

# Health Hunter<sup>©</sup>

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NEWSLETTER

JULY/AUG. 2003

## How to start an epidemic

by Tim Lawton, M.D.

**I** am not talking about SARS or smallpox. You can help promote an *epidemic of health*. The mission statement of The Center is to "Serve in ways to stimulate an *epidemic of health* for the benefit of humankind."

*It makes more sense to invest in our children now through good nutrition, than to pay to correct the problems later.*

Much media attention lately has been focused on the biggest epidemic in American history: obesity. Over sixty percent of American adults are either overweight or obese. Even the great flu or polio epidemics of the past didn't approach a prevalence of 60%. Weight is much more than an issue of psychology or the way we look. If you are 80 pounds overweight (and many of us are), your risk for developing diabetes is 62 times greater than someone of ideal body weight! Being overweight also increases your risk for heart disease, arthritis, cancer, gallstones, menstrual problems, and many other health conditions. The CDC estimates that obesity contributes to 288,000 excess deaths in the U.S. a year. It may come as no surprise that obese patients spend approximately double the health care dollars as their normal-weight peers!

Ironically, the obesity epidemic has only escalated since the 1992 introduction of the USDA food guide pyramid designed to improve the health of America. At the top of the pyramid is the smallest section, *fats and sweets*,

the twin evils... Well, actually, there are "good fats" and "bad fats." Unfortunately, the pyramid is oversimplified and lumps all fats into the "bad" section. Many studies have shown the health benefits of the "good" *monounsaturated fats* found in olive oil and the *omega-3 polyunsaturated fats* found in fish oil or flax.

If saturated fat is the "bad" fat, then trans or hydrogenated fat is the "really bad" fat. In September, 2002, the Institute of Medicine came out with this statement, "There is no safe level of trans fatty acids and people should eat as little of them as possible." On the heels of this statement was an announcement from the Frito-Lay company that they would be eliminating the trans fat from three of their snack products. While this may not stimulate an "epidemic of health," it is a step in the right direction and will likely reduce the U.S. consumption of these unhealthy fats by many tons.

At the bottom of the food guide pyramid is the largest section, the *bread, cereal, rice and pasta* group. If one considers the tiny *fats & sweets* group at the top as the worst, then one might assume that the biggest section at the bottom must be the best. With a recommended 6-11 servings a day, it seems to imply that a diet high in carbohydrates translates into good health. Unfortunately, this craze of "fat-free" foods (which are high in sugar), along with inactivity, has resulted in detrimental effects on America's health.

The pyramid also fails to differentiate whole foods from their nutrient-poor refined forms. Refined white flour makes up 23/24 of all the wheat con-

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## Folic acid does not block vitamin B12

For some time, physicians have been concerned that all the food fortification with the vitamin folic acid would block the identification of low vitamin B12 in older patients. James Mills and colleagues wanted to find out if this was true.

To do this, they reviewed the laboratory results of every patient with low vitamin B12 and not having anemia who came to the Veterans Affairs Medical Center in Washington, DC, between 1992 and 2000. A proportion of the patients without anemia were checked the year before, during, and after folic acid fortification began.

The results were amazing. Of those without anemia that were checked, the proportion did not increase from the prefortification period to the post fortification period.

The researchers concluded that folic acid food fortification had no effect on masking vitamin B12, especially in those over 60 years of age. <sup>[1]</sup>

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# Nutritional Medicine

by Ron Hunninghake, M.D.

## Quarantining obesity


What if obesity was an infection, like SARS? What if obesity was new to the planet, having never before occurred until earlier this year?

Knowing that obesity, and its most dreaded outcome, diabetes, would be affecting 300 million people worldwide by the year 2025, would the World Health Organization generate the vast mobilization of disease experts, media attention, dedicated health care workers, political will, and the extensive efforts to quarantine what we now know is perhaps the largest and most deadly epidemic to ever strike the planet earth? Would medical teams sweep into the "hot zones" where obesity was breaking out, using their epidemiologic skills to identify the dreaded causes of the disease: cookies, chips, french fries, donuts, soda pop, and excessive television watching? Once identified, men in protective suits and surgery masks would scoop up these highly infective items, carefully disposing of them in such a way that they themselves would not be infected with

"junk food addiction."

