

# INTERNATIONAL HEALTH NEWS

*Your Gateway to Better Health!*

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## **Editorial**

*Welcome to our 100th issue! During the past eight years we have reviewed every issue of 50 of the world's most respected medical and scientific journals to bring you the latest, most useful information to help keep you healthy. By now, we have well over 1200 abstracts in our database covering everything from asthma to zinc. We hope you are making good use of this invaluable resource.*

*As you know, we have just introduced a "Personalized Awareness Service". The response has been terrific. Let us know if you would like to receive more information about this new service.*

*We receive many, many letters every month and only a few find their way into the monthly issues. There is a great deal of good information in this correspondence so beginning next month we will start publishing it on our website in "Forums" covering specific subjects. Our first forum will be the "Lone Atrial Fibrillation Forum". LAF appears to have reached almost epidemic proportions and many people are asking for advice on how to avoid or halt attacks. We have gathered a wealth of information on how to do just this and it will be posted on our website very shortly.*

*In this issue we report on the many benefits of SAME and tea drinking. We also cover several exciting new findings like the discovery that rheumatoid arthritis patients have low levels of certain essential fatty acids found in fish oil, that estrogen replacement therapy does not halt Alzheimer's disease, and that older people may get good results with only half the drug doses usually prescribed for them.*

*Enjoy! And please let us have your feedback on our new services and on how we are doing on keeping you informed.*

*Yours in health,  
Hans Larsen*

## **April Highlights**

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## **LETTERS TO THE EDITOR**

In "Niacin treatment increases plasma homocysteine levels" (American Heart Journal 138(6):1082-87, 1999) Garg, et al. warn that niacin supplementation may increase homocysteine levels. The authors do not identify the form of the niacin. What is your interpretation of their findings?

John, USA

**Editor:** Garg, et al. used 1000 or 3000 mg of crystalline niacin (non-time-release) per day in their study. They found a clear and significant increase in homocysteine levels after niacin treatment. They suggest that this increase could result in an increased risk of developing coronary artery disease. I have no argument with their findings, but should think that a commensurate increased intake of vitamins B6, B12 and folic acid would completely counteract this potentially negative side effect of cholesterol reduction with niacin.

\*\*\*\*

Do you have any information on exercise and breast feeding with regards to lactic acid build up? I am just about to have our first baby and want to continue an exercise programme after the birth.

Christine, Australia

**Editor:** I am afraid the jury is still out on the subject of exercise and lactic acid content in breast milk. One recent single case found that a baby cried inconsolably after being breast fed 1 to 2 hours following his mother's 5-mile run. The crying stopped when artificial milk was substituted for the post-run feeding. No difference was found in the lactic acid content of the breast milk before and after running. Another study involving 36 women found no effect of exercise on milk output or composition or infant weight gain. A study carried out in 1991 studied seven breast-feeding women and found a significantly higher level of lactic acid in

the breast milk 10 minutes after the conclusion of exercise, but no significant difference after 30 minutes.

Perhaps your best approach would be to wait 1 to 2 hours after exercise before breast feeding and then carefully monitor your baby's reactions to see if they are different when fed after exercise.

\*\*\*\*

Yesterday my cardiologist admitted his surprise to me at the latest findings about vitamin E and its inability to do anything for the heart. It had been a big study, too. Added to that was the recent findings that vitamin C might be not good for the heart and arteries. Do you have any comments?

Rick, Canada

**Editor:** I think your cardiologist misinterpreted the findings of the vitamin E study. It did not conclude that vitamin E does not do anything for the heart, merely that supplementation is not effective in halting or reversing existing heart disease. There are two much larger studies done at the Harvard Medical School in 1993 which came to the clear conclusion that supplementing with at least 100 IU of vitamin E per day reduces the risk of developing coronary heart disease by 40 per cent. So while vitamin E may not be effective in treating existing heart disease it certainly is effective in preventing it from developing in the first place. I have not seen the vitamin C article yet, but will certainly comment on it when I do.

