

# Health Hunter<sup>®</sup>

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N E W S L E T T E R

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## Bringing down high blood pressure

by Tim Lawton, M.D.

**H**ypertension is more than just high blood pressure. It is a disease syndrome that affects every cell in the body. When the blood pressure is out of balance, every cell's biochemistry is out of balance.

***Supplemental potassium, calcium, and magnesium may be helpful in treating hypertension.***

The primary cellular abnormality underlying most hypertension is an imbalance between potassium (K) and sodium (Na). In order to keep these two minerals in balance, every cell has its own regulatory mechanism called the sodium-potassium pump. This pumps the potassium into the cell while at the same time pumping the sodium out. This pump is so important for cell function that it consumes 1/3 of all the food energy of the cell.

If the potassium and sodium are out of balance, the intracellular concentrations of other important elements, such as calcium and magnesium, are disturbed as well. Calcium and magnesium work together to regulate the contractility of our muscle cells. Every one of our arteries is lined by smooth muscle cells which contract or relax to raise or lower our blood pressure in response to physical and emotional factors. Even a small increase in the intracellular calcium will cause the muscles lining the arteries to contract, thus raising the blood pressure.

An imbalance of potassium and sodium is also associated with high insulin levels. Excessive insulin acts to cause salt and water retention which

further raises blood pressure. In addition, insulin causes the body to increase its fat stores and cholesterol levels. Thus, the 4 sides of Syndrome X (obesity, hypertension, impaired blood sugar regulation, and abnormal lipids) are all connected at the cellular level.

Hypertension is defined as blood pressure  $\geq 140/90$  and affects 50 million Americans. That's 1 out of 4 adults or 2 out of every 3 people over the age of 70! Another 45 million people have blood pressure  $\geq 120/80$  and are classified as "prehypertensive". People with hypertension are 3 times more likely to have a heart attack and 8 times more likely to suffer a stroke. In fact, 80% of all strokes are associated with hypertension. Is it no wonder that heart disease and stroke are America's #1 killers? These two account for 950,000 deaths a year or 40% of all mortality. The annual cost is estimated to be \$351 billion or 1 out of every 4 dollars spent on medical care!

Of all the causes of hypertension, only 5% are secondary to other medical conditions such as kidney disease, thyroid disorders, sleep apnea, and certain hormone secreting tumors. The remaining 95% are called "essential" hypertension and are related to lifestyle and dietary factors.

**What can be done to prevent and treat essential hypertension?**

**1. Boost potassium while limiting sodium.** While reducing sodium is often helpful, increasing dietary potassium may be even more important. To keep the cells in nutritional balance and normalize blood pressure, a potassium to sodium ratio (K/Na ratio) of 4-5 is

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## Depression related to low fatty acids

In a Dutch study, the researchers discovered that low omega-3 fatty acids in relationship to omega-6 fatty acids were involved in depression—something Dr. Riordan learned early in his practice.

In this study, Henning Tiemeier of Erasmus Medical Center, Rotterdam, Netherlands, and colleagues screened 3,884 adults who were 60 years old or older for depressive symptoms. They compared the omega-3 and omega-6 fatty acid levels of all subjects to the levels of the 264 people they found to be depressed.

The researchers discovered that those with depression had a lower level of omega-3 fatty acids than omega-6 fatty acids. They also checked to see if smoking and heart problems could be a cause for the low omega-3 levels but found out that the cause came from depression only. Heart problems and smoking were not involved. H

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# Nutritional Medicine

by Ron Hunninghake, M.D.

## The carb revolution

There's a quiet revolution under way. It's dramatic, but not highly visible. No one is out in the street picketing, blocking cars, or taking over governmental buildings. There are no bills before Congress demanding sweeping changes. Soldiers will probably not be called in. No one will die for the cause. Only old notions of "a healthy diet" are dying.

Suddenly, as if some cyber virus wormed its way into everyone's brain, reduced carb eating is IN!

What gives? This was just a fad diet two decades ago. It has been attacked as unsafe, unsound, unreasonable, and certainly unconventional.

