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A Pivot Original Health Book X

# YOUR CHILD AND VITAMIN E

How you can  
use it for a life-  
time of superior  
health and  
well-being for  
the most import-  
ant people in  
your life.

**Wilfrid  
E. Shute,  
M.D.**



author of *The Complete Updated Vitamin E Book*



**Severe burns healed with no scars**

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control**

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The Complete Updated Vitamin E Book  
(Keats)  
The Health Preserver (Rodale)  
Your Child and Vitamin E (Keats)

# **YOUR CHILD AND VITAMIN**

**Wilfrid  
E. Shute,  
M.D.**



**Keats Publishing, Inc.**



**New Canaan, Connecticut**

## **YOUR CHILD AND VITAMIN E**

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This book is dedicated to our three  
grandchildren and their mothers. We  
love them all.



# **YOUR CHILD AND VITAMIN E**



## **Important News About Vitamin E**

I feel sure that the readers of this book would like to know just how successful Vitamin E treatment has been for a variety of human ailments. Its values have been established by well over 1000 articles in the medical journals of the U.S.A. and Canada, of England and the European countries, and of Australia and New Zealand. Not only does it save lives and re-establish health, but it is equally useful in prevention. Of great significance is the increasing volume of articles in the medical journals of the value of Vitamin E in treating many serious conditions in the premature and full term infant.

Another reliable index is the interest of the drug companies in a product. Every large wholesale drug company now has its own brand of Vitamin E. Most such companies, as well as a majority of drug stores, count on the sales of Vitamin E as a major source of revenue. Indeed, many drug store chains have their own label.

Perhaps a more dramatic evidence of the wide acceptance of Vitamin E treatment is the involvement of giant drug manufacturers in the production of the basic material that goes into Vitamin E capsules, ointments and sprays.

Initially, the Roche company with headquarters in Switzerland and a very large subsidiary in New Jersey, was the sole manufacturer of the synthetic form of Vitamin E. Now, it is being manufactured also in Japan and is being shipped to America by the ton.

The Distillation Products branch of Eastman Kodak was the first, and for many years the sole manufacturer of the so-called natural form, made from vegetable oils. It has been producing huge quantities for years to a steadily expanding market, to such a degree that virtually every drop of vegetable oil in America has had its Vitamin E removed.

Unfortunately, this means that cooking oils and margarines, which originally contained Vitamin E have had all the E taken out in processing. As a result, these products are dangerous to the health of children and adults alike, unless supplements of Vitamin E in pill or capsule are taken in substantial amounts especially when they included polyunsaturated fats.

General Mills of Minneapolis, Minnesota has been making "natural" Vitamin E for some time, and at the Annual Convention of the American Medical Association in 1975 they had a booth to advertise their product. Several hundred doctors, many of whom knew all about the clinical use of Vitamin E, gathered around their booth, and 1500 doctors from forty-one

states and fourteen foreign countries registered for future mailings of literature.

Now comes the big, big news! In addition to these two huge companies, a third has now decided that it is to their advantage to manufacture the basic materials for their capsules...

"The world's newest facility for the production of Vitamin E is nearing completion in Wyandotte, Michigan. It has been built by a corporation that is a member of the worldwide BASF group of chemical companies. It is a \$13,000,000 plant—solely for the production of Vitamin E."

This is important news. It means that Vitamin E should be available to the wholesale houses at all times in the future. This has not been the case heretofore. On two occasions the demand for the basic material exceeded the supply available and the resulting rationing posed a real dilemma for the manufacturers and distributors.



## **PREFACE**

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My newest grandchild is responsible for this book. His mother, our daughter, was conceived on Vitamin E and has had it at megavitamin levels ever since. It certainly contributed to her success as a fantastically successful athlete, and now it has done its job in helping her bring a normal, healthy, vigorous son into the world.

What of his future? He faces a totally different world from the one his mother was born into, and an even more difficult world than that of his grandparents. He will benefit greatly from the advances that have been made in science, engineering, new processes of manufacture, new materials, atomic power, computers and so on. However, most of these carry new dangers.

The factories and mills, and the automobile are spewing noxious chemicals and gases into the air in steadily increasing quantities, and there is no limit, apparently. Food, too, is a problem now since all cereals, virtually all bread and most canned goods are loaded with chemicals, many of which are dangerous; many could cause cancer. Pure water is becoming more and more difficult to obtain. In short, he

faces a world where pollution of air, water, soil and food is accepted as normal. The only question is how much can be tolerated.

He also faces new degenerative diseases and, as well, an increase in many older ones. Because Vitamin E has the ability to fight many of the dangers that beset him, Vitamin E drops were added to his diet as soon as he came home from the hospital.

He will be beset by other dangers as well—burns, accidents and possibly surgery. Many of these will involve Vitamin E in one form or another in treatment or protection. Therefore, Vitamin E, in both capsule and ointment form, will always be available to him.

The time to prevent cardiovascular disease or damage is now, not after signs and symptoms have appeared. The only chance he has to minimize arteriosclerotic changes as he grows older is to begin a program of prevention now. These next few years are the growing years, and all his organs and tissues depend upon their oxygen supply and their ability to utilize nutritional factors. Vitamin E is necessary to the normal functioning of every cell.

Up to the present, my practice involved few children. My concern was with patients with serious involvement of the heart, blood vessels or kidney. For years, all my patients required heroic treatment, for most had been treated unsuccessfully by other internists or cardiologists and came to us as the last resort.

Eventually, we became aware that the treatment we used on these patients also carried a preventive or prophylactic value.

The prevention of so many conditions by Vitamin E has evolved—and the birth of our third grandchild has made it obvious that this knowledge must be extended to new parents, parents to be, and those interested in their grandchildren.



CHAPTER  
ONE

## WHAT IS VITAMIN E

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VITAMIN E IS A COMBINATION of several tocopherols, named according to the Greek alphabet—alpha, beta, delta, gamma. Although all parts have some physiological action, only the alpha portion is important in medical treatment; the rest are relatively so weak that they can be ignored.

Alpha tocopherol is available in three forms. It can be made synthetically in a pure form, or it can be extracted from various vegetable oils. Such material usually contains more than one tocopherol, but by a series of chemical reactions, preparations can be obtained with progressively increasing percentages of the alpha portion. A third form is the succinic acid salt of alpha tocopherol, which is usually available as a white powder in pull-apart gelatin capsules.

When a preparation is properly assayed and labeled in terms of international units, all are approximately equal in their therapeutic value. An international unit by definition is equal to 1 mg of the synthetic, and dosage is properly expressed in terms of international units.

However, in reading the medical literature, those who use the synthetic dl alpha tocopherol may still list their dosage schedules in terms of milligrams (mg).

Since our original announcement of our discovery of the use of megavitamin doses of Vitamin E, there has been a gradually increasing interest. This interest has accelerated so much in the last five or six years that it has become the biggest item in many health food stores and many drug stores in the country. The result is that producers of the so-called "natural" Vitamin E, have sometimes been unable to fill their orders from the different pharmaceutical houses. As a result, many companies are mixing the synthetic, which is now imported by the ton from Japan, with the so-called natural concentrate. The percentage of synthetic is very high, yet the capsules are labeled as if all the contents were natural.

The great quantities manufactured and sold are obviously direct evidence of the rapidly increasing confirmation and acceptance of our work. In fact, it is accepted the world over, in all civilized countries, and my books are available everywhere. I receive letters from doctors from all over the world asking for help in specific cases—from India, Mexico, Australia, New Zealand, Switzerland and Germany, to name a few. Interest in this country is increasing rapidly, especially since Dr. Max Horwitt now agrees that Vitamin E is a potent antithrombin,

a preventer of blood clots in blood vessels. He now suggests that the Recommended Daily Allowance (RDA) should be reviewed as totally inadequate. In fact, Dr. Horwitt suggests up to 800 international units (IU) a day as safe—certainly a far cry from the maximum of 30 units which he formerly considered adequate.<sup>1</sup>

General Mills Chemicals, Inc., one of the manufacturers of the basic material, had a booth at the American Medical Association's annual convention in Atlantic City in 1975. This company reported that their booth was the second-most-visited there—second only to Dairy Queen, which was giving out samples. Approximately 1,500 doctors from forty-one states and fourteen foreign countries registered for further information.

Vitamin E is safe at whatever levels are necessary to obtain favorable response in any given patient, for any condition that is indicated, with three exceptions. First, a patient is very rarely allergic to Vitamin E. If he is allergic to one of the three forms, he usually can take one of the other two without risk of side-effects. Second, although Vitamin E usually reduces high blood pressure, it can raise it. Fortunately, Vitamin E intensifies the action of the usual drugs prescribed for this condition, and nearly all patients with high blood pressure can safely use an adequate amount of the vitamin. And third, one can use a large dose of Vitamin E in treating *acute* rheumatic fever, as will be

discussed later. However, it must be used in a specific schedule in treating many, but not all, cases of *chronic* rheumatic heart disease. In both types, it is of inestimable value.

The safety of Vitamin E was reported in the December 1975 issue of the American Journal of Clinical Nutrition. Two National Institute of Health scientists, Philip M. Farrell and John C. Cieri, tested twenty-eight volunteers who had been taking 100 to 1000 IU daily, some for as long as twenty-one years. They report that "On the basis of twenty laboratory screening tests per individual designed to assess a wide range of organ functions, it must be concluded that no signs of toxicity were uncovered in this investigation."<sup>2</sup>

One astounding result of the use of Vitamin E has been the sudden decrease in the incidence of the Number One killer, the "heart attack." Myocardial infarction, the proper name for this condition, is the result of a clot in the branches of the coronary artery—the arteries supplying the heart. It was first described in 1911 by Dr. J. B. Herrick in Chicago, who reported six cases. Its incidence rose gradually until by 1965, according to all authorities, it was the cause of death of 55 percent of the population as well as of invalidism in many more.

Deaths from heart attacks, originally affecting only old men, eventually became the cause of death in younger and younger men, then in younger and younger women, and, finally,

occasionally in teen-agers. The incidence of myocardial infarction was further increased when most doctors with no scientific foundation, but supported by the American Heart Association, embraced the so-called cholesterol theory. The widespread acceptance of this theory actually *increased* the incidence of the disease. However, in spite of this, the increasing use of E, now used at the megavitamin level by approximately 35 million Americans, has caused a reduction in deaths from heart disease of all kinds. The fact that Vitamin E and nothing else is responsible for the reduction is indirectly attested to by every doctor who comments on it.

One report in 1974 had this to say:

The figures show that some important changes must have occurred in national life style, behaviour or environment, but no one knows just what the crucial changes were.

"We all find it mysterious and energizing" said Dr. Harold Margulies, Deputy Administrator of the Health Resources Administration in the Department of Health, Education and Welfare. He went on to say that something has been happening to produce the new patterns of death. If scientists understood the causes of these changes the implications for public health could be profound.

Later in this same report the following was published.

Since heart disease has long been considered the great epidemic illness of the industrialized world, and the United States in particular, its unexplained downward trend is baffling the experts.

"We are very much impressed by this" said one expert for the national Heart and Lung Institute. "There is something about heart disease we damn well don't know" said another specialist.

It is generally considered unlikely that changes in medical practice during the last few decades could account for the bulk of the trends. As regards heart disease, even the current national enthusiasm for exercise and dieting seems an unlikely total explanation. These trends in life style seem to have come too recently to affect the basic disease process responsible for most heart disease deaths.<sup>3</sup>

In 1975, D. Jeremiah Stamler reported the continued trend,<sup>4</sup> and in 1977 Dr. Antonio Gott, Jr. in commenting on the continued decline of deaths from heart disease said, "We can't identify specific factors responsible."<sup>5</sup>

At the November 1977 meeting of the American Heart Association, Dr. Richard Remington, dean of the school of Public Health at the University of Michigan, said: "We think we're doing something right but we don't know what it is."<sup>6</sup>

Dr. Robert Levy of the National Institute of Health in Bethesda, Maryland, said that not

only are the rates of heart attacks and other cardiovascular diseases falling but also that the total number of deaths from them is at its lowest point since 1963. That year, 993,969 persons in the United States died from heart-related ailments. Total heart deaths kept rising through 1973 when they numbered 1,062,160, Levy said. They then began falling, and in 1975 totaled 994,513.<sup>7</sup>

In 1978, these experts still could not understand what was happening. They reported that death from heart disease is declining in North America, but scientists at a recent American Heart Association convention could not say why.

Further evidence that all the suggestions made by the bulk of cardiologists were of no value was pointed out in 1973 by Dr. Eliot Corday, cardiologist at the University of California at Los Angeles and a member of the National Heart Advisory Council. Concerning the value of the so-called risk factors, he had this to say:

As a practitioner, I must follow the principles followed in everyday practice. But as a researcher and as a member of the heart advisory council, I see the facts from all the reports and I see that we are on the wrong track. Let's tell our patients that we believe this advice should be followed but that we have no real proof that eliminating the risk factors will prevent progression of

the disease. . . . For the past ten to fifteen years a substantial number of patients have been following doctor's orders and avoiding risk factors. Yet, the death rate from coronary artery disease is as high now as it was fifteen years ago. I wonder why this is so if, as some doctors believe, eliminating the risk factors will reduce the death rate.<sup>8</sup>

So, up to 1973, there had been a steady rise in death from heart disease and of course, invalidism too, until the effect of Vitamin E intake by enough Americans caused a sudden and sustained reduction. Direct scientific proof of the value of Vitamin E in heart disease has now been published in nearly 200 papers.

Indeed, as of this writing, the conquest of heart disease is obviously possible, but only through Vitamin E, helped to a significant degree by improved general nutrition, Vitamin C, selenium and Vitamin B<sub>6</sub>.

*Vitamin E should be taken faithfully from infancy through childhood into adulthood, in order to prevent the degenerative changes which lead to heart disease, invalidism and death.*

CHAPTER  
TWO

# MEGAVITAMINS

## MY MEDICAL PRACTICE FOR THE

last thirty years has been concerned chiefly with heart disease, blood vessel abnormalities, and some forms of kidney disease. Most of my patients were middle-aged or elderly, although as time went on, these conditions were appearing in increasingly younger men and women.

We discovered and developed a form of treatment for this group of diseases far superior to any then existing. Up to that time, doctors could only treat some symptoms and to a small degree treat the complications of these diseases. The basis of our treatment was the use of heretofore unheard of dosage levels of Vitamin E.

Admittedly, we did not dream that megavitamin therapy would be so successful even for heart and blood vessel diseases. The improvement in patients constantly amazed us, and as the years went by, their continued improvement in spite of increasing age, and the protection of most of them from recurrences or deterioration, became apparent.

When the several different actions of Vitamin E were gradually defined, it became obvious why it has become so effective in treating a variety of apparently unrelated disease conditions. These applications will be enunciated in a following chapter, and explored throughout this book, so that it will be clear why many of them apply to infants and children.

A further extension of our published works in medical journals, our books and our journal, *The Summary*, interested other workers to try various vitamins at "mega" dosage levels in a variety of conditions where there was room for improved treatment. As a result, many conditions responded where before they had been untreatable or poorly treated at best.

The expansion, for example, of the use of Vitamin C has made it possible for the first time to treat serious and often fatal virus infections. Dr. Fred Klenner has done much clinical work in this field, and has saved the lives of dying patients with viral infections. Unfortunately, antibiotics have no effect on virus infections. Dr. Robert Cathcart III told me at the October, 1977 meeting of the Northwest Academy of Preventive Medicine, that since using Vitamin C in the huge intravenous dosages used by Dr. Klenner, he had not had to hospitalize a single case of viral hepatitis.<sup>9</sup>

Dr. Abram Hoffer and others using megavitamin therapy, have developed a treatment for schizophrenia that is far superior to any

previous form of treatment in that more patients respond, and to a greater degree with more complete return to normal living and fewer recurrences.<sup>10</sup> He told me that our continuing persistence in publishing and practicing and making presentations to medical and dental groups, had made it much easier to have his work accepted and developed. Both of us have had the very valuable support of Dr. Linus Pauling, twice recipient of the Nobel Prize.

