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N E W S L E T T E R

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Know your nutrients: the minerals, part one

by James A. Jackson, MT(ASCP), Ph.D.

Minerals are also known as elements and metals. The planet earth is the ultimate source of all metals. All known elements are present at some level of concentration throughout the natural environment. They are present in minerals, plants, and animals and their beneficial and harmful effects have been present since life began.

Magnesium is often cited as the element most deficient in modern diets.

According to Drs. O. Selinus and F. Frank (Medical Geology in *Environmental Medicine*, 2002), Mother Nature is a great polluter. In 1991, the volcano Pinatubo erupted. In just two days the volcano ejected about 10 billion tons of magma and 20 billion tons of sulfur dioxide. This event released 2 million tons of zinc, 1 million tons of copper, and 5,500 tons of cadmium into the surface environment. Millions of tons of ash spread over thousands of square miles and probably contained all the elements in the Periodic Table.

Some of the elements are essential to life; the body cannot make them. These are hydrogen, carbon, nitrogen, oxygen, sodium, potassium, calcium, magnesium, iron, copper, zinc, phosphorous, sulfur, and iodine. Other elements released are regarded as toxic, or harmful. Some of these harmful elements are arsenic, beryllium, cadmium, mercury, lead, radon, and uranium. As Dr. Selinus and Frank reported, "It is

important to remember there are on an average 60 volcanoes erupting on the surface of the earth at any given time and about 3,000 active submarine volcano vent fields on the ocean floors." All of these contribute to the essential and harmful elements in the earth.

At The Center, our doctors know that a lot of diseases or conditions are directly related to a deficiency of essential elements, or in some cases an excess of some of the harmful or "toxic" elements. As co-learners here, you have probably had the doctor review some of your laboratory data and point out the results of the mineral tests to you. A selenium, zinc, magnesium, copper, calcium, or chromium may have been part of your laboratory testing profile.

It is important to know the levels of these minerals. As explained before, they are "essential" which means your body cannot make them. You must obtain them in your diet or as supplements, and you must be able to digest and absorb them. At the Bio-Center Laboratory, we can measure these nutritional and/or toxic elements in the whole blood, red blood cells, serum, hair, and/or urine. These minerals, as well as others, are tested in the upcoming Health Hunter/Beat The Odds panels on April 1 and 2.

Let us look at some of these elements:

MAGNESIUM: Magnesium is often cited as the element most deficient in modern diets. In one study of electrolytes, 47% of 1,033 patients were found to be low in magnesium. Magnesium is

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Overweight child from overweight mom

According to a study that appeared in *The American Journal of Clinical Nutrition*, children four years old and older who are becoming overweight have moms who are overweight. The opposite is true for children who are normal weight. They have moms who have a body mass index (BMI) between 18.4 and 20.6. A BMI of 26 to 30 is considered overweight and 30 and higher is obese.

At the age of 2 years, the children in both groups were about the same weight and BMI. At age 4 years the weight and BMI of the children with overweight moms were significantly higher than the children with normal weight moms. "By 6 years of age, the high-risk group [moms with a BMI between 26 and 34.9] had increased its difference from the low-risk group in weight, BMI, and lean body mass," the researchers found.

Moms have more influence over small children than overweight dads. Dads are around the children less than moms, as a rule. PH

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Nutritional Medicine

by Ron Hunninghake, M.D.

The Riordan Approach

"What do you do out there?" is a common question people ask about The Center's medical services.

Recently, I have attempted to crystallize our approach to patients who come to us with sustained illness. In honor of our deceased founder's pioneering of this step-by-step discovery and treatment process, I have named it The Riordan Approach (TRA).

Service. The essence of TRA is service. Several years ago, Dr. Riordan wrote a lead article in *Health Hunter*, entitled: "We seek to serve, rather than to fix or help." Quoting from Dr. Rachel Naomi Remen: "Service is a relationship between equals. Helping others incurs debt. When you help someone, they owe you one. Serving, like healing, is mutual. There is no debt. I am as served as the person I am serving." This was Mother Theresa's basic message: "We serve life not because it is broken but because it is holy."

