

# Health Hunters 20 YEARS

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NEWSLETTER

JANUARY 2007

## Overdosed America

by Donald R. Davis, Ph.D.

In John Abramson's 2004 book, *Overdosed America*, he tells why he gave up his medical practice to write about "the broken promise of American medicine." From 1982 to 2002 he practiced family medicine near Boston, Massachusetts. He also pursued research and teaching at Harvard and other universities. Experiences in his practice convinced him that pharmaceutical companies are increasingly corrupting medical research, misleading doctors and the public, and threatening our health. He decided that the best way he could help people find better health was to carefully research the influences of pharmaceutical companies and explain the evidence to the public and other doctors.

***As Abramson illustrates, non-drug alternatives are often more effective, safe, and economical.***

Big changes have occurred in medical research. Before 1980 most medical studies were publicly funded. Now three-fourths of clinical studies in top journals are industry funded. These studies are designed mostly to promote the drugs, not to find the best way to help patients. Thus medical knowledge now grows in the direction of drug company profits, not necessarily patient benefit.

For example, Abramson cites a major journal report that the statin drug Pravachol reduced the risk of stroke by 19%. Close inspection shows, however, that this "headline" number is an example of industry spinning. The

seemingly impressive 19% reduction in *relative risk* corresponded to only a small reduction in *absolute risk* in the subjects studied. The 6-year incidence of stroke was reduced from 4.5% to 3.7% (3.7 is 19% less than 4.5). This reduction in absolute risk is so small that the drug cost alone would be \$1.2 million just to prevent one stroke. To prevent one stroke per year, 1000 persons would require lifetime exposure to (and testing for) the drug's potential side effects.

Further, the study subjects were 83% male and averaged 10 to 15 years younger than most stroke victims, who are 60% female. In the study, older and female subjects who received the drug actually had *more* strokes. Thus, the company studied the wrong subjects. A study of more representative subjects might well show that Pravachol *increases* the risk of stroke.

Industry spinning is the norm, in both research reports and advertisements. Worse than spinning, however, are overtly deceptive journal reports. Celebrex and Vioxx are pain relievers introduced with a great marketing blitz in late 1999. Both were touted as breakthrough anti-inflammatory drugs with reduced risk of serious intestinal problems. A 2000 journal report concluded that Celebrex indeed was safer than older drugs when used for 6 months. However, this result was contrived and later rejected by the FDA. The false impression was achieved by artificially combining the incidences of minor and major intestinal complications and by omitting data from the last 6 months of a 12-month study. Six

*continued on page 2*

## EPA misses deadline to reduce children's pesticide exposure

In 1996, both houses of the U.S. Congress unanimously passed the Food Quality and Protection Act (FQPA) to reduce children's exposure to pesticides in 10 years. This tough federal law was designed to assure a "reasonable certainty of no harm" to children from pesticides.

According to The Organic Center report, "Successes and Lost Opportunities to Reduce Children's Exposure to Pesticides Since the Mid-1990's," provides the first publicly available analysis of changes in pesticide dietary exposures.

"While overall risks have been reduced by about 1/3, the report highlights the worrisome, sharply upward trend in pesticide residues and risks in imported foods," a release about the report said.

"It is difficult to understand EPA assertions that it is 99% done...given that the agency has still not reduced dietary exposures to a half-dozen of the riskiest insecticides..." said Chuck Benbrook, chief scientist of The Organic Center. [H]

## Inside this issue...

The orthomolecular road to better health. . .	2
Saw palmetto is still good. . . . .	3
Information worth knowing. . . . .	4
<i>E. coli</i> contamination of produce. . . . .	4
Test of the Month—G-6-PD. . . . .	5
Herbs to promote circulation. . . . .	5
Food of the Month—Collards. . . . .	5
Opening doors. . . . .	6
Reduced micronutrient level in older women may cause greater disability risk. . . . .	6
Case of the month. . . . .	6
Special discounts. . . . .	7
Upcoming events. . . . .	8
Vitamin D deficiency may predispose people to infections. . . . .	8

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# Nutritional Medicine


by Ron Hunninghake, M.D.

