



Introducing “The Work”

by Mary Braud, M.D.

Can you change your life by answering four questions? Author Byron Katie believes you can. She has been demonstrating the power of the process she calls “The Work” through her books, audio programs, and workshops, including a nine-day intensive called, “The School of the Work” for several years. Answering the four questions is a powerful method for discovering the impact of our thoughts and beliefs. According to Katie, all suffering is the result of an unquestioned mind. She urges us all to question our way out of the prison of our pain into the freedom that is only possible when we are no longer held captive by our thoughts.

“The Work” is one very powerful way to change thoughts.

Her method may seem quite radical at first, and the promise of freedom from negative emotion may sound impossible. However, what she offers are real and lasting benefits. There is ample evidence from numerous studies that supports Katie’s claim that changing your thoughts can change your life. This advice is, of course, nothing new. Teachers from all across the ages and in various cultures have said the same. However, it’s one thing to appreciate the necessity for changing perceptions and another to know how.

“The Work” is one very powerful way to change thoughts. The process of doing the work begins with identifying stressful thoughts. Any thought that

causes pain, fear, or suffering of any kind can be questioned. Once the painful concept has been identified, the four questions are applied.

The four questions are:

1. Is it true?
2. Can I absolutely know that it’s true?
3. How do I live when I believe that thought?
4. Who would I be if I could no longer believe that thought?

The questions should be answered from deep within, as a meditation. The first question should be given only yes or no as an answer. Either is fine. The second question is answered only if the answer to the first question is yes. The third question is an opportunity to discover the impact that our beliefs have upon our lives. In answering the third question, it is important to consider all of the feelings and behaviors that result from a belief. The fourth question may seem like an impossible leap of imagination at first. It is an invitation to consider what it would be like to be released from the habitual reactions we have grown accustomed to and to be free of the difficult emotions that so often leave us in misery.

After answering these questions, the original concept is turned around. This is done in order to give the mind additional support for making a shift in perspective. This is necessary because the mind often needs to be convinced that a different view is valid and real. Katie encourages finding at least three valid ways in which the turnaround is more true than the first concept.

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Sugar-sweetened beverages and body weight

Several studies suggest that liquid foods are more likely to cause excess weight than solid foods, with the possible exception of milk. Now, the first sizable intervention study supports this idea, but only for sugar-sweetened beverages—soft drinks, fruit drinks, and other high-calorie beverages sweetened with sugar. The subjects were 810 adults with borderline or mild high blood pressure, of average age 50, and 62% female. Nearly all were obese (65%) or overweight (29%). They were advised about calorie reduction, diet, and exercise, but not about beverages, except to increase low-fat dairy foods. Cutting 1 serving per day (12 fluid oz.) of sugar-sweetened beverages led to average weight losses of 1.1 and 1.4 pounds after 6 and 18 months, respectively. Cutting the same calories as solid food caused only one-third the weight loss. No other beverage type had a similar effect.

—Am J Clin Nutr 2009; 89:1299

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Nutritional Medicine

by Ron Hunninghake, M.D.

First line therapy

A subtle but monumental change is emerging in America's medical consciousness.

Rare was the doctor who truly believed that *nutritional therapy* actually worked.

Of course, almost all of the many medical organizations (American Heart Association, American Diabetes Association, etc.) recommend *nutritional therapy* as the **first line approach** to the major chronic illnesses afflicting most Americans today (high blood pressure, obesity, diabetes, osteoarthritis...to name a few.)

Only one BIG problem—the doctors themselves did not believe in it. They gave it lip service. (Or if they believed in it personally, they still didn't think the average patient was willing to change their diet.) "Here (handing the patient a 1200 calorie diet sheet) try this. If it doesn't work, (writing out and handing them a prescription for some pharmaceutical) you better take this."

Was it a self-fulfilling prophecy? Was it a lack of nutritional training in medical school? Was it all the drug ads in the medical journals and the swarms of drug reps visiting their offices? Was it the ill-conceived single nutrient studies that showed equivocal results? Was it "those wacko patients on scads of vitamins proclaiming unheard of and un-evidence-based success?" Were the education and follow-up given to

patients inadequate and ineffective?


