

# Health Hunters

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NEWSLETTER

APRIL 2009

## The potbelly syndrome

by Ron Hunninghake, M.D.

**T**he Potbelly Syndrome (PBS) sounds like a rather quaint way to name such a vast and serious disease epidemic that is currently sweeping through the entirety of modern Western civilization—much like the Black Plague, which engulfed medieval Europe. In America alone, some 68% of our population has been afflicted with this “potbelly plague,” leaving in its wake, not catastrophic infection or global death, but the even more daunting prospect of life-long disease, expensive debilitation, and the increased risk of premature death. Millions and millions of people are now PBS-afflicted, with medical experts repeatedly making the looming prediction that our current sickness care system will soon be totally overwhelmed when the full devastation of this disease comes home to roost.

Unlike the terror of medieval plague, the initial stages of PBS may be innocently mistaken for a bad cold, or a persistent cough with a flu-like set of symptoms that are slow to clear. This is how the infecting bacteria that can cause PBS slowly but progressively invades the host’s immune cells, which then go on to spread the germ to all parts of the body. The combined effects of stress, lack of quality sleep, poor diet, toxic overload, and concurrent chronic viral infections, especially in males and older individuals, creates the weakened host conditions that this bacterial species seeks and thrives in.

After the initial phases of the illness, the infected individual will gradually (it can take years) notice a pervasive sense of fatigue setting in. Unexplained night sweats or generalized muscle aches may

occur over time. Low-grade inflammatory symptoms ranging from strange new inhalant and food allergies, dry skin, irritable bowel—and a whole host of annoying and quality of life diminishing symptoms will inexorably begin to show up. But the hallmark symptom that seems to resist all forms of physical, medical, nutritional, and even psychological intervention is the notorious potbelly.

This potbelly is not due to *subcutaneous fat* that can be “crunched” away with intense calisthenics. This is *visceral fat* that is actually situated deep in the abdomen, surrounding the visceral organs. All manner of diets, contraptions, calisthenics, weight training, liposuction, and total body makeovers have been invoked to exorcise this demonic GUT! These intense efforts are often to no avail as numerous studies have repeatedly shown that a potbelly “loss” is inexorably followed by potbelly “regain” in over 90% of cases. The latest U.S. statistics bear this out: obese people now outnumber overweight people!

But why?

Obesity has historically been viewed by the medical profession as a food addiction disorder—often seen more as a mental illness that has taken on a physical form. More often than not, health professionals harbor the hidden belief that obesity is a character flaw or weakness. Besides amplifying the pervasive sense of helplessness and shame that afflicts so many overweight patients, these medical attitudes have done little to impact the nutritional, societal, cultural, and environmental

*continued on page 2*

## More on supplements to prevent prostate cancer

Last month we reported results of studies on three antioxidant supplements, selenium and vitamins C and E. Previous studies suggested that these supplements reduced the risk of prostate cancer in middle-aged and elderly men. Two new studies call into question the older studies. The old and new studies varied in several ways which may have affected the outcomes. For example, the newer vitamin E study used eight times the dose of the older study; the older study used primarily heavy smokers while the newer study was not limited to smokers; and there were differences in the selenium levels in the beginning of the studies. These studies suggest, among several other possibilities, that the differing nutrient levels and lifestyle choices of the participants might explain the differing results.

—*J Am Med Assoc* 2009; 301(1) 

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## The potbelly syndrome—Cont'd from page 1

factors that make obesity so ubiquitous in our society today:

1. The universal availability of processed and packaged, cheap, high-glycemic, non-whole foods that are low in both micro- and phyto-nutrients that we now know would otherwise help to modulate the body's inflammatory system.

2. The shift from agricultural or blue-collar jobs requiring large amounts of physical exertion and calorie expenditure to a sedentary, overly mechanized, spectator and TV/computer monitor culture with very low calorie expenditures.

3. Changes in the family, the school, and the work culture—for example, consider today's working mothers, who rarely have the time or energy to fix, let alone schedule, "a family meal together." Instead, a bucket of fried chicken, mashed potatoes, and white flour biscuits are picked up on their way home from work.

4. The buildup of various xenobiotic herbicides and pesticides, endocrine-disrupting chemicals like plasticizers and toxic metals, and the "anti-nutrients" like fructose corn syrup solids and trans fats—these can occupy fat cells and contribute to the inflammatory cytokine signaling that perpetuates insulin resistance, metabolic syndrome, and other weight gaining disorders.