## The orthomolecular road to better health

Here at The Center we practice orthomolecular medicine. Ortho means "correct" or "straight." Molecular refers to the cellular level of life where molecules live and interact in such a way as to promote healthy cells. We test for the levels of important molecules in patients who come because they have an illness for which they have not received adequate help elsewhere. Our testing often identifies a relative deficiency of the "good molecules" such as vitamins, minerals, amino and fatty acids, and/or an excess of "bad molecules" such as heavy metals or toxic reactions to food additive molecules. These deficiencies or toxicities mean that the patient's cells are not "happy."

When patients return to receive their test results they feel encouraged that we have discovered these cellular imbalances. No other doctors have

checked them at this level. Our recommendations are based on these results. Our reports are straightforward and easy to interpret. The patient is given a glimpse of his/her inner molecular world that suggests a pathway to healing.

Our patients leave with a big dose of hope. This hope and the nutrients we suggest "feed" them on many levels. Their biochemical gaps are addressed, thus allowing the natural healing tendencies of the body to once again shine. Our patients form meaningful relationships with our doctors and our staff, and this connectedness can be an inspiration to them. They learn more about food, its wholeness, its cytotoxicity, and its power to both heal and make ill. They learn their role as co-learner and the empowerment that co-learnership brings on their road to the discovery of better health. 

### Overdosed America—Cont'd from page 1

of 7 serious intestinal complications had occurred in the last 6 months, a *higher* risk than the older drugs. Both the FDA and the journal protested the deception. Nevertheless, Celebrex had over \$3 billion in sales during its first 2 years on the market. It is still widely perceived as a superior drug worth its high price.

Similarly, a 2000 journal report about Vioxx artfully omitted data showing that Vioxx had 2.4 times higher risk of serious heart complications than an over-the-counter, generic drug, naproxen (Aleve). The benefit of fewer serious intestinal problems was more than offset by an even larger number of serious heart problems, but the downside was not reported. Vioxx had over \$7 billion in sales before the FDA took it off the market in 2004 for causing an estimated 100,000 to 150,000 serious cardiovascular problems, including tens of thousands of deaths.

We are bombarded by heavy advertising for new, expensive drugs, because the ads cause patients to ask

their doctors for them. Abramson tried to tell his patients that Celebrex and Vioxx were no better than older, much cheaper drugs. But sometimes he relented, to preserve the trust of his patients who wanted "the best." For many patients, the drug's high cost was no deterrent, because their insurance transferred the cost mostly to others.

Drug industry influence on medicine goes well beyond spinning research and advertising. The industry now provides 70% of the continuing medical education that physicians must take to maintain their licenses. Practice guidelines such as those for treating high blood cholesterol were written by physicians who nearly all have multiple conflicts of interest with companies that produce cholesterol-lowering drugs.

The cumulative effect on American medicine is a heavy overemphasis on drugs for every problem, from osteoporosis to shyness. As Abramson illustrates, non-drug alternatives are *continued on page 3*


often more effective, safe and economical. But there are no large companies with huge marketing budgets to promote these alternatives, so they are neglected. The U.S. spends more than twice as much per person on health care as 21 other industrialized countries. But our health ranks dead last, as measured by the World Health Organization's "healthy life expectancy."

To protect our health and pocket-books, Abramson shows that we must become aware of the pervasive influence of the drug industry on medicine, and remember that its first goal is profit, not helping the public. We must actively seek out those better, safer, and cheaper alternatives.

For those wishing to find unbiased information about drugs, Abramson recommends three Internet sources:

- **Therapeutics Initiative:** "The best site for complete, unbiased scientific evidence about commonly used drugs." Pharmacists and family physicians at the University of British Columbia have produced 60 Therapeutics Letters since 1994, available at [www.ti.ubc.ca](http://www.ti.ubc.ca). The Letters are brief, practical, referenced, and reviewed, "at arms length from government, pharmaceutical industry and other vested interest groups." The 59th Letter notes the surprising fact that Canada now spends 25% more on drugs than on doctors. Rapidly increasing drug costs go mostly for new, "me-too" drugs that have no advantage over older, cheaper drugs.

- **Center for Medical Consumers:** "A truly non-profit, public interest group posting important information to help medical consumers make good decisions." It covers both drugs and medical tests and treatments, at [www.medicalconsumers.org](http://www.medicalconsumers.org). The Center also publishes a newsletter (where I first learned about Abramson's book).

- **Public Citizen's Worst Pills:** "Contains up-to-date information about drugs in the style of their book, *Worst Pills, Best Pills*." It lists over 200 prescription drugs to avoid, with alternatives. It allows searching by drug, disease or condition, drug family, or drug-induced disease, at [www.worst-pills.org](http://www.worst-pills.org). 

