A new hypothesis of cancer
by Xiaolong Meng, M.D.

Current theories hold that cancers are abnormal tissues triggered by gene mutations. Standard cancer treatments are primary removal via surgery and/or attempts to destroy tumor tissue using radiation and/or chemotherapy. In spite of huge improvements in earlier detection and diagnosis, current treatments have not radically improved survival. From 1950 to 2001, five-year survival rates for 50% malignant tumor types (such as pancreas, liver, stomach, lung, brain, larynx, uterus, cervix, oral cavity and esophagus) have increased less than 15%.

From 1950 to 2001, five-year survival rates for 50% malignant tumor types have increased less than 15%.

Why is this happening? Is the diagnosis still not early enough? Is the treatment not precise enough? Or are we going in the wrong direction? Let's look at some facts first.

Fact A: Wounds are involved in pre-cancer diseases:
- Smoking causes chronic inflammation of the lungs and is a risk factor for lung cancer.
- Inflammation of the liver, colon, and prostate increases the risk of cancer developing in those tissues.
- Cervical erosion is a risk factor for cervical cancer.
- Ulcers are risk factors for gastric cancer.

Fact B: Oncogenes are involved in growth and wound healing:
An oncogene is originally defined as a gene that contributes to the production of a cancer. However, oncogenes are expressed not only in cancer, but also in pregnancy, embryonic development, wound healing, and growth factor synthesis. Oncogenes also have broad anti-apoptotic functions.

How can the commonalities of wound healing and cancer be explained? How can the relationships among oncogene, anti-apoptosis, and wound healing be interpreted? If gene mutations cause a cancer, why do they never cause a new organ formation?

Here we generate a new hypothesis tying those phenomena together. During growth or reproduction phases, growth and repair genes (GR genes, all tissue growth and repair genes, such as oncogenes, proto-oncogenes, etc.) are activated to reproduce cells so tissues can develop. When a wound occurs, the healing process begins. Platelets seal broken capillaries. T cells, macrophages, and NK cells migrate into the tissue to remove debris and dead cells. Leaked platelets, T cells, monocytes, and macrophages secrete growth and repair factors (GR factors, all tissue growth and repair promoting substances, such as cytokines, growth factors, growth and repair related hormones, etc). GR genes in surrounding cells are activated and secrete more GR factors. GR factors can recruit stem cells from neighboring tissues and the bone marrow to the wound site. Stem cells differentiate into various tissues under GR factor influence and finally repair the wound in concert with other cells. When repair is complete, the GR genes are turned off (or tumor suppressor genes are turned on) and homeostasis is restored.

continued on page 2

Positive mood battles colds

People who generally have a positive mood have a greater resistance to developing colds than do those who rarely have positive, upbeat feelings.

If you frequently bask in positive emotions, says psychologist Sheldon Cohen of Carnegie Mellon University and colleagues, these thoughts will defend against cold symptoms. The researchers think that positive emotions stimulate symptom-fighting substances.

His group published a paper in 2003 that exposed 334 healthy adults to one of two rhinoviruses. Those who showed generally positive outlooks, including feelings of liveliness, cheerfulness, and being at ease, were least likely to develop cold symptoms.

In the new study appearing in a recent issue of Psychosomatic Medicine, the researchers replicated the results of the 2003 study and ruled out the possibility that emotional style, rather than the emotions themselves, guarded against the cold symptoms.
However, if the wound is persistent due to chronic physical damage (radiation, electromagnetic field, trauma, particles, etc.), chemical damage (carcinogens, toxic chemicals, heavy metals, etc.) or biological damage (aging, free radicals, inflammation, nutrient deficiency, bacteria and virus infections, stress, etc.), local and neighboring stem cells may become exhausted. As the wound persists, more and more GR genes activated in surrounding cells induce malignant transformation that can lead to a small clinical cancer. After the wound is healed, the cancer cells can be redifferenciated or apoptotic. Then the tumor mass will be gone. If a small cancer cannot heal the wound, the tumor mass will continue to grow until the wound is healed or the whole system is exhausted.

Therefore, a cancer may not be a passive mutated mass. Rather, they are functional tissues produced by GR gene activation to secrete GR factors in an effort to heal persistent wounds. Cancerization is a programmed event of a cell. This program, like the other programs from the fertilized egg to a mature body, is necessary to our human life.

