Human beings are unable to manufacture critical essential fatty acids so these vital substances must be obtained from our diets. These essential fatty acids have profound favorable or unfavorable influences on the type of prostaglandins produced in the body. If we are eating the wrong foods we will experience more allergic diseases (asthma), increased vascular accidents (strokes, heart attacks), damaged immune systems permitting (cancer and auto-immune illnesses), and an increase in diseases marked by inflammatory reactions (rheumatoid arthritis, multiple sclerosis, Alzheimer's Disease etc.).

New cells and repaired cells are surrounded by an important membrane which is largely constructed from essential fatty acids. When the essential fatty acids are lacking in the diet the body is forced to use the wrong fatty acids to build these membranes and Type 2 Diabetes appears in adults along with flawed development of the brain and retina in infants.

The Present Essential Fatty Acid Crisis

The seeds of plants contain oils that must have high-energy nutrients to enable saplings to thrive. This means they need enough energy to sprout a whole plant including roots, stems, and leaves. The oils in seeds provide this vital energy for plant sprouting.

The human body cannot make vital omega 3 and omega 6 essential fatty acids. Omega 3 fatty acid Alpha Linolenic Acid (LNA) is found in flaxseed oil, perilla oil, avocados, walnuts and hemp. The Omega 3 fatty acid fish oils eicosapentaenoic acid (EPA) and docosahexanoic acid (DHA) can be obtained from cold water fish (salmon, trout, mackerel, and sardines). Omega 6 fatty acid Linoleic Acid (LA) is found in safflower, sunflower, canola, soybean, corn, hemp, pumpkin, sesame seeds, nuts and oils.

The proper ratio between Omega 6 and Omega 3 fatty acids should be about 4:1. Currently this ratio is heavily skewed toward omega 6 at 20:1 to 25:1. This harmful imbalance has been brought about by the massive use of synthetic vegetable oils in our foods. Unfortunately, all these oils are synthetic trans fats, which makes them health risks. Omega 3 fatty acids are unsuitable for salad dressing as they quickly become rancid.

Our meat is from cattle grown on corn instead of grazing. Grazed animals have 5 times more omega 3 fatty acids in their meat than corn fed cattle. A second problem is that catfish, salmon, trout, and shrimp are being farmed. These fish eat omega 6 grains instead of minnows, drill, algae, and insects, which are rich in omega 3 fatty acids. This results in seafood that has much less omega 3 than native seafood. Also these farmed fish are less hardy than native fish which means they require antibiotics for infections that are common in their tight quarters. Salmon must be colored to mask an unappealing grey color of the meat.

Mother's milk contains Omega 3 fatty acid in the form of Docosahexaenoic acid (DHA). The absence of DHA in commercial formula milk may be contributing to the rising incidence of attention deficit disorder ADD and hyperactivity (ADHD) seen in children as DHA is important in the proper maturation of brain tissue and the retina. Also nursing women in the United States have the lowest levels of DHA in the world. This may be due to not eating fish and lack of omega 3 fatty acids in their diet. Autism in our children may also be related to this absence of omega 3 fatty acids.

Consequences of our disturbed balance of Omega 3 and Omega 6 fatty acids include:
• Omega 6 fatty acids promote inflammation and omega 3 fatty acids retard inflammation.
• Food, airborne allergies, and asthma will increase.
• Heart disease will increase.
• Weakened immune systems will increase.

This problem can be corrected by ingestion of flax, perilla and fish oil and curtailing the excessive intake of dangerous trans fats almost all of which are manufactured from the readily available Omega 6 essential fatty acid linoleic acid.

We need both omega 3 fatty acids and omega 6 fatty acids from the diet because the body is unable to manufacture these substances. When the health food conglomerates began to produce synthetic manufactured oils (polyunsaturated) these new oils were initially marketed to farmers as a valuable new health food for horses. The farmers quickly lost their enthusiasm for the new polyunsaturated fats when all their horses died of heart disease within 3 months. The decision was then made to market these new polyunsaturated fats to humans. Clever marketing, food shortages during World War 1, lower prices and the loss of flax oil in 1950 when Archer Daniels Midland stopped production of this fine omega 3 food gradually led to acceptance of these new synthetic oils that did not spoil and were "good for health".

