

Health Hunter[®]

VOL. 18, NO. 5

NEWSLETTER

MAY 2004

A whole-foods perspective on Atkins diets

by Donald R. Davis, Ph.D.

Here at The Center we have long advocated eating primarily whole foods. Whole foods may be defined as foods that grew and are eaten without major changes in their nutrient contents. They are nearly the only kind of food that Nature provides, and all are endowed with a broad range of nutrients. Unfortunately for our nutrition and health, most persons in developed nations get most of their calories from non-whole foods, primarily the “big three”—added sugars, added fats and oils, and refined grains. These man-made foods are convenient, tasty, and ubiquitous, being major ingredients in most breads, cereals, pastas, cookies, crackers, candies, sugared drinks, salad dressings, spreads, dips, and deep-fried foods. They fill us up, but they seriously lack the broad health-building qualities of whole foods.

For those not interested in low-carbohydrate diets, why not try some of the whole-food goals mentioned here.

For many years, the late Robert Atkins and others have advocated a controlled-carbohydrate approach to our national epidemic of obesity and related disorders. *Dr. Atkins' New Diet Revolution* and similar books seem to help many persons lose excess weight and improve their health. Recently, these approaches have gained some scientific recognition, though they defy conventional wisdom about counting calories and limiting dietary fat and cholesterol.

Atkins grounded his approach on ideas about the roles of carbohydrate in metabolism, insulin response, and appetite. By strongly limiting carbohydrate, but not fat or protein, he argued, one can lose weight without counting calories and with little or no hunger. He especially limited carbohydrates that are rapidly absorbed (have a high “glycemic index”). As weight normalizes, one can enjoy more sources of carbohydrate, adjusted individually for each person's needs.

Although Atkins' approach seemingly has little or nothing in common with our whole-foods orientation, there is in fact much overlap. Both advocate a healthy-food lifestyle, not a diet in the temporary sense. Both seek to cooperate with Nature to build and improve normal metabolism. Normal metabolism includes an appetite matched to our needs, so that calories need not be counted or consciously restricted. Finally, both approaches encourage enjoying fat-containing whole foods such as nuts, eggs, and avocados that have been wrongly scorned in our current indiscriminant, low-fat approach to preventing and treating heart disease.

The centerpiece of Atkins and similar diets is carbohydrate restriction. In effect, carbohydrate restriction mostly means restricting two of the “big three” non-whole foods, because of the remarkable fact that about 85% of our nation's carbohydrate comes from added sugars and refined grains. All four phases of Atkins diets (induction through lifetime maintenance)

continued on page 2

Herbal preparation reduces colds in children

The doctors at The Center often recommend echinacea and propolis to boost the immune system. A recent study reported in the *Archives of Pediatric and Adolescent Medicine* wanted to find out if this was true. In a randomized, double blind study, the researchers evaluated whether Chizukit, available over-the-counter from Israel that contained echinacea extract, propolis, and vitamin C, would prevent upper respiratory infections (URI).

The team randomly assigned 430 children (328 completed the study) either Chizukit or a placebo twice a day for 12 weeks during the winter. The dosage was increased to four times a day during acute illness.

When compared to the placebo group, the Chizukit group had 43% fewer children who experienced one or more URIs, 55% fewer URI episodes overall, and 50% lower mean number of URIs per child. Echinacea, propolis, and vitamin C do improve the immune system. [H]

Inside this issue...

The foundation.....	2
Food advertising and childhood obesity.....	3
Information worth knowing.....	4
Iron supplements for infants.....	4
The Garden and the gardener.....	5
Garlic in classic Jewish literature.....	5
Food of the month—trout.....	5
Time to get started!.....	6
Vitamin D deficiency & muscle pain.....	6
Case of the month.....	6
Special discounts.....	7
Upcoming events.....	8
Fast food is fat food.....	8

EDITORIAL BOARD

Joseph Casciari, Ph.D.

Donald R. Davis, Ph.D.

Melvin Epp, Ph.D.

