

THE BETTER HEALTH NEWS

COD LIVER OIL AND RHEUMATOID

Back to School!

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A study appearing in the journal, *Rheumatology* (2008 May;47(5):665-9) showed that cod liver oil could possibly help patients with rheumatoid arthritis (RA) reduce their medication. There were 97 subjects in the study; they were between the ages of 37 and 78 and diagnosed with RA. They received either a placebo or 10 grams of cod liver oil per day. The subjects were evaluated at the beginning of the study, as well as at 4, 12, 24 and 36 weeks.

The amount of non-steroidal anti-inflammatory medication (NSAID) being taken at the beginning of the study was considered to be 100%, for the purposes of future comparison. The subjects who were taking a once-daily dose of medication had

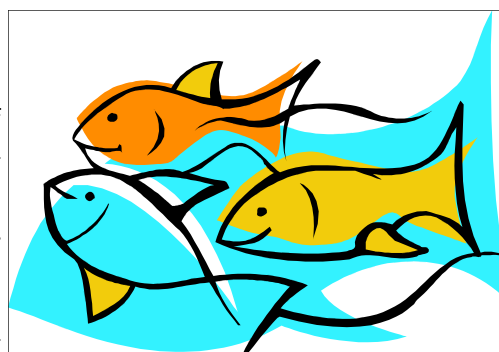
the dosage changed to a shorter-acting equivalent of the total dose, e.g. diclofenac slow-release 75 mg twice a day was changed to six 25 mg tablets of diclofenac a day. Patients were asked to keep track of their medication and told to reduce the dosage as much as possible—stopping them if possible. The intake and the average daily requirement from the previous visit was compared with the baseline dose. Any reduction or increase in NSAID dose was documented in percentages.

Of the 97 subjects, 69 were females and 28 males. All patients were on NSAIDs and 36 of placebo group and 39 of the subjects taking the cod liver oil were on disease modifying antirheumatic drugs DMARDs. Only two patients in each group were on more than one DMARD. Seven subjects in the placebo group and nine of those in the fish oil group were on oral prednisolone at doses

of \approx 7.5 mg / day [mean dose 4.9 mg (3-7.5 mg)].

Thirty-two out of 49 subjects in the fish oil group and 26 out of 48 subjects in the placebo

group completed the study. When only those patients who completed the study were analyzed; 19 out of 32 (59%) patients in the active group and 5 out of 26 (19%) patients in the placebo group were able to reduce their daily NSAID requirement by more than 30% at the end of nine months. The authors of the study concluded that cod liver oil supplements that contain omega-3 fatty acids could be used to decrease the amount of drugs needed by patients with RA.



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LOW TESTOSTERONE

In men, testosterone levels decline around the age of 30 and by age 80 may be down to 20% of someone in their 20s. Men with low testosterone tend to have less stamina, reduced muscle mass and reduced libido. They can also have cognitive problems as well as depression and anxiety. The thing you really notice in men with low testosterone levels is a lack of initiative—they fit the stay-at-home, couch potato stereotype. They may say things like, "I used to like to work on the car (go on a hike, go dancing, work around the yard, etc.), but I really don't feel like doing that anymore."

Low testosterone can lead to more serious health problems. It is linked to obesity (and increased abdominal fat), diabetes and heart disease. In the journal, *Circulation* (2007;116:2694-2701), a study examined the prospective relationship between endogenous testosterone concentrations and mortality due to all causes, cardiovascular disease, and cancer in a nested case-control study based on 11,606 men aged 40 to 79 years. The researchers concluded that endogenous testosterone concentrations are inversely related to mortality due to cardiovascular disease and all causes. Low testosterone may be a predictive marker for those at high risk of cardiovascular disease. Other research (*Circulation* 1999;100:1690-1696) showed that short-term intracoronary administration of testosterone, at physiological concentrations, induces coronary artery dilatation and increases coronary blood flow in men with established coronary artery disease.

Women can have low testosterone as well. Levels decline

between the ages of 20 and 40. An article appearing in the journal, *Clinical Geriatric Medicine* (2003;19:605-616) reviews the changes a woman goes through when testosterone levels decrease. When a woman receives estrogen for hormone replacement therapy after menopause, there is an increase in sex hormone-binding globulin. The sex hormone-binding globulin binds to testosterone, further decreasing levels. Low testosterone is linked to a decrease in libido, as well as a decrease in muscle mass, fatigue, irritability, sleep disturbances, poor memory and cognition, headaches, and even depression. Testosterone may play a role in preventing Alzheimer's disease, according to a recent animal study, according to *Proceedings of the National Academy of Sciences* (February 1, 2000;97:1202-1205). Nerve cells collected from rats and mice tend to produce a harmless form of beta-amyloid protein in the presence of testosterone. Under the influence of testosterone, much less beta-amyloid peptide is produced, and more of this secretory beta-amyloid precursor protein, which is considered by most people to be beneficial for the health of the nerve cells. Testosterone may actually reduce production of the protein that makes up plaques in the brains of Alzheimer's disease patients.