Dr. Carl Reich, of Calgary, Alberta, Canada, has had great success in treating patients with allergies, bronchitis and asthma with megavitamins and calcium.

Dr. Allan Cott has had success in treating children with learning disabilities through improved nutrition and megavitamin therapy. This success story goes on and on.<sup>11</sup>

Dr. Klenner and Dr. Morgan Raiford (head of the Atlanta Eye Clinic in Atlanta, Georgia) have shown that Megavitamin C and Megavitamin E *together* have much the same effect in many of the same conditions. For example, separately each halts and then reverses hardening of the arteries, but the two together are better than either alone.<sup>12</sup>

The application of this therapy in infants and children is mind-boggling. It is highly probable that the sensible use of megavitamins begun in infancy and childhood could prevent the serious complications of cardiovascular disease that arise in the middle-aged and elderly.

Again, it should be noted that ideally the child should combine adequate nutrition, and enough of all the vitamins, amino acids and trace minerals, but especially megavitamin dosage levels of Vitamin E and C. All this suddenly became obvious to me while I was preparing a paper for presentation to the Mississippi Academy of Family Physicians, a group interested in treating patients of all ages, with a large proportion of them infants and children.<sup>13</sup> All the applications of Vitamin E therapy that so far have been discovered have not applied equally to all age groups, but possibly to a much more important degree to the infant, child and adolescent.

I cannot leave this chapter without telling you that there is now a good chance that megavitamin therapy is the best answer yet to the treatment of cancer. If this is so, then prevention must follow. What a bright prospect! Doctors Ewan Cameron and Pauling have treated terminally ill cancer patients who were doomed to die, probably very soon. They were able to prolong lives, to relieve pain and to promote sleep.<sup>14</sup> Moreover, at this moment, it appears that some of these patients are completely cured.

There are several papers which suggest that Vitamin E is equally as effective as Vitamin C. I hope that this initial work with Vitamin C will be carried out with both megavitamins C and E.

One group at the Ontario Cancer Institute

under the direction of Dr. Robert Bruce has already begun a study to prove whether or not Megavitamins C and E can prevent bowel cancer. These two vitamins enhance each other in vascular conditions and almost certainly do so in treating cancer. Meanwhile, think about this positive breakthrough in the treatment of cancer and its possible application to the use of these substances in your children. It is generally thought that cancer does not occur suddenly but is a very gradual change over several years. It often probably begins in childhood.



CHAPTER  
THREE

## VITAMIN E AS A VITAMIN AND AS A MEGAVITAMIN

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IT IS ESSENTIAL TO THINK about Vitamin E in two totally different aspects: as food and as medicine. Since their discovery, vitamins have been considered to be substances which in relatively small quantities are necessary for normal health. Indeed, my medical dictionary defines a vitamin as "One of a class of substances of diverse chemical constitution which in minute amounts are essential dietary components. When absent or in insufficient amounts in the diet, various nutritional disorders result." This definition is universally accepted and much research has been applied to the need for adequate levels of Vitamin E in the diet. A. L. Tappel, Ph. D., one biochemist interested in this phase of Vitamin E, states: "there is no question but that it is essential for normal metabolism."<sup>15</sup>

Over one-half of the separate elements in every cell depend for normal function on the presence of an adequate amount of Vitamin E, and, of course, so do individual tissues and organs. Furthermore, Vitamin E converts dan-

gerous "free radicals" formed in the body into non-harmful forms. This action has been found to be of importance in the food industry. For example, cat food made chiefly from fish can be very toxic to the cat unless Vitamin E is added. Its action in increasing the wholesomeness of meats, particularly pork and, of course, lard is important to humans.

Its importance in apparently normal people under trying conditions is illustrated by the astronauts. In the 1960s, one real worry was the tiredness and anemia of those who were in space for only a few days. There was a significant weakening of the heart and blood vessels because the red blood cells were destroyed in large numbers, as much as 20 percent to 30 percent. When Vitamin E was added to the diet of Armstrong, Aldrin and Collins, the heart and blood vessels were protected, their red cells were not destroyed and they returned to earth in much better condition than astronauts on earlier flights.

One difficulty in maintaining good nutrition is that our diets contain so little Vitamin E—about 2 to 8 international units. In contrast, at the turn of the century, the average diet contained nearly 100 international units. So, deficiency states may take many months to appear, just as it may take weeks or months on Vitamin E therapy before recovery from many heart and blood vessel disorders is well established. Remember that Vitamin E deficiency,

which now involves nearly everyone, has become a slow, chronic process. As Dr. E. Cheraskin has shown, the return to the diet of even the recommended RDA of 30 international units per day leads to demonstrable improvement in cardiovascular health and a demonstrable reduction in adverse heart and blood vessel symptoms.<sup>16</sup>

So much for Vitamin E as a vitamin!

Every competent biochemist and physiologist now acknowledges that double-blind, cross-over experiments have proved that Megavitamin E, in the order of twenty-five to fifty or even more times the RDA, is effective in treating many conditions in the human patient. They acknowledge that it increases blood supply in the legs of those whose blood supply through greatly narrowed major blood vessels, is so diminished that the muscles cannot get enough oxygen and other nutrients. Therefore, this deficiency of blood supply initially causes cramping in the calves and other muscles in the legs, and if unchecked it often results in gangrene of the toes or feet, with amputation of the leg above the knee inevitable. Such patients are unusually prone to death by heart failure or by a "heart attack."

Vitamin E in 400 to 1,600 IU doses, at least fifteen to thirty times the RDA vitamin level, rescues such legs, increases blood supply and prevents gangrene, or, at worst, limits it to the great toe, without the necessity of above-the-

knee amputation, and it prevents gangrene of the other leg. Better still, it protects the patient against death from heart failure or from a heart attack, a greatly increased risk in such patients.

CHAPTER  
FOUR

## HOW VITAMIN E WORKS

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### VITAMIN E HAS MANY DIFFER-

ent actions when used in larger than nutritional amounts, in which case it is not only a vitamin with all the benefits that that implies, but is also a potent therapeutic agent. One or more, or in some cases all, of its specific actions serve to remove, suppress, heal or cure the disease processes in the body.

One of its two most important actions is its ability to dissolve fresh clots, which completely disappear by the action of the lymphatic protective system. In this way, it combats the many conditions in which clots occur in the blood vessels, which, as has been often pointed out, has become the western world's number one problem in this century. Moreover, as has been shown first by ourselves and then confirmed by Doctors Ochsner, DeBakey and DeCamp, Vitamin E will prevent clots from forming in the veins, particularly in those patients who are in jeopardy as a result of radical surgery, especially pelvic surgery and orthopedic surgery.<sup>17</sup>

Related to the above is Vitamin E's influence in that portion of the blood known as the platelets. In some disease states, they have a tendency to clump, thus encouraging the clotting mechanism, while in other disease states they may be drastically reduced in number, which encourages hemorrhages under the skin and in vital organs. Vitamin E prevents the clumping in the former, and by increasing the number of platelets in the latter, prevents the hemorrhagic condition (purpura hemorrhagica), or, if it has occurred, corrects it.

Vitamin E's second important function is its ability to decrease the oxygen need of tissues. This decrease can vary from a slight to a very great degree in different individuals. Where there is a deficiency of oxygen in a cell or organ, its function is impaired; and this condition occurs in many disease states, but commonly in the heart or extremities when the arteriosclerotic narrowing of the blood vessels has become sufficiently extensive. There are many applications of this principle in human medicine—angina pectoris, the heart after a myocardial infarction, the legs which cramp on walking, for example. Following severe hemorrhage with anemia, as with vigorous physical exertion, the oxygen available to the tissues and cells is diminished. Making what is available more effective is the unique property of Vitamin E.

All of the other functions of Megavitamin E

are useful, some more than others depending on the condition. It increases the speed and the extent of the opening up of the "collateral circulation." We are born with more blood vessels than we need, and when a major vessel is obstructed or narrowed, blood is carried around the obstructed area to join, by its branches, the damaged vessel above and below. The slow narrowing of a vessel induces an increased collateral circulation. A more sudden obstruction can be more critical because it takes time for this process to develop. Vitamin E helps in either case, but in the latter it may be responsible for preventing gangrene in an extremity. When the coronary blood vessels are concerned, it may prevent a heart attack or death.

Capillary dilatation is another property of Megavitamin E. The smallest vessels on both the arterial and venous side constitute 99.9 percent of our 60,000 miles of blood vessels and are single-walled. Typically, in the healing of burns, Vitamin E dilates the capillaries, which allows more blood and particularly more oxygen to be brought to the area.

In some disease states, however, particularly in acute nephritis, when a toxic agent affects these capillaries, they leak out fluids into the intercellular spaces, blocking them up and preventing oxygen and antibodies from combating the infection, and nutrients from reaching the cells. Vitamin E in this case restores normal capillary permeability.

Both in the test tube and in the human body, Vitamin E combats infection. This action is very useful in superficial wounds and burns, where it promotes rapid and complete healing.

Vitamin E normalizes calcium metabolism, removing abnormal calcium deposits in soft tissues and muscles and in the walls of old calcified arteries, as shown by Professor A. M. Boyd of the University of Manchester<sup>18</sup> and by Professor Compere of the University of Chicago in the case of calcification of skeletal muscle.<sup>19</sup> Vitamin E helps restore the calcium deposits in bone when they are abnormally depleted, as in the osteoporosis of limb that accompanies disuse or in the congenital disease "*fragilitis osseum*." It could be so useful in *osteogenis imperfecta*. I have submitted this information to an *osteogenis perfecta* association.

Vitamin E has a specific favorable effect in a great number of connective tissue diseases. Some of these diseases will be specifically mentioned later. Because of its effect on connective tissue, it softens old scars and prevents the contraction of new scars. Without Vitamin E, all scars contract and all superficial scars are tender; with Vitamin E, scars do not contract and are not tender.

It often reduces the insulin requirement of diabetics, and in a not inconsiderable number it allows complete control of blood and urinary sugar without the need of insulin at all.

Vitamin E preserves the integrity of the walls

of the red blood cells. Dr. Max Horwitt discussed this effect in his abortive Elgin, Illinois experiment. It was the answer to the anemia and weakness of the astronauts in the earlier flights, corrected by the addition of Vitamin E to the astronauts' diet in later flights.<sup>20</sup>

This is an amazing list—all completely substantiated and confirmed many times over. It explains the very great influence that Vitamin E can exert in the life of your child in so many apparently different aspects of his life. Mind you, Vitamin E is not perfect, and it is not the only part of his environment you should control. But it is probably one of the greatest advantages you can give your child in all his growing years and the best possible help for his productive years in maturity.



CHAPTER  
FIVE

## FURTHER BENEFITS

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### VITAMIN E IS INVOLVED IN A

multitude of normal processes in the growing child. This is suggested by some rather interesting experiences in my practice as well as in the practice of my two daughters, one of whom is a speech therapist and the other a public health nurse.

The former has demonstrated improvement in learning abilities in children put on Vitamin E as well as its efficacy with enuresis (bed-wetting). A sibling of one of these patients, put on Vitamin E by his mother, a registered nurse, was cured of enuresis. At one time the child became careless with his capsules and the bed-wetting recurred, only to vanish once more when he began to take Vitamin E again. This time the child himself, and not the mother demanded that he be kept on daily Vitamin E.

All this suggests that Vitamin E, which at vitamin levels is essential for the normal function of every cell in the body, is particularly important in the normal development of the brain and nervous system. This is understand-

able when it is remembered that one of the physiological properties of Vitamin E is to decrease the need of oxygen in each cell.

Vitamin E is especially important in the case of the brain, whose oxygen need is very high. A child probably needs at least 300 to 400 (200 for lung protection) units of the vitamin daily. The average toddler almost certainly does not get more than two to eight units a day. Unfortunately, the Food and Drug Administration (FDA) has published the RDA of five to thirty units a day. This was based on an experiment done years ago, using old men in a mental institution, an experiment which is now known to have been based on several false assumptions. The author of the experiment which led to these recommendations has recently called for a revision of the FDA's RDA.

During periods of stress, when fever is present and antibiotics are administered, the child will need much more Vitamin E. For specific accidents or burns, he will need a lot, and if he is an athlete, still more.

The teenager is in an especially vulnerable situation since he has been subjected to so many unfavorable environmental factors. He has been subjected to the most direct propaganda on radio and television to eat foods rich in sugar and drinks rich in sugar and caffeine. If he is athletically inclined, he is told to prepare for his event by loading with sugar or orange juice or a

highly-touted sugared liquid. The evidence is that sugar decreases athletic performance. Yet, the average American's intake of sugar has increased to 125 pounds a year, as against approximately 5 pounds at the turn of the century.

The child and teenager are constantly exposed to sugar treats, sugared desserts, sugared cereals and sugared drinks. Parents who try to stem the tide are thwarted by Hallowe'en, birthday parties, social events, church suppers and the school cafeteria. Even the child's doctor may give him an all-day sucker for being a "good boy." My daughter, the speech therapist, can tell when one of her students has been to a birthday party the day before. They are restless, can't concentrate and can't be taught. She will not see children the day or two after Hallowe'en.

The parent has a most difficult task. Not only to provide adequate nutrition, and choose foods that have not been stripped of essential nutrients or that do not contain potentially harmful additives, but also to restrict the intake of sugar in the face of a population geared to an ever-increasing intake.

Vitamin E removes many noxious substances from the body including heavy metals present in the air. Vitamin E also reduces the side-effects of certain pain-killing drugs and even reduces or eliminates many potential cancer-causing agents. All the vitamins seem to help, and

although this may not be the best way, supplementation of all the vitamins has become increasingly necessary.

There is now direct evidence that Vitamins A, C and particularly E will prevent cancer and will prolong the life of even terminally ill victims of cancer. By all modern tests it appears that some terminal cancers have been cured of their disease.

Wouldn't it be wonderful if you could guarantee that your child would never get cancer in later years, just because you started him now on adequate and proper nutrition with adequate vitamin and mineral supplementation?

CHAPTER  
SIX

## **IN THE BEGINNING**

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**EVERY CHILD HAS A RIGHT TO BE**

well born, and the best possible chance that this will happen depends upon a healthy sperm, fertilizing a healthy ovum, which then becomes firmly implanted in a healthy endometrium in a healthy woman.

The chance that this sperm will be healthy and vigorous is enhanced by a healthy father who does not smoke and who takes his Vitamin E regularly, since the quality and quantity of spermatozoa in his ejaculate are then increased. The absence of abnormal forms is of the greatest importance. This is guaranteed by Vitamin E.

The physical attributes of the resulting child are determined at the moment of conception. However, the chances that he will stay in the womb and gather full nourishment from his mother is increased by an adequate intake of Vitamin E during her pregnancy. If she is one of the 55 percent of women, particularly if she is in the Great Lakes Region, who is a mild or unrecognized hypothyroid, Vitamin E becomes essential. This is because these women have a

tendency to develop hypertension and albumin in the urine with kidney failure and have an increased tendency to abort or miscarry or to go into labor prematurely.