Michael J. Gonzalez, D.Sc., Ph.D.

Ron Hunninghake, M.D.

James Jackson, Ph.D.

Rebecca Kirby, M.D.

Tim Lawton, M.D.

Xiao Long Meng, M.D.

Nina Mikirova, Ph.D.

Hugh D. Riordan, M.D.

PUBLICATION INFORMATION

Editor: Richard Lewis

Associate Editors: Marilyn Landreth and Barbara Dodson

Health Hunter Newsletter is published as a service 10 times a year by the Olive W. Garvey Center for Healing Arts, a division of The Center for the Improvement of Human Functioning International (CIHFI), a non-profit organization. Memberships are \$25 for one year, \$30 for outside the U.S.; \$45 for 2 years, \$55 for outside the U.S.; and \$60 for 3 years, \$75 for outside the U.S. To join, see the order form on page 7 of this issue. (Prices good through 2004.)

© 2004/CIHFI

Special written permission is required to reproduce, by any manner, in whole or in part, the material herein contained. Write: Permissions, 3100 N. Hillside Ave., Wichita, KS 67219, USA. Phone: 316-682-3100. Some images © 2003-www.clipart.com.

The information in this publication is meant to complement the advice and guidance of your physician, not replace it.

Share information about The Center with your family and friends by inviting them to visit our website.

Meet us at the following address:

www.brightspot.org

or correspond with us by E-mail:

healthcoach@brightspot.org

Nutritional Medicine

by Ron Hunninghake, M.D.

The foundation

OK...brace yourself. I'm going to make one of those bold assertions that drive conventional thinkers wild.

Nutritional science is the unheralded foundation of good medical care.

Here at The Center, we distinguish between acute care and chronic, sustained care. And, granted, in an acute care situation it appears that nutrition is not the predominant concern. Give the drugs, do the surgery, deal with the situation on the terms of the situation. On closer exam, however, most acute medical situations arise out of neglect for optimal nutrition. Infection finds its genesis in poor immune function...due to poor nutrition. Accidents can be traced to a lapse in attention, often due to anger or depression, which can be traced, at least partially, to an antecedent of poor nutrition. While many factors increase the risk of illness, the universal common denominator is poor nutrition.

Pharmaceuticals can go a long way toward relieving acute suffering by blocking pathological mechanisms in the body. But blocking is not the same as feeding. Taking out a lower interest loan to pay off a higher interest loan is commendable, but your net worth remains the same, financially speaking. Drugs do nothing to help the body to restore true health and vitality. Cells cannot "make a living" on artificial chemicals. Cells require a specific array of biochemicals that are necessary to sustain life. Foods are derived from living things that are composed of cells. When we eat whole foods we eat foods

that have retained their basic cellular structure. This helps to insure a complete complement of biochemicals that are necessary to sustain cellular life. In patients who are ill or injured, almost by definition, their biochemical reserves are insufficient to meet the challenge. The result is malfunctioning. As cells malfunction, organs malfunction. As organ systems malfunction, the individual experiences dis-ease and distress and less than optimal life.

Cells live in an interstitial environment from which they derive nutrients, and into which they release by-products of metabolism. The whole organism is a series of systems to help maintain a nutrient rich, clean cellular environment. When nutrients are lacking, or toxins have accumulated beyond the body's ability to clear them efficiently, then illness and disease emerge.

Good medical care is the attempt to correct that imbalance. To ignore nutrition is to ignore basic biology. Such a medical care system might accomplish short-term results, but long-term health would be destined to decline. Degenerative disease would emerge as the predominant model of illness, and health care costs would skyrocket out of sight. This would be the result of trying to build on a weak foundation. Without proper attention to the fundamental need of the human organism for quality nutrition, the edifice of health care is almost certain to crumble. H
(This article was originally published in the October 2002 *Health Hunter Newsletter*.)

Whole foods—Cont'd from page 1

permanently avoid added sugars, white flour products, and white rice. He called them "slow poison."

