

# Health Hunter<sup>®</sup>

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NEWSLETTER

MARCH 2002

## Five a day for better health

by Melvin D. Epp, Ph.D.

**A**s a health incentive, during the month of November 2001, each Center staff member was encouraged to focus on the fruits and vegetables they consumed. From November 2 through November 25, 2001, staff members marked on calendar sheets the vegetables and fruits that they ate on a daily basis. This exercise was meant to highlight the contribution of diet as a primary component of our overall individual health strategy.

*Vegetables and fruits are the major sources of phytonutrients, antioxidants, vitamins, and minerals within our diets.*

During the period of this study, The Center's Taste of Health Restaurant served 14 lunches. The staff or guests who ate a serving of soup (always the second one listed on the published November 2001 TOH menu) and a serving of each item on the buffet would have eaten daily 9 to 17 different kinds of vegetables and 8 to 9 different fruits. Lunch at the Taste of Health is a healthful indulgence.

Vegetables and fruits are the major sources of phytonutrients, antioxidants, vitamins, and minerals within our diets. Grains are typically the major source of calories. Within the past 10 to 15 years, many chemical compounds of plant origin have been identified and shown to have healthful benefits if consumed. If the benefit is nutritional, the compounds are generically called phytonutrients. By now hundreds of these compounds have been identified.

If the compounds scavenge free radicals and oxygen moieties, the compounds are said to have antioxidant activity.

Each vegetable and each fruit has a unique profile of some of the numerous phytonutrients, antioxidants, vitamins, and minerals. For our nutritional completeness and balance, it is advantageous to eat many different kinds of fruits and vegetables on a routine basis. Research continues to verify that what and how much we eat profoundly affects growth, development, aging, and the ability to enjoy life to its fullest.

Human nutrition science is changing its emphasis from the prevention of nutrient deficiencies to an emphasis on health-maintenance and reduced risks of chronic diseases. Among the diseases linked strongly to diet, the cost for medical treatment and care exceeds \$200 billion per year. The annual economic impact of cardiovascular disease in the U.S. exceeds \$80 billion, that of obesity exceeds \$86 billion, osteoporosis \$10 billion for care alone, cancer \$104 billion, and cataract surgery \$4 billion. The American Cancer Society estimated in 1996 that one-third of the 500,000 cancer deaths annually in the U.S. are due to a variety of dietary factors.

Numerous audio and video tapes are available through The Center's cyber store at [www.brightspot.org](http://www.brightspot.org) that discuss aspects of nutritional intervention for the maladies mentioned above. Examples include "Heart Biomarkers" (#2896), "Weight Management" (#2970), "Getting it Off, Keeping it Off" (#3005), "Hormone Replacement Therapy" (#2988), "Nutrition and Can-


*continued on page 2*

## Alternative treatment for cataracts

"The eye provides a direct view of blood vessels and nerves and can reflect the state of a person's overall health," wrote Chris Meletis, ND, and Wayne Centrone, ND, ATC. But cataracts cloud the eye and make it difficult to see the blood vessels and nerves.

Cataracts may also cause other problems such as difficulty seeing and reading. Cataract surgery is the single most expensive procedure for Medicare for people over 65. It would be cheaper to prevent cataracts.

The authors suggest several solutions for preventing cataracts, such as eating fruits and vegetables replete with antioxidants.

Vitamin C is the major antioxidant in the eye along with glutathione. Both are good for cataract prevention. "Vitamin E has been shown to decrease the development of age-related cataracts in human and animal study models," the authors wrote. 

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# Nutritional Medicine

by Ron Hunninghake, M.D.

## Minimum standards

"Just do enough to get by."

What if every athlete at the Olympics decided to play it safe? He or she had made it to the Games...now the only goal was to finish. Be careful not to fall. Do only enough to qualify. Return home having "participated."

What if every student decided to do only enough to get "D's." The teachers would post the minimum standards, and the students would exert a minimal effort. Forget scholarships, excellence, and the expansion of the frontiers of knowledge... "We're looking for a lot of students to just barely make it."


These two scenarios seem rather absurd to read. It would be unnatural for true athletes to strive for mediocrity, or sincere students to be satisfied with a passing grade. Human beings by their very nature seek the highest. Self-betterment is an inherent ideal of the human condition.

