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N E W S L E T T E R

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The latest on hormone research

by *Jeanne Drisko, M.D.*

Dr. Drisko is a Clinical Assistant Professor at the University of Kansas School of Medicine and a Research consultant at The Center

Women over 40 should be taking hormone replacement therapy, not only to prevent osteoporosis, but to enhance healthy lifestyles.

Natural hormone replacement therapy uses molecules that naturally occur in your body...

Just because you are not having a hot flash doesn't mean you don't need hormone replacement therapy (HRT). HRT helps prevent night sweats and mood swings as well. And recent research done at the University of Kansas School of Medicine shows that you should be taking Natural HRT instead of artificial hormones that are foreign to your body found in non-natural HRT.

First, a little background on HRT. Despite the benefits of HRT, the overall compliance rate is only about 30% of the women needing HRT actually taking it. About 1/3 of the women never fill the prescription for HRT. They just drop it in the wastebasket. About 40% of those who do fill the prescription stop taking HRT within 12 months.

There are various reasons why women stop taking HRT. One reason is they may have had a bad reaction with the artificial HRT prescriptions they received and stopped it because of this. Another reason is the conflicting information they receive from the various research studies that are out there today. Some research says that HRT is good for heart disease while others say that it will actually in-

crease heart disease and may contribute to cancer in certain women.

The women figure that if the experts can't agree on the subject, they will not take HRT until the experts can agree with each other.

This brings us to Natural Hormone Replacement Therapy (NHRT). NHRT uses molecules that naturally occur in your body, but you don't make them in adequate levels for your body to function normally as you get older. These are natural estrogens, progesterones, and testosterone that women need.

In NHRT, we like to use Estriol, Estradiol, and Estrone to make up the estrogen women take. Again, these are the natural estrogens that the body makes, but the body has fallen short of what it needs.

When formulating the three, estriol is 90% of the mix with 7% estradiol, and 3% estrone to complete the mix. Estriol is considered a weak estrogen or metabolite. But if the effective concentration is kept at an equivalent to estradiol, estriol can produce a similar biologic response. Estriol, most likely, has a heart protective effect and it does not contribute to high blood pressure nor to high cholesterol.

Estradiol, the second of the three, is the ovarian hormone. It is protective against osteoporosis or bone thinning. Estradiol may need to be opposed by estriol which acts as an estrogen receptor binder and modulator.

The third estrogen in the mix is estrone. Estrone should never be taken alone because it is very strong and may

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Prayer good for babies as well as health

Dr. Roderio Lobo of Columbia University discovered information he could not believe, but had to report because it was highly significant statistically. Prayer helped women in an in-vitro fertilization clinic in Korea become pregnant.

In this case the researchers divided 199 women who went to Cha Hospital in Korea during 1998 and 1999 into three groups. The women were not aware of the research study nor were the medical staff caring for them.

The researchers gave members of different Christian denominations in the United States, Canada, and Australia photographs of the patients and asked them to pray for the women. A second section prayed for the first group of women. A third section prayed for the two other groups of women.

The interesting note from the research was the women prayed for by total strangers to them became pregnant twice as often as those who did not have anyone praying for them. H

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Nutritional Medicine

by Ron Hunninghake, M.D.

Bio-identical

"You know that rattlesnake venom is natural, don't you!"


These were the words of a co-learner's primary care doctor when she asked him for a prescription of natural hormone replacement therapy. His actual recommendation was Premarin. "That comes from a natural source, you know." Our co-learner knew that Premarin was derived from pregnant mare's urine. She informed the doctor that that was not the kind of natural she was referring to.

The word "natural" creates a lot of communication problems in the world of nutritional medicine. The doctor referenced above was actually correct. Just because something is natural doesn't make it good for you. What most Health Hunters are looking for are therapies that have their basis in nature, have been time-tested, and biologically make sense as a therapeutic strategy.

One word that captures this sense is "orthomolecular." This refers to "right molecules:" molecules that normally occur and work in human biochemical pathways and on cellular receptors. This is in contradistinction to "pharmaceutical" which are man-made molecules that have actions within human bio-

logy, but usually block some pathway, or trick the body into behaving a certain way, often with side-effects.

