

# Health Hunters **20**

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**NEWSLETTER**

JULY/AUG. 2007

## Aging bones

by Rebecca Kirby, M.D., M.S., R.D.

**A**s we get older, a normal part of aging is bone loss. Aging begins after growth stops. For the skeleton, peak bone mass is usually achieved in the middle of the third decade and plateaus for about 10 years. After this point, more bone tissue will be broken down or dissolved than will be rebuilt due to the dynamic nature of bone metabolism.

*In about 30 minutes of sun on the skin, the body can make approximately 20,000 IU of vitamin D.*

Healthy bones are constantly remodeling to repair minor injuries and maintain strength. Within the bone, a protein matrix made up of collagen and connective tissue acts like scaffolding on which mineralization takes place. A team of cells called osteoclasts (which dissolve and reabsorb bone) and osteoblasts (which build bone) move along the bone, dissolving and rebuilding. After about our mid-30's, the balance shifts to more osteoclast activity than osteoblast activity.

There are many factors that influence bone remodeling. Nutritional, genetic, hormonal, metabolic, and structural factors are all involved in the orchestration of bone building and resorption.

The importance of gravity was brought home by the observation that astronauts lost 1% of bone mass in one week of weightlessness. Muscle contractions and pounding the ground with running or walking stimulate the bone building osteoblasts. In addition, inactivity results in a loss of calcium through excretion from the body.

More than just calcium is needed for bone building; there is a whole team of nutrients involved in bone metabolism. Adequate dietary protein is needed for the protein matrix. Vitamin K is required for protein production in the bone, as well as vitamin C, which enhances the synthesis of collagen protein. In a study of 994 women on estrogen and calcium therapy, those who consumed an average of 750 mg of vitamin C daily had a higher bone mineral density. Good sources of vitamin C are peppers, melons, citrus fruits, papayas, strawberries, and broccoli. Vitamin K comes from dark green leafy vegetables like spinach and Brussels sprouts. A low vitamin K intake is associated with increased incidence of hip fractures. Vitamin K helps to maintain the bone building osteoblasts and works with vitamin D.

Vitamin D has a well-recognized role with calcium in bone mineralization. However, vitamin D has also been associated with better muscle strength and balance. A study found that vitamin D supplementation increased protein synthesis and muscle growth in older women. Although the current RDA for vitamin D is 400 IU daily, an investigation of study results found that people who took 700 to 800 IU daily had a 26% lower risk of hip fractures. Vitamin D is known as the sunshine vitamin; in about 30 minutes of sun on the skin, the body can make approximately 20,000 IU of vitamin D. Other sources are cod liver oil, salmon, sardines, tuna, liver, eggs, and fortified foods like milk and orange juice.

Other vitamins, such as B12 and folic acid, are necessary for good bone  
*continued on page 2*

## Aspirin helps the heart, hinders nutrient absorption

For years now, doctors have been prescribing children's aspirin to help your heart work better, and it seems to help. But they tend to overlook how aspirin affects nutrient absorption in your body.

Several studies show that aspirin therapy decreases vitamin C absorption. Some studies even show that increasing aspirin dosage will increase vitamin C excretion in your urine.

Other studies suggest that aspirin increases gastric blood loss that leads to a decrease in total body iron. Other evidence shows that aspirin can significantly lower both total and bound serum folate while slightly increasing folic acid excretion.

These nutrients can be tested at The Center's laboratory to see if aspirin treatment has lowered your vitamin C level, body iron supply, and folate level, and if you need to increase your nutrient intake to assure your nutrients remain as close to optimal as possible. **HH**

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# Nutritional Medicine

## Healthy aging

Years ago, when our children were in preschool, their teacher devised an ingenious gift for us parents...ingenious for the beautiful insight it gave us into our children's growth...and our own aging.

The first day of preschool she marched the kids into her back yard. She stood them all—one by one—in front of a wood fence with horizontal boards. She took their pictures with a Polaroid, writing their name and the date on the back of their picture. Then she filed the photos all safely away.

Every day these kids were dropped off to be under her care and tutelage while we parents went to work to support our growing families. Each afternoon they came running out to us with their colored drawings, their cute little songs, new games, and freshly glued creations. Each day we came to pick up the same child we had left off that morning...or so we thought.

