contents

	Optimum Nutrition through Better Planning of World Agriculture	
	Fred A. Kummerow, Urbana, Ill.	1
I.	The Role of Calories and Nutrients	2
	Conception of the Need for Calories	2
	Conception of the Need for Nutrients	4
II.	The Role of Food Choices in the Development of Degenerative Diseases 1	2
	Epidemiological and Clinical Data	4
	Animal Models	7
ν.	Modification of Cell Membrane Composition by Dietary Lipids and Its Impli-	
	cations for Atherosclerosis	3
	The Role of Dietary Factors Other than Cholesterol and Saturated Fat in the	
	Development of Atherosclerosis	9
III.	The Limits of Agriculture in Providing Calories and Essential Nutrients 3	1
IV.	The Role of Government in Better Planning of World Agriculture	13
	Summary	7
	References	8
	and the real particles of the processing of the first processing and the contract of the contr	į.
	and the state of t	
	The Nutritional Status of Preschool Children in Egypt	
	G. Richard Jansen, Fort Collins, Colo	2
	Introduction	2
		3
		3
		0
		2
		4
		5

Contents	VIII
The Weaning Period in Egypt	57
Breast-Feeding Practices	57
Weaning Practices	60
Discussion	63
Acknowledgements	64
References	64
Nutritionally Beneficial Cultural Practices	
Christine S. Wilson, San Francisco, Calif.	68
Introduction	68
Nutritionally Beneficial Manipulations of Food	70
Treatment of Foods - Preparation and Cooking	70
Additions to Foods	72
Fermentation	73 75
Sprouting	76
Beliefs and Practices Surrounding Foods	77
Foods for Vulnerable Groups	77
Foods for Illness	83
Other Cultural Practices	85
Biocultural Factors	87
Conclusions	90
References	90
Vitamins and Immunocompetence	
Richard S. Panush, Gainesville, Fla.; Jeffrey C. Delafuente, St. Louis, Mo	97
Introduction	98
Human Immune System	98
Humoral Immunity	98
Cellular Immunity	100
Vitamin C	101
Clinical Pharmacology, Metabolism, Distribution, and Physiologic Function	101
Immediate Hypersensitivity	103
Humoral Immunity	104
Cellular Immunity	104
Leukocyte Functions	107
	110

	Contents	IX
	함께 하다 그렇게 되었다. 하나의 그는 그는 그를 생겼다.	
	Francisco de la caracteria de la caracte	112
	Humoral Immunity	112
	Cellular Immunity	114
		116
	Group B Vitamins	117
	desirent transformation of the state of the	117
	27110011100	117
		118
		118
		120
		120
		120
		122
	Conclusions	123
	References	124
	Vitamin E and Blood	
	Ching K. Chow, Lexington, Ky.	133
	,	
	Introduction	133
	Biological Activity	135
	Nutritional Status	137
	Absorption and Turnover	140
	Metabolism	141
	Biological Functions	142
	Plasma	45
		48
		53
		156
		0.000
		58
	References	159
9		
	Nutritional and Hormonal Requirements of Mammalian Cells	
	in Culture	
	in Culture	
	David Barnes, Pittsburgh, Pa	67
		67
	Serum-Free Animal Cell Culture for Studies of Nutrition and Endocrinology . 1	68
		71
		71
	Vitamins	73
	Lipids	
	Polyamines	
		, ,

Contents	BN W	X
Hormonal Requirements of Mammalian Cells in Culture		175
Cells of the Endocrine System		176
Epithelial Cells		179
Neural Cells		182
Embryonal Carcinoma Cells		184
Fibroblastic Cells		184
Lymphoid Cells	******	185
Conclusions		187
References		188
Mechanism of Conversion of β-Carotene into Vitamin	A -	
Central Cleavage versus Random Cleavage		
	4	
J. Ganguly, P.S. Sastry, Bangalore	إلى والأمام والمام	198
I. Introduction		
II. Attempts at Conversion by the Liver, in vitro		
III. Conversion in the Intestine, in vivo		200
IV. Conversion, in vitro A. With Isolated Tissues		201
B. With Enzymes Isolated from Tissues		201
C. Stoichiometry of the Reaction		204
-V. Central Fission versus Random Fission		
VI. Metabolism of Retinal, Retinoic Acid and Apo-β-Carotenoids		210
A. Retinal		210
B. Retinoic Acid		211
C. Apo-β-Carotenoids		
VII. Possible Mechanism of Conversion		215
VIII. Concluding Remarks	1111111111111	216
References		217
Subject Index		221

Optimum Nutrition through Better Planning of World Agriculture

Fred A. Kummerow!