These *inflammatory cytokines* are the key to understanding the major underlying cause of therapy-resistant obesity: chronic low-grade infection serving as a perpetual stimulus to chronic inflammation, giving rise to a counter-regulatory adrenal mechanism that stimulates visceral fat. Whew! That's a mouth full, and needs to be broken down step-by-step.

So, starting with the first step of this complex sequence of events... what are inflammatory cytokines?

Cytokines are cell-signaling proteins. Cytokines signal the inflammatory system to turn on when injury or infection occurs. Cytokines direct the white blood cells to the site of injury. Cytokines amplify the inflammatory response when the infection does not resolve. Unfortunately, these cytokines can also produce an exaggerated im-

mune response, beyond what is needed to address the infection. This can result in even more damage than the infecting organism if the cytokines continue to be produced in an unregulated manner (such as in auto-immune diseases like rheumatoid arthritis).

The body attempts to regulate excessive inflammation through the production of a stress-modulating hormone called cortisol, which is made by the adrenal glands. High levels of an important cytokine, C-reactive protein, trigger the gland to make more cortisol. (Be sure and ask your doctor to measure your personal C-reactive protein to assess your own risk for PBS.)

Cortisol is the body's natural cortisone. Cortisone counter-regulates or modulates the pro-inflammatory effects of cytokines. When more cytokines like C-reactive protein are released, more cortisol is made to control the powerful and sometimes self-damaging effects of what can easily become an excessive inflammatory response to infection.

This is precisely what happens when an individual is infected with the germ currently thought to cause the potbelly syndrome: *Chlamydomydia pneumoniae*—which is abbreviated CPN. CPN belongs to a class of germs sometimes referred to as *middle-path germs*. Germs can either kill the host or exist in a symbiotic relationship with the host, such as occurs with the friendly flora of the intestinal tract. Middle-path germs exist somewhere between these two extremes. They are smart enough to not immediately kill the host, but their tendency is to progressively infect cells, slowly causing cellular dysfunction and disease, and thereby insidiously robbing the host of its inherent health.

Indeed, medical research has connected CPN to a long list of health-robbing conditions that slowly develop in the unsuspecting host:

Alzheimer's disease	Kidney failure
Arthritis	Sinusitis
Asthma	Endocarditis
Bronchitis	Vasculitis
COPD	Syndrome X
(emphysema)	Myocarditis
Diabetes	Obesity
Otitis	Pharyngitis

*continued on page 3*

Prostatitis	Pneumonia
Meningitis	Gingivitis
Lung cancer	Prostate cancer
Prediabetes	Iritis
Conjunctivitis	Encephalitis
Giant cell arteritis	Multiple Sclerosis
Hepatitis	Prostatic
Hypertension	hyperplasia
Immune	Diabetes
suppression	Interstitial cystitis

As the host gets progressively sicker, stress levels increase. In a futile attempt to regulate the mounting inflammation and stress, more and more cortisol is pumped out by the sick host's adrenal glands. The result is a kind of mini-*Cushing's Syndrome*—a disease produced by a benign tumor in the adrenal gland that over-secretes cortisol. It is characterized by weight gain, central obesity, fatigue, diabetes, depression, insomnia, and even psychosis, to name just a few of the more salient symptoms of this syndrome.

PBS closely resembles Cushing's Syndrome and has been described as Metabolic Syndrome X + chronic low-grade hypercortisolism. Take the increasing waistline, high blood pressure, high serum glucose, and high blood lipids of Syndrome X...add some stress and a middle-path germ and...presto! You've got The Potbelly Syndrome!

The temptation is to run to the pharmacy for an antibiotic to kill the CPN germ. There are protocols at [cpnhelp.org](http://cpnhelp.org) that will steer you in this direction. This is like spraying for mosquitoes...without draining the swamp. Attacking the germ without addressing the host susceptibility issues is only half the battle.

At the time of this writing, there is no proven therapy for PBS. The author, having been quite ill this winter for the first time in 20 years, suspects that he, too, was afflicted with a middle-path germ. Rather than using antibiotics, high dose vitamin C (40-60 grams orally per day!) was successfully utilized to neutralize the infection, restore adrenal balance, and get this victim back to work! In the process, he lost 18 pounds...and part of his early-stage potbelly. Now he's fighting to keep it off. [H]

## HEALTH HUNTERS AT HOME

### The benefits of mind-body practice

by Mary Braud, M.D.