In the realm of hormones, "bio-identical" is a better choice of words. Like "orthomolecular," "bio-identical" means a hormone that has the exact same molecular structure as what normally occurs in the human body. Molecules like this cannot be patented. They already exist in nature, so they can't be reinvented. Someone, however, must go to the trouble of making sure they are pure and truly identical. This assures that they will actually replace the loss of necessary hormones. Because they are bio-identical, the chance of untoward side-effects is reduced, but not eliminated. A skillful, knowledgeable health practitioner must guide their use, often with the help of laboratory measurements.

The idea of "bio-identical" is new to most conventional practitioners. Research lags in the scientific demonstration of its superiority as a therapeutic option. However, those who use and prescribe bio-identical hormones have discovered, over and over, what most of us know intuitively: Mother Nature knows best! 

Hormones—Continued from page 1

contribute to breast cancer. But in the combination with the other two, it is very effective and relatively safe.

There is often one more component that needs to be used in conjunction with the three estrogens and that is progesterone. If you have an intact uterus, you will most likely need progesterone as well. Progesterone has demonstrated that it protects the uterus from the stimulatory effects of estrogen.

Progesterone has none of the "bad" effects of synthetic progestins. Progesterone helps prevent mood swings, headaches, and fluid retention. It most likely stimulates osteoblast and helps build your bones. According to the Post Menopausal Estrogen/Progesterone Intervention trial completed in 1995, natural progesterone is superior to synthetic progestins for

controlling cholesterol and protecting against cardiovascular disease.

The last hormones you need are DHEA and testosterone. You should take not more than 10 mg of DHEA a day and even this is not advised for women with apple shaped bodies. Check with your doctor to find out if you need DHEA or testosterone.

Now, for the results of the Natural Hormone Replacement Therapy study recently completed at the University of Kansas School of Medicine. This was a double-blind study done with 20 women divided into two groups. Ten women were given a placebo NHRT and active Prempro, a synthetic estrogen replacement. The other ten were given an active NHRT and a placebo Prempro.

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Five of the women in the active Prempro group completed the study as did nine of the women in the active NHRT group.

We wanted to look at several end points in this study. First, we wanted to look at bone density to find out if it had changed. We also wanted to see if there was any change in the LDL (bad) cholesterol, the HDL (good) cholesterol and the triglyceride levels during the study. Finally, we wanted to see if there was any change in the endometrial thickness of the uterus, the estradiol and progesterone levels, and any weight change in the women.

The results are very interesting. For instance, the bone density levels in the NHRT group were preserved and even showed a modest increase. This is good. There was no stimulation of the endometrium, also good. The HDL cholesterol was maintained which is what we hoped. The triglycerides showed a modest decrease—good. Progesterone and estradiol levels both increased—also good. These were all the results from the women in the group who took the natural hormone replacement therapy.

These results clearly showed natural hormone replacement therapy is an effective therapy when compared to the gold standard of Premarin and Provera.

There were two limitations of the study. It was small; only 20 women were entered into the study, but it was a preliminary study. The next study will be expanded to take care of this limitation.

The second limitation was that only troches or lozenges were used in this preliminary study. The women did not like putting the troche between their cheek and gum and letting it dissolve for 30 to 45 minutes when they could just take a capsule and be done with it.

This is an important concern and those women in the expanded study will receive capsules to take for NHRT instead of the troublesome troches.

The positive effects seen in this study can be even further increased by what we eat and the nutrients we take. One thing to keep in mind is to eat whole foods. These are foods that are as close to the way they grew as possible and are relatively fresh. Also eat plenty of fresh fruits and vegetables.

continued on page 4

Potpourri

Initially, this issue of *Health Hunter* was looking pretty thin. But, at the last minute, articles began flooding in, so I thought I would give a brief description of the better articles here.

Hormone replacement therapy (HRT) and reducing bone loss until recently had only been studied for younger postmenopausal women. A recent article in *The Journal of the American Medical Association* changed this.