Whatever it was...the doctors (in general) didn't buy it. They talked it, a little, but their body language (and often, their weight) said they really didn't believe it worked.

But the times, they are a changin'. Drug therapy alone has clearly not stopped the march of chronic diseases. Obesity, diabetes, heart disease, arthritis, and (many more -itis diseases) continue to advance, eating up our sickness care resources and overloading doctors' offices with unwell, unfit, tired, and unhappy patients (and now, overweight, diabetic kids!)

Recent statistics show that large percentages of family physicians and other primary care docs are quitting practice early. They are fed up with people not getting well. They are tired of pushing what does not seem to work in the long run.

Time is ripe for the emergence of a first line therapy that really works. Evidence-based, *effective* nutritional therapy exists. It is real. But it is more than handing a patient a diet sheet.

True health care reform begins in primary care doctors' offices that use effective first line nutritional therapy protocols, in an educational context, paid for by health insurance, and documented by laboratory testing that shows real and lasting change for the better.

That time is now. Effective **first line therapy IS** the answer. Let's use it! 

Introducing "The Work"—Cont'd from page 1

There are many stressful beliefs that are universal. Few haven't struggled, at some time, with thoughts like, "I need to know what to do," or "There is something wrong with me." How about, "People shouldn't lie." There are many, many others. The last one will be examined as an example.

"People shouldn't lie." "Is that true?" The answer, whether yes or no, is fine. If my answer is yes, I answer the second question. Can I absolutely know that it's true? Things to consider when answering the second question include things like, "Can I know what

is true for someone else?" and "Can I know what is best for someone else in the long run?" Again, answering either yes or no to this question is fine. It's merely information. It can be shocking to find, right away, that you really don't believe what you thought you did.

The third question, "How do I live when I believe that thought?" In answering this question for myself, I bring to mind times in my life where someone lied or I believed someone lied. I see that I have been angry or very hurt. I have stopped speaking to some of these


continued on page 3

people and have never forgiven them. I have also been very sad and felt worthless when thinking that someone has lied to me. I felt abandoned and alone.

"Who would I be without that thought?" In each scenario that I have brought to mind about being lied to, I imagine myself no longer experiencing my pain. I see myself and the other person, only I no longer believe they shouldn't be lying. Their behavior is unchanged; it's my reaction that is now different. From a place of peaceful acceptance, I can see the fear that motivated the lying. I can understand why they might have been misguided into believing that I couldn't handle the truth. Perhaps I was angry or frustrated in the past when they were honest with me. When I stop feeling like I am a failure because of someone else's behavior, I see how blessed I am that this person is no longer in my life. I can see that I wasn't rejected but saved.

The final step in the process of the work is the turnaround. The original concept is turned around as many ways as possible. The original thought, "people shouldn't lie" can be turned around to the opposite, "people should lie." Is that as true or truer? When I am no longer in my pain, I can see that people do lie *sometimes*. When I argue with the truth of this, I suffer. The original concept can also be turned around to myself and becomes, "I shouldn't lie." I look for evidence of how I have lied to myself and others in the past. I cannot expect others to do something I have not been able to do. I am lying to myself when I believe that people shouldn't lie.

Katie's website (www.thework.com) includes many free resources, including worksheets and guides that explain the process. There is a free helpline, and facilitators are available to do the work over the phone with anyone during certain times. Trained facilitators all over the world provide sessions for a fee as well as workshops and other trainings.

Dr. Braud's lecture on July 16, 2009, will be about "The Work." Come prepared to learn more about this powerful tool and to release your own painful thoughts. 

HEALTH HUNTERS AT HOME

Health care in Russia

by Nina Mikirova, Ph.D.

When I lived in Russia, prior to 1990, Russia had a system of socialized medicine. There were many advantages to Russian health care: 1. Free access to health care; 2. Extensive prevention of infectious diseases; 3. Developed curative service infrastructure; 4. Abundance of trained health personnel; 5. Public health services network through Sanitary Epidemiological system; 6. Occupational health services; 7. Many statistical information sources; 8. Scientific institutions for medical and health systems research.

