

Nutrition and Your Child's Soul: Don Quixote's Heart-Cry

By Dolev Reuven Gilmore
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"Facts are for people who can't create their own truth. Fact."
—Bucky Katt

When an author uses the word "soul" in a book's title, the reader might legitimately anticipate a serving of religious proselytizing or at the very least a cathartic dose of metaphysic. The reader of this book needn't worry: The author explains up-front that "soul" encompasses the mental and emotional being, the thinking and feeling child; the state of brain function is manifest in this soul, and hence nutrition of the brain affects the soul. The critical reader will find other, more important things to worry about in this book.

The author is neither a physician nor, seemingly, any other type of licensed health practitioner, but a student and practitioner of nutrition, shiatsu and guided imagery; erst-while organic farmer; consultant, writer, and teacher. He is also the father and grandfather of a large brood. He has written a book well worth reading, in spite of some blemishes that, one hopes, will be eliminated in future editions. The intended audience seems to be patients and their family members, the general public, and (probably) medical office staff who need to learn some fundamentals. It is neither comprehensive enough, nor sufficiently analytical, nor even factually accurate enough for the professional practitioner. Its main strengths are its breezy style (making it fun to read), lucid explanations of complex processes and relationships, the author's considerable passion, and a novel literary device: the narrator as a Don Quixote wannabe.

The Don Quixote angle merits further comment. Like the "real" Don Quixote, Gilmore attacks windmills. Gilmore's windmills are not literal, but metaphoric ones with names like Big Pharma, Agribusiness, and Medical Authority. They grind not grain, but

chaff, which they cast onto the wind to confuse and blind people. The analogy is not perfect, of course. Don Quixote's windmills were incapable of caring about anything they did, whereas Gilmore's windmills care very much about promulgating falsehood and attacking others' careers in defence of bottom-line profits. Gilmore isn't Quixote, either. Quixote was likely visually impaired, delusional, and almost surely as mad as a March hare. Gilmore is angry, but not mad. He is not delusional either, in the psychiatric sense. He is, however, too often careless in identifying his targets and too inclined to jab his lance at anything that moves.

The book consists of 17 chapters, arranged in three sections. The first seven chapters deal with basic nutritional facts and concepts; they set the stage for Part 2, wherein specific conditions are described: ADHD, schizophrenia, depression, Down syndrome, and autism. The final five chapters, comprising Part 3, are about myth-busting on topics like mercury, fluoridation, and immunization.

If one wants to start with fundamentals, a good point of departure is the expeditions of Weston A. Price that led to that author's seminal *Nutrition and Physical Degeneration* (which, incidentally is downloadable in its entirety from Australia's Project Gutenberg).¹ The prominent anthropologist Earnest Hooton hailed Price's findings as "profoundly significant," but many others did not, probably because they seemed counter intuitive to intellectuals of the 1930s. (They have also confounded the "anti-quackery" lunatic fringe more recently). Surely, if Mendelian laws were inviolable, how could one accept that environmental influences could override the genetic pattern, with the afflicted paternal and maternal generation's germ cells, "poisoned" before fertilization, and transmitting defects to the offspring? That sounds just too Lamarckian, maybe even Lysenkoist! Long decades would roll by until the recent work of Wolff et al,² Rakyen et al,³ Dolinoy et al,⁴ and others would scientifically demonstrate heritable epigenetic changes, mediated by nutrients. Price was right: "[P]arental nutrition constitutes a fundamental determining factor in the health and

physical perfection of the offspring.”

Other chapters in Part I deal with types of gross malnutrition (including the malnutrition of affluence); nutrient density; breakfast; faulty nutrition of brain cells; and love (termed “vitamin L”). There is worth-while information here. Among other things, Gilmore discusses a study on nutrition of high school students (reminiscent of the classic nutritional experiment at Helix High School, decades ago) and cites Steve Schoenthaler’s work on supplementation for juvenile delinquents. The chapter on pregnancy, birth, and nursing is quite comprehensive, and the author’s case against severing the umbilical cord prematurely is impassioned, appropriately so.