## ABSTRACTS

### SAMe - A promising new supplement

GLENDALE, ARIZONA. SAMe (S-Adenosylmethionine) was discovered in the early 1950s and has been found to be useful in the treatment of depression, osteoarthritis, fibromyalgia, migraines, and liver disease. Most of the early work on SAMe was done in Europe and involved the use of intravenous or intramuscular injections of stable forms of the compound. SAMe occurs naturally in the body,

particularly in the brain and liver, and its synthesis depends on an adequate supply of folic acid and vitamin B12. It is now available in North America as an enteric-coated oral supplement and several studies have been done to evaluate its effectiveness. Oral supplementation with initial doses up to 1600 mg/day has been found to ease depression and is more effective than a placebo and similar in

effect to moderate doses of tricyclic antidepressants. Clinical trials evaluating SAME in osteoarthritis therapy conclude that oral supplementation with 400-1600 mg/day improve symptoms in as little as two weeks. In double-blind studies SAME was found to be comparable in its beneficial effects to naproxen (750 mg/day), piroxicam (20 mg/day), indomethacin (150 mg/day), and ibuprofen (1200 mg/day). A six-week trial involving 44 fibromyalgia patients found that 800 mg/day of SAME improved pain, mood, and morning stiffness. It has also been found beneficial in the treatment of chronic liver disorders and intravenous infusions of the

compound have been found useful in preventing migraine headaches. SAME is non-toxic, has no known drug interactions, and is generally well tolerated. Its safety in children and during pregnancy has not been established. There have been a few reported cases of manic reactions in patients with bipolar disorder possibly involving SAME so it is not recommended for this condition nor for self-diagnosed depression.

*Chavez, Mary. SAME: S-Adenosylmethionine. American Journal of Health-System Pharmacy, Vol. 57, January 1, 2000, pp. 119-23*

## Fish oils and rheumatoid arthritis

BADALONA, SPAIN. Several studies have shown that supplementation with n-3 polyunsaturated fatty acids (n-3 PUFAs) found in fish oils is beneficial for rheumatoid arthritis (RA) patients. Spanish medical researchers now report that RA patients tend to have decreased levels of n-3 PUFAs in their blood and synovial (joint) fluid. Their study involved 24 female and 15 male RA patients (median age of 64 years). Blood and joint fluid samples were collected from the patients and from a control group consisting of 28 healthy volunteers (17 male and 11 female with a median age of 61 years). All samples were analyzed to determine their fatty acid profile. RA patients were found to have significantly lower levels of eicosapentaenoic acid (the main component of fish tissue oil) in both their blood plasma and synovial fluid. The level of alpha-linolenic acid

was lower in the synovial fluid of RA patients, but not in their blood plasma. The level of docosahexaenoic acid (a major component of fish tissue oil) also tended to be lower in synovial fluids of RA patients, but not in their blood plasma.

The researchers conclude that RA patients have an abnormal fatty acid profile and a significant deficiency in certain essential fatty acids. They believe this finding may explain why supplements such as fish oils and gamma-linolenic acid (from evening primrose and borage) have been found to be beneficial in the treatment of rheumatoid arthritis.

*Navarro, Elisabet, et al. Abnormal fatty acid pattern in rheumatoid arthritis - A rationale for treatment with marine and botanical lipids. Journal of Rheumatology, Vol. 27, February 2000, pp. 298-303*

## Heart disease and high carbohydrate diets

SAN FRANCISCO, CALIFORNIA. Rapidly accumulating evidence points to postprandial lipemia (high cholesterol and triglyceride levels after the intake of a fatty meal) as a major risk factor for coronary heart disease. This has led to a recommendation to reduce the intake of fat and increase the consumption of carbohydrates. A team of medical researchers from the Stanford University School of Medicine and the Tokyo Medical and Dental University now questions this recommendation. Recent research has shown that high carbohydrate diets

increase fasting plasma triglyceride concentrations and that high fasting triglyceride concentrations tend to correlate with a greater degree of postprandial lipemia. Inasmuch as triglyceride-rich lipoproteins are highly atherogenic (ie. involved in the development of atherosclerosis) it would seem prudent to question the current thinking that high carbohydrate diets help protect against heart disease.

