

Health Hunter[®]

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N E W S L E T T E R

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Good news about preventing and treating strokes

Donald R. Davis, Ph.D.

Although the United States has perhaps the world's lowest rate of stroke, strokes are our leading cause of disability. And despite much progress, they remain our third leading cause of death, following heart disease and cancer. Blacks are especially susceptible. Our population suffers about 500,000 strokes annually, one-third of which are quickly fatal. Among the survivors, many suffer long-term disability. Over 3 million living Americans have survived strokes, and their medical care costs about \$30 billion per year. The toll of disrupted lives and families seems greater still.

...most important risk factor for stroke is hypertension, said to contribute to about 70% of strokes in the U.S.

The good news about strokes is that they are about 80% less common now than in 1920, and we are learning how to prevent them. Further, doctors have learned recently that emergency treatment can reduce the damage from strokes. There is even hope that an experimental treatment (hyperbaric oxygen therapy) sometimes can help reverse stroke damage weeks or months after it occurred.

Most strokes, about 80%, happen when blood flow in part of the brain is partially or completely blocked by a blood clot, often in arteries damaged by atherosclerosis. These are called cerebral "infarctions" or "ischemic" strokes. The same terms describe most heart attacks, as well, because the processes

are similar. The other main kind of stroke is termed "hemorrhagic." It, too, is caused by loss of blood flow in the brain (or spinal cord), but in this case the immediate cause is a ruptured blood vessel. The result is the same in both kinds of stroke—dead or damaged nerve tissue caused by lack of oxygen.

There are also "little strokes," or "transient ischemic attacks" (TIAs). A brief reduction of blood flow in the brain causes temporary stroke-like symptoms such as sudden numbness or weakness in face or limb, or suddenly impaired vision, hearing, or balance. Some TIAs seem of little significance; others reflect a growing danger of damaging stroke.

By far the most important risk factor for stroke is hypertension, said to contribute to about 70% of strokes in the U.S. Those with a diastolic blood pressure (the lower number) of 105 mm are about 10 times more likely to have a stroke than those with a pressure of 76 mm. A high systolic blood pressure is independently risky. Fortunately, reducing blood pressure reduces the risk of stroke. With antihypertensive drugs, rates of stroke drop about 50% per 6 mm drop in diastolic blood pressure. Of course there are other ways to reduce blood pressure, without the side effects and cost of drugs. Examples include improved diets, nutritional supplements, and biofeedback. They presumably work at least as well as drugs to prevent strokes, but they have been less well documented than drugs, for diverse reasons.

Obesity is considered our second *continued on page 2*

Homocysteine level predicts stroke risk in women

Risk of cardiovascular disease rises in men as the homocysteine level in the blood rises, according to recent research. Women need to be concerned about homocysteine levels also.

Steven Kittner, M.D., and colleagues with the Stroke Prevention in Young Women Study, found that young women with a serum homocysteine level of 8.6 nm/ml or greater (previously considered in the normal range) could face a greater chance of stroke.

In this study done at the University of Maryland, Kittner compared 93 women who were treated for their first ischemic stroke with 273 age matched women who had not had a stroke.

He found women whose homocysteine levels were in the top 25% had a two fold increased risk for stroke. This risk factor rose to 2.6 for those women in the top 10% (homocysteine levels of 11 nm/ml or above).

Research shows B vitamins lower homocysteine levels. H

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Nutritional Medicine

by Ron Hunninghake, M.D.

True prevention

Prevention, in conventional medicine terms, usually means early detection. Early detection often involves fairly expensive technology and, once detected, disease intervention can be quite expensive.


Take, for instance, the case of vascular disease. This is the #1 killer disease in western societies. In addition to a major cause of sudden death and overall mortality, "hardening of the arteries" can be blamed for amputations, loss of sight, kidney failure, impotency, certain dementias, strokes, and non-fatal heart attacks that can end a working individual's career and greatly limit their activities. Obviously, this is a disease that needs to be prevented if at all possible.

