

Health Hunter[®]

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N E W S L E T T E R

MAY 2003

To Atkins or not to Atkins

by Ron Hunninghake, M.D.

In 1972, Dr. Robert Atkins, a cardiologist, published what was destined to become one of the most popular and controversial health books of modern times: *Dr. Atkins' Diet Revolution*. Despite 30 years of continuing attack from the AMA, dieticians, and even alternative nutritionists, Dr. Atkins' "carbohydrate control" diet books have sold over 10 million copies. Why does this huge discrepancy between professional and public opinion continue to exist? Is the Atkins Diet that dangerous? Does it work?

By 1999, supposedly due to the low-fat movement, sugar consumption skyrocketed to 158 lbs/yr!

One alarming statistic is very telling. During the same 30-year period that Dr. Atkins' books rose to prominence (or notoriety, depending upon your perspective) the incidence of obesity in America rose from 40% to 60%, making America the fattest nation on earth. Dr. Atkins does not mince words on this issue: he unabashedly lays the blame for this occurrence directly at the feet of the low-fat dietary movement... the darling of conventional medicine, held as sacred truth by dieticians everywhere, and written on the then-halved USDA *Food Pyramid*. In short, it came down to low carb vs. low fat. Who was right?

The "fat as the root of all nutritional evil" movement gathered steam in the early 70s. It culminated in the publishing of the *Food Pyramid* in the early 80s. During the next decade, fat

consumption in the U.S. plummeted from an average 40% in the American cuisine to 33%. If the low-fat premise were correct, obesity and its medical ramifications should have dropped during that same period. That didn't happen. With the lower intake of fat came the increasing intake of refined sugar. In 1828, the average American ate only 12 lbs/yr. Over the next one and half centuries, sugar intake worked its way up until, in 1975, it ran around 124 lbs/yr. But by 1999, supposedly due to the low-fat movement, sugar consumption had skyrocketed to 158 lbs/yr! With the rising epidemic of obesity came a concurrent epidemic of diabetes, making its way into heretofore-untouched sectors of our population. It is now not uncommon to hear of grade school kids with type II diabetes.

Enter Dr. Atkins. His message is actually quite simple: excess refined carbs over stimulate the production of insulin. Over time, cellular insulin receptors down-regulate. The pancreas attempts to compensate by making even larger amounts of insulin. Insulin, being a fat storage hormone, triggers a "metabolic syndrome" including:

- central obesity
- elevated cholesterol (LDL "bad" goes up, HDL "good" goes down)
- high blood pressure (insulin causes salt retention)
- glucose intolerance (pre-diabetic)

In a word, Atkins says the modern obesity epidemic is due to *hyperinsulinism*. Treatment: control carbs.

Dr. Atkins' enemies are quick to call "foul!" Carbohydrates they say are the primary source of fiber,

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Fatty acids slow thought decline

As we grow older, we often begin to lose our ability to think as clearly as we could when we were younger. Dementia begins to creep into our life.

Dr. Barbara Heude and her colleagues of United INSERM 258, Hospital Paul Brousse, Villejuif, France, believes this decline in cognitive ability comes from a fatty acid deficiency, especially omega-3 fatty acids. "We observed that lower contents of omega-3 [polyunsaturated fatty acids] (PUFA) and a higher omega-6 PUFAs were associated with a higher risk of cognitive decline," the researchers reported in *The American Journal of Clinical Nutrition*.

In this study, the researchers followed 246 men and women between the ages of 63 and 74 for four years. They defined a decline of two or more points in the Mini-Mental State Examination over four years to indicate decline in cognitive ability. [H]

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Nutritional Medicine

by Tim Lawton, M.D.

What are the causes of good health?


I recently attended a four-day medical conference in Chicago which reviewed all the major medical conditions treated by family physicians. Most of conventional medical training and practice is devoted to recognizing and treating disease, rather than focusing on prevention. Towards the end of the conference, the course director gave a "pep" talk to encourage us to be more proactive in preventing disease. He asked, "Who knows the three most common causes of death in the United States?" One physician confidently spoke right up and answered, "heart disease, cancer, and strokes." To this the course director replied, "No, I don't want you to tell me the three most common *diseases*, but rather the *causes*."