Come the last day of the semes-

ter, their teacher presented us with that magical gift. She had had each child go and stand in the same spot by the tree in the back yard. She once again had snapped a Polaroid. Then she framed the two pictures side by side.

Amazing! When had the phenomenal growth in our child taken place? How had we overlooked it?

Healthy aging, like a child's growth, involves slow and progressive processes. When all is proceeding well, it simply happens below our conscious awareness. We can take it for granted even as it serves us, keeping us alive and going.

Much like the nearly 100,000 times your heart gifted you with a life-sustaining pulse these past 24 hours, you were gifted with at least some degree of healthy aging. Did you overlook the gift? Next time you look in the mirror, just remember: the child that was once there is still there...thanks to the gift of healthy aging.

Have you overlooked something? 

### Aging bones—Cont'd from page 1

health, and a long list of minerals are all part of healthy bone metabolism. Not only is calcium important but mineralization of the bone also requires phosphorus, magnesium, zinc, copper, manganese, boron, silicon, and strontium.

Strontium may play a role in drawing calcium into the bone. It was found in studies from the 1950's to relieve bone pain. More recent studies are finding increased bone mineral density and reduced incidence of fractures using strontium ranelate. This form of strontium has a patent pending; however, strontium is available in other forms such as carbonate and citrate.

Being exposed to heavy metals such as aluminum, lead, and cadmium (in cigarette smoke) can impair good bone mineralization. Other risks for poor bone metabolism include cigarette smoking and long-term use of many medications, including corticosteroids, dilantin, tranquilizers, furosemide diuretics, antacids, and calcium channel blockers, just to name a few. Recent investigations have revealed that the use of proton pump

inhibitors (for acid reflux) and certain antidepressants increase fracture risk. Also, recently published is a study showing that cola consumption (with or without caffeine) can contribute to low bone mineral density. There are sustained illnesses such as chronic renal failure and chronic obstructive lung disease, celiac disease, liver disease, and rheumatoid arthritis that are causes of osteoporosis.

Many people, primarily women, are confronted with the diagnosis of osteoporosis or osteopenia. These diagnoses are being made in epidemic proportions. Prior to the 1980's, osteoporosis was considered rare and seen in extreme old age. However, since that time bone mineral density measurements using DEXA scans has become widely accepted.

Why is bone mass important? Osteoporosis is defined as a progressive bone disease with a decrease in the amount of bone required for mechanical support. In other words osteoporosis is about skeletal strength and being at risk of breaking a bone. However, to say that

*continued on page 3*

the risk of breaking a bone is associated with bone mineral density is not clear-cut. A recent study from The Netherlands shows that bone mineral density identified only one sixth of fracture risk in women 60 to 80 years of age.

It is critically important to assess other risks to prevent fracture. The goal is not to prevent normal bone loss with aging; the goal is to prevent breaking a bone. The risk of fracture increases with advancing age, especially with dementia, frail health, and impaired vision, all of which increase the likelihood of falling. Ninety percent of hip fractures are a result of falling. The risk of falling is also increased with heavy alcohol consumption and certain medications which affect balance.

Preventing fractures means preventing falling. To prevent falling, improve strength, balance, and coordination. Avoid medications that affect balance, cause postural hypotension, or alter alertness. Taking more than four medications increases fracture risk.

To prevent falling, correct poor vision and improve lighting around the home. Wear shoes; a study found that elderly who walked around in their stocking feet at home were more likely to fall. Get rid of scatter rugs and other trip hazards like lamp wires, and make sure any uneven surfaces such as steps are well marked and lighted. One study reported walking on irregular surfaces, especially uneven sidewalks, is a hazard for tripping and falling. Another study found that sleeping too much increased fracture risk in elderly who sleep more than 10 hours a day.