One problem: it works. People lose weight on it. People feel better. Cholesterol and triglyceride levels come down. Blood sugar fluctuations causing mood fluctuations stabilize. A sense of controlling one's dietary destiny ensues. Carbs are countable. Results are witnessed quickly. Junk foods are jetti-

soned. Whole foods find favor (and flavor!)

Even no-no foods, such as ice cream and brownies, can be handled using the new technology of low carb foods. Food technology created sugar and white flour...why can't it create solutions to sugar and white flour? It can!

Low carb is an idea whose time has come. It is a reasonable answer to the twin epidemic of 60% plus of our American population being overweight and 10% plus being diabetic.

No, it should not be used as a dietary gimmick. It should be part of a thoughtful overhaul of an unhealthy lifestyle. Take control: Exercise. Hydrate. Rest. Sleep. Love. Supplement. Strengthen. Pray. Hug. Listen. Prevent. Be present. Observe with wonder. Appreciate. Enjoy.

...and, control carbs (especially the low color, high glycemic, rapidly absorbed, insulin stimulating ones!) [H]

### High blood pressure—Cont'd from page 1

recommended. For example, if you consumed 1500 mg of sodium a day, you'd need 6000 mg of potassium to keep your K/Na ratio at 4.

For decades medical research has confirmed the importance of potassium. In the 1940's Dr. Walter Kempner demonstrated that a rice and fruit diet (with a very high K/Na ratio of about 20) was effective in bringing down high blood pressure. The Nurses Health Study reported in 1998 that nurses who consumed the most potassium, either in fruits and vegetables or supplements, had the lowest blood pressure. The study concluded that "intake of potassium has a more well-defined relationship to blood pressure than any other mineral".

Some of the strongest support for boosting potassium (and magnesium) comes from Finland. Between 1972 and 1992, the people of Finland were encouraged to eat more foods rich in potassium and cut down on sodium and saturated fat. At the same time a commercial mixture of 57% sodium, 28%

potassium, 12% magnesium and 2% lysine called Pansalt replaced much of the nation's salt. Over 1000 commercial food products in Finland now contain Pansalt. The result? *The Journal of Human Hypertension* reported in 1996 that the average adult blood pressure dropped by 10 mm and the deaths from both heart attacks and strokes dropped by an astounding 60%! All of this occurred in spite of increases in smoking, alcohol use and obesity!

Whole foods are a great way to keep your potassium/sodium ratio high. Whole foods originate from plant or animal cells, and all living cells are naturally high in potassium and low in sodium. Foods with especially high K/Na ratios include fruits and vegetables, legumes, seeds, and nuts (low salt varieties).

Increasing your intake of whole foods is a good start, but going easy on the salt is also important for maintaining a good K/Na ratio. One study found that limiting sodium to 1600 mg a day

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High blood pressure—  
Cont'd from page 2

was as effective in lowering blood pressure as taking a prescription drug. Seventy percent of the salt consumed in the U.S. is in foods we buy; only 30% comes from our salt shaker. Look out for high sodium foods such as olives, pickles, soy sauce, canned soups and vegetables, ramen noodles, MSG, and Alka-seltzer.

According to the latest 2003 medical guidelines, tens of millions of hypertensive and prehypertensive Americans should be on thiazide diuretics. This type of water pill can reduce blood pressure but does nothing to correct the underlying causes of hypertension. In fact, thiazide diuretics (such as hydrochlorothiazide) actually decrease the body's potassium and magnesium! Taking drugs to bring down high blood pressure without addressing the underlying causes is like taking aspirin to bring down a fever without treating the infection. One word of caution: if you're taking a potassium-sparing diuretic (such as spironolactone or triamterene), your potassium level could get too high if you suddenly increase your potassium consumption. You may wish to discuss this with your doctor.

**2. Be sure to get enough magnesium.** Magnesium is the second most plentiful intracellular mineral and is involved in the regulation of potassium and sodium. Low magnesium is strongly linked to heart attacks, arrhythmias, strokes, and a long list of other medical problems. According to the USDA, 61% of Americans do not even get the recommended daily amount of magnesium. Fortunately, whole foods are not only high in potassium, they're a great source of magnesium as well.

