

# Liver Virus and B<sub>12</sub> Risk

Carl Ferré

## **RAPIDLY GROWING VIRUS**

*If a person has a rapidly growing virus, very yin, living in the liver, very yang, would the best approach be to reduce yin foods and increase salt intake to promote a more yang internal body fluid?*

— Sincerely,  
Glen Osborne

**O**n the surface your question seems very simple; however, many more questions are raised by it and the answer reflects the complexity of the human body and of any health concern. In answering such a question we must add the caution that every individual and every condition is unique and requires a different approach. Thus, we can only offer general guidelines on the process of using macrobiotic principles to help relieve an unwanted condition.

In all cases the best approach is to determine the underlying cause. It is true that macrobiotic literature refers to the liver as a more yang organ and a rapidly growing virus would appear to be a more yin symptom. However, from macrobiotic principles we find that yin produces yang and yang produces yin, and that yin repels yin and yang repels yang. Is the yin virus a result of overly yang factors or overly yin ones? To determine the actual underlying cause, you would need to study your past and other current symptoms. A macrobiotic counselor can be helpful in this process.

From your question it appears that

you think a more yang internal body fluid would be helpful and that reducing yin foods and increasing salt intake will help produce such a condition. Again, every individual is different and without knowing a lot more about your past and current condition, along with a lot more about how the body works, I cannot comment on the value of such actions.

I can pass along some information from my reading over the years that might be of use. Bacteria and viruses thrive in an overly-acidic environment. Also, there are certain foods that aggravate the liver and most of these are acid-forming in the body. Past eating of any of these foods may provide a clue to the underlying cause of the current condition.

The effects of drugs and chemicals remain in liver for a long time and usually are the hardest to discharge. Vinegar, alcohol, and cold drinks also have detrimental effects on the liver. Overeating is harmful for the liver, especially when it is enlarged already. David Briscoe lists the following liver-aggravating foods: alcohol; coffee; fatty red meats; spicy hot, pungent foods; baked flour products; preservatives and other food chemicals, and drugs (legal/illegal). (See *Macrobiotics Today*, March/April 2003, pages 5-9.) David also mentions non-dietary factors such as daily stress management, emotional healing, exercise, abdominal massage, daily deep relaxation, and restorative baths that can be helpful.

In closing, in *Natural Healing from*

*Head to Toe* (now out of print), Cornelia Aihara suggests macrobiotic fasting for all cases of liver problems. "Use thin (watery) Brown Rice Cream, Brown Rice Gruel, Buckwheat Cream, or a cream made from any kind of grain. Eat only 2 to 3 bowls per day, chew well, and keep physically active. Try the fast for 7 days, if possible. The body still makes hemoglobin, which it does not do during complete fasting, and there is less fatigue. Old stools are eliminated.

"Breaking the macrobiotic fast must be done carefully. The intestines will have become like those of a baby, and it is best to eat soft foods like baby food. Some people become so hungry after a fast that they are tempted to eat solid foods right away; this can tear the intestines. Eat progressively thicker rice (or other) cream. If you have trouble with the macrobiotic fast for 7 days, you can do shorter fasts more often, say once a month."

## **MACROBIOTIC B<sub>12</sub> RISK?**

*I am a college student in New Hampshire. I was recently doing some reading on Macrobiotics. I came across some medical reports that found that children raised on the macrobiotic diet risk persistent cobalamin deficiency, a condition which causes neurological damage.*

*I was wondering if the Foundation and its members are aware of this threat, and how they reconcile such harm with the perceived benefits of macrobiotics?*

*Thank you: I appreciate your time*

in answering this query.

— Yours,  
Hannah E. Meyers

**T**hank you for your inquiry. Without seeing the medical reports, it is impossible to respond specifically; however, I can respond in a general way. First, if there is a real threat to anyone using macrobiotic principles we certainly would want to make everyone aware of it.