The mother's nutrition during pregnancy is of the utmost importance; yet, adequate nutrition is becoming harder and harder to achieve, since the number of products adulterated with chemicals, after being stripped of some of the essential nutrients, is multiplying rapidly. This is particularly true of many of the basic foods. Cereals are stripped of most of their essential nutrients, as is that travesty of bread, the modern enriched white loaf. Dr. Roger J. Williams, in his book *Nutrition Against Disease*, reports an experiment in which two groups of weanling rats were fed on two types of bread—one the currently commercial enriched white bread, and the other, the same bread but with the addition of small amounts of minerals, other vitamins, one of which was Vitamin E, and one amino acid, namely lysine. At the end of ninety days, two-thirds of the rats on the white bread, as sold to and eaten by most people, were dead and those still living were greatly stunted. The rats fed on the bread with the additions did very well and most were alive and growing at the end of the ninety-day experiment.<sup>21</sup>

Then, the protein in the meat which the mother must have, may be accompanied by a dash of estrogen, given to the live animal to hasten its fattening, and to increase its rate of

weight gain. Some of these animals are sent to slaughter before this estrogen can be excreted. This estrogen from an outside source, enhances the mother's normal secretion, neutralizes her Vitamin E to some degree, and increases her chances of premature delivery, as well as her chances of developing the dangerous toxemias of pregnancy. (See note, page 32).

Both of my brothers, who are highly trained and unusually successful obstetricians and gynecologists, have used Vitamin E routinely on all their pregnant patients, as have many throughout the world who have followed their published reports. My older brother, Evan, has had a reputation for many years for being able to deliver live healthy babies for women who had been either sterile or who had had a series of miscarriages. Also, he has been able to help women who have previously delivered abnormal babies give birth to normal ones.

It is a fortunate child whose parents prepared for the pregnancy by assuring themselves of adequate nutrition, who did not smoke, and who took Vitamin E before impregnation of the ovum. Another warning: do not be concerned about weight gain during pregnancy—it is normal. In mothers who do not take Vitamin E, some abnormal fluid retention is not uncommon; with Vitamin E, no mother should need to take diuretics to lose weight.

May I suggest that every potential mother read *What Every Pregnant Woman Should*

**Know** by Gail and Tom Brewer, M.D.<sup>22</sup>

As will be explained later, much of the advice given for years about diet has been in complete error. The basic foods, whole milk, eggs, butter and meat are "in" again, and oleomargarine, corn oil, skim milk and meat from which the fat has been removed are "out." This will come as a shock and will be resisted by many in the food industry. However, the evidence is so great that it can no longer be ignored.

*Ed. Note:* As this book goes to press, the news has been released that the FDA has finally banned DES (Diethylstilbestrol), the hormone most frequently used to stimulate growth in livestock. The battle has been long and at times seemed hopeless, and the victory is a great one for the welfare of the consumer.

## THE COMPLICATIONS OF PREMATURITY

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### THIRTY THOUSAND PREMATURE

infants die of the respiratory distress syndrome each year. Many infants whose lungs, heart, brain and eyes are not adequately developed at birth need oxygen therapy from birth. The difficulty is that even with auxiliary oxygen, there is often still not enough available to the tissues. One of the many actions of Vitamin E in the body is its oxygen-sparing ability. That means that when these tiny babies are given Vitamin E, the oxygen from the tank can become adequate to help them until such time as the development of lung tissue becomes normal or nearly so. Dr. John B. Warshaw of Yale has just reported that Vitamin E will rescue most of these prematures who have been dying of the respiratory distress syndrome.<sup>23</sup>

Another all too frequent result of the use of auxiliary oxygen in premature infants is retroental fibroplasia, which is still the commonest cause of blindness in children. This, too, responds to Vitamin E therapy and blindness is prevented.

Hearts are often affected in these same premies, and the damage may be temporary or permanent. However, when Vitamin E is given, the hearts recover fully.

Another common complication of the premie is anemia, a loss of hemoglobin, the oxygen-carrying substance of the blood. Anemia, of course, increases the above-mentioned complications of prematurity. This anemia responds to Vitamin E as long as the child is not given iron to correct the anemia, or is not on the unfortunately now popular infant formula, with a high polyunsaturated fat content.

Dr. Lois Johnson of the University of Pennsylvania, who has 269 premature babies in her study group, says that all prematures should have Vitamin E therapy.<sup>24</sup>

There is still more evidence that Vitamin E is essential or at least useful for all infants, both full term and premature. Many newborn infants develop the same type of anemia as the premature infants, after two weeks of a cow's milk formula. Doctors Lo., Frank and Hitzig have reported (*Archives of the Diseases of Childhood*) that the anemia, and all signs and symptoms of it, disappear after a few days on Vitamin E.<sup>25</sup>

The *British Medical Journal* for October 4 1975<sup>26</sup> described the case of a sixteen-month old boy who had developed chronic jaundice, liver trouble and gall bladder involvement. Because Vitamin E deficiency is often diagnosed by

abnormality of the red blood cells, and his showed this abnormality, he was given Vitamin E. This therapy led to complete recovery.

We think there is more than ample evidence that every child should be given supplements of all vitamins, and certainly of Vitamin E.



CHAPTER  
EIGHT

## **CONGENITAL DISEASE**

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### **SOON AFTER WE OPENED THE**

Shute Institute, a small fifteen-month-old baby boy was brought to us. He was obviously a "blue baby" from the time of his birth. Although he became a bit blue when he cried, he had no serious symptoms until he started to walk. With this increased exertion, he became very noticeably short of breath. As he became more active, these spells became more frequent, occurring several times a day. If he were not immediately picked up, he would become short of breath and would shortly become unconscious.

On Vitamin E, he lost all of these symptoms and all the blueness (cyanosis) disappeared. We have always insisted that all our patients with congenital heart defects, where surgery can effect real help or even an anatomical cure, be operated on. This baby was operated on after seven months of alpha tocopherol (Vitamin E). The diagnosis of tetralogy of Fallot was confirmed. This involves pulmonary stenosis (narrowing), a hole between the left and right ventricles, malposition of the aorta and en-

larged right ventricle. The operation helps, but by no means does it effect a complete cure, and it was so in this boy's case.

A complication developed with a wasting of muscle of the left arm and with pallor and coldness of the forearm and hand. The parents had mistakenly not continued the Vitamin E after surgery. When the child was put back on Vitamin E, the arm and hand became normal again and on continued Vitamin E he has been well since.

This case illustrates several important points. First of all, the pre-operative preparation is of vital importance. Vitamin E serves to nourish the whole body by increasing the oxygen supply, particularly the heart muscle. Ideally, the patient should have Vitamin E up to the night before the operation, and as soon as possible after the operation. The concentration of Vitamin E in the body falls below the effective level in such cases, in as little as three days. Finally, in such cases as the tetralogy of Fallot in which the results of the operation do not fully correct the abnormality, Vitamin E must be given for the life of the child.

Vitamin E can be too good. We have had several patients who became so well after Vitamin E therapy that they refused an operation in spite of our recommendations. Because it illustrates several interesting points, I would like to tell you of an unnecessary tragedy.

A sixteen-month-old baby boy was found to

have an enlarged heart during a routine check up. He was fussy and cross, and when he cried became blue and short of breath. Three weeks before he was brought to us, he awakened from sleep and began to cry and then became unconscious for ten minutes. After this episode, he could only play on the floor for a few minutes before becoming quite blue. Finally, he had to be kept propped up on a pillow all the time.

After Vitamin E treatment for two months, he was apparently completely well. At this stage, we insisted that he be seen by our most famous and extremely capable heart surgeon, who although he had been my favorite teacher, called in a cardiologist who had already condemned our suggestion that Vitamin E in adequately large amounts was useful in heart disease. This cardiologist advised the surgeon to discontinue the Vitamin E while the boy was in the hospital. Careful investigation by the surgeon led to the conclusion that this case was inoperable. Although the surgeon knew the boy's history, that is to say that he had been gravely ill with his heart lesion and was apparently normal after Vitamin E, he advised the parents to discontinue it. Within a month he was as ill as he ever was, and was admitted to the same hospital under the care of the same surgeon and the same cardiologist. Under their expert care, he died in three days.

Sometimes, surgery should be a matter of choice. The patient may respond so well to

Vitamin E and be so nearly well, that he hates to submit to surgery, and if he is a young man just beginning to work and with a new bride or young family, his choice could be a sound one.

I am very happy with the results obtained in our series of Vitamin E-treated cases of congenital heart disease. I have been able to follow many of them for twenty-seven years or more.

My very favorite patient is a young man who first came to me when he was ten years old, in 1952. He seemed quite normal at birth, but at three weeks of age a definite murmur was detected. He did fairly well until he was three years old, when he became quite blue with exertion and would assume a squatting position for long intervals, several times a day. The squatting position is a frequent symptom of cyanotic heart disease; in this position, the thighs support the abdomen and allow deeper breathing. He also devised another position in which he was fairly comfortable. He was a very thin lad, and would sit in a chair with his feet in front of his buttocks and his knees under his chin. He was able to go to school but was tired out by Thursday. He could ride a bicycle for a short distance, but could climb a flight of stairs only very slowly.

On Vitamin E, this boy became very well indeed. He became a brilliant scholar and decided to go to university. However, he could not find a university that would accept him because the accepted prognosis for congenital

heart disease for many years has been so poor—few live through their twenties.

I wrote a letter to a university he had applied to, stating emphatically that he was university material, and that his chances of living out a normal life expectancy, in the light of his response to treatment, could well be above normal. The letter happened to reach a professor who knew other patients of ours, and he was accepted. He graduated, took a Master's course in education, then a Ph.D. and became a high school teacher. He bowls ten-pins without trouble, teaches night school, and helps in a recreation club. When his father retired from the police force, the family bought an art supply shop, and when his father died he converted the building into apartments. This was so successful that he went into the building business on the side, and runs heavy bulldozers and other heavy machinery on weekends and in the summer. He is happily married, has children and is completely well at thirty-seven years of age. All this time, he has taken his Vitamin E daily.

Vitamin E in adequate amounts is necessary for the normal functioning of every cell in the body. Nowhere is it more necessary and more useful than in the heart and brain. This is obvious when one remembers that all nutrients and the supply of lifegiving oxygen are transported through the blood vessels to every cell and organ in the body.

The most obvious visual benefit of Vitamin E to heart muscle is seen in children who are born with defective hearts where cyanosis is one of the major signs. Normally, the blood is circulated through very fine vessels in the thin walls of the air spaces in the lungs. Here, it rids itself of waste products produced by cell activity and picks up a supply of oxygen. As the blood circulates through the body, its oxygen is removed as required by each individual cell and the waste products of cell activity are taken up by the blood to be carried to the organs of excretion.

Everyone knows that the blood in the arterial tree is normally a rich, red color and that blood coming back to the heart and thence to the lungs has a bluish cast. When the defect in the heart allows venous blood to mix with the arterial blood, the blood going to the surface of the body is abnormally dark and bluish; it is particularly obvious in the lips and gums, and the finger nail beds. These blue babies have the signs and symptoms as described above, plus one of the most common symptoms, a tendency to severe, frequent colds, bronchitis and pneumonia. On Vitamin E, the blueness is greatly decreased or entirely relieved—very obvious to any observer.

CHAPTER  
NINE

## DIABETES IN CHILDREN

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### ONE OF THE SADDEST CASES IN

my years of practice was a teenager who had had diabetes since he was six years old. When he came to me, he was blind, had very high blood pressure, had had a stroke, and a heart attack. His urine was loaded with albumin, so he had kidney damage also. Not all juvenile diabetics show such extensive involvement of the blood vessels of the body. His involved the brain, eye, heart and kidney, but as yet not the feet or toes.

I started him on Vitamin E and he began to respond. His blood pressure dropped a bit and the urinalysis showed less albumin. He told me he felt stronger, and I was hopeful that after four to six weeks—the earliest that one can expect obvious improvement—he would be on his way to worthwhile control, probably with the most improvement in his heart, blood pressure and kidney involvement. There was probably no chance that his blindness could be helped.

Before the four weeks were up, while still showing a little improvement every day, he suddenly began to vomit up blood and died

within minutes from a massive gastric hemorrhage. Apparently, he had dilated veins in his stomach wall which, because of his high blood pressure, suddenly developed a hole. Obviously he came to us too late, by a matter of days.

My daughter Barbara, the speech therapist, had a friend when she was at university who was a very bright girl. After graduation, this friend obtained an excellent job with the government and married a high school classmate—a known diabetic for several years. He had already developed some symptoms of blood vessel changes, but they were minimal, and he was under the care of a good, traditional internist who checked him frequently to insure control of his blood sugar.

Barbara was much concerned that her friend would start married life under such a handicap, and we both tried to explain this to the bride-to-be. However, she was deeply in love and was determined to marry this young man. Within a year, the bridegroom was totally blind and had to give up a good job. He arranged to obtain a seeing-eye dog so that he could get about without having to be led by his wife who, of course, continued to work through the day. Within two years he was dead.

The reader may be interested in a rather common reaction of the wife or husband of a blind person who obtains a leader dog. I was intimately associated with a school where they

are trained, and they often get a good dog back, because it has made the blind mate too independent! In the case of Barbara's friend, the wife insisted that her husband return the dog. On the other hand, I knew a couple in which the blind wife owned a champion female Doberman, one of the best in Michigan. The dog was trained for the wife. The couple often exhibited the dog in dog shows, and, of course, she led her mistress around the ground when not in the ring.

It was once thought that diabetes was a disease caused basically by the body's inability to handle sugar, with the consequent excessive level in the bloodstream and sugar spilling over into the kidney.

All physicians welcomed the discovery of insulin as the answer to the disease. Most of the deaths before insulin were caused by diabetic coma, and treatment was most ineffective, although some cases responded to a worthwhile degree to a low carbohydrate diet. With insulin, many thousands of lives were saved or prolonged. It was some time before it was realized that diabetes was a disease not only of carbohydrate metabolism, but also of the entire heart and blood vessel system. The diabetic develops narrowing of major and minor blood vessels of one or more or all of the brain, eye, heart, kidney and extremities. These complications have become so common, that in hospitals where

disabled diabetics occupy beds, the doctors dealing with them have urged separate hospitals for diabetics.

There are ten million diabetics in the United States.

There is controversy among the experts as to whether super control of the blood sugar produces any slowing of the degeneration of blood vessels. Most believe that whether the diabetes is mild, moderate or severe, these changes go on at the same rate, in all women and most men.

At the Shute Institute we began to treat diabetics as soon as we were sure how well Vitamin E worked and what the correct dosage level was. In the early days of Vitamin E therapy, and in every case since, when patients came to us with early gangrene of toes, we were able to increase the blood supply and decrease the oxygen need of the legs, and to save the living tissue immediately in contact with the dead cells. Before Vitamin E the only treatment available for such patients was amputation above the knee, since the surgeon had to go high enough to assure adequate blood supply in order to allow the wound flaps to heal and the stump to bear the weight of an artificial leg.

We have treated many diabetics brought to us with gangrene of one or more toes. One patient had gangrene of the entire heel pad. In every case, we were able to save the leg and all the tissue not actually dead when first seen. The

marked increase in blood supply and the decrease in the need of oxygen in the leg down to, and including, the living cells just proximal to the dead cells allow a line of demarkation to form and the dead toe drops off without surgical interference. We have colored slides which illustrate this process, including slides of the patient with the necrotic heel pad. One of the most satisfying aspects of the end result in this case was not only the saving of the leg, but also the fact that the scar tissue of the heel was not tender and did not contract. Therefore, she was able to walk normally without pain on a soft, rubber prosthetic pad glued in her shoe.

Through Vitamin E we have helped many near-blind patients regain most of their eyesight, with improvement for years. The heart and kidney as well as the brain lesions usually show improvement too.

The fact that we can improve the blood supply to the diabetic whose arteriosclerosis has reached the stage where one or more of these important structures are involved makes us certain that all diabetics, as soon as diagnosed, *must* have control of their sugar, preferably with insulin and diet, but of equal importance, they **MUST HAVE VITAMIN E.**

The patient described at the beginning of this chapter was, of course, an extreme case, for most juvenile diabetics develop the arteriosclerotic complications later in life. At least the changes are more gradual, and it is years before the

serious symptoms appear. Many survive for many years after the onset of the disease and go on to lead useful lives. Several of our best known television and music entertainers, as well as a very few world class athletes, are diabetics and have somehow been able to postpone the overt symptoms of cardiovascular degeneration.