The whole-foods message is similar. These "foods" lack the broad health-building qualities of natural foods. They are foreign to our metabolisms and appetite mechanisms, and making them staples can cause many kinds of difficulties, especially in those who are genetically vulnerable. One of the most

important ways to improve nutrition and health is to greatly reduce consumption of these two kinds of non-whole foods.

The major difference between Atkins diets and the whole-foods approach is his recommendation of "liberal amounts of fats and oils," including "butter, olive oil, mayonnaise, and any oil that is liquid at room temperature." Liberal amounts of fat are indeed

continued on page 3

essential in low-carbohydrate diets. But like added sugars and refined grains, these particular sources of fat fill us up with abundant calories, without providing the many nutrients found in all whole foods.

In the "Typical Atkins Day" in his book, mayonnaise, salad dressing, and sour cream contribute about 30% of the calories, making this day's food significantly less nutritious than it could be (but nevertheless more whole than most American diets). These fat sources may be useful in the induction phase when carbohydrate is severely limited, but it would seem much better to quickly replace most of them with whole-food sources such as avocado, nuts, nut butters, olives, and oily seeds (sunflower, pumpkin and sesame). Only the whole-food fat sources contain fiber, which would help prevent the constipation experienced by some Atkins dieters. Although cheeses are not fully whole (whey is removed during cheese making), they too are much better nutritionally than butter, oils, and mayonnaise.

Atkins makes a good point about refined carbohydrate: "This is not real food; it's invented, fake food...For thousands of years, human beings were in luck—none of these foods existed." Atkins was so focused on carbohydrate and glycemic index that he seemed unaware that the same statement also applies to his recommended separated fats and oils. It applies also to several of the supposedly benign alternatives to sugar and white flour now used in "controlled carb" products from Atkins Nutritionals and others (pasta, bread, cake, candy, and ice cream). Poly-dextrose, glycerin, maltitol, cocoa butter, and soy protein concentrate are chosen for their low glycemic index, but they are still manufactured, non-whole sources of calories, completely or mostly devoid of nutrients, just like sugar and white flour. Modest use may ease the transition to more wholesome diets, but the whole-foods goal is to replace them with natural foods that contribute a broad array of health-building nutrients, including fiber.

In another departure from our whole-foods approach, Atkins limited dairy products based on their carbohydrate

continued on page 4

HEALTH HUNTERS AT HOME

Food advertising and childhood obesity

The other day I was reading an editorial in the *Journal of the Royal Society of Medicine* in the library when a doctor came by and asked me what I was reading. I told him.

He said that he has been seeing more and more obese children, not only as patients, but also in the community. One overweight seven-year-old told him how she would usually drink two to three cans of pop a day. Dr. Lawton remarked that a recent study showed that even one can of pop a day can contribute to obesity, especially in children.

This brings me to the subject of this "Health Hunter at Home"—Is food advertising the cause of childhood obesity? Dr. David Ashton said in his opening sentence, "Over the past year political momentum has grown for strong action to tackle childhood obesity and there is an emerging consensus that regulation of food advertising to children is both necessary and achievable."

This article was intended for the British medical public, but it would certainly apply to the United States. Controlling advertising to children, along with parental oversight, would help the seven-year-old that the doctor saw the other day.

But there is another part to this problem that we need to consider and that has to do with the amount of energy a child uses up during the day.

"Today children expend about 600 kcal/day less than their counterparts 50 years ago, and contemporary British [read American] children, even in pre-school years, spend much of their time seated," Dr. Ashton said. These children watch television and play computer games during the day rather than participate in active play which gets them out of their chair and moving around.

"This decline in physical activity in children (and adults) has been exacerbated by the failure of successive governments to provide an environment in which physical activity can be incorporated into everyday life," he continued. Parents are often concerned about the child's safety while going to and from school, whether it is because

of traffic or because of possible abuse by strangers, so they revert to using the car rather than having the child walk to school. "Who can blame them," he adds.