**3. Exercise and maintain a healthy weight.** Losing just 10-15 pounds can be the difference between being hypertensive or normotensive. Aerobic exercise appears to be most beneficial in reducing blood pressure. Regular physical activity has been linked to many other health benefits including reduced body fat, stronger bones, improved mood, and blood sugar control.

**4. Limit alcohol & caffeine.** Consuming more than 2 cups of coffee or two alcoholic beverages a day can elevate

*continued on page 4*

## HEALTH HUNTERS AT HOME

### Smoking in the movies

Jackie (my wife) drags me to a lot of movies. She says it is part of her job since she teaches class structure as seen through the movies. She has to go. It is part of her job, she says. So I go along to see most of them with her.

When the U.S. tobacco industry first promised to stop paying for product-placement in movies in 1990, I noticed that cigarette smoking seemed to increase rather than decrease. I decided that it was just my bias against cigarette smoking, so I reduced my concern a little. But I was still concerned about teenagers seeing their heroes smoking and would it affect their choice to start smoking?

Well, recently an article titled, "Effect of Viewing Smoking in Movies on Adolescent Smoking Initiation: a Cohort Study," came out in *The Lancet* with a commentary entitled, "Smoking in Movies: a Major Problem and a Real Solution." So it wasn't my imagination after all. It is a real problem.

For instance, the commentary states that, "Despite the falling prevalence of smoking in the real world, the frequency of smoking in top-grossing movies in the USA has doubled since 1990 when the U.S. tobacco industry promised Congress that it would stop paid product-placement movies."

Maybe I should have been worried about cigarette smoking by stars in the movies after all. The tobacco industry said, "Yes...wink, wink,... we will stop paid product-placement in our movies ...wink, wink." It was a promise that they did not intend to keep or they knew another way around it.

Smoking doubled in the movies since the tobacco industry reported to Congress.

Now for the research study. The paper written by Madeline Dalton, Ph.D., James Sargent, M.D., and colleagues, opens with this. "Movie images, like commercial advertising, associate smoking with celebrities and depict it as an attractive behavior. In popular contemporary movies, smoking is frequently associated with characteristics many adolescents find ap-

pealing—such as toughness, sexiness, and rebelliousness. Endorsement of cigarette brands in movies by actors has also increased substantially over the past decade."


With this said, what results did the researchers find? "Our results suggest that viewing smoking in movies strongly predicts whether or not adolescents initiate smoking, and the effect increases significantly with greater exposure."

In short, movies are very strong tobacco advertisers and the more movies adolescents see, the more apt he or she is to start smoking. "Adolescents who viewed the most smoking in movies were almost three times more likely to initiate smoking than those with the least amount of exposure," the researchers discovered.

They concluded with the remark that, "the effect of reducing exposure to smoking in the movies over many years could be larger than what we recorded. Nonetheless, it is important to point out that this study links movie smoking exposure with smoking initiation, and not all initiators will become established smokers."

This research is mighty powerful stuff and just may be one of the big reasons adolescents become smokers. So what can we do about it?

As the commentary said, "...the work of Dalton and colleagues, together with earlier research in this area, strongly indicates that pushing for policy changes to reduce youth exposure to smoking in movies will have a rapid and substantial effect on youth smoking—and the subsequent disease and death smoking causes."

We can do this by joining forces with WHO (the World Health Organization), the American Medical Association, the American Legacy Foundation, and the Los Angeles Department of Health, and insist that the authorities who rate movies actually rate movies that depict smoking an adult content or R rating. This will help keep adolescents out of these movies. 

—Richard Lewis

## INFORMATION WORTH KNOWING

Are you one of the thousands of Americans who find their blood pressure slowly rising? Do you want to know how to take care of it naturally with lifestyle changes? Richard Moore, M.D., Ph.D. has researched this problem for many years and shares his knowledge in *The High Blood Pressure Solution*. His approach is simple: by maintaining a proper ratio between specific nutrients in the diet, blood pressure can be regulated at the cellular level, preventing the development of hypertension. If you are already taking medicine to reduce your blood pressure, Dr. Moore outlines a safe, effective program and includes a chapter on working with your physician to ensure safely reducing the amount of any hypertension drugs you may be taking. This month's questions are taken from his book.

