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N E W S L E T T E R

MARCH 2003

The statin alternative

by Ron Hunninghake, M.D.

The statins are a class of drugs that dramatically lower total cholesterol and the LDL (bad) cholesterol that is thought to cause plaque formation in arteries. Statins block HMG-CoA, the enzyme responsible for cholesterol production in the liver. The advent of the statin drugs has been hailed as a medical breakthrough, promising reduced risk of cardiovascular premature death, the #1 killer in America. Nationwide, cholesterol screening programs have alerted millions to their high lipids and their increased risk for heart attack. Television advertising has praised the power and effectiveness of the statins. Physicians have rallied in enthusiastic support of these meds with a renewed sense of effectiveness in the fight against heart disease. The numbers tell the whole story: an estimated 36 million prescriptions for statin drugs were written in 2002, and that number continues to soar.

[Polycosanol] has proven to be a formidable weapon in the war against abnormally high lipids and cardiovascular disease.

But there is a dark side to this story. A month's supply of your favorite statin will often run over \$100. The manufacturers recommend frequent liver panel and kidney function tests because of reports of damage to these organs. Indeed, the FDA removed an early entry into the statin market (Baycol), when it was linked to nearly 50 deaths. Statin drugs deplete cells of Coenzyme Q-10. Co-Q-10 is a nutrient

essential to the transport of oxygen into the mitochondrial powerhouse of each cell. Skeletal muscle and heart muscle cells in particular are exquisitely sensitive to running out of Co-Q-10. This gives a big clue as to why new statin users get the following common side effects: muscle weakness, muscle pain, liver enzyme elevations, sleep disturbances, headaches, dizziness, nausea, and rare reports of skeletal muscle breakdown with serious kidney stress. Most doctors ask patients to tolerate these side effects while the body adapts to the Co-Q-10 deficiency.

One of the organizing principles driving the growth and evolution of nutritional medicine is the understanding that drugs work rapidly by blocking important functions in order to achieve specific results. Nutrients, by contrast, work slowly to enhance global functioning, achieving their effectiveness by providing key metabolic substrates to depleted biochemical pathways. Orthomolecular means "right molecules." By using molecules familiar to the body, often in higher doses than what occur in food, the body can correct diseases and disorders in a safe, effective, and generally less costly manner, with few or no side effects.

The recent reintroduction of an "old" nutrient, octacosanol, in conjunction with 8 or 9 additional cosanols, under the name "polycosanol," has provided a nutritional alternative to the statin drugs. Derived from sugar cane, this waxy alcohol that is solid at room temperature, has proven to be a formidable weapon in the war against abnormally high lipids and cardiovascular

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Alcohol consumption and risk of stroke

"Stroke is the third leading cause of death and a major cause of disability in the United States," wrote Kristi Reynolds, MPH, and colleagues in *The Journal of the American Medical Association*.

From 122 studies over the last 20 years, 35 fit their requirements in which stroke was the endpoint and alcohol consumption was associated with the stroke. Those that abstained from alcohol became the reference group.

"In our current meta-analysis, we found a J-shaped association between alcohol consumption and the relative risk of total and ischemic stroke and a linear association between alcohol consumption and the relative risk of hemorrhagic stroke," the researchers said.

The J-shaped association indicates that abstaining from alcohol causes a slight rise in risk factor while light to moderate consumption reduces the risk (the bottom of the J). Heavy consumption, the sharp rise in the back side of the J, showed a rapid rise in the risk factor, according to the researchers. ^H

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Nutritional Medicine

by Tim Lawton, M.D.

Good hippocratic integrative medicine

One day shortly after I started working at The Center I asked Dr. Riordan, "So, what do you call the kind of medicine we practice here? Do you call it alternative medicine? Holistic? Orthomolecular?"

To this Dr. Riordan replied, "We practice *good* medicine here."


In my first few months here I have really seen how true his statement is. Simply spending more time with each patient/co-learner has allowed me the time to listen, observe, and ask questions in a way that brings us closer to the root of the illness. Taking the time to teach and answer questions helps co-learners understand how they can make an impact on their own health.

Dr. Ron told me, "Here we practice *Hippocratic* medicine."