Minimize your risks not just environmentally but also with what you ingest. Remember the nutrient teamwork approach to bone health with calcium and vitamins D, K, C, B12, folic acid, and minerals phosphorus, strontium, magnesium, zinc, copper, manganese, boron, and silicon. Eat adequate protein and avoid refined foods. Engage in gravity-bearing exercise; improve balance, posture, and strength. Exercise has been statistically proven to prevent hip fractures with twice the reduction rate than that achieved with medication. And while you are out walking, enjoy a little bit of sunshine. ☞

## HEALTH HUNTERS AT HOME

### Does The Center see people with Lyme disease?

I just got back from a vacation and one of the phone messages waiting for me was from Barbara, The Center's librarian. She said that several people had come to the Mabee Library asking about Lyme disease. Then Janis, The Center's switchboard operator, stopped by my desk and said that she had gotten several calls wondering if we treated Lyme disease. So, here goes.

Does The Center see people with Lyme disease? Well, yes, The Center does see individuals who happen to have Lyme disease. Does The Center treat Lyme disease? Well, actually no. Let me explain.

The first question was answered with a yes. The Center does see and treat people with Lyme disease. But they are seen as individuals who happen to have Lyme disease. Each person is seen as special, unique, and different, and each person gets her/his own particular set of laboratory tests which takes into account the individuality and the individual problems which may include Lyme disease.

The answer to the second question is no. The Center does not treat just Lyme disease. We treat the whole person who happens to have Lyme disease.

I know; you have heard this before. But I just have to clarify that The Center is a holistic medical center and it treats the individual rather than just the disease as most allopathic doctors do.

With that said, what do we do for the person who has Lyme disease? After the person completes the initial examination, she/he may be started on intravenous vitamin C. One thing the doctors have learned from the laboratory tests is that the individual may be extremely low in vitamin C—so low, in many cases, that the person's vitamin C level is close to zero in the blood plasma and in the urine.

The doctors will often start these individuals taking vitamin C orally. They have found in many cases that the oral vitamin C is just not enough vitamin C to help the people overcome their deficiency, and the logical solution to this problem is intravenous vitamin C.

There are a couple of reasons for this. First, you can only take so much oral vitamin C until you exceed the bowel tolerance level. When one exceeds the bowel tolerance level, one has loose bowels. Second, when one takes oral vitamin C, one can absorb quite a bit of it, but part of it is excreted out through the urine. This is good because as it passes through the urinary tract, part of it is absorbed and part of it is flushed out. A person cannot take enough vitamin C orally to take care of Lyme disease.

This is where intravenous vitamin C comes in. When one takes intravenous vitamin C (which is given by the nurses at The Center), it is trickled into the bloodstream through an intravenous needle over about an hour and it all goes to work immediately. One can receive 15 grams, 25 grams, or even 50 grams intravenously. It depends on what the individual needs to get his/her vitamin C level up to the level she/he needs to overcome the Lyme disease.

I remember a patient who came to The Center several years ago with Lyme disease. His was really a severe case. He could barely shuffle through the door to see the doctor or get his intravenous vitamin C. He received intravenous vitamin C weekly to overcome his Lyme disease. About three or four months later I saw him smiling and walking through the door as if nothing was wrong with him. And nothing was wrong with him. He felt great and owed it all to the intravenous vitamin C. There was more that The Center did for him, such as the nutrients he was taking, but the primary thing that helped him get rid of Lyme disease was the intravenous vitamin C.

Intravenous vitamin C is not just for Lyme disease. Doctors at The Center use intravenous vitamin C with good success for people who have chronic fatigue, cancer, and many other illnesses. The doctors and nurses have learned a great deal about using intravenous vitamin C for various diseases, including Lyme disease, over the 30 plus years The Center has been in business. ☞

—Richard Lewis

## INFORMATION WORTH KNOWING

by Marilyn Landreth, M.A.

Have you noticed that people seem to be more and more harried, rude, and inconsiderate? Could the food and drink that we put in our body have an effect on our mood? We know that genetics, stress, and social pressures affect our mood, but does nutrition also play a part? Nutritionist, Jack Challem, explores the food-mood connection in his book, *The Food-Mood Solution*. His research into this connection includes thirty years of research, including the most recent research. Challem has developed an easy to follow, four-step plan for feeding your brain the right nutrients. His plan includes modest lifestyle changes, supplements, and foods. Recipes are also included to help you plan better food and drink choices. The questions this month are taken from his book.

