

Health Hunters

Getting the fat toxins out

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

It makes sense that high fat diets are associated with an increase in weight over time, but is there more to the picture than just calories? Fatty foods are not only a source of calories but also a source of fat soluble toxins. This is especially true in animal derived fatty food sources. The more fatty foods we eat and the longer we live the more likely we are to accumulate fatty toxins.

The big problem with fatty toxins is that they are toxic to our mitochondria (the energy powerhouses inside our cells). In order to turn our food (FAT) into energy, our mitochondrial powerhouses must be in tiptop shape. Many toxins have been shown to disrupt the rate at which our mitochondria can use fat for fuel, including: pesticides, PCBs, heavy metals, ethanol, herbicides, and trans fats. If we carry a significant toxic burden, we can't burn fat well.

Fatty toxins are found everywhere in the environment and in animal tissues.

I'll just lose the fat and the toxins will melt away – right? WRONG. With calorie restriction and weight loss, levels of circulating toxins actually increase up to 388% above pre weight loss levels. This is often why many people have trouble losing weight. As they start to get motivated to exercise and start losing weight, their toxin levels rise and cause them to feel sick or flare up a bothersome symptom. This causes us to get off our routine and fall into the yo-yo trap. Weight loss alone does not help us

dispose of fatty toxins. It does cause us to stir up the toxins and redistribute them to other fatty locations, such as the brain and liver.

Weight loss also can affect our thyroid which can have an effect on metabolic rate. In one study, blood levels of organochlorine concentrations (fatty toxin), serum T3 concentration (thyroid hormone), and resting metabolic rate were measured before and after weight loss in 16 obese men who followed a calorie restricted diet for 15 weeks. Weight loss in the men caused increased circulating toxin levels and lowered the level of T3 (the active thyroid hormone responsible for metabolic rate). We have always thought that taking in fewer calories may slow down our metabolism as part of the body's innate protective mechanisms, but it could be that it is the increase in toxin levels disrupting the thyroid, causing a drop in metabolic rate.

To summarize so far, fatty toxins are found everywhere in the environment and in animal tissues. These fatty toxins enter the body in food and are stored in our adipose tissue. Loss of body fat through calorie restricted diets mobilizes fatty toxins and results in redistribution of those toxins to other tissues. Weight loss only increases the levels of circulating toxins but does not promote excretion of the toxins. The problem with the toxins is that they decrease our ability to burn fat for fuel, decrease mitochondrial function, decrease energy production, and disrupt the endocrine system, creating disordered metabolism.

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Meat consumption and mortality

In 1995, 322,000 men and 223,000 women age 50 to 71 years completed diet and lifestyle questionnaires. Ten years later, 71,000 of the subjects had died, and their death rates were analyzed. Those who ate the most beef and pork in 1995 (average near 4.4 oz. per day) had about 30% higher mortality than those who ate 1.5 oz. per day or less. However, those who ate the most poultry and fish (about 4.5 oz. per day) had 8% lower mortality than those who ate the least white meat (about 0.7 oz. per day). These results are adjusted as much as possible for differences in age, smoking, exercise, and eleven other variables. But other factors not considered might be important. For example, it seems possible that the diminished levels of omega-3 fat in modern, grain-fed beef and pork might explain at least some of the apparent harm from high intakes of red meat.

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Getting the fat toxins out—Cont'd from page 1

The question becomes, “How do we get the fatty toxins out?” We have to realize that most toxins will go through our filter known as the liver. We have to utilize methods that prevent the re-absorption of fatty compounds in the intestine and kidneys once the liver has done its duty. The liver generally dumps fatty toxins into the bile which are eventually delivered to our intestinal tract.

Using nonabsorbable fats is one method of preventing toxin reabsorption. Olestra is a fat substitute that adds no fat, calories, or cholesterol to products. You often see olestra used in the preparation of traditionally high-fat foods such as potato chips. Olestra is a model of what a fat inhibitor can do. Olestra contains a sucrose molecule, which can support from six to eight fatty acid chains arranged like an octopus. Olestra is too large to move through the intestinal wall and be absorbed. Olestra’s fatty acid tails cannot be removed from the sucrose molecule for digestion. Olestra basically passes through the digestive system without being absorbed and adds no calories or nutritive value to the diet.

