

# THE BETTER HEALTH NEWS

## FIND THIS ARTICLE ABOUT STATINS

### Happy B'Day America!

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Recently there was a great article about statins in, of all places the January 28, 2008 issue of *Business Week*. The article entitled "Do Cholesterol Drugs Do Any Good?" asks some very pointed questions about the practice of putting people with high cholesterol on these drugs. One ad for a statin claims a 36% reduction in patients with multiple risk factors for heart disease. The ad has an asterisk stating that the study performed had 3% of the placebo group having a heart attack compared to 2% of the group receiving the drug. In reality that translates to one fewer heart attack for every 100 people taking the drug. That means that you need to treat 100 people in order to prevent one heart attack. The article goes on to say that the drugs are virtually useless in anyone who has not had a heart attack or who does not have signs of active heart disease.

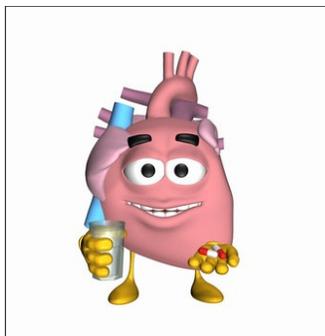
Statins work by inhibiting the enzyme methylglutaryl coenzyme A (HMG-CoA) reductase. These drugs ultimately prevent the production of coenzyme Q 10. Patients taking these drugs commonly experience exercise intolerance, myalgia and myoglobinuria. Studies show that these drugs have the potential to

cause myopathies and rhabdomyolysis with renal failure. The FDA has warned about liver failure in conjunction with these drugs. These more serious side effects occur in about 1% of the population taking the drugs.

The heart contains high levels of coenzyme Q 10 and these levels are found to be lower in people suffering from congestive heart failure. According to an article appearing in *The Lancet* (1998;352(Suppl. 1):39-41) notes that the incidence of heart failure has dramatically increased in the last three or four decades. The prevalence of heart failure has increased by 70% between 1990 and 2000. Cholesterol lowering drugs are a nearly \$28 billion

per year industry, so don't look for any research in any medical journals (which, by the way, sell ads to drug companies) linking statins to heart failure. The CoQ10 information is not in the *Business Week* article, but some very good statistics on the uselessness of these drugs are in the article.

The article does have great statistics about treatment results. It also debunks the myth that statins can treat Alzheimer's disease. It is a must-have to copy and give to patients.



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## **WE SPEND \$10 BILLION ON GERD YEARLY**

One of the goals of this newsletter is to help practitioners who do not already utilize nutrition to easily begin doing so. Few things are as easy to treat as GERD. About 40 million Americans suffer from frequent heartburn at a cost of about \$10 billion annually. Americans spend about \$0.5 billion annually on antacids. In GERD, the lower esophageal sphincter opens spontaneously, for varying periods of time, or does not close properly and stomach contents rise up into the esophagus. The main symptom is heartburn, but patients may also experience a dry cough, asthma symptoms, or trouble swallowing.

**Diet is perhaps the best way to get this symptom under control.**

- Sometimes avoiding gluten and dairy works wonders
- Emphasize that the patient needs to eat slowly and chew food completely.
- Don't drink with meals
- **Gastrazyme™** (helps relieve heartburn and heal the esophagus). Chew 2-3x per day. This is a fair amount of vitamin A—do not give it to pregnant women, alcoholics who are still drinking or to people with a tendency to get gout.
- If you know the technique (if not, learn it—it is easy) for checking for and adjusting a hiatal hernia.

For most patients, the dietary changes and the Gastrazyme are enough to relieve heartburn.

**Sometimes other steps are needed.**

There is sometimes a bacterial connection. It has been postulated that low stomach acid favors an environment that allows bacteria to grow—creating a bacterial gastritis. *Helicobacter pylori*, the bacterium that is implicated in gastric ulcers, is frequently a cause of heartburn (even if there is no ulcer present). A study performed on mice done by

researchers from the University of Michigan Medical School at the Howard Hughes Medical Institute showed that acid suppressing medications (proton pump inhibitors, like Prilosec and Prevacid) may actually aggravate the conditions that they are designed to treat. These drugs actually contribute to bacterial overgrowth. You can give the patient **Bio-HPFR**, which is a supplement designed to suppress *H. pylori* and other bacteria that may irritate the mucosal lining.

**Bio-HPFR** has deglycyceized licorice. Licorice is commonly used to treat fatigue and adrenal problems, but it can raise blood pressure. Glycerizzen is the substance in licorice that can raise blood pressure; it has been removed from **Bio-HPFR**. Even though the glycerizzen has been removed, the licorice may act to increase blood pressure. If you have a patient taking **Bio-HPFR**, make sure that you monitor their blood pressure.