Dr. Ashton says the role of schools needs to promote an active lifestyle and be properly funded. Schools in Britain, as well as in America, have insufficient funds to purchase basic sports equipment, while the British government is poised to spend about 3.5 billion dollars in trying to secure the Olympic Games for 2012.

"Moreover, the emphasis on competition and sporting performance in schools alienates those children who are less physically gifted and diminishes the importance of regular physical activity in relation to health," Dr. Ashton wrote. This can be said again for the U. S. National and State curriculum committees for education. They should include a lifestyle module in which children learn about the health benefits of physical activity for life, not simply competitive sports during their school years.

"Health policy makers and those who control the public purse should also bear in mind that active children are more likely to become physically active adults with lower rates of heart disease, diabetes, and cancer. Even those who are obese but physically fit can expect better long-term health outcomes than their sedentary, lean but unfit counterparts," according to Dr. Ashton.

As has been said before, "For every complex problem there is a simple solution."—and it is always wrong. The claim that food advertising is a major contributor to children's food choices and the rising tide of childhood obesity has an obvious appeal. But it does not stand up to scrutiny.

The school system AND the parents of the child hold the answer. We, as parents and grandparents, need to take charge of the child's life rather than expect some "government" agency or even an advertising agency to take charge.

—Richard Lewis



INFORMATION WORTH KNOWING

The Center's definition of health: Health is having the reserve to do what you need to do and want to do with energy and enthusiasm. Frank Shallenberger, M.D., H.M.D. has written *Bursting with Energy*. He says that deficient energy production is the root cause of obesity and every disease and symptom from cancer to fatigue. Dr. Shallenberger is a board-certified physician in Anti-Aging Medicine and has studied the relationship between a long and vigorous life and energy. If you want to improve your body's energy production and learn the secret to permanent weight control this book will tell you how. The questions this month are taken from his book.

1 Inside the trillions of cells in our body, molecules of oxygen, hydrogen, sugar, fat, vitamins, minerals, and amino acids pass through an assembly line of enzymatic processing that generates a large amount of energy. About _____% of this energy is used to produce heat. This is produced from aerobic energy.

- a. 20
- b. 40
- c. 60
- d. 80

2 Poor aerobic energy production causes a decrease in energy that results in much more than simply being tired and cold. Dr. Shallenberger believes this to be the cause of _____.

- a. zits
- b. aging
- c. youthfulness
- d. none of the above

3 Anaerobic metabolism is a way for the cells to get extra energy without using oxygen. It is designed for emergencies such as when we need to escape from a hungry animal.

- a. True
- b. False

4 Another reason for the development of a low energy quotient (EQ) is the dysfunction of the energy producing structures inside cells called mitochondria. It routinely occurs as a result of _____.

- a. dehydration
- b. sunlight deficiency
- c. poor nutrition
- d. all of the above

5 Whether it is a brain cell sparking a thought or a parietal cell initiating your digestion, every aspect of your physiology is 100% dependent on _____ energy production.

- a. aerobic
- b. anaerobic
- c. biaerobic
- d. none of the above

6 People who don't regularly exercise, or who have elevated insulin levels, or who have diabetes, have a decreased level of a special enzyme needed to cut the bond between hemoglobin and oxygen so that the oxygen can be released to the cells.

- a. True
- b. False

7 Without adequate amounts of _____ every biochemical reaction, including those that are essential for the proper generation of energy, is compromised.

- a. soda
- b. water
- c. ions
- d. none of the above

• FOR ANSWERS, SEE PAGE 7 •

Live out of your imagination, not your history.
—Stephen Covey

Whole foods—Cont'd from page 3

hydrate content (lactose or "milk sugar"), but perhaps needlessly. Unlike added sugars, lactose is prominent in the natural diet of all infant mammals. Further, its glycemic index is low. Might the lactose in whole milk be safely ignored in Atkins Diets, especially after the induction phase?