Physicians who take the Hippocratic Oath pledge themselves to the highest standards of ethics and integrity in the practice of medicine. Hippocrates also said, "Let medicine be your food and let food be your medicine." Both of these concepts are embodied here. I have seen our doctors prescribe specific foods, such as oysters, to help a patient with zinc deficiency. Our research division is taking Hippocrates' words to a

new level by investigating how certain foods can stimulate our immune system to fight cancer.

If someone asks me what we do here, I might tell them. "We practice *integrative* medicine."

We integrate the best of our conventional medical training with the best of nutritional and alternative medicine. One man had a dangerously high triglyceride level of almost 800. We carefully reviewed his history and found he had started taking a supplement known to clear excess fat stores from the liver. We first stopped the supplement and then discussed whether to use a standard prescription drug or try vitamin and diet therapy. We decided to try niacin along with a low sugar diet for a month to see what would happen. His triglycerides dropped to a normal level of around 100! This case illustrates a few important points: First, it was important to dig a little deeper and recognize the possible adverse effect of a nutritional supplement. Second, we eliminated a potential root of the problem and achieved significant improvement through appropriate nutritional treatment. We will continue to monitor his triglyceride level to determine the optimal dose of niacin. 

Statin alternative—Cont'd from page 1

disease. What follows is a chart that summarizes data from 5 of the 56 referenced studies on policosanol. These particular studies are published in peer reviewed journals and pit policosanol head to head with some of the more commonly used statins, in order to demonstrate the potential usefulness of this nutritional substance in select patients and co-learners. Each line is given an "Item #" so that the reader can refer back to the chart as each study is presented.

Item #	Studies	Total Cholesterol	Triglycerides	HDL (Good)	LDL (Bad)
1	Mevacor	-14%	-0.5%	-3%	-17%
	Policosanol	-14.2%	-18%	+8%	-20.4%
2	Zocor	-15.2%	-8.7%	-1.7%	-19.8%
	Policosanol	-14.7%	-13.8%	-2.9%	-17.9%
3	Pravachol	-11.9%	-3.4%	+5.8%	-15.8%
	Policosanol	-13.9%	-14.1%	+18.4%	-18.3%
4	Women Placebo	+0.5%	+17%	+3%	+0.4%
	Policosanol	-17%	-5%	+29%	-25%
5	Diabetics on Polic.	-17.5%	-6.6%	+11.3%	-21.8%

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When Mevacor, the first statin drug, came out it reduced total cholesterol 14%; it reduced LDL 17%, but unfortunately HDL went down. (See Item #1) And it basically left triglycerides untouched. A month's supply of Mevacor originally was over \$100 (the generic form is now available for less.) The statin alternative, policosanol, runs about \$10 a month, depending on how high a dose is taken. In the Mevacor study, policosanol lowered total cholesterol 14%, LDL was reduced 20%, HDL was raised eight percent, and triglycerides were significantly lowered 18%. Given the choice between a natural substance that costs about \$10 a month, with no side effects, that not only outperformed the first statin drug's LDL-lowering power, but also raised HDL and lowered triglycerides, who would not find the statin alternative more attractive? These numbers were based on a double blind, placebo controlled study of 53 individuals with type II diabetes and high cholesterol.

In another study of 53 individuals between the ages of 60 and 77 with primary hypercholesterolemia who followed a lipid lowering diet for 6 weeks and then were randomized to take either 10 mg of Zocor, (another popular statin drug even more expensive than Mevacor,) or the statin alternative, policosanol. Zocor had some pretty impressive numbers (Item #2.) It reduced total cholesterol by 15%, and LDL by 20%. Unfortunately HDL went down 2%. There was a better reduction in triglycerides of 9%. So Zocor looks like a better choice over Mevacor. But viewed head to head with policosanol, the natural substance, for roughly \$10 a month, held its own quite well. On 10 mg of policosanol, total cholesterol went down 15%, LDL went down 18%, and HDL went down (this is an anomaly when compared to other studies.) Triglycerides went down 14%. In terms of lipid lowering effect, policosanol matches Zocor. However, looking at cost and safety, there really is no comparison.

Pravachol, another commonly used statin drug, was also compared to policosanol (Item 3.) Sixty-eight individuals ages 60 to 80 with type II hypercholesterolemia were randomized to take either 40 mg of pravastatin or 10 mg of policosanol. The pravastatin group had a 20% reduction in total cholesterol, a 15% reduction in LDL, and a 10% increase in HDL. The policosanol group had a 14% reduction in total cholesterol, a 10% reduction in LDL, and a 10% increase in HDL. Triglycerides were reduced 18% in the pravastatin group and 18% in the policosanol group. In terms of lipid lowering effect, policosanol matches pravastatin. However, looking at cost and safety, there really is no comparison.