Evidence to support the hypothesis:
• Tumor cells secrete functional repair molecules, many of which are produced during wound healing, indicating tumor cells may help wound healing.
• The expansion potential of stem cells is lower in cancer patients than in controls, indicating stem cells are consumed in cancer.
• The fact that pathological cancers are found during autopsy at a higher incidence than clinical cancer suggests that the sub clinical cancer may be working on the underlying wounds.
• If the tumor suppressor gene, p53, is activated all the time, mice do not get cancer. However, they display an early onset of aging in their lives, including reduced longevity, osteoporosis, generalized organ atrophy, and less stress tolerance. This phenomenon indicates that cancerization is a necessary mechanism in the mammal lifespan.

Potential therapies based on hypothesis:
Traditional cancer treatments, including surgery, radiation, and chemotherapy aim to eliminate cancer masses. However, cancer tissue produces vital factors for repair of non-healing wounds. Therefore, traditional cancer treatments may actually be working against an organism’s attempts to heal.

Based on this new hypothesis, cancer treatment strategies should be comprised of three facets: (1) removal of known physical, chemical, or biological causes of persistent wounds; (2) provision of repair cells to the site of malignancy, such as stem cells; (3) delivery of growth and repair factors and substrates required for wound healing to the site of malignancy.

Too many factors around our living environment are harmful to our body, leading to wounds, wound healing, and cancerization. Some foods and food additives might induce cell death directly (such as heterocyclic amines from deep fried foods, BHA/BHT, and alcohol). Pollution and smoking can cause free radical formation, leading to cell damage. Electromagnetic field exposure and sunburn have been shown to cause apoptosis (programmed cell death). Mental depression, psychological tension, and physical stress were shown to cause apoptosis inside the body.

All those harmful factors present in daily life contribute to tissue damage. Persistent wounds will lead to continuous activation of GR genes and eventually to clinical cancer. Therefore, to treat cancer, it is very important to limit those harmful factors in daily life to avoid new cancerization. Detoxification therapies (such as chelation and enema) can remove the accumulated toxins inside the body and are reported to be of benefit. If risk factors cannot be found for an existing cancer, changes in living environment and lifestyle may be good solutions to avoid the harmful factors.

Supplying enough repair cells to wound sites for a sufficient amount of time to elicit termination of wound healing is one of three cornerstones of successful cancer therapy based on the hypothesis. Stem cells are the most likely continued on page 3
A new hypothesis—Cont’d from page 2

candidates for repair cells. Stem cells are known to home in on, and repair, damaged tissue. Some immune stimulants that show an anticancer effect are found to be stem cell stimulants also, such as glucans. Stem cell stimulators alone have demonstrated benefit to cancer patients, i.e. granulocyte-macrophage colony stimulating factor.

Wound healing is a series of complex physicochemical interactions that require various micronutrients at every step. Multiple nutrients are necessary for optimal wound healing. They are also being added to conventional cancer therapies (chemo-, surgical, and radiation therapy) and recently became the “fourth arm” of cancer treatment. Clinical cancer often accompanies substrate deficiencies. These substrate deficiencies affect cell replication and stem cell activities (proliferation, differentiation, responses to growth hormone and growth factors, etc.). If supplemented substrates are not adequate to overcome localized deficiencies at the wound site, completion of wound healing is unlikely and cancerization will never end. One study found that vitamin C treatment of patients with a variety of cancer resulted in 10% excellent responders versus 40% in patients treated with vitamin C plus other nutrients. Because deficiencies of individual nutrients at the wound site are not generally measurable, provision of whole cellular nutrients (WCN) to cover any potential deficiency is desirable. The WCN include GR factors, vitamins, minerals, nucleic acids, amino acids, fatty acids, glycosaminoglycans, carbohydrates, antioxidants, oxygen, etc. The risk, if WCN are supplied in known non-toxic concentrations, is minimal to none.

Spontaneous regressions of cancer, although rare, may be successful examples of wound healing treatments in cancer. Standard therapies aimed at killing cancer cells, such as surgery, should be limited to adjutant status for limiting symptoms or buying time for completion of the wound healing process. Attempts to destroy cancer cells without healing underlying wounds will allow for eventual cancer recurrence. Since chemo- and radiation therapies kill both normal and cancer cells and cause new underlying wounds, they should be limited in cancer treatments.

**HEALTH HUNTERS AT HOME**

Adam's rib

How many ribs do men have?

