HEALING WITH FOOD

281 Nutritional Healing Plans for 50 Common Ailments

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ALSO BY MELVYN WERBACH

Nutritional Influences on Illness

Nutritional Influences on Mental Illness

Supplemental Chapters: Nutritional Influences on Illness

Third Line Medicine: Modern Treatment for Persistent Symptoms

To Gail, my wife and soul-mate,
and our sons, Adam and Kevin

Introduction

Let thy food be thy medicine, and thy medicine be thy food.
—Hippocrates 460–377 B.C.

Nutritional medicine is both very old and very new. Dietary and herbal treatments are two of the oldest methods of fostering the healing process, with roots extending back to the dawn of civilization. The use of individual nutrients to treat illness, however, is a development of this century, a by-product of our increasing ability to isolate nutritional factors from whole foods.

By definition, nutrients nourish the body. They are natural chemicals used by the body to maintain health and combat illness. Some are essential; others are optional. In the early part of this century, certain nutritional deficiencies were shown to cause specific diseases. Beriberi, for example, was found to be caused by a thiamine deficiency. Scurvy was found to be caused by a vitamin C deficiency.

An *essential* nutrient was defined as a nutrient required by the body to avoid the development of a nutritional deficiency disease. Researchers tried to determine how much of an essential nutrient was needed to protect against the development of the disease. Half a century ago, the consensus of the experts was formalized—for the first time—as nutritional recommendations, which became known as the Recommended Dietary Allowances (RDAs). (See Appendix E for further information on the RDAs.)

Since the formulation of the RDAs, nutritional medicine has developed far beyond this nice, simple model of nutritional deficiency diseases. We now realize that classic nutritional deficiency diseases develop only when deficiencies of essential nutrients are severe. Mild to moderate deficiencies, often called "marginal" deficiencies, do not cause these diseases.

They do, however, promote the development of any of a host of symptoms and numerous other illnesses. They do so because the body is less able to maintain the state of health when it is weakened by marginal nutritional deficiencies, which makes it a more vulnerable target for other illness-producing factors: germs, allergens, stress, genetic weaknesses, aging, environmental chemicals, injuries, etc.

Most nutrients are not essential because they have no known deficiency disease, yet they play a very important role by promoting health and, in the event of illness, healing. We are gradually learning to appreciate and utilize the powerful effects of these non-essential nutrients. We are also gradually learning to appreciate and utilize the powerful effects of nutrients at very high levels of intake. Since, in earlier centuries, nutrients were only available in foods, their dosage was restricted by the limited human capacity of ingesting the food containing them. With our modern ability to isolate and synthesize pure nutrients, this natural ceiling dosage no longer exists.

We initially discovered that a certain quantity of a nutrient can prevent or treat a classic deficiency disease. Then we found that a higher quantity can prevent or treat the features of a marginal nutritional deficiency. Now we are discovering that still higher quantities may prevent or treat many common illnesses.

Whether these megadoses of nutrients are optimal for health remains a topic of intense debate. The argument against ingesting such high quantities is that these unnatural dosages may be unhealthy. Since they are often given at levels which are unobtainable from a reasonable diet, and since they are devoid of their natural relationships with the other substances in foods, they could throw off the body's biochemical balancing mechanisms and thereby cause adverse effects which are not found at lower dosages.

The argument for ingesting nutrients at such high quantities roughly counterbalances the objections: high level nutritional supplementation may provide greater benefits to health and healing than does the minimal level to prevent a deficiency. The question of whether to supplement your diet with an unnaturally high level of a purified nutrient thus becomes: Is the potential benefit worth the potential risk? If you wish to recover from an illness, I believe that the answer is often yes.

While nutrients are at the core of nutritional medicine, the field also has other interests which are closely related. One of these interests is in evaluating patients for exposure to toxic metals such as lead and cadmium. These are natural minerals that promote the development of many illnesses and may interact with nutrients.

In the various chapters of this book I discuss herbal medicines under

the heading of "Botanical Factors." While most herbs are not usually considered nutrients, I have included them to make the book more comprehensive. Technically, herbs are non-woody plants that die down to the ground after flowering; however, in herbal medicine, the term is commonly used more broadly, referring to any plant, all or part of which is valued as a healing agent.

If herbs are plants, how do fruits and vegetables differ from medicinal herbs? Generally, plant foods are coveted because eating them gives us pleasure, and because they are sources of nutrients, while medicinal herbs are coveted because of their medicinal qualities. A few medicinal herbs, such as onions, are so safe and flavorful that they are also considered to be foods; others must be used cautiously as they contain potentially harmful ingredients. Just as foods are the original source of essential nutrients, herbs are the original source of many drugs, such as digitalis (made from foxglove) for the treatment of heart failure, and opium for the treatment of diarrhea.