The study involved four healthy men and four healthy women (mean age of 57 years). The

participants were randomly assigned to one of two groups. Group 1 consumed a diet containing 40 per cent carbohydrates, 15 per cent protein, and 45 per cent fat while the diet for the second group contained 60 per cent carbohydrate, 15 per cent protein, and 25 per cent fat. The diets contained the same amount of calories and saturated fat was less than 10 per cent of total calories in both. The ratio of polyunsaturated fat to monounsaturated fat was 0.9 in both diets. The participants consumed one of the two diets for 14 days and then switched to the other one after a two-week wash-out period.

Cholesterol, lipoprotein, and triglyceride levels were determined at the start of the experiment, on the morning of the 15th day of the two diet periods, and at two-hour intervals during the 15th day. The researchers found that a high carbohydrate diet increases the level of

triglycerides, decreases the level of HDL ("good") cholesterol, and markedly increases the level of the so-called RLP (remnant lipoprotein) cholesterol which is believed to be highly atherogenic. They also found that the detrimental changes in lipid profile persisted throughout the day in response to breakfast and lunch. They conclude that substituting carbohydrates for saturated fat leads to lower HDL concentrations and higher triglyceride levels and that a lowering of LDL ("bad") cholesterol levels can be accomplished equally well by replacing saturated fat with monounsaturated or polyunsaturated fats as by substituting carbohydrates for saturated fat.

*Abbasi, Fahim, et al. High carbohydrate diets, triglyceride-rich lipoproteins, and coronary heart disease risk. American Journal of Cardiology, Vol. 85, January 1, 2000, pp. 45-48*

## Heart transplant patients should avoid St. John's wort

ZURICH, SWITZERLAND. Cardiologists at the Zurich University Hospital report two recent cases of acute heart transplant rejection probably caused by an interaction between the antidepressant St. John's wort and the immunosuppressive drugs used to prevent rejection. A 61-year-old heart transplant patient was diagnosed with acute cellular transplant rejection 11 months after a successful heart transplant. Three weeks prior to the diagnosis he had started self-medication with St. John's wort (300 mg three times daily) in order to treat a mild depression. His prescription drugs included cyclosporin (ciclosporin) 125 mg twice daily, azathioprine 100 mg daily, and low dose corticosteroids (7.5 mg daily). Blood analysis showed cyclosporin levels to be below the therapeutic range. Levels returned to normal

after discontinuing the St. John's wort and there were no further episodes of rejection.

The second case involved a 63-year-old patient who had undergone a successful heart transplant 20 months earlier. He was on a similar drug regimen as the first case and had been prescribed St. John's wort by his psychiatrist three weeks prior to the diagnosis of acute transplant rejection. The episode was resolved by discontinuing the treatment with St. John's wort. The cardiologists conclude that St. John's wort reduced the blood levels of the anti-rejection drug cyclosporin and attribute this reaction to the fact that cyclosporin and St. John's wort are both metabolized by the cytochrome P-450 complex.

*Ruschitzka, Frank, et al. Acute heart transplant rejection due to Saint John's wort. The Lancet, Vol. 355, February 12, 2000, pp. 548-49 (research letter)*

## Estrogen replacement therapy does not halt Alzheimer's disease

IRVINE, CALIFORNIA. Alzheimer's disease (AD) now affects more than four million Americans with a disproportionate number (two thirds) of victims being women. Several small trials have found that estrogen replacement therapy (ERT) may be useful in halting the

progression of AD in women. Researchers at the University of California have just released a major report which clearly concludes that ERT does not halt or retard AD in women and may actually worsen some aspects of the condition. The 15-month, double-blind, placebo-controlled

study involved 120 women with mild to moderate AD and an average age of 75 years. The women were randomized to receive 0.625 mg/day of estrogen (Premarin), 1.25 mg/day of estrogen or a placebo for a 12-month period. In order to eliminate the risk of endometrial hyperplasia only women who had undergone a hysterectomy were included in the trial. Twenty-three of the women did not complete the trial; four episodes of deep vein thrombosis and four episodes of vaginal bleeding occurred in the estrogen groups (the women experiencing vaginal bleeding were found not to have had a hysterectomy after all).

