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with
CARLTON FREDERICKS

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WHEN YOU REPEAT YOURSELF

is one of the series of publications by Carlton Fredericks, nutrition research consultant, author, lecturer, and scientific radio commentator. Mr. Fredericks' radio program has pointed the natural way to better health for hundreds of thousands of listeners. His original radio nutrition course; (conducted by air and by mail) attracted a record enrollment of over a quarter million students, including physicians, dentists, osteopaths, nurses, dieticians and thousands of men and women in every day walks of life.

Among the many professional affiliations, Mr. Fredericks is a member of The American Academy of Applied Nutrition, The New York Academy of Sciences, and The American Association for the Advancement of Sciences.

WHEN YOU REPEAT YOURSELF

10% of our married couples are unable to conceive children—an incidence of sterility which would not be tolerated among animals having any cash value. One conception in every four doesn't result in a live healthy baby. One child in every 200 is congenitally deformed to the point of monstrosity. Five babies in every 100 are premature—and so are possibly handicapped throughout their lifetime—for—to give an instance—5 times as many eye disorders occur in premature babies as are found in full term. Each year, 5000 American babies died in the early days of life because of Vitamin K deficiency in the mother. *Baby deaths, before or at birth, or in the first days of life exceed the number of deaths from automobile accidents in any one year.*

The U. S. Department of Agriculture would not countenance such a ghastly record in the cattle breeding industry, and veterinarians would be regarded as neglectful if they permitted the same toll among thoroughbred dogs. Certainly, this record of disaster cannot be charged completely to nutritional deficiencies or malutilization of nutrients—but there is a great deal of evidence which gives prenatal nutrition—and possibly diet before conception—at least a major role, or in the first month of life are practically as frequent today as they were 25 years ago: this certainly indicates that the responsible factors—such as nutrition—are operating during pregnancy, and possibly before pregnancy.

The research in Vitamin K deficiency in pregnancy certainly illustrates what might be done

preventively. Let us review that evidence:

From the second to the fifth day of life, many infants have a tendency to bleeding from minor wounds and from the umbilical cord. Such bleeding within the skull may cause death; or if they survive it, it may cause spastic paralysis. But the administration of Vitamin K to the expectant mothers in the last month before pregnancy eliminates the condition in the majority of babies, and biochemists estimate that the use of Vitamin K has saved the lives of 1.6 infants out of every 1,000, which would be close to 5,000 babies yearly in the United States alone.

This is not an academic point. It illustrates the faulty thinking of those who believe that a good mixed diet is a guarantee of adequate nutrition for anyone. Many an expectant mother has been told to eat "well" and to stop worrying about vitamins. Yet Vitamin K deficiency does exist—although the vitamin is not only widely scattered in foods, but is synthesized by bacteria in the intestinal tract!

Expectant mothers as a group are more diet conscious than the rest of the population; they have in their intestines the bacteria which synthesize Vitamin K, and yet without added maternal intake of Vitamin K, a sizable number of babies encounter disaster. Unfortunately, early in life babies do not possess the intestinal bacteria which synthesize Vitamin K; hence they are dependent on the mother's prenatal supply, and what may be in her breast milk. Perhaps this is why the ancient Hebrews did not recommend circumcision in the early days of life—they may have encountered too much infant hemorrhage.

Thus Vitamin K deficiency indicates the recklessness of those who send the expectant mother to groceries with unrefresh or overprocessed

foods, and tell her to rely upon a "good mixed diet."

Handing the expectant mother a diet sheet may be helpful—but does not solve the problem. This was demonstrated at a large Pennsylvania hospital, where mothers receiving inadequate education in prenatal diet bore 86 premature babies against 6 prematurities delivered by mothers who had received careful diet instruction plus vitamin supplements.

We know now that a deficiency need not be pronounced enough to cause sterility; yet it can cause deformity. We know that animals deficient in Vitamin A still bear their young—but the young are eyeless. We know that rats deficient in riboflavin bear young with cleft palates and hare lip; and deformed paws, and skeletal deformities. We can prove that hydrocephalus (water head) occurs in animals deficient in an unknown factor which is present in brewer's yeast. We can also show that Vitamin A deficiency in the mother will give her baby fragile teeth, and may interrupt growth of the skull, and thus prevent the brain from developing.

For these and other reasons—too technical to discuss here—it is time that the editor revised his diet in pregnancy. The diet which follows has been tested. It is known to reduce the occurrence of toxemia in pregnancy, complications in delivery, unduly prolonged labor; prematurities, deaths, and possibly, deformities in the newborn.