The fundamental question regarding any medical report is the macrobiotic diet that was used or considered for analysis. Contrary to common perception, there is no one macrobiotic diet. Rather, each person tailors their own dietary choices depending on their condition, needs, and purpose. In other words, as long as the principles are applied correctly in each individual case, there would be no threat of major illness from a dietary cause. Problems can occur when the principles are not followed correctly however.

Since, according to *Dorland's Medical Dictionary*, cobalamin refers to "the cobalt-containing complex common to all members of the vitamin B<sub>12</sub> group," my thinking is that the authors of the medical reports you are reading base their opinion, at least in part, on studies done on macrobiotic children in Europe over twenty years ago when people were following a greatly restricted diet compared with today's recommendations and practice.

Even today, I have heard of people who appear to have overly restricted their food choices, and those of their children. Experimenting on oneself is different than experimenting on a child. A restricted diet designed to cleanse a person after years of eating unnatural, highly processed, chemicalized foods should never be used as a daily diet for growing children in my opinion. The next question would be what growing children need within a macrobiotic context.

Our experience with four boys is that each one is different and requires different foods. There is someone working on an article for *Macrobiotics Today* about feeding children using macrobiotic principles.

In the meantime here is a broad outline of macrobiotic approaches. Perhaps the most known macrobiotic dietary practice is a standard macrobiotic diet. There are lists of foods to eat and foods to avoid, and percentages of each food group to use on a daily basis. This approach is to be used as a guideline for those new to macrobiotic thinking. Those who come to macrobiotics with a pre-existing illness are often advised to follow what has been called a "cleansing diet" or "centering diet." This approach provides a narrowed (restricted) list of foods to choose from for a limited period of time. In my experience, problems can arise when one follows either a standard macrobiotic diet or a cleansing diet for too long.

In order to determine how long is too long and the foods that are most appropriate for each individual, each person studies macrobiotic principles and learns to adjust their daily food choices, or goes to a macrobiotic counselor or guide for advice. The final goal of macrobiotics regarding eating is to be able to understand the effect of each food and to know how to counterbalance that effect. This gives one greater freedom and much wider variety in one's daily choices. Thus, the ultimate goal of macrobiotics is freedom.

An explanation of these various diets, including a centering diet for healing purposes, can be found in my book, *Pocket Guide to Macrobiotics*. Since your specific question is related to vitamin B<sub>12</sub>, here is a quote from the book (pages 46-47) that may be helpful.

"Vitamin B<sub>12</sub> is found mostly in animal sources. A study done in Europe, which concluded that macrobiotic children were not getting enough B<sub>12</sub>, worried many macrobiotic fol-

lowers, especially those eating no animal products. The non-seafood sources listed [sea foods, especially small dried fish (iriko); soy products such as miso, soy sauce, and tempeh; sea vegetables; bacteria bound to the skins of some organically grown vegetables] contain small amounts of B<sub>12</sub>—but then only small amounts are needed. People who think they need more B<sub>12</sub> should try seafood. If this is not adequate, then a natural supplement may be needed. A more extreme option is injections; once started they may always be needed. Studies have shown acceptable levels of B<sub>12</sub> in adults who had eaten no animal products at all for more than 17 years."

Today, I would add that good-quality (as natural as possible) meat or dairy could be eaten if needed. The studies that I have seen on current macrobiotic practice have been mostly positive. The only ones that have not been positive are those that are based on older research or articles that used a more restricted version of macrobiotic diet as the basis of the research or study. The problem with all studies is that there is no study that can be devised that allows for the uniqueness of each individual, and for the fact that each person changes from day to day.

I hope this helps in your understanding and that you will continue to explore macrobiotic principles and practice. If the reports are based on current studies, I would appreciate knowing the sources so we can evaluate them for our members and readership.

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Carl Ferré is the author of *Pocket Guide to Macrobiotics* and editor of *Macrobiotics Today*.