There would be a massive educational effort initiated. Symptoms of Syndrome X (pre-obesity) would be taught in the schools and in the work place. Travel to areas of outbreak would be suspended until officials could verify that the epidemic had been contained. Citizens with a body mass index greater than 25 would be quarantined to their homes, and only fresh fruits and veggies, organic meats, nuts, seeds, and whole grains would be made available to them (along with portable treadmills for them to work out on.)

And finally, the news would come: no new cases of obesity. We would have averted what could have been a terrible world crisis. Rampant diabetes and subsequent heart disease, renal failure, blindness, amputations, and higher cancer risk would have been stopped at its root. The massive overburdening of the world health care system would have been averted.

...IF we treated obesity as an epidemic infection. 

## Epidemic—Cont'd from page 1

sumed in this country. At least twenty nutrients are removed in the refining of flour and the government requires that four nutrients be added back in. This is called "enriched" white flour. This then, of course, is bleached with chlorine to give a pristine white color. Doesn't it make more sense just to eat the whole wheat? In one study rats were fed a diet of either whole wheat, *plain* white flour, or *enriched* white flour. Of course, the rats who ate the whole wheat did the best, but it might surprise you that rats fed the enriched flour actually did most poorly!

One man who has turned the pyramid and some long held medical myths on their heads is Dr. Robert Atkins. He was truly a pioneer in his field, holding fast to the truth of medical research, despite a flood of opposition. Sadly, his death earlier this year came at a time when

his contributions were only just starting to be recognized. In the May 22, 2003 issue of *The New England Journal of Medicine* two studies were published comparing low carbohydrate diets (similar to Atkins') and conventional low fat diets. Both studies showed that not only did people lose more weight on the low carb diets, but also their cardiovascular risk markers like HDL cholesterol and triglycerides improved.

As a doctor and father, I am more and more conscious of how nutrition affects every area of health and behavior. I am always learning by listening to my patients and observing the health habits of those around me. One day, while shopping at the grocery store, my three year-old son saw a woman he recognized. He said out loud, "She

*continued on page 3*

doesn't have any healthy choices in her cart." Indeed, the woman had Coke, Oreos, and goldfish crackers in her cart. The woman replied, "Oh, the snacks are for my daughter, but the Coke is mine."

Another day my son went to a pre-school picnic. All the children brought sack lunches. Out of ten children, my son was the only child there who had a sandwich on whole grain bread. He was the only one who had vegetables or fruit in his lunch. The others had been packed white bread, chips, and cookies. Recognizing the difference, one mom said to my wife, "You're such a good mom. I should make a lunch like that, too, but I've been so busy."

These stories illustrate my most important point: It is time to assume responsibility not only for our own health but also for those to whom we are responsible. If you are a parent, grandparent, or teacher, you can make a difference in the health of the next generation. Set a good example with your own lifestyle and food choices and help your children learn to make good choices for themselves. "Train up a child in the way they should go, and when they are old, they will not depart from it." (Proverbs 22:6)

Over the years, I have enjoyed speaking to students of all ages about a variety of health topics. At one local elementary school I observed the lunch room activity. The menu included milk, a soft shell taco, apple wedges, and a very large Rice Krispy bar. The children at this school had only 20 minutes to get from their classrooms to the cafeteria, wait in the lunch line, get their food, find a seat, and "inhale" their lunch before recess. What I observed was that many (if not most) children went straight for the dessert first. If they had time, some might eat the healthier items on their tray, but I was shocked to see so many untouched tacos and apple wedges ending up in the trash!

At the high school level, I found relatively few students eating at the school cafeteria. It seemed they only had one lunch shift and it was not physically possible to accommodate all 2,000 students. Most students would buy pop, candy, chips, and maybe a sandwich from the vending machines.