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HEALTH HUNTERS AT HOME

Rethinking the low-fat diet

For about a decade, the low-fat diet has been the vogue. People have been having a low fat lunch—whether it's two or three business women pouring over a problem or two couples out for lunch and a chat. The low-fat diet was to combat the rising obesity that has been a problem in America.

Now, problems begin to arise with the low-fat diet. Originally you were supposed to replace fats with fruits and vegetables. This way you had plenty of fiber in your diet along with the low fat. It was kind of like a whole foods diet, but not quite.

Quickly the food industry got into the act. They began manufacturing foods that were not only low in fat, but were low in fiber and high in sugar. And obesity continued to rise.

People began to say that we should return to the high-fat, low carbohydrate diet. This diet suggested that you could eat all the fat you want as long as you kept the carbohydrates at 10% of your total calorie intake. Back came Protein Power.

Dr. Atkins, the author of the high-fat, high-protein diet, says that the body's reaction to low carbohydrates is a condition called ketosis. He says that when you are in ketosis you preferentially burn stored fat for energy and you lose weight—actually more fat weight than muscle weight.

Again, some researchers think that there is another factor that is working here. They say that the low carbohydrate diet does not cause ketosis as much as it affects the blood sugar and insulin. Since the diet is higher in protein and fat and this tends to digest more slowly than carbohydrates, you might avoid the drops in blood sugar and you won't feel hungry soon after eating.

The high-fat, low carbohydrate diet does have problems, according to critics of the Atkins diet—bone health. People in ketosis tend to have a higher amount of calcium in their urine than those on a low-fat diet. High calcium in the urine often leads to calcium loss in the bone. Also, people on the high-fat, high-protein diet tend to be prone to

kidney stones, gout, colon cancer, and heart problems from the tendency to have high cholesterol.

Well, Dr. Riordan isn't too fond of the low-fat diet. He says that the brain uses about 20% to 25% of the energy burned by the body. When you are on a low-fat diet, your body is short of the energy needed by the brain to operate near the efficiency that it needs to operate. This is just one example of what can happen on the low-fat diet.


You would think that he would like the Atkins diet. He lost a lot of weight over a few years doing such things as eating a large bowl of fruit in the evening with whipped cream on top of it. He justified this by pointing out that the whipped cream was good for two reasons.

First, there was no sugar in it so he did not take in a lot of raw sugar from his evening snack. Secondly, he pointed out that the fat in the whipped cream tended to satisfy his body and he didn't wake up in the morning needing to eat something quickly. Both are good.

But, he is more in favor of eating whole foods than emphasizing a diet, and the results show that he may be right. The weight he lost has stayed off.

Whole foods is not a diet as such. It is a way to eat that offers you choices on what you can eat. Simply eat fruits, vegetables, and meat. These are eaten as close to the way mother nature made them instead of the way food technologists want you to eat them.

Take bread, for instance. Whole wheat bread has all the wheat berry ground up and placed in the loaf of bread. It is near a whole food. White bread, by contrast, is devoid of the fiber, bran, and many of the nutrients that come in the wheat. It is nowhere close to a whole food.

By eating the whole foods way, you and the ones you love will find that food tastes better and, at the same time, you will reach and hold the weight you are comfortable holding. Give it a try if you are not doing it now. 

—Richard Lewis



INFORMATION WORTH KNOWING

Did you know that your immune system plays a powerful role in the health of your bones? Did you know that calcium-rich foods other than dairy products could build and maintain strong, healthy bones? Those facts and many others are presented in *The Osteoporosis Solution* written by Carl Germano, R.D., C.N.S., L.D.N., and William Cabot, M.D. Osteoporosis is known as a silent killer disease. Trauma associated with complex bone fractures that usually accompanies osteoporosis is responsible for millions of injuries and thousands of deaths every year. Although many people think of osteoporosis as a disease that only affects women, that is no longer true since one-third of all cases will occur in men. The questions this month are taken from their book.