**1** According to Dr. Moore, there is absolutely no doubt that by maintaining the proper balance of \_\_\_\_\_ to sodium the majority of strokes, heart attacks, and cases of high blood pressure can easily be prevented.

- a. pepper
- b. calcium
- c. potassium
- d. all of the above

**2** A person who has high blood pressure has a lot more going on than just the increased pounding of the blood pressure against the cardiovascular system. The elevated blood pressure is a symptom, or a marker, of an \_\_\_\_\_ involving the above nutrients.

- a. underlying cellular imbalance
- b. underlying abundance
- c. underlying clotting factor
- d. none of the above

**3** Every year in America, 600,000 people have strokes and 160,000 people die from this preventable disease. About 80% of strokes are caused by hypertension.

- a. True
- b. False

**4** Dr. Moore is confident that increasing the dietary K/Na ratio can eliminate most strokes and a large number of heart attacks and can also prevent or cure the vast majority of high blood pressure because

- a. anthropologists who study different cultures conclude that hypertension is a result of lifestyle.
- b. vegetarians, who have a diet

- with a high K factor, almost never get hypertension.
- c. animal studies demonstrate that increasing the dietary K factor decreases elevated blood pressure and protects against strokes.
- d. all of the above.

**5** Biophysical research has revealed that every living cell has an \_\_\_\_\_ system that plays a major role in maintaining a normal balance of the cell.

- a. aerobic
- b. electrical
- c. ear
- d. none of the above

**6** Increased blood pressure is a sign that something is out of balance in the body. This imbalance often involves increased blood cholesterol, increased levels of insulin, and a tendency to high blood sugar levels.

- a. True
- b. False

**7** The K/Na pump acts to move sodium out of the cell and potassium into the cell. With each cycle, the Na/K pump moves slightly more sodium outward than potassium inward accounting for the fact that this mechanism generates an

- a. elevated Na level in the cell.
- b. elevated K level outside the cell.
- c. electrical current.
- d. all of the above.

*High blood pressure—  
Cont'd from page 3*

blood pressure. Seven percent of hypertension in the U.S. is attributed to alcohol.

**5. Go tobacco-free.** Tobacco is the #1 preventable cause of death, claiming the lives of 440,000 Americans each year. It is estimated that every pack of cigarettes adds \$7.18 to our nation's medical costs... Now multiply that by 22 billions packs annually... The human and economic cost is staggering.

**6. Minimize refined sugar.** Sugar contributes to obesity and diabetes but may also contribute to hypertension. In one study, rats who were fed a diet containing 10-20% sucrose (table sugar) developed high blood pressure. This may sound like a lot of sugar, but keep in mind that 19% of the calories consumed in the U.S. are from refined sugar!

**7. Avoid drugs known to increase blood pressure.** Some of the more common drugs which can raise blood pressure include: decongestants, non-steroidal anti-inflammatories (such as ibuprofen), estrogen, weight loss drugs/herbs, Ritalin, cocaine, and many others.

**8. Consider supplements.** Supplemental potassium, calcium, and magnesium may be helpful in treating hypertension. Fish oil (EPA), coenzyme Q10, and vitamin C have also been shown to be helpful in controlling blood pressure.

**9. Get the lead out.** The CDC has found a strong association between lead levels and hypertension. Americans today have 500 times the lead content of our ancestors. One man who came to The Center had been taking 5 pills a day for his blood pressure. He was found to have high lead levels. After a series of 30 IV chelations, his blood pressure was controlled and he's been able to remain off medications for many years.

**10. De-stress.** At The Center our patient co-learners get the opportunity to throw and break clay pigeons. The sound of something breaking causes a measurable change in our biochemistry. One co-learner had significantly elevated blood pressure when he arrived. After throwing clay pigeons it came down by 50 mm!

Whether you are concerned about your own blood pressure or the welfare of our nation, following these few simple suggestions can really make a difference.

• FOR ANSWERS, SEE PAGE 7 •

PH

## The Garden and the gardener

by Melvin D. Epp, Ph.D.