My younger daughter, the public health nurse, has worked for years with an older nurse who was a juvenile diabetic. She was diagnosed as such nearly forty years ago. She graduated as a nurse and led an active professional life until seven years ago, when she began to have trouble with her eyes. Her ophthalmologist diagnosed her condition as diabetic retinitis. Then she developed a sore that would not heal on her toe. With Vitamin E it did heal, but later, when she had a recurrence, it was very slow to respond to Vitamin E. The day before this chapter was written, this same ophthalmologist examined her eyes and told her there was no longer any abnormality in her eyes; they appeared to be completely normal.

There may now be proof that diabetes can be induced by high sugar in the diet. A most significant experiment was carried out by Dr. Aaron Cohen of Jerusalem and reported to a meeting of the International Academy of Preventive Medicine.<sup>27</sup> In a normal strain of rats, he took blood samples to determine the blood sugar level and he mated the rats accordingly. He mated males with high blood

sugar levels to females with high blood sugar levels, and males with low blood sugar levels to females with low blood sugar levels. In only three generations, he produced two strains of rats, one which when fed sucrose (white sugar) developed diabetes, although they were normal as long as their diets contained other carbohydrates but not sucrose. The other strain of rats was not diabetic and did not become diabetic even when given sucrose.

It seems likely that some children are predisposed to become juvenile diabetics, but only become so when given a diet rich in white sugar or sucrose, the so-called refined carbohydrates.

Very few parents know enough about nutrition. Very few doctors know much more, since until recently they were taught nothing about nutrition in medical school. Thus, they are in no position to advise the patient unless they have come in contact with one old and three or four new professional groups.

The International College of Applied Nutrition, the International Academy of Preventive Medicine, the American Academy of Medical Preventics, and the International Academy of Metabology are among the more active groups. The doctors in these groups are familiar with the whole spectrum of preventive medicine. They have a knowledge of megavitamin, mineral and other methods of treatment as well as prevention.

A sad part of the nutrition story is that for years prophets have alerted the public to the need for adequate nutrition, but because they were not doctors of medicine they have been derided by my profession—people such as Adelle Davis, J. R. Rodale and the health food store owners.

Fortunately, there were scientists in the wings who had the knowledge needed to start physicians and other health professionals on the right track. On the other hand, the prophets provided the platform for these experts to get together and share their knowledge with their kind and with anyone interested in this field. Gradually, a new type of physician and surgeon has emerged, men who have at their command all the resources of the crisis doctor, but in addition an expertise in spotting disease at its beginning, reversing pathological trends in time and preventing diseases of many kinds while improving the health of the patient.

All of these doctors condemn the steadily increasing and massive quantities of sugar being used in most of our food products, especially in cereals, bread, drinks and candy. It may be too late to reverse this trend and your child may have diabetes. If so, his prospects of a long and healthy life are in serious jeopardy, not only because of the possibility of death from diabetic coma or its opposite, insulin reaction with hypoglycemia, but also because of rapidly developing cardiovascular complications. To a

physician, this aspect of the disease never ceases to be a terrifying problem.

So, the good part is that even when the blood vessel and heart changes have progressed to the point of serious symptoms, of progressive loss of vision and of incipient or actual gangrene, they can be salvaged by Megavitamin E. Why wait until this stage is impending? The time to start to prolong the health and life of the diabetic is when the diagnosis is first made. It would be much better still if the disease were prevented, or if the child had been on Vitamin E since birth, if not before.

The incidence of diabetes is increasing. There are ten million diabetics in the United States. Vitamin E is as essential for every one of these as are diet and an agent to control the blood and urinary sugar, preferably insulin.



## RHEUMATIC FEVER

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MY WIFE WAS A VICTIM OF smallpox, scarlet fever, diphtheria and finally acute rheumatic fever. These conditions were really common when we were children. Advances in treatment and in immunization have greatly reduced the incidence of the first three. However, rheumatic fever still occurs all too often during childhood, especially in the eight-to twelve-year-old group. While the acute phase does occasionally result in death, it is because over 80 percent of these acute attacks damage the heart that the treatment of the acute stage is so important.

Rheumatic heart disease is still the second most prevalent form of heart disease in adults, accounting for 30 percent of crippled hearts and about 50 percent of the deaths from heart disease that occur before age thirty.

Because of her intimate acquaintance with rheumatic fever, and the consequent slow, steady damage to her heart, my wife is vitally interested in its prevention, as well as the treatment afforded by Vitamin E. Her case was

typical in that no physical disability was evident after recovery from the acute stage, until her second pregnancy precipitated symptoms. Indeed, she was Canada's outstanding woman swimmer and represented her country in the Olympic Games in 1928 and 1932. One has to understand this background to appreciate the following story.

In our little cul-de-sac in Port Credit, most of the families had children about the same ages as our own. It was a very congenial group, and although we finally moved, many of the families remain among our most prized friends, and we see many of them still, both in our present location and in Port Credit.

The father of one of these families became my patient when he suffered a heart attack playing hockey with one of his three sons. (His case is detailed in one of my other books.) One day, some time later, on the way home from a game of golf, we stopped in front of his house because his No. 2 son was in the front driveway with his mother. He had his left arm in a sling.

These boys had a motorcycle, and because as an intern in the hospital I had treated so many motorcycle injuries, and have known one young man killed and another permanently paralyzed from the waist down, I had tried to convince the father and the boys to sell theirs. Dorothy and I stopped and I leaned out the window to say I knew he'd have an accident sooner or later, and

he should be glad it was not more serious.

However, what had actually happened was that during the summer holidays, this lad had gone to work in a tire shop and soon after developed pain in his left wrist, supposedly resulting from the over-use of the arm in a new heavy job. After three days, it was so much less painful that he went back to work, but that afternoon he developed a sore, swollen, hot left knee, and now the diagnosis was obviously acute rheumatic fever. Fortunately for the boy, their general practitioners were not available, and the mother phoned me to see if I could help. He was immediately placed on 800 IU of Vitamin E after a series of laboratory tests to confirm the diagnosis.

He was perfectly well 48 hours later, clinically, and by all known laboratory tests, but I told him he should stay in bed for a week and that he must take Vitamin E for the rest of his life.

On the third day, again after a game of golf, we stopped to see if there was anyone in the family pool. To our amazement, this boy was up, fully dressed at the edge of the pool, and two of his college chums were trying to throw him into the water. Imagine my horror but the reaction of my wife was even greater. She yelled at them, and told the boy in no uncertain terms to get back into bed, and told him that if he didn't do so, she would see that his parents and I would make him come to my office and sit in my

waiting room, to be introduced and hear the story of every patient who came in with chronic rheumatic heart disease!

Had he been treated by any other doctor in Port Credit, he would have been ill for weeks, and he would have had a migrating joint involvement, with a fresh, acute rheumatic episode in first one joint and then another. The only treatment he could have received would have been an aspirin compound or a steroid such as cortisone to relieve some of the pain—and he would have ended up with an 85 percent chance of progressive damage to his heart, as had occurred in my wife's case. As it is, he is now a graduate pharmacist, and owns and operates two drug stores in a northern Ontario town. He has no evidence of heart damage, and takes his Vitamin E religiously.

I shall never forget the first case of rheumatic heart disease that I treated with Vitamin E. I made a house call in the country outside of Guelph, to see a fifteen-year-old boy with a recurrent attack of rheumatic fever.

This was his second attack, the first occurring at eleven years of age. At that time he was hospitalized for seven months at one of Canada's best known pediatric hospitals. He was then sent to a convalescent hospital for fifteen more months. After twenty-two months, he was sent home to the farm to rest for several more weeks. He was then allowed to do light chores and finally to help with heavier work.

While riding the tractor in the fields one day, he developed pain in one wrist and within twenty-four hours had a definite migrating acute rheumatic fever.

When I examined him, three joints had become already involved, the wrist was almost normal again, but one knee was acutely swollen and inflamed, and the other knee was beginning to be involved. He was running a fever of 100.3, his pulse was 120, and a tonsil tag was red and swollen. His heart was definitely enlarged, and he had the typical murmurs of mitral valve stenosis and regurgitation.

I started him on 200 IU of Vitamin E a day, and on the sixth day he walked into my office. He had recovered completely from the second attack of acute rheumatic fever. Instead of twenty-two months with permanent heart damage on discharge, he made a full recovery from the second acute attack in less than six days.

Later that same year, he was examined by four cardiologists who had been invited to see several of our patients. They seemed quite confused after examining this boy, since his heart was still obviously enlarged, and, of course, the murmurs were still there. When they asked him how he felt, he told them he had just spent four days pulling turnips.

That was in 1946. He grew up into a tall, well-developed man, has done all sorts of hard work, including one summer in the grain fields

of the Canadian West, and he has since worked in the local feed mill.

The incidence of this scourge of children and teenagers has decreased in recent years because many of the infections which are the cause, are treated by the sulfonamides or antibiotics, such as penicillin. However, many doctors treat minor sore throats or attacks of tonsillitis without using antibiotics, and they are partially right, since years of the use of this type of treatment have probably given rise to resistant strains of bacteria. Moreover, most throat infections do not lead to acute rheumatic fever. Unfortunately, in those cases where the infection is caused by hemolytic streptococcus, Group A, and they are not treated with sulfonamides or antibiotics, acute rheumatic fever can follow. If it does, the antibiotics are no longer of any value, and there is no treatment, unless Vitamin E is used and used properly.

Then, too, the symptoms of acute rheumatic fever take ten to twelve days to develop after the acute infection is over. Moreover, the symptoms can be very mild, and diagnosis can be very difficult.

In the typical case, there is a mild fever and several joints are involved, one often subsiding while the next one begins to swell and hurt. Membranes of the lung and heart, as well as the valves of the heart are often affected, and there can be an effusion in the pleural or pericardial spaces. Small areas of infection surround the

small vessels of the heart muscle and cause some death of muscle fibers. After healing, the muscle may show numerous small scars under the microscope, suggesting a heart riddled with tiny shotgun pellets. The damage goes on steadily and silently in the valves for months or years, before symptoms of the chronic stage become clinically evident and disability begins.

A curious aspect of the disease is its predilection for redheads, more than blondes, and in turn in blondes more than brunettes.

Until the advent of Vitamin E there was no treatment for a full-blown acute rheumatic fever case.

I have had two famous athletes as patients. Both had had acute rheumatic fever in childhood; both had been outstanding athletes, the one a member of two Olympic teams and the other one of the best known male figure skaters of his day, appearing in films with Sonja Henie and Barbara Ann Scott. In spite of their athletic ability, they both became invalids in later life, and both responded even at this late stage, to Vitamin E therapy.

As was the case for the neighbor lad described in the beginning of this chapter, the response to Vitamin E treatment is almost unbelievable. I have been able to follow some of my acute cases for many years now. Not one has had a recurrence and not one has developed signs of heart damage.

The point of this chapter is that acute

rheumatic fever is still a threat to every child. It need not occur, and will not, if your child is on an adequate supplementation of Vitamin E, in spite of the inevitable occurrence of a sore throat. If your child, however, has developed acute rheumatic fever, Vitamin E is the only effective treatment. Of greater importance is that, if properly treated with Vitamin E, the risk of heart damage is greatly reduced or completely eliminated. Your doctor may not know this. He has nothing else to suggest, and as a result, a child with the disease will have an 85 percent chance of developing severe debilitating symptoms later in life.

CHAPTER  
ELEVEN

## **NEPHRITIS (BRIGHTS DISEASE)**

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### **IN THE VERY EARLY DAYS OF**

Megavitamin E, before the opening of the Shute Institute, a patient of mine who had worked for years in the local optometrist's office, passed his examination for licensure and decided to open his own office. He rented an empty store and his wife and he did most of the alterations and decorating. They had to have their four-year-old boy with them as they worked, and before the bathroom was installed they used a basin in the sink when he needed to urinate. At this time, the child had a bout of tonsillitis with a moderate fever. He was given a sulfonamide drug with apparent recovery within two days. However, eight days later, at about 1:00 p.m. when he voided into the basin, his urine, which had been normal in gross appearance in the morning, was now "as red as a beet." He was brought to my office, and under the microscope his urine was found to be full of red blood cells. Obviously, he had developed a typical case of acute glomerulonephritis. He was given Vitamin E in a large dosage, 150 IU, three times daily.

Twenty-four hours later, his urine was clear, microscopically. A further test conducted a week later showed no abnormality. It was certainly lucky that he had had to use the basin; otherwise the onset of the bloody urine might not have been discovered, nor would treatment have been started so promptly, with such a rapid recovery.

During this same period, one of the local doctors, an early convert to Vitamin E, sent me a patient who had developed glomerulonephritis, and had been treated unsuccessfully by a professor at the Hospital for Sick Children in Toronto, a world famous pediatric hospital. This ten-year-old girl was vacationing with her family at a popular Ontario resort on Georgian Bay, at the cottage next to my doctor friend. The weather was wet and cold, and the child developed a sore throat and fever. Soon after the infection seemed to clear up she developed swelling of the eyelids, face and of the ankles. Brought home, her family physician diagnosed glomerulonephritis and referred her immediately to the Toronto hospital. Her infection had left her with a chronic sinus infection with the result that all treatments suggested had no apparent beneficial effect, and she was sent home to the care of her very good family physician. My friend happened to meet her mother and asked about the girl, only to be given the above story. He suggested that she be brought to me.

I was appalled at her condition, and since, at that time, my experience with the use of Vitamin E for nephritis was limited, I expected that it was too late in her case. She had gross swelling of the ankles, legs, thighs, abdomen and eyelids. The swelling was present in her back across the pelvis. Her urine showed a maximum degree of albuminuria, numerous casts, and some red blood cells and white blood cells. Obviously, with the sinusitis, the kidneys were still being actively damaged.

I started her on 300 units of Vitamin E a day. In two weeks, all the swelling was gone, but her urine still showed some albumin, red cells and casts. She was apparently well and returned to school, although she had two episodes of infection in the throat with fever, and on each occasion her urine showed a slight increase in albumin.

She returned to the hospital in Toronto for evaluation, where the doctors now decided that she should have her sinus drained surgically. Very shortly afterwards, with a continuation of Vitamin E, she lost all clinical and laboratory evidence of nephritis.

The common name "Bright's Disease" has been used since it was described by Richard Bright in the nineteenth century. He realized that the condition followed an acute throat infection.

As in the case of acute rheumatic fever, symptoms begin a few days after an acute

tonsilitis due to the group A hemolytic streptococcus, frequently the type 12 strain. Streptococcus viridans or pneumococci can also precede the onset of glomerulonephritis.

A more complete description can be found in a previous book, *Vitamin E for Ailing and Healthy Hearts*.

The fortunate aspect of this disease is that if the initial infection in the upper respiratory tract is aborted by antibiotics, the nephritis will not follow. Inadequate or no treatment, on the other hand, allows the development of this disease.

Then too, of the many, many cases of throat infection, only a very few develop nephritis. This was the experience when many recruits in barracks during the various wars contracted the same infection. Most recovered; only a few developed nephritis.

Doctors have become increasingly aware of the dangers that have developed from the overuse of antibiotics, since there is a real danger that antibiotic-resistant bacteria will be produced. As a result, many of the infections that lead to nephritis are not treated with an antibiotic and so the incidence of the disease has not materially decreased.

The lesions involve all the structures of the kidney. The filtrating elements, the glomeruli, show an inflammatory reaction. The capsule, the interstitial tissue, the collecting and excreting tubules, are all involved. Fluid leaks out of the capillaries and this leads to a general

swelling inside the strong, elastic capsule of the organ. However, this capsule cannot stretch sufficiently if the swelling of its contents become excessive. As a result, there is a variable degree of compression of all the elements in the kidney. This is especially serious in the case of the vital glomeruli which can be compressed and killed.