1 Bone tissue is a dynamic organ in a state of constant change between building up and breaking down. The constant breakdown and buildup of bone is mediated by osteoblasts and osteoclasts. They are regulated by _____ released from the immune system.

- a. germs
- b. vitamin C
- c. cytokines
- d. none of the above

2 Cytokines are like messengers between the _____ system and the immune system, and their activity regulates other factors in the development of osteoporosis.

- a. respiration
- b. telephone
- c. skeletal
- d. all of the above

3 A number of factors can affect our risk of developing osteoporosis. Certain substances, medications, and diseases have the side effect of increasing the risk of osteoporosis.

- a. True
- b. False

4 Like every cell, tissue, and organ in the body, bone is _____ dependent and we have the opportunity to ensure bone is stronger through the choices we make.

- a. oxygen
- b. diet
- c. rest
- d. all the above

5 Calcium is not the final word in bone-healthy minerals. Without the support of magnesium, _____, and other important nutrients, calcium could not do its job.

- a. an antacid
- b. vitamin D
- c. thyroid supplements
- d. all the above

6 Used in conjunction with diet, exercise, lifestyle changes, and other supplements, ipriflavone is one of the most important elements in a comprehensive prevention and treatment plan for osteoporosis.

- a. True
- b. False

7 _____ helps to prevent osteoporosis, relieves stress and anxiety, and contributes to mental well-being.

- a. Valium
- b. Prozac
- c. Physical activity
- d. None of the above

• FOR ANSWERS, SEE PAGE 7 •

Statin alternative—Cont'd from page 3

percholesterolemia were given 10 mg Pravachol and 10 mg of policosanol. Pravachol dropped total cholesterol 12%, dropped LDL 16%, increased HDL about 6%, and reduced triglycerides 3%. In the same subjects randomized to the policosanol group, total cholesterol dropped by 14%, LDL 18%, HDL went up by a spectacular 18%, and triglycerides went down by 14%. Again, policosanol outperforms the medication at a lower cost, with lower side effects. Most statin based drugs advise regular liver enzyme blood tests to monitor for liver damage. This is not a concern with policosanol.

What group has been often neglected in terms of heart disease diagnosis and treatment? Studies show that doctors commonly under diagnose heart disease in women. So how would women fare on policosanol? The study group as a whole was put on a cholesterol lowering diet for 6 weeks, and then they divided them into two groups. One group got a placebo for 24 weeks (Item # 4) and the other group was given 5mg of policosanol for 12 weeks. Then it was upped to a dose of 10 mg daily for an additional 12 weeks. The placebo group's cholesterol went up a half percent; LDL went up a half percent; HDL went up 3%, triglycerides unfortunately went up during that 24-week period. For the women who got the first 12 weeks of 5 mgs and then 12 weeks of 10 mgs, cholesterol went down 17%. That means a cholesterol level of 200 dropping 17% equals a total of 34 points! The LDL went down 25%. LDL is the level that most concerns cardiologists. A normal LDL typically runs from 100 up to 200. In the past, doctors have been happy with 130 or 160. The new ATP III guidelines for patients with existing risk factors for heart disease (high blood pressure, positive family history, smoking history, etc.) strongly suggest an LDL of less than 100. It is difficult to do that. In this study policosanol raised HDL a whopping 29% while managing to lower triglycerides 5%.

What does HDL do that makes it so beneficial? It carries the cholesterol back to the liver. HDL has three additional benefits. A higher HDL lowers
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*I hear and I forget. I see and I remember.
I do and I understand.*

—Confucius

incidence of thrombosis (blood clot formation.) The clot forming in the plaque-narrowed coronary artery provides the lethal mechanism of a heart attack. Second, a higher HDL reduces free radical oxidation of LDL. Third, a higher HDL lowers systemic inflammation. Recent findings demonstrate that an elevated ultra sensitive CRP (C-Reactive Protein) is an important marker of systemic inflammation that puts you at higher risk for heart disease. So it is a huge advantage for women to be able to raise their HDL by 29% safely and inexpensively with policosanol.