...that is, unless you are part of a governmental or national organization setting nutritional standards. Remember the Minimum Daily Requirement? Or witness the current "5 A Day" program. The working assumption here is that American eating habits are so dismal that to even set the bar incredibly

low is an improvement.

Minimalist thinking is not bad. Helping the general population to raise themselves out of the nutritional poverty bracket is admirable. Unfortunately, it perpetuates mediocrity in the nutritional collective consciousness of a country that ranks about 12<sup>th</sup> in health markers and #1 in sickness care spending.

In sports and academics, achievement is tied to medals and scholarships. Hard work and optimal performance are rewarded. In the arena of health, striving to eat better earns you exactly the same insurance premium as "2 A Day" or 50 pounds overweight. The obvious ideal is to pursue health for health's sake, and there are many who do. As the science of nutrition continues to advance it will become easier and less expensive to document optimal health in the laboratory. And just as smoking can now be detected and premiums set accordingly, so will poor nutritional discipline also become detectable, with appropriate adjustment of health insurance premiums.

Until that time, we're on the honor system. All in favor of better health, say "Aye!"...and pass the fruit and veggies. 

*Phytonutrients—Continued from page 1*  
cer Prevention" (#2787), and "Eye Health" (#2901).

There are several excellent sets of recommendations to help us judge the adequacy of our intake of fruits and vegetables. The USDA<sup>1</sup> suggests that those on a typical 2,200 calories diet should include 4 servings of vegetables and 3 servings of fruit every day. Spread out over three meals per day, this appears rather easily doable, does it not?

For teen boys and active men who require a diet of 2,800 calories, the USDA<sup>1</sup> recommends the consumption daily of 5 vegetables and 4 fruits.

There are other guidelines. The National Cancer Institute and the Produce for Better Health Foundation, a nonprofit consumer education foundation representing the fruit and vegetable

industry, have created a national 5 A Day for Better Health Program.<sup>2</sup> Their message is simple and positive – eat 5 or more servings of fruits and vegetables every day for better health. Eating 5 or more servings of a variety of fruits and vegetables is also the first suggestion in the dietary guidelines of the American Heart Association Eating Plan for Healthy Americans.<sup>3</sup>

In the book, *Dr. Gaynor's Cancer Prevention Program*,<sup>4</sup> Dr. Gaynor recommends 6-8 servings of fruits and vegetables each day. Dr. Gaynor further defines the type or composition of these servings and suggests that the 42 to 56 weekly servings should include these vegetables and fruits and at these minimal frequencies.

*continued on page 3*

Type or composition	Servings per week
Cruciferous vegetables	4
Garlic, onions, shallots, or leek	4
Melons	4
Peas or soybean foods	6
Carotenoid-containing vegetables	4
Citrus fruits	4
Green, leafy vegetables	4
Apples	4
Tomatoes	3
Beans (dry legumes)	3

**Cruciferous vegetables.** Dr. Gaynor defines this category to include broccoli, Brussels sprouts, cauliflower, cabbage, bok choy, and kale. Also included would be collards, mustard greens, radishes, turnips, and turnip greens.

**Garlic, onions, shallots, or leek.** Dr. Gaynor recommends 4 servings from this garlic group. Along with soy products, cruciferous vegetables, and green tea, the garlic family is among the healthiest of foods and the most promising of anticancer phytonutrients. The super constituents of this group appear to be its thiolallyl sulfur-containing compounds. Onions also contain a fair amount of vitamin C.

**Melons.** Melons are rich in carotenoids, i.e., antioxidants.

**Peas or soybean foods.** Soybeans were not embraced by Western cultures until their nutritive value was discovered. Because they are inexpensive and nutrition-packed, soybeans are used to produce a wide variety of products including tofu (soybean curd), soy flour, soymilk, soy sauce, miso, and tamari. They can also be sprouted and used in salads or as a cooked vegetable. Dr. Gaynor recommends 6 servings per week.

**Carotenoid-containing vegetables.** The carotenoid-containing vegetables were defined to include beets, carrots, kale, lettuce, squash, spinach, sweet potato, Swiss chard, tomatoes, turnip greens, seaweed, and plankton. Getting 4 servings per week of these familiar vegetables should be easy.

**Citrus fruits.** Citrus fruits are replete with phytonutrients and antioxidants. Oranges contain limonene, pinane, limonin, numilin, and isolimonin acid. These are tongue twisters that are beneficial for our health.