The end result then, depends on the degree of involvement of the kidney, the degree of swelling, and the elasticity of the capsule—its degree of distensibility.

The peculiar ability of Vitamin E to restore normal capillary permeability is the reason why its effectiveness in the very rapid reversal of acute glomerulonephritis is so wonderful. The intracellular and intercellular fluids are returned to the capillaries and removed along with the toxic substances present in this disease. The swelling of the kidney is reduced. The pressure of the swelling on the sensitive capillary loops of the glomeruli is removed, and the inflammatory process is rapidly brought under control by the body's auto-immune processes.

When Vitamin E is given at the first signs of glomerulonephritis complete remission and complete return to normal occurs within hours. This was the case with the four-year-old boy whose history appears at the head of this chapter.

In the young girl's case which followed, there were still active, live glomeruli left and the

subacute involvement of the rest of the structures and the inflammatory reaction came under rapid control once Vitamin E was given. That some glomeruli were compressed and killed is obvious from the increase of albuminuria with two subsequent throat infections. Yet, the support of Vitamin E in normalizing the actions of the elements that remained allowed her a normal life and a normal motherhood.

Less than 5 percent die in the acute phase. Of the rest, some go on to a chronic phase, while others appear healed. Many live with the chronic phase for many years, with residual, slowly progressive kidney damage. They begin to show the signs and symptoms of decreased kidney function only when less than 20 percent of the kidney is active.

We have had success in treating such cases after months or years of chronicity. One man I remember, had glomerulonephritis in the army. He was treated for months in army hospitals and finally recovered to the point where he was invalidated out of the army on full pension. After his discharge, he helped a relative run a gasoline service station. We undertook his treatment with conspicuous success when he developed signs of the terminal stages. Even when less than 20 percent of the kidney is functional, the results of Vitamin E treatment can be excellent.

There is probably no chance that your child will develop acute nephritis, if he has been on an adequate daily intake of Vitamin E. If, in

spite of Vitamin E, he should become a victim, then a larger dose of Vitamin E, given as soon as the first signs or symptoms develop, should rescue him completely.

There are other kidney diseases and these, too, can be helped by the support of existing elements in the kidney by Vitamin E, chiefly because it allows full function of remaining structures.



CHAPTER  
TWELVE

## BURNS

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ONE DAY, WITHOUT A PREVIOUS appointment, a seven-year-old boy was brought to the Shute Institute in London, Ontario, Canada. He was the grandson of the mayor and had been treated by the chief of surgery of the university following severe burns to shoulders, abdomen, back and thigh. He had pulled a kettle of boiling water off the bedside table, placed there to steam him for "the croup." The water was, of course, boiling furiously. He was rushed to the hospital where, under anesthesia, the dead skin was removed and immediate grafts taken from his abdomen were applied to the raw areas.

It is hard to control a seven-year old, and the result was that none of the grafts took, and all the burned areas as well as the large areas from which the grafts were taken became infected, with pus and serum exudate soaking the bandages which perforce were wound around his body. Antibiotics did not control the infection; heaped up granulation tissue, commonly called "proud flesh," involved all the

burned areas, and the exudate from the wet bandages caused excoriation of the normal skin around his body. He was a pitiful sight.

Our nurses were as involved as the doctors in our unique practice, and all the doctors and nurses were called in to see this poor lad including my wife, who was in charge of the office at that time. (As related elsewhere, she and I came to the Institute at its beginning, and without her and her interest in Vitamin E there would have been no Institute.) I will never forget the reaction to this pitiful child. Several of the case-hardened nurses had to walk out of the room. My wife and I were especially affected since his lovely little body was so similar to that of our own seven-year-old daughter.

We knew that skin will not grow over infected granulation tissue, so we could only hope that Vitamin E by mouth, and Vitamin E applied in the form of an ointment, would get rid of the infection and provide a healthy base for later skin grafting.

Within a very few hours, the wounds stopped oozing, and the infection started to clear up. The little boy who had been in such misery became comfortable and began to sleep and eat well. On one of his return visits, we noticed, to our amazement, that skin was growing in from the edges over the heaped-up granulation tissue, which subsided to the normal skin level ahead of the growing edge. Eventually, all the areas

were covered with skin and to our surprise and obvious delight he needed no skin grafting. Moreover, the new areas showed no contraction deformities, and the new skin was not tender.

From this case we learned that scar tissue formed under the influence of Vitamin E was not tender, and did not contract, as does all scar tissue otherwise. In addition, we learned another fact about Vitamin E. This boy's burned left thigh had started to heal in one corner before we saw him, and that scar tissue was abnormally thick and heaped up—a condition known as cheloid or keloid. Without Vitamin E, all the areas would have had to be grafted, and the scar tissue around the healed areas would have been thick and heaped up, red and tender.

Very shortly after this case, we had another seven-year-old boy with a serious, deep burn. My older brother and my co-director of the Shute Institute had delivered this boy and his sisters, and his father was one of our directors. Both of his parents were practicing lawyers. The boy's mother was called to the telephone while she was ironing, and this active boy pulled the iron on to the back of his left hand, with the result that the back of his hand and his four fingers suffered deep burns. Reader, please look at the back of your own hand. Here, there is very little connective tissue under loose skin, and in turn, there is very little space between the surface and the tendon sheaths of the fingers.

This is obvious as you open and close your fingers. This was a deep burn on the left hand of a left-handed boy.

The father called my brother for advice, particularly as to which of the local surgeons should be entrusted with the subsequent skin grafting and care. My brother, Evan, suggested Vitamin E.

The problem with skin grafting in this case was the function of the hand. Burns tend to deepen progressively if Vitamin E is not used, and almost certainly, no matter how skillful the skin grafting, the graft would adhere to the tendon sheaths and this boy would never again be able to close his hand fully. We have color photographs of the progress of this case, which I show when addressing any medical or lay groups.

Burns do not deepen progressively when Vitamin E is used, and within two weeks the boy's burns were healing, and he had complete and full closure of his hand—a truly astounding result. One year later, the Provincial Medical Association was meeting in London, Ontario and some forty doctors accepted our invitation to spend a day at a clinic at our Institute. We showed them many patients of all types, including this boy. They were amazed to find absolutely no evidence that he had ever had a burn. One wise old surgeon, who knew, of course, that all scar tissue is tender, after examining the hand said: "Bet you can't fight

with this hand." Our little patient accepted the challenge. "Put up your dukes," he answered the surgeon.

Burns of all types are so common, and the chances that your child will suffer a burn are good—but hopefully not as severe as the two cases just described. Very severe sunburn is not uncommon. Even mild sunburn can be very unpleasant; severe sunburn may necessitate hospitalization. I have a specific case to tell you to illustrate the contrast between the use of Vitamin E treatment and the treatment prescribed by a specialist for this situation.

The *Medical Tribune* of July 23, 1973 carried a question and answer column. Dr. Irwin I. Lubowe, clinical professor of Dermatology of the New York Medical College, attending dermatologist at the Metropolitan Hospital Center, New York, author of the *Modern Guide to Skin Care*, was the expert. The question was, "What are your recommendations for the treatment of sunburn?" His answer was the specialists' classic: "The treatment of acute painful sunburn requires the services of a physician. He will suggest compresses of boric acid or Burow's solution, the internal use of antihistamines and corticosteroids, the injection of a depocorticosteroid, and corticosteroid creams or spray locally. Topical preparations containing ethyl aminobenzoate must be used with caution because of possible cutaneous sensitization, although they give relief due to

anesthetizing the nerve ends. Occasionally codeine or meperidine is necessary for the relief of the severe pain."

My case was as severe as a sunburn can be, and the areas involved were as extensive as could be. As you know, the less pigment in the skin, the more susceptible to burning, and the more severe the burn. Our patient was one of our youngest nurses—a beautiful girl and a very light natural blond. On the first really nice weekend of the spring, she went up to a beach and fell asleep on the sand in her bikini. She suffered a very severe burn front and back. The next day she came in to work but was a very sick girl. Her co-workers brought her to me. She had not slept, had a moderate to high fever, and all the exposed areas were deep red. We spread Vitamin E ointment over her body and covered her with a sheet. She went to sleep almost immediately. An hour or so later she awakened and went back to work. She had no fever and more remarkable still, although it was almost twenty hours since she suffered the burn, she did not even blister!

To understand why burns respond so well to Vitamin E, one must understand the characteristics of the condition. The first reaction to a severe burn is shock, due to pain. Burns are very susceptible to infection. They tend to deepen, since the products of cell destruction are toxic, and the surface cells of the burned area tend to destroy the next layers of cells beneath them.

Therefore, toxemia is a common complication of severe burns.

Vitamin E soothes the burned area within minutes after its application. It combats surface infection. It prevents the burn from becoming deeper and so it reduces the toxemia. Moreover, by increasing the blood supply to the area, it removes the toxic products, if any, much more rapidly and so prevents their buildup. All these actions of Vitamin E are explained in Chapter 4.

I have had several patients who conducted an experiment with Vitamin E ointment on themselves. Although a double-blind, controlled series with late crossover is the "be all" and "end all" of scientific medicine, still the comparison of two forms of treatment on the same area of the same body must have some scientific validity. Two of my favorite drug company executives performed such an experiment.

One was severely sunburned while he was building a barbecue pit in his back yard, clad only in shorts. Sunburn becomes more obvious an hour or two after it is acquired, and at the end of the day this man realized he had the No. 1 sunburn in southern California. He had been on a large dosage of Vitamin E for years and had Vitamin E ointment in his home, so he started to apply it, but then remembering a few doctors in his area who were skeptical about the value of Vitamin E, he applied the ointment to one-half of the burned areas. By the next morning, he had

blisters the size of a dime to a half-dollar on the untreated side and no evidence of burn on the treated side. He spent the next few days exhibiting the results to his skeptical doctors. He had no trouble getting in to see them when he showed the receptionists his chest.

The other executive, the owner of a large company which sells Vitamin E, conducted the same experiment on a barbecue grill burn on one thumb. He applied the Vitamin E ointment to one-half which healed with virtually no visible scar, while the untreated half is obviously severely scarred.

I have enlarged on this subject because in many cases of diverse burns involving many areas of the body, Vitamin E yields excellent results and in every case saves the patient from the need of skin grafting. Obviously, grafting is always a painful process, for healing involves not only the grafted areas but also the wounds from which the grafts were taken.

As my wife says, every kitchen and every bathroom should have a jar of Vitamin E ointment readily available. We have a terrible time trying to do this ourselves. This was especially true when our children and all the neighbors' children were growing up around us. We were constantly using it on someone who was sunburned or had recent wounds, both accidental and surgical.

CHAPTER  
THIRTEEN

## **AGING— KEEPING THE TISSUES YOUNG**

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**A DECREASE IN BLOOD SUPPLY**  
and oxygen availability with increasing age is characteristic of aging. If we could slow down or halt or reverse the process, we might be able to attack these processes.

Obviously, you start getting older the day you are born. Several biochemists have shown the value of Vitamin E in slowing the aging process. In fact, Dr. A. Tappel received an award for a paper outlining his experiments, which showed the effect of Vitamin E in this respect.<sup>28</sup>

Vitamin E controls many of the biochemical reactions characteristic of aging. A direct proof of its effect on vital cell processes has been shown in human kidney cell cultures. Under optimum conditions, these cells divide approximately fifty times and then stop. However, when Vitamin E is added to the culture, the cells divide up to 120 times.

There are reports from several laboratories that animals fed additional Vitamin E live longer and show a slowing of aging pigments and other signs of senility. However, our

interest is in the application of such knowledge to humans, and perhaps the suggestion of Dr. Linus Pauling is one to which we should give our undivided attention. He has estimated that the use of Megavitamins C and E could extend the human life span by several years, but he emphasizes that of greater importance is that this extended life span would consist of good, enjoyable, productive years.<sup>29</sup>

Another great biochemist Dr. Roger Williams, author of *Nutrition Against Disease*, which I recommend to everyone, agrees. He says:

As a practical matter, providing plenty of Vitamin E and ascorbic acid—both harmless antioxidants—is indicated as a possible means of preventing premature aging, especially if one's diet is rich in polyunsaturated acids.... The evidence at hand indicates that well-rounded nutrition, including generous amounts of vitamin C and vitamin E can contribute materially to extending the healthy life span of those who are already middle aged. The greatest hope for increasing life spans can be offered if nutrition—from the time of prenatal development to old age—is continuously of the highest quality. (Executive Health, Vol. 10, No. 1).<sup>30</sup>

The time to start increasing your life span, particularly your happy and useful life span, is now, at any age. It should be more effective if begun in childhood.

CHAPTER  
FOURTEEN

## WE GET LETTERS AND PHONE CALLS

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I AM CONSTANTLY AMAZED AT

the variety of abnormal conditions affecting the human body that respond in part or completely to the use of the large dosage schedule of Vitamin E. I learn of many of these in letters from other doctors or from patients who have treated themselves as a result of reading one or other of my books, or as a result of such health magazines as *Prevention* and the *Health Quarterly*.

For example, I received a telephone call from a nurse who inquired about the feasibility of using Vitamin E therapy in treating Milroy's disease. This is a chronic lymphatic circulatory problem, a chronic obstruction of the lymph glands, characterized by acute attacks of phlebitis and lymphangitis and marked swelling of the legs as a result.

The nurse's husband and her two daughters were victims of this condition and because of the acute phlebitis, which virtually always responds to Vitamin E, I discussed dosage schedules for her family. The result has been a

disappearance of the swelling and no recurrence of acute attacks of phlebitis or lymphangitis. Both girls remained fully active during their pregnancies, with no problems. The husband, who has had the condition for thirty-three years, has had some decrease in the swelling of his ankles. Of greater importance, he has had no acute exacerbations.

Another condition for which there has never been any real help is Crohn's disease, which is characterized by ulcerations in the large bowel, with hemorrhages, severe cramping, diarrhea, inflammation, and eventually, in many cases, intestinal obstruction. It affects young people, usually girls in their teens. Up to now, corticosteroids, sedatives, antacids and a bland diet have been the only available forms of treatment. Eventually, radical surgery with removal of the affected bowel, and a colostomy (an artificial opening of the proximal bowel in the abdominal wall with a pouch to collect feces) are necessary. Dr. A. J. DeLiz has reported remarkable success, perhaps a complete cure, with 16,000 units of Vitamin E a day. His letter published in the *Summary* goes on to say:

A patient suffering from Crohn's disease without remission of symptoms, i.e. daily diarrhea up to ten times, rectal hemorrhages, abdominal cramps of violence and frequency, and four large perianal and perineal openings which had been left

open since four abscesses had been surgically incised. Now she can for the first time since 1968, sleep without pain, and has developed a feeling of well-being totally unknown to her. In 1969 the terminal part of the ileum and upper part of the colon were removed for acute intestinal obstruction. The patient had been given 50 mg of prednisone every other day. This helped at first, but the symptoms already described recurred two months later.

Forty capsules of 400 IU of alpha tocopherol were given daily. By the end of four weeks the daily diarrhea had stopped, and the fistulous openings in the perianal and perineal areas were reduced to one half their previous size. Subsequently the cramps became rarer and rarer, and the patient manifested a sense of energy and well-being which had been unknown since the inception of the disease years previously.