Biotics Research makes a product called **B-Vital™** that contains 750 mg of Peruvian Maca root and 50 mg of Velvet Deer Antler (from live American elk), designed to enhance testosterone levels. In women, pituitary support is also helpful; consider the use of **Gammanol Forte™** and **Cytozyme PT/HPT™** along with the **B-Vital™**.

STRESS AND COMFORT FOODS

Research appearing in the *Proceedings of the National Academy of Sciences* (Sept 30, 2003; vol. 100; no. 20; 11696-11701) shows why stress creates craving for comfort foods. The study looked at corticosterone production in rats (the equivalent human hormone is the adrenal hormone cortisol). Stress causes an increase in corticosterone in rats. The hormone prompts pleasure seeking behavior—including eating high energy foods like sugar and lard.

Eating those comfort foods may actually work to control the hormonal output of stress. When chronic stress is present, "Our studies suggest that comfort food applies the brakes on a key element of chronic stress," says study co-author Norman

Pecoraro, PhD. It makes sense, high energy food is likely to be needed in times of acute stress.

In areas where there is war, epidemic, hunger and other extreme stressors, there is a need for high energy food. Such food can help with survival. In comfortable civilization, there is chronic stress—and comfort foods are everywhere. An increase in abdominal fat, actually reduces the production of the stress hormones. "This seems to be the body's way of telling the brain, 'It's ok, you can relax, you're refueled with high-energy food,'" says Pecoraro. This can explain the difficulty many people have with losing weight. Weight loss is stressful, causing the output of adrenal hormones and the desire for comfort foods.



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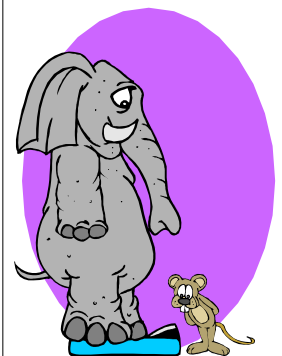
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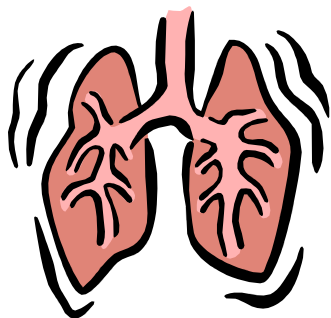
CAN THE SUBURBS MAKE YOU FAT?

According to research published in the *American Journal of Preventive Medicine* in December, 2006, teenagers living in the suburbs are more than twice as likely to be overweight than children living in cities. An earlier study showed that adults living in the suburbs tended to be more overweight than those living in cities.

The study linked suburban sprawl to obesity in children; the greater the sprawl, the more obesity. It

makes sense. People in cities walk more. In the suburbs people have to drive everywhere. Many suburbs don't even have sidewalks. Work, school, shopping and other destinations are farther away than they are in the city, so people spend more time in their cars. Because of the long distances traveled, they tend to have less time for exercise. Also, there is a tendency for many people to eat junk food in the car.





ASTHMA ON THE RISE

Approximately 20 million Americans have asthma, nine million of them are under the age of 18. More than 70% of the people with asthma also suffer from allergies. That means more than 10 million of the patients have asthma specifically because of their allergies. The number of asthma patients has been growing. The prevalence of asthma increased by 75% between 1980 and 1994, with an increase of 160% in children under the age of five⁵. In 2003, there were 12.7 million physician office visits and 1.2 million outpatient department visits due to asthma. There were 1.9 million asthma-related visits to emergency departments in 2002. There are approximately 5,000 deaths from asthma annually. Direct health care costs for asthma in the United States total more than \$11.5 billion annually; indirect costs (lost productivity) add another \$4.6 billion for a total of \$16.1 billion. Prescription drugs represented the largest single direct medical expenditure, over \$5 billion.

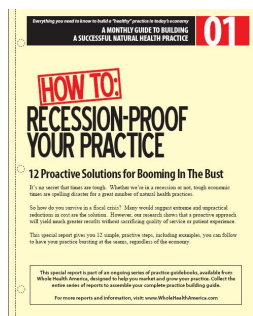
The financial cost, the loss of quality of life and productivity, and the actual loss of life make it necessary to come up with effective and natural ways to help asthmatic patients. Something as simple as antioxidant nutrients can help. Research shows the benefits of antioxidants. In the *American Journal of Clinical Nutrition* (1995;61(Suppl.):625S-630S) found that a diet low in vitamin C is a risk factor for asthma. Exposure to oxidants also increases the symptoms of asthma. Low concentration of anti-oxidant

