

Health Hunter[®]

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N E W S L E T T E R

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Herbal medicine 101

Ron Hunninghake, M.D.

Let's begin our discussion of using herbs medically by considering a potentially dangerous herb.

The herb in question is a seed extract of an evergreen shrub that is thought to be indigenous to Ethiopia. Currently it is cultivated in many tropical regions around the world. It is toxicologically harmless when used below the threshold dose of 500 mg per day, in divided doses.

In 1997 Americans spent \$3.5 billion on herbal medicines and remedies.

It is advisable for patients who have underlying cardiovascular disease, renal disease, thyroid disorder, and convulsive disorders, as well as panic attacks, to use this herb with great caution. Common side effects include: hyperacidity, gastric irritation, diarrhea, and reduced appetite, as well as tremor.

The early signs of poisoning are vomiting and abdominal spasming. Individuals using doses exceeding 1500 mg per day could develop non-specific symptoms of poisoning, which include: restlessness, irritability, sleeplessness, palpitations, loss of appetite, headache, diarrhea, and rare reports of death. What is this potentially dangerous herb?

Coffea arabica...coffee! My intent is not to trivialize the dangers of self-medication with powerful herbs, nor to underestimate the risks of drug/ herb interaction. Rather, I am trying to underscore the absolute importance of accurate, complete herbal information

best understood and utilized in the context of a healthy doctor/patient relationship.

This quality information is now becoming available in such publications as the *PDR for Herbal Medicines*, First Edition. This book is well organized and structured like a typical PDR, and almost half of it is based upon the famous Commission E monographs of Germany. Commission E is the herbal FDA in Germany.

Some background information on herbs: In 1997, Americans spent \$3.5 billion on herbal medicines and remedies. One in five individuals who take prescription medicines also take herbs. It is now estimated that perhaps 15 million people who take herbal remedies may be at risk for potential adverse drug interactions.

The sales of herbal remedies, like ginseng, St. John's wort, and ma huang, are doubling every four years. Herbs are no longer confined to the shelves of health food stores. You can find them in drug stores, supermarkets, discount stores, the internet, even convenience stores where little racks display packets for "instant energy."

The herbal renaissance has generated serious concerns in the standard medical community. Most feel that the information regarding herbs is too often half-proven, based upon anecdotal information. Most recommendations do not take into consideration the patient's overall medical situation. Adding to the confusion, both clinicians and patients lack a significant background in herbology. This can lead to unforeseen reactions and undesirable outcomes.

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Americans don't drink enough water

Drinking water has been at the forefront of treatment at The Center. Dr. Riordan has often written a prescription for co-learners who confess to not drinking water that says "fill a two quart container with water when you first get up in the morning and do not go to bed until it is empty."

To further emphasize the importance of drinking eight 8-ounce glasses of water every day, The Rockefeller University in New York commissioned a survey that discovered that only 34% of Americans drink that amount.

Water has many purposes in the body. The primary one is to be the trucking department of your body. Water hauls nutrients and oxygen to every cell in the body. It also trucks out the waste and garbage from the cells.

It is valuable in maintaining the digestive system to get those nutrients the truckers haul, but also is needed for the kidneys which help out the garbage trucks in disposing of the waste.

To keep these truckers rolling, drink plenty of water every day. 

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Editor: Richard Lewis

Associate Editors: Marilyn Landreth
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Editor's note: The Nutritional Medicine column is on vacation this month but will be back next month.

Poor diet may damage DNA

On different occasions, while writing *Health Hunter*, I fantasize about being part of a small band of protesters outside a national junk food convention carrying signs and chanting, "EAT WHOLE FOODS, EAT WHOLE FOODS, EAT WHOLE FOODS."

Some comments from a recent conference sponsored in part by the National Institute of Environmental Health Sciences brought the chant of the small band of protesters back to mind.