The best news about HDL is that they have been looking at centenarians, people who are a hundred years old or more. What is the ration of female to male in terms of centenarians? It is 4 to 1. If you are a female you are 4 times as likely to live to be 100 than a male. Women by and large have higher HDL than men do, which may be one of the reasons why women outlive men. The siblings of centenarians are 4 to 5 times as likely to be as long lived. There is some genetic factor that helps people to live to be such an age. The HDL in centenarians has been found to equal the HDL's of most 70-year-olds. Their high HDL's and clear-headedness led researchers to ask, "Does HDL have something to do with cognitive functioning?" They did a study where they gave people the Many Mental State Examination. They found in men and women the higher the HDL level the sharper the mind. They speculate that it is HDL that helps maintain mental clarity as they get older.

Finally, policosanol appears to be beneficial for diabetics. One cardiologist tells his patients with diabetes that he is treating them as if they have already had their first heart attack because that is how likely a person with diabetes is to have heart disease. There was a study in type II diabetes (Item #5) who took 10 mg of policosanol and it reduced their total cholesterol 17.5%. It reduced their LDL 22%, it increased their HDL 11%, and it reduced their triglycerides almost 7%. For diabetes it would be a very good thing to start given their very high risk for heart disease. [H]

Herbal History

Tumeric: *Curcuma longa*

Turmeric, an often used condiment, comes from the powdered rhizome and root of the curcumin plant (*Curcuma longa*). The curcumin plant is a member of the zingiberaceae family and is related to the ginger plant (*Zingiber officinale*). The curcumin plant is traditionally cultivated in India, China, and other countries in tropical Asia.

Researchers get curcuminoids by using an alcohol extraction process from the powdered turmeric rhizome. Using water for the extraction process has not been widely accepted, but it has been used in some research.

Even though the U.S. government's Agricultural Research Service lists 133 chemicals found in the curcumin plant, diketone curcumerin tends to receive the bulk of the research attention. With 78 referenced biologic activities associated with curcumin listed by the Agricultural Research Service, these range from

anti-HIV to anti-ulcerogenic activities.

There has been a sudden spurt of research using curcumin plant recently. With over 760 articles published in over 30 years, 400 of these research papers were published in the last four years.

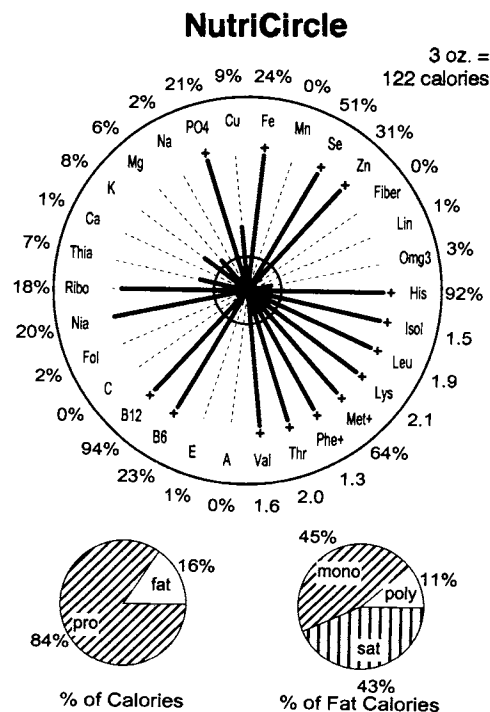
Before 1993, clinical trials of curcumin therapy showed effective use for treating gastric ulcers and dyspepsia, lowering serum cholesterol, reversing symptoms related to external cancerous lesions, and for treating postoperative inflammation.

Recently, a phase I clinical study examined the effect of an alcohol curcuma extract on 15 subjects with advanced colorectal cancer for whom standard chemotherapy no longer worked. These subjects received 440 to 2200 mg of an extract that contained 36 to 180 mg of curcumin. All 15 of the subjects well-tolerated these doses throughout the four month study. [H]

Food of the Month

by Donald R. Davis, Ph.D.

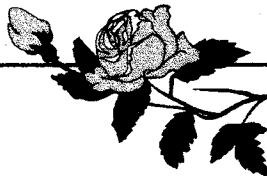
BUFFALO or bison were the focus of life for the plains tribes of Native Americans, providing them food, clothing, shelter and spiritual orientation. Bison were wantonly hunted to near extinction by settlers and tourists, but now are again available for food. Buffalo meat has more protein and only half the saturated fat of our artificially fattened beef, plus a better balance of omega-3 fat. Otherwise, it is similar to beef. A 3-oz. serving has only 122 calories, but contains 15% or more of the RDAs for vitamins B₆ and B₁₂, niacin, riboflavin, phosphate, iron, selenium, zinc, and all the essential amino acids of protein (*His* to *Val*).