Hello. This is the beginning of a new, regular feature. This column will focus on The Center's Brightspot Garden. Pictures of this garden are available at [www.brightspot.org](http://www.brightspot.org), by either clicking on the garden picture at the right, or scrolling down and clicking on the Organic Garden link in the left column.

The Brightspot Garden provides the Taste of Health Restaurant (TOH) certified organic produce in season. During the past three years, the Brightspot Garden has produced more than 7,000 pounds of produce each year. The harvest season extends from early May through the middle of November. The soups and salads in the TOH reflect the fresh produce with enhanced nutritional content and dynamic flavors.

The organic produce is also used to create an educational forum to encourage The Center's community to increase their consumption of vegetables and fruits. Tapes of lectures on organic gardening and the use of produce from the Lunch & Lecture Series are available.

When gardening, if one produces enough, one always has extra. Our extra vegetables can be purchased in the Marge Page Dome. These sales too encourage staff, co-learners, and guests to utilize fresh seasonal vegetables. From now until frost in late September or early October, there will be tomatoes offered for sale.

This year mites were particularly severe. Organic cultural solutions include washing the tomato plants with water using good pressure, but not enough to damage the plant or knocking off any fruit. Point the nozzle from the bottom of the plant upwards, so that the bottom sides of the leaves are washed. This will remove about 80% of the mites and, if done when mite damage is just noticed, the plants will green up again. The plants can also be sprayed with pyrethrin sprays after washing. This too can be helpful. Pyrethrin is derived from an African daisy and is a natural insecticide with a residue time of several hours.

The garden gate is always open, and you are welcome to visit. [H]

# Herbal History

## German chamomile, *Matricaria recutita*

Chamomile is the most widely used ingredient in herbal teas. Between 750,000 and one million pounds of chamomile is imported into the U.S. each year with about 90% used in teas. Chamomile is also a popular ingredient in health and beauty aids.

Commercially, chamomile, known as German chamomile or Hungarian chamomile, is used for tea rather than the rarer and more costly Roman or English chamomile.

Chamomile has many uses externally for the human body. It is used for inflammatory skin conditions, such as scaly patches of skin resulting from an itch that becomes irritated from scratching. These areas are treated with baths and irrigation.

Internally, chamomile is used to treat indigestion such as flatulence (gas), bloating, gastrointestinal spasms, and inflammatory diseases of the gastro-

intestinal tract.

Other potential uses for chamomile are for alleviation of diarrhea in children, common cold symptoms, and mucositis induced by radiation and chemotherapy.

Internally, people take the dried flowers, infusions, fluid extracts, and tinctures. Infusions are prepared in a formula approved by the German Commission E and are given to the patient three to four times a day.

External baths are prepared by adding 50 grams of dried flowers to 10 liters (about 2.5 gallons) of water. When used as a gargle, for inhalation therapy, or as a poultice similar formulas are used in smaller quantities.

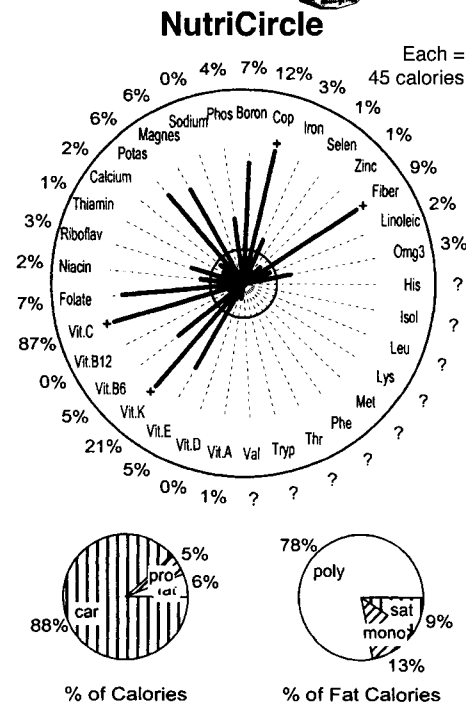
There have been 10 clinical studies on German chamomile that involved 8,668 total participants. All but one demonstrated positive effects including dermatological, neurological, and respiratory conditions. [H]

# Food of the Month

by Donald R. Davis, Ph.D.



