Good nutrition: solving the riddle of eclampsia (toxemia of pregnancy) and lowering risk of birth defects in newborns

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Abstract

For hundreds of years eclampsia has been a puzzling illness for conventional medicine. This condition is managed as an emergency with diuretics, salt restriction, drugs to lower blood pressure and obstetrical therapy designed to bring about immediate delivery of the child.

Since the 1920s there has been a wealth of evidence that eclampsia is an easily preventable nutritional deficiency disease. High protein diets, liberal salt intake, and avoidance of any restriction of weight gain has been used to successfully manage thousands of pregnancies. Women on such a program have very low risk of eclampsia, anemia, premature separation of the placenta, severe infections in the lungs, kidneys and liver, low birth weight babies, premature babies and miscarriages. Midwives instructed in high protein diets have been able to treat eclampsia patients with prompt reversal of symptoms and no need for emergent deliveries.

Cystic fibrosis is conventionally believed to be a genetic disorder. However, 35% of children dying of selenium deficiency Keshan disease have evidence of cystic fibrosis changes in their pancreases. Providing mothers of cystic fibrosis children with selenium during pregnancy seems to prevent the development of cystic fibrosis disease in the newborn.

Many infertile couples have been able to have children when nutritional deficiencies in the parents were corrected. There is evidence that risk of birth defects is lowered when good nutrition is provided prior to conception and throughout pregnancy.

Keywords: Eclampsia, birth defects, toxemia, pregnancy, nutrition

1. Introduction

Eclampsia has been one of the major enigmas of the medical profession for hundreds of years. The cause for eclampsia is considered to be mysterious by most physicians despite extensive scientific articles beginning in the 1920s showing that eclampsia is an easily preventable nutritional disease. Standard therapy consists of bed rest, restriction of sodium in the diet, diuretics, and blood pressure lowering drugs. This condition is conventionally treated as a medical emergency with efforts to bring about immediate delivery of what is often a very premature baby by inducing labor or Caesarian section.

Evidence of eclampsia is found in between 2 and 20% of pregnancies worldwide. Approximately 50,000 women die of eclampsia annually. Eclampsia is seen more frequently in poor people, diabetics, twin pregnancies, women who have received no prenatal care and women with preexisting kidney disease or hypertension.

Typically signs of eclampsia appear in the last three months of pregnancy. The cardinal feature is elevation of blood pressure from the blood pressure levels seen earlier in the pregnancy. Common symptoms include severe swelling, protein in the urine, headaches, nausea and vomiting, mental confusion and agitation, right upper abdominal pain (liver), visual impairment, convulsions and ultimate coma. Severe cases often have coagulation problems with bleeding, liver dysfunction and kidney failure.

Dr. Tom Brewer had an important conversation prior to medical school with an immigrant Russian neighbor who related that pregnant Russian women often died of hemorrhage or convulsions. This Russian neighbor related that "Times were hard and food was scarce." This conversation made a profound impact on Dr. Brewer's thinking.

During his obstetrical training Dr. Brewer observed that the toxemic patient often became dehydrated with thickened blood. In this dehydrated state the use of the often prescribed diuretics to lower blood pressure becomes particularly dangerous. He felt that the eclampsia was related to lack of protein, salt, vitamins and minerals.

During his residency training at Lallie Kemp Charity Hospital in Louisiana 25% of the pregnant women seen there had toxemia. In his general practice with a partner in Fulton, Missouri he did not restrict salt, food or weight gain, used no diuretics, encouraged protein intake and saw only healthy women deliver healthy babies with no toxemia. The only toxemic patient he saw in 100 deliveries was a poor woman on a deficient diet who had received no prenatal care.

Dr. Brewer became convinced that low infant birth weight, premature labor, and eclampsia were being caused by the dehydration, low salt diet and diuretic drugs given to eclamptic patients. He feels that physician emphasis on weight limitation during pregnancy has proven to be dangerous because it leads to malnutrition.

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The diet Dr. Brewer recommends for pregnant patients includes:

- One quart or more of milk daily
- Two eggs and one or two servings of fish (mercury content is a concern here), chicken, lean beef or pork or cheese daily
- One or to daily servings of fresh green leafy vegetables (mustard, collard or turnip greens, spinach, lettuce, broccoli, or cabbage)
- Five daily servings of whole wheat bread, corn tortillas, or cereal
- A piece of citrus fruit or a glass of orange or grapefruit juice
- A large green pepper, papaya, or tomato
- Three pats of butter daily
- Five servings of yellow vegetables weekly
- Three baked potatoes weekly
- No salt restriction

He is convinced that eating 80 to 100 grams of protein daily prevents toxemia. Thirty years of using this diet in thousands of patients has avoided all cases of eclampsia, anemia, premature separation of the placenta, severe infections in lungs, kidneys and liver, low birth weight babies, premature babies, and miscarriage. All babies were born healthy. The American obstetrical profession continues to oppose the concept that malnutrition causes eclampsia.

Dr. Brewer has been able to instruct midwives in how to institute his high protein diet for eclamptic patients. This diet leads to reversal of symptoms which is unheard of using conventional drug therapy.

The patient who gains no weight during a pregnancy is at high risk for eclampsia.

It must be remembered that a considerable portion of the maternal weight increase [1] is caused by the weight of the placenta, the expanded blood volume seen during a normal pregnancy, the weight of the baby and the quantity of amniotic fluid. Very obese women , who are existing on empty calories from starches and sugars gain weight that is stored as fat because the baby is unable to utilize the empty calories. These babies are underweight and the mother is often toxemic. Animal experiments using sheep showed that most sheep placed on a starvation diet near the end of a pregnancy died.