One of the fathers of the church, Augustus Blessed (354-430 AD), once said that if God wanted women to be superior to men, He would have created her out of Adam’s head, if inferior He would have used Adam’s leg. But since He wanted women to be a companion and equal to men, He used Adam’s rib.

It is written in the Old Testament that God put Adam to sleep and took out one of his ribs and then healed his flesh. The authority of the church, and the Bible as an accurate depiction of history, was high and for centuries it was thought that men must have one less rib than women. Andrei Vesalius proved this knowledge to be wrong and became a pioneer in human anatomy.

This new understanding of anatomy did not come easy. Cadaver autopsies at the time were considered a moral sin. Often, under the cover of the night, Vesalius had to steal bodies from hangings. He also bribed cemetery guards to let him dig up bodies. After extensive study of the human anatomy, he concluded that both men and women have the same number of ribs, twelve on each side.

This discovery, which was revolutionary for its time, did not receive a warm reception. Considered a bigot by most, Vesalius paid a dear price for his outspokenness against the dogmatic belief. Even his teacher, Jakob Silvius, asked the emperor to punish his rebellious student. Vesalius was handed over to a Spanish inquisitor who charged Vesalius with performing dissection on live human beings and sentenced him to death. In the last minute, his sentence was changed to an exile to Palestine, the holy land, for repaying his sins. During his journey to Palestine, Vesalius died under unknown circumstances. The great scientist paid with his life for the pursuit of truth, which mankind was not ready to receive.

So what was the meaning of the rib in the Old Testament? To answer this question we must look at key differences between men and women. The first difference is hormonal. Sex hormones are derivatives of steroids, which are complex molecules and, to avoid misunderstanding, all of the carbons were numbered in a systematic way.

Two interesting points need to be considered in regard to sex hormones. Men and women synthesize both hormones. It is the ratio of these hormones that is responsible for the development of secondary sexual characteristics like body shape, hair distribution, etc. Hormones are synthesized not only in ovaries and testes but also in adrenal glands, which are located above the kidneys.

Male hormones received the name androgens from the Greek word ‘andros’ which means ‘male,’ and female hormones were named estrogens from the word ‘oistros’ which means ‘passionate desire.’ The ratio of these hormones changes with age, and with these changes sexual characteristics can be altered as well.

Another key difference is in the synthesis of hormones, which starts with the cholesterol molecule. This is the same cholesterol we blame for the development of atherosclerosis.

The cholesterol molecule is the foundation on which all hormones are built. It is in the synthesis of these hormones where we find the biochemical branching point that governs our whole being. It is of interest that both men and women first synthesize the male hormone, which has nineteen carbon atoms. The next step in the creation of estradiol is the removal of one methyl group (one carbon molecule) from the 10th position of the cholesterol molecule. This methyl group is the literary rib that has to be taken away from the male to create a female.

So, thousands of years ago, if somebody (divine being or absolute mind) would say, “Woman was created by taking some part from man,” people without modern knowledge of anatomy and biochemistry would think, “What can we take from man without causing harm to him?” The answer would be a rib.

Now, with modern knowledge, we can decode what was hidden in the ancient text. The methyl group in the 10th position is the rib that was taken from Adam.

—Nina Mikirova, Ph.D.
Modern day health care in the U.S. costs an estimated $1.7 trillion every year, with an increase of approximately 11% each year. Would it surprise you then, to learn that the means to a lifetime of vibrant health, virtually free of disease, is readily available in nearly every kitchen in the world? The healing properties of water have been both studied and debated for decades, but recent discoveries have led some medical scholars to recognize that adequate hydration is the basis of disease-free living. In his book, You’re Not Sick, You’re Thirsty! Water for Health, for Healing, for Life, Dr. F. Batmanghelidj delves into the idea that chronic unintentional dehydration is the root of many of our most debilitating medical conditions. Utilizing over 20 years of research, Dr. Batmanghelidj has pioneered the theory that sufficient water intake can not only treat, but oftentimes prevent ailments such as asthma, stroke, Alzheimer’s, obesity, and heart disease. The questions this month are taken from his book.

