

INTERNATIONAL HEALTH NEWS

Your Gateway to Better Health!

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Editorial

Several readers have expressed concern regarding a recent news item proclaiming that vitamin C supplementation may clog arteries. This sensational news stems from a recent meeting of the American Heart Association where Dr. James Dwyer reported that he had found that people taking 500 milligrams of vitamin C daily for at least a year had a greater rate of thickening of the artery wall than did people who did not supplement. It should be noted that Dr. Dwyer's study has so far not been published nor undergone a proper peer-review.

Dr. Balz Frei, MD, professor and director of The Linus Pauling Institute at Oregon State University had this to say about the study. "The results from the study presented last week, in fact, are in direct conflict with a study published in 1995 in the American Heart Association journal *Circulation*. That research found a significant reduction in carotid artery wall thickness in people over 55 who consumed about 1,000 milligrams or more of vitamin C a day, compared to those consuming less than 88 milligrams per day."

Dr. Frei goes on to say "This report will cause unnecessary and unjustified confusion and fear among the public." You can find the complete transcript of his comments at www.orst.edu/dept/lpi/new/atherosclerosis.html.

As promised we have now inaugurated our first web forum, the "Lone Atrial Fibrillation Forum". You can find it at www.pinc.com/healthnews/lafforum.html. It's a must stop if you or someone you care for suffers from lone atrial fibrillation.

Enjoy this issue and please keep the feedback coming!

Yours in health,
Hans Larsen

May Highlights

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LETTERS TO THE EDITOR

I have been receiving information from family members and friends regarding a risk of breast cancer with the use of antiperspirants. Are there any studies either complete or in progress regarding this question?

Lauren, USA

Editor: *I am not aware of any clinical studies which have linked the use of antiperspirants with*

breast cancer. However, there is some evidence of a link with Alzheimer's disease because of the aluminum content.

I have read your article on lowering cholesterol naturally with Chinese red-yeast-rice. I asked for this in our local health food stores, but they do not seem to know what I am talking about. Is there another name for this or is it not readily available?

John, USA

Editor: *The Chinese red-yeast-rice is sold under the trade name "Cholestin". You can find more information and order it at http://www.pharmanex.com/products/heart_health/cholestin.html.*

My wife has Crohn's disease and my son, while still undiagnosed, exhibits the same symptoms. Where can we purchase enteric coated fish oil capsules, preferably salmon oil?

Serge, USA

Editor: *The enteric coated fish oil capsules used in the clinical study on Crohn's disease are manufactured by Tillotts Pharma AG, Hauptstrasse 27, 4417 Ziefen, Switzerland, tel: +41 (61) 935-2626. I would suggest you contact them for the name and address of your nearest supplier.*

My wife is 41 years old and three months ago she had an asthma attack for the first time in her life. She took ventoline inhaler 3 times a day; however, since that time the attacks come more frequent. Is there any preventive medicine you can recommend or what kind of medication do you suggest?

Mishary, USA

Editor: *Food allergies are a major cause of asthma. Food additives, especially sulfites and MSG (monosodium glutamate), corn, wheat,*

citrus fruits, milk, wine, eggs, peanuts, and chocolate are the worst offenders. Stress and environmental pollution (chemicals, smoke, animal hair, dust, and pollen) can all provoke attacks. One recent finding is that asthma sufferers have low stomach acid levels which cause them to digest protein poorly. Digestive enzyme supplements, betaine, and stomach bitters may help with this.

Vitamin C is probably the most important vitamin for asthmatics. Lower dosages (1000 mg three times daily) are used in prevention and higher doses (4000 mg) may provide relief during an attack. Vitamin C is best taken in combination with bioflavonoids.

Magnesium (500-750 mg/day) and the B vitamin complex (50 mg strength - 1 to 3 times a day) plus extra vitamin B12 (one 1 mg sublingual tablet/day) and vitamin E (400 IU/day) are other important vitamins which may help prevent asthma attacks.

There are also numerous herbs and homeopathic remedies which may be effective in prevention and treatment of asthma. However, your wife should see an appropriate practitioner to determine what would be best in her case. Fish oils and flaxseed oil have also been found helpful.