*continued on page 4*

## HEALTH HUNTERS AT HOME

### A 78-year-old's recommendations for a healthy life

This 78-year-old gentleman has a great deal of energy, so I asked him what he thought was the successful formula for his active life. He wrote me a two and a half page, single-spaced letter. Here are some excerpts from his letter that I thought you might find interesting:

"Staying healthy is a full time job and must be undertaken by the individual who wants to stay healthy throughout life and through their senior years. I cannot tell you what to do. I can tell you what I do. Perhaps it will get you started.

**"Statement of Purpose.** The first step, and of utmost importance, is to develop and write out a paradigm, memorize it, and follow it 24 hours a day. My paradigm is simple, 'I will do whatever it takes to keep me as healthy as possible. I will read whatever I come upon in the fields of traditional medicine as well as alternative procedures that show me that it may help me accomplish my objective.'

**"Exercise.** Being active all through life on a daily basis and eating the right foods is the basis of good health. You do not have to join a health club or be involved in sports such as baseball, volleyball, etc. It can be as simple as taking a 10-minute walk after each meal to work off a few calories and keep your muscles from atrophying. ...I am not opposed to team sports, but an individual sport that you can work into your schedule will help you achieve your goal faster. I like having my equipment at home so I can work out the first thing in the morning. Over the years I have changed what I do to work out several times. At present, I alternate between a light workout one morning and a more difficult workout the next morning. On days when weather permits, I ride my bicycle from 2 to 5 miles. This is in addition to my daily workout."

Here is a sample of his daily workout: He starts with 10 minutes on his stationary bike without resistance to warm up his muscles before stretching. Next, he stretches his muscles. After

this, he exercises to develop his leg, back, arms, and stomach muscles, then 10 minutes on the stationary bike with resistance, followed by a short series of stretches. He does well for 78.

**"Food.** Today's world of conflicting reports about the food we eat is not only confusing to the consumer, but also frustrating. In almost every newspaper or magazine there is an article telling us why we should or should not eat a food or giving the results of a study that says a certain food is or is not good for us.

"I am a believer that you are what you eat. You cannot build a healthy body by feeding it inferior or harmful materials. ...In general, I try to eat foods that have not been processed to the point where some or all of the nutrients have been removed. Too often this has been done in order to give the food longer shipping or shelf life. One habit you can develop that will make certain you will get the right food is to eat fresh vegetables and fruit and unprocessed meats or fish.

"A rule of thumb for determining what foods to eat is to eat 'whole foods.' The closer you get to the natural state of the food, the closer you are to the idea of a whole food.

"I believe, like many health professionals do, that one enemy of good health is too much sugar. I try to keep the consumption of foods containing refined sugar to a minimum. This includes fruit juices and carbonated beverages. ...If the calories are not used, the body stores them as fat for use in the future."

This man of 78 years is always bright and cheery. He is not a big, muscular man, just 5'6" tall and weighing about 135 pounds. But he is thinking and doing right as you can see from his Statement of Purpose, Exercise program, and Food program.

The one part that struck me the most was his emphasis on making the program a personal program and then modifying it as you continue to learn more. For instance, if you can just walk to the corner and back, do it and take joy in it. Whatever you do, make it your program.

—Richard Lewis



## INFORMATION WORTH KNOWING

It seems to be the norm that as we grow older aches and pains are accepted as just part of the process of aging. Chronic illness such as arthritis, diabetes, and coronary artery disease are just expected. The healthy elderly person is the exception rather than the rule. Jack Challem, known as "The Nutrition Reporter," has explored the factor leading to chronic illness in his new book, *The Inflammation Syndrome*. He has found that the cumulative effect of low-grade inflammation, or what he calls the Inflammation Syndrome, can lead to chronic disease. Various questionnaires are included to assess inflammation levels and risks. He also includes recipes and menu plans to "quench the fires of inflammation." From his study of research into this problem, he has found that the food choices that people make play a big part in inflammation that causes aches, pains, and allergic reactions. Case histories of patients treated by nutritionally oriented health care givers are included in the book with recommendation for the best anti-inflammatory supplements and treatments. This month's questions are taken from his book.

1 \_\_\_\_\_ is a new and inexpensive blood test to measure a patient's level of inflammation and their risk of suffering a heart attack.

