

# Health Hunter<sup>®</sup>

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N E W S L E T T E R

JANUARY 2003

## My journey (or how did I end up at The Center?)

by Tim Lawton, M.D.

**L**ife's path is often filled with unforeseen twists and turns along the way. I grew up in the beautiful college town of Iowa City, with its rolling hills, beautiful autumn trees, and snowy white winters. My father is a physician and continues to care for patients and teach students at the University of Iowa. My mother is a physical therapist and top-notch mom and grandma.

*We all know that health is more than just physical; it also involves emotional, relational, and spiritual well-being.*

When I was in high school, I enjoyed music and sports, but took a special interest in the relatively new field of computer science. I won awards for programming and assumed leadership in the local Apple computer users' group. (Recall when the 48K Apple II+ was the hottest machine in that day!)

I enrolled at Northwestern University in Evanston, Illinois, declaring electrical engineering as my major. My sophomore year was one of my most significant as I met a beautiful, young soprano while singing in the university choir. (Three and a half years later we were married.) That year I also was named as a General Motors Scholar, receiving an academic scholarship and internship with the automaker. I spent my next summer at the G.M. Tech Center in Warren, Michigan, getting hands-on engineering and learning about automo-

tive design and manufacture.

Things went well at G.M., but when I got back to Northwestern in the fall, I wasn't so sure that I wanted a lifelong career in automotive engineering. I really wanted to apply my knowledge of the sciences to help people more directly. I changed my major to biomedical engineering and prepared for medical school.

I headed back to Iowa City for four years at the College of Medicine. Medical school was a time of growth and learning and, yes, even a bit of fun. I discovered that my gross anatomy partners also liked to sing, so after class we'd get together and work on barber-shop and acapella tunes. We performed many times and would sometimes change the words to familiar songs, adding a little medical humor.

We all know that health is more than just physical; it also involves emotional, relational, and spiritual well-being. I helped establish and lead the student chapter of the Christian Medical & Dental Society at the University of Iowa. We had weekly meetings, often with 50 or more students. While in medical school, I also had the opportunity to serve the medically underserved, both locally and in rural Guatemala.


One important decision all medical students have to make is what specialty they will choose. I considered highly technical specialties such as radiation oncology and cardiac electrophysiology, but ultimately was drawn to family practice. I love the variety and challenge of family practice, but also

*continued on page 3*

## New report: exercise type and intensity reduces heart risk for men

Until recently, the optimal exercise type and level remained unknown for men. We know that running is good for the heart. But is walking good, or weight training, or rowing, or...?

A recent study conducted by the Harvard School of Public Health looked at various exercise programs and discovered that they all help the heart. The study followed 44,452 men between the ages of 40 and 75 for 12 years.

Running is still the best for reducing your heart risk. Men who ran for an hour or more a week reduced their heart attack risk factor by 42%. Men who lifted weights or used weight training machines reduced their risk factor by 23% when compared with those who did not exercise. Walking at a brisk pace (3 to 4 mph) for half an hour each day reduced their risk factor by 18%. 

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# Nutritional Medicine

by Ron Hunninghake, M.D.

## The co-learning spire

*I see patients, give talks, write articles, and...I co-learn.*

That was my answer as to what I do here at The Center.

*How do you co-learn?*

I pulled out a sheet of paper and proceeded to draw the tall spire-like triangle you see in this article. I divided it into five slices.

*I start at the bottom with each new patient and work my way up.*

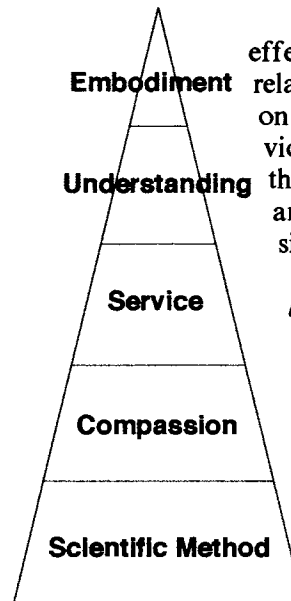
The **scientific method** was devised to cancel out the bias of the observer. It was never meant to create a rigid, dogmatic, and mechanical view of the world. The goal was to facilitate true and accurate learning. I use careful observation and laboratory measurements to characterize the biochemical uniqueness of each new patient I see. Together we attempt to discover the underlying causes of their illness.