The researchers found that neither high nor low dose estrogen replacement therapy does anything to halt the progression of Alzheimer's disease. As a matter of fact, patients on estrogen for one year scored worse on the Clinical Global Impression of Change seven-point scale than did patients in the placebo group (80 per cent vs. 74 per cent). Patients

taking estrogen also declined much faster over the year when evaluated using the Clinical Dementia Rating Scale. The researchers conclude that estrogen has no place in the treatment of AD. Large-scale trials are currently underway to determine if ERT may be useful in preventing the development of AD in the first place. (NOTE: This trial was partially funded by Wyeth Ayerst Pharmaceuticals, the manufacturer of the estrogen replacement therapy drug used).

*Mulnard, Ruth A., et al. Estrogen replacement therapy for treatment of mild to moderate Alzheimer disease. Journal of the American Medical Association, Vol. 283, February 23, 2000, pp. 1007-15*

*Shaywitz, Bennett, A. and Shaywitz, Sally E. Estrogen and Alzheimer disease - Plausible theory, negative clinical trial. Journal of the American Medical Association, Vol. 283, February 23, 2000, pp. 1055-56 (editorial)*

## Antibiotics linked to breast cancer

HELSINKI, FINLAND. Recent research has shown that a low body level of the lignan enterolactone is associated with an increased risk of breast cancer. It is also known that the enterolactone level in body fluids is strongly reduced by common antibiotics. Researchers at the Finnish National Public Health Institute pondered these findings and decided to investigate if there is a connection between the use of antibiotics and the development of breast cancer. They began their study during the period 1973-77 when 9461 cancer-free women between the ages of 19 and 89 years underwent a thorough medical examination (including urine analysis for bacteriuria) as part of the Finnish Mobile Clinic Health Examination Survey. The women were asked about their history of urinary tract infections and the use of antibiotics to treat these infections. At the final follow-up in 1991 157 of the women had developed breast cancer. The researchers found that women under 50 years of age (at the start of the study) who had used antibiotics to treat urinary tract infections had a 93 per cent excess risk of developing breast cancer when followed-up for more than

10 years. The risk was greatest among younger women and lowest among women aged 60 years or more at entry to the study. It was also clear that urinary tract infections as such were not associated with an excess breast cancer risk; it was only when treated with antibiotics that a strong correlation showed up. The study also confirmed already known risk factors for breast cancer such as age, higher level of education, alcohol consumption, none or only a few childbirths, living in an urban or industrial area, and being lean and tall. The correlation between antibiotics treatment and breast cancer held true even when adjusted for these factors. The researchers conclude that there may be a correlation between breast cancer and the use of antibiotics to treat urinary tract infections at a premenopausal age. They suggest that this conclusion is biologically plausible, but recommend further large-scale studies to confirm it.

*Knekt, P., et al. Does antibacterial treatment for urinary tract infection contribute to the risk of breast cancer? British Journal of Cancer, Vol. 82, No. 5, March 2000, pp. 1107-10*

## Older patients require lower doses of drugs

SAN DIEGO, CALIFORNIA. Adverse drug reactions (ADRs) are a serious problem in the United States and in many other developed countries. More than two million serious ADRs occurred in the USA in 1994 of which 76,000 to 137,000 were fatal. It is estimated that 76 per cent of these ADRs were due to drug overdosing. The doses given in many cases followed the manufacturer's recommendation, but just happened to be excessive for the particular patient being treated. Dr. Jay Cohen, MD of the University of California points out that over half of all ADRs involve patients age 60 years and older. He believes this is largely because older patients metabolize many drugs slower than do younger patients and therefore end up with higher systemic levels which may precipitate an ADR. He also points out that the *Physicians' Desk Reference* used by most medical doctors when prescribing drugs rarely recommends lower dosages for older patients - in other words, one dose fits all!