1. When a person is not drinking enough water and becomes dehydrated, the cells become drained of their ready energy. When this happens, the cells have to rely more on energy production from the food that is consumed rather than water. When coming from food, the energy for brain function can only be generated from sugar. Only about _____ of this energy goes to the brain while the other _____ goes to the other organs to be stored as fat.
   a. 50%, 50%  
   b. 10%, 90%  
   c. 20%, 80%  
   d. 40%, 60%

2. The most important component for the maintenance of extracellular fluid volume is _______. It comprises 90% of all the solids dissolved in the fluid surrounding all of the cells in the body. Twenty-four percent of all of it found in the body is of a solid and crystalline form, which is mainly stored in the bones.
   a. calcium  
   b. potassium  
   c. magnesium  
   d. sodium

3. Although they contain water, beverages such as tea, coffee, and soda are very dehydrating to the body. They not only deplete the body of the water they are dissolved in, but also steal additional water from the body’s reserves. When you drink things such as coffee, tea, or soda, your body eliminates more water than is even contained in the drink itself.
   a. True  
   b. False

4. It is vital that the brain remain sufficiently hydrated, as water increases the brain’s proficiency for processing information. It is estimated that the brain is comprised of 85% water and is tremendously sensitive to water loss. It is believed that even a _____% loss of water to the brain cannot be tolerated.
   a. 15  
   b. 10  
   c. 5  
   d. 1

5. The human body reprocesses the equivalent of _______ glasses of water every 24 hours in order to sustain its normal physiological functions. Depending on conditions of the body and other environmental conditions, the body becomes deficient of approximately six to ten glasses of water every day within this process.
   a. 5,000  
   b. 15,000  
   c. 40,000  
   d. 60,000

6. Research has shown that as we age, from the ages of 20 to 70, the water content outside the cells becomes less than the amount of water inside the cells of the body.
   a. True  
   b. False

7. There appears to be a direct relationship between the degree of _______ transfer across the blood-brain barrier and the amount of water in the body. When the body is not adequately hydrated, less of this amino acid gets across. The less of it that gets into the brain, the more intense the pain sensation in the body.
   a. methionine  
   b. tryptophan  
   c. phenylalanine  
   d. threonine

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E. coli contamination of produce - part 2
by Gary D. Branum, Ph.D.

How does the Brightspot Garden prevent E. coli contamination?

First, fresh manure is never used. Any manure that is destined for the Garden first passes through our in-house composting operation. Research has shown that if compost achieves a temperature of 135°F for a period of five consecutive days, virtually all coliform bacteria (a grouping that includes E. coli 0157:H7) are destroyed. Aged manure (older than one year) is also virtually free of coliforms, since E. coli prefers anaerobic (without air) conditions.

Second, the Brightspot Garden is located in an area far removed from any live cattle operations. As a result, there is no possibility that contaminated runoff can enter the Garden. In addition, the upslope sides of the garden are bermed. This prevents any runoff from adjacent fields from entering the Garden.

Third, the source of all irrigation water is either city water or well water, both of which are free from coliform contamination.

Fourth, sanitary processing practices prevent human to produce contamination.

To reduce your risk of disease from commercial produce, take the following precautions:

• Thoroughly wash raw vegetables before eating. This will not remove all bacteria, but it will significantly reduce the chances of transmission. The risk is greatest for root crops, like radishes and carrots, and leafy vegetables, such as lettuce, where the edible part contacts the soil. Careful washing and/or peeling will remove most of the pathogens responsible for the disease. Thorough cooking is even more effective.

• Never process vegetables that are to be consumed uncooked on any surface that has been used to prepare raw meat.

• After handling raw meat, be sure to thoroughly wash your hands before handling vegetables.

Unfortunately, none of these steps will prevent exposure from restaurants, but they will minimize your exposure from food you prepare at home or food you get at The Center.
Test of the Month  
by Dr. James A. Jackson, 
Director, Bio-Center Laboratory

HS-CRP

Here is another test with nothing but letters to describe it. The letters stand for High Sensitive C- Reactive Protein. The “C” part of the name is tricky. It comes from the finding in 1930 that a substance in the blood of acutely ill patients would bind the “C-polysaccharide on the wall of a bacteria Streptococcus pneumoniae.” In 1941 it was identified as a protein and given the name C-reactive protein, which was changed to CRP.

So what do the test results mean? CRP is called an acute phase protein. It is probably an early evolutionary attempt at an antibody as CRP has some of the functions of an antibody, the main difference being that it is not specific. In any type of inflammation in the body, CRP is generated and released by the liver. It can bind to bacteria, fungi, and parasites; activate complement; increase phagocytosis; and dissolve the invading cells. In early use with CRP, it could only detect severe inflammation, such as arthritis. Newer tests are more sensitive, and that is why we call them HS-CRP.