- a. Cholesterol
- b. Triglycerides
- c. C-reactive protein
- d. None of the above

2 We actually need inflammation to survive since its purpose is to protect us from infections and promotes healing when we are injured. Instead of protecting and healing, \_\_\_\_\_ inflammation breaks down the body, causing aging and frailty.

- a. chronic
- b. occasional
- c. acute
- d. two of the above

3 Far more than genes, poor eating habits are the core of most degenerative disease.

- a. True
- b. False

4 Although doctors seem to speak their own language, it is easy to identify many inflammatory diseases because they end in \_\_\_\_\_.

- a. -sis
- b. -its

- c. -tes
- d. none of the above

5 There are causes of inflammation and there are \_\_\_\_\_ of inflammation. Causes of inflammation often relate to dietary imbalances that prime the immune system for a chronic inflammatory reaction.

- a. pockets
- b. results
- c. triggers
- d. none of the above

6 Some researchers have noted that healthy centenarians are healthier than younger seniors and in many ways on par with even younger people.

- a. True
- b. False

7 The \_\_\_\_\_ family of fatty acids supplies the building blocks of a variety of powerful pro-inflammatory substances.

- a. omega-3
- b. omega-6
- c. omega-9
- d. none of the above

• FOR ANSWERS, SEE PAGE 7 •

The bridges you cross before you come to them are over rivers that aren't there.

—Gene Brown

Epidemic—Cont'd from page 3

One teenager who came to The Center never ate breakfast, then would get his lunch from a vending machine. It was no great mystery why he was falling asleep in class and failing in school. Was he just being rebellious? I don't think so. He was just following the poor nutritional example of his parents.

Barbara Stitt, Ph.D. received the honorable Pearlmaker Award from The Center earlier this year. She was recognized for her contribution to the wellbeing of students in the Appleton, Wisconsin school district. She has developed and implemented a program for improving the nutrition in the schools. Students who came for breakfast could have healthy fruit, whole grains, and an "energy" drink containing the good omega-3 fats from flax. Pop machines were replaced with water coolers. Vending machines full of candy and junk were eliminated. Lunch was always a fresh and nutritious meal, rich in fruits and vegetables, and avoiding the refined sugars and unhealthy fats.

Although investing in the lives of children through nutritious food may cost more initially, the Appleton school district has been benefiting in many other ways. Since implementing the program, they have reported less school violence and behavior problems, less vandalism, less need for high security, and ZERO problems with drugs, weapons, expulsions, dropouts, or suicides. The upperclassmen have embraced the practice of good nutrition and teach it to the freshmen. These students are practicing sound nutrition which will benefit them throughout life. Both students and staff feel positive about the changes and now more attention can be focused on academics, rather than on problems.

One Appleton principal said, "We've got to stop using our most precious commodity, our kids, to make extra money [through vending machine revenues]." If our children develop a habit of consuming refined sugar and harmful foods, these may be hard habits to break, and ultimately result in ruined health and lives. It makes more sense to invest in our children now through good nutrition, than to pay to correct the problems later. (Dr. Stitt's

continued on page 5

video is available in the Mabee Library or at the Gift of Health.)

Stop for a minute and imagine the profound effect nutritional improvements could have on our children, community, state, and country. We all want our children or grandchildren to succeed in life and reach their full potential. The personal and societal burden of ill health could be dramatically reduced through the practice of good health habits.

You can make a difference. If you are in a position of influence regarding the nutrition in your home, school or place of work, this call is for you. First, set a good example. Second, implement changes that will benefit the health of others. Good nutrition starts at the grocery store. Fill your cart with fresh vegetables and fruits, lean meats, and whole grains. Leave the convenience foods on the shelf. Eat a healthy breakfast. (Did you know that people who skip breakfast are more likely to be overweight?) Pack a simple nutritious lunch – it actually takes more time to get in your car, drive to the local fast food chain, sit in the drive-thru line, etc. At home, cook a wholesome dinner; it doesn't have to be complicated. Enjoy the fellowship of a good meal with family or friends. Help others learn how to make healthy choices in all areas of life. You might even spark an epidemic of health!