*continued on page 4*

## HEALTH HUNTERS AT HOME

### More information on nuts

I received a letter from a *Health Hunter* reader in Oklahoma City the other day who said she was “glad to read pecans are not completely on THE BAD LIST.” She sent me two articles from the *Daily Oklahoman*, their local newspaper, that helped confirm that pecans and other nuts are good for you, just as we have said.

In past issues of *Health Hunter*, Donald R. Davis, Ph.D., has written in support of nuts in one’s diet. In October, 1994, he presented a Lunch and Lecture at The Center called, “Nuts About Nuts,” where he discussed several research articles showing the benefits of eating nuts. We also have had some shorter articles about how nuts are good for you.

The woman from Oklahoma pointed out that Oklahoma City is in the heart of pecan country. She added pecans do not grow well north of the Oklahoma border. She did, however, include a page from the Stark Bro’s Fruit Tree and Landscaping Catalog with the Missouri Hardy Pecan highlighted. Stark Bro’s stated about the Missouri Hearty Pecan that “Even zone 5 can grow great pecans!” This is good news for us Kansans since we are just north of the border from Oklahoma into the zone 5 growing area. But, back to the articles she sent.

The first article appeared in the *Daily Oklahoman* on December 9, 2001. It pointed out that pecans are high in fat, but, ironically, the fat is what makes pecans good for you to eat. “Pecan fat is mostly HDL cholesterol—what’s commonly called ‘good cholesterol’,” it said, referring to research done at Loma Linda University in California.

Researchers at Loma Linda University have been studying the effects of nuts on your diet for at least two decades. Dr. Davis actually used some of their research in his lecture in 1994.

In the recent study done at Loma Linda University, the researchers wanted to find out what would happen to the cholesterol when pecans were added to a diet compared with the traditional low-fat American Heart Association Step 1 diet.

Pecans showed great results. “The

pecan diet significantly lowered total cholesterol and the bad, or so-called LDL cholesterol, far below results from the heart association diet,” the *Daily Oklahoman* writer said.


Pecans actually doubled the cholesterol lowering effect of the Step 1 diet. In addition, the participants eating the pecans did not gain weight even though the pecans added more fat to the participant’s diet. This study and others before it suggest that it is good to eat pecans.

Other research suggests that nut eating can add years to your life. In a study published in *Archives of Internal Medicine*, G. E. Fraser and D. J. Shavic found that eating nuts regularly may add five to seven years to a person’s life. Other researchers suggest eating nuts adds five to six years of life free from coronary disease. Another study found that the risk of having a stroke is inversely related to eating nuts.

Research found out that eating most any type of nuts is good for you—even peanuts, which technically are not a nut but a legume. Studies suggest eating about one to two ounces a day will get you these benefits. An ounce of nuts is usually about a handful.

Dr. Davis would agree with these results. He always brings a bag of mixed nuts with him when he comes to The Center and nibbles on the nuts during the day. He has been doing this for years and it hasn’t affected his form. He is very slim.

He eats about one to three ounces of nuts a day. These are not roasted nuts. But he says if you prefer eating roasted nuts or have trouble getting non-roasted nuts, eat the roasted nuts. He explained that roasting nuts in oil adds very little fat to the nut. It actually just glazes the outside of the nut with hardly any getting into the inside.

So, for the lady from Oklahoma City, enjoy the pecans you gather from your tree. Also enjoy some almonds, English walnuts, and peanuts as well. 

—Richard Lewis

## INFORMATION WORTH KNOWING

Are you still trying to decrease the amount of highly refined carbohydrates that you are including in your diet? Does it seem as if you are addicted to refined carbohydrates and still long for foods that seem out of reach? Enter Donna Pliner Rodnitzky and her recipe book, *The Ultimate Low-Carb Diet Cookbook*. She has developed over 200 recipes that add variety and great taste to your low-carbohydrate lifestyle. Appetizers, soups, salads, main courses, vegetables, as well as dazzling desserts, are included to help you stay with the program that works for many people. At the beginning of the book she gives a short synopsis of several low-carbohydrate diets. The questions this month are taken from her book.

1 The underlying basis for reducing the amount of refined carbohydrates in your diet is that a diet consisting of sweet foods rich in sugar and starches causes an increase in the production of \_\_\_\_\_.

- a. fluid
- b. insulin
- c. dexahalatosis
- d. none of the above

2 A diet of high-carbohydrate meals often leaves many people feeling unsatisfied and constantly seeking additional ways to curb their hunger.