The major drawback to olestra is that it limits fat soluble vitamin and fatty acid absorption. It can also cause abdominal cramping and loose stools. Stools may also float due to excess fat, have an oily appearance, and be especially foul smelling. An oily anal leakage or some level of fecal incontinence may occur if you take too much.

In one study, an obese man with Type II diabetes, high lipids, and neuropathy went on olestra products for two years. Before the study, he was found to have high fatty toxin levels. After the study, his toxin level, blood sugar, and lipids all normalized. The man in the study found that he could tolerate seven olestra (fat free) chips per day with no adverse abdominal symptoms. Hence, the saying “Seven fat free chips a day keeps the doctor away,” or something like that.

If you’re not an olestra fan, there are other things that we can use to limit the reabsorption of fatty toxins in our digestive tract. Ginger tea can inhibit

the intestinal absorption of dietary fat by inhibiting the breakdown of fat (pancreatic lipase inhibitor). Oolong tea is a traditional Chinese tea (*Camellia sinensis*) somewhere between green and black tea in oxidation. It ranges from 10 to 70% oxidation. Polyphenol-enriched oolong tea can increase lipid excretion into feces when consuming fatty meals (pancreatic lipase inhibitor). Fat excretion into the feces is two to three times higher when oolong tea is used in the diet.

Fibers can also help with the elimination of fatty toxins by promoting the excretion of fats in the stool. Ten to 12 grams per day of rice or oat bran can increase the excretion of fatty toxins two to five times over low fiber diets. Chitosan, which is extracted from the exoskeleton of crustaceans, including shrimp, lobster, and clams, forms a positively charged gel matrix in stomach acid. This gel matrix binds onto bile (from the liver) and helps prevent the reabsorption of fatty toxins in the gut. In fact, chitosan increases excretion of fat soluble toxins around 80% greater than most fibers. Chitosan slightly increases fecal fat by one to two grams per day using larger dosages (3.0 to 4.5 grams of chitosan daily).

Seaweed, algae, and foods high in chlorophyll also decrease the absorption and increase the excretion of fatty toxins. Chlorophyll provides the green color that is found in grasses, leaves, and many of the vegetables that we eat. High chlorophyll foods include: asparagus, bell peppers, broccoli, Brussels sprouts, green cabbage, celery, collard greens, green beans, green peas, kale, leeks, green olives, parsley, romaine lettuce, sea vegetables, spinach, Swiss chard, and turnip greens. Japanese (Matcha) tea can increase toxin excretion four to nine times greater compared to diets with no Matcha tea consumption.

Other useful tools include using botanical bile movers termed choleretics and cholagogues. Herbal cholagogues stimulate contraction of the gallbladder (storage depot for liver bile) and promote the flow of bile. Herbal choleretics increase bile

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secretion by the liver and increase the solubility of the bile. Herbs that are useful for promoting bile flow include: Dandelion root (*Taraxacum officinale*), *Silybum marianum* (Milk thistle), *Cynara scolymus* (Artichoke), *Curcuma longa* (Turmeric), *Chelidonium majus* (Celandine), and *Chionanthus virginicus* (Fringe Tree).

In order to promote excretion of fatty toxins while trying to lose weight consider the following: regular exercise, use of infrared sauna, and a low refined carbohydrate diet (which has been shown to decrease fatty liver while losing weight).

In addition, using teas on a daily basis can be helpful. One to two cups of a combination tea (ginger and oolong) during meals and 30-60 minutes after a meal has ended will help to inhibit pancreatic enzymes that promote fat absorption. Drinking one cup of Matcha tea with meals utilizes the tea's ability to bind up toxins in the GI tract. Drinking one cup of Matcha tea before bed may also promote elimination. Dandelion root tea works as an herbal choleric. It may be best to drink a cup of dandelion root tea 30-60 minutes after a meal. Green tea increases fatty acid oxidation by blocking enzymes that break down sympathetic hormones. Green tea appears to have a thermogenic (fat burning) effect on the body. Drinking two to three cups during the day before 5:00 p.m. may be best.

Further, using natural binders can promote elimination of toxins. Consider eating a small amount of food made with olestra (seven chips). Utilize one gram of chitosan with meals (three to four grams total). Add seaweed to meals and eat three to four servings of green vegetables daily. Consider taking a chlorella supplement daily. Take three to four grams of oat bran or rice bran fiber with meals (12 grams per day).