Basic medical care was available to most of the population free of cost. It was hierarchically organized with the government providing free health care to all citizens. All health personnel were state employees. The average doctor's salary was roughly comparable to that of the average industrial worker. That system had been installed after the revolution with an emphasis on preserving a healthy population as a matter of national economic policy.

As a result, Russia had a huge network of neighborhood and work-site clinics and first-aid facilities to provide readily accessible primary care, together with large hospitals and polyclinics to diagnose and treat more complex illnesses and to perform surgery. For example, in 1986 Russia had 23,500 hospitals with more than 3.6 million beds. In this period, Russia was the first in the world in the ratio of hospital beds to population. Russia had about 1.2 million doctors and about 3.2 million paramedical and nursing personnel. Each school and day care had a nurse, and many large plants and factories had operated clinics that provided workers health care without requiring them to leave the work site.


The structure of the health system was so favorable that often people suffering from relatively minor ailments, such as influenza, were willing to be hospitalized. The result was a serious overcrowding problem in hospitals, despite the large number of beds available. The system specified the length of treatment for every disease, and patients

after surgery could stay a month or more for treatment. Employers would pay people for each period of sickness.

A vast network of sanitation and epidemiology was created in 1920, eventually reaching into every village in the nation (Sanitation and Epidemiology Service). This health campaign had great success. While typhus continued to rage in many nations, in Russia this disease was defeated. This integrated model achieved considerable success in dealing with other infectious diseases. The Sanitation and Epidemiology Service developed a system of preventive treatment and immunization, and each person was compelled to undergo immunization.

Russia is the country that always had a very high level of medical education. The medical education was free and there was great competition to enter the medical school.

Russia is a land of great scientific achievements in medicine. Russian medical science has contributed much to the world of medicine. It's due to a constellation of scientists both in theoretical and practical fields of medicine. Russia pioneered in some specialized fields of medicine such as laser eye surgery and heart surgery. Soviet surgeon, A. A. Vishnevskii, was the first to conduct cardiac surgery under local anesthesia. In our country and abroad, A. D. Semyonov is known as one of the pioneers of laser eye microsurgery who created, together with his staff, a range of effective methods for diagnostics and treatment of eye diseases with the use of laser radiation energy. He is a founder of the new trend in ophthalmology and a founder of refractive laser surgery in Russia, which is used now over the world.

The new Russia has switched to a mixed model of health care with private financing and state financing and provision. Article 41 of the 1993 constitution confirmed a citizen's right to healthcare and medical assistance free of charge. This is achieved through compulsory medical insurance rather than just tax funding. This and the introduction of new free market providers is intended to promote both efficiency and patient choice. 

INFORMATION WORTH KNOWING

by Marilyn Landreth, M.A.

Twentieth century medicine chopped the body up into several specialties such as neurology, cardiology, and endocrinology. Specialists focused on their corner of the body but failed to get the whole picture. Rather than treating the body as a collection of separate organ systems, Functional Medicine looks at how our cells and systems flourish and how they develop problems. In the twenty-first century, it is becoming clear that the brain is deeply linked to the body, and that the brain and body profoundly shape each other. Mark Hyman, M.D., has written *The UltraMind Solution: Fix Your Broken Brain by Healing Your Body First*. Dr. Hyman uses Functional Medicine to show that if you treat systems in the body that are not working right, you can help your body and your brain as well. He believes that we are having an epidemic of “broken brains” which goes by many names, such as ADD, depression, memory loss, brain fog, anxiety, and dementia. Dr. Hyman says that although they may seem different, they all affect the brain. This month’s questions are taken from his book.

1 Broken brains are one of the primary issues keeping many people from being optimally healthy and feeling alive. It is a serious problem that affects _____.

- 26% of adult population with psychiatric disorders
- more than 20% of children with some type of psychiatric disorder
- more than 40 million people with anxiety
- all of the above

2 One in _____ Americans take an antidepressant, although most patients who take antidepressants have limited reduction in symptoms. The medication is considered a success if there is a 50% improvement in half the symptoms.

- 100
- 50
- 10
- 5

3 Our entire body and all the core systems in it interact as a single complex symphony. All the pieces of our biology and genetic code interact with our environment to determine how healthy we are.