These polyunsaturated oils are made from soybeans, corn, canola, sunflower and safflower oils. These constructed fats are not really food. They are dangerous chemical substances created in factories at high temperatures using chemicals like sodium hydroxide (Drano) and metal catalysts. They do not spoil and they have no nutritional value.

Butter is a natural food but margarine has largely supplanted butter because it is cheaper and is advertised as a "valuable health food". Margarine is created by hydrogenating the vegetable fatty acids with hydrogen at high temperatures resulting in a solid plastic sludge that is difficult for the body to process and eliminate creating massive amounts of undesirable free radicals. When you place margarine on a plate near insects they refuse to eat it.

During World War II when low supplies (Norway) or no margarine (Finland) occurred, the death rate from heart disease dropped sharply. Following the war the heart disease mortality rose to even higher levels as margarine reappeared.

**What Health Problems Do These Synthetic Trans fats Create?**

Lack of healthy omega 3 fatty acids in the diet produces:

1. Arteriosclerosis with heart attacks, strokes and gangrene. The current concept of arteriosclerosis (AS) believes that AS is an inflammatory illness. When the body receives a plastic like chemical substance three times daily instead of healthy fat, these synthetic fats must be processed and eliminated. The metabolism of these abnormal synthetic trans fats creates massive amounts of free radicals that are free to injure arteries producing arteriosclerotic plaques.

2. One of the key problems leading to Type 2 (insulin resistant) Diabetes is the lack of healthy omega 3 essential fatty acids in the diet. When these fatty acids are missing the body uses other substitute fats to repair injured cells and create the membranes for new cells. The resulting cell membranes do not function properly as they do not permit glucose to enter the cell where it can be correctly metabolized. This results in high blood sugars, high insulin levels, elevation of triglyceride fat in cells and blood along with obesity.

3. Diets high in artificial fats cause the immune system in the body to be unable to function normally.
A state of immuno-suppression develops in which the body fails to kill malignant cells and the organisms causing infections.

In 1930 in the United States it was estimated that 80% of men smoked cigarettes. The primary dietary fats used at that time were butter, flax oil and lard. There were very few deaths from lung cancer. By 1978, with only 50% of males smoking cigarettes, deaths from lung cancer had become a plague. What had caused this skyrocketing increase in lung cancer which should have decreased if smoking were the sole primary factor in the etiology of lung cancer? The answer appears to be the nearly universal adoption of the manufactured synthetic polyunsaturated trans fats by the American public.

In a March 18, 1977 issue of Lancet Dr. Eric Newsholme of the Department of Biochemistry of the University of Oxford reported that the polyunsaturated fats that had been adopted by the public were very immuno-suppressive. This meant that these synthetic fats would greatly encourage the development of cancer by interfering with the normal detecting and destroying of abnormal malignant cells by the immune system of the body.

Dr. Newsholme related that this immune suppressing character of the polyunsaturated fats should make them ideal to stop auto-immune illnesses and prevent rejection reactions in kidney transplant patients. Two young girls who had become invalids because of Guillan-Barre syndrome made prompt complete recoveries when they were given 30 cc. of sunflower oil daily. Immunosuppressive drugs had failed to help them (March 18, 1978 Lancet).