"Wherever you turn around...the poor are eating such poor diets I think they are battering their DNA, causing cancer and maybe damaging their brains," said Bruce Ames of the University of California, Berkeley. Battering their DNA? Causing cancer? Wow!

In short, Americans are substituting white flour, white sugar, and sepa-

rated fats (the dismembered foods) and are not getting the recommended five servings of fruits and vegetables (whole foods) each day. By not getting these whole foods each day, the conclusion is they are cheating themselves out of the antioxidants contained in these foods they need to protect their DNA from free radical damage.

"What is becoming clear is that there is a tremendous amount of DNA damage in people from not having their vitamins and minerals," Ames continued.

"People, when they think of cancer, they think of chemicals in the water or pesticide residue. I just think it's all a distraction."

And here come the protesters again, "EAT WHOLE FOODS, EAT WHOLE FOODS, EAT WHOLE FOODS." [H]

Herbal medicine - Continued from page 1

The entrepreneurial system here in the United States, while generally accurate in its recommendations, has helped to create the magic bullet mentality in too many patients. These people end up looking for the miracle herb that solves everything.

Other possible disadvantages include mislabeled and unregulated preparations that are ineffective. Associated pesticide residues and heavy metal content are rarely disclosed. There are even reports of drug tainted herbs being shipped into the country. Because herbs are plants, they contain tree, root, and grass parts to which patients can have serious allergic reactions. There are reports of teenagers purposely overdosing on ephedra or ma huang in order to get a quick high.

If you focus only on the disadvantages, it would appear that they outweigh the advantages, until you realize that most herbs are like coffee. Coffee is a remedy that is not physician prescribed. Patients choose coffee to regulate their sense of well-being and alertness level. The role of the doctor is to inform the patient that medical factors may influence this choice of whether or

not to use coffee and how much to use.

Where herbs can create problems is when people have serious, acute illness—like a cough or a fever that may be the beginnings of full-blown pneumonia. Would echinacea be appropriate in this situation? How about the depressed patient who is now thinking about suicide? Would this be a good scenario for the use of St. John's wort? A male who has a severely enlarged prostate, to the point of urinary retention—would that be an appropriate time to start saw palmetto? Obviously, in acute situations like this, herbal remedies could prove to be disastrous.

Fortunately, there is a scientific renaissance driving renewed interest in herbology. When used with your doctor, not as a means of self-diagnosing and treatment, but as a means of self-regulating, the use of herbs can be quite powerful, as part of an overall wellness plan.

One needs to remember that herbs are traditional medicine. All of the great ancient medicines are based upon herbology. Ancient medicine, like Chinese and Ayurvedic, is based upon

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herbology. Herbs have been proven to be less toxic, in general, with fewer side effects, if used appropriately and with good quality control. Herbs actually treat underlying disease mechanisms; they do not simply cover up symptoms. One big advantage of herbs is that the patient can become more actively involved in their medical situation, rather than passively waiting for the expert to solve all their problems. Nevertheless, herbs work best as part of a comprehensive plan that has been mutually created by you and your health care professional.

In summary, I have several recommendations for those of you who are just getting into herbs.

- Pick well known herbs. There are about 20 commonly used herbs that are well researched and well documented in their effectiveness.
- Decide on a brand that you can trust. A nationally known brand has its name to protect. It will attempt to maintain high quality control to avoid unusual reactions that might otherwise make the headlines. Also, use standardized extracts which should contain exactly what the bottle says it contains.
- Inform your doctor of your herbal program. Bring basic reading materials and studies.
- Read extensively on any herb that you are taking. Try to understand the underlying physiology that makes it work. Do not use any one herb for an extended period of time. Herbs, like echinacea, are best used cyclically; otherwise they tend to lose some of their effectiveness.

Herbs can be a very powerful tool to help you achieve a higher level of functioning and a greater degree of wellness. Herbs misused can create serious side effects and health problems. If you are planning to go in for surgery, please be sure and tell your doctor which herbs you are taking! Herbs can interact adversely with the anesthetic. Used appropriately, herbs can be your friend and a great means to better overall functioning. [H]

HEALTH HUNTERS AT HOME

What is causing America's overweight problem?