The massive tocopherol treatment was begun in the first week in May, 1974. At the time of writing this letter two fistulas are reduced to very small openings 2 mm. in diameter, and the others are closed completely. Now she has one solid bowel movement daily, no cramps, and sleeps without hypnotics. The X ray of the lower intestine no longer reveals signs of acute colitis or ulceration, either in the section of the ileum left after operation or in the

colon or rectum. The X ray series reports "No abnormality noticed." This after five months of treatment.<sup>31</sup>

Dr. Robert Cathcart III had a letter published in the *Journal of the American Medical Association* accompanying a letter from Dr. Samuel Ayres, Jr. reporting success in abolishing muscle cramps of several kinds. In a letter to me he makes these further comments about Vitamin E therapy:

The only thing I have found it (Vitamin E) useful for which you did not mention in your book was for warts. Since I had been using Vitamin E for burns, I had been using the 28,000 units per oz V.E. oil, I started putting it on warts after burning them off. Besides helping eliminate pain and scarring I noted that I was obtaining a higher incidence of no recurrence. So I tried having patients apply the oil 2 × 3 times a day and twirl it into the depths of the warts with a pointed stick. They will almost all come off in about one month of this. Some very difficult plantar warts (the painful warts on the soles of the feet) will respond to this. It requires so much time and effort by the patient that I now frequently use the cauterization superficially to remove the bulk of the wart and then the Vitamin E treatment after that for a week or so till healing occurs.<sup>32</sup>

A letter in the May 1978 issue of *Prevention* magazine reports success in the use of Vitamin E cream as follows:

All my life I have been bothered with unsightly moles. As a youth, I hated some on my face and they were burned off.

Now I have a large mole under my left arm in the armpit, a huge one on my back, many small ones here and there, and more coming. A few years back one developed under my right ear on the jaw. It was getting larger and shaving irritated it. This mole was a good one-eighth inch tall and half the size of a penny. The doctor wanted me to go to the hospital for an operation, but I am "deathly afraid" of operations.

I started rubbing some Vitamin E cream ointment on it about four months ago and today it has disappeared. It lost its reddish-brown color and is now almost the color of my skin. It is hardly noticeable and no bother to shave there. Next I started putting Vitamin E on the mole under my left arm and that is getting smaller and losing its color also.<sup>33</sup>

Dr. W. H. Jacques, medical director of the Riverdale Isolation Hospital in Toronto, reported success in treating chronic poliomyelitis patients who had residual muscular cramps, tingling sensations and a feeling of coldness in the affected limbs.<sup>34</sup>

A dentist who is a long time patient wrote me to report the use of Vitamin E in his practice. He is an ardent deep sea fisherman with a wall of the office covered with trophies and awards.

In reference to your last letter, we are compiling the figures on psoriasis and it

appears that 50 percent of the patients respond. Why some do and some don't, I don't understand. Dr. Charles E. Horton, internationally known plastic surgeon here in Norfolk, has been using Vitamin E therapy on Dupuytren's Contracture and he has about 50 percent relief rate. Here again, why should 50 percent work and the others not? I'm going to suggest the addition of vitamin C, B<sub>6</sub> and B<sub>15</sub> for these non-reactive patients and see what happens. In my dental work when a patient is worked on for a long period of time, I usually follow the treatment with Vitamin E oil (200 IU) applied to lips and mucosa. This prevents the development of herpes simplex type 1. We do the same thing on our boat for excessive exposure to sunshine. Oral administration of 1,000 to 1,200 units per day and topical application for patients with plantar warts have proven excellent results. It is strange that these two viruses are knocked out by this seemingly innoxious compound. The psoriasis relief and the acne vulgaris are still more "faces" of vitamin E.

In *Dental Survey* (July 1976), Dr. D. E. Nead reported success in treating ulcerative herpetic lesions, i.e., "cold sores." He uses Vitamin E oil, which is available in small plastic bottles (20,000 IU per ounce), dries the area with a piece of gauze and then the patient holds a pledge of cotton saturated with the oil in place for fifteen

minutes. Success to date has been nearly 100 percent in both eliminating pain and drying up the lesion.<sup>35</sup>

I have had success with powdered Vitamin C mixed with Vitamin E ointment and applied to the cold sore as soon as the first suggestion of a sore appears. It aborts them very rapidly and completely. It remains to be seen what type of application gives the quicker and more complete result. It is too early to say with certainty that one treatment is successful, but it appears at present that this treatment prevents recurrences.

Fungus infections around finger nails can be very sore, very chronic and very ugly. One of my neighbors had such lesions around the nails of two fingers of her right hand for years. Vitamin E ointment eradicated the fungus, reduced the swelling and removed the pain. In her case, it was a very happy result, since these were the two fingers she used in her bowling ball. She had been a good bowler before the infection and is now very good again.

*Prevention* magazine published a letter from a man in Florida who reported his experience with Vitamin E. He mentioned that his bookkeeper had a hideous-looking thumb where the nail should be. Specialists had treated it for over a year. As he put it, "There seemed to be no limit to what Vitamin E would do," so he had her put Vitamin E oil from a capsule on the area several times a day. In less than a week the

thumb improved, and a week later the nail showed up. It was a perfect nail in about three months.<sup>36</sup>

He himself suffered a blister on his foot while participating in a March of Dimes walk. It appeared after nine miles but he finished another eleven miles on it. By this time it was two inches in diameter but had not broken. He rubbed it with Vitamin E from a capsule three times that night, and the next morning the swelling and pain were gone. Twenty-four hours later there was no evidence of any blister.

The editor of one of my books wrote me a letter, at the end of which he added: "Every day I see new evidence of Vitamin E's increased stature in the medical world. You should be proud of your great contribution to this recognition."

A letter asking me for information regarding Vitamin E treatment for multiple sclerosis contained this story.

My friend has a husband who is in the hospital with multiple sclerosis. A little over a year ago he started having muscle spasms. He got progressively worse until April of this year he became paralyzed.

A doctor at the ..... Clinic definitely diagnosed his condition as multiple sclerosis, while interned for two months as a quadraphlegic [sic].

In June, my friend started taking her husband vitamins; B vitamins, calcium

and 1800 units of Vitamin E a day. The second day the spasms stopped and within four days he began to move. Every day some progress was made. We believe this treatment showed very positive progress.

Last week the doctor ordered the vitamins discontinued because he felt the patient should not have self-prescribed medication.

We have now heard of many cases who have been helped or cured by vitamin treatment of MS.

We are now familiar with this kind of reaction from several doctors. We used to think all doctors had only one interest: to make the patient as well as possible as soon as possible. Some seem to resent the patient getting well, if it isn't by his own specific prescription.

Fortunately, I was able to refer this inquiry to Dr. Fred Klenner, who has a complicated but highly successful treatment for such conditions as multiple sclerosis, involving megavitamin therapy.

*Enuresis*—(Bed wetting). As every parent knows, some children are easy to toilet train, some more difficult. Some continue to void during sleep and wet the bed. A lot has been made of the psychological aspect of this problem, and both child and parents are often made to feel guilty. Apparently there is a physical factor involving the brain and nervous system, because bed-wetting responds to Vitam-

in E therapy. It will usually stop after three to four weeks of Vitamin E and will recur when the Vitamin E stops.

This is not surprising when one considers what Vitamin E does, as outlined in Chapter 4. Remember that Vitamin E is necessary for the normal functioning of every cell in the body and that it is necessary for the maximum efficiency of all muscles, whether they are voluntary or involuntary, in heart or leg or intestine or bladder. The brain is particularly vulnerable to a lack of oxygen from whatever cause and requires a more adequate blood supply than many other parts of the body.

The effect of Vitamin E on the brain has been established by many workers and has been reported in medical journals. One such study was conducted on mentally retarded boys. They were given 800 IU to 1600 IU per day for six months. After two weeks the teacher noted some intellectual and behavioral improvement in half of those treated. They were brighter, more alert and more cooperative, which made their care and management much easier.<sup>37</sup>

Whenever there is a deficiency in the blood supply or in oxygen or its utilization, Vitamin E must help and can cause fantastic improvement. All this emphasizes what has become so apparent with our continuing experience with Vitamin E treatment: that it works where nothing else will. In many children with one of

several learning problems, Vitamin E improves their intellectual function.

Two brothers in a large mental hospital suffered from a rare skin disease, epidermolysis bullosa. This rare, formerly untreatable disease responds to Vitamin E. As their skin problem improved, so did their mental acuity and cooperation.

The best work in this field has been done by my daughter Barbara, a highly trained, highly successful speech therapist. She has demonstrated improved intellectual capacity and improved social behavior in patients brought to her for various speech problems.

When you think of the many actions of Vitamin E, I hope you will think of applications to the life and health of your child. This chapter is meant to stimulate parents to the possible usefulness of Vitamin E for their children as well as for adults. Every book on nutrition published in the last twenty years has included the recommendation that Vitamin E has specific actions for many conditions. However, this is the first book in which its usefulness in children is stressed.

A very recent effective use of Vitamin E, this time as one of the two most important parts of the treatment, was published in the *Health Quarterly*, vol. 3, no. 5, by Dr. Abram Hoffer.<sup>38</sup> It concerned the treatment of a case of Huntington's Chorea, for which there has never been a

single case reported where the disease has been reversed or halted. The patient was helped to a significant degree by a diet eliminating junk food, and with several vitamins in large dosage, sufficient to make it possible for him to do some work.

At this stage, niacin was added with some additional improvement, and Vitamin E was added beginning at 800 IU per day. After seven months, the patient showed signs of fresh deterioration. On 1600 IU of Vitamin E a day, he was much improved. His weight loss was reversed for the first time, "his muscles were regaining their size, tone and power; his chest which had been falling in regained its normal shape. All muscle tremor and cramps were gone." Again his dosage of Vitamin E was doubled to 3200 IU per day. After seventeen months of treatment, the patient reported that he was "normal" and that he was as well as before he began to develop symptoms.

It was determined in this case that both the B<sub>3</sub> and Vitamin E in this very high megavitamin level were together essential parts of this symptomatic cure. The word "cure" is a word one must use carefully—but a complete loss of all symptoms, a restoration to apparently normal health in a patient with a disease known always to progress without pause or help, still seems worth the telling.

It is obvious that several diseases for which

there has never been any medical help are now responding to megavitamins, and that Vitamin E is one of the more important.



CHAPTER  
FIFTEEN

## CHOLESTEROL— EGGS—BUTTER— MILK

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THIS VERY IMPORTANT ASPECT of your child's future is going to take a bit of explaining. Simply expressed, it means dumping all your ideas about the dangers of cholesterol in the diet and about the need for an increase of the polyunsaturated fats. There never was any scientific basis for this monstrous assault on the nation's dietary habits.

Instead of cutting down on eggs, butter, meats and milk, a complete and nutritious diet should be built around these basic foods. Cholesterol is a vital part of a good diet, and if not eaten, the liver has to manufacture it, in increasing amounts. It all means that you should use butter, not margarine; whole milk, not 2 percent or skim milk; real cream; and meats as they come to the table. You should avoid all margarines, all artificial creams, artificial eggs, artificial cheese and the like.

It's not going to be easy to avoid these artificial foods, since manufacturers have made millions of dollars on them. The "Cholesterol Theory" was a real bonanza. The worst part is

going to be the reaction of the doctors, the American Medical Association, and the American Heart Association, who are not going to like having to admit that they have been wrong about their dietary advice. The newer baby formulas and baby foods must be changed back to the old tried and true ones. Unfortunately, many of my profession have painted themselves into a corner, and they are not liking it.

In addition to telling their patients that we have all been misinformed on this matter, many doctors in this country should stop buying Vitamin E surreptitiously and should instead prescribe it properly for their patients, as well as themselves and their families. Then the resulting drop in deaths from heart disease, so exciting since 1974, would be doubled or tripled at least, in the next five years.

Here then is the story....

"A generation of research on the diet-heart question has ended in disarray." This is the opening sentence in a complete assessment of the lowered cholesterol-increased polyunsaturated fat diets, which virtually every orthodox cardiologist and internist recommended to and urged on his patients with the sanction of the American Heart Association and the American Medical Association. This article by George V. Mann, Sc.D., M.D. in the *New England Journal of Medicine*, Sept. 22, 1977, goes on to point out that there never was any scientific basis for such a diet and that one of the originators of the diet-

heart hypothesis, E. H. Ahrens, Jr. has recently written (1969) and has restated in recent congressional testimony, . . . "It is not proven that dietary modification can prevent arteriosclerotic heart disease in man."<sup>39</sup>

The many clinical trials carried out in an effort to assess the effect of a lowered cholesterol-increased polyunsaturated fat diet have provided no evidence of lowered mortality. What has been shown is that such diets double the incidence of cholelithiasis (gall bladder stones) and increase the incidence of deaths from cancer by 65 percent. Furthermore, there is evidence, as described elsewhere, that these diets have actually increased the incidence of heart attacks, and consequent deaths by an equally staggering figure.

Many readers will remember that my brother Evan and I have been saying all this for the last thirty years or more. The reader will be reassured when he realizes that it is now official. The *Journal of the American Medical Association*, November 21 1977, carries an admission that the heretofore conventional coronary prevention programs have been useless, and expresses the hope that they are unlikely to have had an adverse influence.<sup>40</sup> Of course they have been disastrous.

It is important to distinguish between heart diseases and blood vessel diseases caused by clots occurring in blood vessels, where the blood must not clot, and those conditions which

follow the gradual narrowing of blood channels by deposits in their inner walls, i.e. atherosclerosis, or the more common term, arteriosclerosis.

The former may follow the latter. This may precipitate gangrene of the extremities or Buerger's disease or phlebitis. They are distinct entities. Clots, rare at the turn of the century, have become the Number One problem in the medical world today and are responsible for most, but not all, strokes and nearly all sudden deaths from "heart attacks."

However, just as there is really worthwhile treatment and prevention from heart attacks and many other forms of heart disease, there is also now for the first time, ample evidence that arteriosclerosis can be halted and in many cases reversed. This is true even in the most extreme cases.

Since these changes begin very early in life (in fact they have been found at birth), treatment must of necessity be started at birth.

Sir William Osler, Professor of Medicine at Oxford University in England—a Canadian by birth and the founder of modern medical education—as early as 1894, said "We are as old as our arteries." Many of the health deficiencies in adult life are due to narrowing of the lumen in blood vessels on the arterial side. Loss of memory, heart attacks, intermittent claudication, decreased vision, strokes and such, are blamed on progressive narrowing of the arterial system, with decreased blood flow. It may be a

localized change or general over most of the vessels.

This process begins in early life—occasionally at birth, often soon afterwards. In 1971 the *Journal of the American Medical Association* carried a paper entitled "Myocardial Infarction in Two Sisters Less Than Twenty Years Old."<sup>41</sup> Even though effective treatment had been known for over twenty years, for the eighteen-year old sister in this case, the doctors could think of no treatment but radical surgery, so they operated on her, doing the then popular, now fully discredited, Vineberg operation: She died thirty-six hours after surgery. The parents allowed a limited autopsy: only the heart was examined. The anterior descending branch of the left coronary artery was completely blocked. There was some narrowing of the right coronary and circumflex arteries. The narrowing over the years had resulted in the death of muscle in the midline partition of the heart with replacement by scar tissue.

Arteriosclerosis of major proportions was reported among young soldiers killed in the Korean war, and an investigation conducted among the fliers in the Marines and the Navy found that almost 50 percent of those on active duty and apparently healthy had not only narrowing of major coronary arteries or branches, but also actual complete obstruction.

Arteriosclerosis is widespread and severe long before its effects produce symptoms. By that

time, difficulty in walking, strokes, heart attacks, hypertension and a myriad of lesser symptoms are evident.

One of the most fruitful reports has been that of Dr. Morgan Raiford of the Atlanta Medical Center, who demonstrated that megavitamins E and C in combination, not only halted, but reversed the arteriosclerotic changes in the vessels of the retina, whether due to diabetes, high blood pressure, or the aging process.<sup>42</sup>

However, the ability of Vitamin E alone and of Vitamin C alone to do the same had been extensively reported several times previously: Dr. A. M. Boyd, Professor of Surgery at the University of Manchester in England, showed by serial X ray that Vitamin E would remove the calcium from the walls of arteriosclerotic peripheral arteries.<sup>43</sup> This is a very late stage in the arteriosclerotic process.

It is a very wise parent who investigates the possibilities of a wise, simple and thoroughly acceptable nutritional approach, supplemented with vitamins, especially E and C, to prevent arteriosclerosis in the family.