The Preceptor/Co-learner relationship. Dr. Riordan valued his relationship with patients. As a doctor/teacher he served as their preceptor. He empowered them to take back their rightful duty to become involved in the discovery process: what is causing my illness? They come to The Center as patients; they leave as co-learners!

Identify the causes. Treating symptoms gives the illusion of healing. Correcting underlying causes allows true healing to take place.

Characterize biochemical individuality. We may look similar on the outside, but there can be up to a hundred-fold degrees of difference in the biochemistry of chronically ill patients...even those with the same diagnosis! *Measure, measure, measure* was Dr. Riordan's constant plea. TRA depends heavily on the laboratory to uncover these unique differences so that treatment can be appropriately individualized.

Treat the whole person—body, mind, and spirit. We are human beings with complex life histories, toxic exposures, stressors, dietary indiscretions,

medications, spiritual crises, lifestyle habits, and an endless array of details that affect the treatment plan. TRA embraces this complexity and our humanity.

Let food be thy medicine. Hippocrates recognized the importance of food as therapy. Food wholeness, food safety, food quality, food sensitivities, glycemic load issues, food based on unique metabolic needs, food colors, gourmet food, healthy fast food, and food quantity all play into a complex equation that guides our food choices.

Cultivate healthy reserves. TRA, like gardening, takes time. A good-looking, crop producing, satisfying garden is the fruit of time, effort, and applied learning. Cultivation of the soil builds reserves of nutrients. Healthy people build nutrient reserves; healthy habits; a support network of family, friends, and co-workers; a spiritual well to draw from; and a strong self-concept to help us weather life's storms.

The healing power of nature. The Center physician serves our co-learners by cultivating a relationship, seeking individualized causation, addressing issues holistically, prescribing appropriate whole foods, and emphasizing healthy reserves...then it is nature that heals. Together, we discover what is needed to set up the conditions for optimal healing. Change is strategically implemented. Then, we get out of the way. We let nature do her magnificent work within us.

The Riordan Approach is a modern Hippocratic method that emphasizes results over process, measurement over protocol, individuation over statistical means, food over pharmacology, and, finally, the triumph of human spirit over "untreatable" disease.

TRA means hope. TRA is based on service. TRA is Dr. Hugh Riordan's contribution to humanity and the basis of The Center's mission to create an epidemic of health. [H]

involved in over 300 enzyme reactions as a necessary co-factor. The normal adult human body (the mysterious 70 kg or 154 pound person) contains 21 to 28 grams of magnesium. Of this, about 60% is in the bone, 20% in the skeletal muscle, 19% in other cells, and about 1% in extracellular fluid.

Low serum magnesium (hypomagnesemia) may be caused by chronic alcoholism, childhood malnutrition, lactation, malabsorption, acute pancreatitis, hypothyroidism, chronic glomerulonephritis, aldosteronism, digitalis intoxication, prolonged intravenous feeding, renal tubular reabsorption defects, and in those taking chlorothiazides, ammonium chloride, or mercurial diuretics for congestive heart failure. A low serum magnesium may cause hyperirritability, tetany, convulsions, electrocardiographic changes, hypertension, heart attack, cardiac dysrhythmias, coronary vasospasm, and premature atherosclerosis.

A high serum magnesium may occur in dehydration, severe diabetic acidosis, Addison's disease, and immediately following a heart attack. Also, any kidney condition that causes increased retention of magnesium (uremia) may also increase serum magnesium. RBC magnesium correlates well with bone magnesium, while hair is probably a better indication of high magnesium levels in the body.

Some sources of magnesium are soybeans, shrimp, wheat germ, whole grains, molasses, clams, cornmeal, spinach, oysters, crab, peas, liver, beef, and green vegetables (actually, it is the chlorophyll in the green vegetables). The RDA for magnesium is 420 mgs. If supplementing with a pill, remember that calcium should also be taken in a ratio of 2 calcium to 1 magnesium.

ZINC: Zinc is second to iron as the most abundant trace element in the body, with about 2 grams being present in a 70-kg adult. Tissues and fluids especially rich in zinc are prostate, semen, liver, kidney, hippocampus (brain), retina, bone, and muscle. Zinc can be measured in RBCs, serum, hair, and/or urine. The RBC content of zinc is about 10 times that of plasma or serum.

continued on page 4

HEALTH HUNTERS AT HOME

DHEA: getting rid of abdominal fat

DHEA has had a checkered past. DHEA is the commercial name for dehydroepiandrosterone, a hormone. With a name like that, no wonder it is known by DHEA. It is one of many hormones made by the adrenal glands, so it belongs in the body.