## Soybeans for the prostate

Isoflavones from soybeans have both hormonal and non-hormonal effects for prostate cancer prevention, according to Mark Messina, Ph.D. in a paper appearing in *Nutrition Reviews* recently.

Genistein, the primary isoflavone in soybeans, inhibits the growth of prostate cancer cells in humans, according to research. Dr. Messina quotes a research paper that appeared in the *Journal of Nutrition*, which showed that isoflavone supplements decreased the linear rise in PSA [prostate specific antigen] in men with treated but uncontrolled prostate cancer.

# Herbal History

## Lily-of-the-valley, *Convallaria majalis*

Lily-of-the-valley has been used to regulate heart rhythms for many generations. H. K. Meixner and S. Dobler wrote a paper in 1978 about using the glycosides from lily-of-the-valley for the treatment of heart problems in ambulatory practice in Germany. Other papers have been written as recently as 1999 covering heart problems.

Even progesterone has been found in lily-of-the-valley, though in quantities too small to be medically significant. It does suggest that the human and plant hormone regulation system is much closer than once thought.

H. W. Feltner found lily-of-the-valley particularly useful for treating tachycardia (racing of the heart, usually over 100 beats per minute) and mitral insufficiency (referring to the mitral valve in the heart delivering low blood flow). He wrote about this in the Pharmacology and Therapeutics division of

the *Eclectic Materia Medica* publications in 1922. He found it less useful for aortic heart valve problems.

Animal studies have shown that lily-of-the-valley has a positive effect on muscles to contract in tension, according to H. D. Lehmann, a German scientist who published his data in 1984.

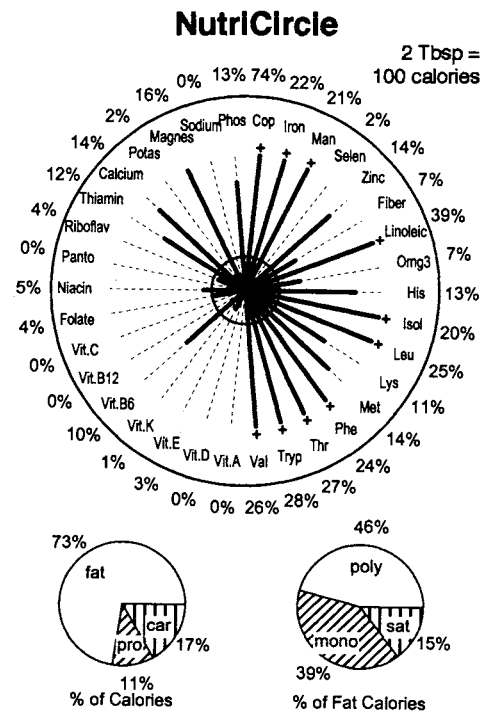
Lily-of-the-valley is used as a fresh plant tincture made with 25 to 30% ethanol alcohol. Even though it is very safe to use, the person taking it should be told to keep up a high intake of fruits and vegetables to guard against the chance of developing a low level of potassium ions in the blood, which can cause a toxicity of other cardiac glycosides.

Lily-of-the-valley should not be used with drugs that cause potassium-wasting such as certain diuretics and corticosteroids, without carefully monitoring the potassium levels.

# Food of the Month

by Donald R. Davis, Ph.D.

**SESAME SEEDS** are common in Asian, Indian, and Middle Eastern dishes. African slaves brought what they called benne seeds to America. Most are straw-colored, but some are black, brown, or red. Whole seeds (shown here) are most nutritious, though some worry about their oxalate content. The similar-appearing hulled seeds ("kernels") have less vitamin B<sub>6</sub>, calcium, copper, iron, manganese and zinc. "Sesame butter" is ground from whole seeds, and "tahini" is ground, hulled seeds. Try either one—roasted or not—to improve upon butter, oil, or mayonnaise with bread, salad dressings, sauces, soups, gravies, and hummus.



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.