While promoting fatty toxin elimination, remember to supplement with fatty acids (fish oils), minerals, and fat soluble vitamins (A, D, E, and K). Ensure that your bowels are moving at least one time daily and stay hydrated (all the tea should help). [H]

HEALTH HUNTERS AT HOME

Health is...

by Paul R. Taylor, B.S., B.A.

At The Center, we had a contest open to school aged children called *Health Is...*, where the object was to submit in prose, poem, video, or art their definition of health. Recently, the staff was tasked with producing, in a similar form, our own definition of health. I came up with the following concept, drawing on my background as a biochemist/microbiologist.

The human being, as with most organisms, is the culmination of a number of advantageous interactions on the biochemical, organ system, environmental, and relationship/social level. On the biochemical level, the human body can be viewed as a complex set of power plants, factories, and waste management systems. Each cell, at its biochemical level, must produce energy and manufacture compounds and structures to facilitate its designated functions and survival. Finally, the cell must collect, process, and eliminate waste byproducts of its biochemical functions. All of these reactions and processes rely on a myriad of advantageous interactions for the cell to survive and thrive and ultimately for the body to thrive.

Each cell, while having independent operations, also interacts with its neighbors and potentially any other cell by chemical and electrical stimuli. All of these interdependent operations are what makes us flexible and adaptable. While occasional exposure to toxins, an infection, or lack of a sufficient nutrient may go unnoticed or cause no permanent damage, chronic or prolonged periods may result in noticeable unfavorable changes.

The next levels of interactions to consider are the organ systems. The digestive system's purposes are intake of food and converting it to energy, nutrients, and raw materials. The skeletal system's functions are support and protection. The muscular system provides a means of motion and transport. The circulatory system transports nutrients, energy, raw materials, and wastes. The nervous system relays electrical impulses, directs behavior and movement, and controls physiological responses such as digestion and circulation. The excre-

tory system filters wastes/toxins, excess water, excess nutrients, and removes them from the body. The endocrine system relays chemical signals and controls physiological processes. The reproductive system produces cells for generation of progeny and/or nurtures a developing embryo. The lymphatic/immune system destroys microbes, viruses, aberrant/cancer cells, and aids in the removal of excess fat and fluids from the blood. The body is reliant on both the individual cells and the organ systems to function well.

As a whole, the body is also affected by its relationship to others and its environment. Both have an impact on food choices, lifestyle, and habits that can make getting nutritious food and a clean environment easy or difficult. In the U.S. and other modern countries, the environment allows for both nutritious food with adequate calories and nutrient density and poor choices full of empty calories with low nutrient density. In less developed countries, the food available may be of high quality but there may be insufficient quantities to maintain a well functioning body. In either environment, pollutants and toxins can stress the body and its organ systems.

Health Is... Synergy. The individual, the body, its organ systems, and all of its approximately 10 trillion cells have a synergy. As defined in Wikipedia, synergy (from the Greek syn-ergos, meaning working together) means multiple entities working together advantageously for a final outcome. Thus, positive synergy is health: a positive sum of the beneficial interactions from one to another, from organ system to organ system and from cell to cell. Each system is reliant on positive outcomes from the others, but each can help to overcome a negative event on one level or system. Therefore, just as the vitality and survival of an ant colony or a bee colony requires that each individual fulfill its role; for a human, health requires that each individual with whom one interacts perform his/her role, each organ system within fulfill its role, and each cell fulfill its role. [H]

INFORMATION WORTH KNOWING

by Marilyn Landreth, M.A.

Diabetes and complications from diabetes are among the leading causes of death in the United States. We all either know someone who has diabetes or is at risk for developing diabetes. While genetics play a part in who gets diabetes and who does not develop the disease, other factors influence the development of this common, but deadly, disease. Did you know that not all people with Type II diabetes need to develop the same eating plan? Elaine Magee, M.P.H., R.D., has written *Tell Me What to Eat if I Have Diabetes*, in which she addresses the importance of monitoring blood glucose levels, exercising regularly, and following a personalized eating plan. Ms. Magee believes that in order for diabetics to stick with an eating plan, the plan must include foods that taste good. Her focus is on the foods you can eat rather than foods you can't eat. This month's questions are taken from her book.