Similarly, I wonder: Since added sugars and white flour and rice contribute on average about 85% of the carbohydrate in American diets, what would happen if low-carbohydrate dieters focused strongly and primarily on these non-whole sources of carbohydrate? How much of the benefit of Atkins diets might be achievable by rigorously excluding added sugars and refined grains, while relaxing some of Atkins' restrictions on other carbohydrate sources, especially whole milk and those sources low on his "carbohydrate ladder" (salad vegetables, fresh cheeses, seeds and nuts, berries, wine, and legumes)? Only experiment can tell for sure.

For those not interested in low-carbohydrate diets, why not try some of the whole-food goals mentioned here, to improve nutrition and health and to hopefully reduce the risk of future weight gain? These goals include greatly reducing intakes of added sugars, white flour products, white rice, and added fats and oils. Those items can be replaced with enjoyable whole foods. Even a partial list of possibilities is long: vegetables of all kinds, legumes, berries, melons, fruits, nuts and nut butters, oily seeds, avocados, olives, eggs, fish, whole milk, and unsweetened, full-fat yogurt. Atkins deserves credit for helping to restore the public reputation of most. [H]

Iron supplements for infants

In a study, 77 breast fed infants were randomly selected to receive either elemental iron in the form of ferrous sulfate or a placebo for one to six months. The infants taking the iron had higher hemoglobin and mean corpuscular volume at six months and significantly higher visual acuity and psychomotor development indexes at 13 months of age than those who did not take iron. [H]

The Garden and the gardener

by Melvin D. Epp, Ph.D.

As we move from spring into summer, there is another phenomenon that gardeners spend time pondering and discussing over coffee. What is the meaning of the "average frost-free date?"

The average frost-free date has been embedded in weather logs as long as weather records have been kept. This date refers to the date when fifty percent of the times there will not be another night with temperatures falling below 33° F. With every passing day, the probability of frost decreases towards zero during the early days of May.

The date differs for every location. Here in Wichita, the Sedgwick County Extension Service suggests April 13 as the average frost-free date. Ben Pringle, the chief meteorologist at KAKE Channel 10, considers April 9 as our average frost-free date. The difference may reflect the exact locations of their respective thermometers.

On Easter Sunday morning as I was attending a sunrise service on a hill overlooking a broad valley of the Whitewater River Watershed, frost developed on our car as the sun arose. That same frost also blackened the upper leaves of the potato plants that had already emerged in my garden. This will not hurt the plants, only set them back several days.

What I found more exciting was the comments by Ben Pringle on the morning of April 14. He considered the danger of frost past for this spring so was moving his houseplants outside that afternoon. So, for us in Wichita, we may have seen the last frost, but does that mean it is time to plant tomatoes into the garden?

The rule-of-thumb is to plant tomatoes when the soil temperature reaches 60° F. The Sedgwick County Master Gardener's Hotline informed me today, April 15, that the soil temperatures were averaging in the upper 50s to 60° F. The suggestion was that it was probably O.K. to plant tomatoes now but to protect them from winds. Since tomatoes are a warm season crop and do not grow in cool weather, if one waits another week or two to plant, all plants will be the same size by the end of May. [H]

Herbal History

Garlic in classic Jewish literature



The Israelites were well known for their love for garlic—so much that the Romans were so disgusted with the Israelites that the Romans called them "garlic eaters." But, they still ate garlic. "We remember...the leeks, and the onions and the garlic" (Numbers 11.5).

Garlic not only tasted good, it also had many medicinal uses as well. For instance, garlic was believed to possess hot and stimulating properties that boost the production of semen. In last month's issue, if you remember, we mentioned that onions were good for menstruation. Garlic is considered an emmenagogue, that is a stimulant for flow and activity of menstruation that is even better than onion.

"Five things have been said about garlic. It satisfies the appetite, heats the body, gives a good color to the complexion, increases semen produc-

tion and kills lice, and some say that it brings love and dispels jealousy because it gladdens the heart." (Baba Kama, 82a)

Garlic has been suggested for treating toothache by collecting a whole clove of wild garlic, crushing it with salt and oil, and then placing it on the thumbnail on the same side as the toothache. Garlic was also suggested as a relief for pain since it was permitted for this use on the Sabbath because it was considered a remedy.