This article followed frail, elderly women for nine months. The women showed that bone mineral density in areas such as the commonly fractured hip had significantly increased over the nine months. Further studies are necessary to confirm this, the researchers said. Wouldn't it be interesting to look at natural hormone replacement in one study?

Hypertensive women at risk for bone loss? A study by Tsuda, et al, showed that women with high blood pressure have a greater bone loss than women with normal blood pressure.

The researchers measured bone mineral density on the hypertensive women as well as the control women with normal blood pressure. They found the hypertensive women had a significantly lower bone mineral density than the controls. They further learned that bone mineral density was inversely correlated with the systolic (the high number) blood pressure—further evidence that high blood pressure is related to high bone loss.

Exercise helps prevent cognitive decline. Women, more than men, who exercised three times or more a week at a level greater than walking were found to be free of cognitive decline and Alzheimer's disease, according to a recent article in *Archives of Neurology*. This certainly supports exercise as part of your daily routine.

Crossing your legs affects your blood pressure. It has been discussed for years that crossing your legs before or during the taking of your blood pressure would increase your blood pressure, but there was no conclusive proof. Researchers reported in *Clinical Nursing Research* that crossing your legs does indeed in-

crease your blood pressure.

Researchers checked the blood pressure with legs crossed and feet flat on the floor. They found that both the systolic and diastolic blood pressures were higher with legs crossed when compared to uncrossed feet. This is important these days with the increased emphasis on keeping your blood pressure in control.

Children are becoming heavier at younger ages. Reporting in the *British Medical Journal*, the researchers checked the weight and body mass index (BMI) of children 28 to 90 days old and then again when the children were about three to four years old. This study included 43,000 children over a ten year period.

They discovered that the infants' weight remained about the same, but the preschoolers showed signs of obesity. Over the ten years, the children who were overweight increased from 14.7% of the group to 23.6%, obesity increased from 5.4% to 9.2%.

William Dietz, M.D., Ph.D., of the U. S. Centers for Disease Control wrote an editorial in the journal warning that being overweight is likely to persist in adulthood. His concern is that type 2 diabetes is on the rise among children and adolescents and that obesity increases the chances of getting it as well as cardiovascular disease, high cholesterol, and high blood pressure.

Dr. Dietz encourages "a return to basics."



This includes a family mealtime, promoting breastfeeding, encouraging children to engage in playful physical activity and discouraging their interest in highly advertised, calorie-rich foods.

This is an alarming problem in northwestern England where the research was done and here in the U. S. where childhood obesity is increasing at alarming rates. These are good suggestions for your children, grandchildren, and those of your friends.

As you can see, there were many articles of which these are only a few. ^{PH}

—Richard Lewis

INFORMATION WORTH KNOWING

Naturopathic medicine is a method of healing that employs various natural means to empower an individual to achieve health. Michael T. Murray, N.D., identifies four basic principles of Naturopathic medicine in his book, *Diabetes and Hypoglycemia*. They are: 1) the healing power of nature, 2) First, do no harm, 3) Identify and treat the causes, and 4) the physician as teacher. He believes there is a major shift in the way conventional medicine views more natural healing modalities. This month the questions are taken from his book.

1 Ideally, the body responds to the rise in blood glucose after meals by secreting insulin, a hormone produced by the beta cells of the _____.

- a. mitochondria
- b. pancreas
- c. gall bladder
- d. all the above

2 Declines in blood glucose, which occur during food deprivation or exercise, cause the release of _____, a hormone produced by the alpha cells of the pancreas.

- a. estrogen
- b. nitroglycerine
- c. glucagon
- d. none of the above

3 If the blood sugar level falls sharply or if the person feels strong emotion such as fear or anger, the result may be the release of epinephrine (adrenaline) and corticosteroids by the adrenal glands.

- a. true
- b. false

4 Blood sugar problems are strongly associated with the so-called Western diet—a diet that is rich in refined sugar, fat, and animal products, and low in dietary fiber. It is widely accepted that _____ are the most important contributing factors to diabetes and reactive hypoglycemia.