## HEALTH HUNTERS AT HOME

### Saw palmetto is still good

Going along with Dr. Davis' lead article, I thought you might be interested in this as well.

I have been taking saw palmetto in the recommended dose of 160 mg twice a day to help with my benign prostatic hypertrophy (BPH) for several years with great success. BPH is also known as an enlarged prostate gland.

The prostate gland is just outside of the bladder of males and surrounds the urethra. When the prostate gland becomes enlarged, it closes down the urethra causing reduced urine flow, extra urine being left in the bladder when one voids, and an urgency to go. I mean a real urgency to go.

Since taking saw palmetto, my urine flow has increased in volume and I don't have the urgency I had before.

So, it was quite a surprise to read in *The New England Journal of Medicine* that saw palmetto did not work for men. It had worked for me.

But first, a little bit about saw palmetto. Saw palmetto is made from the berries that come from a small palm tree that is native to Florida. When taken in the proper dosage, it works very well for men who have mild to moderate BPH. It has been used around the world for many years and in the USA for at least a decade.

Now, back to the article that appeared in *The New England Journal of Medicine*. The researchers at the University of California in San Francisco enrolled 112 men in the saw palmetto group and 113 men in the placebo group. All of the men were 49 years of age or older with moderate to severe BPH and were randomly assigned to groups taking saw palmetto extract (160 mg twice a day, the normal dose shown to be effective in over 21 clinical trials) or a matching placebo capsule. After a year of trial, the researchers concluded that there was no significant difference in the rate of improvement in the two groups. In short, saw palmetto does little or no good.


Wait a minute; doesn't it say in the paragraph just before that saw palmetto is used for men with mild to

moderate BPH rather than moderate to severe symptoms as used in the trial? In double-blind studies conducted before this trial, about 90% of men with mild to moderate BPH experienced improvement in symptoms during the first four to six weeks after starting saw palmetto in the proper dosage. If men wait until their prostate has enlarged so significantly that it causes severe obstruction of the bladder, saw palmetto just may not work.

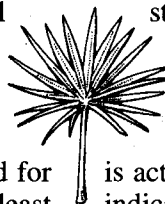
Andrew Shao, Ph.D., vice president of the Council for Responsible Nutrition, said that by using men with moderate to severe BPH they used the wrong population. "It may be that exclusion of those patients with mild symptoms from the study may have reduced the ability to detect the benefits we've seen in other trials. Future trials need to explore in more detail the response of those with both mild and moderate symptoms," Dr. Shao concluded.

It is O.K. for me to use saw palmetto even though the latest research study that appeared in *The New England Journal of Medicine* doesn't show significant improvement. *The New England Journal of Medicine* research is actually encouraging to me since it indicates that I fall into a group of men with mild to moderate BPH because I had such good results from using saw palmetto in the proper dosage.

The moral of this story is as follows. We are all unique individuals. There is one important lesson that both males, as well as females, can learn from this study. When you read about a particular research study that says what you have been taking with success doesn't work or someone tells you that the nutrient you are taking isn't good for you, take the information with a grain of salt.

Instead, talk with the doctor who suggested you take the product and ask her or him to explain the research that insists you do not need the product. He or she will probably suggest that you continue taking what has been working for you. 

—Richard Lewis



## INFORMATION WORTH KNOWING

by Marilyn Landreth, M.A.

Do you need a strong cup of coffee or a cola drink to get you going in the morning and throughout the day? Do you try “energy” drinks or bars to give you the strength to make it through the day? Quick calories can give you a burst of energy but can leave you needing another “fix.” Dr. Ron Hunninghake, M.D., has written *User’s Guide to Energy-Boosting Supplements* to address those problems. Learn about energy enhancers such as supplements, exercise, and stress management that allow the body to naturally develop more energy. Dr. Ron takes you on a fantastic voyage through brain chemistry, setting sail for optimal health and a better quality of life. The questions this month are taken from his book.

**1** At the level of the cells in your body, a kind of metabolic energy is burning. This metabolic machinery of each cell that creates this energy is known as \_\_\_\_\_.

- a. adaptation
- b. mitochondria
- c. permeability
- d. neurotransmitters

**2** Food is broken down into its simplest components in the digestive tract. Carbohydrates are broken down into glucose; fats, into fatty acids; and proteins, into \_\_\_\_\_.