1 Diabetics are classified as either Type I, sometimes called Juvenile diabetics because it so often affects children and young adults, or Type II. Type II diabetes is a(an) _____ disorder resulting from the body's inability to make or properly use insulin.

- a. weight
- b. metabolic
- c. alcoholic
- d. fat-related

2 Insulin is a hormone that is produced in the _____. When blood glucose levels rise, the _____ makes more insulin and releases it into the blood stream.

- a. liver
- b. skeletal muscle cells
- c. pancreas
- d. lungs

3 Most diabetics know that they have diabetes because of very distinct symptoms.

- a. True
- b. False

4 Diabetes is the leading cause of blindness in working age adults in the United States. There are _____ new blind persons every year.

- a. 1,000
- b. 5,000
- c. 15,000
- d. 24,000

5 In addition to diabetes, health risks and medical problems play a part in understanding what the diet needs to be to help a diabetic feel better and live longer. When looking at diets, Ms. Magee thinks it is important to get at least several servings of _____ and _____ a day.

- a. milk & dairy products
- b. fruits & vegetables
- c. sugar & salt
- d. beef & chicken

6 Because diabetes is so dangerous, there is a long list of foods that a person with diabetes can no longer eat.

- a. True
- b. False

7 Soluble fiber, which dissolves in water, has been reported to help regulate blood sugars. High fiber diets have been reported to _____.

- a. lower blood sugars after eating
- b. decrease glucose in the urine
- c. decrease insulin needs
- d. all of the above

• FOR ANSWERS, SEE PAGE 7 •

Test of the Month

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

Chromium—a trace mineral

I have used the term “trace mineral” a lot recently without really defining what it means. In general, “minerals” are found in an adult body in amounts exceeding 1.0 gram (1000 milligrams), while any minerals in lesser amounts (less than 1.0 gram) are classified as trace minerals. One of these important trace minerals, at least in the orthomolecular medicine field, is chromium (Cr).

Chromium was recognized as an essential element (mineral) in 1959. The body contains about two to six milligrams as a chromium-III complex. The G. I. tract absorbs only about 1 to 3% of chromium from the diet in the “salt form,” but if bound to an organic compound, glucose tolerance factor (GTF), found in yeast, liver, and other meat, 10 to 25% is absorbed. Chromium is excreted mainly by the kidneys; however, since sweat or perspiration contains about 10 times the amount in serum, excessive sweating could increase the amount of chromium in a hair analysis test.

Chromium is important for thyroid function and for the metabolism of sugar, amino acids, fats, and nucleic acids. It is a component of the glucose tolerance factor, which activates the action of insulin in the regulation of blood glucose. Ironically, chromium deficiency may be associated with elevated blood sugar levels as well as low blood sugar levels. Chromium has also been shown to cause a mild lowering of blood cholesterol, has some anabolic effects, improves the sperm count, and, in some cases, improves the response to antidepressant treatment. Deficiency symptoms, besides blood sugar metabolism, are lean tissue wasting, fatigue, anxiety, low growth rate, and high blood fats. Therapeutically, it is used mainly in disturbances in sugar metabolism.

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The word maverick is derived from an American pioneer, Samuel A. Maverick, who chose to not brand his cattle. Through usage the word maverick, in addition to meaning an unbranded range animal, has come to mean an independent individual who refuses to conform to his group.

—From *Medical Mavericks Volume One* by Hugh Desaix Riordan, M.D.

GMOs and me: should I worry?

by Gary Branum, Ph.D.

GMOs (genetically-modified organisms) are organisms that have been modified using molecular biological techniques. Today, we'll be talking primarily about crop plants. These plants have been modified in the laboratory by altering their genetic makeup to introduce desired traits such as increased resistance to herbicides or improved nutritional content. This concept isn't new. Man has been selectively breeding plants for generations.

GMOs, however, are modified by laboratory techniques. For instance, geneticists can isolate a gene from a drought-tolerant plant and insert it into another plant. It doesn't even have to be a plant-to-plant transfer. The genes from a bacteria called *Bacillus thuringiensis*, responsible for producing a natural insecticide, have been transferred to corn. A gene from trout, that protects cells from freezing, has been introduced into tomatoes (Flavr-Savr).