- a. dietary fibers
- b. refined carbohydrates
- c. whole foods
- d. none of the above

5 The _____ index expresses the rise of blood glucose after eating a particular food.

- a. medicus
- b. Standard & Poore
- c. glycemic
- d. all the above

6 A diet high in simple carbohydrates and dietary fiber and high in fat is clearly the diet of choice in the treatment of diabetes and hypoglycemia.

- a. true
- b. false

7 Compared to healthy people in the general population, diabetics and hypoglycemics need more _____.

- a. chromium, vitamin C, and vitamin E
- b. certain B vitamins
- c. manganese, magnesium, and potassium
- d. all the above

• FOR ANSWERS, SEE PAGE 7 •

Hold fast to dreams for if dreams die,
Life is a broken-winged bird that cannot fly.
Hold fast to dreams for when dreams go,
Life is a barren field frozen with snow.

—Langston Hughes

Hormones—Continued from page 3

Essential fatty acids influence every cell function and the hormone responsiveness. Saturated fats and trans-fatty acids we eat decrease membrane fluidity and hormone receptor binding. Eating whole foods greatly reduces saturated fats and trans-fatty acids we eat and increases the individual cell membrane fluidity and hormone receptor binding capability.


Soy is high in natural phytoestrogens (one of the food based estrogens). Studies have shown that these phytoestrogens overlap with the natural hormone replacement, but they do not replace natural hormone replacement. Don't use these as a substitute for NHRT.

It is good to add soy to your diet for many reasons such as it occupies the estrogen receptor sites in the cell making them not available to estradiol. This increases the anti-cancer activity of the cell. Soy phytoestrogens tend to increase the HDL cholesterol (the good one) and decrease the symptoms of menopause.

Micronutrients also are valuable for NHRT. Vitamins E, C, B5 (pantothenic acid), B6, and B12 are valuable, along with the trace minerals calcium, boron, and selenium. You can also take bioflavonoids, probiotics, and essential fatty acids to further assist NHRT.

In the herbal area, chaste berry, black cohosh, dong quai, panax ginseng, and licorice root can help support NHRT.

To sum up, hormones act to alleviate symptoms of menopause and increase your quality of life. Natural hormone replacement therapy has proved to be as effective as the synthetic hormones, if not more so. The food you eat and the nutrients you take act in synergy with your body and the hormones and can help to increase natural function. Be sure you eat as many whole foods as possible. And finally, eating whole foods and taking nutrients may not replace the hormones you need but will assist NHRT in doing a better job of what they do now.

All this adds up to taking your Natural Hormone Replacement Therapy when prescribed. You will feel better, help your bones stay strong, work to keep heart attacks away and, most of all, you will keep the symptoms of menopause away from you. 

Mom's folic acid during pregnancy protects child from lymphoblastic leukemia

When moms take folic acid before getting pregnant and during the pregnancy, they tend to protect their children from getting acute lymphoblastic leukemia (ALL), according to researchers reporting in *The Lancet*, the leading British medical journal. ALL is the most common type of cancer for children.

If you have been reading *Health Hunter* for the last year, you know taking folic acid, or folate, protects the child in the womb from having neural tube deficiencies such as spina bifida. But this is new and exciting.

Dr. Judith Thompson and her colleagues were wading through reports of children between the ages of 0 to 14 years old in Western Australia who had ALL when the researchers discovered something interesting.

They not only discovered that the lack of folic acid use during pregnancy was a cause for the development of ALL, but it applied to both sexes.

They also discovered that "Confounding with other known causes of ALL seems unlikely. We gathered data on all other possible causes that had been reported or postulated for childhood ALL in 1984. Although some causes were strongly associated with common ALL, none explained the inverse association between folate and common ALL," Dr. Thompson wrote.

In short, they felt that they had found a major cause for ALL.

Dr. Thompson concluded that, "Our results and related evidence lend support to the hypothesis that folate supplementation in pregnancy reduces risk of childhood ALL."