**1** As a confirmation of the increase in mood problems, recent articles in the *Archives of General Psychiatry* pointed out that one in every \_\_\_\_\_ people will have some sort of impulse control problem, including defiant behavior and explosive outbursts.

- a. three
- b. four
- c. ten
- d. twelve

**2** \_\_\_\_\_ are minerals, vitamins, and related nutrients that are needed to help control our mood.

- a. Multinutrients
- b. Neuroblasts
- c. Neuronutrients
- d. Neuroplactines

**3** While there is not always an obvious connection between unhealthy foods and illness, there is a much clearer connection between nutrition and mood because "the first sign of nutritional deficiencies and imbalances are usually altered mood and behavior."

- a. True
- b. False

**4** Americans tend to come up short when it comes to the nutritional value of our diets. As well as eating junk food, antacids and related drugs interfere with the \_\_\_\_\_ of nutrients.

- a. shelf life
- b. absorption

- c. expression
- d. all of the above

**5** Neurotransmitters are biochemicals that the brain and nerves use to communicate with each other. They also intensify, regulate, trigger, or lessen our moods and reactions. \_\_\_\_\_ is probably the best known of the mood-stabilizing neurotransmitters.

- a. Prozac
- b. Zoloft
- c. Serotonin
- d. Niacin

**6** Although nutrients cannot fix a bad marriage or other problems with your life, nutrients can support your brain's production of neurotransmitters to help you better deal with life's problems.

- a. True
- b. False

**7** Eat a little \_\_\_\_\_ each meal to stabilize blood sugar, lessen appetite, and reduce the amount of food you want to eat.

- a. carbohydrate
- b. fat
- c. protein
- d. all of the above

## Wild berries

by Gary D. Branum, Ph.D.

Modern supermarkets and farmer's markets are replete with a large variety of fruits and vegetables. Some of these are grown locally, but most (especially those that are out of season) are grown elsewhere and shipped in. However, virtually none of the fruits in your local market are wild. Consider picking wild fruits and berries for an interesting change of pace.

Wild grapes are abundant in some areas and are always safe to eat. They grow on vines that climb trees and have tendrils on the stems. The leaves are heart shaped with jagged edges. The fruit grows in bunches, just like the grapes you see in the store.


Aggregate berry fruits look like blackberries and raspberries. All of the wild varieties in North America are non-native plants that have escaped into the wild. They tend to have canes with more thorns and smaller fruits than their domesticated cousins. All aggregate berries are safe to eat.

The wild strawberry is one of the true delights of wild berry picking. It looks just like a smaller version of the domesticated strawberry, but if the rains have been good the flavor is sweeter and more intense than any strawberry you've ever eaten. No other wild berry looks like a wild strawberry, so if it looks like a strawberry, it's safe to eat.

Blueberries are a variety of huckleberry and all varieties are descended from native North American plants. Huckleberries grow on bushes or tall shrubs, and this helps to differentiate them from other berries that are similar in appearance, like pokeberry or buckthorn.

Elderberries grow in rich forest soil and are found in moist woodlands, at margins of fields, and along trails and forest roads. The fruit is similar in appearance to small blueberries.

Wild cherries can be black or red. The red variety is usually called chokecherry, has a bitter or sour taste, and was used by Native Americans to make pemmican. Chokecherries make wonderful jellies, syrups, and wine.

Wild fruits and berries grow all over the country, so take a field guide with you and try those wild berries! 

• FOR ANSWERS, SEE PAGE 7 •

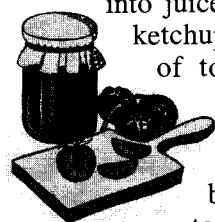
# Test of the Month

by Dr. James A. Jackson,  
Director, Bio-Center Laboratory

## Lycopene

Lycopene is a carotenoid, similar to beta-carotene. It is an open-chain unsaturated molecule that gives the red color to tomatoes, guava, rosehip, watermelon, and pink grapefruit. It is a powerful antioxidant, and its concentration in body tissues tends to be higher than all other carotenoids. In the body, lycopene is deposited in the liver, lungs, prostate gland, colon, and skin.

