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Do You Have Beri-Beri?

By Bill Sardi December 8, 2011 **The Curse of the Coffee, Tea and Beer Drinkers**

by Bill Sardi [mailto:BSardi@aol.com]

Recently by Bill Sardi: The Dietary Supplement Label the FDA Doesn't Want You To See [http://archive.lewrockwell.com/sardi/sardi196.html]

What do all of the illnesses below have in common?

- A policeman is flagged down by a 32-year-old woman at a park in Joliet, Illinois who says she can't remember who she is or how she got there [http://heraldnews.suntimes.com /news/8814054-418/case-of-amnesia-victim-found-in-joliet-to-be-featured-in-show.html] . She is later found to be a mother of four children living in Jackson, Michigan. Her name is Amber. She has not recovered memory of her earlier life or what triggered her amnesia. Doctors are at a loss to know what caused this case of "global amnesia."
- Marie is college educated, with a father who is a physician and mother who is a nurse, and she can't find anyone who can tell her why she is experiencing severe nausea and vomiting early in her first pregnancy [http://www.winnipegfreepress.com/arts-and-life/life/moms-to-be-report-on-life-from-sex-to-morning-sickness-134735833.html] . No one seems to know. Folk remedies are sought. Despite being the most common torment of pregnancy, the cause of morning sickness remains a mystery. Or is it?
- Jim, a rock sculptor living near Ontario, California, looks like Indiana Jones in the movie Raiders Of The Lost Ark. Prop him up on a bar stool drinking down some brew and he would fit into any beer commercial. He is manly but has an unmanly and embarrassing problem. All of a sudden he can't seem to control his bowels. He is running to the bathroom all the time. His doctor says it is irritable bowel syndrome, a now common condition that forces sufferers to be closely tethered to bathrooms. A drug is prescribed that slows down gastric transit time but induces sleepiness, and can't be taken while driving. But what is the cause of his problem?
- Jackie is out of work and living in Santa Fe, New Mexico and suffering with relentless pain that has been diagnosed as fibromyalgia [http://www.santafenewmexican.com/Local%20News /Woman-out-of-work-seeks-help-staying-warm-this-winter]. Doctors don't seem to have an answer as to what causes this problem. Inexplicably, a number of people with fibromyalgia report having the same problem as Jim the rock sculptor (above), irritable bowel. Are the two conditions linked in any way? An estimated 5 million Americans have fibromyalgia [http://www.reuters.com

/article/2011/12/02/us-behavioral-fibromyalgia-idUSTRE7B12E020111202] , some of them children.

- Robert, an award-winning journalist, wakes up one morning with a slight weakness in his left leg. Then he begins to lose his ability to speak. He has to say "yes" or "no" by shifting his eyes. Doctors offer an experimental drug. For unexplained reasons, doctors delay treatment until Robert loses feeling throughout his body and is now permanently confined to a wheelchair. Doctors say Robert had a bout of Guillain Barré syndrome that never went into remission as most other cases do [http://www.thelundreport.org/resource/true_story_of_one_man%E2%80%99s_horrifying_treatment_in_one_of_america%E2%80%99s_top_hospitals]. Again, doctors have no idea of the cause of this progressive loss of nervous system control, some believing it is triggered by a virus.
- Steve, age 35, had been suffering heart palpitations for years and finally was diagnosed with atrial fibrillation [http://www.melbourneweeklybayside.com.au/news/local/news/general/steve-quinn-making-a-wheel-difference/2373250.aspx], a quivering heart muscle in the top chambers of the heart. Surgery and medication began to slowly help Steve regain his energy. Steve wonders if his children will inherit his problem. Despite successful treatment, neither surgery nor medication addresses the still unknown cause of atrial fibrillation. Millions of Americans, mostly men, face this same problem. Treatment consists of prescribing blood thinners to prevent a blood clot in the heart being thrown into the lungs or brain and controlled destruction of the heart muscle (ablation) itself. But what is its cause?
- Martin, at age 56, first noticed could not keep up with his 70-year old brother in law when out hunting. He began to experience shortness of breath, fatigue, swelling in his ankles and a persistent cough. The diagnosis: heart failure [http://www.mitchellrepublic.com/event/article /id/59003/]. The cure: the implantation of a device in his chest that helps his heart pump blood. The device is credited with saving his life. More commonly heart failure is treated with a battery of drugs. But a recent study shows the drugs are of negligible value [http://www.cardiovascularbusiness.com/index.php?option=com_articles&view=article& id=30469:aha-pharmacist-intervention-ups-prescriptions-but-not-hf-outcomes].