The good news, of course, is that your child may not have suffered yet from the false ideas of the cholesterol fad. If he has been on such a diet, a change to the staple foods, eggs, milk, cream, butter and meat with vitamin supplementation, will almost certainly correct any damage done.

CHAPTER  
SIXTEEN

## POLLUTION

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### WE USED TO TALK ABOUT PURE

air at the oceanside, or on the mountains, or at the lakes. However, there is no longer any place where there is no pollution, even in the Rocky Mountains, at Lake Tahoe or in the ski resorts of New England and Colorado. The air currents carry the pollution from factories and automobile exhausts to every lovely or unlovely area, even to the penguins at the South Pole. These gases and other substances, such as lead, enter the body and poison, damage or alter the physiological action of the cells they come in contact with—often whole organ systems such as the lungs. Some manufacturing plants discharge sulphur compounds into the air which mix with moisture or rain to form dilute sulphuric acid. Most of these noxious substances are heavier than air and so their concentration is heavier as it approaches the ground. Obviously, our children are closer to the ground, and so they are exposed to even greater concentrations than adults.

Since there is no way to prevent the steady

increase in air pollution, the only way to combat it is to find a means of preventing the accumulation of these noxious substances in the cells of the body, or of removing them if they have been established there. The most successful such agent is Vitamin E. According to the published reports of many biochemists, particularly Dr. Daniel B. Menzel of Duke University Medical School, a dosage range up to 200 IU per day is needed just to protect the lungs.<sup>44</sup>

No one is going to give up his automobile, and as their number increases the government's effort to reduce the emission of lead and other pollutants is going to be relatively ineffective. Even with cars produced with improved emission standards, the total pollution is still rising steadily, if more slowly.

The FDA has approved of the use of Ethylene Diamine Tetraacetic Acid (EDTA), a synthetic amino acid, as treatment for lead poisoning. However, this treatment requires twenty or more three-hour sessions of intravenous drip, and so is applicable only to cases of severe poisoning. Vitamin E, on the other hand, is not only effective treatment for lead poisoning, but of much greater importance, it is also a useful preventive.

The government's attempt to limit the pollution from factories must also be deemed relatively ineffective, since there are more and more factories which obviously means more air pollution. Big industry has the edge in this

struggle, since it employs workers who would rather support the continuance of a factory with dangerous exhausts than see it shut down and take away their jobs. This has been the case in several instances where management has been told to decrease pollution to a degree which they said would lead to forced closure.

Underlining the problem is the action on August 28 1978 of the government of the Province of Ontario which revoked a pollution control order against the International Nickel Company, Ltd. in Sudbury, thereby allowing the company to continue its current rate of sulfur dioxide emissions for four more years. This allows the company to continue to pour 3,600 tons a day or 1.3 million tons a year, over the city and countryside. The sulfur dioxide mixes with rain or moisture in the air to form sulfuric acid, which then pours down on the earth and its human inhabitants. The land in that area is devastated, all green things die, and humans must share this dreadful downpour.

Five years ago, a very knowledgeable doctor told me that the so-called safe levels of pollution, and the index of air quality, have been arbitrarily set to suit industry. He said that as air pollution increased the government's answer would be to raise the standards of the allowable level of pollution.

How true his predictions and his cynicism were! The 11:00 p.m. television news on January 21 1979 carried the report, confirmed in

the next morning's paper, that the Environmental Protection Agency, "pressured by inflation fighters and big industry," was reported as ready to cut its anti-smog standards in urban areas by half.

In western Canada and northern Washington, the demand for paper and wood products has forced the government to tolerate the pouring out of quantities of chemicals into the atmosphere. As the reader knows, the resulting irritation to eye and lung when conditions are particularly bad, as in parts of California, is met by cities closing schools and advising parents to keep their children in the house. This illustrates the hopelessness of the current situation.

The only practical answer is that, as advised by Dr. Menzel, to give every adult and child in America up to 200 IU of Vitamin E a day! There seems to be no alternative. You can't beat City Hall.

The environment affecting your child has changed drastically from that of his grandparents. Even his parents now live in a different world. It is increasingly difficult to obtain adequate nutrition. This country has become the best-fed country in the world with the poorest nutritional balance of any country in the world. The result is so obvious: medical costs have risen steadily, and the proportion of seriously sick people and those with minor illnesses is staggering. For example, Dr. E.

Cheraskin, in his study group consisting of dentists and their wives, could not find one subject without at least one minor ailment.<sup>45</sup> The degenerative diseases, fatal heart attacks, cancer and diabetes have been increasing steadily, while the doctors' attempts to prevent or treat them have become increasingly ineffective.

The trend toward poor nutrition is gathering speed even at this moment, and the results are that fortunes are being made by industry, which strips food products of essential vitamins and minerals and adds two or more chemicals to increase their shelf life. Even milk is no longer exempt from their manipulation. Cream can be kept without refrigeration, milk lasts for days now in the refrigerator and baked goods, bread and most other food products available are virtually embalmed. There are even chemical substitutes for eggs, cream, whipped cream and butter.

There are but three possible answers to the problem: the parents must hunt for nutritious foods not stripped of their nutrients, grow their own food or add the vitamins, amino acids and minerals to the best food they can buy. This means a general vitamin capsule, preferably without iron, and very large amounts of Vitamins E and C. (This is a very expensive but absolutely essential way, and probably for most people, the only way.) With the unnecessary

fortification of bread and cereals with iron, the average person is already getting too much iron. It can be dangerous.

It is true that if one reads the food labels he will see some of the additives to food, but many are not mentioned. However, unless he hunts for the information, he will not know, just as the FDA does not know, how many of these are dangerous or cancer-producing. As an illustration of the power of the food industry, do you know that in Oregon any food produced in that state does not have to carry a list of ingredients or additives?

One can obtain relatively pure water in many areas although this is very difficult in some states. Purifiers are now available which are relatively effective in clearing up the local water supply.

That the average American is overfed and undernourished has been reported many times. The report of the Council on Foods and Nutrition (*Journal of the American Medical Association* 1970)—a report on malnutrition and hunger in the United States—stated that malnutrition producing physiological impairment is common in this country.<sup>46</sup> Growth impairment and obesity are also widespread, and alarming amounts of goiter and rickets are appearing, for example. The damning conclusion of the report was that “practically all deficiency disorders seen could have been prevented had patients and physicians had

proper understanding of nutrition and diet."

I don't want to labor the point, but this book is devoted to the need for prevention as well as treatment of many conditions affecting the child and of the prevention of serious degenerative conditions in later life, and it must be pointed out that it is essential to have a sound nutritional base to build on.

Whenever I am in any group that includes teenagers, I see all around me the ill effects of snack foods and convenience foods and of the excessive intake of refined carbohydrates, principally white sugar. Years ago, I saw plaster casts and colored photographs of the teeth in first-generation Italians raised on hamburgers, hot dogs, French fried potatoes, soft drinks and candy in California. Their teeth showed gross irregularity with defective bites. By contrast, the plaster casts and colored photographs of the mouths of their parents, raised to maturity in Italy, were beautiful to see. Here was the clincher: after the dentist placed these children on a complete nutritional program *their teeth straightened out*, becoming regular and even, and their bites became normal without the use of braces, wires or other orthodontal equipment.

Dr. Weston Price, a dentist and anthropologist, studied the mouths of the aborigines of Australia. Generation after generation of these people showed full dental arches and excellent occlusion. However, the first generation that

moved to the cities or accepted the foods of "civilization" showed irregularities of the dental arch and conspicuous deformities of the face, such as overshot jaws.<sup>47</sup>

Obviously, it would be nice if your child did not need orthodontia, with its uncomfortable braces and hardware and the tremendous expense involved. Excellent information is available to the parents who want to provide adequate and correct nutrition for their children. *Nutrition Against Disease* by Dr. Roger J. Williams is the bible on this subject, but there are many other excellent books. The effect of the tremendous increase in the intake of sugar to an average of over 125 pounds per year per person is spelled out in several books, notably *The Saccharine Disease* by T.L. Cleave.<sup>48</sup> The title may be confusing, since the word "saccharine" is often mixed up with the artificial sweetener, Saccharin, but it means related to sugar; the "saccharine disease" is a complex of illnesses caused by refined carbohydrates.

Among the harmful additives to food are the eleven artificial colors, and the 2,500 to 3,000 artificial flavors. Dr. Ben Feingold of the Kaiser Permanente Foundation in San Francisco has discovered the relationship of these substances to the great increase in hyperkinesis and learning disabilities in school children. He knows of a California study showing that these serious abnormalities increased from an average of 2 percent to 20 percent to 25 percent in some

schools, and in one school system to as much as 40 percent.<sup>49</sup>

Think of the import of Feingold's work. It means that one out of four or four out of ten children cannot sit still and cannot learn. Quite apart from the consequent disruption of the rest of the class and the interference with the daily learning of the other children, many of these children must become school dropouts, juvenile delinquents, unemployable adults and a large share of the criminal and jail population. Of course, not all such children end up this way. Some find help and some have strong enough character to overcome such handicaps.

Dr. Price, as a result of his studies in the field of nutrition, has concluded that intellectual activity depends on adequate nutrition, and that where good food and adequate nutrition are used, physical deformity, mental degeneracy, crime and juvenile delinquency diminish.

To return to Dr. Feingold's work. If all artificial colors and all artificial flavors and all aspirin compounds are removed from the child's diet, 55 percent of these children become completely normal. They return to their abnormal condition whenever any of these substances are eaten again. Attendance at birthday parties, the eating of candy and even the use of some toothpastes can cause a return to restlessness and the inability to learn.

Other doctors have helped such children by removing all sugar and refined carbohydrates

from their diets. In relation to the major concern of this book, my elder daughter has obtained complete recovery in children with hyperactive and learning disability states through 800 IU of Vitamin E alone. She can tell when one of her pupils has been to a birthday party or when grandmother has visited and brought treats.

My younger daughter, now a graduate nurse working in the Public Health Service, has returned to normal a hyperactive child who could not learn, could not be taught, would not sleep and gobbled down sugar and sweets, by removing sugar from his diet and by adding 800 IU of Vitamin E daily. The rest of the family, in order to help the child, adopted the same diet and the father, who is also overly active although a successful businessman, became calmer and began to enjoy life more than he had.

## ATHLETIC PERFORMANCE

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I AM A MEMBER OF A VERY athletic family: my wife and one of my daughters are world-class swimmers, the other daughter a figure skater, and I a Canadian Intercollegiate champion wrestler. As a result of my daughters' participation in sports at the same time as I was a co-director of the Shute Institute, I became involved in the Etobicoke Memorial Swimming Club and the Oakville Figure Skating Club.

I had a unique opportunity to investigate the influence of Vitamin E on the athletic performance of swimmers and skaters because the coaches for both clubs were patients of mine, for whom I had prescribed Vitamin E. Therefore, I had their full cooperation.

For starters, we took the four senior girl swimmers in each of the four strokes—free style, breast stroke, back stroke and butterfly. These girls had been swimming in this club for at least three years and were all very good. We chose the girl in each stroke who usually placed fourth, and gave her Vitamin E. She soon caught up to

and passed the number 3 girl or even the number 2. Then, we gave Vitamin E to number 2, who was almost as good as number 1; she soon became number 1. This worked out for all four strokes in approximately the same way. However, since swimming meets and Provincial and Canadian trials were scheduled, we had to abandon the experiment, and so we gave Vitamin E to all the swimmers.

The club easily won the Dominion Championship during the years my daughter was swimming.

Otto and Maria Jelinek, who became the world pair champion figure skaters, belonged to the same club as my daughter and had the same coaches. In preparing for the world championships they had a very exhausting schedule and a very difficult, complicated routine, which involved several "lifts." They could hardly finish their five-minute routine and they were soon leaving for Squaw Valley. Their coaches asked me if I could help. On 1,600 units of Vitamin E a day they were able to complete their routine easily and to go right back on the ice for an encore. They were the only skaters at Squaw Valley who did not use an oxygen mask before going onto the ice in competition.

Many athletic groups now know that Vitamin E enhances athletic performance, particularly in the long distance race or in protracted athletic effort. It is mentioned here only to bring it to the attention of those parents who have not

been exposed to it. The best reports came from Russia, after they had dominated so many events in the 1972 Olympics. One report concerned its use in their cross-country skiers and cyclists.

The use of Vitamin E for athletic purposes must take into adequate consideration the fact that most tonics contain iron in medicine form and that the use of refined sugar in candy or drinks will prevent the full benefits of Vitamin E. An experiment was reported in *Sports Illustrated* done by the University of Montreal's Department of Nutrition and Dietetics. One-half of an amateur hockey team was free to consume candy and chocolate bars, one-quarter was urged to use a lot of sugar-containing foods, and one-quarter was put on a sugar-free diet. The sugar eaters' ability to play dropped, and each had a severe, weakened metabolism and was physically inferior to the rest of the team. Concentration, resistance and physical strength declined surprisingly, even when only small amounts of sugar were ingested.

Doctors Ayres and Mihan, while using Vitamin E for skin conditions, found that some of their patients were reporting that their leg cramps were disappearing. They started to use Vitamin E for all kinds of cramps, as did Dr. Robert Cathcart, III. One athlete training for the Olympics could not do as much as he wanted to because of muscle cramping. On Vitamin E, the cramps disappeared.<sup>50</sup>

Perhaps your child has no interest in athletic competition, and this use of Vitamin E is not for him. If he is an athlete, however, there are many advantages in Vitamin E: it will prevent cramps, speed up the resolution of bruises and contusions and improve performance.

CHAPTER  
EIGHTEEN

## THE TRIUMPHS OF VITAMIN E

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AS EXPLAINED IN THIS BOOK, the several functions of Vitamin E used in our dosage range explain its usefulness in many diverse conditions—especially where a deficiency of blood supply or of oxygen exists. To summarize: the medical literature contains the evidence that Vitamin E, used properly, helps greatly in the treatment of this long list of abnormal conditions in the human.

Air pollution

Anemia in full-term babies on cow's milk formula

Arteriosclerosis

Birth marks

Blood coagulation

Burns

Calcinosis cutis

Capillary permeability

Congenital anomalies

Crib deaths

Cutaneous vasculitis, several types of  
Cystic Mastitis, chronic

Darier's disease

Diabetes mellitus

Digitalis intoxication

Dysmenorrhea

Epidermolysis bullosa

Fibrinolysis

Fibroids

Frozen feet

Gangrene, early

Granuloma annulare

Heart diseases

Herpes simplex

Huntington's chorea

Hypertension

Iron, intolerance of

Intermittent claudication

Kraurosis vulvae et ani

Lupus, discoid erythematosus

Menopause

Moles, various

Muscle power

Nephritis

Ocular disease

Oxygen utilization

Platelets, increase of  
Prematurity

Heart damage in prematures

Hemolytic anemia in prematures

Respiratory distress syndrome in pre-  
matures

Retrolental fibroplasia in prematures

Pruritus vulvae et ani

Pseudoxanthoma elasticum

Pemphigus, benign chronic familial

Raynaud's disease

Raynaud's phenomenon with gangrene

Roentgenologic tissue damage

Scleroderma

Sperm quality

Subcorneal pustular dermatosis

Thrombocytopenic purpura

Thromboembolism

Toxemia, non-eclamptic late

Ulcers, chronic, some cases of

Indolent leg

Peptic

Vascular dilatation

Wound healing accelerated

Now, I want you to think about the import of this list. Since it is possible that Vitamin E can

cut the death rate for cardiovascular disease downward toward the vanishing point, it has to be the greatest discovery in medical treatment of this century!

