LETTERS

In Defense of Taking Your Vitamins

I believe you have overstated the potential risks while downplaying those studies that have demonstrated the benefits of following a regular vitamin regimen ("Prevention: The Case Against Vitamins," The Journal Report, March 20).

But whatever the latest study shows about the effect of dietary supplements on disease prevention and amelioration, there is one area where vitamin supplements are indisputably necessary and that is in ensuring we receive an adequate amount of essential nutrients daily. You correctly state that we can get the proper amount of micronutrients from foods. But the fact is, more than 75% of Americans don't, according to the U. S. Centers for Disease Control.

And while it is well known that clinical syndromes of classical vitamin deficiencies are unusual in industrialized nations, suboptimal vitamin status is quite common and has been associated with many severe chronic diseases. It is hoped that this article won't dissuade readers from taking their vitamins, which clearly can benefit their health.

David Seckman
Executive Director and Chief Executive
National Nutritional Foods Association
Washington

It is clear that eating a balanced diet rich in whole foods is the best way to obtain vitamins, minerals and other essential nutrients the body needs. Healthful diets appear to protect against the development of chronic diseases like heart disease and cancer. Yet when single isolated nutrients found in such diets are studied in reductionist clinical models, limited or negative effects are often seen, supporting the idea that taken out of their whole food context, dietary constituents don't behave as predicted. Isolated nutrients don't exist in a vacuum in human biology, and thus they can't be meaningfully studied in this way. In whole foods, vitamins and minerals exist in a complex matrix along with many other supporting nutrients and potential health-promoting compounds. Metabolism has adapted to the presence of many interacting factors in the diet, a complexity that isn't always reducible to pharmaceutical clinical methods of study.

In today's world we have refined much of the phytonutrient diversity out of foods. As a result, we try to supplement with vitamins and minerals perceived to be missing, but with a poor understanding of their effects. The role of diet and dietary supplements in health is much more than the sum of the parts. That is to say, merely combining the results of clinical studies of single isolated nutrients will almost always present a flawed picture of the complex, multi-factorial role of diet in health, because it ignores the complexity of the synergistic whole food nutrient matrix that itself has multiple effects on health.

The role of nutrition research in the future will be to understand how food constituents interact biologically within the context of total dietary intake and human genomics. While the pharmaceutical clinical model will have a role in this pursuit, we are in need of scientifically sound innovative study designs to address the complex food/health interface.

David Barnes, Ph.D.
Director of Research
Standard Process
Palmyra, Wis.

Your article points out, valuably, that vitamins can't always be expected to cure non-deficiency diseases. But the indictment of vitamin C is unwarranted. Vitamin C hasn't been found to act as a pro-oxidant in the body and serves a multitude of vital functions, including a recently discovered reaction in which vitamin C

binds to oxidized or rancid fat in the body, generating harmless conjugates that are then excreted. The oxidized fats are thus unable to damage biomolecules like DNA, providing one way by which vitamin C may protect against cancer and heart disease. High-dose vitamin C has also been found to lower blood pressure and to promote relaxation of the arteries. You emphasized speculative studies about vitamin C and cancer and ignored the plethora of other reports in the past 35 years showing benefits of adjunctive high-dose vitamin C, especially when given intravenously.

While some studies, including a recent five-year Japanese investigation, have found that vitamin C may decrease the incidence of colds, most show a significant shortening of duration and decrease of symptoms associated with high-dose vitamin C. The U. S. Food and Nutrition Board reviewed the safety studies of vitamin C in 2000, concluding that vitamin C is very safe in high doses for most people. The tolerable upper level of intake was set at 2,000 mg per day, based only on a potential laxative effect in some people at higher doses. A 2001 epidemiological study from the University of California at Berkeley estimated that 50% of older Americans ingest less than the recommended allowance of vitamin C, and 25% ingest less than 50% of the allowance. Clearly, the big problem with vitamin C is that many people don't get enough.

Stephen Lawson
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Have you considered the thousands of people who have taken vitamins daily for years, who have temporarily stopped, but return to the daily regimen because they tangibly feel better? Are all these people stupid because they don't have a medical degree?

David F. Wallace
Jacksonville, Fla.

Your analytical report is to be applauded. Vitamins fall into the category of "nutritional supplements," for which unbelievable claims are often made regarding their salutary effects. When the makers of such products use the term "clinically tested," or an equivalent statement, they should be required to state information about the studies, such as the number of participants, or whether they randomized, double-blind, placebo-controlled investigations with statistical analyses. In addition to the reliability of the clinical studies that are performed, quality control on the actual material in the bottle should, in my view, be equivalent to that for over-the-counter drugs.

Charles G. Smith, Ph.D.
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While your article describes many studies evaluating the efficacy of different vitamin supplements in treating patients with cancer, cardiovascular disease and other chronic conditions, you fail to note that these studies were looking for a treatment effect from the vitamin on top of the established efficacy of the extensive drug regimens already being followed by these patients. While this evidence suggests little therapeutic value for vitamin supplements in these patients, drawing conclusions on their benefits to primary prevention is inappropriate. Indeed, a substantial body of evidence demonstrates that inadequate vitamin intakes, which are common among many Americans, are an important risk factor for many diseases common among older adults. With regard to the putative harm caused by vitamin supplements, it is worth noting that neither the National Institutes of Health nor Institute of Medicine have found sufficient compelling evidence to make any changes to either current studies or recommendations on tolerable upper levels, respectively.

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Boston

(Dr. Blumberg is director, Antioxidants Research Laboratory, Jean Mayer USDA Human Nutrition Research Center on Aging; and professor, Friedman School of Nutrition Science and Policy Tufts University.

In 1930, Only 10 Cities Had Big League Baseball

An April 5 Letter to the Editor incorrectly listed the number of major league baseball cities that were around to either adopt or not adopt the emerging daylight savings time standards in 1930. There weren't 14 major league cities in 1930 -- there were only 10: Boston, New York, Philadelphia, Washington, D.C., St. Louis, Pittsburgh, Cleveland, Cincinnati, Detroit and Chicago. Of these 10 cities, New York had three teams (the Dodgers, the Giants and the Yankees); Boston had two (the Red Sox and the Braves); Philadelphia had two (the Athletics and the Phillies); St. Louis had two (the Browns and the Cardinals) and Chicago had two (the White Sox and the Cubs).

Steven Wertheim
Morganville, N.J.

Write to The Wall Street Journal

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