Strikingly, all of these illnesses may be related to a single nutritional deficiency.

Vitamin deficiencies not on modern medicine's radar screen

Could modern medicine completely miss detection of a widespread vitamin deficiency disease that emanates as many different diseases? Dr. Derrick Lonsdale MD, a practicing physician in Cleveland, Ohio and noted expert on the subject, says "it is possible to start thinking that our disease model is catastrophically wrong." 22116701

In a recently published journal article Dr. Lonsdale says that the origin of this oversight can be traced to when "vitamins fell into disrepute and even today they are often spurned by physicians who regard their pharmaceutical use as absurd."

The vitamin deficiency Dr. Lonsdale is talking about: thiamin — vitamin B1, the very first vitamin ever discovered. Unknowingly, due to a shift towards high carbohydrate diets, refined sugars and availability of alcohol, beri beri, the name for vitamin B1 deficiency disease, is alive and well in the modern world even though it was thought to be conquered through food fortification decades ago.

Modern beri beri is subtle. It is not the same vitamin deficiency disease that was traced to removal of bran from polished rice decades ago and quelled with vitamin fortified foods. As Dr. Lonsdale says, modern beri beri as a disease characterized by high calorie intake and where the diet is rich in carbohydrates. It occurs in over-fed human populations. As early as 1914 it was known that the risk for beriberi increases with greater carbohydrate and sugar consumption [http://www.ncbi.nlm.nih.gov /pubmed/2047458].

Dr. Lonsdale says there are often surprisingly clear clues to the disease found in the diet. Sugary foods, particularly those with sucrose and fructose, are the primary offenders. A classic example would be a person who consumes three or four cans of soda pop a day. A shortage of vitamin B1 then results in inefficient use of oxygen in the body and tissues that require high amounts of oxygen, such as the heart and brain, suffer the most.

The beri beri drum beats on

The list of maladies linked to vitamin B1 deficiency is extensive. It goes beyond heart failure, fibromyalgia and atrial fibrillation mentioned above.

In fact, in virtually every nerve disorder, including multiple sclerosis [http://www.ncbi.nlm.nih.gov /pubmed/21130821] and glaucoma [http://www.ncbi.nlm.nih.gov/pubmed/485004] (optic nerve) a shortage of vitamin B1 should be ruled out with a strong repeated dose of a highly absorbable form of thiamin.

Today doctors may misdiagnose thiamin deficiency symptoms as Alzheimer's disease [http://www.ncbi.nlm.nih.gov/pubmed/19233513], congestive heart failure [http://www.ncbi.nlm.nih.gov/pubmed/19934228], amnesia [http://www.ncbi.nlm.nih.gov/pubmed/2188373], anorexia [http://www.ncbi.nlm.nih.gov/pubmed/19950117], cancer, ringing in the ears [http://www.ncbi.nlm.nih.gov/pubmed/18725598] (tinnitus), peripheral neuropathy [http://www.ncbi.nlm.nih.gov/pubmed/19830009], irritable bowel [http://www.ncbi.nlm.nih.gov /pubmed/15705205] (ulcerative colitis), loss of vision (amblyopia [http://www.ncbi.nlm.nih.gov /pubmed/5846361], cataract [http://www.ncbi.nlm.nih.gov/pubmed/15824226]), epilepsy [http://www.ncbi.nlm.nih.gov/pubmed/19571254], schizophrenia [http://www.ncbi.nlm.nih.gov /pubmed/16925799], Guillain-Barré syndrome [http://www.ncbi.nlm.nih.gov/pubmed/18440777], glaucoma [http://www.ncbi.nlm.nih.gov/pubmed/485004], arthritis [http://www.ncbi.nlm.nih.gov /pubmed/15973508], hearing loss [http://www.ncbi.nlm.nih.gov/pubmed/7699385], and psychosis [http://www.ncbi.nlm.nih.gov/pubmed/20384190].