The length of each bar shows the amount of one nutrient. If a bar extends out to the inner circle, the food has enough of that nutrient to match the calories it contains. The numbers show nutrient amounts in RDAs per serving shown. The pie charts show the sources of calories (left) and the types of fat (right). [H]

Mental Medicine

by Marilyn Landreth, M.A.




Rose or thorn?

Have you ever had a toothache and the dentist just could not find the "root" of the problem? Well, for the last couple of weeks I have. As this excruciating pain throbbed through my head, it made me realize that I take my good health very much for granted. In some strange way, I was grateful for the pain as a reminder of all the times that I don't hurt. After several trips to the dentist and then to a specialist, the problem was finally fixed.

It seems to be human nature to take for granted what we already have or dismiss the value of what we have. Sometimes when things go wrong (toothache) our attention is completely focused on that problem. The pain is so intense that we can't think of anything

else.

Why is it that when everything is working properly many of us don't focus as intensely on the good feeling. Right now I am focused on how great my teeth feel, how well my feet carry me to my destination, and how my voice can make a joyful sound. My human experience of health is greatly appreciated at this moment.

Ziggy said, "You can complain because roses have thorns, or you can rejoice because thorns have roses." The thorn of a throbbing tooth has helped me to appreciate the beauty of the rose or my healthy teeth. Maybe we might all benefit from appreciating the rose while knowing that we will feel the thorn prick from time to time. 

CENTER UPDATE

What are natural hormones?

Ron Hunninghake, M.D., has been prescribing natural hormones for years. There are actually a lot of people who call them natural hormones and a few people call them "bioidentical" hormones. Whether natural or bioidentical, just what are they anyway?


According to Erica Schwartz, M.D., "Natural hormones are made from plants and mimic the chemical structure of human hormones. Natural hormones are the closest in chemical structure, action, and interaction to those hormones produced by humans."

Natural estrogen includes the three hormones made by the human body—estriol, estradiol, and estrone. They are made from a natural soy product. Since natural estrogen's chemical formula is the same as the hormones made by the human body, the natural hormones made from soy are often called bioidentical estrogens.

Since the chemical formula is the same, natural estrogen is recog-

nized by the receptors on the body's cells the same as estrogen made by the body. The same holds true for natural progesterone.

Natural progesterone has the same chemical formula as the normally occurring progesterone sex hormone which occurs in humans. Natural progesterone is often called "micronized progesterone." Like natural estrogen, its chemical formula is the same as the progesterone made by humans. This way, receptors on the cells in the body recognize natural progesterone as the body's own and accept it. If there is any lack in human hormones, natural progesterone will quickly replace it.

Dr. Ron has had good success replacing the reduced human estrogen and progesterone with the natural substitutes. If you have any questions about the use of natural hormones for you or someone you know, call The Center to find out about how you can use them. 

Case of the month


A woman, 55 years of age, first came to The Center early in January, 2003. She complained of fibromyalgia in the muscles of her shoulders and lower back, chronic fatigue syndrome that she has had for years, chronic sinusitis and tendinitis, and depression. She said she has had depression since she was a child.


Dr. Riordan found that she bruised easily, does not exercise because of the pain from the fibromyalgia and the chronic fatigue, and she has a history of mitral valve prolapse. She also has some cysts in her breasts.

Since she had done Know-Yourself/Beat-The-Odds in November, 2002, Dr. Riordan had a chance to review the results of these tests with her. He found that both her plasma and urine vitamin C were very low. To correct this situation, he had her get a 15 gram intravenous vitamin C infusion followed by a magnesium sulfate injection to help with the muscle pain. She was to report back if the pain was better or worse after the injection.

She returned to see Dr. Riordan in late January and told him that she felt 100% better already. "I haven't felt this good in two years," she added. She has started exercising with a personal trainer on a day-to-day basis and takes the anti-inflammatory pills he suggested daily. She gets good sleep most of the night. She said she has a bowel movement at least once a day, but she is still taking a stool softener once a day.

Dr. Riordan suggested that she increase her intravenous vitamin C to 25 grams and again follow it with a magnesium sulfate injection.