It is produced in large quantities early in your life, but after about 20 to 30 years of age, it begins to decline at the rate of about 5 percent a year. This continues until you reach about 70 years of age when you have negligible amounts in your body and increasing amounts of abdominal fat.

First, DHEA was sold as a weight loss pill, but the FDA put the skids on this and said it could only be sold as a prescription drug. Then in the 90's, it slipped through an opening in the regulations for dietary supplements and returned to the market as an anti-aging nutrient.

For DHEA, some suggest that the exaggerated claims for it doesn't mean that there is not something in these claims. A preliminary study published in the *Journal of the American Medical Association* showed why DHEA just might work to "play a role in prevention and treatment of the metabolic syndrome associated with abdominal obesity," according to the journal's researchers.

In this study, the researchers used 58 men and women between 65 and 78 years of age to take DHEA or a placebo for six months. On average, the participants were overweight. Here is what the researchers found.

For both groups, "There was no significant difference in baseline characteristics," the researchers said.

They did find that after six months the DHEA group had "significant decreases in both visceral and subcutaneous fat in elderly men and women. The DHEA replacement also resulted in a significant improvement in insulin action that correlated with the reduction in visceral fat."

This shows that DHEA replacement just might partially reverse the aging-related fat accumulation, espe-

cially in people who have low levels of DHEA in their blood. It also shows that long-term use of DHEA replacement therapy could reduce the accumulation of abdominal fat and protect against the development of metabolic/insulin resistance syndrome.

In another study, researchers discovered that the effect of DHEA therapy could help men with high cholesterol lower their numbers.

In the only other study covering DHEA and abdominal fat that the researchers could find, the DHEA was used as a skin cream for women and had no effect for these women. But the women on the cream had only a 700 ng/ml increase in DHEA in their blood while the people in the study using replacement therapy had a 3600 ng/ml increase. That is quite a difference in blood level between the two studies and may be the reason for the results the researchers received in this study.

"With regard to its mechanism [of actions in this study], DHEA...serves as a precursor of testosterone and estrogens. It also increases the concentration of circulating IGF-1," according to the researchers. So by increasing the concentrations of DHEA in the blood, it increases the mitochondrial enzymes involved in fatty acid oxidation causing a reduction in fat synthesis—thus reducing abdominal fat. It also reduces the incidence and delays the onset of type II diabetes.

The researchers conclude by saying, "We found in this preliminary study that DHEA reduced abdominal fat and improved insulin sensitivity index." Both of these are healthy reactions just from the addition of DHEA replacement therapy.

The study is preliminary so the researchers have to call for more research with larger groups of patients over a longer period of time, but it seems to me that it would be wise to ask a doctor at The Center to see if you just might try DHEA for a period of time to see if it might work for you. I certainly intend to ask.

—Richard Lewis



INFORMATION WORTH KNOWING

Have you ever thought about how remarkable our skin really is? It repairs itself; it is elastic and pliable; it registers sensations in such a way that it lets the brain identify sensations; and it has a built-in cooling system. The above are just a few of the amazing things our skin, a very complex organ, does for us. Generally, we take our skin for granted. It is only when it fails us in some way that we get to know this wonderfully complex organ. Terry J. Dubrow, M.D., and Brenda D Adderly, M.H.A., have written *The Acne Cure*. If you have problems with acne, their book can answer many of your questions. They also give pointers on how to take care of your skin even if you do not have acne. Their book also offers an opportunity to learn more about this unique organ. The questions this month are taken from their book.

1 Our skin protects us year after year by replacing itself constantly. In young people the skin completely replaces itself within a month. In old folks the body takes about _____ days to replace its skin.