- a. amino acids
- b. adrenaline
- c. alpha-lipoic acid
- d. cachexia

**3** Eating a good breakfast is important for keeping your energy level up. Because you’ve been fasting for several hours and your blood sugars are low, your body has settled into a metabolic state that encourages the burning of fats for energy. A breakfast high in carbohydrates helps to keep your sugar levels even throughout the day.

- a. True
- b. False

**4** If you want your cellular metabolism to react optimally, antioxidant phytochemicals, vitamins, and minerals are the cogs, wheels, and sparks that make it go. Eating a diet with a variety of \_\_\_\_\_ naturally guarantees that your body will have its basic nutrition and metabolic needs met.

- a. beans
- b. textures
- c. colors
- d. fish

**5** The digestive tract is where the whole process of food and nutrients being transformed into energy begins. The Standard American Diet (SAD) is very tough on the gastrointestinal system because it is low in \_\_\_\_\_ that can lead to a condition that robs you of your energy.

- a. salt and fat
- b. salt and water
- c. water and fiber
- d. fat and sugar

**6** According to Bruce Ames, Ph.D., after studying free radicals in disease and the potential effectiveness of antioxidants, mitochondria are the “weak link in aging.”

- a. True
- b. False

**7** Although Alpha Lipoic Acid (ALA) was first discovered in 1951, its role as a powerful antioxidant was not recognized until the 1980s. It was found to neutralize peroxytrite radicals, which are implicated in heart and lung disease, neurological disorders, and \_\_\_\_\_.

- a. weak bones
- b. blindness
- c. hearing disorders
- d. chronic inflammation

## E. coli contamination of produce

Gary D. Branum, Ph.D.

Recent outbreaks of *E. coli* have been traced to contaminated fresh produce, including lettuce, sprouts, and perhaps green onions. The fact that some of this contamination occurred in organically-grown produce highlights the fact that even organic produce can become contaminated if proper growing and processing procedures aren’t followed.

*Escherichia coli* (*E. coli*) are members of a family of generally beneficial bacteria found naturally in soil and in the lower intestine of mammals, including cattle, goats, sheep, deer, and humans. Many different strains of *E. coli* are known, and most produce no symptoms in humans if ingested. The primary exception is the bacterium known as *E. coli* 0157:H7, whose name refers to a specific set of protein markers found in the surface of the bacterial cell wall. Data indicate that *E. coli* 0157:H7 may be present in up to 8.3% of dairy and beef cattle and is shed in the manure without producing symptoms. Infection of humans with *E. coli* 0157:H7 generally results in severe diarrhea but in rare cases can lead to hemolytic uremic syndrome (HUS) which can cause kidney failure and death.

The primary source of *E. coli* 0157:H7 contamination is improperly processed or undercooked meat. Adequate cooking can prevent transfer of the bacteria from meat to humans.

From the available evidence it appears that most, if not all of the cases of contaminated produce, have been the result of direct or indirect transfer of infected manure to the fields where the produce was grown. Application of *E. coli* 0157:H7-contaminated manure to the production field or irrigation with *E. coli* 0157:H7-contaminated water may result in contamination of the crop in the field. Studies have indicated that *E. coli* can survive for extended periods in manure and water. *E. coli* 0157:H7 may also be introduced through flood irrigation with water contaminated with cattle feces or contact with contaminated surface runoff.

*In the February issue, I will explain how the Brightspot Garden prevents E. coli contamination.*

• FOR ANSWERS, SEE PAGE 7 •

# Test of the Month

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

## G-6-PD

Many laboratory tests are known by abbreviations: CBC, CPK, CRP, U.A., HDL, LDL, etc. These actually mean something! Take the test listed above, G-6-PD. This stands for **G**lucose-**6**-**P**hosphate **D**ehydrogenase, an enzyme. Remember, any name ending with "ase" usually means an enzyme. Now, you can see why we use initials and numbers. It is much easier to say G-6-PD.

Enough about letters, right? What does it measure? At The Center, before any patient gets high dose I.V. vitamin C, they have this test ordered by the physicians. The reason is that there is a very rare condition involving a deficiency of G-6-PD in red blood cells (RBCs). This is a genetic defect that involves about 2% to 3% of the world's population. If one has a deficiency of this enzyme, certain drugs will cause the RBCs to be destroyed and a condition of hemolysis will occur. This makes one very anemic and could cause severe distress, or in rare cases, death.