The top three *causes* of death in the United States are (1) inactivity, (2) unhealthy diet, and (3) despair. The director went on to list number (4) substance abuse (including alcohol and tobacco), and (5) risky sexual activity. What impresses me most about all of these *causes* is that they are factors which we can control.

(1) Inactivity: Physical activity has been shown to help practically everything from heart disease to depression, to cancer, to osteoporosis, and more.

(2) Diet and Obesity: While food scarcity is still a problem in many parts of the world, food excess is plaguing the developed world. If you can eat 80% whole foods and 20% Standard American Diet (SAD) you're getting on the right track.

(3) Despair: Our state of mind and mental health have a profound effect on our physical wellbeing. Take a few moments each day to pray or meditate and give thanks. Focus on the positives. Do something kind for another person. Better yet, do it in secret and expect nothing in return. Laugh. If you're really feeling low, talk to a friend, get help.

While screening for cancer and cardiovascular disease certainly have merit, a healthy lifestyle can do even more to prevent disease. If you want to know what *causes* good health, look at each of the *causes* of disease and do the opposite! 

To Atkins or not to Atkins—Cont'd from page 1

phytonutrients, minerals, vitamins, and a host of essential nutrients. Eating all that meat and cheese, they say, can't be healthy. Won't that cause cancer? What about Atkins' diet and ketoacidosis, kidney stones, osteoporosis, potassium depletion, high cholesterol, and even heart attack? Studies have failed to show any evidence for these occurrences while on an Atkins low-carb diet.

One major misunderstanding about the Atkins Diet is that most people start with his Induction Phase, which contains only 20 grams of carbohydrates per day. Thus, induction is often thought to be the Atkins Diet. Not so. Induction is stringent only for the purpose of inducing ketosis. This is where the body turns to fat stores to obtain calories. It is associated with a reduction in appetite. Studies show no harmful effects. In

contradistinction to a low-fat, low-calorie diet, muscle wasting does not occur during ketosis.

Atkins advances his patients through induction into three additional phases, where more and more low-glycemic carbohydrates are systematically added, allowing the patient to perceive just where their "carbohydrate threshold" lies. This is the amount of carbs that begins to create hyperinsulinism and weight gain. Knowing this point can be invaluable in maintaining weight loss. Patients who only do the Induction Phase never learn this, and often regain lost pounds.

Atkins, while being interviewed on the Larry King Show, indicated that he himself probably eats more veggies than the average vegetarian, thus dis-

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HEALTH HUNTERS AT HOME

Want better bone density? Try this.

elling one major concern of the low-fat camp. Overall, if done properly, the Atkins Diet is almost totally whole foods, with more than adequate fruits and veggies. To follow the full course of the Atkins' program represents a major "clean up" of junk foods (refined, high-glycemic, low-color carbs.) Most critics miss this crucial advantage of this dietary program.

One criticism deserves mention: because the total focus of Atkins is carbohydrate control, certain individuals trying Atkins' diet will overeat calories, and fail to lose weight. For the majority, carbohydrate control automatically takes care of calorie control... but not for everyone. If you are not losing weight on the Atkins' program, keep better track of your total caloric intake.