**It may surprise you, but...**

Supplement with HCl: It may seem counterintuitive, but most people who have acid reflux actually are not producing enough stomach acid. For the most part, traditional medicine does not recognize underproduction of HCl as a health problem. When your patient tells the medical doctor about this approach, the doctor will often think that it is unscientific or even crazy. There is some sound reasoning behind giving HCl to patients with frequent heartburn. If there is not enough acid during digestion, the pylorus does not open, creating pressure in the stomach. The pylorus is much stronger than the esophageal sphincter, so the pressure forces the contents up into the esophagus. Giving HCl helps the pylorus to relax, facilitates stomach emptying and keeps the contents out of the esophagus.

## DIET AND INFLAMMATION

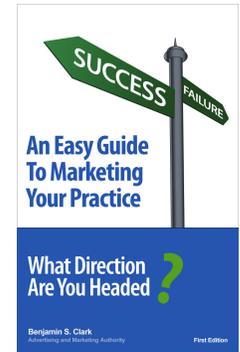
Insulin resistance is responsible for something called the metabolic syndrome, also known as syndrome X. In the metabolic syndrome, the individual tends to have high cholesterol with low HDL (the “good” cholesterol) and high LDL (the “bad” cholesterol), and high triglycerides. One of the big problems caused by insulin resistance is obesity. People who are insulin resistant tend to be overweight (especially carrying weight around the abdomen) and may have high blood pressure.

One other aspect of the metabolic syndrome is inflammation and endothelial (lining of the blood vessels) function. In other words, high cholesterol (especially accompanied by high LDL) is a risk factor for heart disease. Inflammation enables plaquing (arteriosclerosis) to occur. The function of the lining of the blood vessels is needed to protect against arteriosclerosis.

Research appearing in the *Journal of*

*the American Medical Association* (2004;292:1440-1446) indicates that the Mediterranean diet may protect the blood vessel lining and reduce inflammation. It was a randomized, single-blind trial conducted for 2 ½ years with 180 subjects (99 men and 81 women) with the metabolic syndrome. The subjects were divided into two groups, with one group being instructed to follow the Mediterranean diet for two years.

The group following the diet had lower C-reactive protein and interleukins 6 (IL-6), 7 (IL-7), and 18 (IL-18)—these are chemicals whose presence indicate inflammation. The endothelial (blood vessel lining) improved in the group following the diet. The group following the diet even had improvement in insulin resistance; 40 patients in that group still had features of the metabolic syndrome, compared with 78 patients in the control group.



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## THE COST OF ALLERGIES

In 2005, Americans spent \$11 billion treating allergies, according to figures from the Agency for Healthcare Research and Quality, a division of the US Department of Health and Human Services. This represents a significant increase to the \$6 billion spent in 2000. Twenty-two million Americans went to the doctor for their allergies, at a cost of \$4 billion. Prescription drugs cost another \$7 billion. These figures include doctor visits and prescription medication, but do not include over-the-counter medications. Most of the increase is due to the increase in the average annual cost for treatment, which went up from \$350 per person to \$520 per person between the years 2000 and 2005.

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## RHEUMATOID AND DIET

According to the article, "Clinical Review of Dietary Therapy For Rheumatoid Arthritis", published in the British Journal of Rheumatology (1993;32:507-514) changes in diet may benefit patients with rheumatoid arthritis. The authors of the study propose that improving the diet is extremely safe and may improve symptoms and reduce medication needs without any side-effects.

One of the mechanisms suggested for rheumatoid arthritis (RA), is that the immune system responds to microorganisms in the intestine. Microbial infestation in the intestine causes the body to create antigens, which in turn may cause inflammation in the joints. Other sources of joint inflammation may be bacterial proteolytic enzymes or degradation products; these are absorbed through the damaged intestinal lining. It is possible that the anti-inflammatory drugs make the intestinal permeability worse. Addition of fish oil to the diet seems to have a powerful anti-inflammatory effect. The authors suggest that an elimination diet may also produce results.

An article appearing in The Lancet (January 4, 1992;339:68-69), reports that a diet containing a lot of raw foods without grains or dairy products may be beneficial to RA patients. In another study 75% of the patients improved their RA by using a diet that excluded substances like cereals and/or dairy products—foods considered to be an "assault" to the patient, or foods to which patients are often sensitive to.

The diet provided a significant benefit for all tested indices in 36 patients (78%). Of the 36 responders, 17 were clearly improved and 19 were in complete remission for 1 to 5 years. Eight of these 19 patients stopped all medications and no relapse occurred.