Why is the test used? The major use of HS-CRP is for early inflammatory response from atherosclerosis. Atherosclerosis (sclerosis means hardening) is a fatty plaque that may form in coronary arteries in the heart or the carotid arteries feeding the brain. It is an early indicator to determine the risk of heart disease or stroke. However, it is important to remember that any type of inflammation (arthritis, dental disease, etc.) will cause an increase in the test.

This test is performed on serum and can be ordered by the doctor as a separate test, or as many of you know, it is included in several of our Health Hunter/Beat The Odds tests. The ranges established for this test are:

- <0.7 mg/L lowest risk
- 0.7 - 1.1 mg/L low risk
- 1.2 - 1.9 mg/L moderate risk
- 2.0 - 3.8 mg/L high risk
- >3.8 mg/L highest risk

Herbal History

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

Diuretic herbals

Phytodiuretic compound by Wise Women Herbal works as an excellent herbal diuretic (a diuretic is any substance that stimulates urination). It contains Taraxacum, Zea mays, Petrose­LINUM crispum, and Stellaria media.

This particular formula is useful in cases of edema (excessive amount of tissue fluid) and hypertension (high blood pressure). Many conditions can lead to edema; hence, this herbal is used symptomatically.

Dandelion leaf (Taraxacum) possesses diuretic effects comparable to the prescription diuretic furosemide (Lasix). The leaves are high in potassium, replacing potassium lost in diuresis, thus exerting a potassium-sparing effect. Taraxacum is best employed for peripheral edema or fluid accumulation associated with joint inflammation (arthritis).

Corn silk (Zea mays) is a healing diuretic that soothes and coats areas of irritation. It is also mildly antibacterial. Zea mays is indicated in the treatment of urinary inflammation, irritation, and cystitis.

Parsley root (Petroselinum crispum) works by reducing smooth muscle spasms (dilating the pipes) and increasing diuresis through strong renal stimulation. It is often used for weak bladders with incontinence. Parsley is also anti-inflammatory, being especially indicated in cystitis secondary to allergies.

Chickweed (Stellaria media) is a diuretic that is tonifying to the urinary tract.

The recommended dosage for cases of edema and hypertension is ½ teaspoon mixed in ½ cup of water or diluted juice three times daily.

Food of the Month

by Donald R. Davis, Ph.D.

BUCKWHEAT is usually considered a cereal and is used like wheat or rice. But it is not a grass like most cereals, and it is unrelated to wheat. Buckwheat pancakes are the most familiar use in the U.S., but buckwheat is widely used in noodles, breakfast porridge, and soups in Asia and Europe. It is rich in flavonoids, especially rutin, and there is evidence that it helps prevent heart disease, high blood pressure, and diabetes. A 1-oz. serving also contains 10% to 31% of the RDAs for 10 nutrients, most notably magnesium, copper, manganese, and niacin, as well as adequate amounts, relative to calories, of 12 other nutrients.

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).
Trans fats now banned—somewhat

New York City is the first major city in America to ban artificial trans fats from foods served in restaurants. The regulation passed by New York City’s Board of Health will require all 24,000 restaurants to stop using trans fats, also known as trans fatty acids, within six to 18 months.

Secondly, and maybe even more important for customers, is a regulation that will require restaurants to post calorie content information on their menus.

Some critics decried the regulations as another overreach of the nanny state, but the city’s health commissioner makes no apologies for the aggressiveness of the interventions he says are necessary to prevent avoidable deaths.

Trans fatty acids are made by adding hydrogen to liquid cooking oils so they become solid. This yields such products as partially hydrogenated vegetable oil, shortening, and margarine. When the fatty oils are hydrogenated, the process makes them more stable, less likely to become rancid, and able to be shipped at room temperature. The trans fats are a cheap and convenient alternative to oils that have not been treated with hydrogen.

The health risks of artificial trans fatty acids are serious. They raise low-density lipoprotein cholesterol, lower high-density lipoprotein, and increase the risk of heart attacks, strokes, and death.

The Center has been opposed to trans fatty acids for years, and when we started our Taste of Health Restaurant, not using trans fatty acids was — and still is — one of the restaurant’s tenets.

In 2002, the United States began catching up. The Institute of Medicine concluded that there is no safe level of artificial trans fats. Approximately 50,000 people suffer premature deaths each year from trans fats. In January of 2006, the U.S. Food and Drug Administration required labeling of trans fats in all packaged foods because the trans fats pose a clear health risk.