That is the theory. At The Center we are very curious and test most every theory. For example, I had Amy and Megan in the lab check our data on this test. Out of 840 patients from 1996 to 2006, only four, three males and one female, had low results (0.48% instead of 2% to 3%). The normal range is 7 to 20 U/gHb (so in this case, high is good). The patients' results ranged from 2.3 to 5.1. One patient had five consecutive tests which were low. However, they were still given I.V. vitamin C due to their illness. Guess what? None of the patients developed hemolysis. Their hemograms and urine test for hemolysis were normal before and after the I.V. treatments. The Bio-Center Lab and Center physicians again have proven accepted dogma is not exactly as stated.

Do we still do this test on patients? Yes, we do. There is always the exception to the rule and the safety of our patients always comes first to us. [H]

# Herbal History

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

## Herbs to promote circulation

This year I have decided to dedicate this column to herbal combinations that we carry here at The Center.

Circulatory Pizazz is a combination of herbs (Ginkgo, Panax ginseng, Burdock, Ginger, Prickly ash, Rosemary and Cayenne) that have proven success in improving the health of the circulatory system. The herbs in this formula support the circulation of blood to the extremities while promoting venous and capillary strength. I use it in cases that involve poor circulation such as cold hands and feet, intermittent claudication, Raynauds, varicose veins, hemorrhoids, and atherosclerosis.

Ginkgo increases peripheral blood flow and decreases platelet aggregation. It is useful for promoting blood flow to the brain and is beneficial in enhancing memory, treating tinnitus, vertigo, and peripheral arterial disease. Ginseng works as an adaptogen which helps us adapt to differing disturbances. Ginseng is known

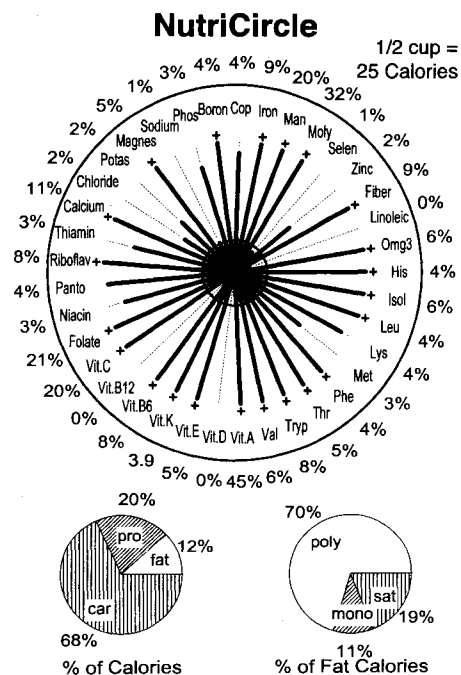
as a warming herb. Burdock stimulates lymph flow and the removal of toxic by-products from cells. Ginger decreases platelet aggregation and inflammation while toning the circulatory system. Ginger can also lower blood lipids and decrease plaque formation in the arteries. Prickly ash stimulates the circulation and the digestive system (gets the juices flowing). Rosemary increases blood flow to the heart while toning the peripheral blood vessels. Cayenne is fibrinolytic and inhibits platelet aggregation, helping to protect against atherosclerosis and blood clot formation. It is really beneficial in conditions where blood needs to be pulled to the periphery, decreasing internal or central congestion.

I usually recommend ½ teaspoon three times daily mixed in water or juice. This formula does have some bite to it so I would not suggest taking it straight. It should not be used in cases of acute venous inflammation. [H]

# Food of the Month

by Donald R. Davis, Ph.D.

**COLLARDS** are a non-heading form of cabbage, with large, dark green leaves. Like their close relative, kale, they originated in the Mediterranean area, and were commonly eaten in ancient Greece and Rome. In the U.S., collards are best known in the South and as "soul food." They are usually boiled for about 20 minutes or more to soften the tough, somewhat bitter leaves and are often seasoned with vinegar, garlic, and red pepper. Collards are extraordinarily rich in many nutrients. A half-cup serving contains 4 RDAs of bone-healthy vitamin K and 10% to 32% of the RDAs for vitamin C, folate, calcium, manganese, and molybdenum.



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.