Research has shown that tamoxifen, aspirin, royal jelly, propranolol, digoxin, major tranquilizers, certain biological washing powders, and the use of gas stoves can all aggravate asthma. Surprisingly enough, it has also been found that pillows with synthetic (polyester) fillings are more likely to provoke an asthma attack than are feather-filled pillows.

Can you please help me with a 10-year-old boy who has constant headaches. His parents have taken him to all sorts of doctors and natural therapists and they can't do anything for him. Apart from vitamins and minerals, what would cause this? He hasn't been to school for 6 months. I noted one reference in your files to delete cow's milk. Is there anything I can do for him?

Hanny, NZ

Editor: *It is, of course, very hard to suggest what to do about a headache without knowing*

what other problems the boy may have and what his environment is. I would start out by eliminating foods with the additive MSG (monosodium glutamate), tyramine-containing foods (chocolate, bananas, citrus fruits, avocados, cabbage, potatoes), cow's milk, aged cheeses, cured meats and sausages, and soft drinks (colas). Food preservatives and other additives should be avoided. Vitamin B2 may help for migraine-type headaches. Calcium, magnesium, the B complex, coenzyme Q10, and of course, vitamin C may be beneficial. There are also several herbal and homeopathic

remedies (belladonna, bryonia, gelsemium and nux vomica) which may be helpful, but the boy would need to see a qualified practitioner to find what is best for him.

I advised the boy's father to take him to a homeopath and he did almost the same things that you suggested. On the second day the boy said to his father "Dad, this is the best day of my life - no headaches!" Thanks for your help!

Hanny, NZ

ABSTRACTS

Atherosclerosis and folic acid

AMSTERDAM, THE NETHERLANDS. A high blood level of homocysteine (a sulfur-containing amino acid derived from methionine) has been associated with the development of atherosclerosis. High homocysteine levels can be reduced by supplementation with folic acid; however, it is still uncertain whether this reduction actually lowers the risk of atherosclerosis. Now researchers at the University Hospital Vrije Universiteit report evidence that supplementation with folic acid and vitamin B6 is associated with a decreased occurrence of abnormal exercise electrocardiographs - important markers for atherosclerosis. The study involved 158 siblings of 167 patients with premature atherothrombotic disease. The study participants (siblings) had no signs of arterial disease when entering the study, but were obviously at greater risk of developing atherosclerosis than normal. The participants underwent a methionine-loading test at the start of the study and were subsequently divided into two groups. One group of 104 had high homocysteine levels after the methionine-loading test while the second group of 54 siblings had normal levels. Each group was subsequently randomized to receive either 5 mg folic acid plus 250 mg vitamin B6 daily for a two-year period while the other group received a placebo. At the end of two years all participants had an electrocardiogram, an ultrasound

measurement of the carotid and femoral arteries, and a determination of their ankle-brachial pressure index at rest and after exercise. As expected, the vitamin treatment was associated with a significant drop in both fasting homocysteine concentration and postmethionine homocysteine concentration. Blood plasma content of folic acid increased 13-fold and that of vitamin B6 9-fold in the supplement group. There was no apparent effect of vitamin treatment on ankle-brachial pressure indices or ultrasound measurements; however, the incidence of new abnormal exercise electrocardiograms was much lower in the vitamin group (6 versus 14 in the placebo group). The researchers conclude that vitamin therapy lowers the risk of an abnormal exercise electrocardiogram by 60 per cent independent of other risk factors such as age, sex, baseline level of postmethionine homocysteine, cholesterol levels, smoking habits, and the presence of hypertension or diabetes. Although the trial involved participants at high risk for atherosclerosis the researchers see no reason why the results should not be applicable to healthy individuals.

Vermeulen, E.G.J., et al. Effect of homocysteine-lowering treatment with folic acid plus vitamin B6 on progression of subclinical atherosclerosis: a randomised, placebo-controlled trial. The Lancet, Vol. 355, February 12, 2000, pp. 517-22