Lycopene in tomatoes can be absorbed better by the body if processed into juice, sauce, paste, and ketchup. Heat processing of tomato and tomato products makes lycopene more easily absorbed by the body. A medium raw tomato will contain 4.5 mg/serving of lycopene. One cup of tomato juice contains 22.9 mg/serving, while two tablespoons of tomato paste contains 8.8 mg/serving.



Studies have shown that high intake of lycopene protects against some types of cancer. In Italians, a habitual high intake of lycopene reduced the risk of cancer of the digestive tract and reduced the incidence of prostate cancer in men.

In a six-year study of the diets of 47,000 men by the Harvard Medical School, of the 46 fruits and vegetables studied only tomato products were shown to reduce prostate cancer risk. Lycopene has also been shown to reduce the risk of macular degeneration, serum lipid oxidation, and cancer of the skin, lung, bladder, and cervix.

The Bio-Center Laboratory is one of the few laboratories that perform this test. It is also included in some of the Health Hunter/Beat The Odds Panels. It may be ordered as a separate test or as part of the vitamin A, E, beta-carotene, lycopene, and lutein profile. [H]

# Herbal History

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

## Earache relief

Mullein Oil Compound by Wise Women Herbal is useful for ear infections. It works great for relieving pain, inflammation, and itching of the ear canal. It has the extra added bonus of softening ear wax. Mullein Oil Compound is both antibacterial and antifungal. The compound contains St. John's wort, Calendula, Mullein, Garlic, Chaparral, and vitamin E.

St John's wort oil (*Hypericum perforatum*) relieves inflammation, tightens tissues, decreases pain, and is antibacterial. Calendula oil (*Calendula officinalis*) promotes healing of epithelial tissue and decreases inflammation. Calendula also works as an antiseptic. Mullein oil (*Verbascum thapsus*) works as nature's bandage to heal tissue. Garlic oil (*Allium sativa*) is antifungal and antibacterial. Chaparral oil (*Larrea tri-*

*dentate*) reduces oxidation and inflammation. Chaparral is also antimicrobial. Vitamin E oil works to protect the oils from rancidity.

When using the ear drops, first warm the bottle in water for several minutes. Place 2-3 drops of the oil in the ear canal. Avoid contacting the dropper with any part of the body to prevent contamination. Use 3-4 times daily for pain, inflammation, and infection of the ear. Avoid if there is perforation of the eardrum.

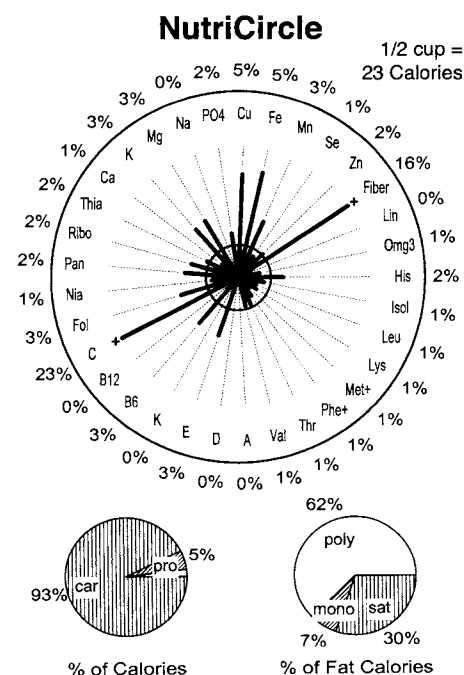
A hot water bottle application over the ear may be a useful adjunct when using the ear drops. Cover the ear with a dry towel and apply a hot water bottle or moist heat over the affected ear for 20 minutes. If you have access to diathermy, using this in conjunction with the ear drops may be even more useful. [H]



# Food of the Month

by Donald R. Davis, Ph.D.

**JICAMA** is a large, turnip-shaped root vegetable, with a tan, thin skin. Its white flesh is crisp, watery, and slightly sweet. Jicama (HEE-cah-mah) is also called yam bean or Mexican turnip. It is usually eaten raw — sliced, diced, or grated as a salad or garnish, or as a crunchy addition to green salads or fruit salads. In stir-frys, it substitutes for water chestnut. Its mild flavor is enhanced with your favorite salad dressing. A half-cup serving contains 14% and 10% of the RDAs for vitamin C and fiber, plus amounts of 16 other nutrients that match its few calories.