In a chapter on faulty brain nutrition, the author devotes detailed attention to Abram Hoffer’s work on niacin in schizophrenia.⁵ I wish, though, that he had credited the even earlier niacin studies of Sydenstricker and his associates. Sydenstricker and Cleckley⁶ reported mostly successful outcomes by administering fairly large doses of nicotinic acid (0.3—1.5 g/day) to patients with severe psychiatric symptoms—even though “[t]he usual criteria for the clinical diagnosis of pellagra or of other deficiency syndromes were absent.” They explained that, in some exceptional cases, “extremely large amounts of nicotinic acid are necessary,” even without any clinical evidence of pellagra.

As good as it is—entertainingly written, and highly informative—that first section of the book also begins a trickle of thoughtless comments and non-factual statements that swells to a near-torrent, and ultimately ends in an embarrassing retraction slipped among the pages of Chapter 14. Here are most of them:

“The molecule used [in a patented drug] is foreign to the human body. Therefore [sic] the body does not ‘know’ enough about how to...break it down and excrete it.” Not so—as Alex Comfort once reminded me (embarrassingly, because we were live on-air): The magnificent set of cytochrome P450 (CYP450) oxidase enzymes and conjugating apparatus in our livers is capable of disabling and discarding with aplomb just about anything we put into our bodies.

“Because of...biochemical individuality, we can never be sure a drug will not cause severe negative reactions in a small portion of the target population...” No, actually we can be reasonably sure, so long as we can measure biochemical individuality. It is beyond comprehension (mine, anyhow) that single nucleotide polymorphism testing of all the common CYP450 oxidase variants is not already standard practice when anyone is prescribed a dangerous drug.

“The ‘cholesterol causes heart disease’ thing will someday be broadly recognized as the nonsensical fraud it is. It is one of those nutritional ‘facts’ which are barren of fact.” A more temperate statement would have pointed out that cholesterol does not wholly account for atherosclerotic heart disease. Seemingly, this author would have us ignore the Framingham Heart Study, lipoprotein fractions, foam cells, oxidized LDL, monoclonal atheromas, and a great deal more science from the past 60 years. As for myself, I favour ignoring unreferenced parenthetical remarks that are off-topic to begin with.

“Whenever a child has a problem with concentration...his vitamin B₁₂ blood level must be checked.” Actually, the preferable test is urinary methylmalonic acid.

“Aluminum is suspected of...causing Alzheimer’s disease...” That is like saying iron deficiency is suspected of causing pernicious anaemia. The dementias of aluminum and Alzheimer are different, but the author conflates them three times anyhow.

“[W]e cannot recommend cod liver oil, because the vitamin A content of this oil is too high and can cause birth defects if too much is taken.” Here, our Don steps inside one of the big windmills, the one marked “Vitamins are Dangerous, and starts grinding out his own load of obfuscating chaff. It’s only a half-truth. First, consider that a teaspoonful of cod liver oil holds, on average, 500 IU of vitamin D and 5,000 IU of vitamin A. Consider also that follow-up studies, appearing on the heels of a published report about teratogenicity, showed that a safe, non-teratogenic daily dose of vitamin A for pregnant women is plausibly up to 30,000 IU.^{7,8} That is a lot of fishy-tasting oil

for a lady with first-trimester nausea! The other half of the truth—the unrevealed half—is that vitamin A deficiency can cause developmental defects in various species, including serious deformities in the face and eyes. These were documented by none other than Weston Price, whom Gilmore should have studied more assiduously. Vitamin A deficiency is not rare, at least among nutritional patients, and should always be suspected (and verified by lab test) when characteristic symptoms and physical findings exist.

Part II comes the closest of any part to being prescriptive, but only in a general sense. Broadly relevant generalizations are the safest strategy for a non-licensed person when advising other people on their children's health. Except as noted above, the advice in this section is correct and will likely benefit children suffering from a range of mental and behavioural disorders that are rooted in faulty brain nutrition.

One does wish for a little more specificity, though. It would not have hurt to have included some of the practical advice that the late Bernie Rimland's Autism Research Institute compiled and offered so freely to countless parents and others with an autistic loved one. Moreover, the author could have added a broader dimension to the discussion on Down syndrome by describing Dr. Henry Turkel's pioneering work with vitamins and detoxification, which preceded Dr. Ruth Harrell's work. The discussion of ADHD suffers greatly from neglect of food allergies (not on a list of 39 things that can cause ADHD), although allergist Dr. Ben Feingold's work is briefly mentioned later, in the context of toxicity.