A study published in the journal Rheumatology (2001;40:1175-1179) demonstrated that a vegan diet that was also gluten-free was beneficial to RA patients. Nine (40.5%) of the subjects in the vegan, gluten-free group showed improvement (as measured by the American College of Rheumatology (ACR) 20 improvement criteria). Only one patient in the non-vegan group showed such improvement. The immunoglobulin G antibody levels against gliadin and beta-lactoglobulin decreased in the responder subgroup in the vegan diet-treated patients, but not in the group without the dietary changes.

Fasting, followed by a vegan diet seems to benefit RA patients. In a study entitled: "Controlled Trial of Fasting and One Year Vegetarian Diet in Rheumatoid Arthritis", (Kjeldsen-Kragh, Jens, et al, The Lancet, October 12, 1991;338:899-902), patients who fasted then followed up with a vegan diet enjoyed a reduction in pain.

Fresh produce in general seems to be of benefit. In published research, ["Lower Arthritis Risk With Higher Fruit, Vegetable, and Vitamin C Intake," Walsh N, Family Practice News (May 15, 2003:22)], the higher the intake of fresh produce, the lower the incidence of RA.

## HAVE YOU MADE USE OF ALL THE FREE PRACTICE GROWING TOOLS?

www.thebetterhealthnews.com is up and running. Besides being a great source of information, it can provide you with free marketing tools. There are some free, downloadable MP3 files for patient education. The topics we have so far are: ADD/ADHD and the Natural Care of Pain.

The free marketing e-book, *An Easy Guide to Marketing Your Practice* is still available. Ben will be teaching a marketing seminar for health professionals this fall, tentatively scheduled in Chicago on October 4th and 5th.

Members of Whole Health America will soon be receiving a lot of free marketing material from Ben, including direct marketing strategies, ads, advice on how to get free newspaper articles about your practice. Ben's step-by-step marketing plan will also be available

for free to Whole Health America members.

Another free (to Whole Health America members) MP3 file is going to be available. This one is for doctors who use the **3-Step Detox**. The new file is going to be a patient education piece that will help people stay on the maintenance program at the end of the detox.

Whole Health America members will soon have an expanded version of *An Easy Guide to Marketing Your Practice*, including a step-by-step guide to make it easy for anyone to easily put together a powerful marketing plan.—for free. Keep watching for more patient education and marketing material. We really want you to succeed.

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## HOT FLASHES AND FLAX SEEDS

A study that was published in Family Practice News (February 1, 2005:48) looked at 85 women suffering with menopausal hot flashes or night sweats. The subjects selected had at least five hot flash or night sweat episodes per day. The women were divided into two groups and for a period of three months were given either a placebo or flax seed supplement (40 g/day). After the initial three months, they switched therapies, with the placebo group receiving the supplement and the treatment group receiving the placebo for a second three months. Flax seed supplementation resulted in a 38%

reduction in the median number of hot flashes when compared to placebo.

An increase in lignan markers like enterodiol, enterolactone, and others (Lignans are phytoestrogens found in flax seed) were found. In the study, the flax seed supplementation reduced follicle stimulating hormone and apolipoprotein A1. Another study, published in the journal Nutrition in Cancer (2001;39(1):58-65) found that supplementation with ground flax seed reduced 17 beta estradiol and estrone sulfate, and increased prolactin in the serum.



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## VITAMIN K AND INFLAMMATION

A study appearing in the American Journal of Epidemiology (published online Dec 2007) looked at vitamin K and its role in inflammation. Vitamin K protects against cardiovascular disease and osteoporosis. This observational study suggests that the reason for this is that it fights chronic inflammation.

The study used data from 1,381 subjects from the Framingham Offspring Study. It looked at vitamin K status of the subjects, whose average age was 59, by looking at serum levels of the vitamin and by analyzing dietary intake.

The study then looked at the presence of 14 different inflammatory markers (substances in the blood that show inflammation). The researchers found that high vitamin K intake and blood levels were associated with lower inflammation. They found that increased vitamin D levels may lower oxidative stress—but the anti-inflammatory effect of vitamin D was less consistent.

There are two forms of vitamin K. Pylloquinone, also known as vitamin K1 is found in green produce, like spinach and broccoli. Vitamin K2, also known as menaquinones, is produced by normal bacteria in the intestine.

Each drop of ***Bio-K-Mulsion™*** contains 500 mcg of vitamin K as vitamin K-1 (phytonadione) the natural form of vitamin K sourced from dark leafy vegetables and seaweed. It is emulsified for better absorption. Vitamin K is a fat soluble vitamin, therefore vitamin K need should be ruled out with any patient who has biliary insufficiency, gut bleeding, gut inflammation or has been on antibiotics (antibiotics tend to destroy the gut bacteria required for the body's production of vitamin K). Additionally, vitamin K should be considered with osteoporosis, but should not be used on patients who are on blood thinners. 1-2 drops per day with meals.