- True
- False

4 Our thoughts, beliefs, traumas, life experiences, and attitude influence our biology. We know that _____ plays a part in 95% of all illnesses.

- germs
- stress
- bacteria
- skipping breakfast

5 Our biology, biochemistry, and physiology need the right balance and quality of protein, fats, carbohydrates, vitamins and minerals in correct doses for each of us, and _____ to support our well-being and function.

- phytonutrients
- mercury
- Armour thyroid
- all of the above

6 The American diet has changed drastically in the last 150 years. We used to get most of the fats needed for controlling gene function, regulating the immune system, and improving metabolism from omega-6 fats.

- True
- False

7 Energy is something we lose as we age, but it can also be depleted because of anything that triggers more free radicals and oxidative stress or damage to our _____.

- mitochondria
- arachidonic acid
- caseomorphins
- huperzine A

• FOR ANSWERS, SEE PAGE 7 •

The outer appearance and behavior of any individual is an expression of that person’s physiology and biochemistry. It therefore follows that their biochemistry and nutritional needs must also be individual. Without individuality there would be no humanity.

From: *Hoffer’s Laws of Natural Nutrition* by Abram Hoffer, M.D.

Test of the Month


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

Iron

What is iron doing in our bodies? Isn’t that supposed to be in cars, trains, horseshoes, etc.? Well, it is found in all of those as well as your body. You cannot make iron, and it has been known as an essential element (mineral) since the 17th and 18th centuries. The Latin name is *Ferrum* and by taking the first two letters of that name we get the chemical symbol for iron—Fe.

Iron deficiency may be caused by internal or external blood loss. It may cause anemia, fatigue, irritability, weight loss, lowered disease resistance, pale skin, apathy, poor digestion, confusion, higher rates of premature births, brittle hair and nails, and headaches. Iron levels among breastfed infants are much better than those fed cow’s milk or baby’s formula. A person eating a strict vegetarian diet, especially when eaten with drinks such as coffee, tea, or red wine (all contain tannins), may only absorb about 10% of iron. Vitamin C, gastric acid, and calcium help with absorption. Good sources of iron are meat, fish, grain products, legumes, clams, spinach, asparagus, prunes, nuts, soy, brewer’s yeast, and raisins. Cooking with cast iron cookware will also add iron to the foods being cooked.

High levels of iron can be dangerous. Iron overload (hemochromatosis) may damage the pancreas (diabetes), cause brown skin (Bronze-Diabetes), cirrhosis of the liver, heart failure, infertility, and joint pain. The daily requirement of iron is about 10-15 mg; women (menstruation) up to 18 mg, and pregnant women after the 6th month may require 25 mg.

In the laboratory, we measure iron directly in the serum or indirectly by the hemoglobin, red blood cell count, and hematocrit of the CBC. We also measure ferritin and other iron carrying proteins and can measure iron in the hair and urine. Our Center physicians frequently order these tests on our co-learners. 

Fall vegetable gardening

by Gary Branum, Ph.D.


Most of us think of vegetable gardens as a “plant in spring/harvest in late summer-fall” proposition. However, if you’re not too tired late in the season, fall gardens can extend your crop production considerably. Vegetables that ripen in the cooler, gentler fall frequently are more flavorful than those that mature in the hot days of summer. Fall gardens have fewer insect problems, and many vegetables can be left in the garden much of the winter and harvested as needed.

The tomatoes, okra, peppers, spinach, and eggplant that you planted in the spring will continue to produce until frost. Other crops can be planted in mid to late summer for a second round of crop production. Crops that are planted for fall production must be planted at a time that allows them to reach maturity before the average date of first frost—about mid-October in Sedgwick County. That means planting in mid to late July for many crops.

One of the major difficulties with fall gardening is getting seeds to sprout and survive during the heat of the summer. Some plants can be started in cooler areas like a basement and transplanted out. Be sure to keep everything well watered during those hot days.