Burnsides Research Laboratory, University of Illinois, Urbana, Ill., USA

Contents

I,	The Role of Calories and Nutrients
	Conception of the Need for Calories
	Conception of the Need for Nutrients
11.	The Role of Food Choices in the Development of Degenerative Diseases
	Epidemiological and Clinical Data
	Animal Models
	Modification of Cell Membrane Composition by Dietary Lipids and Its Impli- cations for Atherosclerosis
	The Role of Dietary Factors Other than Cholesterol and Saturated Fat in the
	Development of Atherosclerosis
III.	The Limits of Agriculture in Providing Calories and Essential Nutrients
IV.	The Role of Government in Better Planning of World Agriculture
	Summary
	References

In this paper I will discuss four parameters related to improving world-wide nutrition: (1) the role of calories and nutrients; (2) the role of food choices in the development of degenerative diseases; (3) the limits of agriculture in providing calories and essential nutrients, and (4) the role of government in better planning of world agriculture.

¹ I would like to thank Ms. *Donna Stowe* for her secretarial and editorial assistance.

2

I. The Role of Calories and Nutrients

Conception of the Need for Calories

Although human milk is the first source of calories to which almost everyone is exposed, other sources are soon utilized in the diet of the individual. In the developed countries, a wide array of food items, from cereals to canned and frozen foods, are readily available to provide calories in optimum amounts. In many of the developing countries the mother is forced to use whatever is available to provide supplementary calories and hopefully enough essential nutrients to sustain life. The lack of success in the developing countries is shown by comparison of vital statistics among countries (table I). Health professionals in developing countries have lowered these infant mortality rates. However, it has been estimated that one quarter of the human population goes to bed hungry every night [Crittenden, 1982]. In a world in which all countries are becoming increasingly aware of the basic needs of their citizens, far too few governments assign sufficient resources for providing an adequate diet or for making available means for population control. The latter is highly important and basic to a solution. My discussion in this article, however, shall be limited to nutrition and food production. What can be done within the framework of present day knowledge of nutrition?

Health professionals, it seems to me, have failed to educate the population in both the developed and the developing countries to the need for calories to sustain life. Our enzyme systems operate at 98 °F, well above room temperature, and therefore need heat from an outside source. The major sources of heat are provided by calories from fats, sugars, and cereals. These calories are essential to sustaining life. For individuals in developed countries to avoid calories by spending billions of dollars on noncaloric drinks and low calorie food items, often of no nutritional significance, is a poor use of funds and resources. At present, 70% of the \$3 billion per year's worth of saccharin produced in the world is going into soft drinks [O'Sullivan, 1983]. Because saccharin is carcinogenic and its use is banned in some developed countries, substitutes are being developed. For example, it is anticipated that the sales of aspartame, a sweetener prepared from α-phenylalanine, will increase from \$14 million in 1981 to \$500 million by 1986. The current price for α-phenylalanine is \$27/lb. It would seem more economical to use sugar at 25c/lb and realize that the calories supplied by sugar do not need to be supplanted by more expensive calories from low-nutrition snack foods.

Table 1. Chances per 1,000 live births of death from infective and parasitic diseases in 1974-1978 [WHO Health Statistics Annual, 1980]

	ਰੱ	Ò.		ď	ę
Developed countries	5		Developing co	untries	
Australia	5.6	5.2	Costa Rica	35.4	31.8
Canada	5.9	5.2	El Salvador	109.8	92.9
Denmark	4.9	3.9	Mauritius	43.0	41.0
United Kingdom	4.8	3.7	Singapore	56.7	26.4
USA	7.8	7.3	Cuba	20.5	14.6

If Americans and Europeans had a better understanding of the role of calories in the diet, they might manage them with less weight gain and have more money in their pockets for something more worthwhile than low calorie food and drink. Calories are feared because when we consume more than the number needed to keep our enzyme systems operating at 98 °F, the excess calories are converted to body fat and stored for future need. An excess of approximately 110 cal/day (less than one 12-oz bottle of soft drink) adds 12 lb of weight per year. Most people prefer to keep the slim look of youth and not add more weight. They therefore believe that drinking a noncaloric drink provides an answer to the weight problem. It would certainly be more healthful to drink milk or fruit juices, which ounce for ounce are less expensive and more nutritious, and reduce the fat and sugar content in the total diet by 110 cal/day [Kummerow, 1979a].