In summary: there has probably never been a more controversial diet than Atkins' diet. From a whole foods perspective, this is not justified. It is a mostly whole foods diet. Not everyone is cut out to eat the amount of meat and dairy this diet demands in order to achieve Induction Phase ketosis and appetite control. Thus, most vegetarians will not succeed in losing weight with the Atkins diet. If followed through all four phases of the program, it is effective in controlling insulin resistance and reversing obesity. The key is sticking to whole foods, controlling high glycemic carbohydrates, and finding your individual "carbohydrate threshold" in order to maintain weight loss. HH

Infants can tell the difference between natural and synthetic vitamin E

Infants who were given a formula with either RRR- α -tocopheryl acetate (natural vitamin E) and all-rac-tocopherol (synthetic vitamin E) preferred the natural vitamin E over the synthetic vitamin E, according to research William Stone, M.D., and colleagues reported in the *American Journal of Clinical Nutrition*. HH

Several years ago, Dr. Riordan was in on some research that involved jack hammer operators. In this case, the researchers used older men who had been operating air driven jack hammers to break out concrete for several years. They wanted to check their bone density because the researchers were sure that their wrist bones would be weak and have fine cracks in them.

Were they ever surprised! The men had strong bones in their wrists—so strong that the x-rays of the bones were dense rather than showing small cracks.

Now, I am not suggesting that you go out and get a job breaking out concrete with a jack hammer. Rather, I just wanted to show what exercising the bones would do.

Dr. Davis gave me a copy of a research paper completed by the University of Florida's nursing school to improve bone density for older women not taking hormones. They recruited 20 women ages 60 to 75 who lived in a community retirement home. All had not exercised for at least a year and did not take hormones.

First, researchers checked the women for bone density, then half the women were put on a 60 to 90 minute exercise program, including weight lifting, three times a week for 32 weeks. They also took 1,000 mg of calcium citrate malate (the RDA) and 400 mg vitamin D (twice the RDA) every day. The other half kept up their same non-exercise program.

At the end of the 32 week period, the exercisers increased their bone density an average of 11%, increased strength 26%, and increased balance 27%. The non-exercisers lost 5% in their bone density, and their strength and balance did not change.

"These results suggest that there is an alternative for health maintenance and osteoporosis prevention without the inherent risks and adverse effects of hormones. These exercises also aid in overall strength and physical functioning, balance, blood pressure, and body weight—all important components of maintaining independence," said James

Jessup, Ph.D., R.N., the head of the research.

For instance, balance does not decline with age, but is the outcome from lack of exercise. This showed in the research. The exercise group increased their balance by 27%. The non-exercisers showed no gain. This is good for the exercisers.

The exercisers of the group lost an average of five pounds from the exercise and their systolic blood pressure (the top number of the two) decreased by 10%. Again, this is good.

But bone mineral density was what the researchers set about to find out. The exercise group showed great results at the end of their exercise program—an increase of 11% while the non-exercise group actually lost bone density during their 32 weeks of little activity.

In short, the exercise paid off! The group made great gains.

Judith Cohen, 70, had never exercised. The years of work had taken their toll on her body.

"I had aches from head to toe and my hip was in constant pain. After participating in Dr. Jessup's exercise regimen, the pain began to go away, and my hip fell back into place. I feel extraordinary," Cohen said.

After Cohen had gone through menopause, her doctor prescribed hormone replacement therapy but she stopped taking it. The side effects made her ill, she said.

"Women now are living longer than ever before which means more women will experience the long-term effects of menopause," according to Dr. Jessup. "These results suggest that there is an alternative for health maintenance and osteoporosis prevention without the inherent risks and adverse effects of hormones. These exercises aid in overall strength and physical functioning, balance, blood pressure and body weight—all important components of maintaining independence."

Dr. Jessup closed by saying, "Menopause is not a disease, and should not be treated like one." HH

—Richard Lewis

INFORMATION WORTH KNOWING

The *Journal of the American Medical Association* has reported that the number of Americans who are overweight has jumped from 55.9 percent in 1994 to 64.5 percent in 2003. Of those, 30.5 percent are now considered obese; they weigh more than 30 percent above a healthy weight. A diagnosis of diabetes among adult Americans has increased 49 percent between 1990 and 2000. Robert C. Atkins, M.D., has pioneered the concept of limiting refined carbohydrates and increasing protein and fat to lose weight. In his new book, *Atkins for Life*, he has gone another step beyond that. While it may be difficult to lose weight, maintaining that weight loss may be even more difficult. According to Dr. Atkins, the real objective should be maintaining the weight that is lost and maintaining a level of health far beyond that with which you started. He likes to incorporate healthy carbohydrates along with protein and fat. He does not advocate a total elimination of carbohydrates. This month's questions are taken from his book.