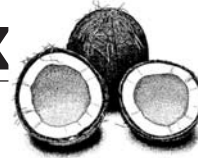
In general, the crops that are the best fall producers are the cool season crops like broccoli, cabbage, cauliflower, and Brussels sprouts. Most types of lettuce will handle cool temperatures and will survive a light frost. Other good fall crops are mustard, spinach, turnips, beets, potatoes, kale, collards, and squash. Seed potatoes should be cut and allowed to dry a couple of days at room temperature to prevent rot in the warm summer soils.

The first frost in the fall will damage some crops. Others may be slightly damaged but will continue to grow until a hard freeze kills them. Still other crops can withstand fairly low temperatures. The frost will kill potato vines, but the tubers will be all right in the ground for several weeks. Turnips can stand quite a bit of cold and can be dug quite late into the fall.

More vegetables, later in the season. 

Do it Yourself Detox

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




Oils

One of the Center volunteers gave me an article on oil pulling earlier in the month. Around that same time, I noticed that Dr. Ron was writing scripts that told patients to swish coconut oil in their mouths on a daily basis—a form of oil pulling. Finally, a patient told me how much better she felt from taking coconut oil; 1 tablespoon before meals alleviated her hypoglycemic episodes. I now feel compelled to report on oils.

What is oil pulling? It is an ancient Ayurvedic (Indian) practice that involves swishing oil in the mouth to promote oral and systemic health. To perform the process you rinse your mouth with approximately one tablespoon of oil for 15–20 minutes on an empty stomach and then spit it out. After spitting, rinse your mouth with water and brush your teeth. It is usually performed first thing in the morning, before eating or drinking. In India, they generally recommend using cold pressed sesame or sunflower oils.

The oil will often change from yellow/oily consistency to a thin white foam. If it doesn’t change, Ayurvedic practitioners would say you didn’t rinse thoroughly enough. Ayurvedic practitioners believe that by using the oil, you can bind up fatty toxins in the mouth and over time reduce or eliminate fatty toxin burden. The method has been shown to reduce bacterial colonies in the mouth which may decrease cavities and promote better oral health.

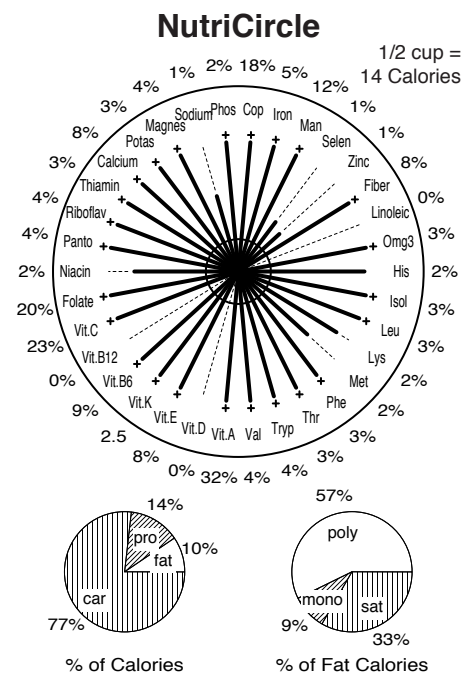
As mentioned initially, there is also benefit from swallowing oils (as long as you haven’t rinsed your mouth with them, which could potentially be toxic). Taking in some healthy fat with your meals slows the rise in blood sugar that can come with carbohydrate foods. This can help with muscle tremors, fuzzy thinking, anxiety, and sleep.


Whether you want to swallow the oils or spit them out, they can have health promoting effects. 

Food of the Month

by Donald R. Davis, Ph.D.

TURNIP GREENS are nutritional powerhouses similar to mustard greens, but less spicy. Both are in the cabbage family that includes the other greens, collards, and kale. All are traditional greens in the South, usually seasoned with pork or ham and eaten with corn bread. A half-cup serving of boiled turnip greens contains 250% of the RDA for bone-friendly vitamin K, plus 8% to 32% of the RDAs for vitamins A, B₆, C, and E, folate, calcium, copper, manganese, and fiber—all in only 14 Calories. It is also rich in many phytochemicals, including lutein and zeaxanthin that help prevent macular degeneration and cataracts, plus others that help ward off various cancers.



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.