Dr. Riordan would add that it is wise to begin taking folate or folic acid when you begin to menstruate because you do not know when you will become pregnant. It is so much cheaper to be taking the folic acid for several years than to have the cost of one spina bifida child or one child with lymphoblastic leukemia for one year.

Herbal History

Rattlesnake master, *Eryngium yuccifolium*

Rattlesnake Master is a member of the Apiaceae (parsley) family even though it doesn't look like the parsley you grow in the garden. It grows up to five feet tall with a single stalk that branches into flowers in the last few inches.

The flowers grow densely at the top of the plant in one inch spheres from June to September. They then develop small egg shaped fruit that is divided into two segments. Leaves grow on alternate sides of the plant from up to 2 3/4 feet long at the bottom of the plant and reducing in size towards the top until they are just a few inches long.

The plant grows in prairies and rocky, open woodlands. It is common along the eastern edge of Texas, Oklahoma, Kansas, then into Iowa, slipping over the border into Minnesota, then swinging down into the Southeastern part of the United States.

The Mesquakes used the roots of

the Rattlesnake Master to prepare a medicine for the bladder and as an antidote for poisons other than rattlesnake bites.

Indians who lived along the Arkansas River near the confluence with the White River used the plant to make medicines used in small doses as a diuretic and in large doses as an emetic, observed the botanist Thomas Nuttall during his 1819 trip into what was then the Arkansas Territory.

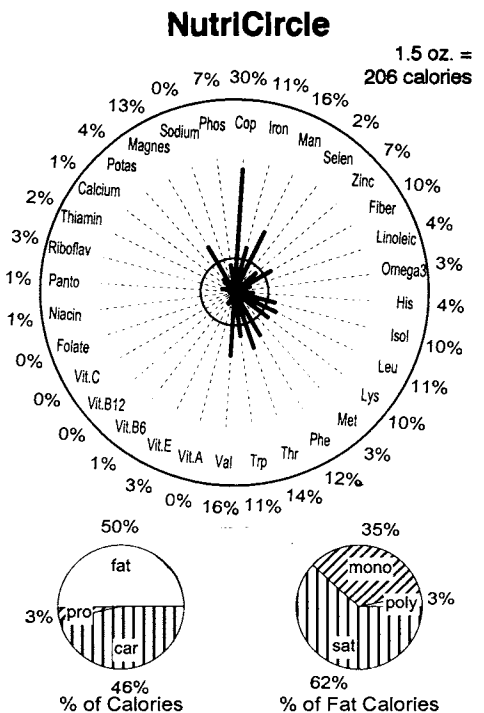
Charles Milspah wrote in his book, *Medicinal Plants*, that not only was the Rattlesnake Master used for various diseases from dropsy to inflammations of the mucous membranes, it was combined with Seneca snakeroot for the list of problems that Seneca snakeroot was used. This suggests that Rattlesnake Master was effective as a remedy for rattlesnake bites, but no scientific research has been done to confirm this.

Food of the Month

by Donald R. Davis, Ph.D.



CHOCOLATE contains many nutrients and phytochemicals from the oily seed of the cacao tree. Although about half sugar, the chocolate chips shown here still contain significant amounts of magnesium, copper, manganese, and other minerals. Some worry about the saturated fat, but chocolate may be heart friendly, due to its magnesium, vitamin E, omega-3 fat, and antioxidant flavonoids with multiple protective functions. For an occasional treat, chocolate easily tops other candies. Even better: baking cocoa (1 to 2 Tbsp.) makes a great chocolate smoothie when blended with a ripe banana, 1 cup milk, and 1/4 tsp. vanilla.



The length of each bar shows the amount of one nutrient. If a bar extends out to the inner circle, the food has enough of that nutrient to match the calories it contains. The numbers show nutrient amounts in RDAs per serving shown. The pie charts show the sources of calories (left) and the types of fat (right).

Mental Medicine

by Marilyn Landreth, M.A.