*What would I do if I had this patient's condition?*

This is a question I ask myself as I begin to see the structural dynamics of their condition. It puts me inside their world and allows me to see what their lack of medical/nutritional training prevents them from seeing. I check out my observations with them. My questions reveal just how well I have listened and observed. As I enter their world, my **compassion** for them grows.

*What can I do for the sake of our relationship?*

The doctor-patient relationship is based on a sacred bond of trust. Not that I the doctor will "fix" their problem, nor will I even help them. My job is best described by the word **service**. I serve their need to learn about their illness. They serve my need to learn greater




effectiveness. Our relationship is based on a kind of co-service that leads to their self-healing and my professional growth.

*What can we learn together?*


Step by step, we find what is biochemically missing. We find what is toxic. We discover behaviors, lifestyle choices, cravings, attitudes, and beliefs that block their ability to heal spontaneously. Through **understanding**, we chart a course that leads the patient to better functioning and the doctor to better facilitating.

*How can I live what I now know?*

As was so eloquently stated by Hugh Riordan, M.D.: *Once you know, it is impossible to not know. And, you are forever changed.* Through true understanding of the unique, underlying causes of the illness, the patient learns new ways of living. Without understanding, the old ways will rise again, and the chronic, sustained illness will return. The experience of seeing chronically ill patients improve reinforces the doctor's confidence in this approach. Over time, after many trips up the co-learning spire, the doctor comes to **embody** all that he has learned such that the doctor is better able to model this for patients as they aspire to co-learnership. Ad astra per aspera. 

## Sugar consumption increases

In 1970, Americans consumed 27 teaspoons of added sugar per day. By 1996, this number had increased to 32

teaspoons of added sugar per day—an increase of 23%. This may be one reason for the increase in obesity. 

the opportunity to get to know my patients over time.

My wife, Brenda, and I packed up and headed back to Chicagoland for three more years of medical training in family practice. One of my goals in residency was to learn all the “right” answers. I even had a little black notebook which I carried everywhere so I could write them down. You see, in medical school all the tests were multiple choice and there was one, and only one, right answer to each question.

What I did not expect was that my mind would be opened to alternative ideas in medical care, beyond the standard textbook protocols. While in residency, I spent two months working with a well established group of physicians that had been doing home births for over 25 years. I was amazed by their safety record: only one out of every 800 home births had an unforeseen emergency requiring an ambulance call and a “crash” c-section. It seemed like emergency c-sections were an every day occurrence in the hospital.

After this experience, I started looking for other ways I could help my patients live healthier lives, with less reliance on medications and invasive procedures. Since starting my practice in Wichita in 1997, I have helped many couples have a safe natural childbirth without unnecessary interventions. I have encouraged and helped new moms get off to a good start with breastfeeding. I also have encouraged couples to use safe, effective methods of natural family planning. When it comes to health, “an ounce of prevention” is really worth “a pound of cure.”

In order to obtain a solid foundation in nutritional medicine, I've had to pursue independent study and attend conferences, as our formal medical school curriculum on nutrition was limited. I remember we spent a day or two on the biochemistry of proteins, carbohydrates, and fats. Then the hospital dietitians prepared a treat for us at lunch: each medical student got a colored lunch ticket. One color was for “general diet,” one for “low sodium,” one for “pureed” and finally one for “liquid diet.” I think my ticket was for the “diabetic plate.”