Conventional prevention, much to its credit, has taken up the standard of lifestyle risk modification. Dietary changes, exercise, smoking cessation, and stress management programs are all beneficial and do fall within the category of prevention. Many health professionals, however, profess to be dubious of the individual's ability and willingness to change their lifestyles significantly. Rampant obesity, poor dietary compliance, pervasive stress, and TV-related sedentariness tend to support this viewpoint.

Physicians have countered these

trends with several pharmacologic interventions: daily aspirin, cholesterol lowering meds, antihypertensive treatments...all set up to help the hapless high risk patient. Plus, exercise treadmill stress testing is on the rise in an attempt to detect vascular disease before an adverse event happens. Aside from the aspirin, these interventions get more and more expensive, often funneling the patient towards coronary catheterizations, angioplasties (ballooning and stents), and coronary bypass operations. The costs add up quickly.

Cost really would not be the issue if the true cause of the disease process is addressed. Modify true cause and you achieve true prevention. So what is the true cause of vascular disease?

All disease is multi-factorial in origin, and vascular disease is no exception. Current research, however, is ever more clearly pointing to oxidative damage of the lining of the blood vessel as the initial step in the cascade of adverse events. Antioxidants, both food and supplement based, appear to be a powerful tool in PREVENTING vascular disease. Used throughout life, supplements actually are associated with better dietary choices and, contrary to professional opinion, lead the user to greater health consciousness with better overall lifestyle choices. 

Continued from page 1

leading predictor of strokes, accounting for perhaps 20% of strokes in the U.S. Smoking is another predictor. Smokers average about a 50% higher risk than nonsmokers, with higher risks in women than in men. Both obesity and smoking are reversible in principle, although both are sufficiently difficult that we have limited data on how much strokes decrease when individuals lose their excess weight or quit smoking. The best data come from ex-smokers. As a group, they have only about a 20% higher risk of stroke than never-smokers. But after two to five years of abstinence, the excess risk seems to disappear. Several studies found that physical activity is associated with re-

duced risk of stroke, but it is hard to separate physical activity from obesity and other known risk factors.

Good nutrition, especially vegetable consumption, also seems firmly entwined in the web of health measures that reduce the risk of stroke. In over 800 healthy men who entered the Framingham study in the late 1960s and recorded their diets then, those who reported eating the most fruits and vegetables at entry had the fewest strokes in the following 20 years. Similar results came recently from the much larger Harvard Nurses Study, except that here only vegetable consumption seemed protective (especially carrots and spin-

continued on page 3

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Continued from page 1

ach). Both studies attempted to control for other factors such as obesity, smoking, and blood pressure.

Treatment: Until recently, strokes were not considered medical emergencies. The damage seemed done, and treatment focused on later physical therapy which helps recover lost functions. Now we realize that the damage does not occur all at once, and treatment in the first 3 to 6 hours can help. Some clot-busting drugs increase the rate of full recovery after an ischemic stroke from 2 in 10 to 3 in 10. (These drugs are avoided in the less-common hemorrhagic strokes.) Other methods are sought to reduce the "reperfusion injury" that can occur after a clot dissolves and blood flow resumes. Unfortunately, cell-saving oxygen can injure some cells that are not sufficiently able to cope with it properly.

These new methods require re-educating both the public and healthcare workers. The public must learn to call 911, not a doctor, at the first sign of a stroke (sudden neurological symptoms such as numbness, weakness, or impaired balance, speech, or vision). Emergency medical crews must take stroke victims to hospitals possessing imaging equipment needed to distinguish ischemic from hemorrhagic strokes. And the hospitals, besides having this equipment, must diagnose and treat stroke patients much more quickly than they have in the past. Recent advances on these fronts probably will continue for some years.

Another new stroke treatment is under study. In "hyperbaric oxygen therapy" a patient breathes oxygen at pressures higher than exist in our air. The hope is that elevated oxygen levels will help revive some affected nerve cells that are neither dead nor able to recover with normal oxygen levels. Although initial results are encouraging, including a few reports of regained function many months after a stroke, we know little yet about its benefits or risks for different kinds of strokes.