Reality check


For months all we've heard in the news is doom and gloom. Yes, it is a difficult time for many Americans. We have had difficult times in the past and we will have difficult times in the future. Not only have we survived past difficulties, but we have thrived through adversity. Going through difficult times can lead to untold depression or can be seen as an opportunity to make changes that lead to greater satisfaction and happiness.

As I think back over a long life and remember milestones, it helps to recall my feelings during those times. Graduation from high school was a happy time as we closed one door and were ready to rush headlong through another door. It was also a time for sadness. This was the last time we were with teachers and students with whom we had close relationships. We chose to look ahead to all the people we would be meeting in the years to come.

My wedding day was a time of

both joy and sadness. When the minister pronounced us husband and wife, we turned around to face the congregation with happy smiles. We were astounded that our parents and many friends were crying. We chose to leave the small town where we had lived all our lives and journey to a city with more opportunities. We were very optimistic about our ability to carve out a life with very little money but a great deal of hope.

If we could regain the optimism and sense of adventure that we once had and add to it the knowledge that life holds both hills and valleys, we would be better prepared for life.

Ann Landers said, "If I were asked to give what I consider the single most useful bit of advice for all humanity it would be this: Expect trouble as an inevitable part of life and when it comes, hold your head high, look it squarely in the eye and say 'I will be bigger than you. You cannot defeat me.'" 



Case of the month

This 63-year-old male came to The Center in February of 2009. His chief diagnosis was renal cell carcinoma with metastasis to other areas in his body. He also had a chronic constant cough and lower back and neck pain. He is from out of state and found The Center through the internet.


At the initial visit, the person's vital signs are taken and a photo is also done. This is put into the person's file so when they call The Center we have a face to go with their name. This is a very good way to identify the person.

During the initial visit with Dr. Krier, the following tests were recommended: CEA (for monitoring cancer); co-enzyme Q10; CRP; G6PD; glutathione; vitamins A, E, and beta-carotene; lutein; lycopene; B assessment profile; B12; folate; vitamin C plasma; vitamin D; calcium/magnesium ratio; and chromium. Also EFA-RBC, indican, potassium/sodium ratio, a urinalysis, and a cytotoxic food sensitivity test were done.

Dr. Chad Krier recommended hawthorne solid extract 1/2 teaspoon 3-4 times a day for the cough. When the patient came back on the second day, his wife was so elated. She said her husband had not coughed all night, and that was the first time in two years that the cough had not kept him awake. I talked to her 1 1/2 weeks later and the cough was greatly reduced.

The follow-up visit was done by phone as the patient lives out of state. His cough had recurred a few days before the visit, but it was not as severe as before. Dr. Krier had him continue the IVC at 75 grams two times a week. A local physician will give the IV infusions to him.

His co-enzyme Q10 level was low and a supplement was recommended. His essential fats were abnormal and pro-omega liquid (fish oils) were also recommended. He was urged to not eat the foods to which he is sensitive. His CRP was very high, which indicates inflammation in his body.

He will continue his follow-up appointment by phone to monitor his progress, and he will also continue the IVC infusions. 

CENTER UPDATE

What is the Pediatric Brain Health and Behavior Protocol?

The program is designed to assess for dietary inadequacies, food sensitivity reactions, nutrient deficiencies, yeast overgrowth syndrome, digestive disorders, biochemical imbalances, and metal toxicities. These issues can affect your child's brain health and give rise to many behavioral problems.

Professional services included in the protocol: medical history; nutritional physical; performance scoring; nutritional counseling with cytotoxic food sensitivities review; first follow-up appointment for test results, interpretation, and treatment plan; and group therapy session with a physician to teach stress management skills.


Core laboratory testing included in the protocol: basic cytotoxic test (food sensitivities); EFA panel (essential fatty acids, omega 3, 6, 9); A, C, E, B12, folate panel (antioxidant and B vitamins); vitamin D (bone, immunity,

mood, inflammation); candida sputum culture (yeast overgrowth); urinary pyrroles (biochemical stress marker); urinary indican (mal-digestion & unfriendly bacteria marker); fasting glucose (prediabetes and insulin-resistance test); CBC (anemia and iron deficiency); hair tissue analysis (mineral absorption screening); and vitamin B6 (important methylation marker).