nutrients in the plasma is associated with increased severity of asthma ("Plasma concentrations of dietary and nondietary antioxidants are low in severe asthma," Misso NL, Ray S, et al, *Eur Respir J.*, 2005; 26(2): 257-64). Also, low intake of foods containing vitamin C is low in asthmatics when compared to healthy subjects, according to research appearing in the journal *Thorax* ("Dietary antioxidants and symptomatic asthma in adults," Patel BD, Welch AA, et al, *Thorax*, 2006 Feb). Of course vegetables are an excellent source of antioxidants. Research supports the idea that eating more vegetables can reduce asthma symptoms ("Fruit and vegetable intakes and asthma in the E3N study," Romieu I, Varraso R, et al, *Thorax*, 2006 Jan 5). In general, nutrition can be a valuable tool for bringing asthma under control. Nutrients other than antioxidants that have been shown by research to be useful for asthmatics include: omega-3 fatty acids, selenium, magnesium, CoQ10, and manganese.

Omega-3 fatty acids, like those found in fish oil, act to reduce inflammation. There is some scientific evidence that the consumption of fish and fish oils may be beneficial to asthma patients. One article ("Increased Consumption of Polyunsaturated Oils May Be a Cause of Increased Prevalence of Childhood Asthma", Hodge, L., et al, *Australian New Zealand Journal of Medicine*, 1994;24:727) state that the increase in the occurrence of asthma parallels the increase in

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B6 AND MSG

According to a small research study (*Biochem Biophys Res Commun* 100:972-7, 1981), a small group of students (12/27) who were not supplemented were challenged with a large dose MSG and showed characteristic

symptoms. For 12 weeks nine of the students received 50 mg. of pyridoxine (vitamin B₆) per day, the other three took a placebo. When challenged with MSG after the supplementation, 8/9 of the supplemented students did not react to the MSG.

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B VITAMINS AND POST PARTUM DEPRESSION

According to a study ("Dietary Folate and Vitamins B₁₂, B₆, and B₂ Intake and the Risk of Postpartum Depression in Japan: The Osaka Maternal and Child Health Study," Miyake Y, Sasaki S, et al, *J Affect Disord.*, 2006 June 29), B vitamin intake may help to prevent postpartum depression. The subjects of the study were 865 Japanese women who filled out dietary data questionnaires during their pregnancy. Of the group, 121 developed

depression between two and nine months postpartum (scored 9 or higher on the Edinburgh Postnatal Depression Scale). Women who had diets high in riboflavin (vitamin B₂) were less likely to suffer from postpartum depression than those who had diets that were low in vitamin B₂. Bio B 100 is a source of phosphorylated B vitamins that are much more readily absorbed than most other forms.

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CAN OSTEOPOROSIS DRUGS ACTUALLY WEAKEN BONE?

The *Journal of Orthopaedic Trauma* (May/June 2008, Volume 22, Issue 5) published a retrospective review of patients with femoral shaft fractures admitted to a Level 1 trauma center between January 2002 and March 2007. Seventy low-energy fractures were identified. These are leg fractures (high) that occurred with little or no trauma.

The researchers looked at 59 females and 11 males, averaging 74.7 years of age. Twenty-five (36%) were being treated with alendronate (a biophosphonate, which is an osteoporosis drug) Nineteen (76%) of these 25 patients had a fractured femur (thigh bone). The fracture was a simple, transverse fracture with a unicortical beak in an area of cortical hypertrophy. This fracture pattern was seen in only one patient (2%) not being treated with alendronate.

Bone is living tissue. It is continually breaking down and rebuilding. In many women over 30, bone resorption occurs faster than rebuilding. Biophosphonates, like Fosamax, Actonel and Boniva are designed to slow this process down. There is some evidence that microscopic fractures that occur normally in bone are not repaired when these drugs suppress the remodeling process. Another problem that can occur with these drugs is osteonecrosis,

which is a painful condition where the bone literally dies and rots.

According to the January 18, 2008 issue of the *British Medical Journal*, the benefits of osteoporosis drugs are exaggerated. The drugs are being prescribed to women with osteopenia, which is a less serious situation than osteoporosis and affects about half of all older women.

The authors of the *British Medical Journal* article believe that the osteoporosis drugs are being prescribed unnecessarily to a relatively healthy population. They feel that it is a case of a risk factor being turned into a disease in order to sell tests and drugs. The calculation of the benefits of the drugs is presented in a way to make them look more effective than they actually are. For example, a 75% relative risk reduction for fracture is cited. In reality, this is actually less than a 1% reduction in absolute risk. This means that 270 women with pre-osteoporosis would have to be treated with drugs for three years to avoid a single fracture. Women with osteopenia have such a low risk of fracture to begin with, that the drugs offer them almost no benefit. **Osteo B Plus™** is starting to look a lot better.