Unexpected gifts

One morning, during World War II, my grandfather came by our farm and jacked up my parents' car. He needed to borrow a tire to go to the nearest town eight miles away to buy groceries. War-time rationing made it difficult to buy items such as food and tires for automobiles. Around noon, my 2 1/2 year-old brother, David, was seriously hurt in a farming accident. My dad had to find another relative to borrow their car to take David to the doctor.

The doctor immediately decided that David's injuries were severe enough (he was unconscious) that he needed to go by ambulance to Oklahoma City for brain surgery. Dr. Cox told his office nurse to gather all the money they had in the office to send with my dad. They found a grand total of just over \$2.

My father's shirt was covered with blood where he had carried David. Dr.

Cox wanted to loan or buy him a clean shirt to wear but my dad did not want to waste the time doing that so dad went to Oklahoma City wearing a bloody shirt. Relatives brought him a clean shirt the next day.

Times have changed in that we have an abundance of things to purchase. Our idea of abundance has changed also. Back then, people were generally happy with a little money for groceries and clothing. It was after the depression and most people had very little. Now abundance has a whole new meaning. We want it all, not just enough to cover the necessities with comfort, but to have anything and everything we might desire. Back then, there was an abundance of support from extended family, friends, and even strangers. Since September 11, values seem to be changing. Does adversity bring unexpected gifts? 



Case of the month

This 72-year-old man came to The Center to see Dr. Ron Hunninghake concerned about the progress of his prostate cancer. He still works eight hours a day and plays racquetball two to four times a week.


It started in December of 1997 when he had a prostate stimulating antigen (PSA) test done. The score was 3.6, showing some elevation but no cancer. Again, he did another PSA in September, 1998, and the score had increased from 3.6 to 4.2. It was increasing, but it was still not cancer.

Then in April, 1999, his PSA had increased to 5.2, suggesting cancer. After a biopsy showed he had prostate cancer, his urologist did not want him to leave his office until he had committed to which therapy he wanted—surgery, radiation or hormone therapy. He said he would go home and think about it. His wife had died of cancer four years before and she did everything the doctors suggested.

From April, 1999, he had a PSA about once a month. In addition, he went back to December, 1997 and began plotting his PSA results on a graph. It continued to rise as a trend until it reached 17.9 in August, 2001. He began seriously working on things at this point. In the two months before seeing Dr. Hunninghake, the PSA dropped to 13.

When he came for his six hour evaluation with Dr. Hunninghake, the doctor started him on PC-SPES, an herbal blend including saw palmetto, that he has been using for prostate cancer. The patient started on four a day and later cut back to three a day when he developed breast tenderness. The results were spectacular.

Within two weeks his PSA score had plummeted to 5.7. In the next month, his PSA had gone down to 4.7. This is remarkable.

At this point, he had breast tenderness, as mentioned before, and he started taking three PC-SPES a day. At the last PSA test, the score had gone up a little to 5.5 as the result of taking three capsules a day instead of four. He is looking forward to more reductions in the PSA. 

CENTER UPDATE

Drugs, niacin an antioxidant for the heart

A combination of niacin and a statin drug called simvastatin showed a good effect in lowering low-density cholesterol (LDL) and raising high-density cholesterol (HDL) and thus reduced the risks of cardiac events (such as heart attacks, strokes, etc.)

The interesting part of the report was that they also checked a small combination of antioxidant vitamins during their research and found them not to be as effective as the niacin and simvastatin.


Jane Freedman, M.D., also wrote an editorial in the same issue of *The New England Journal of Medicine* entitled "Antioxidant versus Lipid-Altering Therapy—Some Answers, More Questions". She made some interesting observations.

Dr. Freedman said the study was very interesting in two ways. Due to the limitations of space, we will touch on the first. The study showed, she pointed out, that lowering LDL cholesterol levels and raising HDL cholesterol levels results in beneficial effects in lowering

the resulting coronary plaque buildup.

"Because of the specific population studies,...it may not be possible to extend these benefits to patients who have only elevated LDL cholesterol levels." These are often women and women were under represented in the population of the study—only 13% of the group.