The use of vitamin-mineral concentrates with this diet is mandatory, not optional. The purpose of the diet is to inhibit weight gain in pregnancy to 16 pounds, which helps to shorten

labor. Because the diet is restricted in caloric value, it is automatically restricted in vitamin-mineral values, and for this reason the supplements—which are calory free—must be used. *Readers should discuss the diet with their obstetricians before adopting it.*

One glass of fruit juice (orange or grapefruit) daily. This should not be more than eight ounces. One serving of fresh fruit. Two cups of cooked vegetables. One cup of salad made with dark leafy vegetables, with a dressing of corn oil or olive oil, plus vinegar or any other condiments desired. Three squares of butter. One serving of oatmeal, Ralston for cooling, whole wheat cooked cereal, or similar whole grain cereals. Two eggs. Six ounces of lean meat, fish, or fowl, with emphasis on liver, kidneys, sweetbreads, tripe, etc.

Four slices of whole wheat bread. Three glasses of milk. Whole gelatin dessert; junket; custard; stewed fruit or fruit whips.

No pastries, ice cream, nuts, or candy. Not more than one and one-half tablespoonfuls of potatoes, spaghetti, rice, corn, lima beans, or dried beans. Not more than eight glasses of liquids of all kinds in twenty-four hours. Salt is to be restricted; and salty foods minimized. The use of salt substitutes is sometimes recommended by the physician where the ankles swell during pregnancy. Smoked brewer's yeast can be used to compensate for salt restrictions

Brewer's yeast, wheat germ, dried skimmed milk, and soy flour can be added too appropriate recipes. Also blackstrap molasses.

The supplements used with the diet consist of high pot v multiple vitamins, a Vitamin B

Complex syrup, a multiple mineral concentrate, powdered beef bone tablets, concentrated Vitamin E, wheat germ oil, and rutin.

To anticipate the scientific questions raised by the overlapping of some of these supplements: powdered beef bone tablets are used because they supply fluorine, as well as the usual calcium and phosphorus expectant mothers take. Fluorine in tooth formation is even more important than it is later. Wheat germ oil, is used in addition to concentrated Vitamin E because there are factors in wheat germ oil, other than Vitamin E, which help to prevent spontaneous abortions. The wheat germ may be administered by the teaspoonful, or can be added in appropriate quantity to the salad oil specified in the diet. A Vitamin B Complex syrup is used in addition to multiple vitamin capsules, though some of their values overlap, because the natural Vitamin B Complex contains factors not yet synthesized and, therefore, not yet available in capsule form. A multiple mineral capsule is used because salt is being restricted, and with it the intake of iodine, and because, for instance, the zinc present in such capsules is the missing constituent of the white blood cells in leukemia. This is not intended to be a complete survey of technical reasons for the use of such supplements. However, a diet so arranged and so supplemented should reduce by 35% the number of babies born dead; should diminish by 15% the number of baby deaths in the first few weeks; will reduce prematurities by as much as 70%; and may cut pregnancy toxemia by 5% or more.


If the diet and the use of the supplements are instituted prior to pregnancy, the incidence of pregnancy nausea (morning sickness) may also be sharply diminished. If pregnancy nausea does appear, the obstetrician can have substantial potency of Vitamin B6 added too the Vitamin B Complex syrup. If excessive edema (swelling) of the ankles or other tissue occurs, the obstetricia can at will increase the protein foods—eggs, meat, fish or fowl. The increase can be in the magnitude of 5 additional ounces of meat daily. Where the appetite is finicky, and such edema occurs, strained baby meats may be stirred into the allotted milk, and appropriately flavored.

The weight gain with this diet should aggregate three pounds in the first three months, ten pounds in the next three, and three pounds in the final three months, for a total of sixteen pounds.

* There is some evidence that the father's diet before conception also affects the child. Conscientious newlyweds can adopt this diet, with its supplements, prior to conception, under the supervision of the physician. However, if the weight is normal or below normal, the physician will probably want to increase the allotted portions. Only by thorough efficiency in reproduction can a race survive; and only by good nutrition can reproductive efficiency be maintained.

What evidence !!! Please reply

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When You Repeat Yourself

(FOR THE EXPECTANT FATHER AND MOTHER)

In these days of tension, it is essential that we maintain best health. To a thorough knowledge of the roles of foods and vitamins in supporting well-being, this little text is dedicated. It is not intended to encourage the reader in the treatment of disease, which remains the proper province of the physician.

by
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