It's one thing to read, talk, or write about the benefits of a mind-body practice and a whole other thing to actually have one. The benefits are easily understood, and the risks are very low. I have had many people tell me of their struggles to find the time to slow down, though they know it would be helpful. Why is it so hard to make a commitment to a practice?

For the past few years I have had a desire to practice meditation on a regular basis. However, this only started happening consistently in the past few months. I have discovered some things that help and other things that don't support having a routine meditation practice.

It can be helpful to let family members know that you will be spending some quiet time every day. Ask that they limit the noise they make during your special time. Doing this has two benefits. The first is that distractions (and aggravations) will hopefully decrease. If no one knows to give you this time and space, it isn't likely to happen at all. The second benefit is that requesting some quiet from the family strengthens your resolve to make good use of this time.

Remember, ask for quiet rather than demand it. More importantly, do not allow yourself to indulge the temptation to think that you are spiritually superior to the rest of your household because you are now meditating. Doing so does not honor the reason for your practice and only increases the likelihood that your family will not cooperate with your request for quiet time. Hostility and tranquility do not co-exist well.

Depending upon your family and the time of day that you choose to meditate, you may or may not get much of the quiet that you desire. If things in your home are always loud, remind yourself that absolute quiet is not necessary. In fact, if you can learn

to slow down and relax in the midst of chaos, the benefits of your practice may be even greater in helping you deal better with regular life.

It can be helpful to have a way to keep track of time during your practice without resorting to an alarm that will signal the time is over with a harsh noise. Music can be used for this. When selected tracks have ended, you know that the time is done. There are special clocks for meditation that have soft chimes, rather than alarms, that can also be used for this purpose. A company in Boulder, Colorado, called Now & Zen sells clocks that have chimes, instead of an alarm.

The thing that ultimately made the most difference in making a commitment to daily practice was that I began to appreciate the value of practice on a spiritual level, rather than just seeing it as something that could benefit my health. It was no longer something I thought I should do because I suggest it to my patients. It doesn't matter what religion you have or that you don't have any. Slowing down is a way to connect with a higher power. The Psalms tell us, "Be still and know that I am God."

Once this shift in my perspective occurred, it was far easier not only to set the alarm clock to wake up 30 minutes earlier but actually get out of bed to make use of the time. There were other benefits as well. Now I am less bothered by the distractions that inevitably occur. I am more gentle with myself. I used to be impatient while meditating because my thoughts didn't seem to slow down one bit.

My mind still has a tendency to race about, but I don't judge myself for it any longer. It doesn't matter so much what happens during my meditation time. I am content with the process and know that it is of great benefit. Feeling closer to a higher power is good enough. [H]



*Imagination is the preview of life's coming attractions.*  
—Larry Eisenberg

## INFORMATION WORTH KNOWING

by Marilyn Landreth, M.A.

Our digestive system is designed for a diet abundant in raw plants and fruits. With the coming of the food industry, many foods are manufactured rather than grown; we have gotten away from the fuel that is necessary for our digestive system to operate at an optimal level. Do you know the role that enzymes play in the maintenance of good health? Many of the foods we eat are over processed and lack the enzymes needed for digestion. When we eat foods that do not come with their own enzymes, it taxes the pancreas and other organs that supply digestive enzymes. Rita Elkins, M.H., has written, *Digestive Enzymes*, to provide information on how to effectively incorporate digestive enzymes into our diet to promote overall good health. Although this is a small booklet, it gives some good information. This month the questions are taken from her book.

**1** The human digestive system is designed to function without a hitch, but because we are not eating the right foods in the right way we have to rely on antacids or laxatives to get it working properly. The National Digestive Information Clearinghouse for the year 1993 reported \_\_\_\_\_.

- a. 66 million cases of "heart burn" a month
- b. 20 million cases of irritable bowel syndrome
- c. 45 million hospitalizations due to indigestion
- d. all of the above

**2** Digestion begins in the mouth when food is combined with saliva. The saliva contains enzymes designed to begin breaking down \_\_\_\_\_.