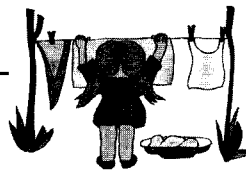


The length of each bar shows the amount of one nutrient. If a bar extends out to the inner circle, the food has enough of that nutrient to match the calories it contains. The numbers show nutrient amounts in RDAs per serving shown. The pie charts show the sources of calories (left) and the types of fat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

# Mental Medicine

by Marilyn Landreth, M.A.

## How did we ever survive?




With gas costing more and more everyday, the war in Iraq, and disease and problems everywhere, I sometimes long for the earlier more relaxed days of yesteryears. Then, I remember that those bygone days were not the relaxed times that many people remember.

Nowadays, when I want to take a bath, I turn on the faucet for hot and cold running water. In the good ole days the water had to be hand pumped from a well, carried into the house, poured into a pot to be heated on the kerosene cook stove, and more water hand pumped to pour into the tub. After our family of six had taken a bath, in the same water, the water had to be carried outside and dumped. You can understand why we only took a bath once a week whether we needed it or not.

Laundry was also a problem. The clothes were gathered once a week (maybe every two weeks in the winter) and taken to the nearest town to the laundry. You had to fill your own

washing machine and three rinse tubs with water. They had running water in hoses to fill up the tubs. After the clothes were washed we pulled them from the very hot water with a wash stick. Ours was made from a sawed off broom handle. The clothes were put through the wringer and dunked into each of the rinse tubs and through the wringer a final time. It was hot and sweaty even in the winter. We still had to hang the clothes on the clothesline after we drove eight miles to our house in the country. Today, washing clothes is a cinch.

Michael LeBoeuf, Ph.D. said, "Adversity is an experience, not a final act." I can't say that I am glad that I had the kind of experiences that I had as a child. I can say that I am grateful for running water, bathrooms, automatic washing machines, and air conditioning.

A good Mental Medicine for me is to appreciate what is right about my life and wonder how we ever survived the adversities of those early days. 

## Case of the month


Cancer of the pancreas when diagnosed generally is followed with a life expectancy of three to six months. Here is an exception.

In early July 2005, a 64-year-old woman came to The Center with a diagnosis of cancer of the pancreas. After completing the initial evaluation, she started receiving 15 grams of intravenous vitamin C along with one cc of magnesium chloride daily until July 15, 2005. At this time she was increased to 25 grams of vitamin C along with one cc of magnesium chloride. This dosage of vitamin C was given to her three times a week.

This was continued until early September when she was increased to 37.5 grams of vitamin C and 2 cc of magnesium chloride. This dosage was continued almost daily, and she ate lunch in the Taste of Health with her husband who was very supportive of this treatment.

In October 2005, she began chemotherapy with an oncologist who insisted that she stop the intravenous vitamin C and all other alternative treatments. She elected to stop the intravenous vitamin C but keep much of the oral nutrients. Her husband came to The Center to pick up lunch for her from the Taste of Health during the chemotherapy. Again, he was supportive of The Center's therapy.

Now, advance to May 2007. She was alive and doing well considering that she had cancer of the pancreas. Again, most people last for three to six months after the diagnosis. She returned to The Center after completing the chemotherapy to again start intravenous vitamin C. Dr. Kirby started her on 25 grams of vitamin C twice a week and then a week later increased this to 37.5 grams of vitamin C and one cc of magnesium chloride twice a week.

She continues this treatment, along with oral vitamins and minerals today. She is the exception to the rule. She has lived for two years and plans on continuing to live and continuing the treatment for quite some time in the future. The doctors and nurses congratulate her for this. She is a tough lady. 

## CENTER UPDATE

### A plumber's pain explains use of hair analysis

A 57-year-old plumber had seen several doctors to find out why he had a two-year history of pain in his thighs, but with no success. Then, he saw an alternative practitioner and found help.


His problem was pain in his thighs that would often radiate down to his toes and up to his arms and fingers. As a plumber, this caused him a lot of problems working.