In an era where modern medicine treats nearly every disease as if it were a "drug deficiency," recent studies reveal that an overlooked nutrient, vitamin B1, may have profound effect in treating or reducing the risk for major diseases such as Alzheimer's disease, diabetic-related disorders (retinopathy [http://www.ncbi.nlm.nih.gov/pubmed/18220605], neuropathy [http://www.ncbi.nlm.nih.gov/pubmed/20188835], kidney disease [http://www.ncbi.nlm.nih.gov/pubmed/20369223]), and heart failure.

Disappointingly, thiamine itself has not been shown to produce a significant or consistent benefit in clinical trials of Alzheimer's disease. But a recent study shows that the fat-soluble form of vitamin B1 (benfotiamine) raises brain thiamine levels and improves cognitive (thinking) ability in laboratory mice [http://www.ncbi.nlm.nih.gov/pubmed/20385653]. This study runs contrary to a prior study

which said benfotiamine does not raise thiamin levels in the brain [http://www.ncbi.nlm.nih.gov /pubmed/18549472] . Is Alzheimer's disease actually a form of "sugar on the brain" and vitamin B1 its antidote?

The elusive origin of fibromyalgia

There are other disorders that have arisen in modern times that exhibit elusive origins that may involve thiamin deficiency. One is the modern plague of fibromyalgia, which continues to confound modern medicine [http://www.ncbi.nlm.nih.gov/pubmed/20505625]. Physicians often believe the common symptoms of fibromyalgia are totally psychosomatic [http://www.ncbi.nlm.nih.gov/pubmed/18925441] ("in their head") since there is no blood test or other marker that explains the "disease."

Fibromyalgia symptoms overlap [http://www.ncbi.nlm.nih.gov/pubmed/19962494] with those of irritable bowel syndrome, temporomandibular join (TMJ) disorder and chronic low back pain. Conventional treatment is disappointing [http://www.ncbi.nlm.nih.gov/pubmed/19746561].

In a 1998 report published in the Journal of the American College of Nutrition, registered dietician Barbara A. Monroe noted that fibromyalgia has many similarities with thiamin deficiency [http://www.ncbi.nlm.nih.gov/pubmed/9627919], such as muscle tenderness, frequent headaches, sleep disturbances, fatigue. In developed countries, alcohol consumption explains most of the cases of thiamin deficiency. The fact that fibromyalgia has been linked to alcoholism in first-degree relatives [http://www.ncbi.nlm.nih.gov/pubmed/8838524] suggests there may also be genetic imprinting involved, passing on the genetic patterns induced by alcohol-related thiamin deficiency.

Vitamin B1 and diabetes

In 2008 researchers said [http://www.ncbi.nlm.nih.gov/pubmed/18220605] : "More immediately, given the emerging multiple benefits of thiamine repletion, even mild thiamine deficiency in diabetes should be avoided and thiamine supplementation to high dose should be considered as adjunct nutritional therapy to prevent dyslipidemia (abnormal blood cholesterol) and the development of vascular complications in clinical diabetes."

One wonders about the role of thiamin deficiency not just in the prevention of diabetic complications, such a kidney, retinal and nerve damage, but in the actual onset of the disease itself.