*continued on page 4*

## HEALTH HUNTERS AT HOME

### How much exercise is enough?

“Increased physical activity and fitness are clearly associated with reductions in the risk of cardiovascular disease, but the optimal intensity or amount of exercise necessary for reduction in risk or risk factors is unknown,” according to William Kraus, M.B., B.S., and colleagues in a paper recently published in *The New England Journal of Medicine*.

We have at least heard of the effects of exercise for years. We know that exercise is necessary for all of us to keep the arteries in our bodies open and flowing the way they should. But does this mean all of us should get out there and run four miles every day? How about walking? Does it help?

Dr. Kraus and his colleagues set out to shed some light on this subject.

To accomplish this, the researchers recruited 111 sedentary, overweight men and women between the ages of 40 to 65 with mild to moderate high cholesterol and assigned them to one of four groups.

One group was assigned to participate in a control group for approximately six months. These people maintained their exercise level the same as they did before and they did not exercise much more than walk to the car and pull the door open.

The others were assigned to one of three exercise groups—high intensity, high amount that was the caloric equivalent of jogging 20 miles per week (65 to 80% of peak oxygen rate), another group that exercised the equivalent to jogging 12 miles a week, and one that exercised a moderate amount at low intensity which is the equivalent to walking 12 miles a week at 40 to 55% of peak oxygen rate.

The exercise groups had two requirements. The first was they exercised for about eight months. The exercise was closely monitored on treadmills. Secondly, they were encouraged to maintain their base line body weight within 5% throughout the exercise period. This way the researchers eliminated weight loss as a variable.

So, what did the researchers learn

from this project? First, they learned that the highest amount of weekly exercise, with a minimum of weight loss, “had widespread beneficial effects on the lipoprotein profile.” Lipoprotein profile is technical talk for cholesterol profile.

They also learned that the other two levels of exercise worked to lower cholesterol, just not as much as the highest level of exercise. The lowest level of exercise, the walkers, may have resulted in fewer significant improvements, but walking prevented weight gain and worsening of the overall lipoprotein profile that was found in the control group.

Secondly, they found that the two highest levels of exercise had similar increased fitness levels, only the high group had “extensive improvements in lipoprotein profiles.”

And what did they learn that they did not already know? They learned what we would expect them to find out:

- The highest exercisers had the most impressive lipid profiles and the highest fitness levels of all four groups—expected that.

- The middle exercisers had about the same fitness level, but less improvement in the lipid profiles—again, expected that.

- The walkers did much better than the control group (the non-exercisers) in keeping their weight in the plus or minus 5% range and had a better lipid profile than the control group. All right, we expected that, too.

In short, it came out much as we expected. Jogging 20 miles a week does much for you, even if you keep your weight up. Walking is good for you, but at a lower level than jogging. And, most important, don't be a couch potato. At least get out and walk every day. You will at least keep from getting worse.

Who knows? You might even lose some weight while you are getting in better shape.

For those of you who are walking or jogging now, keep it up. It is good exercise and your cholesterol profile is better, as well.

HL

—Richard Lewis

## INFORMATION WORTH KNOWING

We all know about vitamin C since it has been around for a long time, right? Well, maybe we don't know all there is to know about this important nutrient. The literature is loaded with evidence that vitamin C is the single most essential nutrient for achieving and maintaining optimal health. So says Thomas E. Levy, M.D., J.D. in his book, *Vitamin C, Infectious Diseases, and Toxins: Curing the Incurable*. He believes that it is also the premier agent for curing or effectively treating a large number of the most common infectious diseases. Dr. Levy knows that there is enough research supporting the efficacy of vitamin C and does not understand why more doctors do not take advantage of the healing properties of vitamin C. The questions this month are taken from his book.

1 Modern medicine does not seem to be aware that properly dosed vitamin C will reliably and quickly cure nearly all cases of acute \_\_\_\_\_.

- a. appendicitis
- b. hepatitis
- c. toothache
- d. none of the above

2 Possible hope of relief for patients with seizure disorder was discovered about 75 years ago. The development of the \_\_\_\_\_ diet completely eliminated seizures in a significant number of cases, according to researchers.