Dr. Cohen has reviewed numerous studies which clearly show that reduced doses of many popular drugs are entirely adequate and much safer for older patients. For example, the stomach drug omeprazole (Losec) is cleared from the system much slower in older people and particularly in older people of Asian descent. He suggests that 10 mg/day of this drug may be quite adequate in older people (standard dosage is 20 mg/day). Fluoxetine (Prozac) is well

known for causing sexual dysfunction at its standard dose of 20 mg/day in about 34 to 74 per cent of patients taking it. Studies have shown that this effect can be eliminated without affecting the antidepressant effect by reducing the dose to 10 mg/day; as a matter of fact, dosages as low as 2.5 mg/day may be quite effective in older people. Other studies have shown that as little as 10 mg of sildenafil (Viagra) may do the trick and yet the recommended dosages are 25, 50 and 100 mg. Dr. Cohen lists many other drugs where reduced dosages are quite adequate and much safer. For example, Celebrex 5 mg twice daily instead of 10 mg twice daily, lovastatin (Mevacor) 10 mg/day instead of 20 mg/day, and simvastatin (Zocor) 5 to 10 mg per day instead of the recommended dose of 20 mg/day. Nonsteroidal anti-inflammatory drugs (NSAIDs) are significant contributors to ADRs resulting in more than 100,000 hospitalizations and between 8,000 and 16,000 deaths every year in the USA alone. Studies involving diclofenac (Voltaren) and ibuprofen have shown that older people receive the same effects from half the dose recommended for younger people. Dr. Cohen concludes that "little is lost and much may be gained" by starting older people off at low yet effective drug doses.

*Cohen, Jay S. Avoiding adverse reactions - Effective lower-dose drug therapies for older patients. Geriatrics, Vol. 55, February 2000, pp. 54-64*

## Olestra may distort test results

DALLAS, TEXAS. Olestra is a synthetic fat substitute which resembles fat in texture and taste; it is not absorbed by the body and therefore sharply reduces the number of calories which would normally be absorbed from snack foods like potato chips. The fact that olestra passes through the intestine without being absorbed results in a higher than normal fat content in the stool and this, claims researchers at the Baylor University Medical Center, can cause serious problems when testing patients

for suspected steatorrhea (malabsorption of fats).

The researchers performed a controlled cross-over trial involving 10 healthy volunteers. The participants, in addition to their regular diet, consumed 5 oz of conventional potato chips per day on days 1 to 6 and 5 oz of chips containing olestra per day on days 7 to 12. The olestra chips provided 40 grams/day of olestra. A total of 104 individual stool samples obtained during the experiment were analyzed for fecal fat using four different methods. The fat content in the

"olestra stools" varied between 14 and 23 grams/day. This compares to a normal upper limit of 7 grams/day. Thus people who have eaten olestra-containing snacks prior to being tested for malabsorption would be highly likely to be diagnosed as suffering from steatorrhea. This, the researchers point out, could lead to unnecessary and expensive tests associated with serious complications. Olestra may remain

in the stool for up to seven days so it is important that physicians ensure that their patients have not consumed olestra in the week prior to being tested for steatorrhea.

*Balasekaran, Ranga, et al. Positive results on tests for steatorrhea in persons consuming olestra potato chips. Annals of Internal Medicine, Vol. 132, February 15, 2000, pp. 279-82*

## Important herb/drug interactions

WASHINGTON, DC. It is estimated that almost 20 per cent of all Americans who use pharmaceutical drugs also use medicinal herbs and high-dose vitamins - and 61.5 per cent of them do not tell their physicians that they do. This situation could be dangerous as many drugs and herbs interact with each other. Dr. Adriane Fugh-Berman MD, a researcher at the George Washington University School of Medicine and Health, has just released the results of her investigation into potential herb/drug reactions. Some highlights of her findings are:

- Chili pepper (*Capsicum*) may interact with ACE inhibitors resulting in coughing.
- Danshen (*Salvia miltiorrhiza*), devil's claw, dong quai, garlic, *Ginkgo biloba*, ginseng (*Panax spp*), and papaya may interact with warfarin (Coumadin) to increase bleeding tendency.
- Siberian ginseng may heighten the effects of digoxin.
- *Ginkgo biloba* may interact with aspirin and acetaminophen (Tylenol, Paracetamol) to cause bleeding.
- Licorice (*Glycyrrhiza glabra*) may interact with prednisolone, hydrocortisone, and oral contraceptives.

