

Iron for Millions?

A Swiss family doctor questions a laboratory value and thus makes it possible to help millions of sufferers / Interview with Dr Beat Schaub, Binningen, Switzerland, about the deficiency disease he discovered.

Our society has long since become accustomed to living in hierarchical structures. Nevertheless, or perhaps even because of this, we look on it as refreshing and as a sign of hope when initiatives for change come from the "grassroots level". "Grassroots democracy". "Grassroots religion". And now "Grassroots medicine". If we understand this to mean that universities and institutes are not the only places medical knowledge can be born. What if a small GP's surgery can produce insights that sow seeds of doubt regarding laboratory values defined by professors of medicine. The definition of a new medical condition – iron deficiency syndrome – appears to be just such a case.

PROVOKant: Dr Schaub, you recently published the second edition of a little book in which you report on your research into a medical condition not found in any of the well-known medical dictionaries. What exactly is this condition?

Dr Schaub: You are right. If you look for an iron-deficiency disorder in the dictionary you will find only anaemia, a condition based on a lack of haemoglobin in the blood. But we have discovered that significantly more symptoms can be caused by iron deficiency. This is why we use the term iron deficiency syndrome. And this can be present even if the patient's iron values are still well within the normal range. The normal range is wrong! It is merely the range that has been defined by conventional medicine. No one knew any better. But if new facts are now emerging it is important that this is changed.

So which symptoms, apart from anaemia, are caused by iron deficiency?

According to our current experience the following, for a start: chronic fatigue, the so-called burn-out syndrome, depression, migraine, insomnia, headache and neck pain, lack of concentration, dizziness, 'hyperactivity' in children, and even in some cases hair loss, fibromyalgia and irritable bowel syndrome.

And how did you discover this?

Mainly through paying careful attention to our patients in everyday practice. If a patient suffers from migraine and responds well to iron, then it is reasonable to assume that he needed iron and had too little of it in his system. And if he then 'admits' that he is now also sleeping much better, we should not ignore the possibility that the two are linked.

So it was really a discovery you made by accident?

Yes and no. Maybe it was an accident that a group of doctors in Basel, including myself, started years ago to take an interest in the subject of fatigue and exhaustion. We made a list of everything we needed to explore in a patient suffering from these symptoms in order to find the causes. And that's when we hit on the theoretical possibility of iron deficiency. Later I took this idea up again. I

was following a hunch, but I was very aware of what I was doing. And I did indeed find a causal connection. With specially developed software I have now been able to show – quite precisely – that there are correlations between particular laboratory values and a wide range of symptoms and complaints.

Including one between iron levels and exhaustion, migraine etc.?

Exactly. It emerged that in all these conditions, the laboratory value for ferritin, the form in which iron is stored in the body, was usually under 100 nanograms per millilitre blood or only a little above this level.

And what are the currently valid limits of the normal range?

Unfortunately they are defined differently by the different universities. On average the range is between 20 and 200. This tremendously wide range alone shows how unreliable the present definitions are. Obviously they were influenced by the fact that in many people, especially women, the ferritin levels are only slightly over 20 without anaemia being present. This was a fateful conclusion to draw: no anaemia, therefore no iron deficiency, therefore no iron therapy needed.

But if, as you discovered, symptoms already occur at levels between 20 and 100, why is there no anaemia?

Because our bodies are very clever. All manner of symptoms tell us clearly that there is a deficit, but the body still has reserves and uses these first to secure what is most important: respiration, or more precisely the transport of oxygen with the aid of the iron compound haemoglobin, the red pigment in the blood. Only when these reserves are also coming to an end does the body sound the alarm in the form of anaemia. By this time, however, other important functions have already been badly affected.

As indicated by fatigue, insomnia or headaches, for example?

Precisely. And in most cases we can avoid or cure these symptoms quite simply by restocking the patients' iron reserves.

If conventional medicine has not recognised the connection between the conditions you describe and iron deficiency up to now, how does it treat them?

Usually with medication that suppresses the symptoms. For example by prescribing pain killers or sleeping tablets. Antidepressants are given, or – in the case of hyperactive children – Ritalin. More cautious doctors prescribe physical therapies such as massages, baths or physical exercises. Or they try complementary therapies, which are rarely found to be effective in the treatment of iron deficiency.

Are you against medication in principle in such cases?

No, not at all. But we must get our priorities right and not take the second or third step before the first. Let us put it this way: if a plant is sick because it is suffering

from lack of water, it will not help to give it pesticides. First I have to give it sufficient water. Then it may have enough strength to fight off pests without outside help. If not, I can still enlist chemical aid. It's the same with fidgety kids. An American study has shown that 84 per cent of children on Ritalin are suffering from iron deficiency. It seems obvious that the first thing to do is to restock their reserves. We have had good results with this treatment in such cases.

But it is nothing new for doctors to discover a lack of iron and prescribe iron tablets.