Recent developments in the use of medicinal herbs parallel the breakthroughs regarding foods. Specific chemicals in these herbs are being extracted and individually tested. Those that are found to be therapeutic are becoming available in pure and occasionally standardized forms. As in the case of high dosages of purified nutrients, these herbal medicines are sometimes capable of causing adverse reactions, especially if a prescribed dosage is exceeded.

The diagnosis and treatment of food sensitivities is closely related to nutritional medicine. Certain foods and food additives promote specific illnesses. For example, gluten—found in wheat, rye, oats, and barley—provokes the symptoms of celiac disease. Others promote numerous nonspecific symptoms, but only in susceptible people. While a food reaction is sometimes obvious, often it is a hidden factor responsible for promoting a surprisingly broad range of illnesses, and only special testing procedures will identify the culprit.

Currently, nutritional medicine is embroiled in a good deal of controversy. We have seen how much of the field as practiced today is a product of twentieth century medical science. In the course of this century, the standards of the medical community for what is considered good medical practice have also changed radically. Traditionally, medical treatment was an empirical science; that is, it was the accumulated wisdom born of repeated observations (technically called "open trials") handed down from generation to generation.

This model was severely challenged and is gradually being replaced with a rational one. This rational model recognizes that a change in a patient's clinical course, following an experimental treatment, is not neces-

sarily due to the identified treatment. It may be due to other factors which coexist with the change. Thus a *treatment* is actually a *treatment package* containing hidden ingredients.

These factors include changes—due to supposedly inactive components of the treatment, and to the patient's faith in the treatment—that would have taken place even if the treatment had not been given. The mind has a powerful effect on healing. We have come to realize that a person's belief in the efficacy of the treatment, called the "placebo effect" ("placebo" derived from "to please" in Latin), can be responsible for some or all of the improvement seen following the start of treatment.

In order to rationally separate the true effect of the treatment being studied from these other factors, "controlled" studies are performed. In such studies, changes in patients following delivery of the treatment package are compared to changes in patients when the treatment package is delivered without one or more of its ingredients. This eliminates the effect of the missing factor(s). Patients whose treatment package is missing something form the "control" group.

Because of the important contribution of the placebo effect, a placebo treatment is often given to the control group instead of the experimental treatment. This fake treatment is designed to appear exactly like the experimental treatment. The better controlled studies are "double-blinded"; that is, researchers, as well as patients, do not know who is receiving the experimental treatment and who is receiving the placebo. In this way, researchers cannot inadvertently add or detract from the results of the experimental treatment by somehow communicating their personal beliefs concerning its efficacy to their patients.

Like the empirical model, the rational model is imperfect. By insisting on looking at one factor at a time, the rational model neglects powerful factors that cannot be separated from the healing cauldron without losing efficacy. I could cite many examples, but especially relevant is the case of certain herbal medicines (such as echinacea) whose individual ingredients may be less effective than the whole herb or, as in the example of mistletoe, whose individual ingredients may be more toxic.

In developed countries, the law of the land is now based on the rational model despite its imperfections. Governments commonly prohibit sales of drugs that have not proven to be safe and effective in double-blind, placebo-controlled studies. Even then, to assure proper use, many are only available when prescribed by a physician. Should the same standard be applied to nutritional medicines? The answer is yes and no. Some nutritional medicines are best described as drugs, which certainly do require scientific studies of safety and efficacy as well as professional regulation; others are best described as foods, which only require scientific studies of efficacy. Many nutritional medicines fall somewhere in between.

Moreover, it would seem that, so long as a nutritional treatment is known to be safe, it should not be withheld until it is proven effective. Scientific proof of efficacy is important, but it is not the only consideration in choosing a treatment. Other questions have to be asked, involving cost, side effects, rapidity and duration of action, interactions with concurrent treatments, and patient preference. Only when all relevant issues are addressed can a truly informed decision be made.

We are currently in a transitional phase. The outmoded simplistic practice of arbitrarily dividing nutritional medicines into foods (which are essentially unregulated) or drugs (which are strictly regulated) must give way to recognition of nutritional medicines (which are in-between foods and drugs). A proper system of regulation for nutritional medicines must evolve. Hopefully, the new system will reward supplement companies for investing money in studies to prove the safety and efficacy of nutritional medicines. Until that is done, the field of nutritional medicine cannot fully blossom.