Trans fats are just bad!

Case of the month

A 19-year-old young woman came to The Center with a history of psoriasis and mononucleosis. She had tried several things with conventional medicine and with a holistic doctor, but with no success. She attended college in the northeastern U.S., while her home was in the central part of the country.

Dr. Riordan first saw her in November of 2004 when she came for her initial evaluation. After his evaluation of her, he recommended an ASO titer; C-reactive protein; Epstein-Barr; histamine; a mycoplasma/platelet aggregation screening; vitamins A, C, and E mini profile, B assessment profile; post IVC plasma vitamin C; vitamin D; magnesium and zinc trace elements; a candida test; complete blood count; essential fatty acids; immunoglobulins; complete parasitology; and cytotoxic test — all in the blood. He also suggested an indican, sodium to potassium ratio, pyroles, a urine analysis with vitamin C in the urine, and a hair analysis. She did all of these.

For her return visit, she saw Dr. Kirby who suggested she take EnteroPro probiotic; drink plenty of water and Emergen-C daily; take zinc lozenges, vitamin B6, Azithromycin, and ProEPA; and have an intravenous Meyers with zinc sulfate infusion and a 3-B intramuscular injection.

In June 2005, Dr. Kirby repeated the Meyers infusion, plus she added CMA (calcium, magnesium, and ascorbic acid), had her continue taking the probiotic for good bacteria, continue drinking the Emergen-C, and begin Basic Prevention 3 in place of the daily nutrition packets and vitamin B complex she had been taking.

Her psoriasis continued to recede and today she is psoriasis free. She also has no further mononucleosis. She continues to do exceptionally well. Dr. Kirby says she cannot come to The Center as much because of college, but she and her mother keep in contact by computer.
A. Unless used in exercise or other energy-consuming activities, this additional 80% of energy from food will be stored in the body as fat.

B. Long-term use of diuretics and a sodium-free diet may be contributing factors in the development of osteoporosis.

C. This shortage of water must be supplied each day. The body needs, on average, at least half its weight in ounces of water per day.

D. If it were to be dehydrated to the point of being only 84% water for too long, the brain simply would not operate as it should.

E. The body also loses water after drinking hot beverages due to the perspiration to cool the body.

F. According to Dr. Batmanghelidj, the relationship of the thirst signal in the body to the sensation of pain associated with thirst appears to indicate a decrease in tryptophan entry to the brain.

YOU’RE NOT SICK, YOU’RE THIRSTY!
by F. Batmanghelidj, M.D.
Drinking water can relieve a vast number of medical conditions. Adjusting your fluid and sodium intake can help you treat and prevent dozens of diseases, avoid costly prescription drugs, and enjoy vibrant health. Learn why water is the key to losing weight without dieting. Soft cover. Retail Price: $14.95 Health Hunter: $13.46

VITAMINS CAN KILL CANCER: NEW THOUGHTS
with Reagan Houston, M.S., P.E.
Reagan Houston has survived aggressive prostate cancer for nine years by vitamins and hormones without needing surgery, chemotherapy, or radiation of any kind. He discusses how oral and intravenous vitamins, added to regular therapies, have helped cancer patients with thirty types of cancer live much longer. Hear how vitamin C invades cancer and why vitamins are underutilized.

THE FOOD PHARMACY
with Chad Krier, N.D., D.C.
Nutrients are known to affect various disease states. Foods are nutrient powerhouses complexed in a unique fashion. Learn how foods treat illnesses as the use of various foods for healing common conditions are explored.

AGING EYES
with Rebecca Kirby, M.D., M.S., R.D.
Is it getting more difficult to know whether to put your reading material under your nose or in the next room in order to see it better? Do you have a family history of age-related deterioration of the eyes? Learn about the latest research on nutrients and foods that may save your sight.

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Vitamin D and multiple sclerosis

Multiple sclerosis (MS) is one of the most common neurological diseases among younger adults in the U.S. and elsewhere in the world. MS is often diagnosed as an autoimmune disease. The one thing we know is that it often occurs at higher latitude.

Now, researchers have made an interesting discovery. “We found that the risk of MS decreased with increasing [blood] serum levels of 25-hydroxyvitamin D,” said the authors of a paper appearing recently in The Journal of the American Medical Association. The 25-hydroxyvitamin D is the most accurate form of vitamin D found in the blood serum and may be obtained from sunshine on the skin or from supplemental vitamin D.