- Psyllium (*Plantago ovato*) may interact with lithium.
- St. John's wort can cause a mild serotonin syndrome if taken with serotonin-reuptake inhibitor antidepressants. It can reduce the effects of digoxin and cyclosporin and can cause bleeding when taken with combined oral contraceptives.
- Tamarind (*Tamarindus indica*) can increase the effects of aspirin.
- Yohimbine (*Pausinystalla yohimbe*) can cause hypertension if taken with tricyclic antidepressants.
- The laxatives senna (*Cassia senna*), cascara (*Rhamnus purshiana*) and soluble fibers such as guar gum and psyllium can decrease the absorption of many pharmaceutical drugs.

Dr. Fugh-Berman is particularly concerned that patients with blood clotting disorders, on anticoagulant therapy, and awaiting surgery be warned against the concurrent use of ginkgo, danshen, dong quai, papaya, and garlic.

*Fugh-Berman, Adriane. Herb-drug interactions. The Lancet, Vol. 355, January 8, 2000, pp. 134-38*

## The many benefits of tea

TORONTO, CANADA. Tea as a beverage was introduced in 2737 BC by the Chinese emperor Shen Nung. It has since become one of the world's most popular beverages with production in 1996 exceeding 2.6 million metric tons. Tea is brewed from the leaves of the bush *Camellia*

*sinensis*. There are three different ways of treating the tea leaves before they are sold. Green tea is made by drying and steaming the fresh leaves as soon as they are plucked. Oolong tea is subjected to partial oxidation before drying and steaming, and black tea

undergoes a full oxidation stage before drying and steaming. Black tea is the most popular of the three teas and accounts for 76 per cent of the market with green tea being next at 22 per cent. Recent research has shown that not only green tea but also black and oolong teas provide important health benefits.

Drs. Siro Trevisanato and Young-In Kim of the University of Toronto have just published a fascinating report detailing the history, biochemistry, and health benefits of tea. It is the richest source of flavonoid antioxidants in the northern European diet and contributes about 63 per cent of all flavonoids in the diet. Tea drinkers have been found to have substantially lower risks of stroke (73 per cent lower) and heart attack (44 per cent lower) than non-tea drinkers. Tea has also been found to lower cholesterol and blood pressure.

A Norwegian study found that men who drink one or more cups of tea every day have a 40 per cent lower risk of dying from coronary heart disease than do men who drink less than one cup per day. An American study of 35,000 women found that women who drank two or more cups of tea a day had a 60 per cent lower incidence of cancers involving the digestive tract (mouth, esophagus, stomach, pancreas, colon and rectum) and a 32 per cent lower incidence

of urinary tract cancers than did women who did not drink tea. A Canadian study found that men who drink two or more cups of tea a day reduce their risk of prostate cancer by 70 per cent compared to non-tea drinkers.

Tea is safe; it contains only 25 to 34 mg of caffeine so one would need to drink 10-12 cups a day to approach the caffeine limit given in the Canada Food Guide. It inhibits the absorption of non-heme iron, but only if drunk with meals. Therefore vegetarians who get their iron from non-heme sources should refrain from drinking tea with their meals or should drink it with milk or lemon juice added. Tea leaves contain a relatively high level of aluminum and concern has arisen that a high consumption of tea may increase the risk of developing Alzheimer's disease. Fortunately, the aluminum in the leaves is not very soluble in hot water and there is no scientific evidence that heavy tea drinkers have higher blood levels of aluminum than do non-tea drinkers. The Canadian researchers conclude that teas has many health benefits, is pleasant to drink, and is entirely safe. [72 references]

*Trevisanato, Siro I. and Kim, Young-In. Tea and health. Nutrition Reviews, Vol. 58, January 2000, pp. 1-10*