1 Some critics have said that there is no scientific research to support Dr. Atkins' nutritional philosophy. He counters with the information that the first published documentation of success of a controlled carbohydrate dietary regimen appeared in the _____. On the Atkins website they have summaries of close to 400 scientific studies that support the principles upon which the controlled nutritional approach is based.

- a. 1600s
- b. 1800s
- c. 1960s
- d. 1990s

2 Eating rapidly absorbed carbohydrates can lead to an insulin response. Although that spike in your blood glucose level gives you a quick energy boost, the resultant spike in insulin can over shoot, dropping your blood sugar level too low. This in turn can lead to cravings for more _____.

- a. bacon
- b. fat
- c. carbohydrates
- d. none of the above

3 The insulin response happens mostly when you eat a high fat diet that is slowly absorbed.

- a. True
- b. False

4 If you have lowered your intake of refined carbohydrates and don't seem to be losing any weight, you

might want to evaluate the medicines that you are taking. A number of widely prescribed drugs can slow or prevent weight loss such as _____.

- a. diuretics
- b. Metformin
- c. thyroid medication
- d. all the above

5 When starting the Atkins diet, you begin the weight loss plan by cutting carbohydrates and eating lots of greens. How much salad can you eat each day?

- a. none
- b. 2 to 3 cups
- c. 4 to 5 cups
- d. as much as you want

6 Many digestive problems, such as gastroesophageal reflux disease (GERD), gallstones, diverticulitis, gas, and bloating will not be affected when you control your carbohydrate intake.

- a. True
- b. False

7 Some people say that you don't have to _____ to be successful doing the Atkins for life.

- a. watch your carbohydrate intake
- b. exercise
- c. watch your fat intake
- d. drink fluids

• FOR ANSWERS, SEE PAGE 7 •


Estrogen, bone fractures in postmenopausal women

Postmenopausal women who take estrogen are somewhat protected from bone loss and fractures when compared to those who don't take estrogen. But are estrogen takers still at risk of bone fracture? Research hasn't looked at this until now.


Dr. Heidi Nelson, M.D., and colleagues of the Oregon Health and Science University, took a look at hip, wrist, vertebral, and nonvertebral fractures to find out how well protected women who took estrogen really were.

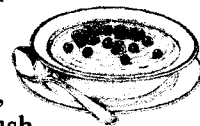
To accomplish this, the researchers followed 8816 women 65 years of age and older for ten years. They discovered that women taking estrogen lost less bone density than past users or those who never took estrogen, but all the user groups on average lost bone density from the hip and heel bones.

The researchers concluded that, although estrogen use is associated with reduced bone density loss, fractures were still common. Estrogen users should be considered in strategies designed to detect, prevent, and treat osteoporosis.

Maybe all women should consider the information presented in "Health Hunters at Home" in this issue. 

Fiber reduces risk of cardiovascular disease in elderly

Cereal fiber consumption helps lower the risk of cardiovascular disease in men and women 65 or older, according to Dariush Mozaffarian, M.D., MPH, and colleagues in a report appearing in the *Journal of the American Medical Association*. This supports the recommendation that older Americans should increase eating cereal fibers. 



Is blood lead level still too high?

Blood levels have been a concern for over 100 years. That ability of children to learn and to think is affected by blood lead exposure was first observed in 1943. The concentrations of blood lead have been progressively lowered by the Centers for Disease Control and Prevention from 60 micrograms per deciliter to 10 micrograms per deciliter in 1991. Now, many people are concerned that this may be too high.

One problem with blood lead that does not get as much attention as it should is that blood lead tends to gravitate to the soft tissue of the bone. If the child is moved from the exposure to lead, the blood lead level may reduce, but the bone lead level remains there and continues to poison the body and the brain. But even getting the blood level reduced is a start in the right direction.