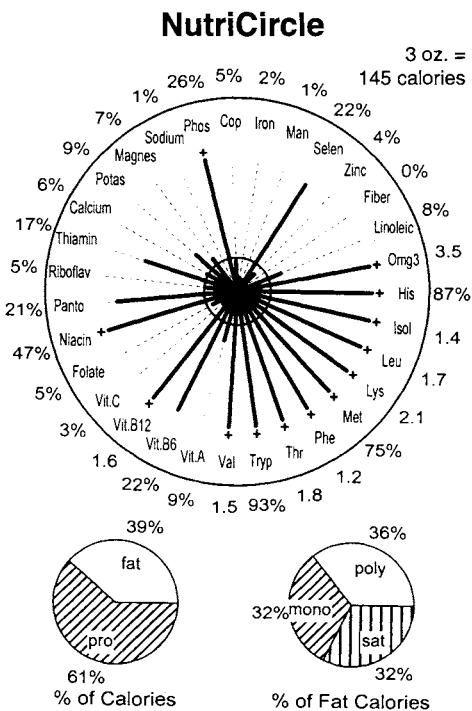
In the tenth century Shabbatai Donnollo, the first European to write a medical text in Hebrew, suggested garlic for sufferers from melancholy.

Rabbi Zahalon in his book, *Otzar Hahayim (The Treasury of Life)*, published in 1683, suggested garlic and onion for the treatment of asthma and for neutralizing poisons. [H]

Food of the Month

by Donald R. Davis, Ph.D.

TROUT are a game fish and food fish closely related to salmon. Most trout in markets is rainbow trout, which is native to the west coast of North America, but comes from trout farms, usually in Idaho. Farmed trout (shown here) are fed fishmeal, and according to USDA data are quite similar nutritionally to wild rainbow trout. Pink trout are fed astaxanthin, the carotene derivative that gives salmon its color. A small, 3-oz. serving contains 3.5 RDAs of omega-3 fat, plus adequate amounts, relative to calories, of 23 of 30 other nutrients shown here. Besides omega-3 fat, it is especially rich in protein, B-vitamins, phosphorus, and selenium.



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.



Time to get started!

Do you ever have days or weeks or months that there seems to be too many things to do in too short of time? What do you do when that happens? Do you procrastinate? Procrastination can sometimes work for short periods of time but usually ends up causing more problems. Do you come up with a priority list? Or do you just start doing tasks at hand?

I like to make a "to do" list, then prioritize what needs to be done. I also keep in mind that most important things will be accomplished and that there is enough time. I also like to picture what it will be like when the goals I set for myself are completed, whether it is getting my desk cleared off or having a birthday party for my mom. Nido

Qubein said, "To mobilize yourself, decide what you want, determine what will get you what you want, then act — do what will get you what you want most to achieve."

Coleman Cox said, "Even the woodpecker owes his success to the fact that he uses his head and keeps pecking away until he finishes the job he started." Sometimes in order to be motivated or inspired you first have to start doing something.

We are only on this earth for a little while. Learning to enjoy the many responsibilities we have can greatly increase our happiness. James Taylor said, "The secret of life is enjoying the passage of time." So get busy and start those tasks that you have been putting off. H

Case of the month

A young boy just short of three years old came to The Center with complaints of asthma, recurrent ear infections, sinus infections, irritable bowel syndrome, dermatitis (diaper rash), and eczema. He was also small for his age. At 18 months, his weight was in the five percent range and his height was only 10 percent of the average.

Dr. Riordan doesn't like taking much blood from children. He says that they don't have much to spare like adults do. With this in mind, he had an organic acids test and standard Cytotoxic done in the blood. He also had indican, K/Na ratio (potassium to sodium ratio), pyrroles, and a urine vitamin C level done in the urine plus a hair analysis done to check his minerals.