For now we can be thankful for our low and falling rate of strokes, our new knowledge about ways to prevent strokes, and the ongoing revolution in emergency treatment of strokes. H

HEALTH HUNTERS AT HOME

Does chelation work for heart disease?

From my knowledge, I believe chelation works and works well. In addition to the technical stuff I read, I draw my knowledge about chelation from personal experience and from talking with patient/co-learners at The Center about their experiences with chelation.

I prefer to call this type of information "real life" data. This is where the rubber-meets-the-road, so to speak. What matters in real life is how the individual feels after chelation. It is the quality-of-life that a person experiences after treatment as opposed to what he or she suffered with before.

This is not about peer-reviewed, randomized, double-blind, placebo-controlled, crossover studies published in medical journals. It is about the personally experienced results of treatment.

It is about you and me. And that's what is important.

Let me tell you about my case. I experienced angina pain about 18 years ago while out jogging. This was a tightness in the chest that radiated down my left arm combined with nausea.

My family doctor referred me to a cardiologist who did an angiogram. He found one artery that was 50% blocked and couldn't find the anterior descending artery. We assumed that it either was not there or was completely blocked.

Fortunately for me, the cardiologist was a very conservative person who did not want to do anything invasive unless there was no other way. He put me on a tightly structured exercise program for people with heart problems, and this seemed to solve the problem.

Almost 13 years ago, I joined The Center's staff and, for research, began chelation therapy. Chelation basically consists of an intravenous therapy dripping a chemical called EDTA which binds with the heavy metals in the body and flushes them out through the urine. I felt better!

Chelation is not specifically for heart problems. It is designed to remove the heavy metals from the body and undo the problems caused by these metals. The heavy metals are primarily lead, aluminum, cadmium, and mercury. These metals have no redeeming

characteristics as far as our bodies are concerned. We just do not need them.

I have occasionally done a few more chelations every two or three years just to be sure I am free from heavy metals and my arteries stay open.

A couple of years ago, a new family doctor thought I should see the cardiologist for more testing. She was sure that I would be completely plugged up by now after all of these years.

Back at the same cardiologist, the final test was a stress treadmill. I was still going strong after 10 minutes which was the maximum they needed. After this test, the cardiologist said, "Unless you have a compelling need to find out what is going on in there, I wouldn't do another thing." That was good news for me and a ringing endorsement for chelation, in my opinion.

This story is repeated often at The Center. There was a 78-year-old man who had coronary artery disease, arthritis, and chest pain. He was afraid he was going to have to give up flying, skiing, golf, and an independent life. After chelation, he is walking 5 miles a day, still flying, and doing everything he thought he would have to give up.

Another example is a woman who had high blood pressure. She told a Center doctor recently that she could feel the pulsing in her head before she started. Her response to chelation is, "I feel better." Her blood pressure is better controlled, too.

The above are just two of the many stories told at The Center by people undergoing or completing chelation.

By removing the heavy metals with chelation, many of the problems they contribute to begin to disappear. The cardiovascular system is one that benefits from heavy metal removal by chelation.

Considering the multimillions of chelations given to hundreds of thousands of Americans, plus many thousands in Europe, South America, Australia, New Zealand, and Asia, with little or no complications, chelation is a cost effective solution to many problems. H

—Richard Lewis

INFORMATION WORTH KNOWING

Knowledge is power. Learning how to take care of yourself by providing the correct fuel for your body can result in a healthy and well maintained person. Knowing the importance of various nutrients and their functions in keeping a body healthy makes for informed choices when selecting the foods you eat. Our questions are taken from presentations at The Center (tapes available on page 7).