In the April 17 issue of the *New England Journal of Medicine*, Richard Canfield, Ph.D., and colleagues addressed the problem to learn if intellectual impairment in children with a blood lead concentration that was below 10 micrograms per deciliter could be significant.

The researchers measured the blood levels of 172 children between the ages of three and five years. These measurements were taken at 6, 12, 18, 24, 36, 48, and 60 months. At the same time the children were given a Stanford-Binet Intelligence Scale test to see if there was any intellectual correlation because of the lead exposure.

The results were devastating. "Blood concentrations, even below 10 micrograms per deciliter, are inversely associated with children's IQ scores at three and five years of age, and associated declines in IQ are greater at these concentrations than at higher concentrations. These findings suggest that more U. S. children may be adversely affected by environmental lead than previously estimated," wrote the researchers. They believe the 10 microgram per deciliter number should be even lower. [H]

Herbal History

Will the real ginseng stand up

Ginseng is a fascinating plant—one that has as many uses as it does impostors. *Panax* is the family name for ginseng. The name is derived from the Greek *pan*, meaning all, and *akos*, meaning remedy. Only plants with the name *Panax* at the beginning of the Latin name are the real ginseng.

The first noted use of ginseng came from Asia and the Orient. The ancient Chinese medicine used a form of ginseng they called *ren-shen*. *Ren* embraced the many different concepts including the "spirit of man." *Shen* means root, but also a crystallization of the essence of the earth. The root of the ginseng plant is used for medicinal purposes. This name went through many modifications before becoming known as ginseng.

In North America, there are only two plants with the *Panax* family name—American ginseng (*Panax quinquefolios*) and the dwarf or ground-

nut (peanut) ginseng (*Panax trifolius* L.). All other plants with the *Panax* name come from the Orient or Asia.

The impostors of ginseng are many. They are sold under names such as ginseng, California ginseng, wild ginseng, blue-yellow ginseng, prickly ginseng, Siberian ginseng, Malaysian ginseng, Pacific ginseng, and many others. Their Latin family names range from *Adenophra* and *Alallia* to *Pseudostellaria*, *Rumex*, *Scroiykarua*, and *Withonia*. None of them are *Panax* and none of the roots offer the same qualities as the real ginseng offers.

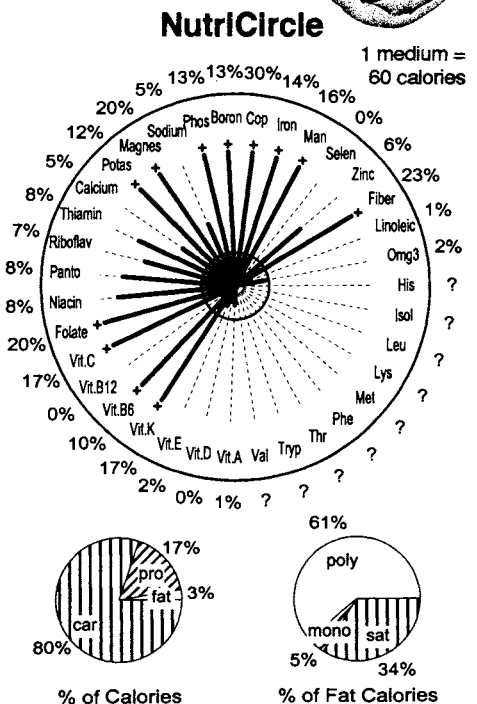
As the taxonomists dig further into the intricacies of the DNA structure to better understand and organize the relationships among plant species, manufacturers, healthcare professionals, and the general public should be sure they know what exactly is being sold and consumed. In the case of ginseng, be sure it comes from the *Panax* family. [H]

Food of the Month

by Donald R. Davis, Ph.D.



