

YOU TELL THEM: IT'S IN THEIR HEAD

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When No One Knows

Did you ever have a car that didn't run right and mechanics couldn't find the source of the trouble? First, it was a new fuel pump; then an electronic gadget; at another time it was air getting into the fuel line; next, a short in the spark-plug wire, and so on. Finally, in desperation, you conclude your car's a lemon. You make do and quit taking it to the mechanic. You decide to keep driving it until it stops dead, or until you become so frustrated you buy a new car.

Many times the same thing happens to people. But they can't trade in their body. They've got to get along with the only one they will ever have.

LORENE'S STORY

Lorene is now 59, as I try to recapture her conversion to nutrition. Her story starts when she was about 45 years old. She has five children and couldn't remember ever being really sick, other than having an occasional cold or flu. Being the mother of a large family just didn't leave time to be sick. Outside of the usual childhood ailments that most kids get, her children, two boys and three girls, were generally healthy, as well.

Lorene's problems started one spring when she got headaches off and on every few days. At first she thought it was simply changes in the weather. Then she did what most people do, she took aspirin and the headaches seemed to clear up. Or, as she put it, "Maybe I'd just forget them because I was always so busy. However, the headaches persisted and I didn't like taking aspirin all the time, so I went to our family doctor."

The doctor couldn't find anything wrong with Lorene. He explained that the headaches weren't migraines or cluster headaches, so he said to get more rest and continue using aspirin, when necessary. He didn't prescribe anything stronger because her headaches weren't that bad. Consequently, she simply learned to live with the headaches and use aspirin.

After awhile Lorene started to feel nauseated in the mornings and very tired when she got up. She knew she wasn't pregnant, so she went back to the doctor. He told her to use antacids. Unfortunately, they were no cure. The queasy stomach persisted and Lorene continued to feel tired. This lasting stomach problem led the doctor to suspect an ulcer, so he put her through an upper GI series. It was a terrible ordeal, but it showed that she didn't have an ulcer. The tests didn't find anything indicative.

A negative diagnosis didn't make her feel better. Indeed, she felt more frustrated because she didn't feel right, but was told she was fine. Canker sores began appearing in her mouth. They would come and go, but they hurt. She used things to relieve the pain and conceal the sores, but they still came; probably, she thought, because she was run down and tired. She started going to bed earlier so she could get more sleep, and had the children do more of the work around the house. "Somehow, sleeping longer just made me feel more tired," she said.

Depression reared its ugly head. Between headaches, a queasy stomach, and the coming and going of canker sores, her life seemed to be going downhill. Face it, with her children being more independent, she seemed to feel less and less

needed. "One day I started crying for no apparent reason," she said. "I was sitting at the table over coffee one minute and crying in my coffee the next." This led to another visit to the doctor, who decided to run some thyroid tests. Nothing. Then, she had a glucose-tolerance test, which turned out normal. Somehow, between the testing and the doctors, she started thinking she was really sick. The next thing she noticed was red blotches, like a rash, but without pimples, on her stomach and chest. They didn't hurt, but they looked like they should hurt. Lorene felt miserable.

"All this time I'd get a headache during the day that would last for an hour or so. I'd lay down and it would leave, but then I'd feel worn out. If a cold or flu went around, I'd get it along with everyone else. I wouldn't be any worse than my friends, but it would linger at a low level. Or rather than linger, it would come back." Lorene would start feeling better and then be knocked down again. It was as if her body would recover just so far and stop.

I asked her if her weight went up or down. She said, "no," but she recognized that she got puffy, felt tired, and actually gained a pound or two around the time of her period each month. I asked her if she had regular bowel movements. She observed that she never felt constipated, and had a movement every few days. An accepted normal level is one bowel movement in 24- to 36-hours.

Lorene experienced low-back pain one month when she got her period. The pain wasn't severe, like a slipped disc or even a sprain, which she had had, but it never seemed to leave. Most mothers have had a back sprain at one time or another and know what they're like. This pain was just a dull ache that wasn't there when she woke up, but appeared about mid-morning after she had been on her feet for awhile. "Sometimes I would take a coffee break with a neighbor and get up from the table with a low-back pain. Then this nagging ache would persist until I went to bed."

This back ache called for another trip to the doctor. He was reluctant to x-ray because he didn't think it was a disc problem. He said it was a sprain. "You're getting older," he said, "and have to slow down." The doctor gave her a prescription for muscle relaxants, and told her to take one when the pain came. "I took the medication a few times and it would work, but I was reluctant to use it daily. I found myself just taking them at night to sleep," she said.

Lorene made an appointment with her gynecologist, thinking she had "female problems." The doctor couldn't find anything wrong, but in her judgment, Lorene's problems could be early menopause. After running a series of blood tests, that proved Lorene was quite normal, the doctor concluded the problems would resolve themselves as she went through menopause. Even though it was comforting to think she would grow out of the problems, Lorene felt the best years of her life slipping by in a state of "not feeling good." Lorene felt depressed either because of the illness, or because no one could find an illness.