CHAPTER  
NINETEEN

## ONE MAN'S FAMILY

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IT IS OBVIOUS THAT THE ADVENT of our discovery of the megavitamins, chiefly Vitamin E, changed my whole life. After five years of post graduate training in Chicago and Toronto, and a brief practice in Powassan, North Dakota and Iowa, I settled down for a lifetime of active practice in Guelph, Ontario, Canada. While still in my postgraduate days, I had done a bit of work with Vitamin E, but it was not until my brother and I discussed the possibilities of a large dose of Vitamin E for our slowly dying mother that I became deeply and, as it turned out, permanently involved.

Now, after forty-three years, I look back with amazement at the past, not only because my very successful early practice suddenly changed to total involvement with Vitamin E, but also because Vitamin E has had a direct effect on the lives of my entire family. It has prolonged the lives of several, is responsible for the birth and therefore the life of others, and has helped nearly every one else.

It also goes back to a highly ambitious

mother who was not content to have her newly acquired husband remain a school teacher and country property assessor. She held down the home and raised the children on virtually no money at all, until my father graduated in medicine and could earn us a living. She planted a garden and raised a piglet a year for an annual supply of meat. She stabled, cleaned after and milked a cow for our own supply of milk, selling her calf each year to pay for the upkeep. She knit our stockings, cut down and re-sewed old clothes to make ours, and saw to it that we had an education.

When my father was finally able to start his own country practice in the horse and buggy days, she continued her thrifty ways and found time to tutor my older brother Evan. He was advanced into high school at the age of nine. When his entrance papers were examined and they discovered that he was only nine the school administrators decided that he was too young. After reading and rereading his papers, however, they were unable to find any basis for rejection and had to pass him. In our day, it was possible to skip the third form in high school and all three of us boys did this. After an honor's matriculation, Evan went to university at the age of fourteen; I went at the age of fifteen, and my younger brother Wallace at sixteen. My father decided that Evan should be a doctor, I should be a dentist because of a fair manual

dexterity, and my younger brother should be a musician. So, we all ended up as doctors!

My father was an original thinker and was unusually gifted in diagnosis. His hunch that many of the younger girls and women in his practice, who complained of menstrual problems, either cramps or excessive bleeding, were really low in thyroid activity, was borne out by their response to thyroid therapy. At that time, nowhere in the medical literature was there any mention that low thyroid activity might cause such symptoms. However, he convinced Evan, who after six years of postgraduate training (the last three as Dr. Joseph B. DeLee's resident in the Chicago Lying-In Hospital) had begun a private practice in obstetrics and gynecology in London, Ontario, that thyroid did indeed work in such cases, and as a result many hundreds of women have been made comfortable during their menstrual periods by Dad and his three sons.

The use of thyroid extract fitted in with Evan's interest in Vitamin E; he and Dad collaborated for years in expanding the use of both in a variety of obstetrical and gynecological abnormalities. Not only did they make women happier, but they were able to save many pregnant women from premature delivery, to obtain live, normal babies for those previously sterile and to help older women with menopausal symptoms, and such uncomfortable

symptoms as anal and vaginal pruritus (itching) and the discomfort of aging of vaginal tissues.

Through these early years, their dosages of Vitamin E rose steadily. At first, they had a special wheat germ oil made for them and used it in huge doses to accomplish the results they wanted. This wheat germ oil was kept refrigerated and was thrown out after a few weeks if not used. They no longer needed their special preparation when in 1941 a synthetic Vitamin E in tablet form was marketed by Hoffmann-LaRoche and a stable product of known strength was for the first time available.

In 1936 Evan treated a friend who had severe angina with Vitamin E which resulted in the disappearance of all symptoms. Together, Evan and I then carried out studies on heart patients in 1936 and 1937, but without success. Later, we knew that we had failed because we used a poor product in insufficient amounts for too short a time.

The breakthrough came in 1945 when a medical student working under Evan's supervision in the laboratory with dogs established the effective dosage level for humans as at least 200 IU per day—an unheard-of dosage up to that time.

Our first three heart patients using 200 IU a day of Vitamin E, responded miraculously. This success led to all the subsequent discoveries of the Shutes, and of their co-workers, and

now of hundreds of biochemists, physiologists, and medical and surgical clinicians throughout the world.

This then is an introduction to its use, and its effectiveness in the lives of the entire family.

As I mentioned in an earlier chapter, my wife had diphtheria, scarlet fever, smallpox and rheumatic fever as a child. Her heart caused her no trouble until her second pregnancy. After delivery of our younger daughter, she developed mild heart failure. We knew by this time what to do and on Vitamin E, in our specific dosage for this condition, she soon became perfectly well, symptomatically, and now thirty-three years later is the Arrowhead Village lady champion shuffleboarder—a moderately vigorous game. She still swims when the water is warm enough.

She nearly miscarried with her first pregnancy, but Vitamin E brought her through, and our first daughter was delivered at full term. With her second pregnancy, she almost aborted three times but again was saved with Vitamin E.

I was born with a bicuspid aortic valve (instead of a tricuspid) but was free of cardiac symptoms until well into my sixties. When I started to develop symptoms, they were thought to be due to rheumatic fever contracted in childhood. I am alive and well today because of Vitamin E, which made it possible for a brilliant surgeon to insert a new pig valve to replace the progressively narrowing one in my heart.

My older daughter has needed thyroid therapy since she began to menstruate and needed Vitamin E to carry two children to term. Her son, when 1½ years old was precipitated into the rear-view mirror of her car, and a piece of his forehead, including some of the hair margin, adhered to the mirror. Washed in saline and sewn back on, it showed every evidence that it would not survive. It was drying up and becoming discolored at one edge and was dying in the middle when I saw it on the way home from a speaking engagement to a medical-dental group in Hawaii. We applied a thick covering of Vitamin E ointment to it. The whole area survived, the scar tissue of the healing around the edge was minimized, and because of the Vitamin E there was no shrinking of the area. Unless you know where to look, you would not notice the area. Even the hair is growing normally in the patch.

His young sister at the crawling stage went over to their dog's food dish and stuffed some of the dog's food into her mouth, swallowing it before she could be stopped. As we learned later, the dog's food unfortunately contained salmonella and avian tuberculosis organisms. The salmonella affected her first. Then a few days later she began to breathe very heavily and noisily. Since she had eaten some popcorn, a dangerous food for year-old children, it was assumed that she had inhaled some popcorn pieces. Indeed, that was the impression when

she was bronchoscoped a week later. However, she did not recover following the bronchoscopy, and it became obvious that air was not getting into her right lung. A second bronchoscopy showed an inflammatory reaction causing an obstruction to the bronchus and reducing air entry into the lung.

Her condition proved to be avian tuberculosis, only the third case ever seen in that part of Canada. Unfortunately, there was no known treatment so all the antibiotics she had been taking were discontinued. At this stage, Barbara telephoned me to tell me the diagnosis. Since I had cured a patient of human tuberculosis many years before—a girl who was supposed to be dying—I suggested that Erin be given massive Vitamin E therapy. (Unfortunately, because she was so ill and was taking so many antibiotics, she had not taken Vitamin E for two or three weeks.) This was urgent, since it appeared that the main bronchus to the right lung was closing off, and her mother was tentatively warned that all or part of her right lung might have to be removed. She improved speedily and repeated checks by her surgeon and lung specialists showed no evidence of trouble. She has been a normal, very active, very curious and intelligent child ever since.

Of course, in her case, the action of Vitamin E was multiple. The scar tissue contracting in its early stages and constricting the air channel in her bronchus was softened and relaxed, and

this healed without scar tissue contraction.

My mother was one of our first miracle cases. She was dying from her old, badly damaged heart, had high blood pressure, and suffered frequent attacks of paroxysmal auricular fibrillation and eventually increasing edema. She insisted on living alone. Eventually she was able to sleep for only a few minutes at a time, sitting up in a chair. She had a chair in the middle of every doorway in her house and in the middle of each room. She moved from chair to chair. Still, she looked after her home and herself with frequent worried visits by my brother and his family.

She was given 200 IU of Vitamin E a day, and to everyone's amazement, especially ours, she became almost completely well within a month. Actually, Evan found her spading up her flower garden, getting it ready for planting, three weeks after beginning Vitamin E. She lived comfortably, looking after her own place, going to church every Sunday, knitting and doing embroidery, reading and gardening. She died nine years later of an acute intestinal infection, unrelated to her cardiac condition, at the age of seventy-six.

My wife's father was home recuperating from a severe and prolonged bout of phlebitis when I first met her. Eventually, he became my patient. Under my care he survived three heart attacks and two strokes for some years. He eventually died from heart failure at the age of eighty-eight.

Her mother, on the other hand, responded extremely well to my care, and is now ninety-six years old. She is very deaf but otherwise is living a fairly active life in a retirement home, where she looks after herself, goes downstairs to her meals and plays bridge with the other retirees. Until recently, she walked up a rather steep hill to a shopping center some four city blocks away, to do her own shopping for her little kitchen, where she has a cup of tea and a biscuit for her visitors. A few years ago she quite suddenly became very short of breath on climbing a slight incline from the beach and boathouse at her son's summer cottage. Examination showed high blood pressure, which was probably the cause of the onset of a bundle branch block—a lesion cutting across a nerve pathway in her heart which conducts the impulse to the end of the heart and causes it to contract, i.e., to beat. Vitamin E, by increasing the blood supply to that area of muscle, restored the functions of the nerve pathway, and the bundle branch block disappeared. The newer medicines lowered her blood pressure to an acceptable level and she has been very well for years now. Until recently, she used to visit her daughter and sons in Florida, but now at ninety-six doesn't feel like traveling such a distance.

My wife has two brothers—both of whom and the wife of one are patients of mine. During a routine insurance physical examination, one brother was found to have a bundle branch

block and immediately came to me for treatment. After Vitamin E therapy, he has been very well and very active in business, golf and tennis, without any heart symptoms whatsoever.

The other brother had severe cramps in the calves of his legs, which at first were controlled by the administration of calcium. When the calcium no longer worked, he began to take Vitamin E. He now walks an eighteen-hole golf course at least three or four times a week, and has had no cramps for years.

My older brother Evan nearly died from lobar pneumonia when he was twelve years old. Several years later, he suffered a complete heart block following a throat infection. We knew about Vitamin E's value by this time, and he recovered with a complete disappearance of the heart block. A few years later, it recurred following pneumonia, and again, with an increase in his Vitamin E intake it cleared up completely.

My younger brother Wallace has either had an undiagnosed rheumatic fever with valvular involvement or, like myself, has a congenital bicuspid aortic valve. He tried to take Vitamin E in 1946 or so but his heart started to pound with it and he was convinced that he could not take it. Some ten years ago he began to have the symptoms of gallstones and X ray investigation confirmed this. He decided to have his gall bladder removed. He telephoned me to tell me this, and I wanted so badly to tell him to

postpone the operation for three weeks or so until he could take enough Vitamin E to prevent any phlebitis or pulmonary embolism. However, since he is a doctor, familiar with Vitamin E, had the advice of a trusted surgeon and had the date set for the operation, I said nothing.

Sure enough, on the third day his wife telephoned me to say Wallace was critically ill with a clot to his lung—a complication of phlebitis which carries a 50 percent risk of death. I urged her to get Vitamin E into him, at least 1,600 IU a day, which is what she wanted to do anyway, because of her own experience with pulmonary embolism earlier. Wallace took the 1,600 IU a day as suggested, and two weeks later he went back to his busy office and surgical practice, once more in the operating room daily.

The story begins some years before this episode. In spite of his heart murmur, Wallace was finally allowed to enlist in the Canadian Army and managed to get overseas where he was put in charge of the Canadian Women's Army. When he was invited to present two papers, one on his surgical procedures and one on his forceps at the combined Ontario, Canadian and English Medical Association meeting in Edinburgh, he decided to take his wife along and to show her around England after the meetings.

They were returning their rented car to the rental agency when, coming out of a narrow street they were hit broadside on the passenger

side by a lorry. Both were knocked unconscious, and he became conscious on the way to the hospital. His wife had fractured ribs, a broken thigh bone and concussion. The hospital they were taken to was the Radcliffe Infirmary, one of the most famous hospitals in England, particularly since it was the hospital where the famous Canadian, Sir William Osler, the father of modern medicine, did his work. There, Wallace's wife was placed in a full body cast which extended down to her ankle. Wallace had much less severe injuries and needed to get back to Canada to their two children and his practice, so he left for home when Betty's mother arrived to be with her.

Not long afterwards, Wallace received a cable to say that Betty had suffered a pulmonary embolus and was very sick. Wallace arranged for a flight to England and then called Evan and me for advice. We were able to give him the name of a company in England which makes Vitamin E from distillate shipped by Distillation Products in Rochester, New York. Wallace cabled the owner of the manufacturing company to ask him to rush Vitamin E to the Radcliffe Infirmary; he cabled Betty's surgeon to tell him this and to ask him to give Betty 1,600 IU a day. Then he cabled Betty's mother to be sure to see that the Vitamin E arrived, that the doctor ordered it for her and that she took it faithfully.

Before he left Canada, Wallace had a cable from the doctor saying that he had started Betty

on Vitamin E before he had received his cable, and to say that it was routine treatment for phlebitis and pulmonary embolism in that hospital. Betty made a full recovery and returned to Canada soon after her cast was removed. She knew all about pulmonary embolism from this experience, and when Wallace was sick only wanted Evan and me to tell her the dosage for him. Incidentally, he has been able to take Vitamin E ever since this episode, is very well and works twelve to eighteen hours most days in an exceedingly busy practice. He is 67 years old.

That's the whole family. (An interesting aspect of their English experience has to do with Betty's maiden name. She is a Radcliffe of English Radcliffes, the family for which The Radcliffe Infirmary was named.)

My mother, my wife's mother and father, my wife, myself, our two daughters, our grandchildren, my two brothers, my two brother's wives, my wife's two brothers and one of their wives—for all these Vitamin E has been a life saver!

We think this interesting, but we know many patients who have convinced their families that Vitamin E should be taken by all its members. Then, too, many of our patients have patients, themselves. Perhaps I should tell the story of a retired railway conductor from Eastern Canada who came to us as a very sick cardiac cripple, after a heart attack.

He became so well and since then he was so

enthusiastic about Vitamin E, he went to work on a bright idea. He had a lifetime pass on the railroad. Through his union and through the railroad brass, he found out about every worker who was in the hospital with heart trouble. Usually, within twenty-four hours of their admission he was at the patient's bedside with a bottle of Vitamin E. He is one of several of my patients who had more patients in some areas of Canada than I did. I know a very busy druggist who has more patients on Vitamin E in a small Ontario town than I ever had. This small town is the one where I had my office for twenty years!

CHAPTER  
TWENTY

## IN CONCLUSION

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IT IS POSSIBLE, WITH A FORTUITOUS combination of known factors, to influence the life of your child, to guarantee him maximum health, growth and development, and the maximum intelligence and wisdom that his genes permit.

To begin with, you might succeed in giving him a complete and healthy full-term development in the womb. Perhaps it is not inappropriate to say that Vitamin E helps him from the womb to the tomb. If he enters this life too soon, you can make sure that he does not suffer from the respiratory distress syndrome, heart damage, hemolytic anemia or blindness due to retrolental fibroplasia. Vitamin E will usually guarantee his survival as well as his normality.

All this care must include a knowledge of proper nutrition, the avoidance of all the chemical additions in food, and the consumption of as little sugar as possible. In addition, you must be sure to provide effective smallpox vaccination and protection against polio, diphtheria, measles, tetanus and other infec-

tious diseases. Making use of the wonders of some modern medical discoveries and of some surgical advances are of the utmost importance.

Since even the best of intentions cannot guarantee that the chosen diet is adequate, a general vitamin supplement without inorganic iron is indicated nine times out of ten. It just isn't possible to give your child a diet containing all the essential vitamins, minerals and amino acids.

Accidents are not completely avoidable, and many of the resulting injuries, particularly burns, will be properly treated with the correct use of Vitamin E.

The future of your child could depend upon all the information I have given you in this book!

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