She went on to say, "Because oxidative stresses are important in development of atherosclerosis, antioxidant-vitamin supplementation has been proposed for treatment and prevention of coronary disease." For instance, in men with coronary bypass graft surgery, vitamin E supplementation in conjunction with colestopol-niacin treatment was associated with a reduced rate of progression of coronary artery lesions or blockages.

Dr. Freedman concludes by pointing out that the study is valuable to learn what works with various groups of patients. But with the recent concern about the side effects of statin drugs, more studies need to be considered. 

Answers from page 4

- 1 b. Insulin lowers blood glucose by increasing the rate at which cells throughout the body absorb glucose.
- 2 c. Glucagon stimulates the release of glucose stored as glycogen in body tissues.
- 3 a. One of the most important corticosteroids is cortisol. These hormones quickly break down the stored glucose to provide the extra energy that the body needs during a crisis.
- 4 a. Refined sugars are quickly absorbed into the bloodstream, causing a rapid rise in blood sugar.
- 5 c. People with blood sugar problems should avoid foods with high glycemic index values and choose carbohydrate-containing foods that have lower values.
- 6 b. A diet high in complex carbohydrates and dietary fiber and low in fat is the choice in the treatment of diabetes and hypoglycemia.
- 7 c. Nutritional supplementation helps control the blood sugar level. As well as the ones mentioned, zinc and flavonoids may be needed.

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 Video Tapes: Regular Price—\$19.95; *Health Hunter* Price—\$17.95

DIABETES & HYPOGLYCEMIA

by *Michael T. Murray, N.D.*
 Dr. Michael Murray is one of the foremost authorities in nutritional and natural medicine. He has inspired many to begin a more natural way of treating disease. He covers such topics as early symptom warning of disease, dietary guidelines including recipes, herbal remedies for blood sugar control, and cardiovascular disease related to blood sugar imbalance. Softcover.
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GETTING IT OFF, KEEPING IT OFF

with *Hugh D. Riordan, M.D.*
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AN EFFECTIVE TREATMENT FOR ASTHMA

with *Ronald Hunninghake, M.D.*
 In a recent seminar in Baltimore, Dr. Ron has learned a new technique for immediately controlling wheezing and shortness of breath associated with asthma. It does not involve oral medication and it is not a supplement. It is the infraspinal reflex point that appears to be the key to better asthma control.

THE HEALING POWER OF LOVE

with *Ronald Hunninghake, M.D.*
 Scientific research has verified the positive health benefits of having and maintaining loving relationships. Dr. Hunninghake reviews several studies that document this phenomenon. He discusses a very basic definition of love and how it can be applied towards improving any important relationship in your life.

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January 30

Chicken Tortilla Soup
Taco Soup
Black Bean Enchiladas
Spanish Rice
Tossed Green Salad
Fruit Salad
Whole Wheat French Bread

January 23

Cheesy Cauliflower Soup
Lentil Chili
Cowboy Buffalo Burgers
Cajun Wedges
Poppy-seed Coleslaw
Fruity Sorbet
Homemade Buns

January 31

Creamy Spinach Soup
Navy Bean Soup
Port Cranberry Chicken
Mashed Sweet Potatoes
Greek Salad
Fruit Sorbet
Honey Whole Wheat Bread

Too much caffeine causes bone loss in elderly women

"Caffeine intake of 300 mg [three cups of coffee, for instance] was associated with a higher rate of bone loss in postmenopausal elderly women at most of the skeletal sites studied and significantly the spine," wrote Dr. Prema Rapuri and colleagues in a recent issue of *The American Journal of Clinical Nutrition*.

The researchers also discovered that a particular gene that just a few women have increases the reaction to caffeine. Women with the *tt* genotype were more susceptible to the effects of caffeine on bone mineral density than the majority of women.

Caffeine is not only available in coffee, but it is in tea and some soft drinks as well. So when you get older, drink a cup or two in the morning and then stick to water for the remainder of the day.

- Prayer good for babies as well as health
- The latest on hormone research
- Drugs, niacin and antioxidant for the heart
- Too much caffeine causes bone loss in elderly women

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