Recently, the Federal Government announced that it was going to study two diets to find the ideal one to solve the admittedly growing problem of obesity in America.

One of the diets, the low fat diet, is promoted by Dr. Dean Ornish. The other is the low carbohydrate, high protein diet promoted by Dr. Atkins.

Even though one of these diets may get the government approval as "The Best," the government is still looking in the wrong place.

A group of researchers from the University of Minnesota took an ecological approach to the problem of overweight in America. They set out to find out what has changed in the way of food buying and food consumption habits with Americans. They found some interesting changes in these habits.

For instance, they discovered that the per capita availability of energy increased by 15% from 1970 to 1994. Or, translated from research language into lay terms, we are, on the average, taking in 15% more calories in the form of fats and simple carbohydrates. If they are not burned up, the body tends to store them as fat.

Trends in what we buy in food and how it is prepared have also shifted in ways that may add to overweight. We are eating more meals outside of the home, relying more on convenience foods, and consuming larger portions. Go to a fast food place and see if they encourage you to get the giant French fries and oversized soft drink for just pennies more. Many people do.

Again, look at what the researchers found in the 20 plus years they checked. While we have been buying low-fat milk, the sales of high-fat cheese increased 375%. During the same time, high calorie additives such as corn sweetener, white flour, and shortening and cooking oils were increasingly used in processed foods.

These increases could be attributed to increased reliance on fast food restaurants and other quickie food restaurants where we grab deep fried food on the way to work or home. Fast food restaurants are currently increasing at the rate of 7% annually.

Actually, the share of our food budget spent on eating out rose from 20% in 1970 to 38% in 1992. Add this to the growth of fast food and you begin to get the picture.

Portion size has risen in the restaurants, too. The National Restaurant Association, in analyzing menus from 1988 and 1993, showed a 12% increase in offering more than one size. It reminds me of those signs in Texas advertising that if you eat the 72 ounce steak your meal is free.

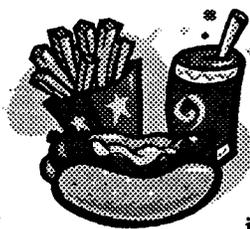
Now, what can we do to reduce the amount of fat and carbohydrate intake? How can we make wise choices when eating out so we can keep away from all this "extra" energy?

The first recommendation is to "eat whole foods," as Dr. Donald Davis is always saying. Dr. Davis has often suggested that we should use this as a measurement to help us make wise choices, whether at the grocery store, a quiet restaurant, or sitting in a fast food drive-through looking at the large metal and plastic menu.

Using a whole foods approach is easy. You need only this simple rule. Eat foods the way Mother Nature made them rather than the way food technologists have made—or dismembered—them.

Dr. Ron Hunninghake often suggests the rule of, "all things in moderation, including moderation." With these simple rules in mind, you will find it easier to make informed decisions about your food choices that will naturally reduce the caloric content and add to the nutritional content of your food. Eating just might become more enjoyable, too. [H]

—Richard Lewis



INFORMATION WORTH KNOWING

What is glutamine, and why is it important? It is a nutrient, a protein that is found in the food we eat. It is an amino acid, which serves as a necessary building block for protein in the body. *The Ultimate Nutrient Glutamine: The Essential Nonessential Amino Acid* written by Judy Shabert, M.D., R.D., and Nancy Ehrlich, tells us about the important discoveries relating to glutamine and helps us apply this information to our individual needs. The questions this month are taken from their book.

1 When we consume food, we take in major nutrients, vitamins, and minerals, all of which contribute to the health and _____ of the body.