- a. True
- b. False

3 Richard & Rachael Heller promote a program based on the idea that you can choose the foods you want to eat and still lose weight. A component of the program is that you eat one balanced \_\_\_\_\_ meal every day out of the three meals you consume. This meal should be preceded by two cups of salad and the entire meal should be completed within one hour.

- a. low-fat
- b. high-sugar
- c. reward
- d. none of the above

4 The Hellers define craving-reducing foods as high \_\_\_\_\_ vegetables and protein-rich foods.

- a. fiber
- b. water content

- c. starch
- d. all of the above

5 Dr. Barry Sears, author of *The Zone*, defines the Zone as the altered state of consciousness in which your body works at peak efficiency.

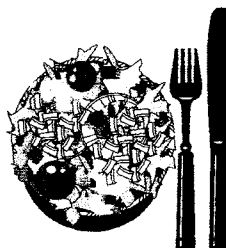
- a. True
- b. False

6 Dr. Sears likens eating food to a continuous intravenous drip—it must be eaten in a controlled fashion and in proper \_\_\_\_\_.

- a. sequence
- b. setting
- c. state of mind
- d. proportions

7 Dr. Sears believes that every meal and snack you eat should have the desired balance of micronutrients—protein, carbohydrates, and fat—in order to produce a favorable \_\_\_\_\_ response.

- a. hormonal
- b. dietary
- c. weight-loss
- d. none of the above



• FOR ANSWERS, SEE PAGE 7 •

Phytonutrients—Cont'd from page 3

**Green, leafy vegetables.** Any of the following green, leafy vegetables used in 4 salads per week or prepared any other way would qualify for this category: bok choy, cabbage, green mixed salad, kale, lettuce, mixed greens, parsley, spinach, Swiss chard, and turnip greens.

**Apples.** The old adage, "An apple a day..." continues to have meaning in the 21<sup>st</sup> century.

**Tomatoes.** Dr. Gaynor recommends 3 servings of tomatoes per week. Tomatoes are chock-full of lycopene, isocoumarin, lutein, and zeaxanthin.

**Beans (dry legumes).** Beans are high in mineral content and dietary fiber.

There is one final recommendation that will be considered. In the book *Syndrome X*,<sup>5</sup> the Anti-X Principle 3 suggests an emphasis on nonstarchy vegetables in your diet. This guideline targets weight and blood sugar control. Nonstarchy vegetables are substantially lower in carbohydrates and calories. They are very nutrient dense and supply a lot of nutrients such as vitamins and minerals with proportionately few calories. Nonstarchy vegetables are also digested slowly and have a low glycemic index. Included with the nonstarchy vegetables would be the leafy green vegetables, the cruciferous vegetables, celery, cucumbers, green beans, mushrooms, okra, peppers, summer squash, and tomatoes. The starchy vegetables would include root crops, nuts, dry beans, pumpkins, and winter squash.

In conclusion, there is value in periodically being reminded that the foods we eat will impact our health, both short and long term. Consciously selecting a diet that emphasizes vegetables and fruits is a critical step towards supplying our nutritional requirements for personal health and an energetic lifestyle.

References:

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2. <http://www.nci.nih.gov/5aday/WLCOME.html>
3. <http://www.americanheart.org>
4. Gaynor, ML and J Hickey. 1999. *Dr. Gaynor's Cancer Prevention Program*. Kensington Books, NY.
5. Challein, J. et. al. 2000. *Syndrome X*. John Wiley & Son, Inc., NY.



## Hyperbaric oxygen helps relieve diabetic ulcers

Researchers in Texas have recently discovered a variety of new ways to treat diabetic ulcers on the feet. One way uses hyperbaric oxygen therapy.

Hyperbaric oxygen therapy is used to enhance wound healing by increasing the amount of oxygen to the wound. Many people think of hyperbaric oxygen therapy as controversial, or overly expensive, but it has been shown to decrease healing time in wounds.

One study showed that during three weeks of therapy the blood flow to a wound was increased. Generally one daily treatment for 90 to 120 minutes is enough to stimulate wound healing because oxygen levels remain elevated long after receiving each treatment. FH

## Short notes

### Diet, reproductive factors may protect against lung cancer

The intake of dietary soy foods and longer menopausal cycle protect against lung cancer in nonsmokers, according to a Singapore research project reported in the *International Journal of Cancer*.