GMOs allow farmers to produce higher crop yields with the application of fewer herbicides, insecticides, and perhaps less water. This means that farmers can make a higher profit by planting GMO seeds, and it means that many of the foods available in your local supermarket contain GMOs.

As an example, let's look at sugar. The sugar on your supermarket shelf comes from either of two natural sources: sugar cane or sugar beets. Sugar from GMO beets is currently being produced in the U.S. and Canada and is on store shelves. In fact, most beet sugar is from GMOs.

While there are few genetically-modified whole fruits and vegetables available, highly processed foods, such as vegetable oils (soybean, corn, and canola) or breakfast cereals, almost certainly contain some GMOs. In the U.S. in 2000, 54% of soybeans and 27% of corn were genetically modified, as were a significant portion of potatoes (used in McDonald's French fries) and canola.

It's almost impossible to avoid GMOs in modern society, but you can reduce your exposure by eating organic produce. [H]

Do it Yourself Detox

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

Fiber, detox, and diabetes

In the 1980's, Doctor Anderson described the beneficial effects that high fiber diets could have on diabetic patients. He noted that diets fully loaded with complex carbohydrates resulted in lower insulin requirements in diabetic patients. The diets also had the side benefits of lowering fasting triglyceride levels and fasting cholesterol levels in patients who also had hypertriglyceridemia. He put patients on a diet where 70% of their calories came from complex carbs. The diets contained 35 to 40 grams of fiber for every 1000 calories consumed, which equaled 70-80 grams of fiber for most.

The high fiber from food rapidly reduces plasma glucose levels and decreases the amount of insulin or diabetic medicine needed for Type II diabetics. It may take six months or more of a high fiber diet to reach satisfactory improvement levels on blood glucose testing.

After a period of time, patients can modify the diet to include less fiber.

Improvements in lipids and blood sugar are maintained in patients who follow a modified high-carbohydrate, high-fiber diet providing 55 to 60% of energy by carbohydrate (75% of which is complex), 15 to 20% by protein, and 20 to 30% by fat, with 25 grams of plant fiber per 1000 calories. Long-term use (up to 4 years or more) of the maintenance diet by diabetic patients maintained or corrected their body weight, and no nutritional deficiencies were observed with the high fiber content.

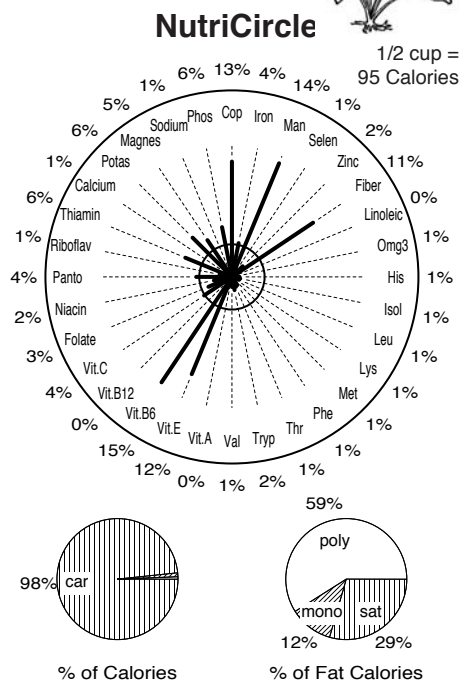
We now know that fiber not only blunts sugar response but also helps rid our body of fatty toxins that interfere with the way our powerhouses turn our food into energy. Overall, fiber helps us take in less fuel and burn the fuel more effectively. [H]

Food of the Month

by Donald R. Davis, Ph.D.



TARO TUBERS are a staple food for about 10% of the world's population, mostly in Asia, Africa, and Hawaii. They are similar to potato in taste and nutrition, and are sometimes called the "potato of the tropics." The plant's large leaves, similar to elephant ear, are also eaten, but both must be cooked to destroy an irritating toxin. Taro tubers and chips (similar to potato chips) are available in some local stores. The tubers are notably low in protein and fat and contain less of most other nutrients than potato. Of the 32 nutrients shown here for cooked tubers, 12 are adequate compared to calories, especially vitamins E and B₆, copper, manganese, and fiber.



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.



An ant can't move a rubber tree plant!

They told Ruby that she shouldn't do it. Even when she didn't ask other people's opinion, they would tell her that it would never work. Although she felt confused with all the well-meaning advice, she knew in her heart that she had to give it a try.