The child's K/Na ratio came back as 1.7 which is high. That is very good. Also, his urine indican level was high. This is not good. His urine vitamin C was zero with the range indicating that he has no reserves for vitamin C. His calcium and magnesium levels were very low while his molybdenum level was high. The toxic minerals were very low. He had four 3+ and nine 2+ on his Cytotoxic food sensitivity test. This is not good.

When he and his mother saw Dr. Lawton to get his laboratory results, Dr. Lawton started him on probiotics for the yeast and bacterial growth, fortified flax in smoothies to boost his omega-3 fatty acid level, and Nystatin powder to combat his yeast build-up and fungal problems.

His mother called a few days later saying that he spits out the Nystatin. Dr. Lawton then recommended Diflucan oral suspension to take care of the yeast and fungal problem.

Two months later his mother reported that his stools were a little loose for two months, but not diarrhea. He had a cold, but not a sinus infection as usual. His yeast problem is better and he is continuing the probiotic. The dermatitis he experienced is gone as long as he avoids the foods on the Cytotoxic list. But most importantly, his asthma is much improved. He is much improved. H

CENTER UPDATE

Vitamin D deficiency and muscle pain

For several years, Drs. Riordan and Hunninghake have been recommending that you check your vitamin D level if you want to build your bones to prevent osteoporosis.

Dr. Hunninghake has also been suggesting checking your vitamin D level when you have muscle pain as well. The normal range with our laboratory is 15 to 47 ng/ml—that is nanograms per milliliter.

Gregory Plotnikoff, M.D., MTS, knew immigrants often had vitamin D deficiencies, but were Americans low in vitamin D as well? To find this out, he and his colleagues did a study and reported their results in the *Mayo Clinic Proceedings*. They checked the vitamin D level for 150 consecutive patients admitted to a university healthcare center reporting muscle pain. They discovered that 140 of the 150 people had deficient vitamin D levels (equal to or less than 20 ng/ml). This is higher than The Center's range, but Dr. Plotnikoff believes this is necessary.

Prior research had shown immigrants were often low in vitamin D. The interesting part of this research was that there was no difference between immigrants and non-immigrants and between women and men. They all reported muscle pain and 93% were low in vitamin D. This represented six ethnic groups and the people ranged in age from 1 to 65. The results included African-Americans, Native-Americans, Hispanic, and East African patients. Five of the people had vitamin D levels so low that it was immeasurable by radioimmunoassay.

They also discovered that non-immigrants were as low or more deficient than immigrants. Young people demonstrated much lower serum levels than older people. Four out of the five who were unmeasurable were under 35 years of age. Women of child-bearing age were at a higher risk of undiagnosed vitamin D deficiency.

Low vitamin D is a real problem for people with muscle pain. H

Answers from page 4

- 1 c. The remaining 40% is used to fuel every single physiological and biochemical reaction in the body.
- 2 b. It is also connected with diseases associated with aging.
- 3 a. The process kicks in when a very high amount of energy is needed for a very short period of time.
- 4 d. Also getting inadequate sleep, excessive dietary carbohydrate, deficient dietary protein, poor fitness, improper breathing, and hormonal deficiencies can all lead to low energy production.
- 5 a. Nothing is nearly as important to your health and to your experience of life as the energy you produce from oxygen.
- 6 a. They are unable to adequately utilize oxygen even in the presence of the normal functioning of lungs, heart, and arteries.
- 7 b. Water is the only solvent that the body can use to rid itself of toxins.



SPECIAL DISCOUNTS

Audio Tapes: Regular Price—\$7.95; *Health Hunter* Price—\$7.16
 Video Tapes: Regular Price—\$14.95; *Health Hunter* Price—\$13.45

BURSTING WITH ENERGY

By Frank Shallenberger, M.D.

How do most people know that they are feeling good? When they have enough energy to do what they need and want to do they know that they feel good. What do most people want to have when they visit their doctor? They want more energy or the energy that they used to have. Improving your body's energy level is the secret to a long and vigorous life. Soft cover.