Thiamine deficiency appears to thin the lining in the digestive tract, leading to increased passage (permeability) of sugars from the diet [http://www.ncbi.nlm.nih.gov/pubmed/6465054]. In fact, the complete disappearance of diabetes [http://www.ncbi.nlm.nih.gov/pubmed/19522453] and the need for insulin therapy has been documented with thiamin therapy [http://www.ncbi.nlm.nih.gov/pubmed/19242038]. Some researchers have described diabetes as "a thiamin-deficient state [http://www.ncbi.nlm.nih.gov/pubmed/18581039]." A lack of thiamin impairs enzyme (transketolase) activity, a key enzyme involved in the control of sugar within living cells.

Cardiac beriberi: thiamin deficiency heart failure

Heart failure induced by a deficiency of thiamin is called cardiac beriberi. Anywhere from 3% to 91% of patients with heart failure are vitamin-B1 deficient. Thiamin supplementation is not widely practiced among cardiac patients despite evidence of its importance [http://www.ncbi.nlm.nih.gov/pubmed /12555508].

An alarming study conducted among hospitalized patients with congestive heart failure found a third (33%) of patients were thiamin deficient [http://www.ncbi.nlm.nih.gov/pubmed/16412860] compared to healthy subjects (12%). In another study, 98% of patients taking a 80 mg dose of a common diuretic (furosemide) were found to be deficient in vitamin B1 [http://www.ncbi.nlm.nih.gov/pubmed /14712323] . Increased urinary loss of thiamin was the primary cause of the vitamin deficiency, pointing to the widespread use of diuretics in this patient population as the primary cause of the vitamin shortage.

The tragedy of this is that cardiologists commonly prescribe two thiamin-depeleting drugs [http://www.ncbi.nlm.nih.gov/pubmed/9851552] — digoxin (digitalis) and furosemide (a water pill) — to treat heart failure.

Many other drugs deplete vitamin B1. Included in the list are many antibiotics (penicillin, amoxicillin, ciprofloxacin, gentamycin, kanamycin, minoxycycline, neomycin, doxycycline and tetracycline). Theophylline, a drug used to treat asthma, dilantin (phenytoin), used to treat seizures, also interfere with vitamin B1.

Atrial fibrillation and vitamin B1 deficiency

Atrial fibrillation is a very common heart rhythm disorder [http://www.ncbi.nlm.nih.gov/pubmed /20523864]. About 1% of American adults endure this distressing condition which is a major risk for stroke. Advancing age increases risk for atrial fibrillation. Above 80-years of age about 8-percent suffer with this problem.

This is the way a recent review article stated it [http://www.ncbi.nlm.nih.gov/pubmed/20624425] : "Currently available anti-arrhythmic (anti-abnormal heart rhythm) drugs for the management of AF are not sufficiently effective and are burdened with cardiac and extra-cardiac side effects that may offset their therapeutic benefits. Better knowledge about the mechanisms underlying generation and maintenance of atrial fibrillation may lead to the discovery of new targets for pharmacological interventions."

In this era of modern medicine, treatment appears to be very crude. Drugs that inhibit blood clotting and subsequent stroke are employed at the risk of inducing hemorrhages, and as a last resort, the patient's heart tissue is intentionally destroyed [http://www.ncbi.nlm.nih.gov/pubmed/20506004] by application of electrical energy (radiofrequency), leaving scar tissue behind. Ablation treatment, as it is called, is widely performed, but in this era of evidenced-based medicine, there is no evidence that ablation makes any difference in all-cause mortality. Symptoms are allayed, but does the patient live any longer?

The agonizing experience of atrial fibrillation causes this writer to look into areas not investigated by prior investigators.