That's right. That's how I started. Just as I was taught. But tablets take much too long to start working, at least several months. Sometimes it can take years before any effect is seen, and even then it is hardly worth mentioning. The body takes up iron very poorly in this form. Moreover, this therapy often has to be abandoned because of significant side-effects, e.g. on the gastrointestinal tract. So one day I decided to try giving it by injection, and later also by infusion. The effects were as different as chalk and cheese!

Wasn't this a risky thing to do?

Of course I made enquiries first. I consulted the university hospitals in Basel and Zurich, for instance. They confirmed that infusions of iron sucrose, if administered properly, are completely unproblematic.

Does this mean that any doctor can offer this therapy?

Let us put it this way: any doctor can acquire the necessary knowledge and skills. For this purpose we have developed a computer and internet supported treatment protocol. It takes into account five other individual variables apart from the ferritin level. On this basis and with the aid of an internet calculator we can calculate the infusion doses very precisely for each individual. First for rapid repletion and later for maintenance. We have now passed on our expertise to 28 surgeries and clinics. We call them Iron Clinics. There are already 20 of them in Switzerland and 8 in Germany.

And all these centres achieve the same therapeutic outcome?

It would seem so, although not all of them keep records with the same zeal. Where the documentation is adequate we usually find a success rate of 80 per cent.

Does this mean that the cure is never more than 80 per cent?

No. It means that 80 percent of the patients who come to us with the symptoms in question are already symptom-free after four weeks or at least feel a lot better. In addition, there is usually no need for follow-up treatment. In the case of the remaining 20 percent treatment is unfortunately not successful. So there must be other causes. However: a patient whose iron reserves are full will usually respond better to treatment since his powers of regeneration are greater.

In your book *Women Get Alive* you write that women are particularly prone to iron deficiency.

This is statistically proven and is due mainly to the fact that, starting with their first period and throughout their reproductive lives, women lose a lot of blood and as a result, of course, iron. It has been calculated that over a lifetime a woman bleeds for around five to ten years in all. And in most cases the iron in their diet cannot replace this loss. Their ferritin levels are much too low and only increase again after menopause, although even then the increase is not always adequate.

Does this mean that men fare better in this regard?

In this regard certainly, but we also find iron deficiency in men, particularly in older men but also, as I already mentioned, in children. Our research shows that, taken as a whole, all the associated symptoms caused in 80 percent of cases by iron deficiency, represent the most common disease we know. Estimates by various universities indicate that between two and four thousand million people in the world are affected. One million of these live in Switzerland alone. I am basing these figures on information from Professor Schäfer from the University of Münster, for example, which he shared with us at our first Iron Symposium in Basel in 2006.

If your experience is confirmed unreservedly, it would make an enormous difference to public health. Would that not be wholly in the interest of the health insurance funds and better health policies?

Well, yes, it would. However, there is still money to be made from medicines that only suppress symptoms. Admittedly, even the therapy with iron infusions that goes to the root of the problem is not cheap. This is due less to the physician's costs than to the price demanded for the currently most suitable and best investigated iron preparation. However, in Switzerland the health insurances seem to have recognised that it is worthwhile spending a little more money in the short term to achieve substantial savings over the longer term. They are prepared to pay for these infusions. At least up to now.

Even when the ferritin levels are within the currently defined normal range?

Here in Switzerland yes. But, as far as I know, in Germany patients have to pay the full costs themselves if this is the case.

Is it not time to correct the normal range? And what value would you consider appropriate?

I'm most interested in the lower limit, the minimum. Recorded experience shows that a value between 100 and 300 would be ideal, for men and women alike. For children between 100 and 200 would be appropriate.

Who could make this the accepted range?

In the first instance the universities. They are responsible for the present guidelines and actually owe it to both patients and general physicians to give

official sanction to the values now recognised to be correct. I think they would be more motivated to do this if they had more to do with the patients suffering from iron deficiency on a daily basis, as do most general practitioners.

Dr Schaub, thank you for talking to us.

Biography

Dr Beat Schaub was born in St Gallen, Switzerland, in 1956. He studied medicine in Basel and is now a specialist in internal medicine. After graduation from medical school, he acquired an additional qualification in homeopathy at the University of Freiburg in Breisgau. This was followed by nine years working in hospitals – including a hospital for rheumatic diseases and a hospital for psychosomatic medicine – and for the forensic service at the end of which he decided against a hospital career. He set up in general practice in Binningen, near Basel. Here he treats his patients with a combination of conventional and complementary medicine and is involved in a foundation for the unprejudiced use of all healing arts: a cause he also advocates in his book *Schulmedizin in der Sackgasse?* (Conventional Medicine Going Nowhere?). His second book *Women Get Alive – the Iron Code* deals in depth with the iron deficiency syndrome which he discovered.

Berlin, March 2007