These are some lectures presented here at The Center which will help you learn more about brain health and behavior:

– "ADD/ADHD" by Ron Hunninghake, M.D., and Donald R. Davis, Ph.D.

– "Alternatives to Psychiatric Medications That Work for Kids" by Mary Braud, M.D.

– "The Pediatric Brain Health and Behavior Protocol" by Mary Braud, M.D. 

Answers from page 4

- 1 d. Nearly one in three of us suffers from a brain that is not working as well as it should.
- 2 c. About 86% of those who find some relief from their symptoms have one or more side effects such as sexual dysfunction, insomnia, and weight gain.
- 3 a. The body and mind are a single, bidirectional system. What we do to our body affects our brain.
- 4 b. Stress and other psychological factors can have a major impact on our health.
- 5 a. Phytonutrients are all the colorful pigments in plant foods. Very few of us are as nutritionally balanced as we need to be.
- 6 a. We used to get our oil from omega-3 fats. The ratio of omega-3 to omega-6 has increased from 1:1 to 10:1. Omega-6 fats come from more refined oils rather than fish, wild game, and wild plants.
- 7 a. Mitochondria are the parts of our cells that take the calories we consume, combine them with oxygen, and turn them into energy, which is used to run our body.



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 DVDs: Regular Price—\$14.95; Health Hunter Price—\$13.45

THE ULTRAMIND SOLUTION

by Mark Hyman, M.D.

Do you have a broken brain? Do you have a difficult time focusing on tasks? Do you get anxious, worried, or stressed out frequently? Are you depressed, feeling down, and don't have the energy to do something about it? If the answer is yes to any of the above, then you may have a broken brain. Hard cover. (\$27.50 HH price \$24.75)

PREVENTING THE #2 WORST

PAIN: Kidney Stones

with Donald R. Davis, Ph.D.

About one in seven men and one in 15 women will develop a kidney stone in their lifetime. Stones can cause agonizing pain and need costly treatment. Several things can be done to help prevent kidney stones or prevent recurrences. Simple measures, some of which are poorly known by doctors, are discussed.

THE EYES HAVE IT: Preserving Vision

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

Are you holding the newspaper at arm's length or squinting at road signs? Do you have a family history of macular degeneration? Poor nutrition, poor circulation, eye strain, and more can affect your vision, as well as diseases of the eyes.

PLUGGING THE LEAKY GUT SYNDROME

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

We are all exposed to environmental insults: stress, caffeine, food additives, refined foods, and nutrient depleted foods. These things creep into our diets and can often lead to gastrointestinal irritation. Over time, our intestinal lining can become too porous, wreaking havoc on our health. Find out what you can do to prevent the progress of leaky gut.

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Upcoming Events. . .

Lunch & Lectures:

July:

- 2 Purifying Your Space: Strategies for Detoxification and Healing
- 9 Eat, Exercise, Excel: a Wichita School Wellness Program for Students That Works
- 16 Learning to Love What Is—Four Questions That Can Change Your Life
- 23 Toxic Plants of Kansas
- 30 Genetically Modified Foods: Claims, Counter-Claims, and Doubts

August:

- 6 Winter Vegetable Gardening in Kansas—Without the Use of a Greenhouse
- 13 How Sweet It Is: the Facts on Sweeteners
- 20 The UltraMind Solution: How to Fix Your Brain by Healing Your Body

Preventing diabetic retinopathy

Diabetic retinopathy is damage to the retina caused by diabetes. Nearly half of Americans with diagnosed diabetes are affected to some degree, and it is a leading cause of blindness in U.S. adults. An exploratory study suggests that lutein-, zeaxanthin-, and lycopene-rich foods may help prevent diabetic retinopathy. Serum levels of these three food pigments were lower in 33 diabetic subjects with retinopathy than in 78 control subjects, especially relative to carotene levels. Further studies are needed to test for a cause-and-effect relationship, but it would seem prudent to emphasize foods rich in lutein and zeaxanthin (kale, spinach, and other greens) and lycopene (tomato and watermelon). All three pigments are found in high concentrations in the eye and are known to help prevent macular degeneration and possibly cataracts.

—*Brit J Nutr* 2009; 101:270