Successful treatment of chronic fatigue syndrome

TORONTO, CANADA. Doctors at the Canadian College of Naturopathic Medicine report the case of a 31-year-old man who was successfully treated for chronic fatigue syndrome (CFS) with supplements. The patient had developed CFS six years prior to the treatment in the aftermath of a viral infection. His symptoms, apart from excessive fatigue, included low grade fever, swollen lymph nodes, gastrointestinal upsets, muscle pain, and unrefreshing sleep. Research has shown that CFS patients have low blood levels of acylcarnitine, free carnitine, and total carnitine. There is also some evidence that supplementation with the reduced form of nicotinamide adenine dinucleotide (NADH) can be beneficial in the treatment of CFS. The naturopaths therefore decided to put the patient on a supplement regimen including L-carnitine (500 mg twice a day with meals), NADH (2.5 mg

three times a day before meals) and coenzyme Q10 (100 mg twice a day). After six weeks following this protocol the patient was re-examined. He reported a marked reduction in muscle aches and post-exertional fatigue and also said that his mental concentration was improved. He reported no adverse effects and plans to continue with the supplement program. The two naturopathic physicians involved in the trial point out that while the supplement regimen appears to have been successful in this particular case there is still much to be learned about the treatment of CFS.

Ross, Cory and Logan, Alan C. Mitochondrial support in the treatment of chronic fatigue syndrome: a case report. Journal of Orthomolecular Medicine, Vol. 15, No. 1, First Quarter 2000, pp. 15-17

Mineral water: a highly effective source of calcium

PARIS, FRANCE. There is ample evidence that a sufficient intake of calcium is essential in maintaining bone health throughout one's life. A daily intake of between 1200 and 1500 mg/day is now recommended for adolescents, pregnant and nursing women, and people over 65 years of age. Recent research has shown that the beneficial effects of calcium intake wear off after a few hours and that supplements are best taken in doses of 500 mg or less because smaller quantities are much better absorbed than are large ones. The most common sources of dietary calcium are dairy products and calcium-rich vegetables.

Researchers at the Pitie-Salpetriere Medical School have just completed a study which shows that ingestion of as little as 0.5 liters (18 oz) of calcium-rich mineral water (Vittel) has an immediate and profound effect on the prevention of bone loss. Their experiment involved 12 healthy young men who participated in a series of tests designed to compare the effects of a natural mineral water containing 345 mg/L of elemental calcium with that of a mineral water

containing only 10 mg/L. The study participants (after an overnight fast) drank 0.5 liters of either of the two mineral waters and then had blood and urine samples collected for the next four hours. The ingestion of the calcium-rich water significantly inhibited the secretion of parathyroid hormone after one hour and the effect was still evident after four hours. The blood level of type 1 collagen cross-linked C-telopeptide (CTx) also declined markedly after drinking the calcium-rich water. Low levels of parathyroid hormone and CTx are both beneficial in that they are associated with a reduction in bone loss (resorption). The researchers conclude that drinking calcium-rich mineral water throughout the day will not only ensure an adequate water intake, but will also help to preserve bone mass.

Guillemant, Josette, et al. Mineral water as a source of dietary calcium: acute effects on parathyroid function and bone resorption in young men. American Journal of Clinical Nutrition, Vol. 71, April 2000, pp. 999-1002

Vitamin B12 resolves shaky-leg syndrome

MADRID, SPAIN. Dr. Julian Benito-Leon MD, a physician at the Hospital General de Mostoles, reports the case of a 68-year-old man with the shaky-leg syndrome. The shaking (tremor) would begin immediately after the patient stood up and subside as soon as he began walking. A detailed examination revealed that the patient had a very low blood level of vitamin B12 (132 ng/L versus normal range of 222 to 753 ng/L) and a Schilling test demonstrated malabsorption of vitamin B12. The patient was put on the anticonvulsant clonazepam (1 mg/day) and was given vitamin B12 injections (1 mg daily for two weeks, then weekly for two months, and once a

month thereafter). This treatment completely eliminated the tremor. After one year clonazepam was discontinued without reoccurrence of the shaky-leg syndrome. Dr. Benito-Leon and his colleagues conclude that the problem was a result of disturbances in the cerebellum or related brain structures caused by a vitamin B12 deficiency. They believe that the vitamin B12 injections were responsible for resolving it.

Benito-Leon, Julian and Porta-Etessam, Jesus. Shaky-leg syndrome and vitamin B12 deficiency. New England Journal of Medicine, Vol. 342, No. 13, 2000, p. 981 (correspondence)

Premature death linked to abnormal heart rate recovery

CLEVELAND, OHIO. The speed with which the pulse rate returns to normal (heart rate recovery) after strenuous exercise is an important indicator of heart health. Researchers at the Cleveland Clinic Foundation now report that they have found a direct link between heart rate recovery and the risk of premature death from all causes and from cardiovascular disease in particular.

