

Regulating Iron

During any infection, body levels of iron are depressed and we call this *anemia, or hypoferremic response*. Anemia is often a defensive response in the body to infection and chronic disorders. In order to understand anemia as a symptom of something wrong in the body, we should “step away from the pharmacy” for a fresh look at what is going on. The body has a fantastic ability to regulate iron retention from everyday diet. The Standard American Diet (SAD) has an over-abundance of iron in it. If the body is throwing off the iron and going into a depressed iron state, there is often a very good reason for this.

In our modern medicine practices, we strive to artificially lower fever, mask and generally interfere with pain, artificially combat swelling, hypertension, diabetes, and body cholesterol. What we are failing to see is that these are all normal body responses and even champion efforts by our bodies to correct what is wrong and bring healing. We are “the dog that bites the master’s hand” when it comes to disease treatment. Instead of supporting the body’s efforts we maliciously block them and continually interfere with them. We do everything conventional medicine dictates and then we wonder why we just get sicker.

As we will see, keeping iron levels in the body low is an effective defense against infection and cancer

If we are anemic and taking supplemental iron we are actually countering the body's own efforts to bring about healing. The body is usually able to reject assimilation of iron we take or at least store some of it. During the inflammatory process of infection and cancer, the release of iron from macrophages is inhibited which prevents normal recycling of iron to transferrin. This mechanism in the macrophages also lowers plasma zinc and increases plasma copper.

In the Journal of Orthomolecular Medicine Vol. 8, No. 4, 1993: Because of their diets, the Masai people of East Africa naturally have a low hemoglobin and transferrin saturation. When our Western-thinking medical doctors saw this, they immediately fed them iron to get these values up to our standards. Suddenly, 17% of the Masai had malaria attacks while there was no malaria in the untreated controls. In addition, the Masai saw a jump in other infections from less than 9% to an ungodly 83% in one year of iron supplementation. Likewise, Somalian nomads were fed iron for a year and their active infection rates jumped to 38% compared to 8% of controls.¹

*Gram-negative bacteria, fungi as well as cancer cells, thrive on iron, and a natural defense would be vitamin C. Stored iron destroys available vitamin C*²

Researchers suggest that the women’s menstrual loss of iron causes the lower incidence of heart disease seen in pre-menopausal women, rather than a protective effect from estrogen. After menopause, a woman's risk of developing coronary heart disease increases along with her iron stores.³ Researchers have also found lower rates of heart disease in populations with lower iron stores. Could our great American medical community be wrong about iron? At what cost?

About two-thirds of iron in the body is in hemoglobin in the blood which is the protein in red blood cells that carries oxygen to tissues. Lesser quantities are found in the myoglobin, a similar protein that helps supply oxygen to muscle and to enzymes for biochemical reactions. The two forms of dietary iron are

heme and nonheme. Heme iron is derived from hemoglobin and is found mostly in meats. The nonheme iron is found mostly in plant foods and is the form of iron added to iron-fortified foods. Heme iron is absorbed better than nonheme iron.

Iron intake is negatively influenced by low nutrient density foods like sodas, candy, chips and most desserts. One of the best ways to *feed* a cancer is by eating low nutrient, fortified foods and lots of sugar.

If the body is in a cancer battle it may not feel very well as it copes with massive cleanups and detoxing. As the body sheds the excess iron in the normal body healing process there is a dieoff of pathogens and cancer cells. This takes a concentrate of energy to accomplish and can leave one weak. Sometimes, feeding the body iron supplements at this time makes the body “feel better” only because the dieoff burden on the body lessens. Even when a true iron deficiency exists, it is safer to eat foods naturally high in iron rather than to rely on supplements.

Copper and iron work synergistically to form hemoglobin and must be supplemented together. Supplementing with either copper or iron alone can lead to a deficiency of the other.

There are many cofactors in iron metabolism and deficiencies of vital nutrients will cause symptoms of “apparent iron deficiency”. Hemoglobin levels register low even though there is a surplus of stored iron and can cause your doctor to wrongly supply iron supplements or shots. Vitamin A helps mobilize iron from storage to usage and a deficiency of vitamin A (as beta carotene) limits the body's ability to use stored iron. Iron may also be low because of deficiencies of manganese, copper, or cobalt (vitamin B-12 as methylcobalamin), or other B complex vitamins.

¹ http://www.seanet.com/~alexs/ascorbate/199x/hattersley-jg-j_orthomol_med-1993-v8-n4-p229.htm

² <http://www.ncbi.nlm.nih.gov/pubmed/16209357>

³ <http://ods.od.nih.gov/factsheets/iron>

Craig Stellpflug is a Certified Nutritional and Neuro Development Consultant at Healing Pathways Medical Clinic in Tempe where he specializes in cancer nutrition as well as autism and other brain disorders. For more information, call 480-699-7400 or visit HealingPathwaysMedical.com. See ad on page xx.