The chapters in this book summarize our existing knowledge of nutritional treatments for fifty common afflictions. I have tried to select treatments which appear to be effective based on current clinical findings. In general, such treatments are far safer than drugs. Nevertheless, this information is provided *for your education only.* If you wish to try these treatments, do so under medical supervision.

Your safety is not the only reason for medical supervision. Nutritionally-trained physicians can properly evaluate your nutritional status and make treatment recommendations based both on those findings and the specifics of your illness. I can only provide general information; it is your doctor who can translate that general information into the specific treatment program which is best for you.

A frequent question about nutritional healing plans is how long they should be tried. The better this question has been addressed in research studies, the better it can be answered. Often, the results of a treatment are assessed after an arbitrary length of time. If the treatment was found to be effective, that length of time would be a reasonable trial period. With further research, however, it may become clear that the treatment works even sooner, or that the results are better if the treatment is continued longer. If my review of the research seems to suggest a reasonable trial period, I have included that information.

When should a nutritional treatment that appears effective be stopped or the dosage reduced? The answer varies with each treatment. In general, if the supplement is being taken to correct a deficiency, once that deficiency is likely to have been corrected (say, after a few months), it would be reasonable to reduce the dosage or stop the supplement and see if symptoms return. If, however, the supplement is being taken because it is

only effective at a dosage that is higher than that found in a healthy diet, it may need to be continued indefinitely. A general principle is to emphasize diet over supplements. They are, after all, supplements to—not substitutes for—a nutritious diet.

The organization of each chapter is identical. I first discuss any relationship that has been found between the illness and diet. If a relationship has been found, I suggest a Healing Diet. (Since essentially the same diet has been found to be beneficial in the treatment of many illnesses, I have named it the Basic Healing Diet and discuss both it and its vegetarian sibling in detail in Appendix A.)

In the next section, Nutritional Healing plans, I discuss the various nutritional and botanical factors which appear to be effective for treating the illness. After that, I provide assistance to help you, in consultation with your doctor, to choose from the various dietary and nutritional interventions I have listed. I believe that nutrition is only one of the many natural approaches to healing which should be considered; therefore I have ended many of the chapters by suggesting some of the non-nutritional natural therapies that may also move you toward healing.

Even though you may not be able to purchase it, I have decided to list tryptophan, an essential amino acid, as a Nutritional Healing Plan because of its many established applications as a nutritional supplement. ("Essential" refers to the fact that we must have tryptophan in our diets for proper functioning.) Tryptophan has been available in pure form as a nutritional supplement for many years. In 1990, however, a serious disorder (Eosinophilia-Myalgia Syndrome) became increasingly common, and evidence was found that contaminated tryptophan supplements were responsible, so many countries (including the U.S.) removed tryptophan supplements from the market. It is hoped that tryptophan supplements will be available again as soon as procedures can be instituted to fully protect the public from the contamination of commercial nutritional products.

One other warning: Unless I have specified otherwise, the dosages I have suggested are for average size adults. Children's dosages are much lower, so please consult your pediatrician for proper dosage.

Twentieth century Western medicine, despite its spectacular accomplishments, has dangerously over-emphasized drugs and surgery, and has neglected safer, more natural healing methods. As we draw near to the end of the century, there is a growing consensus among enlightened physicians and their patients that the practice of medicine be brought back into balance. My hope is that this book, as a contribution toward achieving that balance, will help to develop what will soon be the medicine of the twenty-first century.

Commonly Used Abbreviations

FDA	Food and Drug Administration
g	gram (1,000 mg)
gr	grain
IU	International Unit (an internationally accepted amount of a substance; a measurement of vitamin biological activity)
kg	kilogram
l	liter
lb	pound
mcg	microgram
ml	milliter
mg	milligram (1,000 mcg)
oz	ounce
qt	quart
tsp	teaspoon
tbsp	tablespoon
RDA	Recommended Dietary Allowances set by the National Research Council's Food and Nutrition Board (varies with age and sex; see Appendix E for detailed information)
U.S. RDA	U.S. Recommended Daily Allowances set by the Food and Drug Administration (FDA) (does not vary with age or sex; see Appendix E for detailed information)

The information in this book is presented to enhance your knowledge of nutritional medicine; it is not a substitute for medical evaluation and treatment by a licensed physician. The Healing Diets and Nutritional Healing plans are designed to be part of your general health treatment plan, and should be followed only with the advice and under the supervision of your doctor.

The author has thoroughly researched the most current medical literature in compiling the information contained in this book. Inasmuch as the information and health plans contained in this book should not be implemented without the supervision of a qualified physician, the author and the publisher expressly disclaim responsibility for any consequences resulting directly or indirectly from the use of this book.

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