- a. maintenance
- b. age
- c. biological age
- d. none of the above

2 Glutamine is an amino acid that is unique, special, and an important nutrient. Glutamine is also known as _____.

- a. glutamic acid
- b. monosodium glutamate (MSG)
- c. gluten
- d. none of the choices listed

3 Healthy people need specific nutrients in order to stay healthy. People who are sick or stressed have different nutrient requirements.

- a. True
- b. False

4 Digestion, the breaking down of food into smaller parts, begins in the _____.

- a. stomach
- b. large intestine
- c. mouth
- d. small intestine

5 Next to the brain, the _____ may be the most "thinking" organ in the body and has a multitude of functions.

- a. heart
- b. liver
- c. kidneys
- d. lungs

6 Free radicals are constantly being produced in the body, but we are protected from their damage by antioxidant enzyme systems and scavenger compounds.

- a. True
- b. False

7 Glutamine should not be given in _____ because it is not effective and would cause further damage to the brain.

- a. severe cirrhosis of the liver
- b. Reye's syndrome
- c. end-stage liver disease
- d. all the above.

• FOR ANSWERS, SEE PAGE 7 •

23 healthy foods to lengthen life

Last month, there was an article on the front page of *Health Hunter* titled "Healthy eating lengthens life." This was good news, except that we did not let the readers know what the 23 targeted foods were that the researchers used to find out if the participants were eating a "healthy diet."

Here are the foods the researchers determined make up a healthy diet: apples, pears, oranges, grapefruit, cantaloupe; orange or grapefruit juice, and other fruit juices; dried beans; tomatoes; broccoli; spinach, mustard, turnip, or collard greens; carrots or mixed vegetables with carrots; sweet potatoes, yams; other potatoes; baked or stewed chicken or turkey; dark breads like whole wheat, rye, or pumpernickel; cornbread, tortillas, and grits; high fiber cereals, such as bran, granola, or shredded wheat; cooked cereals; 2% milk and beverages with 2% milk; 1% milk.

Please don't count these; you may get a different number. This list comes directly from the research paper. 

Weight lifting protects against free radicals

Lifting weights—even light weights—can protect against free radical damage, according to a paper presented to the American College of Sports Medicine by Dr. Kevin Vincent of the University of Florida at Gainesville recently.

The researchers found that healthy men and women between the ages of 60 and 85 who lifted weights in either a series of high- or low-intensity exercises had less damage from free radicals after exercise when compared with a group of people who did not lift weights. 

25th Anniversary Update

Sept. 22-24 - 15th International Conference on Human Functioning

Case of the month

Many patient/co-learners who come to The Center usually take several months to accomplish what they want during their search for health. This month is different. This patient/co-learner found that gains in his quality of life came very soon after his treatment at The Center began.

This 74-year-old male came to The Center in early May of this year complaining primarily of coronary artery disease, hypertension, and peripheral vascular disease.

The initial testing included a diagnostic chelation along with the biochemical testing. He stated at the time that he was eager to proceed with the chelation process since he had talked to several people who had had success with it.

He also stated that he couldn't walk very far without his legs starting to hurt and having to sit down until the pain stopped enough to continue. He hoped the chelation would help with his ability to walk again. He said only a couple of years ago he could walk a couple of miles without any problem.

When he returned for the results of his laboratory tests, he was continued on the regimen he had started before he came since most of his laboratory findings were in the normal range. He takes two packets of high vitamin and mineral supplements every day.

From the results of the diagnostic chelation, though, Dr. Hunninghake prescribed an additional ten chelations, one per week.

On the day he returned to The Center for his fifth chelation, he was ecstatic about the results at that point.

He said, "This is the greatest thing I ever did. I can walk again. When I first came here I was lucky if I could walk a half a block. Now, I can walk a mile and a half without pain. It is great.

"I can see better, too. I can see better without my glasses than I could see before the chelation with my glasses. It is a miracle. You people have given me a new lease on life." [E]

Herbal History

Dogbane, *Apocynum cannabinum*

Dogbane grows everywhere from the southern border to the northern border of the United States and flows into Mexico and Canada as well.