### Catch-up weight gain in early childhood linked to adult hypertension

Small infants who rapidly gain weight during early childhood have a significant increased risk for developing hypertension, says a research report from *Circulation*.

### Coronary calcification linked with stroke risk

The risk of stroke increased as coronary calcification increased, according to the results of a population-based study by Dutch researchers reporting in the journal *Stroke*. Chelation is used to remove calcium from the arteries to reduce the risk factor for having a stroke. FH

# Herbal History

## Alum root, *Heuchera richardsonii*

Alum root grows in the central northern part of the United States and up into Canada on prairies, hillsides, rocky woods, and openings in woods.

According to D. L. Rogers, the Lakota names for alum root were "hsnasna'la" (weed bare) and "wahpe't-aga" (astringent, dries out mouth). Other Native Americans such as the Blackfeet and Mesquakie had names for alum root.

The plant grows center stems from 1/2 to 2 1/4 feet tall. These stems are soft and hairy at the bottom and have glandular flower pods at the top. Leaves grow from the top of shoots that come from the root. The plant flowers with green to yellow-green bell shaped flowers at the top of the stalks between June and July. The roots and shoots are used for medicinal purposes.

The Lakotas, for instance, used the tuberous roots of the alum root to make medicinal tea for treating diarrhea, ac-

ording to D. L. Rogers. They also ground a powder from the roots and used this to treat sores.

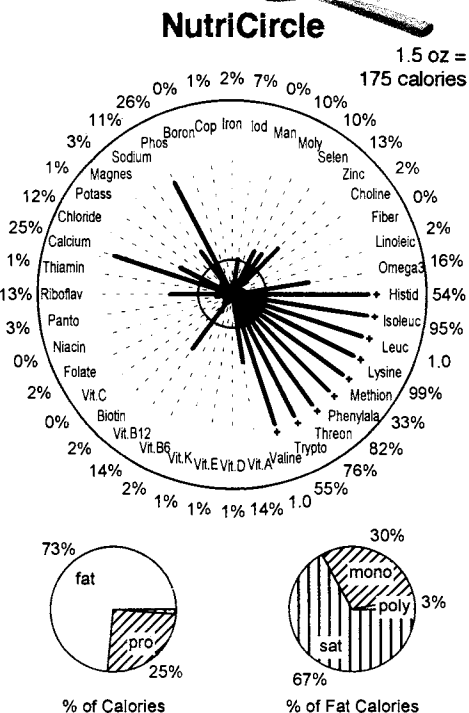
The Anglos', as well as the Indians', uses of this plant were identical. Benjamin Barton, a botanist and a member of the faculty at the University of Pennsylvania, wrote in 1810 that the alum root, "is one of the articles in the *Materia* of our Indians. They apply the powdered root to wounds, ulcers, and cancers." He didn't believe that genuine cancer was cured by it, but added "that it had proved very beneficial in some obstinate ulcers which have been mistaken for cancer."

The dried root of alum root was officially listed in the *U. S. Pharmacopoeia* from 1880 to 1882. It was used as an internal and external astringent, but has now been replaced with tannic acid. Source: *Medicinal Wild Plants of the Prairie* by Kelly Kindscher FH

# Food of the Month

by Donald R. Davis, Ph.D.

**CHEDDAR CHEESE** takes its name from the English district of its origin. Like other cheeses, it is nutritionally poorer than the milk from which it is made, but it is far richer than butter, and it may be better tolerated by those sensitive to milk. Try using cheese or melted cheese instead of butter on breads, baked potatoes, and other vegetables. A 1.5-ounce serving (2.5 cubic inches) contains 10% to 26% of the RDAs for protein, omega-3 fat, calcium, phosphorus, vitamins A and B<sub>12</sub>, riboflavin, zinc, selenium, and molybdenum. Cheeses are also rich in conjugated linoleic acids (CLA), helpful antioxidants that become part of our cells.



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). FH

# Mental Medicine

by Marilyn Landreth, M.A.




## Detour...life

The other day, while reading my hometown newspaper, I came across the saying, "The really happy man is the one who can enjoy the scenery when he has to take a detour." I am sure that this also applies to women. One of the joys in my life is a cross-country automobile trip. There is something about hitting the open road that brings out a sense of adventure in me. And on many of these trips we have either had to take a detour or missed a turn-off. We have seen the most beautiful places that we would not have seen if it were not for these little quirks of traveling.