The discussion of schizophrenia in Part II is good as far as it goes, which is not far enough. It's as if Don Quixote had Hoffer's rather large football tucked under one arm, running for the goal, but then got spun around to run the wrong way. That must have been how Gilmore came to write that "someday a question may be seriously considered: is 'schizophrenia' a valid diagnosis?" He probably meant that more functional and descriptive terminology, like "niacin deficiency," would be

better. He seems to have missed that paper by Miller and Dulay on niacin receptors in brain cells.⁹ Since a vitamin dependency based on blunted receptors is not a true vitamin deficiency, why not keep the name "schizophrenia" for this apparently organic brain syndrome that is manifested by a splitting of the "soul" away from reality? Perhaps, someday, more receptor defects might be discovered to correspond to Pfeiffer's schizophrenic subtypes.

Arriving at Part III, we find chapters on special foods and nutrients; nutritional "minefields" like GMOs, MSG, and artificial sweeteners; the hazards of mercury and fluoride in dentistry; and, finally, immunization. It is appalling to realize, in retrospect, how gullible most of us were about toxic materials used and recommended by dentists, preferring to accept the authoritative "truth" rather than doing our own research—although library research was harder to do before PubMed. Anti-fluoridation crusaders like Dr. Granville Knight and his followers were especially vulnerable to attack, as Knight, an early and outspoken advocate of natural foods and environmental medicine was also active in the John Birch Society. Thus, the anti-fluoridation movement was easily dismissed as a right-wing conspiracy against disadvantaged children's teeth. Opponents of mercury amalgam fillings fared only slightly better. Even now, the American Dental Association considers "amalgam" as a "valuable, viable and safe choice for dental patients."¹⁰

The last chapter, titled "ILLUSIONS!!!" is lavishly furnished with illusions (delusions, too) from both Gilmore's and the windmills' side. It is hard to say whose are worse. Sometimes they conflict, with retrospective data being used by different authors to reach radically different conclusions. For example, compare Gilmore's "U.S.A. DEATHS" table on p. 245 and similar graphs that follow, with tables 1 and 2 from a fairly recent JAMA article.¹¹

It is irresponsible for Gilmore to state that there is no actual proof that vaccines are effective, when he has quite conveniently overlooked the great success that kick-started the practice of vaccinating: Jenner's use of cowpox (an attenuated virus) to confer immunity to

smallpox. He is even more irresponsible about pertussis. Pediatricians have told me that if you witness a child dying of pertussis, you will never get it out of your mind. Gilmore, however, is more concerned that the vaccine won't work (works even less well if not administered!) and that even if it does, the immunity wears off after 12 years (when the child will long ago have outgrown the most susceptible age group). Modern, acellular pertussis vaccine is far less toxic than the original kind, and more effective.

On the other hand, I cannot support overloading the immature immune system with an ever-increasing number of toxic and infectious insults all at the same time, repeatedly, nor can I condone vaccination for diseases that are usually trivial (e.g., varicella). I do not approve of thimerosal, either. I would deem it criminally negligent to push vaccines while ignoring major nutritional deficits that disable the host's response to an infectious agent (cf., measles, mortality, and blindness in Africa).^{12,13} Moreover, there ought to be a law against giving vaccines to people who don't fall into the target group for the corresponding disease—but instead, hepatitis-B vaccine is mandated for all human newborns throughout the U.S.A. Those infants won't be using IV drugs or engaging in risky sexual acts for at least a dozen more years, by which time their immunity will have worn off. One must ponder whether there is some hidden agenda for using this vaccine.