It is a perennial herb growing from one to three feet tall with small flowers growing in clusters at the end of the stems. It blooms from June to September. The petals of the flowers range from white to pinkish in color. The fruits are slender, cylinder pods about eight inches in length.

The native Americans had various names for the plant. The Blackfeet called it "nuxapist" meaning "little blanket." The Mesquakie names were "mukoseki'ashikiki" meaning "like a milk weed" and "Mukosaka'sakuk" which translates as "sharp podded weed."

For medicinal purposes, the Indians used the root of the dogbane. The Blackfeet, for instance, boiled the roots in water to make a tea that they drank as a laxative. They also used it as a hair wash

to prevent hair loss.

The Mesquakie used the root as a universal remedy for many problems. They also used the fibers of the stems as a fine thread for sewing. The *cannabinum* part of the Latin name means "of cannabis" or "of hemp" referring to the woody outer fibers in the stem. Like hemp, dogbane makes good cordage or rope.

Dogbane was popular with early doctors. In 1902, Dr. Finley Ellingwood wrote, in *A Systematic Treatise on Materia Medica and Therapeutics*:

"The most direct action of this remedy is upon an enlarged heart, where there is functional weakness. It lessens the force of the heart's action, controlling violence and irritability..."

"In bronchitis, asthma, dyspnoea and in jaundice or dropsy, all of cardiac origin, it is said to be one of the best agents."

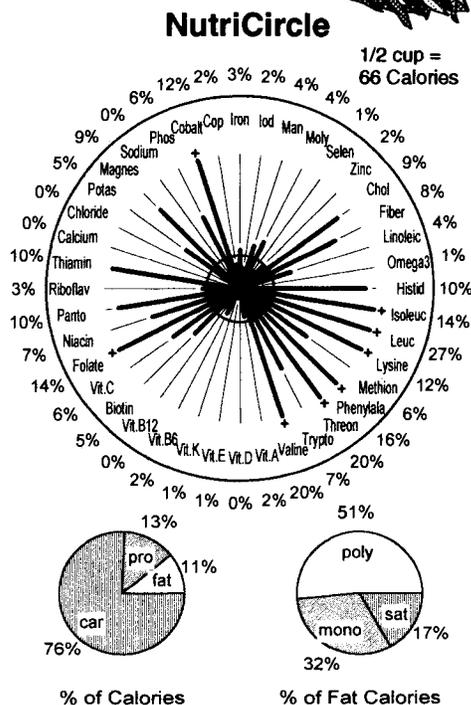
Source: *Medicinal Plants of the Prairie*, Kelly Kindscher [E]

Food of the Month

by Donald R. Davis, Ph.D.



SWEET CORN is tastiest from a freshly picked ear, but frozen and canned corns are popular, too. Some say that sweet corn resembles a grain more than a vegetable. It does contain less water and thus more calories than most vegetables. But those calories are much more richly endowed with a wide range of nutrients than is the mature, dried grain (Feb. 1998 issue). Over two-thirds of all nutrients are adequately supplied, relative to calories. Half a cup—a little less than one ear—has 10% or more of the recommended daily amounts of 11 nutrients, including folic acid, other vitamins, and most essential amino acids.



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). [E]

Mental Medicine

by Marilyn Landreth, M.A.

Comfortable inaction

Have you ever thought about the term "mind/body" and what it really means? Why do people make such a big deal out of mind/body medicine? We all know we have a mind and we have a body. While we know that, most of the time many of us act like our mind is not connected to our body at all.

Our body is a wonderful creation. It has a power plant, lines of communication, and a waste disposal system. Every moment it is busy building and maintaining our health without our even being aware of it. Most of us give little thought to what we need to do to keep our bodies working well. We only notice when the body is not working right; when the power lines have interference, communications between body parts are garbled, or the waste disposal system gets stopped up.