People of the developing countries also have a problem with calories but it is usually directly opposite to that of the developed countries: it is often a shortage of calories. Some do produce surplus calories in the form of sugars, vegetable oils and other agricultural products. These are often exported for foreign exchange to import cereal grains (table II), to pay off interest on international loans, or to buy armaments; but that is another story. The lack of purchasing power in large segments of the population in the developing countries does not allow for the purchase of sufficient cereal grains to provide the calories needed. Much of the malnutrition in developing countries, particularly marasmus, a wasting disease, has been blamed on a lack of protein, but calories are also crucial. As *McLaren* [1974] has pointed out: 'Marasmus results from grossly restricted intake of all nutrients and energy. Dietary factors, especially in marasmus, are of second-line order of importance, and in a multifactorial aetiology, poverty, ignorance,

Table II. Imports and exports (in 100 metric tons) for developing and developed countries in 1980

	Import		Expor
Cereals			
Developing			
Central America	15,994		1,187
Developed			
USA	1,925		1,129,058
Sugar			
Developing			
Central America	8,286		81,605
South America	8,906		39,162
Developed			
USA	37,208		141
Canada	8,749		6,401
Coconut and Palm Oil			
Developing			
Oceania (Fiji, Papua-New Guinea)		7	801
Asia (Malaysia, Indonesia, Philippines)	4		36,206
Developed			
North America	6,584		187
Western Europe	12,237		1,602

Data from: 1980 Yearbook of International Trade Statistics [1981]; 1980 Food and Agriculture Organization Trade Yearbook [1981]; Food and Agriculture Organization Monthly Statistics Bulletin [1982].

bad housing, poor hygiene, and lack of family planning all conspire. Food-consumption data and dietary surveys incriminate [an] energy [deficit] rather than [a] protein deficit. Increasing the energy intake and not ... [the] protein [intake] has produced catch-up growth in undernourished children. Lack of nutriment ... with an energy gap rather than a protein gap is the crux of the matter; but how to match the intake of the child with its requirements remains a problem of puzzling complexity.'

Conception of the Need for Nutrients

McLaren [1974] in his article entitled 'The Great Protein Fiasco' stated, 'We still do not know, for instance, whether or not many of us are actually eating levels of protein that are harmfully high. The experts now

talk of the "safe level of protein intake" but have been unable to set its upper limit. The recommended dietary protein intake has been progressively lowered by the experts in recent years so that it is now about where it was nearly 70 years ago.' The Food and Nutrition Committee of the National Research Council (NRC) presently recommends 56 g of protein per day and has defined the optimum daily intake of vitamins and minerals for humans (table III).

The daily intake of protein, vitaming and minerals has also been defined by the NRC for pets, poultry, cattle and swine. It is relatively simple to follow these recommendations for animals with diets of cereals and legumes. Such diets have resulted in a althier animals and decreased market maturation time. For example, wine fed a diet of ground corn and soybean meal supplemented with minerals and synthetic vitamins reach maturity in 6 months instead of 2.5 years. A bred gilt will give birth to a piglet weighing 2-4 lb. Within 6 months this piglet fed the supplemented corn soybean diet weighs 220 lb.

Millions of human beings in the developing countries use ground corn and beans as their major source of calories and nutrients. They are shorter of stature than Americans and have a shorter life expectancy (table IV). A ton of commercial swine ration contains 1,725 lb of ground corn, 220 lb of soybean meal and 55 lb of a lysine vitamin mineral mix. This ration compares favorably with a diet meeting the NRC recommendations for man (table III). However, without the supplemental 55 lb of minerals and vitamin mix per 2,000 lb, the commercial ration does not provide the same rate of growth. Is it possible that the diet of millions of people eating a diet composed largely of ground corn and beans could be improved by simply adding a mineral vitamin supplement to the ground corn? Since 1944 in the southern states of the USA, ground corn (corn grits) has been supplemented with niacin, riboflavin and thiamine to prevent pellagra. Such a simple supplementation decreased the death rate from pellagra in the USA from 2,000 in 1941 to 12 in 1944 [Vital Statistics of the United States, 1941, 19441.