- a. zone
- b. Atkin's
- c. ketogenic
- d. none of the above

3 Although vitamin C is one of the most studied of nutrients, it also remains the most ignored substance in terms of practical application. Many authors of vitamin C research articles often end their discussions by encouraging "further research" and asserting that their articles are "preliminary" in nature.

- a. True
- b. False

4 There are virtually no medical treatments for infectious disease that are not substantially improved by adding vitamin C. The only absolute requirement(s) is(are) that vitamin C be given \_\_\_\_\_.

- a. in the right form
- b. with the proper techniques

- c. in frequent enough doses
- d. all the above

5 Genetically speaking, human beings and a few other animals cannot translate the \_\_\_\_\_ code for the vital enzyme, L-gulonolactone oxidase, which is needed to convert glucose into vitamin C internally.

- a. RDA
- b. DNA
- c. AARP
- d. none of the above

6 Scurvy, a uniformly fatal disease when left untreated, results when a human has been completely deprived of vitamin C long enough to demonstrate little or no plasma vitamin C for several months. Relatively large amounts of vitamin C can save a scurvy victim from death, but much smaller amounts are needed to optimize health.

- a. True
- b. False

7 One of the biggest misunderstandings and ongoing misrepresentations about vitamin C is that it might place a normal person at a greater risk of developing \_\_\_\_\_ disease.

- a. kidney stone
- b. kidney function
- c. bowel
- d. none of the above


• FOR ANSWERS, SEE PAGE 7 •

My journey—Cont'd from page 3

Anyway, medical students are always hungry, and I ate every bite! My real awareness of the impact of nutrition and health came later, while in practice.


I remember seeing a very heavy woman in my office who just couldn't understand why she wasn't losing weight. I asked her what she ate. She said, "I skip breakfast, then eat half a sandwich for lunch, and a small salad for dinner." I didn't think those 300 calories could support her 300 pounds, so I asked her what she liked to drink. She said, "I like Dr. Pepper; I like it a lot." As it turned out, she was drinking three two-liter bottles a day! That translates to 2,400 calories of sugar, without one nutrient!

So how did I end up here? It has been a process and a journey. I met Dr. Riordan and then Dr. Ron and started coming here for Lunch & Lectures. I spent time with the doctors and staff here on my afternoons off, and finally I came for a concentrated period of study. My first few months here have been wonderful! (I wonder why I didn't come here sooner!) I have learned a tremendous amount and have found it extremely rewarding to see so many people making progress on their journeys to better health.

Dr. Lawton resides in Bel Aire, Kansas with his wife and two sons. For more information, go to "Meet our Doctors" on our website at [www.brightspot.org](http://www.brightspot.org). 

## Body fat and trans fatty acids

Adipose tissue, or body fat accumulation, may be a good indication of your intake of trans fatty acids (partially hydrogenated fats), according to a report in *The American Journal of Clinical Nutrition*.

Ana Baylin and colleagues of the Department of Nutrition, Harvard School of Public Health, found that body fat is a good indication of the amount of fat you take in, but is a particularly good indication of trans fatty acids and saturated fatty acids—the ones that contribute to heart disease. Adipose tissue (body fat) is a good biomarker for these fats in your diet, according to Baylin. 

## Juvenile obesity: is it too many calories, fat, or inactivity?

One answer to juvenile obesity comes from research done by L. J. Gillis and colleagues that they reported in the *International Journal of Obesity and Related Metabolic Disorders*.

They found that the obese children consumed significantly more calories and grams of dietary fat, especially saturated fat, than did their leaner friends. The researchers also found the obese kids were less active than the non-obese group. Further, the obese children in the study ate significantly more sugar than the leaner control group.