## Opening doors


Each year we have an opportunity for a new beginning with the start of the new year. Actually, every day is a new beginning if we look at it that way. A beginning starts with letting go of the past and focusing on what we have and what we want rather than what we no longer have or what we don't want.

Focusing on the future reminds me of the biblical story of Lot's wife. God told Lot to take his family and leave their wicked city because he was going to destroy the city. As they were leaving, his wife kept looking back at what she was leaving behind until she was turned into a pillar of salt. There is much discussion about how she was turned into a pillar of a salt, but, personally, I think the salt was from all the tears she was crying.

Lot's wife did not get to learn that

many times as one door is shut another one opens if we look for it. The key is that we have to recognize that it is open. If we were so busy focusing on what we had lost, a door could be wide open and we would never see it.

Ann Landers said, "Maturity is the ability to live in peace with that which we cannot change." The older I get the more I know that is true. Loss happens all the time: the death of a loved one, health changes, and job changes. We can appreciate what we have experienced, both what we consider good and bad, and what we do have. Most of us don't realize what we have until we no longer have it.

In this new year I'm going to look for more open doors. Maybe I'll take an art class or graphic design class or get caught up on my reading or. . . 




## Case of the month

A 35-year-old woman came to The Center in February of 2006. Her major concern was Bipolar Disorder, a mental problem. She was 5'7" tall, weighed 190 pounds, and was extremely depressed. According to her mother, she had been suicidal for at least a year. She had not worked for five years and had been on Medicare for the last two years.

When Dr. Hunninghake was finished with his thorough examination, he suggested she do the following laboratory tests: adrenal stress index, C-reactive protein, histamine, T3 thyroid, vitamin B12, plasma vitamin C, manganese, amino acids, candida profile, lipid profile, and a standard Cytotoxic profile—all in the blood. In addition, a urinalysis, urine vitamin C, and a hair analysis were run.

When she returned in late February for the results of her laboratory tests, Dr. Hunninghake suggested she take Fibroplex, Natures Gate acne treatment, Optiflora capsules, Armour Thyroid before breakfast for her low thyroid, Omega Guard for low fatty acids, Vital Mag, DL methionine for low amino acid, and vitamin C to be adjusted with the results of the Vita-Chek-C strips. She also had a magnesium sulfate injection two days in a row and started on intravenous vitamin C. Dr. Hunninghake also suggested she read Dr. Langer's book, *Solved: The Riddle of Illness*.

The Center continued working with her over the next several months. She was either remaining the same or felt worse during this time. She was still on medications for her Bipolar Disorder but she was taking less of these. She continued the intravenous vitamin C.

She came for an appointment in November of 2006 and said that she was improved. She said that she was now working four days a week for four hours a day at a store, and they want her to be the manager. She is also "doing the home thing." She mentioned that she is weaning off of Seroquil, a drug for Bipolar Disorder that she had needed in the past. She now has hope for the future. 

## CENTER UPDATE

### Reduced micronutrient level in older women may cause greater disability risk

A recent issue of the journal, *Archives of Internal Medicine*, published a report showing that older women who had reduced levels of vitamins B6 and B12, as well as selenium, had a greater risk of developing disabilities in their daily lives than women with higher levels of these nutrients. The researchers came from Cornell University, Johns Hopkins, the University of Michigan, and the National Institute on Aging.


They looked at data obtained in the Women's Health and Aging Study I, which examined risk factors for 1,002 women 65 years or older who had difficulties in functions such as bathing, dressing, and eating. The study included 634 women who were not considered disabled, meaning they did not have difficulty managing two or more activities of daily life.

Blood samples were drawn at enrollment in the study and every six months for three years, checking for carotenoids, vitamins A, B6, B12, D, and

folate, as well as selenium and zinc.

Over the three-year follow-up period, 208 women developed disability in performing activities in daily life. Women whose intake of vitamin B6 was in the lowest quarter of the women had a 31% risk of developing a disability than the women in the upper three quarters. For vitamin B12, the risk of developing a disability was 40% greater, and 38% for selenium.

The researchers concluded by saying, "(1) Altered protein metabolism and increased levels of homocysteine, oxidative stress, and inflammatory markers resulting in protein damage and reduced muscle mass and strength; (2) increased risk of developing degenerative disease; and (3) decline of cognitive function," may explain the link between low levels of vitamins B6 and B12 and selenium with disability, the researchers said.