- a. protein
- b. starches
- c. fats
- d. water

**3** It doesn't matter what foods we eat because the consumption of soda, drugs, caffeine, and alcohol helps our digestive system work well.

- a. True
- b. False

**4** Food goes from the mouth to the stomach which secretes hydrochloric acid and other biochemicals designed to break down \_\_\_\_\_.

- a. protein
- b. starches
- c. fats
- d. water

**5** After going through the small intestine where the majority of nutrients are absorbed, the mixture moves into the large intestine or colon. The large intestine is responsible for the absorption of \_\_\_\_\_.

- a. protein
- b. starches
- c. fats
- d. water

**6** Enzymes are protein molecules responsible for thousands of physiological reactions in the body. Enzymes are the catalysts which initiate and control nearly every biochemical process in the body.

- a. True
- b. False

**7** Many micronutrient complexes are bound in protein and other macronutrient complexes and can't be released unless adequate \_\_\_\_\_ and digestive enzymes are present to break them down.

- a. lipoic acid
- b. ascorbic acid
- c. hydrochloric acid
- d. pantothenic acid

• FOR ANSWERS, SEE PAGE 7 •

## Test of the Month

by Dr. James A. Jackson,  
Director, Bio-Center Laboratory

### Zinc


Zinc is an essential trace mineral (metal) in the body. Essential means your body cannot make it. The human body contains 2 to 4 grams of zinc, a "trace amount." It is found everywhere in the human body—the heart, bones, prostate, sperm, muscles, brain, and kidneys. A large amount is also found in hair. In blood, 90% of zinc is found in the red and white blood cells and only 10% in serum. This is one of the reasons we offer RBC zinc testing.

Zinc is necessary for about 200 enzyme reactions in many metabolic pathways. Zinc is necessary for good growth and wound healing. It is important for physical, sexual, and mental development in children; neurotransmitter metabolism in the brain; taste and smell; skin disorders; hair loss; fertility; and immune defense. It also protects from free radicals and intestinal absorption of heavy metals such as lead and cadmium.

The RDA is 11 mg/day but may be higher in nursing or pregnant women. High doses of zinc should be supported with copper and manganese and given under the care of a physician.

Zinc is deficient in pyroluria, a form of a mental dysperception in orthomolecular medicine. A clue to a zinc deficiency problem is your fingernails. Look for white spots on your nails. Fingernails grow about a millimeter a week. If the spot is 3 mm, then something stressful probably happened three weeks ago. Did you get a traffic ticket? Did you have a 50<sup>th</sup> birthday? Did one of your kids tell you they were moving back in with you?

Zinc is found in meat, eggs, oysters, herring, clams, wheat germ and bran, nuts, peas, oatmeal, chicken, and carrots.

At the Bio-Center Laboratory, we measure zinc in RBCs, serum, urine, and hair at the request of The Center physicians. 

*Nothing much happens without a dream.  
For something really great to happen, it takes a really great dream.  
—Robert Greenleaf*

## Heirloom seeds

by Sue Eddy, Center Gardener

Scrutinizing a single seed of most vegetables and grasses belies the amount of information encoded within. Historically, a seed contains the knowledge of optimal conditions for sprouting. It knows how to respond to extreme heat or cold, how to adjust to various fluctuations in water intake, and how to grow in changing soil conditions. Some seed varieties can withstand a broad range of growing conditions and still produce a fair crop. Heirloom seeds are like this.

An heirloom seed is one which, by the discretion of the grower, is saved when the plant goes to seed. Many cultures around the world must save seed to grow next year's crop because the option to purchase new seed is beyond their meager budget. In this country, a gardener saves seed from a plant which produced abundantly, yielded exceptional taste, or withstood extreme weather conditions. Heirloom seeds have been saved by people all over the world, farmers and gardeners, and passed down to future growers. Immigrants often brought, and still bring, their favorite seeds from their mother country. Seeds were sometimes sewn into clothing by immigrants to ensure a food supply in the new country, or to bring to the new country a taste of the homeland.

The heirloom seeds saved for generations in a particular area of the country gradually adapt to that area's climate, soil, and, perhaps most importantly, its pests. When a plant has a certain amount of disease-resistance bred into it, there is less need or reliance on pesticide or fungicide use. These inputs are unavailable to many growers worldwide due to their prohibitive cost.