Retail Price: \$14.95

Health Hunter: \$13.48

OVERCOMING AND REVERSING TYPE II DIABETES NATURALLY

With Tim Lawton, M.D.

Diabetes is fast becoming the greatest epidemic of the 21st century. It is predicted that diabetes will affect 1/3 to 1/2 of Americans born today. Ways you can prevent and reverse this serious disease are discussed.

HOW I GOT RID OF MY MIGRAINES AND HOW YOU CAN GET RID OF YOURS

With Hugh D. Riordan, M.D.

Learn from our founding doctor who suffered mightily with migraines before discovering the keys to preventing the devastation from such headaches.

WATER AND WELL-BEING:

How Much to Drink?

With Ron Hunninghake, M.D.

Do you feel tired, achy, somewhat constipated, can't concentrate, your stomach hurts, your skin is dry, your eyes itch, you suffer allergies, and you often feel depressed? You may be overlooking the most fundamental nutrient: water! Chronic low-grade dehydration is easily missed in an extensive workup. Because water is universally available, it is assumed that simple thirst will protect us from dehydration. Not true! Learn the many ways that optimal water intake enhances our health and well-being.

• To Order, Fill Out the Form Below •

TITLE	AUDIO OR VIDEO TAPE	PRICE	QUANTITY	TOTAL
	circle one			
Bursting with Energy (book)		_____	_____	_____
Overcoming and Reversing Type II Diabetes	audio video	_____	_____	_____
How I Got Rid of My Migraines	audio video	_____	_____	_____
Water and Well-Being: How Much to Drink	audio video	_____	_____	_____
<i>Health Hunter</i> - One-Year Membership/renewal - \$25 (\$30 for outside the U.S.)				_____
Two-Year Membership/renewal - \$45 (\$55 for outside the U.S.)				_____
Three-Year Membership/renewal - \$60 (\$75 for outside the U.S.)				_____
Subtotal				_____
**Add Sales Tax				_____
***Add Postage & Handling				_____
TOTAL				_____

** Kansas residents add 6.3%.
 *** Add \$3.00 for first book or tape;
 50¢ for each additional book or tape.

Payment:

Check VISA Am. Exp. Discover M. C. Exp. Date _____

Card # _____ Signature _____

Ship to:

Name _____ Address _____

City _____ State _____ Zip _____

Mail form and payment to:

The Center for the Improvement of Human Functioning International • 3100 North Hillside • Wichita, Kansas 67219
 Prices good through 2004.

Upcoming Events. . .

Lunch & Lectures:

May 6 - Breakthrough for Better Circulation:
"Cure for a Thousand Ailments"

Watch for the new Lunch & Lecture series which will start in June.

May 13 - "29-46-72 Celebration"—2 - 6 p.m.
Join all the Center doctors for festive food, drink, and music.

Fast food is fat food

Fast food is quite often fat food, according to a research study by Paeratakul Ferdinand and colleagues reported in the *Journal of the Dietetic Association*.

The researchers followed 17,370 adults and children between 1994 to 1996 and 1998 and found that 37% of adults and 42% of children ate fast food. Adults and children who consumed fast food had a higher intake of calories, fat, saturated fat, sodium, and carbonated soft drinks and a lower intake of vitamin A and C, as well as milk, fruit, and vegetables.

Whenever possible, pass on the fast food and eat your fruits and vegetables.

RETURN SERVICE REQUESTED

NON-PROFIT ORG.
U.S. POSTAGE
PAID
PERMIT NO. 858
WICHITA, KS 67219

Health Hunter
A Publication of The Center for the Improvement
of Human Functioning International, Inc.
3100 North Hillside Avenue
Wichita, KS 67219 USA

- A whole-foods perspective on Atkins diets
- Food advertising and childhood obesity
- Vitamin D deficiency and muscle pain
- Fast food is fat food

INSIDE THIS MONTH'S ISSUE . . .