## Determination

Have you ever noticed that people seem to come in three categories when it comes to collecting “stuff?” The first one saves nothing, the second one keeps everything, and the third one has their clutter under control. Why do we keep all the stuff that we do? For some people they usually think they will have a use for it someday or they remember a time when they had to make do because they did not have the money to buy anything other than necessities.

Getting rid of the clutter in our lives, whether it is relationships or physical clutter, can improve our mental health. Sometimes it is easier to just keep something rather than figuring out whether we really need it or not. Once the decision to de-clutter is made, we have to be vigilant to not fall back into our old ways. In my home it seems that

even when we do not consciously bring “things” into our home, they just seem to appear. A mysterious hand seems to be adding things back faster than we can get rid of them; like rabbits the clutter seems to multiply.

Eric Butterworth said, “Nothing stops the man who desires to achieve. Every obstacle is simply a course to develop his achievement muscle. It’s a strengthening of his powers to accomplishment.” It seems in the past we have gotten out of shape to deal with clutter. Now we have a new determination. Check back in a few months to see who is winning the clutter battle.

Do you have some area of your life that needs to be de-cluttered? Tommy Lasorda said, “The difference between the impossible and the possible lies in a man’s determination.” 

## CENTER UPDATE

### The glycemic index

Dr. Hunninghake has been talking a lot in Lunch and Lectures and with his co-learners about two dietary principles: colors of food and the glycemic index (GI). He talks about these two because they are very closely related.


The GI is an easy way to refer to foods. The American diet is full of foods that are calorie dense and contain high amounts of refined carbohydrates and saturated fats. These foods store well, taste good, and contribute to the growing obesity epidemic in the U.S. Data from a recent NHANES report says that 64% of Americans are either obese or overweight, while 15% of children are obese.

Dr. Hunninghake believes that the GI is an excellent way to get a handle on whether foods are what you need to eat. For instance, high GI foods are the ones you want to keep at a minimum in your diet while emphasizing low GI foods in your daily diet.

High GI foods are foods such as white flour, white rice, sugar, and foods

that contain a lot of these. Low GI foods are foods such as fruits and low starch vegetables. Broccoli, spinach, and tomatoes are what we need to eat. These low GI foods are high in fiber, while white flour, white rice, and sugar are almost totally void of fiber. We need plenty of fiber in our diets.

Dr. Hunninghake says that colors are generally an easy way to figure out which foods have a lower GI. “If you eat all five major colors each day, you are doing pretty good. Better yet, eat at least eight of the major colors each day and you will be doing much better than the bulk of the people in the U.S.,” he says.

One way to find out about eating the colors you need is to read the book, *The Color Code*, by James Joseph, M.D., Daniel Nadeau, M.D., and Anne Underwood. To better understand the glycemic index, read *The New Glucose Revolution*. Both books are available through the Gift of Health here at The Center or from our web page. 

## Case of the month

A 60-year-old woman came to The Center in June, 2001, complaining of chronic fatigue, fibromyalgia, carpal tunnel disease, irritable bowel, loss of memory, obesity, and sinusitis. She said that she could only work four or five hours and then was exhausted. She also mentioned that she had a lack of restful sleep (due to age, she said) and had a lot of stress in her life.


Dr. Riordan evaluated her and then recommended laboratory testing to confirm the underlying causes for her problems. She called Center nurse, Mavis Schultz, to get the results of the laboratory tests. Mavis started her on cod liver oil capsules to correct the low omega 3 fatty acids, zinc orotate to take care of her low zinc, and Emergen C packets to raise her vitamin C level. She also started her on Vermox and followed with Allisyn capsules to take care of the parasite detected.

By September, 2001, her irritable bowel was greatly reduced. She was now having occasional good days and her memory was better. Dr. Ron Hunninghake started her on Guaifenesin at this time.

In November, 2001, she said that the pain was up and down. Her energy level varied, she did not require a four hour nap any more, and the irritable bowel was gone.

Dr. Ron started her on MSM in water in May, 2002. She was only taking Trazadone at the time—no Prozac, Celebrex, or Neurontin anymore. In October, 2002, she said she did not sleep well and she woke up hot. Her mood was good, there was no depression, no irritable bowel, and she had lost 10 pounds.