Even though the information in this report is new, The Center has been working successfully with these nutrients and others for over 30 years. 

Answers from page 4

- 1 b. Our warm-bloodedness and physical energy originate in this microscopic fire that burns in almost every cell in our body.
- 2 a. Amino acids become building blocks for the creation and repair of enzymes and cellular structures.
- 3 b. For optimal energy start the day with a meal that is high in protein and add carbohydrates as you go through the day to maintain better energy.
- 4 c. The more naturally colored foods you eat, the more they are packed with nutrients that will promote energy and clarity.
- 5 c. A diet low in water and fiber can lead to constipation and, especially if it is chronic, can result in fatigue and lack of energy.
- 6 a. Accumulated free radicals in mitochondria end up gumming up the works of cellular metabolism.
- 7 d. ALA is made in the mitochondria, where it serves many functions in the Krebs cycle. In the liver it promotes detoxification, ridding the body of toxins. FH

## SPECIAL DISCOUNTS

Audio Tapes: Regular Price—\$7.95; Health Hunter Price—\$7.16  
 Video Tapes: Regular Price—\$9.95; Health Hunter Price—\$8.95  
 CDs: Regular Price—\$14.95; Health Hunter Price—\$13.45  
 DVDs: Regular Price—\$14.95; Health Hunter Price—\$13.45

### USER'S GUIDE TO ENERGY-BOOSTING SUPPLEMENTS

by Ron Hunninghake, M.D.

Are you feeling more tired than normal? Are you kind of "fuzzy headed" at times even though you use "energy" drinks? Dr. Ron describes several safe supplements that can boost your energy levels. Soft cover. Retail Price: \$5.95; Health Hunter: \$5.36

### TAKING A JOURNEY THROUGH THE GI TRACT: THE IRRITABLE BOWEL—TAMED

with Jeanne Drisko, M.D.

Gastrointestinal medications are the #1 selling drugs in the world. This tells us that many people suffer from chronic digestive disorders. Learn how to tame your GI tiger with Dr. Drisko, who trained under Dr. Hugh Riordan in the therapeutic use of vitamins and minerals and is now director of the Program in

Integrative Medicine at the University of Kansas Medical Center.

### HEARTBURN: A NATUROPATHIC PERSPECTIVE

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

"Just a hunk of burning flesh": Too much acid? Not enough acid? Take antacids? Take hydrochloric acids? Dr. Krier discusses natural remedies for this common ailment.

### HEALING WITH PROBIOTICS, THE GOOD BACTERIA

with Rebecca Kirby, M.D., M.S., R.D.

Probiotic means "for life." A probiotic is an organism which contributes to the health of the intestinal tract and prevents over colonization with disease-causing microorganisms (bad bugs). Learn about the immune-enhancing, digestion-promoting, inflammation-suppressing "good bugs."

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# Upcoming Events. . .

## Lunch & Lectures:

### January:

- 11 Becoming a Patient at the Center Can Change Your Life
- 18 Teeth: You Only Have One Set—How to Keep Them a Lifetime
- 25 Diet and Behavior: What Can Make Your Brain a Toxic Dump?

### February:

- 1 The Food Pharmacy II
- 8 Aging Bones
- 15 Live Well...Walk Far: Improving Your Life Through Walking
- 22 Improving Autism Outcomes with Mercury Chelation:  
a Special Tribute to Dr. Bernie Rimland

### March:

- 1 Depressed, Anxious, Irritable, and Achy—  
a User's Guide to Hypoglycemia
- 8 Going Wheat—less!!!

## Vitamin D deficiency may predispose people to infections

John Cannell, a psychiatrist at California's Atlascadero State Hospital, observed with increased curiosity as wards around the one he supervised became quarantined because of the spread of a virulent strain of influenza. His ward was not affected by the flu.

A few months later, Cannell came across an article in *FASEB Journal*, a medical journal, which began to explain why his unit did not get the flu. The authors of the article said that vitamin D boosts production in white blood cells of antimicrobial compounds that defend the body against germs.

Cannell had prescribed high doses of vitamin D to the residents of his ward that had boosted the residents' natural arsenal of the antimicrobial, called cathelicidin, and it protected the residents from the flu.

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- Overdosed America
- Saw palmetto is still good
- *E. coli* contamination of produce
- Herbs to promote circulation

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