The practitioner first interviewed him, much like we do at The Center, and then suggested several nutritional tests. One of the tests was a hair analysis that looks at toxic trace metals.

High lead levels are a common problem for plumbers. They no longer use lead in sealing pipe joints, but they still can be exposed to lead from welding and construction. This plumber had extremely high levels of lead, aluminum, and cadmium in his hair analysis. One

wants lead, cadmium, and aluminum levels as close to zero as possible.

The Center uses hair and a six-hour urine analysis along with a post chelation test to check for toxic metals. The hair analysis is not only a good overview analysis for the toxic metals but is a good way to check other trace minerals as well. Also, it is easy to do. It just requires snipping a little hair with thinning shears from the nape of the neck.

The plumber had good results from the help he received and by four months, when he had a second hair analysis done, he was pain free. His lead, aluminum, and cadmium had dropped considerably. These are the results The Center often sees in the hair analysis the doctors have the laboratory do here. This man, as do our patients, did well with the help of the tests he had done. 

Answers from page 4

- 1 b. Also, one in three will suffer from a bout of anxiety.
- 2 c. These brain chemicals help you think clearly, maintain good mood, and act in socially acceptable ways.
- 3 a. When students who were generally in good physical and mental health were given a daily high-potency multivitamin, their moods improved substantially.
- 4 b. The drugs interfere with vitamin C and the B vitamins. Oral antibiotics also impede the absorption of the B vitamins.
- 5 c. Serotonin levels are often lower in people who are depressed, anxious, or aggressive. Prozac and Zoloft are often prescribed for these symptoms.
- 6 a. For many years, some physicians have used B-complex, building blocks that make neurotransmitters, to treat a variety of mood and behavior problems.
- 7 c. When your blood sugar is stabilized it protects you from mood swings and fatigue. Hi

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 CDs: Regular Price—\$14.95; Health Hunter Price—\$13.45  
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### The Food-Mood Solution

*Jack Challem*

Research has shown a connection between the food and drink that we put into our body and our mood. Jack Challem has studied the nutritional triggers for various moods and gives practical methods to stabilize those moods. Hardcover. \$24.95 HH price \$22.46

### Quit Stressing Me Out!..The Hidden Message of Negative Behavior

*with Mary Braud, M.D.*

There is a different understanding of negative behavior, especially in children. A positive method encourages taking a supportive, rather than a punitive, approach to dealing with anyone whose behavior is hard to handle. Dr. Braud explores a concept that can strengthen relationships and encourage positive patterns for addressing conflict.

### No More Bad Moods: The Food-Mood Solution with Jack Challem

Best-selling author, Jack Challem, talks about how stress affects our eating habits, setting the stage for a variety of bad moods, including irritability, anger, anxiety, impulsiveness, depression, and mood swings. Listen as Jack also describes eating habits and lifestyle tips to help foster positive, stable moods.

### Enzymes and Autism: Go with Your Gut—Nutritional Secrets for Overcoming Autism

*with Karen DeFelice, M.Sc.*

Karen discusses the basics of enzyme therapy, the digestive process, various special diets, and nutrition, with emphasis on the gut healing process, the immune system, and the impact on children's health and behavior.

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# Upcoming Events. . .

## Lunch & Lectures:

### July:

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- 19 What About All Those Garden Critters?
- 26 Psoriasis—Deeper Than Skin Deep

### August:

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- 9 The Omega-3 Fatty Acids
- 16 Type II Hypothyroidism
- 23 Squeezing the Stiffness Out of Sinuses

## Fatty acids and breast cancer risk

Omega-3 fatty acids, and in particular eicosapentaenoic acid (EPA), may reduce your chances of getting breast cancer. This is from a research paper by Jackilen Shannon and colleagues published in *The American Journal of Clinical Nutrition*.

“In this case-control study of [red blood cell] fatty acids and breast cancer risk, we observed a significant inverse association between a total (omega)-3 fatty acids, and more specifically EPA, and risk of breast cancer,” Dr. Shannon said. In short, omega-3, and specifically EPA, reduces the risk of getting breast cancer. This study supports the use of omega-3 polyunsaturated fatty acids to help prevent breast cancer.

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