Recently, there has been a resurgence of interest in heirloom seeds. Since 1987, huge conglomerates have gobbled up small seed companies at the rate of 5% per year, leaving most of the seed banks in the hands of ten major world traders who have other interests, like selling seed instead of saving it. That leaves the salvation of heirloom seeds in the hands of dedicated farmers and gardeners. For many growers, nurturing an heirloom cultivar is a direct link to the past. [H]

# Do it Yourself Detox

by Chad A. Krier, N.D., D.C.

## Chitosan

We know that many toxins found in the environment are fat soluble and are therefore stored in our fatty tissues such as adipose. Fat soluble toxins can pass through the liver for detoxification and are excreted from the liver through the bile into the intestines. A great percentage of the fatty toxins that are dumped into the small intestine get reabsorbed into the circulation and are again deposited in fatty tissues (toxin redistribution). Finding things that bind to the toxins in the small intestine and prevent their reabsorption is an important aspect of detoxification. Many types of fibers may accomplish this task.

One such fiber-like substance is chitosan. Chitosan is a polysaccharide complex extracted from the exoskeleton of crustaceans, including shrimp, lobster, and clams. Chitosan has the ability to form a positively charged gel matrix in stomach acid which enables it to bind onto bile acids, nitrogen metabolites,

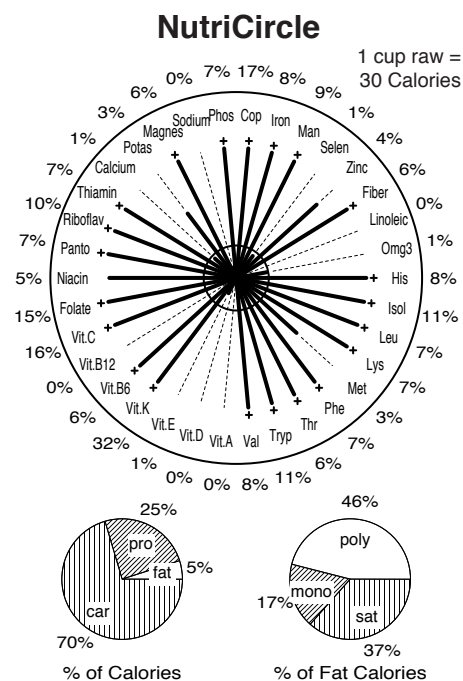
cholesterol, and fat soluble toxins. Unfortunately, it can also bind onto minerals, fatty acids, and fat soluble vitamins. It's probably wise to avoid chitosan if you have a known allergy to shellfish. If you are chronically low in fat soluble vitamins or have trouble absorbing fats you may also want to avoid chitosan.

Animal studies have shown that chitosan increases excretion of fat soluble toxins 80% greater than most fibers, which makes it a useful detox tool. Chitosan has also been shown to slightly increase fecal fat levels by 1-2 grams per day. Increasing fecal fat promotes elimination of fat soluble toxins. To really promote toxin excretion, we have to use larger dosages in the range of 3.0 to 4.5 grams of chitosan daily in divided doses with meals. It's best to slowly build to recommended dosages and to make sure and take extra vitamins A, D, E, and K (fat soluble vitamins) while on chitosan. Chitosan can be a great addition to any detox program. [H]

# Food of the Month

by Donald R. Davis, Ph.D.

**BEAN SPROUTS** usually means the sprouts of mung beans, an oval, green-colored bean native to Pakistan and India and widely used throughout Asia. After about seven days of watering the beans under limited exposure to light, the white and yellowish sprouts are a few inches long and ready to eat. Usually they are briefly stir-fried as a crispy vegetable and served alone or in mixed dishes. They are also added to hot soups just before serving. One cup of raw bean sprouts contains only 30 Calories, but significant amounts of protein, fiber, and many vitamins and minerals. The amino acids help improve the protein quality and quantity in meals featuring rice and other grains.



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). [H]

# Mental Medicine



by Marilyn Landreth, M.A.

## Difference between lightning and lightning bug


Anthony Robins said, "The way we communicate with others and with ourselves ultimately determines the quality of our lives." I've been thinking about how important communication is for understanding between people at all levels.