As Leo Rosten once said, "I never

cease being dumbfounded by the unbelievable things people believe." Or, to paraphrase that, I never cease being dumbfounded by the unbelievable things people seem to believe about what their bodies need. We seem to think that we can put any kind of "fuel" into our bodies and they will run at an optimum level. Even when we know that is wrong it may be difficult for our "minds" to make changes to improve our "body's" functioning.

Watching other people exercise is not the same thing as exercising. Having the belief that someday we will get in shape does not help our body work better. John F. Kennedy once said, "There are risks and costs to a program of action. But they are far less than the long range risks and costs of comfortable inaction."

How can we get our minds to understand the implications of "comfortable inaction"? 



Exercise and the elderly

Maintaining a regular exercise regimen can help lower the risk of depression in the elderly, according to Reuter's Health of New York. The authors stated, "Active physical exercise is associated with better mental health." The beneficial effects of exercise do not appear to be limited by age and may be realized even in the very elderly.

The bone-building effect of exercise is due mainly to the repetitive physical stress applied to the bone. A weight-bearing exercise is one in which pressure is placed on a bone either by weight of the body or by the force of muscular contraction. This for the elderly would include walking or mild weight lifting. You can purchase one and two pound weights at such stores as Target, or just use cans of vegetables.

Even the elderly who are disabled or confined to a wheelchair can benefit from strengthening their upper bodies and increasing their cardiovascular fitness.

You also need to watch your breathing during your exercise program. Your breath links your body and mind providing you with greater awareness of the physical sensations that arise during your exercise. If you are doing a stretching exercise, allow your mind to focus on each set of muscles as you bring awareness to the stretch. Express your gratitude for a strong body as you exhale into each position.

When you can, it is good to keep a log on your exercise program—time of day, type of exercise, and note progress made. You will find encouragement as you note you are making progress. Above all, acknowledge the healthy choices you are making.

Each time you finish your exercise program, try reading the following poem by Karl Wilson Baker:

Let Me Grow Lovely

Let me grow lovely, growing old—

So many fine things to do;
Laces, and ivory, and gold,

And silks need not be new;
And there is healing in old trees,
Old streets a glamour hold;

Why may not I, as well as these,

Grow lovely, growing old. 

—Nelda Reed

CENTER UPDATE

Calcium, coronary heart disease, and chelation

One of the benefits of intravenous chelation is the removal of calcium deposited on the walls of the arteries in your body. This is not necessarily the calcium you need to build strong bones to prevent osteoporosis (though there is some claim that they are related). This is the free calcium in the blood that deposits on the artery walls causing hardening of the arteries that may be the starting point of artery blocking fatty plaque deposits that cause coronary heart disease.

This fact was the focus of a recent article in the *Journal of the American Medical Association*. The researchers, led by Carlos Iribarren, M.D., Mph, Ph.D., looked at the calcification of the arteries of the heart as related to heart attacks, strokes, and peripheral vascular disease.

After examining the records of over 60,000 people, the research team's conclusion was that this calcification was indeed an independent risk factor for heart attacks and strokes and that now that it is well proven, drug companies can

design drugs to eliminate the problem.

There is, we believe at The Center, a way already available to doctors today to correct this problem of calcification of not only the arteries around the heart, but throughout the body—intravenous chelation. Intravenous chelation is a safe procedure that has been proven by years of use with millions of patients throughout the country.

For those of you not familiar with the chelation procedure, chelate means "to claw" in Latin. During the chelation process, an amino acid-like substance called EDTA is trickled into a vein in your arm with an intravenous drip for about three hours. The EDTA claws the heavy metals out of your body where they are deposited and the calcium out of arteries, binds with these substances, and flushes them out through the urine. All doctors need to do to start solving this calcium problem today is embrace the chelation procedure and start saving lives. 