- 1 The first nutrient to be studied, and which was the beginning of Nutritional Medicine was _____.
- vitamin C
 - pynogenol
 - niacin
 - molybdenum
- 2 Each nutrient can be seen as one of the team players. They are all important but may have different roles in helping the body function better. The physiological effect(s) of niacin is(are) _____.
- as a mild vasodilator
 - it lowers cholesterol
 - it inhibits fat mobilization
 - all the above
- 3 Abram Hoffer, M.D. has said, ...niacin is so versatile because it moderates or relieves the body of the pernicious effect of chronic stress.
- True
 - False
- 4 Niacin has one side effect if too much of the nutrient is taken in too short of a time period. That side effect is called a niacin _____.
- flush
 - interlude
 - note
 - none of the above
- 5 Because Pellegra sufferers have abnormal EKGs and because some of the benefits of correcting a niacin deficiency could be seen as improving the cardiovascular system, heart disease is a niacin deficiency.
- True
 - False
- 6 Another team player in helping the body function as it was made to function is manganese. The physiological effect(s) of manganese is(are) _____.
- as a master nutrient
 - to activate peptidases to digest proteins
 - to inhibit growth hormone
 - all the above
- 7 Manganese toxicity has been noticed in manganese miners. Symptoms of manganese toxicity are _____.
- hyperactivity and unusual flexibility
 - Irritability and red rash
 - depression and red rash
 - irritability and depression


• FOR ANSWERS, SEE PAGE 7 •

Case of the month

A 41-year-old male came to The Center because of a three year history of severe daily muscular tension headaches. In addition, he had a five year history of adult acne requiring daily tetracycline. He also had a five year history of depression for which he was taking Imipramine and Zoloft. Nocturnal leg jerks were quite severe, enough to interfere with his wife's sleep pattern in the early part of each night. These associated symptoms included chronic fatigue, stress, and chronic constipation requiring daily stool softener. He has taken a daily Centrum multivitamin for several years.

Laboratory analysis revealed low GLA and EPA levels. His erythrocyte chromium was minus two standard deviations as was the potassium to sodium ratio. His serum C level was minus two standard deviations and the urine C was less than two standard deviations. He had elevated pyrroles and an elevated candida antibody titer. He had ten out of twenty foods that tested positive on the cytotoxic test.

The patient initially was treated with Latero Flora to control candida overgrowth and Zinc Boost to lower his elevated pyrroles. He was advised to eat five to nine servings of fruits and vegetables per day to improve the potassium to sodium ratio. Chromium picolinate 200 mg. per day was advised to bring up his chromium. Gram Ascorbs, one twice a day, was recommended for elevating the low vitamin C. Eicopro, containing both EPA and GLA, was advised, two per meal. The patient was given GTG to help control stress and vitamin E, 600 units a day, for further help on the persistent acne.

After two months, the patient continued to have headaches and acne, though he did feel somewhat better. He had persistent low basal body temperature testing and, after reading Stephen Langer's book, *Solved: The Riddle of Illness*, he requested a therapeutic trial of desiccated thyroid. Within weeks of starting two grains a day, his headaches and depression resolved. His cold extremities improved, fatigue was much less, and his skin markedly improved with an increase in appetite and general sense of well being. 

Share information about The Center with your family and friends by inviting them to visit our Internet website! Meet us at the following address: <http://www.brightspot.org> or correspond with us by E-mail: healthcoach@southwind.net.

Chelation and aging

Do you want to feel younger than your chronological years? Well, you just might want to consider what a series of chelation treatments can do for you.

It has been calculated that there are more chelation physicians per capita in the Los Angeles area than any other place in the world. Many of Hollywood's population might not like to have it made public that they are taking advantage of chelation.

I, for one, do not mind stating the fact that I have taken chelation for a number of years (well over 100 treatments), and I continue to take a maintenance "mini chelation" monthly.

I did not start the chelation program for looking younger. This has been one of the many "fringe benefits" I have received from this very worthwhile program. At 60 plus, I was finding I had a number of problems that I wanted to feel better about. Among my many complaints were: arthritis, high blood pressure, nightly angina attacks, and overweight, just to name a few. All of this was presenting me with a huge pharmaceutical bill each month, and I was finding it difficult just to make it through each day as my energy level was certainly nothing to brag about.

Starting with a chelation program was a big decision, as my insurance would not consider paying for this since it was considered experimental or preventive medicine. But I have found it to be some of the best money I have ever spent. Among my "fringe benefits," I take no blood pressure medicine, no heart medication, no pain pills of any form, and my friends tell me I am looking younger. That is good news for this 80-year-old working woman. [H]

—Nelda Reed

Americans need better dental care

The average American buys only 1.5 toothbrushes a year even though the American Dental Association recommends a minimum of 3 per year.