My mother will be 93 this month and, as her mental capacity diminishes, we are having a difficult time understanding her sentences. She has to search her mind for words and many times the one she comes up with makes no sense. It might be associated with the word for which she is searching but misses the mark. A lot of times this makes for a guessing game. On days I correctly interpret her message, it reminds of when our children were learning to talk and I could understand what they were saying when no one else could. On days that I can't make the connection, I think of what Mark Twain said, "The difference between the right word and the almost right word is the difference between

lightning and the lightning bug."

Another important factor in communication is being on the same page with the person with whom you are trying to communicate. Have you ever tried to explain something and later realized that your communication partner was coming from a completely different direction? Her/his assumptions and your assumptions stand in the way of understanding. It can be frustrating for both of you.

Messages on an answering machine can sometimes lead to confusion. The tone of voice is very important. Many businesses have a message saying, "Smile, the customer can hear you." As someone told me the other day about a miscommunication concerning a message left on an answering machine, "We all speak the same language but we sometimes fail to convey our message as we intend."


I'm going to continue working on my communication ability with myself and others. How about you? 

## Case of the month

A 66-year-old female came to The Center in March 2005 with gastritis, kidney stones, and bladder spasms. She also has lupus and osteoporosis.

Dr. Hunninghake ordered the following lab tests: CRP, DHEA, H. pylori, homocysteine, the vitamin panel, vitamins B and D, magnesium, zinc, candida, essential fatty acids, hair analysis, urinary pyrroles, urinary analysis, and the cytotoxic food sensitivity test.

Her highest sensitivity to foods consisted of strawberries, all of the sugars, baker's yeast, and brewer's yeast. She was encouraged to eliminate those from her diet. Her CRP was high, as well as her candida levels. Her potassium and chromium levels were low in her hair. Vitamins E, B6, and urine vitamin C levels were also low. She was started on B complex; folic acid; Arctic cod liver oil; vitamins B5, C, and E; and a probiotic.

She continued to have symptoms due to the lupus and also back problems. Then, in January of 2008 she learned she had a CO problem due to a faulty furnace. The problem was repaired and she started on glutathione injections. At the time of the last injection, she indicated she was feeling so much better. Dr. Hunninghake will continue to monitor her progress. 

## CENTER UPDATE


### What is the cytotoxic food sensitivity test?

Reactions to food are quite common. Foods can act as antigens causing an antibody reaction. This reaction can vary depending on the antibody response. An immediate response with a skin rash or swelling of the throat is an acute allergy. Another type of reaction is a delayed response which is a hypersensitivity to a food. This reaction may occur from 2 hours to 72 hours from when the food was eaten. The reaction may be from the food itself or an additive to that food.

The Bio-Center Laboratory has been testing for delayed food sensitivities for over 30 years. A fasting blood sample is required from which a suspension is prepared and mixed with 90 separate extracts or antigens of foods and food additives. These are studied under the microscope. If destruction of blood cells (red blood cells, white blood cells, and platelets) is observed, then a

reaction has taken place. The reaction is graded from a +1 up to a +4, which is the most severe reaction.

Common foods and additives that are found to cause sensitivity symptoms are corn, chocolate, wheat, yeast, grapes, vanilla, eggs, milk, tomatoes, chicken, MSG, chlorine, and aspartame.

The symptoms from a reaction to a food are quite varied and will be different from individual to individual. If you are having some of the following problems, you may have food sensitivities: acne, arthritis/bursitis, bladder problems, bronchitis/recurrent infections, canker sores, sinus congestion/allergies, depression, swelling, fatigue, eczema, rashes, headaches, hyperactivity/learning problems, fibromyalgia/joint pain, hypoglycemia, irritable bowel/gas and bloating, hemorrhoids, reflux, stomach pains, poor memory/concentration, PMS, or difficulty losing weight. 

### Hormone therapy and breast cancer

In 2002, the Women's Health Initiative (WHI) study reported that long use of hormone replacement therapy (Prempro) increased the risk of breast cancer. Also, the cancers were larger and more advanced. Sales of Prempro quickly fell. About a year later, so did the rate of breast cancer in the U.S., but some suggested that the apparent decrease was caused by other factors, such as changes in the frequency of mammograms. Now a follow-up study of the original WHI subjects finds that their rate of breast cancer fell markedly soon after they stopped Prempro, but there was no change in their frequency of mammograms. The authors suggest that stopping Prempro allows some pre-clinical breast tumors to disappear by themselves.