- a. 14
- b. 24
- c. 45
- d. 60

2 Because older skin is replaced at a different pace than younger skin, it tends to be _____.

- a. thicker
- b. thinner
- c. darker
- d. none of the above

3 Free radicals seem to attack every part of the human cell and are known to contribute to many diseases.

- a. True
- b. False

4 While acne can break out over any area of the body, you seldom find it on the _____.

- a. face & neck
- b. chest & back
- c. soles of the feet & palms of the hand
- d. none of the above

5 Psychological trauma relating to acne has only been noticed in young people. Older men and women tend to be immune.

- a. True
- b. False

6 Dr. Dubrow has four steps to his treatment plan. The first step in treating acne, but only as a first step, is _____ acid.

- a. glycollic
- b. amino
- c. salicylic
- d. none of the above

7 There are many things that contribute to skin damage that leads to wrinkled, damaged skin. The largest source of skin damage is _____.

- a. ultraviolet light
- b. smoking
- c. lack of sleep
- d. all of the above

• FOR ANSWERS, SEE PAGE 7 •


The minerals—Cont'd from page 3

Zinc is similar to magnesium in that it is an important part of 300 enzymes in different species. It is estimated that zinc is involved in about 100 enzymes in the brain alone. Zinc also has a role in protein synthesis and in gene expression. It is also important in growth, wound healing, fertility, healthy skin, taste buds, and testicular growth.

Approximately 20% to 30% of ingested dietary zinc is absorbed. Absorption takes place in the first and middle part of the small intestine. Diets high in proteins stimulate zinc absorption, while diets low in protein have the opposite effect. Also, zinc absorption is enhanced by the amino acids lysine, cysteine, glycine, and histidine. Diets high in fiber decrease the absorption of zinc. Oral contraceptives increase the need for zinc. Western diets generally supply 10 to 15 mg/day of zinc.

In experimentally induced mild zinc deficiency, the symptoms were low sperm count, weight loss, increase in blood ammonia, and lower tolerance to alcohol. Moderate zinc deficiency is characterized by **growth retardation** in children and adolescents, hypogonadism (small testes), mild dermatitis (skin problems), poor appetite, delayed wound healing, mental lethargy (sluggish thinking), poor dark adaptation, and impaired immunity. Severe zinc deficiency includes severe dermatitis, alopecia (loss of hair), weight loss, diarrhea, neuropsychiatric disorders, recurrent infections, and death, if not treated.

Zinc deficiency may be associated with certain diseases or conditions. Some of these are alcoholism and intestinal diseases such as ulcers, ulcerative colitis, Crohn's disease, sprue, intestinal by-pass surgery, gluten sensitivity, enteropathy, and regional enteritis. Pregnant women are at higher risk for acquired zinc deficiency because of the higher uptake of zinc by the fetus and placenta. As mentioned before, zinc is required for normal fetal development and influences pregnancy outcomes.

The RDA for zinc is 11 mg/d. Good sources of zinc include oysters, herring, clams, wheat germ, bran, oatmeal, liver, nuts, beef, lamb, peas, chicken, and carrots. 

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35% OFF Health Hunter/Beat The Odds Health Panels
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The Garden and the gardener

by Melvin D. Epp, Ph.D.


On January 12, 2005, the federal government issued new dietary guidelines for Americans. For the first time since 1980, the guidelines emphasize weight loss as well as healthy eating and cardiovascular health. The guidelines can be read at www.healthier.us.gov/dietaryguidelines/.

The New York Times covered the story the next day. The guidelines are the responsibility jointly of the Agriculture Department and the Department of Health and Human Services. As the secretaries of these departments announced the new guidelines, they sounded more like diet gurus than cabinet members.

Noteworthy changes call for at least three ounces of whole grains every day, with whole grains making up half the grains in people's diets. Nine servings of fruits and vegetables are recommended daily; this is up from five servings. A third cup of low-fat or fat-free dairy products a day is recommended; this is up from two cups. The maximum level of sodium is reduced to 2,300 milligrams a day or about one teaspoon. There also was a general recommendation to reduce sugar and trans fats, but no limits were set.

The half hour of exercise per day of yesteryear is now considered minimal. Recommended are 60 minutes a day of moderate to vigorous exercise to keep from gaining weight. Sixty to 90 minutes are needed to lose weight. Activities could include walking, bicycling, and hiking.

The debate has already started on what impact these guidelines will have. The new version of the food pyramid is expected in a month or two. But whether consumers will use, or even be aware of, the guidelines remains to be seen. At the moment, no money has been earmarked for promotion.