The average Japanese, by contrast, buys 3.5 a year. [H]

*from Oral B Laboratories,
Redwood City, California*

Mental Medicine

by Marilyn Landreth, M.A.

Can perception influence health?

Patients who come to The Center for treatment are among the greatest people in the world. They are people who are searching for ways to improve their health and are willing to make major changes in their lifestyles to accomplish that goal. They know they can improve their health.

Their perception that they can get better is a key factor. Recent research has suggested that perception can play a major role in recovery from myocardial infarction (MI).

Writing in *Cardiology World News*, Dr. Petrie reported that, after experiencing an MI, those patients who thought their disease was controllable were reported to have attended more rehabilitation classes and returned to work quicker than MI patients who perceived their illness to be very serious.

You might ask if being more in-

involved in rehabilitation and going back to work earlier is really an indication that their thoughts influenced their health. Here is another clue. It was reported in the same journal, "Patients clinically depressed following a myocardial infarction are three to five times more likely to die during the ensuing year."

While it is normal to be somewhat depressed after an MI, major depression following an MI can be especially debilitating. People who tend to think their health can be improved don't give up easily or feel helpless.

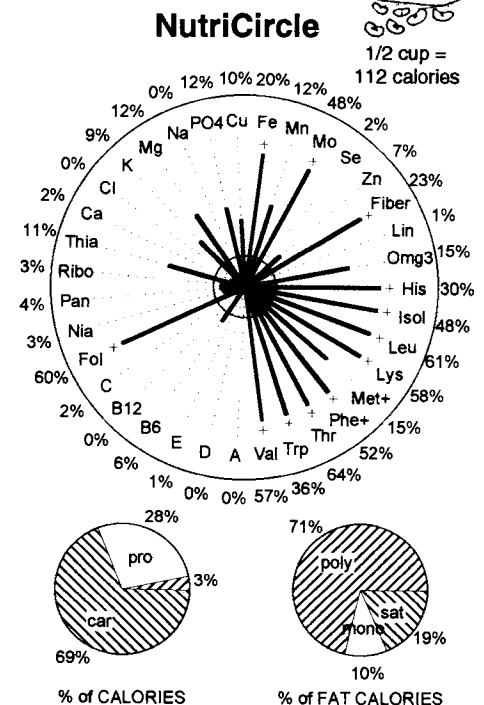
When we were children, sometimes we had to learn coping skills that helped us survive to adulthood. Those same coping skills may not be the skills we need as adults to deal with major diseases. The good news is that we can learn better coping skills. [H]

Food of the Month

by Donald R. Davis, Ph.D.



BEANS are an important source of protein (amino acids, *His...Val*) in many cultures with low intakes of foods from animals. They are traditionally combined with grains, which we now understand makes the "protein quality" of the combination higher than the protein quality of either beans or grains alone. This synergy is especially valuable for lysine (*Lys* at 4 o'clock). Other notable nutrients in beans include folic acid, fiber, molybdenum, and omega-3 fatty acid (especially in soybeans). For kidney beans shown here, a one-half cup serving also supplies 10% or more of the RDA for thiamin, magnesium, phosphate, copper, iron, and manganese.



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]

Beat The Odds Update

Vitamin C helps atherosclerotic arteries dilate

Here is a real Beat The Odds suggestion for the use of vitamin C from the journal, *Circulation*.

Levine and his colleagues speculated that in the setting of atherosclerosis, the endothelial vasomotor function is abnormal. The endothelial vasomotor function is the system that allows the arteries to dilate, or expand, when the heart pumps to allow the arteries to carry more blood throughout the body.

Research has shown, they further speculated, that increased oxidative stress has been implicated as one cause of this reduced vasomotor response.

If this is true, they hypothesized, why not give patients with atherosclerosis an antioxidant and see if the ability of arteries to expand to handle the pumping load of the heart improves.

To accomplish this, the research team selected 46 subjects with documented coronary artery disease. Each one had his or her brachial artery (in the arm) measured by high-resolution vas-

cular ultrasound and then was given two grams of ascorbic acid or a placebo. Two hours later, the brachial artery was again measured to see if there was a change in the dilation.