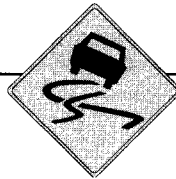
KIWI fruit were called Chinese gooseberries until New Zealanders popularized them and renamed them for their national bird. First exported to U.S. markets in 1962, kiwi fruit have been grown in California since 1970. Now they are plentiful year-round, because of the opposite seasons in New Zealand and the U.S. Among fruits, kiwis are unusually rich in vitamins C, E, and K, folate, magnesium, copper, and omega-3 fat. All amino acids are present, but their amounts are unreported. Peel kiwis with a vegetable peeler, spoon them out of their thin skin or scrub off the fuzz, and eat them whole (peeled shown here).



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.



## Choice and consequences

Have you ever wished for a crystal ball that would show you the consequences of various choices? Some consequences are pretty well known. We know that overeating and becoming a couch potato will lead to health problems down the line (at least that is what **they** say). The problem with many choices and consequences is that the cause and effect are so far apart. It is sometimes difficult to believe that the many small choices that we make today can possibly limit our future choices.

Sometimes we make choices without being fully informed. Sometimes we make choices that affect our whole life without considering the possible outcomes. In the Canadian Northlands there are only two seasons, winter and July. In July, when the snows begin to thaw in the backcountry, the roads be-

come very muddy and deep ruts are formed. Then, when it freezes the deep ruts remain. A sign is posted that reads, "Driver, please choose carefully which rut you drive in, because you'll be in it for the next 20 miles." Some choices are difficult to change.

Sometimes we put off making a difficult choice that we know that we need to do. We really enjoy those sodas, cookies, and fries and we **deserve** to eat what we like. The consequences of poor food choices play a part in how healthy we will be in the future. Sometimes the choice is between enjoying junk food now and hoping that we have strong enough genetics to overcome chronic diseases or re-educating our taste buds to enjoy whole foods. Which health rut do you want to be in for the next 20 years? [H]

## Case of the month

This patient initially had a good response to The Center's treatment procedure. When she came to The Center, she was 45 years old and she had headaches so bad she had to go to bed until they subsided. She also had had fatigue for a long time and she was depressed, frustrated, and angry. This had been diagnosed as pre-menstrual syndrome. She also suffered from easy bruising and tendinitis.

After Dr. Riordan completed his part of the initial evaluation, he suggested she do laboratory work. This included a cytotoxic food sensitivity test, candida yeast test, amino acid and essential fatty acid tests, vitamin and mineral tests, and thyroid tests. Following these tests, she completed the initial evaluation.

Dr. Riordan also suggested she get a three B injection and then call in a day or two to report if she showed any energy gain or loss. When she called back, she reported she felt much better with much more energy. Dr. Riordan recommended she continue the injections once a week for six weeks.

She returned three weeks later to see Dr. Lawton to get the results of the laboratory tests. He suggested she increase her vitamin C to 1000 mg two or three times a day, take vitamin B2 and B6, Evening Primrose to increase her GLA, and Pro EFA to balance her essential fatty acids. He also suggested taking Nystatin for her yeast problems.

She returned a month later to see Dr. Lawton. She reported that she feels much better. She has more energy but still has a way to go to be able to do more things. The cytotoxic test has helped. She avoids candy and ice cream but still cheats on homemade chocolate chip cookies.

Her PMS is much better. She is less moody, she reports. She is taking her supplements and the Nystatin for her yeast. She has not needed her sinus medication or her antihistamine for awhile, and she is able to do stretching and start exercising with less joint and wrist pain. She will continue to improve in the following months. [H]

## CENTER UPDATE

### Costs and solutions for obesity

Costs of obesity are often a shorter life expectancy for the obese person, especially if he or she is in his or her 20's. This refers to years of life lost (YLL) to obesity.

In a recent study published in *The Journal of the American Medical Association*, K. R. Fontaine, Ph.D., and colleagues actually calculated the YLL for men and women aged 20 years who had a Body Mass Index (BMI) of 45 or greater. These are obese adults.

They figured the years lost due to obesity were 13 for white men and 8 for white females. This translated into a 22% reduction in men's lives and a 13% reduction for women. Black men, who were the same age and the same BMI, had a loss in years of 20 (40% reduction in life). Black women had 5 YLL that accounted for an 8.9% reduction in life.