## Complementary medicine in Australia

MELBOURNE, AUSTRALIA. A team of researchers from the University of Melbourne has released the results of a survey designed to probe the use and knowledge about complementary therapies among general practitioners in the state of Victoria. Nearly half of the doctors had considered practicing one or more complementary therapies and over 80 per cent had referred patients to practitioners of these therapies. Acupuncture, hypnosis, and meditation were the therapies found most acceptable and effective by the GPs and 34 per cent of them had actually taken training in meditation followed by acupuncture at 23 per cent, vitamin and mineral therapy at 23 per cent, hypnosis at 20 per cent, and herbal medicine at 12 per cent. The GPs expressed strong support for the idea that hypnosis, meditation, and chiropractic should be covered by the Australian Medicare system. They considered vitamin and

mineral therapy, homeopathy, aromatherapy, reflexology, and herbal medicine to be the least effective of the complementary modalities covered in the survey.

Another survey involving 161 oncologists (cancer specialists) found that almost a quarter of them had considerable knowledge about the use of meditation, relaxation, visual imagery, antioxidant therapy, high-dose vitamin C therapy, and microwave/Tronado therapy in the treatment of cancer. Very few knew anything about cellular therapy, magnetotherapy, and psychic surgery. Most oncologists (69-82 per cent) thought that meditation, relaxation, and visual imagery would be helpful in both curative and palliative (symptom relief) treatment of cancer. Acupuncture and hypnotherapy were also deemed helpful whereas coffee enemas, diet therapy (Gerson/macrobiotic), Iscador/mistletoe therapy, ozone therapy, and



psychic surgery were considered to be ineffective and often harmful. The oncologists often over-estimated their patients' use of complementary therapies. For example, only 0.5 per cent of cancer patients in a recent survey reported using aromatherapy while the oncologists estimated that 15 per cent used this therapy. The use of herbal therapies and shark cartilage was also vastly over-estimated at 45 per cent and 15 per cent respectively versus an actual use of 10 per cent and 4 per cent respectively.

*Pirotta, Marie V., et al. Complementary therapies: have they become accepted in general practice? Medical Journal of Australia, Vol. 172, February 7, 2000, pp. 105-09*

*Newell, Sallie and Sanson-Fisher, Rob W. Australian oncologists' self-reported knowledge and attitudes about non-traditional therapies used by cancer patients. Medical Journal of Australia, Vol. 172, February 7, 2000, pp. 110-13*

*Lewith, George T. Complementary and alternative medicine: an educational, attitudinal and research challenge. Medical Journal of Australia, Vol. 172, February 7, 2000, pp. 102-03 (editorial)*

## **New, quick, in-office test for *Helicobacter pylori***

LOS ANGELES, CALIFORNIA. A team of researchers from the U.S.C. School of Medicine and the Oregon Health Sciences University reports on their evaluation of a new, in-office test for the presence of *Helicobacter pylori*.

*Helicobacter pylori* bacteria are found in the stomach of billions of people around the world and have been implicated in stomach ulcers, stomach cancer, MALT lymphoma, and dyspepsia (indigestion). The presence of the bacteria can only be finally confirmed through a biopsy of the stomach lining (endoscopy), but many tests are available for use in initial screening; these tests involve antibody tests (requiring a blood sample), urea breath tests, and stool tests for *H. pylori* antigen. Most of the screening tests require samples to be sent to a laboratory for evaluation and are therefore expensive and time-consuming.

The research team now reports that a new test requiring only a drop of blood and a test strip is

quite accurate in gauging the presence of *H. pylori*. They evaluated the new test (Stat Simple test, Saliva Diagnostic Systems Inc., Vancouver, WA) in 201 patients and compared the results to those obtained by the rapid urease test, examination of biopsy specimens, and laboratory analysis of blood using the ELISA test. They found that the new test detected 82 out of 90 confirmed cases of *H. pylori* infection correctly (90 per cent sensitivity); the test also correctly predicted that 87 of the 110 patients confirmed as being free of *H. pylori* did not have the infection (79 per cent specificity). The researchers conclude that the new fingerstick test is easy to use, fast, inexpensive, reasonably accurate, and acceptable to the patient.