Interestingly, the commercial mineral vitamin mix used in swine rations differs somewhat in trace mineral composition from the mineral mix recommended by the NRC (table III). The commercial mix is designed for swine kept in confinement under crowded conditions which foster stress, competition for feed, and a tendency to 'eat like pigs'. The difference that a nutritionally complete diet might have on the behavior of people living under crowded conditions has yet to be studied. Certainly the nutri-

Table III. Recommended daily allowances (RDA) for man and swine compared

	RDA for man ¹	RDA for swine ²	Actual commercia swine ration pre-mix ³
Protein, g	56	67.5	
Minerals			
Calcium, mg	1,200	2,300	50,000
Phosphorus, mg	1,200	1,800	22,500
Sodium, mg	#4	250	37,5005
Chlorine, mg	車	330	
Potassium, mg	*	750	
Magnesium, mg	400	100	350
Iron, mg	18	38	450
Zinc, mg	15	25	45
Manganese, mg	*	1	
Copper, mg	*	1.5	
Iodine, mg	150	0.04	10
Selenium, mg	. *	0.04	
Vitamins	. 8	- *	
Vitamin A, μg β-carotene	6,000	2,200	27,272
Vitamin D, IU	400	. 55	6,818
Vitamin E, mg	10	2.8	18.75
Vitamin C, mg	60		
Vitamin K, mg	*	50	
Thiamin, mg	1.4	0.33	
Riboflavin, mg	1.7	0.75	4.55
Niacin, mg	18	5.5	34.09
Vitamin B ₆ , mg	2.0	0.38	
Folacin, µg	400	150	
Vitamin B ₁₂ , μg	3.0	5.5	0.036
Pantothenic acid, mg		3.3	11.36
Choline, mg		275	227.27
Biotin, mg	*	0.03	

¹ American males 15-18 years old weighing 66 kg.

Data from: National Academy of Sciences [1980]; Nutrient Requirements of Swine [1979].

² Swine weighing 1-5 kg live weight.

³ Pre-mix added to the commercial corn-soybean ration.

⁴ Not given.

⁵ This number represents the total amount of sodium and potassium chloride.

Table IV. Life expectancies in developed versus developing countries: percent expectation of life at age 75

Developed countries			Developing countr	Developing countries	
North America	1 1 1 _X			South America	
United States	10.4			Uruguay	9.1
Canada	10.3			Chili	8.8
Scandinavia				Central America	7
Sweden	9.7			Bermuda	8
Norway	9.6			Asia	
Central Europe				Singapore	7.4
The Netherlands	9.7			Africa	
Switzerland	9.7			Mauritius	7
Asia				Mediterranean	
Japan	9.5			Malta	6.6
Israel	9.3			IVIAILA	0.0
Mediterranean			*		
Greece	9.5				
Spain	8.9				
Italy	8.6				
Yugoslavia	8.4				

tional well-being in over-populated countries of people on corn and bean diets could be improved by adding the proper mineral vitamin mix to the corn meal. Enriched food would be far more economical than weapons for the USA to supply.

The cereal based diets in some developing countries are also supplemented with beans as a protein source. In India, rice and wheat are supplemented with a large variety of beans, sometimes called pulses, and in China these cereals are supplemented with soybeans. In India and China, a small amount of animal protein is used to supplement the vegetable protein. In India, buffalo milk and in China, pork represent the main animal protein sources. The milk is so important in India that cows are considered sacred and are not slaughtered for meat. The Chinese consume only 13 g of protein and 142 cal as compared to 71 g of protein and 742 cal/capita from meat per day for Americans [Eberstadt, 1979]. The Chinese also consume only 76 cal of visible fat (margarine, shortening and frying oils) as compared to 576 cal of fat/capita/day for Americans or Northern Europeans. Americans