An active gardening program seems tailored for these guidelines. The hours of exercise and an abundance of fruits and vegetables are routine garden outputs. Garden produce tends to also be low in salt, in sucrose sugar, and in fat. Isn't it great that spring is on the next page of the calendar? 

Herbal History

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

The tonic herb

Withania somnifera (Ashwaganda) is a powerful herb that can be used as a general tonic for the body. This plant is a native of India and a favorite among Ayurvedic doctors.


Ashwaganda's primary constituents are steroidal in appearance and are similar to the constituents found in the popular "Asian tonic," *Panax ginseng*. Ashwaganda works as an immune stimulant—activating immune cells to do their job. In addition, the herb is anti-inflammatory, diuretic, and has been shown to improve memory in animal experiments. It produces calming and sedative effects through stimulation of GABA receptors. It also boasts liver supporting, mood enhancing, and rejuvenating properties.

One study evaluated the use of the dried root of *Withania* on non-insulin dependent diabetics. Decrease in blood glucose was comparable to that of an oral hypoglycemic (sugar lowering)

drug. Moreover, there were significant decreases in serum cholesterol, triglycerides, LDL (low density lipoproteins), and VLDL (very low density lipoproteins). Those with diabetes or syndrome X (metabolic syndrome) may want to consider a trial of *Withania*.

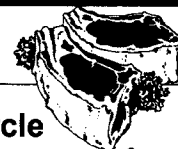
As an herbal tonic, *Withania* works well following an acute illness or stress. However, it is also recommended for those suffering from chronic diseases of inflammation and degeneration.

Typical dosage recommendations for the dried root of *Withania* are 3-6 grams per day. The recommended dosage for liquid extracts (tinctures) is between 5-25 ml per day, depending on the concentration of the extract.

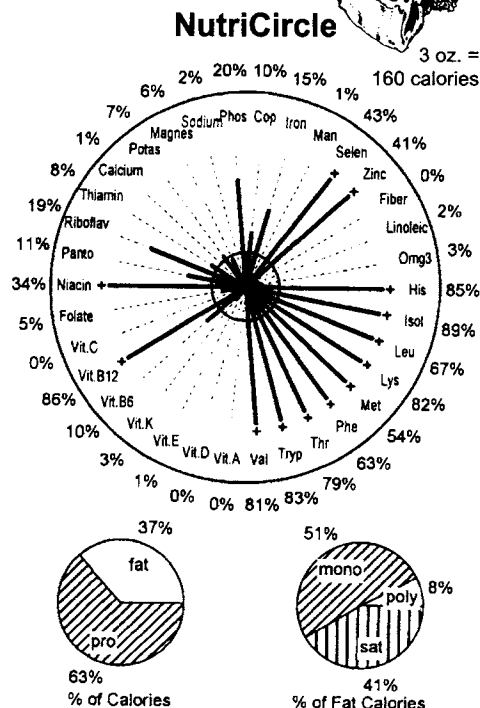
I often prescribe *Withania* complex by Mediherb for those who are "wired but tired." As with all herbs, it is best to consult your holistic physician before taking. 


Food of the Month

by Donald R. Davis, Ph.D.



LAMB is meat from sheep less than one year old. Sheep were domesticated over 10,000 years ago in the Middle East and Asia. Since ancient times, lamb has been a religious symbol, and it is a traditional Easter dish in many countries. Sheep are still the world's most numerous livestock, providing meat, milk, and wool, but in the U.S. their numbers peaked in the 1940s. A 3-oz. serving of roasted leg of lamb (lean) contains 10% to 90% of the RDAs for 20 nutrients shown here. It is especially rich in vitamin B₁₂, biotin, niacin, riboflavin, phosphorus, iron, selenium, zinc, and, of course, the amino acids of protein.



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). 

Mental Medicine



by Marilyn Landreth, M.A.

More secrets of happiness

Perception and communication are wonderful tools to deal with all that life has to throw at us. The other day, when I returned home after work, my mother said she had some wonderful news. You may remember from previous columns, my mother came to live with us because of health problems. She has many sustained problems, including the necessity of measuring blood sugar several times a day and getting insulin injections. She also needs the help of her walker to get around on a very limited basis.