Answers from page 4

- 1 a. Foods are composed of three major nutrient groups—protein, carbohydrate, and fat.
- 2 d. It is an important nutrient that must not be confused with other substances that have similar sounding names.
- 3 a. When individuals are metabolically stressed, their tissue breaks down to supply the body with glutamine if there is not enough glutamine in their diet.
- 4 c. Although the teeth crush and divide food, less obvious is the use of enzymes that are produced and released in the mouth to break down food at the molecular level.
- 5 b. Some scientists estimate that the liver is responsible for nearly 500 different processes.
- 6 a. In addition to its other functions, glutathione is one of the main scavengers of toxic oxidants in the body. Glutamine plays a role in the formation of glutathione.
- 7 d. The basis problem is an inability to clear the body of excess nitrogen, which is converted to ammonia and ultimately causes brain swelling and brain-cell death. E4

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

THE ULTIMATE NUTRIENT GLUTAMINE by Judy Shabert, M.D., R.D., & Nancy Ehrlich

Researchers are discovering the therapeutic value of glutamine, a substance thought to be a nonessential amino acid. Because of these discoveries, many scientists today are reclassifying glutamine as a "conditional essential amino acid."

Retail Price: \$9.95
 Health Hunter: \$8.96

IS YOUR WEIGHT, BLOOD PRESSURE, AND CHOLESTEROL UP? Could it be Syndrome X?

with Ronald Hunninghake, M.D.
 The standard American diet (SAD), rich in high glycemic carbohydrates, is overloading our cells' ability to process glucose. Insulin levels are skyrocketing. The cells are becoming less sensitive to insulin; glucose is being stored as abdominal fat. Cholesterol and triglycerides are rising and, with them, blood pressure. Learn how to reverse this damaging pre-diabetic trend with a low glycemic index diet and proper supplementation.

SYNDROME X: Lipoic Acid & Other Supplements

with Ronald Hunninghake, M.D.
 Continuing his lecture on "Is Your Weight, Blood Pressure, and Cholesterol Up? Could it be Syndrome X?", Dr. Hunninghake, reviews the scientific literature on dietary and hormonal supplements that have been shown to reduce insulin resistance, the hallmark of Syndrome X.

GIVING WHITE BLOOD CELLS A BOOST: Does Vitamin Supplementation Enhance Immune Cell Performance

with Joseph J. Casciari, Ph.D.
 It is often suggested that elderly people can boost their immune systems by taking supplements. Scientists at The Center have begun a series of experiments to examine how vitamins affect specific functions of neutrophils, lymphocytes, and other white blood cells. This lecture covers the results of these experiments, along with a survey of the scientific literature concerning vitamin supplementation and the immune system.

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Upcoming Events . . .

JULY				
Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6 L & L - Prostate Health	7
10	11 Yoga, L & L - Breast Biomarkers	12	13 L & L - Health & Nutrition Information on the Internet	14
17	18 Yoga, L & L - Heart Biomarkers	19	20 L & L - Brain Health	21
24	25 Yoga, L & L - Keeping Cool with Summer Mints	26	27 L & L - Qigong III	28
31				

AUGUST

LUNCH & LECTURES:

- | | |
|----------------------------|--------------------------------|
| 1 Herbs Before Surgery? | 15 Intravenous Vitamin C |
| 3 Eye Health | 17 Is Magnet Therapy for Real? |
| 8 Preconception Biomarkers | 22 16 Ways to Enhance Wellness |
| 10 How Our Bodies Work | 24 Qigong IV |

An apple a day keeps strokes away

Eating the equivalent of an apple a day will lower your chances of having a stroke when compared with men and women who do not eat an apple a day, according to a recent report in the *European Journal of Clinical Nutrition*.



Researchers from the National Public Health Institute in Helsinki, Finland believe it has to do with phenolic acids in the apples that causes the reduction in strokes in apple eaters. Phenolic acids are plant based antioxidants that help quench the free radicals in the body.

The researchers recommend that people should eat a diet high in fruits and vegetables, "since it is apparent that this will protect us from cardiovascular diseases and some cancers."

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