A dear friend once shared with me a saying by Mike Hermacki, "Life is not a destination; it's a journey." Whether we are traveling the highways of America or the road of life that is a good axiom to consider. Have you ever planned some-

thing down to the last second and then saw it fall apart? Maybe you spent months planning your trip or maybe years getting an education that would allow you to reach your destination. Then came a detour or a missed turn. Your flight was delayed and you missed the event you had planned to attend or a health problem or a family emergency meant you had to put off your education for a while. Have you ignored some beautiful sights and opportunities while you focused on what you had missed?

Denis Waitley said, "Happiness cannot be traveled to, owned, earned, worn, or consumed. Happiness is the spiritual experience of living every minute with love, grace, and gratitude." So the next time you see those detour signs, be prepared to look beyond the barrels to the beauty of the moment. 

## CENTER UPDATE

### Unsaturated fat may cause esophagus and stomach cancer

Here is one that Dr. Donald Davis will like. In this study, Dr. Honglei Chen and colleagues wanted to find out if there was a relationship between cancer and diet. To do this, they recruited 124 patients with esophageal cancer and 124 patients with stomach cancer along with 449 people for control subjects.


To find out if diet caused an increased risk of cancer, they divided the people into six dietary patterns. These diets were a healthy diet, high meat diet, high salty snacks diet, high dessert diet, high milk diet, and high white bread diet.

This was done by eliminating the "outliers," the subjects that had very high or very low numbers on a question from the dietary analysis the researchers collected. These would include subjects that ate red meat almost exclusively and the hard core vegetarians.

The results were very interesting. For instance, they found that people in the healthy diet class, such as high in

fruits and vegetables and dark bread, had a very low cancer risk factor. "These foods are good sources of carotenoids, vitamin C, dietary fiber, and B vitamins, which have shown to be inversely associated with a risk of esophageal adenocarcinoma," the researchers noted.

By contrast, those eating a high red meat diet, one that is low in fruits and vegetables as well as dark breads, chicken, and fish, had an esophageal cancer risk factor that was 3.6 times higher than the healthy diet. "In addition, the high-meat group had an almost three-fold higher risk for distal stomach cancer," the researchers said.

In summary, the researchers found, "Our results suggest that a diet high in fruits, vegetables, and whole grains tends to reduce the risk of esophageal adenocarcinoma and that a diet high in meat tends to increase the risk of distal stomach adenocarcinoma." Dr. Davis would agree. 

## Case of the month


A 22-year-old male came to The Center in November, 2001, with the diagnosis of schizophrenia, depression, and anxiety. His father said he wouldn't move out of his chair and sat there with a sullen expression on his face.

After his meeting with Dr. Riordan, Dr. Riordan suggested extensive laboratory work including vitamins, minerals, fatty acid profile, amino acid profile, cortisol challenge, histamine, insulin, testosterone, thyroid, a chemistry profile, complete blood count, lipid profile, and a cytotoxic food sensitivity test—all done in the blood. He also did an Indican test, a potassium/sodium test, pyrroles test, and urine analysis with urine vitamin C test.

Three weeks later, he and his dad had an appointment with Jeanette Lochridge, The Center's physician assistant, to go over his laboratory results. She started him on evening primrose oil to get his essential fatty acids in balance, Emergen-C to increase his vitamin C level, zinc orotate and vitamin B6 to correct his high pyrroles, l-taurine to help his brain function and correct his low taurine level, Nystatin and Vitaldophilus to correct his high candida levels, folic acid for his low histamine, and GABA to help with his depression.

She also suggested he schedule four weekly appointments for auricular therapy to help with depression and work up to eating five fruits and/or vegetables a day.

His dad called Dr. Hunninghake about seven weeks later and said that his son had an "absolutely miraculous change. His schizophrenia as diagnosed before was actually candida related. He is sleeping regularly now and he was up all night before. He has no paranoia. He is on a low carbohydrate diet and it is working wonders for him. I hear him up and laughing and he is listening to music again and enjoying that. It is a miracle."

The dad gave a lot of credit to the nutrients he has been on. Dr. Hunninghake suggested that he repeat the pyrroles, candida levels, and the Free T3 tests. Otherwise he is doing great. 