The researchers found that the YLL loss was greater for younger adults than for older adults.

In another study in the same issue of *The Journal of the American Medical Association*, M. L. Irwin, Ph.D., MPH, and colleagues checked the effect of exercise on older women with body fat of 33% or greater.

They had the women exercise at a moderate rate five days a week for three months under supervision and then the remainder of the 12 months at home. The women lost inches as well as pounds off their stomachs and their thighs while the control women remained the same. This was from exercise only.

The Center has been encouraging obese people to undertake the Atkins® system to reduce their body fat and increase their lean mass. The Atkins approach uses a high protein and low carbohydrate diet along with emphasizing green or red vegetables.

Along with recommending exercise, such as walking, this program has worked very well. [H]

- 1 c. Finland has incorporated dietary changes outlined in this book that have resulted in a significant decrease in blood pressure.
- 2 a. From biophysical analysis, it is clear that every cell in the body is out of balance in a person who has high blood pressure.
- 3 a. There is very strong evidence that if 75% of dietary sodium were replaced with potassium, high blood pressure would be virtually eliminated.
- 4 d. Also, clinical studies show that just treating the symptom (high blood pressure) does not eliminate the underlying cause.
- 5 b. This research indicates that if the K/Na ratio, or K Factor, inside the cell decreases, many abnormalities develop in the functioning cells throughout the body.
- 6 a. In the final analysis, these blood abnormalities are the result of imbalances within each living cell.
- 7 c. This also maintains a high level of potassium and a low level of sodium inside the cell. [H]

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

### THE HIGH BLOOD PRESSURE SOLUTION

*By Richard D. Moore, M.D., Ph.D.*

*The High Blood Pressure Solution* presents a natural approach to controlling hypertension. High blood pressure is seen as only one symptom of a systemic imbalance. Read this book to find out the causes and solutions for hypertension. Soft cover.

Retail Price: \$16.95  
 Health Hunter: \$15.26

### HOW TO START AN EPIDEMIC OF HEALTH

*With Tim Lawton, M.D.*

Twenty years ago we had the basic four food groups. Ten years ago the food guide pyramid came along. In spite of these attempts to promote good nutri-

tion, America's health care costs are soaring. Dr. Lawton shares a completely new food guide strategy designed to help make the most of every food choice.

### UNDERSTANDING THE FUNGAL LINK TO CANCER: IT COULD SAVE YOUR LIFE

*With Ron Hunninghake, M.D.*

The incidence of cancer is on the rise. No words are feared more than, "You've got cancer." The underlying cause seems to remain a mystery in spite of billions spent. Perhaps the emphasis on early detection and treatment instead of prevention has failed to adequately follow the trail of why? This lecture focuses on evidence that points to a fungal link as a possible cause of cancer.

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# Upcoming Events. . .

**Atkins Q & A with Dr. Ron**  
on Tuesdays  
September 23 thru November 18

**Watch for up-coming Lunch & Lectures**  
on Thursdays  
September 25 thru November 20

**Kow Yourself/Beat The Odds Mini Presentations  
and "Ask the Doctors"**  
October 9

**Know Yourself/Beat The Odds Days**  
October 10 & 11

**Health Hunter Appreciation Day**  
October 10 & 11 - 9 a.m.-noon  
Double Discounts in the Gift of Health

## Walking staves off heart problems for older women

Everyone knows that walking is good for you, but recent research shows that it is particularly good for older women.

J. E. Manson and colleagues reported in *The New England Journal of Medicine* that postmenopausal women could reduce their chances of having heart problems by walking regularly.

John Cantwell, M.D., said that these results agreed with other studies. For instance, if a woman walked once a week for one hour at four miles per hour, she would reduce her heart risk by 11%. This places her in the middle 1/3 of women. If she walked in the top 1/3 of women exercising, she would reduce her risk by 28%. This is good news.

INSIDE THIS MONTH'S ISSUE . . .

- Bring down high blood pressure
- Depression related to low fatty acids
- The Garden and the gardener
- Costs and solutions for obesity

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