This woman took two years to get to a place where she felt good about her condition.

In May 2003, she reported that her temperature was up—she had a 98.6° temperature on May 14. Her nails were growing! She had no pain the day before. She had no hand tremors, no feeling of depression, no headaches, and good bowel movements, which indicated to her that the irritable bowel problems were indeed gone. But, most importantly, her appetite had dropped. In short, she is feeling much better. 



Answers from page 4

- 1 c. Elevated C-reactive Protein (CRP) levels are associated with a 4.5 greater risk of having a heart attack.
- 2 a. Chronic inflammation does just the opposite; it breaks down our bodies and makes us more susceptible to disease.
- 3 a. In order to avoid or alleviate chronic disease, we have to take personal responsibility for our health, including making the best food choices possible.
- 4 b. Gastritis refers to inflammation of the stomach; tendonitis means the inflammation of the tendons; and the definition of gingivitis is inflammation of the gingiva (gums).
- 5 c. Triggers are the events that precipitate an inflammatory response after the body is already primed for an overreaction.
- 6 a. One way to maintain a more youthful vigor is to reduce tissue breakdown and the inflammation it stimulates. Diets rich in vegetables and fruits provide quantities of antioxidants.
- 7 b. The omega-6 fatty acids stimulate the body's production of many other inflammation causing chemicals.

## SPECIAL DISCOUNTS

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

### INFLAMMATION SYNDROME

*By Jack Challem*

Inflammation syndrome is the cumulative effect of low-grade inflammation. Aches and pains grow into chronic, debilitating disease. This inflammation is triggered by inflammatory foods in your diet, paving the way for serious diseases such as heart disease, diabetes, Syndrome X, obesity, and arthritis, to name a few of the diseases. Hardcover. Retail Price: \$24.95  
 Health Hunter: \$22.46

### THE CENTER'S APPROACH: WHAT WE DO TO IMPROVE HUMAN FUNCTIONING

*With Ron Hunninghake, M.D.*

Thousands of new studies each year are verifying what Hippocrates, the Father of Medicine, said over 2000 years ago: "Let food be thy medicine, and medi-

cine be thy food." Nutritional Medicine is different from the conventional, allopathic medical care that dominates our western culture. Learn how you, as a co-learner, can become part of this grass-roots movement to create a powerful health-promoting adjunct to our currently available medical care system.

### WHY DO MY VEGETABLES LAUGH AT ME?

*With Melvin Epp, Ph.D.*

If it had not been for my ancestors, and yours, too, 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 perpetuated. Dr. Epp reviews the sojourn his laughing vegetables took to get to his garden.

• To Order, Fill Out the Form Below •

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# Upcoming Events. . .

## Mark your calendars!

### Lunch & Lectures begin July 24.

*The following topics will be offered:*

- How to Start Your Personal Epidemic of Health...Unveiling the New Food Guide
  - Taste the Bounty of The Center Garden
  - Discover the Joys of Fresh Organic Produce
    - Doing Atkins Right
- Essential Hypertension Isn't Essential: The Center's Approach to High Blood Pressure
  - Easy Ways to Keep Us Younger  
...and more!

**Atkins Book Club continues - July 1, July 8, July 15**

## Dietary beta-carotenoids reduce risk of coronary artery disease in women

"Higher intakes of foods rich in alpha-carotene and/or beta-carotene are associated with a reduction in [coronary artery disease]," according to Stavroula Osganian, M.D., with the Children's Hospital, Department of Medicine in Boston and his colleagues.

They arrived at this conclusion after following 73,286 female nurses for 12 years. The nurses completed dietary information at the beginning and the end of the study and twice in-between. The researchers found that those in the top 20% of the dietary intake of alpha-carotene and beta-carotene had the lowest risk of coronary artery disease (CAD), while those in the lowest 20% had a considerably higher risk of CAD. Smoking did not seem to affect these risk factors.

## INSIDE THIS MONTH'S ISSUE

- How to start an epidemic
- Folic acid does not block vitamin B12
- A 78-year-old's recommendations for a healthy life
- The glycemic index

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