Drum roll, please, for the announcement of the results.

Plasma ascorbic acid concentrations increased 2.5 fold two hours after taking vitamin C. In patients that showed a dilation of less than 5% at the beginning of the experiment, the researchers found that the ascorbic acid produced a two-fold increase in dilation. The placebo produced no change.

The researchers' conclusion from this: "Ascorbic Acid reverses endothelial dysfunction in the brachial circulation of patients with coronary artery disease. These findings suggest that increased oxidative stress contributes to endothelial dysfunction in patients with atherosclerosis and that endothelial dysfunction may respond to antioxidant therapy." [H]

CENTER UPDATE

DHEA, a conservative look

"DHEA has become the latest drug of choice for talk shows and reports in the print and broadcast media, where it is being touted as an 'antidote for aging' and a 'superhormone' that can help burn fat, build muscle mass, boost libido, strengthen the immune system, prevent heart disease, cancer, ..." wrote Andrew Skolnick in *The Journal of the American Medical Association*.

After debunking the popular media's sudden romance with DHEA, and rightfully so, he looked more closely at some of the claims and the research that might support these claims.

For instance in the area of heart disease, David Herrington, MD, MHS, Division of Cardiology, Bowman Gray School of Medicine in Winston-Salem, looked at the effects plasma DHEA levels had on heart attacks.

Their data, "suggested that low plasma levels of DHEA may facilitate, and high levels may retard, the develop-

ment of coronary atherosclerosis and [blocked coronary bypasses]," Herrington says. "These observations are consistent with our understanding of coronary atherosclerosis as a complex multifactorial process in which DHEA may play a small but important role."

In another clinical study, Robert Jesse, MD, at the Medical College of Virginia said about DHEA, "Inhibition of platelet activity by DHEA may contribute to the putative antiatherogenic and cardio-protective effects of DHEA."

Researcher Barbara Areneo, PhD, University of Utah School of Medicine, found that elderly persons who took DHEAS (the sulfated form usually made by the adrenal cortex) to boost the effects of an influenza vaccination had a four-fold increase in the immune response.

With these and other studies yet published, the truth about DHEA will unfold to replace the hype. [H]

A brief history of vitamin A

3500 B.C.

The ancient Egyptians recognized that a nutrient, much later determined to be vitamin A, prevents night blindness.

1600s

Doctors recommend eating liver, later found containing vitamin A, to prevent night blindness.

1831

Carotene, later to be found a pro-vitamin A, discovered in the roots of carrots.

1905

Researchers find that animals die when deprived of a fat-soluble nutrient (vitamin A) in milk.

1911

Casimir Funk coins the word "vitamins" to describe newly discovered nutrients.

1920

Researchers discover that the body can convert carotenoids, such as beta carotene, to vitamin A.

1925

Scientists find that night vision decreases with an increase in vitamin A deficiency. [H]

Lets Live

Coffee and blood pressure

The coffee wars continue. Some research says coffee is good for you and then other research comes along claiming it is bad for you. This one claims it is bad.



Borderline hypertensive men who drank coffee before having their blood pressure checked showed an increase in diastolic blood pressure (that is the second or smaller number of your blood pressure) that were two to three times the changes of the control subjects, according to a report by Gwendolyn Pincomb, PhD, and associates at the University of Oklahoma Health Sciences Center that appeared in the *American Journal of Cardiology*.

No similar effect was seen in either the systolic blood pressure (the top number) or the heart rate from drinking coffee, according to the report.