Gilmore deserves credit for wading into the vaccines-and-autism fray. He even devotes a longish paragraph to Dr. Andrew Wakefield's 1998 work, which is a gutsy stance for anyone to take. (Gilmore's book was written before the recent, final humiliation of Dr. Wakefield at the hands of *The Lancet* and the American cable news giant, CNN). We dare not conclude that Wakefield is a fraud, solely on the basis of medical authority; but we cannot declare him above suspicion, either, unless we were able to replicate his results, which we also don't dare do, for obvious reasons. We do know that Gilmore's windmills are ruthless at character assassination in the service of their ledgers' bottom line—I say this from personal

observation and first-hand accounts of others close to me—but, very rarely, a victim did deserve it. Time will tell whether we have pilloried another Dr. Semmelweis.

Summing up this book, I think the trouble with it is that the would-be Don Quixote is too much like the windmills he attacks. He sometimes substitutes rhetorical passion for research, ignores facts that don't fit, and twists information to fit his initial bias. These are not uncommon flaws among health writers; indeed, I once collaborated with a writer who scorned those irritating little facts that get in the way of a man's grand vision. Such a stance does not serve the cause of truth.

Late in the book, Gilmore has written: “[I]f a few inaccuracies are uncovered in this chapter, or anywhere in this book, for that matter, and if my viewpoint is not completely balanced, it's sure a hell of a lot more accurate and balanced than the info ground up and spewed out by the medical authority windmill.” No, it isn't, but it really needs to be. When doing battle with giants, one's lance, forged of facts, must be true and strong, because only truth can kill giants. There is no room for opinion-as-fact and wishful thinking in a successful battle.

Something in our common humanity is touched by a brave and decent man going against all odds, ultimately defeated in spite of his good intentions. We root for the underdog Don Quixote, identify with his chivalry, and deem him a hero even as he is lifted and tossed into the air by the giant windmill. Somehow, we don't hold the same empathy for a Don who is “hoist by his own petard.”

—Richard P. Huemer, MD

References

1. Price WA: Nutrition and Physical Degeneration: A Comparison of Primitive and Modern Diets and Their Effects. Paul B. Hoeber Inc., N.Y. and London, 1939. Downloadable online at <http://gutenberg.net.au/ebooks02/0200251b.html>; accessed January 30, 2011.
2. Wolff GL, Kodell RL, Moore SR, et al: Maternal epigenetics and methyl supplements affect agouti gene expression in Avy/a mice. *FASEB J*, 1998; 12: 949-957.
3. Rakyán VK, Chong S, Champ ME, et al: Trans-generational inheritance of epigenetic states at the

- murine Axin(Fu) allele occurs after maternal and paternal transmission. *Proc Natl Acad Sci, USA*, 2003; 100: 2538-2543.
4. Dolinoy DC, Das R, Weidman JR, et al: Metastable epialleles, imprinting, and the fetal origins of adult diseases. *Pediatr Res*, 2007; 61(5 Pt 2): 30R-37R.
 5. Hoffer A, Osmond H, Callbeck M, et al: Treatment of schizophrenia with nicotinic acid and niacinamide. *J Clin Exper Psychopath*, 1957; 18: 131-158.
 6. Sydenstricker VP, Cleckley HM: The effect of nicotinic acid in stupor, lethargy and various other psychiatric disorders. *Am J Psychiat*, 1941; 98: 83-92.
 7. Wiegand UW, Hartmann S, Hummler H: Safety of vitamin A: recent results. *Int J Vitam Nutr Res*, 1998; 68: 411-416.
 8. Miller RK, Hendrickx AG, Mills JL, et al: Periconceptional vitamin A use: how much is teratogenic? *Reprod Toxicol*, 1998; 12: 75-88.
 9. Miller CL, Dulay JR: The high-affinity niacin receptor HM74A is decreased in the anterior cingulate cortex of individuals with schizophrenia. *Brain Res Bull*, 2008; 77: 33-41.
 10. ADA Council on Scientific Affairs: Statement on Dental Amalgam (revised 8/2009). Retrieved from: [www.ada.org/1741.aspx].
 11. Roush SW, Murphy TV, et al: Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. *JAMA*, 2007; 298: 2155-2163.
 12. Sommer A: Vitamin A, infectious disease, and childhood mortality: a 2¢ solution? *J Infect Dis*, 1993; 167: 1003-1007.
 13. Sommer A: Xerophthalmia, keratomalacia and nutritional blindness. *Int Ophthalmol*, 1990; 14: 195-199.
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