Mom said she had seen the doctor that afternoon and the doctor told her, "I can't find anything wrong with you; you're doing fine." My mom then told me, "Don't you think that is pretty amazing? I'm almost eighty-nine years of age

and there is nothing wrong with me. Not too many people can say that." I agreed that she is much better now than she was when she first came to live with us.

The human spirit is wonderful because it can adjust to many catastrophes in a relatively short amount of time just as it did for mom. In a research project it was found that even though kidney dialysis patients recognized that their health was not very good, in their moment-to-moment experiences they report being just as happy as healthy non-patients. Ted Nance said, "The secret of happiness is not discovered in the absence of trials, but in the midst of them." If we can use our perception to live in the moment and find joy in that moment no matter the circumstance, then we are on the way to happiness. FH

Case of the month

This 52-year-old man first came to The Center in 1994 complaining of depression, fatigue, and dermatitis. He scratched constantly. By 1998, he said he was feeling fine, with no anxiety and depression.

He came back again in late 2003 with hepatitis C and polycythemia (too much blood in his system). To combat the hepatitis C, we started him on a 15-gram intravenous vitamin C, along with one cc of magnesium in the infusion mixture. A month later the vitamin C in the infusion was increased to 25 grams.

He was also given lithium orotate, milk thistle, alpha lipoic acid, 5-HTP, and selenium by mouth to help with the vitamin C infusions and also to work with his immune system. He was given a prescription for therapeutic bleedings once a month through the American Red Cross to help with the polycythemia.

He began the 15-gram vitamin C infusions once a week for the first month. When the results of a **blood test** came back from the laboratory, Dr. Hunninghake increased the vitamin C in the infusions to 25 grams. This continued for four months when Dr. Hunninghake again increased the vitamin C to 50 grams in March, 2004. In January, 2005, Dr. Hunninghake again raised the vitamin C level to 75 grams per infusion.

When he came to The Center in late 2003, his hepatitis marker was 150. The normal range for this marker is 0 to 40. We started the vitamin C infusions and the marker for hepatitis continued to rise. We increased the dose of vitamin C and the markers increased much more slowly. We increased the vitamin C to 50 grams and the markers began to drop. He continued the vitamin C at 50 grams until this year. In January, 2005, the vitamin C was increased to 75 grams and a month later his markers were down to 100—far better than when he started.

With these results, he is encouraged and continues the 75-gram vitamin C infusions to keep the hepatitis markers dropping. FH

CENTER UPDATE

Polymeal, a tasty way to reduce cardiovascular disease

In 2003, researchers proposed a Polypill that combined everything they felt would reduce the risk of getting cardiovascular disease. The potential cost and adverse effects are the main pitfalls of this pill.

Another group of researchers from the Netherlands proposed something that was tastier and safer than the Polypill—the Polymeal. Dr. Hunninghake has been prescribing parts of this meal to patient/co-learners for some time, but this is the first time it has been suggested as a meal.

The researchers' proposed Polymeal is as follows:

- Wine—150 ml (4.35 oz.) per day
- Fish—114 g (4 oz.) four times a week
- Dark chocolate—100 g (3.5 oz.) per day
- Fruits and vegetables—400 g (14 oz.) per day
- Garlic—2.7 g (one clove) per day
- Almonds—68 g (2.8 oz.) per day

These amounts were taken from scientific papers published in leading


medical journals no earlier than 2002. The combined effect of eating all seven of these foods per week, the researchers said, is a reduction in the cardiovascular risk factor of 76 percent. This is equally true for both men and women 50 years and older.

Chocolate, wine, fish, nuts, garlic, fruits, and vegetables are well known as having a positive effect on cardiovascular disease, as well as being enjoyed by humankind for centuries. No serious side effects have shown up in journal articles. The seven food items in the Polymeal are not really expensive, as well.

If you eliminate wine from the Polymeal, for instance, the risk reduction goes from 76 percent to 65 percent. This is the highest reduction. Eliminating fish from the diet reduces the risk factor by only 3 percent. Eliminating chocolate or fruits and vegetables brings the percentage down by 5 percent.