Children could focus on decreasing total energy consumption—both fat and simple carbohydrates. This especially includes cutting back on sugar. It also wouldn't hurt for them to play more actively as they cut down on the number of calories they consume. [H]

## Eating nuts and peanut butter lowers risk of type 2 diabetes



Type 2 diabetes has been on the rise in the last ten years. Could eating nuts and peanut butter be at least part of the solution to this growing problem? According to research done by Rui Jiang, M.D., and colleagues of the departments of Nutrition and Epidemiology, Harvard School of Health, and the Harvard School of Medicine, the answer is a resounding "yes".

The researchers used data on 83,818 women from the Nurses Health Study to learn that eating nuts and peanut butter worked to reduce type 2 diabetes. These women were between the ages of 34 and 59 at the beginning of the study and had no history of diabetes, cardiovascular disease, or cancer. An initial dietary analysis was done at the beginning of the study and then they were followed for 14 years.

"Our findings suggest potential benefits in higher nut and peanut butter consumption in lowering the risk of type 2 diabetes in women," the researchers concluded. [H]

# Herbal History

## Golden root, *Rhodiola rosea*

*Rhodiola rosea*, also known as golden root or rose root, has been used by traditional folk medicine practitioners for centuries in Russia, Scandinavia, and other countries. Between 1725 and 1960, various medical uses of *R. rosea* have appeared in the scientific literature of Sweden, Norway, France, Germany, the Soviet Union, and Iceland.

*R. rosea* grows in the mountainous areas of Europe, Great Britain, and Iceland as well as in some regions of Canada and the U.S. It grows only in the upper regions of the mountains.

"Traditional folk medicine used *R. rosea* to increase physical endurance, work productivity, longevity, resistance to high altitude sickness, and to treat fatigue, depression, anemia, impotence, gastrointestinal ailments, infections, and nervous system disorders," wrote Richard Brown et al in the journal, *HerbalGram*.

In 1755, *R. rosea* was included in the first edition of the Swedish Pharmacopoeia. The Swedish people used *R. rosea* to enhance their physical strength and endurance.

"In 1961, G. V. Krylov, a Russian botanist and taxonomist in the Department of Botany at the Novosibirsk Branch of the Russian Academy of Sciences, led an expedition to the cedar taiga in the Altai Mountains of southern Siberia where he located and identified the 'golden root' as *Rhodiola rosea*. Extracts of the *R. rosea* were found to contain powerful adaptogens. Research revealed that it protected animals and humans from mental and physical stress, toxins, and cold," wrote Brown.

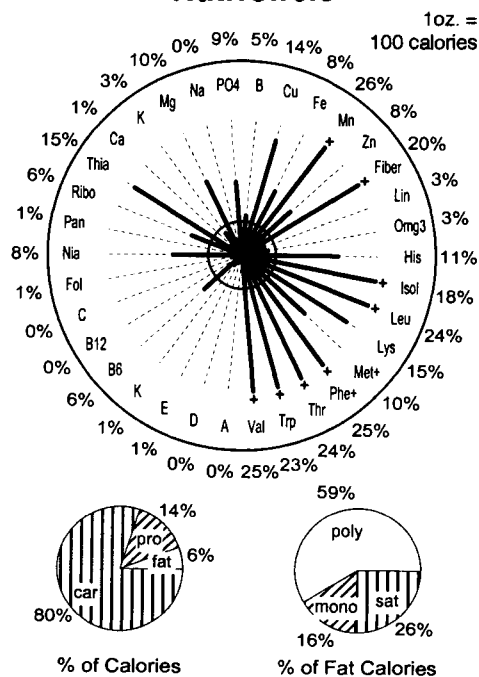
*R. rosea* properties remain relatively unknown in the western hemisphere even though there have been over 180 studies, including clinical studies, published in journals. [H]

# Food of the Month

by Donald R. Davis, Ph.D.