Here are some pertinent facts surrounding atrial fibrillation that may help lead to an understanding of its cause:

 Atrial fibrillation and heart failure often co-exist [http://www.ncbi.nlm.nih.gov/pubmed /20540402] in the same patients. Each condition predisposes to the other [http://www.ncbi.nlm.nih.gov/pubmed/20347787]. Another abnormal heart rhythm, tachycardia [http://www.ncbi.nlm.nih.gov/pubmed/20693576] (fast heart rate) is also associated with atrial fibrillation.

- 2. Elevated blood sugar [http://www.ncbi.nlm.nih.gov/pubmed/20405332] (diabetes) is associated with atrial fibrillation.
- 3. Alcohol abuse and/or illicit drug use [http://www.ncbi.nlm.nih.gov/pubmed/19699381] may induce atrial fibrillation in young adults, which is not typical for this disease.
- 4. Nausea, vomiting and ringing in the ears [http://www.ncbi.nlm.nih.gov/pubmed/637821] (tinnitus) have been reported among patients with atrial fibrillation.
- 5. While both atrial fibrillation and senility (memory loss, Alzheimer's type) occur more often with advancing age, for unexplained reasons, senile dementia coexists with atrial fibrillation more often in older adults under the age of 70 years [http://www.ncbi.nlm.nih.gov/pubmed/20122875]
- 6. Digitalis, a drug often prescribed for patients with heart failure [http://www.ncbi.nlm.nih.gov /pubmed/20352374], and is also prescribed for patients with atrial fibrillation, has not been shown to improve atrial function largely due to the fact that digitalis aggravates intracellular calcium overload induced by chronic atrial fibrillation. In fact, digitalis has been described as a dangerous drug in atrial fibrillation [http://www.ncbi.nlm.nih.gov/pubmed/19011140]. While digitalis reduces morbidity, it has no effect upon survival [http://www.ncbi.nlm.nih.gov/pubmed /17483128]. Digitalis is even questioned in heart failure [http://www.ncbi.nlm.nih.gov/pubmed /17120690]. Accidental overdose with untypical digitalis also can induce atrial fibrillation in a child [http://www.ncbi.nlm.nih.gov/pubmed/16801845].
- 7. Atrial fibrillation often occurs after heart surgery and may be accompanied by delirium [http://www.ncbi.nlm.nih.gov/pubmed/20624517].
- 8. The use of theophylline, an anti-asthma drug, is associated with the onset of atrial fibrillation [http://www.ncbi.nlm.nih.gov/pubmed/15824553].
- **9.** Cardiac patients treated with a high-dose water pill/diuretic (furosemide) are more likely to experience atrial fibrillation [http://www.ncbi.nlm.nih.gov/pubmed/20691831].
- 10. Cancer treatment [http://www.ncbi.nlm.nih.gov/pubmed/20667313] is associated with atrial fibrillation.

An indirect correlation can be made between atrial fibrillation, the above listed factors, and a covert nutritional deficiency. All of the above co-factors associated with atrial fibrillation are also correlated with a shortage of thiamin — water-soluble vitamin B1.

Vitamin B1 requirements

But still, it is difficult for physicians to fathom that a shortage of a simple vitamin is what causes such widespread disease. After all, the daily requirement for vitamin B1 is just 1.5 milligrams per day, which should easily be met in a world of fortified foods and multivitamins. Furthermore, the body stores about 30-50 milligrams. But body stores can be depleted fairly rapidly, within 4-6 weeks [http://www.ncbi.nlm.nih.gov/pubmed/16384871]. It is not fully appreciated that the human body's reserve pool of thiamin, can be fully depleted within days [http://www.ncbi.nlm.nih.gov/pubmed/11899071].