It all began in December, a couple of years ago. Her husband, Bob, decided to have elective surgery, and while he was in the hospital he suffered a stroke. Many sleepless nights and stressful days followed as they waited to see if he would recover. After the hospital had done as much for him as they could, he went to rehab and then to a nursing home. Ruby knew that she couldn't take care of him in the way that he needed.

As the months slipped away, Ruby realized that she couldn't manage their home by herself and made the difficult decision to sell their home and move into an apartment. Now came the tiring part of moving and getting things ready for an auction. While she had the help of her son and his wife and some good friends, the bulk of the action remained on Ruby.

Bob was slowly getting better. He wanted to go home so badly and kept after Ruby to take him home. She also missed having him with her and was getting tired of visiting the nursing home. Ruby is a tiny woman under five feet tall and weighs less than 100 pounds. Bob is six feet tall and before the stroke he had a medium build. That is when we all tried to tell her that it would be too difficult

to take care of Bob since he was limited in his ability to get around because his left side was still paralyzed. Against all advice, she took him home. Shortly after taking him home, he had another setback resulting in a brief stay in the hospital followed by the nursing home. Ruby had the same difficult decision to make all over again and she got the same, often unasked for, advice as the first time. She made the same heartfelt decision – she would take Bob home.

It has been very stressful for her and Bob. Many days she wondered if she could continue. Ruby is a very determined woman and she has almost willed Bob to get better. When he wanted to stop trying, she wouldn't let him. He hasn't always appreciated her dedication.

A couple of weeks ago, I stopped by their apartment to take Ruby some volunteer work to do for The Center. She and Bob were in the common area with a group of other people. They were playing cards and Bob was right in the thick of it. His speech has improved although he can't get around without help. He can watch TV, read the paper, play cards, and he and Ruby were able to file their income tax without help. She still hopes that he will be able to walk with a walker and get in and out of a car. If anyone can do it, Ruby can. Tommy Lasorda said, "The difference between the impossible and the possible lies in man's determination." Whoever said an ant can't move a rubber tree plant hasn't met Ruby!

Case of the month

This 60-year-old male came to The Center for his initial appointment in January 2008. His chief complaints were low white blood count, digestive problems, night sweats, and hypertension. Since he had a history of colon cancer he continued to be followed by his oncologist.

The physician reviewed his symptoms and recommended the following tests based on his concerns: co-enzyme Q10, CRP, DHEA, hormones, ferritin, histamine, homocystine, thyroid, vitamin panels, vitamin D, and a mineral panel. He also checked his amino acid levels and candida. The CBC, essential fats, cytotoxic test, indican, pyrroles, and urinalysis were also done.

The follow-up appointment two weeks later was done to review the lab results and make recommendations for treatment. His urine indican and candida levels were elevated. His cytotoxic showed that he was sensitive to almonds, mozzarella cheese, coffee, lemon, sweet potato, salmon, and tuna. He also has lesser sensitivities to a number of other foods. His CBC showed low WBC, RBC, hemoglobin, and hematocrit levels. He was given an IV solution with vitamin C, magnesium, and B vitamins. Prolive and Immkine were recommended to boost his immune system. He was given DHEA, testosterone, and Armour thyroid.

In the summer of 2008 he was diagnosed with hairy cell leukemia and has squamous cell cancer of the face. He continues to take his oral supplements and IVC, plus he has started IV glutathione for his low white count. He states he is feeling much better and will continue to be followed to evaluate his progress.

Chromium—Cont'd from page 4

Dietary sources are whole grain products, corn, cheese, beer yeast, meat, peas, legumes, beans, potatoes, black pepper, and molasses. The RDA is about 35 mcg a day. Chromium-VI (toxin), as found in synthetic chemicals, is readily absorbed (even from dental cements) and can cause allergic reactions. Poisoning from chromium pots and pans and pollution from cement and metal manufacturing industries can cause eczema, ulcers, lung irritation or silicosis, asthma, and even cancer.

CENTER UPDATE

What is the Myers' Cocktail?

The Myers' Cocktail is an intravenous vitamin and mineral protocol developed in the 1970's by physician John Myers, M.D., at Johns Hopkins University in Baltimore. It usually contains magnesium, calcium, vitamin C, vitamin B5, vitamin B6, and a vitamin B complex. This solution is given over 20 minutes to 1 hour.