The message from this report is don't drink coffee before having your blood pressure taken unless you want your diastolic pressure elevated. [H]

Answers from page 4

- 1 c. Casals, a physician from Spain, first described Pellegra which is caused by a deficiency of niacin. Goldberger in 1917 found Pellegra could be treated with food such as milk, yeast, and meat, thereby finding a connection between diet and disease.
- 2 d. Niacin may also increase REM sleep in high doses.
- 3 a. Niacin aids in the functioning of the nervous system and can be used in treatment of schizophrenia and other mental problems.
- 4 a. During a "niacin flush" a red rash will appear on the skin and a tingling sensation may be experienced as well.
- 5 b. Although niacin has played a part in reducing cholesterol and lowering blood pressure, heart disease is not caused from a deficiency in niacin.
- 6 b. Other functions are to activate arginase to form urea, influences underlying glandular functions, and is important in formation of thyroxine.
- 7 d. Other symptoms include stiff joints, stiff gait, and Parkinson-like symptoms. Oral toxicity from supplements is rare. [H]

SPECIAL DISCOUNTS

Audio Tapes: Regular Price—\$7.95; *Health Hunter* Price—\$7.11
 Video Tapes: Regular Price—\$19.95; *Health Hunter* Price—\$17.95

KNOW YOUR NUTRIENTS: NIACIN

with *Ronald Hunninghake, M.D.*
 Part of the vitamin B-complex group, niacin is important in the prevention of the disease, pellegra. In areas where corn is a major diet staple, pellagra can be found because corn is deficient in niacin and tryptophan, two valuable elements for growth and maintenance of the body. Niacinamide deficiency, like other nutrient deficiencies, has also been linked to other health problems. Audio cassette & video tape.

KNOW YOUR NUTRIENTS: MANGANESE

with *Ronald Hunninghake, M.D.*
 Manganese is a trace mineral that has both positive nutritive benefits at certain levels and a toxic syndrome when present in excess. Its role as an enzyme co-factor is reviewed. The toxic syndrome seen in manganese miners is covered. Learn the safe uses of the nutrient manganese. Audio cassette & video tape.

ARTHRITIS: A PANEL DISCUSSION WITH CENTER COLEARNERS

with *Hugh D. Riordan, M.D. & Richard Lewis*
 When it comes to arthritis, The Center believes that it is a problem to be solved rather than a disease to live with the rest of one's life. During this panel discussion, you learn how The Center's approach to co-learners with arthritis actually works to free them from pain and stiffness. Audio cassette & video tape.

NATURAL OPTIONS FOR HORMONE REPLACEMENT THERAPY

with *Ronald Hunninghake, M.D.*
 As female baby boomers approach menopause, many questions regarding the safety of commercial hormone replacement surface. There is greater interest in natural hormonal alternatives. In this presentation, the science behind these alternatives is reviewed. Audio cassette & video tape.

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Upcoming Events. . .

FEBRUARY				
Monday	Tuesday	Wednesday	Thursday	Friday
3 Yoga	4 L & L - Gingko, Happy Body Aerobics	5 Yoga	6 L & L - RECNAAC Cancer Research, Happy Body	7
10 Yoga	11 L & L - Folate, Happy Body Aerobics	12 Yoga, Eat Your Way to Natural Weight Loss Workshop	13 L & L - What's Causing the Depression, Happy Body	14 
17 Yoga	18	19	20 L & L - Natural Options for HRT	21
24	25	26 Eat Your Way to Natural Weight Loss Workshop	27 L & L - Nutritional Therapy for Diabetes	28

MARCH

Lunch & Lecture Classes:

- 6 Women and Fatigue
- 11 Water: The Most Overlooked Essential Nutrient
- 20 Nutritional Prevention of Alcoholism

Chocolate: good for the heart

Chocolate lovers, take note. Research appearing in *Lancet* shows that chocolate, like red wine, may help in controlling coronary artery disease.

Andrew Waterhouse and his colleagues at the University of California, Davis, speculated about how flavonoids keep chocolate in stores fresh and wondered if these flavonoids would have a similar antioxidant effect on low-density lipoproteins (LDL) in the body, much like a glass of red wine. Would it help keep LDL from oxidizing into foam cells that stick to the artery walls and cause artery-clogging plaque?

After much testing, they found that a 5 oz glass of wine had 210 mg of polyphenolic antioxidants, the ones they wanted. A cup of hot chocolate made with 2 tablespoons of cocoa contained 146 mg of the antioxidants, and a 1.5 oz piece of milk chocolate, 205 mg.

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Health Hunter

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