**BARLEY** is said to have been the staple food of Roman gladiators. Now most goes to animals and beer-making. Would-be modern gladiators use it mostly in soups, stews, and casseroles, where it resembles a round, chewy rice. Whole barley (hulled barley or barley groats) is most nutritious (shown here; soak overnight, cook about 1.5 hr.). Pot barley or Scotch barley has lost some bran, while pearl or pearled barley retains little bran (cooks in about 1 hr.). One oz. of dry barley has 100 Calories and good amounts of protein, vitamin B<sub>6</sub>, niacin, riboflavin, magnesium, phosphate, copper, manganese, and fiber.

## NutriCircle



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.



## Fear and courage

How many times have you heard, "Happy New Year!" this year? Does it seem kind of silly to you? After all January 1st is just the day after December 31st. John Wayne said, "Tomorrow is the most important thing in life. It comes to us at midnight very clean. It's perfect when it arrives, and it puts itself in our hands and hopes we've learned something from yesterday." If you think about it, there is something comforting about starting a new year. We don't have to forget the past year or yesterday, but symbolically starting anew can be very freeing.

Now, more than ever, it is important to cherish each day. September 11th brought home the fact that not everyone loves us and that death and destruction could be waiting just around the corner. If we let fear rob us of the

enjoyment of this New Year, the forces for harm have won. Paul Harvey said, "In times like these, it helps to recall that there have always been times like these." Although we have learned from experience that bad things can happen to us, we can still go on.

When I was first married and moved to a big city from the farm, everything frightened me. When I was alone in our house, every little noise made me afraid. One day I read, "The coward dies many deaths, the brave man only once." It struck a chord in me so that whenever I heard something that frightened me I would try to find out what was making the noise. After a couple of times, I no longer had to check out every small sound. I would just repeat the saying. We can be afraid and still find the courage to face our fears. [H]

## CENTER UPDATE

### For the heart, cycling and surgery similar

For more than 25 years, some doctors have been trying exercise as a solution for heart problems for which surgery has been done to solve the same problem.

A recent study amplifies the value of exercise as an alternative to surgery. In this case the researchers at the University of Leipzig Heart Health Center in Germany used cycling as the exercise of choice.

The researchers had 51 patients with chest pain, because of clogged arteries, cycle six times a day for ten minutes under the supervision of hospital staff as inpatients for two weeks. This was because of some physicians' concerns that the cycling would strain the patients' hearts. After two weeks, the patients went home and continued cycling for at least 20 minutes a day for a year.

Did it pay off? You can be the judge. Of the 51 patients in the study, 6

had either died or returned to the hospital for additional treatment. As a comparison, 15 out of 50 patients who had angioplasty had died or returned to the hospital within a year. That is a big difference.

Angioplasty is done by a surgeon clearing the artery using a wire threaded through the patient's leg. Often the surgeon implants a small mesh device in the artery to help keep it open.

The researchers also note that the no-surgery cycling was less expensive than surgery. "Exercise training was associated with about half the cost of the [surgical] intervention," even with the cost of training in the hospital included, the researchers observed.

The advantage of exercise for the patient is that it benefits the entire cardiovascular system while angioplasty plus the mesh implant opens clogged arteries only at particular sites. [H]

## Case of the month

This 75-year-old female came to The Center in July, 2002, with coronary artery disease, edema, easy bruising, osteoporosis, rheumatoid arthritis, and tendinitis. She hurt so much that she was in a wheelchair during her initial evaluation. She was unable to do the Biological Age Test, a standard part of the new patient evaluation.

As part of her initial evaluation, Dr. Riordan suggested she do the following tests: vitamins A, C, E, B12, folate, B vitamin profile, vitamin D, magnesium, zinc, candida albicans, complete metabolic profile, complete blood count, essential fatty acid profile, parasite tests, thyroid, and progesterone—to name most of them.


He also suggested that she take coenzyme Q10 and colchicine as well as read the book, *The Wonderful World Within You*.

When she returned at the end of July for the results of her laboratory testing, Mavis Schultz suggested she add prodophilis and Emergen C packets to her program and go to her local physician for a back and colon x-ray and have the results sent to Dr. Riordan.