—*New Engl J Med* 2009; 360:573 

Answers from page 4

- 1 d. These figures show that we have a long way to go in understanding and accepting that foods play a major role in how well our body functions.
- 2 b. Chewing food thoroughly and mixing it with saliva is very important to the digestive process.
- 3 b. Soda, drugs, caffeine, and alcohol impede normal digestive processes so that when we do eat we suffer the consequences.
- 4 a. Many of us lack both hydrochloric acid and pancreatic enzymes which causes poor digestion of food and nutrients.
- 5 d. As well as absorption of water, the large intestine also absorbs electrolytes and storage of waste matter until it can be eliminated.
- 6 a. The presence of certain enzymes is what makes it possible for us to digest food, repair tissue, and rid our bodies of dangerous toxins.
- 7 c. Elderly people are more prone to malnutrition than someone younger because as the body ages, enzyme production decreases. H

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*Video Tapes: Regular Price—\$9.95; Health Hunter Price—\$8.95*  
*CDs: Regular Price—\$14.95; Health Hunter Price—\$13.45*  
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### DIGESTIVE ENZYMES

*By Rita Elkins, M.H.*

American diets are generally detrimental to overall health. As the quality of health declines, the body's digestive ability also declines. This book gives information on ways to aid digestion with enzymes. Soft cover. (\$4.95 HH price \$4.46)

### THE COFFEE CONTROVERSY

*with Glen Hyland, M.D.*

Are you one of this nation's 100 million daily coffee drinkers? Does your coffee habit increase your risk of cancer, heart ailments, diabetes, and obesity OR do the high levels of antioxidants found in coffee actually protect you from these diseases? Dr. Hyland examines the scientific pros and cons surrounding this popular drink.

### EAT, EXERCISE, EXCEL WELLNESS PROGRAM FOR STUDENTS

*with Janine Kempker, Anthony Elementary School Principal*

Eat, Exercise, Excel (EEE) is a comprehensive school wellness program that focuses on exercise and nutrition. This program, which started in Anthony Elementary School in Leavenworth, Kansas, turned a low achieving school into a success story. Students in the program were healthier, better behaved, and saw dramatic improvement in their academic assessment scores. Woodland Health and Magnet Elementary School in Wichita is in their second year of implementing the EEE program. EEE results at the conclusion of the first year showed state assessment scores rising dramatically in reading, with notable improvement in math scores as well.

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The Coffee Controversy	audio   video   CD   DVD	_____	_____	
Eat, Exercise, Excel	audio   video   CD   DVD	_____	_____	
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*Prices and shipping charges subject to change without notice.*

# Upcoming Events. . .

## Lunch & Lectures:

### April:

- 2 Preventing the #2 Worst Pain: Kidney Stones
- 9 Plugging the Leaky Gut Syndrome
- 16 The Eyes Have It: Preserving Vision
- 23 21 Healthy Weight Secrets
- 30 Herbal Guide for Diabetes

### May:

- 7 Health Hunter/Beat The Odds "Ask The Doctors"
- 14 Tools and Tips in the Organic Garden
- 21 You Can Lower Your Risk for Heart Disease, Dementia, and Depression

# Special Upcoming Event. . .

**April 2 - Health Hunter/Beat The Odds "Ask the Doctors"**  
FREE Evening Lecture

**April 3 & 4 - Health Hunter/Beat The Odds Days**  
Discounts on Laboratory Health Panels & Gift of Health Items  
for Health Hunter Members

## Unusual fats improve dry skin

Our skin serves many functions, including shielding us from external threats and retaining body moisture. These functions require certain polyunsaturated fatty acids. Modern diets are high in some of these, especially linoleic acid, but not high in alpha- and gamma-linolenic acids (ALA and GLA). In a study of 45 German women with dry and sensitive skin, researchers gave them supplements of ALA from flaxseed oil, or GLA from borage oil, or a placebo (2.2 grams of oil per day). After 6 weeks, flaxseed oil improved skin smoothness and scaling. Both oils improved skin hydration and retention of body moisture and reduced the reddening and inflammation caused by a skin irritant. Fish oil has some similar effects. The daily amount of ALA used in this study (1.2 grams) is also obtainable from 1 tablespoon of flax meal or 0.5 oz. of walnuts. The amount of GLA used (0.5 grams) is also found in 5 grams of evening primrose oil.

—*Brit J Nutr* 2009; 101:440