Letters

To the Editor:

In my practice I have run across some interesting items that need further investigation and correlation by other Orthomolecular practitioners.

1. Several older women with hypertension are evidently deficient in B-12, as injections every four days of .20-.25 ml will keep blood pressure in the "normal" range without diuretics or other drugs. In practice, three women ranging in age from 48 to 62 were seen where this treatment was effective. All of these women could be characterized as "worriers", and the B-12 seemed to lower the "worry" threshold as well as the blood pressure. No such effect was seen with several men. A much larger population should be tested with B-12.
2. Well established diabetic neuropathy was reversed almost completely with a vitamin mineral regimen of VM-75 (Solgar), 4 grams of C, 6 dolomite tabs, and 1000 IU of E per day. It took approximately six months to be sure of reversal, and over a year to reverse. At start, a circular area on the right foot 3" in diameter extending to the toes, and the first two joints of her right index finger and thumb were completely dead. Partial numbness with occasional pain extended up to the right knee and back beyond the right wrist. In addition, night blindness was severe enough to inhibit driving after dark. Within six months, reversal of all neuropathy symptoms was definite, and 18 months later, the formerly "dead" areas are barely less sensitive than surrounding tissue. Within three months, night vision was excellent. In addition, all cuts and abrasions heal within days instead of weeks, including finger holes from twice daily glucometer readings. On this supplemental program many other side effects have been noticed such as fingernails and hair growth, skin greatly improved, etc. The theory is that the combination of the base (VM-75) with the anti-oxidants of C and E have helped to solve problems at the cellular levels. In particular, large doses of E do allow the heme to carry more oxygen, thus bettering the balance of glucose to oxygen needed by every body cell. Neuropathy in the extremities might be likened to claudication, which is relieved by E supplementation. More diabetics should be tested on such a regimen to prove these theories. 3. Dr. Hoffer mentioned in one of his talks an experimental use for a bacterial vaccine (MBV from Hollister Stiers). He theorized that use of this vaccine induces a bacterial infection at a low level, and this stimulates the body immune system which has been lowered by overusage of antibiotics. At least one cancer remission is credited to this therapy. Since bacteria and Candida are enemies, could it not be possible that the bacterial infection is actually causing the immune system to also fight a Candida overgrowth? It is well known that a Candida overgrowth can cause suppression of the immune system, and increase allergic and sensitive reactions. Working with the same diabetic as above, using four day intervals, starting with 0.1 ml injection, and increasing it by 0.1 ml each injection until 1.0 ml was reached (10 injections), excellent results have been obtained in clearing up a severe and very persistent vaginitis yeast problem. Previous treatments by Monilia injection, Nystatin, Acidophilous, Caprystatin, Pau D' Arco, and garlic were all tried in turn and in combination with no real success. Vaginitis is particularly difficult to treat in a diabetic as the vaginal mucous is derived from blood which has high levels of glucose, making an excellent medium for Candida growth. In addition to the vaginitis problem, some of the various food sensitivities and allergies seem to

have cleared up and symptoms from such are much less or gone completely. More experimentation is needed in this area, but this MBV treatment seems to offer hope for serious chronic yeast patients at least, and perhaps for some brittle allergy patients as well.

4. In six sequential cases over some 8 months, corn was found to be the allergen causing chronic headaches. Is this a coincidence, an area problem, or what? I now take all chronic headache patients off all corn pro ducts as a matter of course, and relief seems to follow in a few days. Of course, it is difficult to clear corn completely out of the diet as it is ubiquitous, but a complete list of all corn containing products, and dif ferent names for corn products, (dextrin, dextrose, et al.) helps. Has anyone else seen this same type of correlation between corn and chronic headaches?

5. After finding poor correlation between cytotoxic and end point titration testing in several cases, a theory that seems to cover the anomalies was developed. End-point titration testing shows up 1gE response primarily, with some leukocyte response as well. Cytotoxic testing only shows up leukocyte response, with 1gE response present only if the food has been eaten lately. This means that a low level response (10-50% leukocyte destruction) on the cytotoxic test is more likely to be a true 1gE allergic response with a feeble leukocyte response. A high level response on this test is more likely to be a food sen sitivity leukocyte response without an 1gE response. In practice, it seems that some low level responses on cytotoxic testing are much longer lasting and cause more severe symptoms than high level responses which seem to almost always disappear after 45-60 days abstinence. (All of the corn/ headache people showed a low leukocyte response on cytotoxic testing.) This also explains some of the inaccuracy of cytotoxic testing, particularly showing no leukocyte response to some well known food allergies in certain patients. On checking, it "was found that the foods that have caused hives or severe symptoms in the past haven't been ingested for some years, so no leukocyte response. Of course, the argument as to what constitutes a "true" allergy is like arguing about the number of angels on the head of a pin! Both food allergies and food sensitivities can cause similar symptoms/problems. Again, more experimentation should be done on these correlations and theories as they offer some answers being sought after by many of us. Many practitioners have noticed things like the above, but few write them down, and get them into print in a column such as this. Since this is a natural for dissemination of such theories and facts as we may individually discover, we should all make greater use of this forum in this way. As an individual, I am limited in the amount of individual cases I see and comment on, but if we all pool such knowledge, we can advance the Orthomolecular cause tremendously. I welcome comments on any or all of the above.

Sincerely,

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