Answers from page 4

- 1 b. When there is excessive insulin in your bloodstream, the foods you eat are quickly converted to fat.
- 2 a. It was proposed that by adhering to a low-carbohydrate diet, the resulting decrease in insulin production could reduce the conversion to fat and quell that constant sense of hunger.
- 3 c. While you can eat anything you want, it has to be balanced with one-third craving-reducing protein, one-third craving-reducing vegetable, and one-third carbohydrate-rich foods in the same size portions.
- 4 a. All meals and snacks, except for the reward meal, should be mostly comprised of high-fiber and protein-rich choices.
- 5 b. It is the metabolic state in which your body works at peak efficiency. He believes you need to treat food like a powerful drug.
- 6 d. The important question is how much carbohydrate do we really need and how much is too much?
- 7 a. Dr. Sears requests that carbohydrates that are consumed are low on the glycemic index, a measure of the rate at which carbohydrates enter the bloodstream. PH

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

### ULTIMATE LOW-CARB DIET COOKBOOK

by *Donna Pliner Rodnitzky*  
 Not just another cookbook. Tasty alternative recipes for everyone who is wanting to increase their intake of protein and lower their intake of carbohydrates, especially nutrient poor carbohydrates. Over 200 recipes are included that are scrumptious and easy to prepare. Soft cover.  
 Retail Price: \$18.95  
 Health Hunter: \$17.06

### WOULD YOU RATHER BE A PRUNE OR A PLUM?

with *Hugh D. Riordan, M.D.*  
 At long last the standard medical profession is beginning to appreciate what Dr. Riordan has been preaching for decades. It was noted in *The Journal of the American Medical Association* that dehydration was one of six most frequent discharge diagnoses among both men and women who develop progressive disability.

### LIVING, LOVING, AND LAUGHING

with *Sister Ann Cecile Gaume*  
 Want to live life more fully? Sister Ann Cecile Gaume, recipient of the Notable American Award, explores with you ways to become more alive with JOY, LOVE, LAUGHTER, and some high energy techniques.

### ALOE: FOR BETTER GUT FUNCTION

with *Ronald Hunninghake, M.D.*  
 Mesopotamian clay tablets dating back to 1750 B.C. describe aloe vera's medicinal properties. Topical aloe is useful for burns, ulceration, and other dermatitis. Oral use focuses on gut disorders including constipation, peptic ulcers, and dysbiosis (imbalances of gut flora due to candida, parasites, and or pathologic bacteria.) Immune enhancement properties have led to aloe's use in AIDS, allergies, and inflammatory conditions.

• To Order, Fill Out the Form Below •

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# Upcoming Events...

## Lunch & Lectures:

March 7	<i>ADD/ADHD</i>
March 14	<i>Hypertension and Osteoporosis</i>
March 21	<i>Getting it Off, Keeping it Off</i>
March 28	<i>Hyperbaric Oxygen Therapy</i>
April 4	<i>Inflammation and Aging</i>
April 11	<i>Is That Tender Area on Your External Ear Meaningful? Maybe So.</i>
April 18	<i>Getting it Off, Keeping it Off</i>
April 25	<i>What Are Those Funny White Domes on Hillside? Learn About the History of The Center</i>
May 2	<i>Beat The Odds: Can Nutrients Help You Prevent or Delay the Onset of Degenerative Diseases and Aging? Maybe So.</i>
May 9	<i>Aging and Vision Loss: Can Nutrients Help?</i>
May 16	<i>Getting it Off, Keeping it Off</i>
May 23	<i>Paramagnetic Research</i>

## Eating legumes may reduce risk of heart disease

People who eat legumes, that is peas, beans, and lentils, four or more times a week have a lower risk of coronary heart disease than those who eat them less than once a week, L. A. Bazzano and colleagues reported in *Archives of Internal Medicine*.

Their data is taken from the First National Health and Nutrition Examination Survey (NHANES1). This study collected a three-month food diary initially from the subjects and then followed up with them five times during about 18 years.

The researchers found that those subjects who ate legumes four times a week or more had a 22% lower risk of coronary heart disease than those who ate legumes less than once a week. "Our findings suggest that increasing legume intake may be an important part of dietary interventions to reduce heart disease," the researchers concluded.

- Five a day for better health
- Alternative treatment for cataracts
- More information on nuts
- Eating legumes may reduce risk of heart disease

INSIDE THIS MONTH'S ISSUE . . .

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