The Polymeal makes sense as a way to reduce your cardiovascular risk factor. FH

Answers from page 4

- 1 c. During our lifetime we do not live in one single skin but in almost 1,000 different skins.
- 2 b. Since it sloughs off less rapidly, it represents a higher proportion of the whole skin.
- 3 a. There is still a controversy as to whether the aging effect we see throughout the body results from damage to the cells nuclei or damage to the outer skin from free radicals.
- 4 c. The most visible areas are the most disturbing.
- 5 b. Almost 100% of boys and 90% of girls experience acne breakout. While the percentage of those over 25 who have acne is lower, it is still traumatic for most people regardless of age.
- 6 c. One research study reported on the safety and efficacy of 0.% and 2.0% of salicylic acid. It reported that salicylic acid reduced the number and severity of lesions associated with acne.
- 7 a. While all three contribute to damaged skin, ultraviolet light is the worst offender. 

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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 ACNE CURE: The Nonprescription Plan That Shows Dramatic Results in as Little as 24 Hours

by *Terry J Dubrow, M.D., and Brenda D. Adderly, M.H.A.*
 While everyone gets a blemish every so often, for some people acne is a way of life. Dr. Dubrow is the director of the Acne Clinic in Newport Beach, CA. He offers a comprehensive, safe, and fast acting, four-step cure for this condition without prescription drugs. Softcover. Retail: \$13.95 Health Hunter \$12.56

IMPROVE YOUR EYES AND SAVE YOUR SIGHT

with *Rebecca Kirby, M.D., M.S., R.D.*
 Would you like to see better? Tired of holding the newspaper at arm's length, squinting at road signs? Mental effort and stress to the eyes contributes to poor vision. Poor circulation and poor nutrition also contribute to poor vision and to eye diseases as well. Learn more about how you can prevent macular degeneration, cataracts, and glaucoma.

CoQ10—THE ENERGY NUTRIENT

with *Chad A. Krier, N.D., D.C.*

If you suffer from heart disease or low stamina, then this may be the nutrient for you. This fat soluble accessory food factor plays a role in all energy dependent processes in the body. Learn how this vitalizing nutrient is changing the lives of people like you.

C-REACTIVE PROTEIN (CRP)—More Important Than Your Cholesterol Level!

with *Ron Hunninghake, M.D.*
 Half of all heart attacks and strokes occur in people with normal cholesterol levels. Ouch! Fortunately, medical science has uncovered a much better risk marker: c-reactive protein (CRP). Measuring your CRP level will identify hidden inflammation lurking silently in your system. A high CRP doubles your risk of heart attack and stroke. Learn the causes of a high CRP and the many natural methods for lowering it and your risk for future illness.

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C-Reactive Protein (CRP)	audio video	_____	_____	_____
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Upcoming Events. . .

Lunch & Lectures:

March

- 8 Stimulating Deep Sleep Delta Rhythms in the Brain
- 10 Strong People Stay Young
- 15 The Center's Approach to Alleviating Skin Conditions
- 17 If You're Squeaky, You May be Leaky: A Naturopathic Approach to Leaky Gut Syndrome
- 22 Music Making Smarter Infants
- 24 Monitor Your Own Nutrient Levels to Identify Your Risk for Illness
- 29 The Center's Approach to Reducing Hypertension
- 31 Eating for Health: Is Your Food Safe?

March 31 - **Health Hunter/Beat The Odds Presentations on Health Panels and "Ask the Doctors"**

April 1 & 2 - **Health Hunter/Beat The Odds Days**

Losing weight lowers inflammation

Looking at several studies, researchers found that when obese people lose weight, they improve their c-reactive protein (CRP) level and lower inflammation. They also lower their levels of the cytokines IL-6 and TNF α , which are related to inflammation, CRP and even lowers artery plugging atherosclerosis and rheumatoid arthritis. Obese women have a body mass index (BMI) of 34 or greater.

"Obesity has been clearly associated with elevated CRP (and IL-6) levels, and the majority of studies conducted in weight loss have shown significant decreases in these inflammatory proteins," the researchers concluded.

INSIDE THIS MONTH'S ISSUE . . .

- Know Your Nutrients: the Minerals, part one
- The Riordan Approach
- DHEA: getting rid of abdominal fat
- Polymeal, a tasty way to reduce cardiovascular disease

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