Dr. Brewer has observed that pregnant women who were smoking 2 packs of cigarettes daily but eating a good diet had no problems with the health of the child suggesting that the quality of food consumed is the most important prognostic factor. A woman eating for twins must consume enough food for 3 people.

Dr. Brewer is convinced that improving the diet prior to conception is very worthwhile. This creates impossible problems for impoverished persons. Because the focus of medicine is so drug oriented and so lacking in nutritional knowledge eclampsia will probably continue to be a plague even though its cure is very simple.

2. Nutritional deficiencies are being attributed to genetic disorders

Veterinarians have learned that the institution of a healthy diet, vitamins, minerals and nutritional supplements prior to conception completely eliminates congenital birth defects in animals [2]. Dr. Joel D. Wallach D.V.M., N.D. relates that 98% of birth defects are caused by nutritional deficiencies. He includes in this list cystic fibrosis, muscular dystrophy, heart defects, brain defects, spina bifida, cleft palate, limb defects, hernia etc. Radiation appears to be responsible for less than .1% of birth defects. Teenagers have a bigger percentage of children with birth defects than women over age 40 probably because of poor diet, lack of supplements, and their own need for supplements as growing adults competing with that of the developing infant.

Billions of dollars have been spent on laboratory, pet and agricultural animals to learn more about birth defects. The information obtained from these studies has totally eliminated birth defects in animals.

Cystic fibrosis is a selenium and fatty acid deficiency in the fetus or newborn breastfed infant. Maternal malabsorption of selenium caused by subclinical celiac disease is the initiating cause of the selenium deficit found in the fetus. This newborn's selenium deficiency produces the fibrocystic lesions in the pancreas typical of cystic fibrosis. The cystic fibrosis infant is born with normal lungs but later they become a major problem with recurring pneumonias and pseudomonas bronchial infections which often cause lung failure to be the cause for death at a young age.

In 1958 Dr. Klaus Schwartz of Germany reported in Federation Proceedings (NIH Journal) that selenium was an essential nutrient [2]. Deficiency of selenium produced the same pancreas lesion in test rats and mice as was seen in cystic fibrosis in humans.

In 1972 Cornell University researchers reported that chicks hatched from selenium-deficient hens developed cystic fibrosis lesions in their pancreas. This "cystic fibrosis" disease in the chicks was completely reversible within 30 days in newborn chicks by supplementation with selenium [2]. This important research information enabled Dr. Wallach to treat 450 cystic fibrosis patients with excellent results using selenium [2]. Infants with "cystic fibrosis" started on selenium therapy at 3 months are still cured at age 12. Mothers who had cystic fibrosis children have been able to have normal children when their selenium deficiency was corrected.

Working in conjunction with 3 Chinese scientists Dr. Wallach was able to learn that 1700 children who died of Keshan Disease (a heart fibrosing illness caused by selenium deficiency in the soil) had clear evidence in 595 of these children (35%) of the cystic fibrosis lesions in their pancreases [2]. Because the Cystic Fibrosis gene is reportedly present in only 1 out of 2500 persons "usually of middle European backgrounds" this clearly proves that cystic fibrosis is not a genetic disorder. Approaching the Keshan Disease from a different angle careful autopsy studies revealed that 79 out of 400 persons who died with "cystic fibrosis" had characteristic fibrotic lesions of the heart exactly like those found in selenium deficiency in Keshan Province of China [2].

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The reason that some mothers become selenium deficient appears to be related to food allergies which cause changes in the appearance of the gut producing malabsorption of food. Breast feeding by a selenium deficient mother makes the infants selenium deficiency worse [2]. The presence of maternal food allergies, malabsorption syndromes and nutritional deficiencies all can lead to birth defects. Dr. Wallach believes that it is unlikely that aggressive searching for food allergies and widespread use of selenium and nutritional supplements will be pursued by physicians who are earning a comfortable living with the status quo. Unfortunately many physicians hearing about the relationship between selenium and the causation of "celiac disease" will be skeptical and not willing to use this valuable information.

3. The infertility problem

Dr. Wallach has had considerable success in helping couples have children who have been diagnosed as infertile by conventional physicians. He is certain that infertility is simply another manifestation of the nutritional disaster in the U.S. Testing husband and wife for nutritional defects and then correcting these defects has permitted hundreds of couples to have children. This may involve the use of rotation diets to ascertain food allergies. Correction of malabsorption also leads to pregnancies [2]. Finding couples with poor nutrition, no food supplements, food allergies and malabsorption can be very rewarding in the correction of infertility. This information about the frequency of nutritional disorders seems to provide convincing evidence that birth defects are not able to become manifested when good nutritional supplementation is provided at the time of conception and continued during the pregnancy.

The U. S. medical system has moved so far away from understanding the importance of nutrition that implementing of Dr. Brewer's diet to stop eclampsia and Dr. Wallach's program to prevent birth defects with good nutrition may never become common practice but at least persons who are interested in learning what good nutrition can accomplish may be helped to avoid these problems.

4. Genetic research

Massive amounts of money were and are being spent learning the position on genes where genetic defects are located. When this information is obtained it does not cure any diseases. The suggestion by Dr. Wallach that good nutrition prevents possible genetic defects from appearing appears to be of far greater importance than the site where gene defects are located. When Dr. Wallach made the break through discovery that selenium deficiency was the actual cause for fibrocystic disease he was promptly fired from his position at the NIH. This emphasis on genes as a cause for diseases removes the blame for the failure of modern pharmaceutically oriented medicine's inability to cure cancer, arteriosclerosis, and Type 2 diabetes.

References

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