Even though her children were fine and her husband had a good job, her outlook was not optimistic. She found herself looking at things in a negative way. When she looked in the mirror, the face looking back didn't sparkle. Her complexion had become gray, she had dark bags under her dull eyes, and her hair had no luster. She would become most upset when people asked her what was wrong. They could tell by looking at her that

something wasn't right. She couldn't give a definite answer, so every friend recommended a doctor "who was marvelous." Lorene tried going to some of these doctors and was poked, probed, tested, and tested again. Usually the diagnosis was vague, like "you're entering your change of life," or "have you ever seen a psychiatrist?"

A friend asked Lorene to try some Shaklee products and attend a seminar put on by Barbara Lagoni. The seminar motivated her to try a basic routine of Vita-Lea, Instant Protein, and Herb-Lax. Lorene felt better at the end of the first week. She started having a bowel movement every day. "I seemed to lose my puffiness." In less than ten days she noticed a difference in the mirror. Her eyes were clear and the bags were gone. Her complexion took on a rosy glow; it didn't look gray anymore.

After the second week her headaches stopped. "I didn't realize it until one day I just noticed how good I felt." She had the same energy she had years ago and didn't feel tired at 9:30 in the evening. Lorene's outlook improved. She became more optimistic and less cynical. One day she ran into a friend in the supermarket. "Lorene, you look great! What have you been doing to yourself?"

Lorene sticks with the Shaklee plan that includes Vita-Lea, Instant Protein, B-complex, Vita-C, Calcium Magnesium, and one or two Herb-Lax. Sometimes she uses lots of other products, but sticks to this basic plan—her "standby." She openly says that if she deviates from this plan, she can feel depression coming on. In fact, she claims her depression is stopped by taking B-Complex.

The low-back pain seemed to disappear when she was about six- or seven-months into her supplement program. The pain didn't just stop all at once, it seemed to slowly disappear. She still has a bottle of muscle relaxers just in case anyone needs them.

IS IT IN HER HEAD?

Of course not. Lots of people go for a long time not feeling well. They can make repeated visits to their doctor and still not come up with anything specific. When doctors can't find anything wrong, it's usually because the tests they've ordered have eliminated serious problems and the remaining possibilities are nebulous, at best. It's like nailing Jello to a tree. Sometimes the problem is diet related, brought on by too much stress, working too hard, or something else. It's hard for anyone to track these type of ailments to their source.

Often these problems feed on each other. Your complexion looks poor, so you worry. Worry creates all kinds of non-specific problems, which get you depressed. I call this frustrating stage of the dilemma the "downward spiral," because one thing finds the other and it gets progressively worse. Ultimately, these things lead to a psychologist's couch.

Not surprisingly, Lorene's nutrition program had a powerful influence on her health. Regularity and a good complexion go together like milk and honey. Good metabolism and an optimistic outlook can't be separated. Indeed, I truly believe optimism or pessimism reflects what's going on inside our body.

In support of my hypothesis, think of this: Any nutritional shortfall shows up first in the brain. A review of the classical cases of scurvy, or the famous B-vitamin deficiencies, proves that these deficiencies show up first in the mind. Indeed, depression or dullness always precede other symptoms. We have a tendency to discount mental outlook, however, because it's so

vague. Who hasn't had a headache, felt depressed, been cynical, anxious, and so on? We simply don't think of these eventualities as important, unless they're so bad that they're obvious. Then we turn to medication first; not food.

Low-back pain is the first sign of osteoporosis. Classic double-blind studies first done by Doctor Anthony Albanese, showed that as bone density is restored, low-back pain often disappears. This is because the backbone is one of the first bones to lose its density when calcium is short. However, it takes about six- or more-months for this to happen. Most people look for an immediate solution to their pain. They never think about the years it took for their problem to develop, and that it might take at least a few months for it to disappear. Lorene's experience fits this pattern like a hand and glove.

In addition, as we get older and live under even increasing stress, our nutrient requirements increase. When we get minor ailments like Lorene described, we need more of most nutrients and don't get them.

Now add to that a recent dietary analysis of American's habits that appeared in the December 1990, American Journal of Public Health. In brief, it shows that about 9 percent of us regularly eat a balanced diet. Then, in the same month, the American Journal of Epidemiology pointed out that only 23.1 percent of adults use supplements consistently. Worse, 51.1 percent of adults use supplements intermittently. This means that our diets aren't balanced, and we aren't consistent enough with supplements to make up the shortfalls. Actually, the papers show that most people take the wrong supplements anyhow.

How often have you heard someone say, "I'm tired. I think I'll have another cup of coffee," in contrast to, "I'm tired. I need better nutrition, exercise and more sound sleep."

Lorene described, quite clearly, the outcome of a good nutrition program: energy, a good complexion, an optimistic outlook, and sound sleep. Then add to that list the absence of vague problems, like too many canker sores, colds that seem to come back, or thinking your skin is gray. It all fits a pattern that usually clears when a person takes control of their nutrition.

ABOUT THE AUTHOR

James Scala was educated at Columbia (B.A.), Cornell (Ph.D.), and Harvard (Post-doctoral studies) Universities.

He has spent his career in research, research management, and teaching. His accomplishments include over fifty published papers on research in nutrition, biochemistry, and biology. His teaching includes courses for undergraduate, graduate, medical, and dental school students.

As a research manager, Dr. Scala held positions at Procter and Gamble, Owens-Illinois, Unilever, General Foods, and was the Senior Vice-President of Scientific Affairs for the Shaklee Corporation. He now devotes his energies to writing and speaking for the general public.