Beri beri modernus: it's in the tea cup, coffee mug and beer stein

The problem of thiamin deficiency may be traced to another daily practice, the consumption of coffee, tea or beer. Many millions of people consume coffee or tea at the same time they take their morning multivitamin. What's the problem with tea or coffee? They contain tannins (bitter parts) that alter vitamin B1 and render it useless [http://www.ncbi.nlm.nih.gov/pubmed/20773]. Sulfite preservatives [http://www.ncbi.nlm.nih.gov/pubmed/16035180], as found in wine, are another antagonist to B1. Alcohol also interferes with B1 absorption [http://www.ncbi.nlm.nih.gov/pubmed/16384871]. In fact, about 30-80% of alcohol users have low circulating levels of B1. The lesson here is not to take vitamin B1 pills with coffee, tea or alcohol.

Highly absorbable B1

Taking common vitamin B1 tablets may not result in resolution of deficiency-related health problems. An obscure form of B1, the fat-soluble benfotiamine form of thiamin, is highly advised. In 1998 it was reported that benfotiamine produces 5 to 25 times greater vitamin B1 levels in the brain than plain thiamin [http://www.ncbi.nlm.nih.gov/pubmed/9638312]. Over a decade has past while modern medicine has ignored this discovery. It appears that many millions of people may have prematurely become senile who could have averted their age-related brain disorder by supplementing their diet with benfotiamine.

Even oral-dose thiamin may produce no respite from symptoms. Sometimes the only way to remedy a shortage of thiamin in the brain is by intravenous therapy [http://www.ncbi.nlm.nih.gov/pubmed /20384190]. Benfotiamine may be effective in lieu of intravenous therapy.

Food fortification programs significantly reduce symptoms of beriberi, but fall short of providing complete protection from a totally preventable disease. The single greatest strike against beriberi modernus would be to fortify beer with thiamin [http://www.ncbi.nlm.nih.gov/pubmed/10933408]. But this has only been mulled over. No action plans have been drawn.

We should be reminded that vitamin B1 supplements didn't eradicate beri beri outbreaks in the Japanese navy [http://www.ncbi.nlm.nih.gov/pubmed/16673750] because they were "unpalatable." One would guess that sailors would prefer sugar-coated vitamin pills, which would block thiamin absorption.

Human idiosyncrasies will likely confound the best laid plans aimed at disease prevention. Mega-dose vitamin pills will have to be designed to overcome the proclivity for alcohol and sugar, since attempts to get the public to abstain will likely fail.

The many profitable drugs that modern medicine prescribes to curb the symptoms caused by thiamin deficiency disease certainly give no incentive to properly fortify foods and provide adequate doses of thiamin in multivitamins, to get at the cause of this wide-spectrum disease.

Vitamin B1 pill should advisably be taken apart from coffee, tea or alcohol.

Outside the lens of modern medicine

America and other developed countries have developed a lifestyle that unconsciously foments a widespread shortage of vitamin B1. Because medical research focuses on minutiae rather than looking

at a broader picture, a disease that is so widespread and manifests itself as many other diseases is outside the lens of modern medicine. Modern medicine is making too much money off of beri beri to cure it.

Surveys show patients themselves demand the costly high-tech care that America showcases to the world rather than 10-cent cures. When it comes to preventing beriberi modernus, it's every man for himself. Such is the current state of disease prevention in America today.

Common symptoms of beri beri (vitamin B1 deficiency):

- Difficulty walking
- Loss of feeling (sensation) in hands and feet
- Loss of muscle function or paralysis of the lower legs
- Mental confusion/speech difficulties
- Pain
- Uncontrolled side-to-side eye movements (nystagmus)
- Tingling
- Vomiting
- Increased heart rate
- Swelling of lower legs
- Neck veins that stick out
- Droopy eyelids
- Fatigue
- Irritability, moodiness, depression
- Loss of appetite
- Heartburn
- Abdominal pain
- Leg cramps
- Mental confusion
- Underactive thyroid
- Anxiety
- Oversensitivity to pain or noise
- Pain upon pressure to calves (classic early sign)
- Slow heart rate or fast heart rate
- Multiple sclerosis

- Diabetes
- Sleep disturbances
- Memory loss

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