ARTICHOKES are the flower buds of a large thistle native to the Mediterranean. Ours come from California, where this spring's crop is heavy and top quality. We eat parts of the petals and then the heart, which have a unique flavor and sweet aftertaste. Novices can dispel the intimidation factor with illustrated cooking and eating instructions at www.artichokes.org. A medium-size artichoke contains 5% to 30% of the RDAs for 19 vitamins, minerals and fiber, all in only 60 calories. Artichokes are also relatively high in protein (17% of calories), but data for the individual amino acids are unreported.



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.


Small steps lead to big changes

Change can be easy or hard. It can be planned or happen unexpectedly. One thing we know, change happens all the time. You might be thinking that now is the time to lose weight, change your diet, and/or rebuild relationships. Some people could make all those changes at one time, but for many of us we need to make changes gradually. Jack Welch, the past chairman of General Electric said, *Most bold change is the result of a hundred thousand tiny changes that culminate in a bold product or procedure or structure.*

Barbara Reed Stütt, Ph.D., recently shared some of her experiences with helping school children improve their diets by adding whole foods. She stressed that you need to have a goal and make small incremental changes. Never having junk food on hand and offering choices between healthy alternatives can make a difference in improving nutrition.

Another example that starting

with a small change can make a big difference is the health incentives The Center offers the staff each month. This year we have a standard health incentive of walking 15 minutes a day five days a week. It doesn't say how far we have to walk or how fast. I know that I am walking faster and further after three months with this plan than the ones we have had in the past. It feels good to walk and it feels bad on those days that I don't walk. Vivian Buchen said, *One change makes way for the next, giving us the opportunity to grow.* I have certainly found that to be true.

What changes would you like to see in your life? Can you set a goal that is doable for you? Can you start with small steps, while keeping in mind the result you want to have? Do you want to make some of the changes you know would result in a better life or do you want circumstances to make those changes for you? 

CENTER UPDATE

Lead and hypertension

Almost 18 years ago, The Center completed a small research study that removed the lead stores from the bones of hypertensive persons. These stores were in the soft tissue of the bone where lead tends to gravitate when it leaves the blood system.

The Center had very good fortune with the study. They found that as the lead level came down through the intravenous chelation process, the blood pressure came down, also.


A recently published research paper by Denis Nash, Ph.D., MPH, and colleagues looked at blood lead and blood pressure in women entering menopause and those women who have gone through it. It appeared in the *Journal of the American Medical Association*.

After accounting for various factors, "We found a significant association between blood and systolic and diastolic blood hypertension prevalence

among women aged 40 to 59 years in the U.S. population," the researchers said.

This study looked at blood lead levels. Their problem comes from the fact that lead leaves the blood and is stored in the soft tissue of the bone. About the only way one can go about getting lead out of the bone is through intravenous chelation.

The paper closes by addressing this problem. "Finally, the findings of our study of associations of blood lead with systolic and diastolic hypertension and blood pressure among women in the general population lend support for further studies on the health effect of bone lead mobilization during the menopausal transition. These results provide support for continued efforts to reduce lead levels in the general population, especially women."

The Center would agree with this conclusion. 

Case of the month

A 43-year-old woman came to The Center in late April, 2002, with several complaints. These included arthritis, chronic fatigue, depression, cognitive problems, irritable bowel, tendinitis, and insomnia. She also felt there was some fibromyalgia involved with the pain she had.


The woman is a doer, according to Dr. Hunninghake. "When she comes in, it is what can I do to accomplish this. She is an artist so she wants to do what will get her the results she wants just like when she is doing a painting," he said.

For instance, her memory was not as good as she wanted it to be. She had problems remembering things and this caused her problems. So she asked, "What can we do about this?" Dr. Hunninghake, put her on Deprenyl and she began to think better and remember better. Now she is close to working the way she wants. She has better cognitive function.

She is a very toxic person so she came in wanting to find out what she could do to get rid of the toxins in her body. She began doing detoxification cocktails and she got an ozone machine and put it to use. She used a personal sauna. These and others have helped her begin to get where she wants to be in relation to getting the toxins out of her body.