This woman is one of the few patient/co-learners that responded very quickly to her particular treatment for fibromyalgia. Many take a year or two to reach the same place. This patient/co-learner will probably need to do some additional work with her nutrition and her whole foods diet during the remainder of the year, but, as she said, she is 100% better. 

- 1 c. Cytokines are the bridges that link seemingly divergent systems and are influenced by nutrients.
- 2 c. Cytokines can either promote or prevent osteoporosis by the way they interact with hormones, bones, and the immune system.
- 3 a. Smoking, caffeine, alcohol, aluminum-containing antacids, anticonvulsants, corticosteroids, diabetes, connective tissue disorders, intestinal bypass surgery, and some genetic conditions increase the risk of developing osteoporosis.
- 4 b. Bone, our nutrient bank of minerals, is just like any other bank; the more deposits and the fewer withdrawals we make now, the more we'll have later in life.
- 5 b. Calcium needs other nutrients to do its job effectively.
- 6 a. A safe and effective alternative to drugs is ipriflavone, an estrogen-like compound that prevents and treats osteoporosis without the side effects of drugs.
- 7 c. It increases energy and endurance, reduces the effects of aging, and helps maintain a healthy body weight by boosting metabolism. 

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Audio Tapes: Regular Price—\$7.95; *Health Hunter* Price—\$7.16
 Video Tapes: Regular Price—\$14.95; *Health Hunter* Price—\$13.45

THE OSTEOPOROSIS SOLUTION

by Carl Germano, R.D., C.N.S., L.D.N. and William Cabot, M.D.

In a thought provoking, thoroughly researched, easy-to-understand guide, a leading nutritionist and an orthopedic surgeon present a breakthrough in nutritional medicine that can prevent and treat osteoporosis, safely and naturally. While osteoporosis can affect women as early as their 20's and 30's, men are affected as well. In fact, men are 50% more likely to suffer a fracture due to osteoporosis than to develop prostate cancer. Recipes are included that incorporate bone building foods. Softcover. Retail Price: \$14.00 Health Hunter: \$12.60

HOLISTIC MEDICINE FOR THE 21ST CENTURY

with Ron Hunninghake, M.D.

Holistic medicine is not new. Hippo-

crates, the Father of Medicine, was a holistic practitioner. What's new is our understanding of how the brain functions and its key role in health and healing. Dr. Ron gives a "whole brain" presentation based upon his newly achieved board certification in the art and practice of Holistic Medicine.

IMPROVING STUDENT PERFORMANCE

with Hugh D. Riordan, M.D.

Grade cards are in. If your child or grandchild is under-performing or underachieving, find out what you can do to make a change for the better. Dr. Riordan not only has 44 years of know-how of serving in ways to improve school performance, he is the father of six successful children and former consultant to the Midcontinent Regional Education Laboratory. Find out how an entire school has improved the performance of its students.

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Upcoming Events...

Lunch & Lectures:

March

- 6 Is There a Statin Alternative?
- 11 Know Your Nutrients: Vitamin B6
- 13 How Old is Old?
- 18 Know Your Nutrients: Vitamin B2
- 20 How Food Sensitivities Affect Our Health
- 25 Know Your Nutrients: Vitamin B3
- 27 To Atkins or Not to Atkins

April

- 1 Know Your Nutrients: Folic Acid
- 3 How to Maximize Performance
- 8 Know Your Nutrients: Vitamin B5
- 10 Why Do My Vegetables Laugh at Me?
- 15 Know Your Nutrients: Vitamin B12
- 17 The Impact of Fresh, Healthy Foods on Learning
- 22 Know Your Nutrients: Biotin
- 24 Center Techniques for Reducing Pain
- 29 Know Your Nutrients: Vitamin D

Exercise reduces abdominal fat

"More than half of the U.S. adult population is overweight or obese, and the prevalence is particularly high among women," wrote Melinda Irwin, Ph.D., MPH, of Yale University School of Medicine in *The Journal of the American Medical Association*.

So she set out to find a solution for it. Using 173 sedentary, overweight, postmenopausal women, she divided them into two groups. One would walk briskly at home for a year and the other would add stretching to their sedentary lifestyle.

She found at the end of the year that the exercise group lost almost 7% of their abdominal weight without changing their diet. Just think what they could have done if the women had been on an 80% whole foods diet?

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- The statin alternative
- Rethinking the low-fat diet
- What are natural hormones?
- Exercise reduces abdominal fat

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