The cocktail is useful when oral supplements are not being absorbed.

When nutrients are given intravenously, your digestive system is bypassed and a much higher level of nutrition can be delivered to your cells via the bloodstream.

These nutrients work in your body to help balance and support your system. If you have problems with anxiety or stress, it can help to calm and relax you. If you have fatigue or feel run down, it can help boost your energy.

Answers from page 4

- 1 b. Being overweight may play a role in the development of diabetes, but there are very slender people who also develop Type II diabetes.
- 2 c. Insulin discourages the breakdown of body fat for energy and encourages the production of glycogen, the storage form of glucose.
- 3 b. Experts say that about eight to nine million Americans have Type II diabetes and are not aware that they have the disease.
- 4 d. Diabetes is also the leading cause of end-stage renal disease and non-traumatic lower extremity amputations in the United States.
- 5 b. Recent studies have indicated that obesity levels are lowest among those who eat seven or more servings of fruits and vegetables a day.
- 6 b. All foods, with smaller serving sizes, can be worked into a particular eating plan. Telling someone they can't eat something only makes them want it more.
- 7 d. Soluble fiber has also led to a decrease in insulin sensitivity and reduced levels of atherosclerosis-promoting blood lipids. H

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TELL ME WHAT TO EAT IF I HAVE DIABETES

By Elaine Magee, M.P.H., R.D.
 Updated information concerning detailed, non-technical overview of Type II diabetes is included in this book. Find out the latest medical findings as to the causes of Type II diabetes and dietary implications of this prevalent disease. Soft cover.
 (\$11.99 HH price \$10.80)

VITAMIN K: New Evidence for Cancer, Heart Health, and Bone Health

with Ron Hunninghake, M.D.
 Recent research has reignited interest in vitamin K as a prevention for heart disease, osteoporosis, and cancer. If you thought you knew what vitamin K can do for you...think again. Find out new information about this very important vitamin.

IN THE DUMPS: Beat Depression and Improve Mental Health

with Rebecca Kirby, M.D., M.S., R.D.
 There are many factors that affect how we feel. The brain, like other organs in the body, requires a full spectrum of nutrients, and what we eat can affect the way we think and act. Learn and explore with us natural solutions to improve mood.

HOW TO BUILD EMOTIONAL INTELLIGENCE

with Mary Braud, M.D.
 Children who are able to understand and manage their feelings perform better in school and in life than their peers who struggle with expressing and dealing with feelings. Dr. Braud discusses practical guidelines that can be applied at home or at school to ensure that children develop these important skills.

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Prices and shipping charges subject to change without notice.

Upcoming Events. . .

Lunch & Lectures:

June:

- 18 There's a Hitch in My Get-Along—Nutritional Therapy for Osteoarthritis
- 25 Overcoming Fibromyalgia—Lessons Learned in 20 Years at The Center

July:

- 2 Purifying Your Space: a Discussion of Detoxification and Healing
- 9 Eat, Exercise, Excel: a School Wellness Program for Students That Works
- 16 Learning to Love What Is—Four Questions That Can Change Your Life
- 23 Toxic Plants of Kansas
- 30 Genetically Modified Foods: Claims, Counter-Claims, and Doubts

August:

- 6 Winter Vegetable Gardening in Kansas—Without the Use of a Greenhouse
- 13 How Sweet It Is!
- 20 The Ultramind Solution: How to Fix Your Brain by Healing Your Body

Infant feeding and later obesity

Rapid growth in infancy may lead to adult obesity, hypertension, diabetes, and heart disease. These adult scourges are difficult to overcome, so prevention of rapid early growth may be important. Improved infant feeding practices show promise. Breastfeeding for 9 and 12 months reduces average infant weights by 0.9 lb. and 1.4 lb., respectively, measured at 12 months, compared to formula feeding. In a study of 9,357 children, obesity and overweight at age 6 decreased markedly with increasing duration of breastfeeding. This result was not attributable to differences in social class or lifestyle. A major European study is testing the idea that excess weight gain in formula-fed infants may be caused by typical formulas having 55 to 80% higher protein levels than breast milk. Preliminary results at age 2 show that infants randomly assigned to reduced-protein formula have lowered growth rates similar to breastfed infants.

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