As she would call or come for appointments with Dr. Ron Hunninghake, he suggested she have vitamin 3B injections and take vitamin D, glucosamine sulfate, black current seed oil, MSM powder, Osteoprime, Coral Complex, and digestive enzymes. These were added to her daily intake of nutrients. He also suggested she apply a spot of iodine to help her thyroid function better.

When she was here recently, she still complained of back pain, but her husband reminded her that when she came in July, she was in a wheelchair. Now, she walks in and out with a smile on her face. He also said that before he would have to help get her out of bed or out of a chair. Now she gets up by herself. Her husband is looking forward to more success in the coming months.

She is not completely well and she has more work to do, as you could have guessed, but she is doing so well at only six months that we felt like sharing it with you. [H]

- 1 b. Furthermore, chronic hepatitis does not develop in acute hepatitis patients treated with sufficient vitamin C.
- 2 c. After drugs became available to treat this disorder, it was easier to give a pill than take the time and trouble to stay on this diet.
- 3 a. A Medline search in 2002 revealed a list of nearly 24,000 articles in its files on ascorbic acid (vitamin C).
- 4 d. Other requirements are that vitamin C be given in high enough doses, along with certain additional agents, and for a long enough period of time.
- 5 b. This genetic defect is the main reason why humans are so much more prone to infections and diseases than many wild animals.
- 6 b. Relatively small amounts of vitamin C are needed to save a scurvy victim from death, but a much larger amount is needed to optimize health.
- 7 a. Multiple large studies have clearly shown this concern to be completely without any basis in fact. 

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

### VITAMIN C, INFECTIOUS DISEASES, & TOXINS:

#### Curing the Incurable

by *Thomas E. Levy, M.D., J.D.*

Vitamin C is the treatment of choice for many potentially fatal toxins and other toxic medical conditions that poison the body. Vitamin C is the ideal treatment for many infectious diseases that also produce highly toxic poisons and the associated toxic by-products of some microbial metabolism. All this and it is remarkably free of side effects. Softcover.

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### NUTRITIONAL APPROACH TO OSTEOPOROSIS

with *Tim Lawton, M.D.*

What can you do to build stronger bones and prevent osteoporosis? My patients have often wondered, "I'm

already taking calcium; isn't that all my bones need? Learn what nutrients and exercises are beneficial for bone health and what habits are detrimental.

### DEPRESSION

with *Hugh Riordan, M.D.*

Anti-depressants are among the most often prescribed medications in the U.S. Getting people over depression has been one of the most satisfying aspects of Dr. Riordan's 44 years of practice. In his opinion, anyone who is depressed should have the benefit of a biochemical assessment to determine what unique brain chemistry needs might be the underlying reasons for being depressed. Find out how many different types of biochemical needs leading to depression have been discovered among people coming to The Center.

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# Upcoming Events. . .

## Watch for up-coming Lunch & Lecture classes.

*When health is absent, wisdom  
cannot reveal itself, art cannot  
become manifest, strength  
cannot be exerted, wealth becomes  
useless and reason is powerless.*  
—Herophilus c. 300 b.c.

### Vitamin D and Crohn's disease



The majority of children, adolescents and young adults with Crohn's disease (CD) are low in vitamin D, according to Timothy Sentongo and colleagues reporting in *The American Journal of Clinical Nutrition*.

The researchers used 112 subjects (44 of them women) between the ages of 5 and 22 who had CD. They found that most had low vitamin D levels, especially in the winter time. African Americans have a lower vitamin D level than others.

Vitamin D levels were best checked by using serum 25-hydroxy-vitamin D [or 25(OH)D] rather than a simple serum vitamin D level. The 25(OH)D is considered a more reliable way of checking vitamin D levels, the researchers said.

- My journey (or how did I end up at The Center?)
- How much exercise is enough?
- Eating nuts and peanut butter lowers risk of type 2 diabetes
- Vitamin D and Crohn's disease

INSIDE THIS MONTH'S ISSUE . . .

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