Her thyroid had been a problem so Dr. Hunninghake started her on slow release T3 supplements and eventually Armour thyroid to help her thyroid function better and to help her function better.

She was also a voracious reader so Dr. Hunninghake sent her home with several books that she could read to find out what she could do to get her body working the way she felt it should.

Hormones were also a problem for her. Dr. Hunninghake worked with her on these and together they are getting her hormones where they are working the way she wants them to work. In short, through her determination to get her problems behind her, she is doing well and accomplishing what she wants. 

1 b. Although documented in the 1800s, Dr. Atkins' approach was developed after he read a scientific article in *The Journal of the American Medical Society* in 1963.


2 c. When your blood sugar drops too low, it can lead to an energy slump. The more refined the carbohydrates, the more highs and lows in blood sugar levels.

3 b. The response happens when you eat high carbohydrate foods that are rapidly absorbed.

4 a. Also, Beta blockers such as Lopressor, Corgard, and Inderal can make losing weight challenging, as well as birth control pills, some antidepressants, and anti-arthritis drugs.

5 b. You satisfy your appetite with fish, poultry, eggs, beef, and other foods high in protein and good fats.

6 b. Cutting fat in the diet doesn't reduce GERD symptoms or help prevent gallstone attacks. Cutting carbohydrates does seem to reduce symptoms.

7 b. Exercise is a vital component of any healthy lifestyle and is valuable for permanent weight control. 

SPECIAL DISCOUNTS

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

ATKINS FOR LIFE

by Robert C. Atkins, M.D.

A Duke University study confirmed that a low carbohydrate diet could lead to significant and sustained weight loss. *Atkins for Life* is filled with advice and tips on navigating the everyday challenges that come with eating low carb in a high carb world. This book offers over 200 menu plans or about six months of menus. Hardcover.

Retail Price: \$24.95

Health Hunter: \$22.46

perpetuated. Join Dr. Eppas as he reviews the sojourn his laughing vegetables took to get to his garden.

HOW OLD IS OLD?

with Hugh D. Riordan, M.D.

We all know people who age differently. Why are some people 40 going on 70, while others seem to be 70 going on 40? Learn how to test your biological age and use strategies that help you look, think, act, and feel younger than your chronological age.

WHY DO MY VEGETABLES LAUGH AT ME?

with Melvin Epp, Ph.D.

If it had not been for our ancestors, most of the vegetables in the garden would still be unspectacular greenery along some infrequently traversed wilderness path. Some plants were clever and made themselves attractive to our ancestors. The clever plants were nurtured and

HOW FOOD SENSITIVITIES AFFECT OUR HEALTH

with James Jackson, Ph.D.

"No thanks, I think I am allergic to that." This statement is often heard at many gatherings when certain foods are offered to guests. Dr. Jackson discusses how food, or food additives, can make you sick and what you can do about it.

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May

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- 8 Women, Weight, & Hormones
- 13 Reversing the Inflammation Syndrome
- 15 Understanding the Fungal Link to Cancer
- 20 Know Your Nutrients: Vitamin C
- 22 Stretching for Better Health

Atkins Book Club - May 29, June 5, June 12, & June 19

Battling brain shrinkage

As we get older, both our brains and our bodies do better with regular exercise such as regular cardiovascular workouts. The human brain starts losing tissue after about age 30. Cognitive ability reduces, too.

For years, it has been found that fit older adults do better on mental tests. Now, Arthur Kramer and colleagues at the University of Illinois, Urbana-Champaign completed a brain-imaging study that shows exercise does beef up the brain along with the body, according to the *Journal of Gerontology: Medical Sciences*.

The researchers found, using magnetic resonance imaging, that the brains of adults, aged 56 to 79, showed less decline in brain density in both gray (cell bodies) and white (axons) matter if these people exercised regularly. They found that the effect increased as people aged.

- To Atkins or not to Atkins
- What are the causes of good health?
- Estrogen, bone fractures in post-menopausal women
- Lead and hypertension

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