*Laine, Loren, et al. Fingerstick Helicobacter pylori antibody test: better than laboratory serological testing? American Journal of Gastroenterology, Vol. 94, December 1999, pp. 3464-67*

## **NEWSBRIEFS**

### **NAC: the ultimate hangover remedy.**

Hangovers are no fun. Headaches, nausea, raging thirst, and wobbly limbs are often the rewards of a heavy night of drinking. Taking an aspirin before bed, drinking lots of water, and having eggs or even a Bloody Mary for breakfast are among the many folk remedies recommended for a hangover. Now a team of volunteers from the editorial staff of the *New Scientist* reports their own results in an impromptu research project aimed at finding the

ultimate hangover cure. Having a Bloody Mary for breakfast eased the symptoms, but only temporarily; drinking copious quantities of water led to many trips to the bathroom, but no noticeable reduction in symptoms. Replacing the water with a sports drink didn't do the job either. One remedy, however, received rave reviews from the volunteers. The remedy, N-acetyl-cysteine (NAC), is an amino acid sold in health food stores. NAC is the precursor for glutathione, the body's natural destroyer of free

radicals. After a drinking bout the liver gets severely taxed in its detoxification efforts and uses up much more glutathione than usual. Taking NAC helps restore the glutathione supply and facilitates the detoxification process thus easing the hangover.

**New Scientist**, November 27, 1999, pp. 34-36

**Smoking indeed shortens life.** There is ample evidence that people who smoke shorten their lifespan significantly. The relative death rate for male smokers is two to three times that of non-smokers. So what does this actually mean? Two medical researchers at the University of Bristol put things in perspective. Smoking one cigarette shortens lifespan by 11 minutes - enough to take a brisk walk or read a newspaper. Smoking a carton of cigarettes (200 cigarettes) takes 1.5 days off your lifespan - enough time for flying around the world, having a romantic night away from home or visiting friends or family. A smoker who starts the habit at 17 years of age and quits permanently at 71 years will have consumed over 300,000 cigarettes during his/her lifetime corresponding to a loss of 6.5 years and an expenditure of \$50,000 to \$75,000.

**British Medical Journal**, January 1, 2000, p. 53

**A long walk is better than a short one.** There is a great deal of evidence that exercise is good for you, but just how much do you need? British researchers have just completed an experiment which clearly shows that one long hike (20-40 minutes) every day is superior to two or three shorter walks of 5-15 minutes each. The trial involved 56 sedentary men who were randomly

assigned to one of four groups. One group walked for 20-40 minutes every day; group 2 walked for 10-15 minutes twice a day, group 3 walked for 5-10 minutes three times a day, and group 4 sat at home as usual. The health and fitness status of all participants was evaluated at the start of the trial and at its conclusion 18 weeks later. There was a significant drop in "bad" fats (apolipoprotein II) among the hikers, twice as much as among the intermediate walkers and five times that among the short walkers. No change in the apolipoprotein II level was observed in the control group. The researchers point out that all the observed changes in blood fat among the walkers are beneficial and reduce the risk of stroke, osteoporosis, and heart disease.

**New Scientist**, January 8, 2000, p. 10

**Aromatherapy lifts depression.** It is estimated that about four per cent of all Americans suffer from severe seasonal affective disorder (SAD) while another ten per cent experience a milder form of the disorder known as the "winter blues". The main symptoms of SAD are depression, sluggishness, low or non-existent sex drive, weight gain, and a craving for sweets and bread. Research has shown that SAD can be somewhat alleviated by daily exposure to bright, artificial light. Dr. Teodor Postolache, a practicing psychiatrist in Washington, DC, now reports that exposing people with SAD to certain aromatherapy scents may be effective in lifting their depression. He believes that sniffing appropriate scents while undergoing light therapy may further improve the treatment of SAD.

**New Scientist**, January 8, 2000, pp. 25-28

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Hans R. Larsen MSc ChE, 1320 Point Street, Victoria, BC, Canada, V8S 1A5  
E-mail: [health@pinc.com](mailto:health@pinc.com) World Wide Web: <http://vww.com/healthnews/>  
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