CIMETIDINE (TAGAMET) FOR CANCER OF LUNG, SKIN, COLON, AND MELANOMA

The first successful use of cimetidine in treating cancer was at the University of Nebraska. [1] Two patients with cancer were given cimetidine for stomach distress. Both had dramatic complete remissions from cancer. One had a squamous cell cancer in the neck that spread to the lung. The therapy was 1200 mg. of cimetidine daily. The other had a non-small cell cancer of the lung with a brain metastasis. This patient received steroids for the brain tumor and 600 mg. daily of cimetidine. The lung tumor immediately began to decrease in size. The brain tumor was surgically removed. Chest x-ray one year later showed no sign of malignancy. By 1982 it was recognized that cimetidine had the ability to inhibit suppressor T cells which thus permits lymphocytes to properly kill tumor cells. Four patients with melanoma were treated with cimetidine in Ireland. [2] All four had widespread metastases in internal organs, lung and liver. One young man had severe stomach distress which was treated with 1000 mg. daily of cimetidine. He had immediate regression of tumors and was able to return to work in two weeks. The three other melanoma victims were given 1000 mg. of cimetidine daily. Two had dramatic remissions of cancer and the third died. All these persons showed decrease of suppressor T cell function. All four also were on coumadin therapy (anticoagulation). Another six patients with melanoma from Sweden [3] were given interferon with no response. When cimetidine was added two had complete remissions, one had a partial remission, a fourth patient had no progression and the other two patients died.

Frequently colon cancer is found to be localized suggesting that surgery may be curative. The surgical procedure may cause a flood of microscopic cancer cells to be expressed into small blood and lymph channels for possible spread throughout the body. The stress of the surgical procedure itself has a profound negative effect on the immune system. For seven days following the operation there is a surge in suppressor T cells. These suppressor T cells tend to interfere with the body's need to localize and kill the extruded cancer cells. Cimetidine (Tagamet) has the ability to inhibit these suppressor T cells so that more of the embolized cancer cells get killed.

An Australian study [4] gave cimetidine (Tagamet) after surgery to one half of a large group of patients having colon cancer surgery. The cimetidine was taken for only 7 days. At 3 years the
survival in the patients getting cimetidine was 93% compared to a 59% survival in the group not getting Tagamet. This is an astonishing result.

A Japanese study [5] at Nagoya University by Dr. Sumio Matsumoto gave all patients having colon cancer surgery 5-flourouracil a chemotherapy drug. One half these patients were also given 800 mg. of Tagamet beginning 2 weeks after surgery along with starting 5-flourouracil 150 mg. daily. Both Tagamet and 5-flourouracil were stopped at 1 year. Survival was reported at 3.9 years. In the patients with rectal cancer 100% of those getting the additional Tagamet survived compared to only 53.3% of those getting only 5-flourouracil. In the group of patients with colon cancer getting Tagamet 96.3% survived compared to only 68% in the group who got only 5-flourouracil. Amazingly the Tagamet was not started until two weeks after the operation so there was no inhibition of the suppressor cells during and immediately following the operation.

In the Australian study there appeared to be enhanced entry of lymphocytes into the tumors in subjects getting cimetidine 63.5% compared to only 24% in the control subjects. Additionally, cimetidine inhibits histamine which has immunosuppressive properties that could enhance tumor growth. It would appear that beginning the Tagamet one week before the surgery at about 800 mg. daily and continuing this for one year could possibly permit even more patients to avoid the spread of colon cancer. We strongly advise anyone having colon cancer surgery to get started on Tagamet before the surgery and stay on this therapy for one year. It is tragic that there probably has not been a single colon cancer patient in the United States who has benefited from this use of Tagamet in colon cancer surgery.

In a study from a California V.A. Hospital the Prudent Heart Diet was investigated with one group of patients getting a high polyunsaturated fat diet (Prudent) and the other group getting a low content of polyunsaturated fat and plenty of saturated fats, butter and lard. Thirty-one of 171 patients on the Prudent diet (high polyunsaturated fats) developed cancer while only 11 of the 178 eating a low polyunsaturated diet developed cancer.

This information presented strongly suggests that arteriosclerosis, Type 2 diabetes, and cancer all appear to be a direct result of eating the synthetic, will not spoil, nutritionally worthless, polyunsaturated trans fats and processed foods filling the supermarkets. Read labels and quit buying these slow poisons at once. Eat only foods that spoil.

Footnotes:

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