Their study involved 5234 adults without evidence of cardiovascular disease who were enrolled in the Lipid Research Clinics Prevalence Study. The participants were all given a treadmill exercise test where they exercised until they attained 85 to 90 per cent of their age and fitness-predicted maximum heart rate for one minute or until there were medical contraindications to further exercise. The participants' peak heart rate and the rate two minutes after cessation of the exercise were both measured and heart rate recovery calculated as the peak rate minus the rate after two minutes. The median heart rate recovery was 49 beats/min and an abnormal heart rate

recovery of 42 beats/min or less was seen in 1715 participants (33 per cent).

During the next 12 years 312 of the study participants died (6.2 per cent). The mortality among the participants with abnormal heart rate recovery was 10 per cent compared to 4 per cent among the ones with normal recovery giving an excess risk of 158 per cent. This excess risk was reduced to 55 per cent when adjusting for numerous other relevant risk factors. The excess risk among those of the participants who died from cardiovascular disease was over 200 per cent with 4 per cent dying in the group with abnormal heart rate recovery versus 1 per cent in the group with normal recovery. The researchers conclude that an abnormal heart rate recovery after submaximal exercise is a powerful predictor of premature death.

Cole, Christopher R., et al. Heart rate recovery after submaximal exercise testing as a predictor of mortality in a cardiovascularly healthy cohort. Annals of Internal Medicine, Vol. 132, April 4, 2000, pp. 552-55

Drug reaction involving calcium tablets

CHARLESTON, SOUTH CAROLINA. Doctors at the Medical University of South Carolina describe the case of a 49-year-old woman who developed symptoms of hypothyroidism despite

the fact that she was taking 150 micrograms/day of L-thyroxine. The patient complained of headaches, dizziness, mood changes, depression, and lethargy. A blood test showed

a thyroid-stimulating hormone (TSH) concentration of 21.85 IU/mL (normal range is 0.35 to 5.5 IU/mL) confirming the presence of hypothyroidism. The attending physicians were puzzled until the woman revealed that she was also taking three TUMS (calcium carbonate tablets) every day for osteoporosis prevention at the same time that she took her L-thyroxine medication. She was advised to take the thyroid

medication and the TUMS at separate times and eight months later her TSH level was back to normal. The doctors believe that the calcium carbonate chelated the thyroxine and thereby prevented it from being absorbed into the blood stream.

Butner, Lorie E., et al. Calcium carbonate-induced hypothyroidism. Annals of Internal Medicine, Vol. 132, April 4, 2000, p. 595 (letter to the editor)

Olive oil lowers blood pressure

NAPLES, ITALY. Several studies have shown that replacing saturated fat with unsaturated fat in the diet can help lower blood pressure in hypertensive individuals. Research has shown that some unsaturated fats (oils) are more effective in lowering blood pressure than others. Fish oils containing eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), for example, have been found quite effective in lowering both blood pressure and triglyceride levels. Now researchers at the University of Naples report that olive oil is also highly effective in lowering blood pressure.

Their one-year study involved 23 men and women with mild hypertension (systolic pressure less than 165 mm Hg and diastolic pressure less than 104 mm Hg at the start of the study). The participants were randomized into two groups. One group was told to add olive oil to their food after cooking while the other group was told to add sunflower oil (a rich source of linoleic acid). Men added 40 grams/day (approx. four spoonfuls) and women added 30 grams/day (approx. three spoonfuls) to arrive at a diet containing 8368 kJ and 6276 kJ respectively. The overall composition of the diet was 17 per cent protein, 57 per cent carbohydrates, and 26 per cent fat.

The participants' blood pressures were measured every two months. After six months the average systolic blood pressure in the olive oil group had dropped to 127 mm Hg from the 134 mm Hg recorded at the start and the diastolic pressure had dropped from 90 mm Hg to 84 mm Hg. There were no significant changes in the sunflower oil group.

The level of antihypertensive medication was adjusted during the experiment by a separate group of doctors who did not know which diet their patients were following. The ones in the olive oil group were able to reduce their medication use by an average 48 per cent and eight of them were able to discontinue their medications completely. None of the ones in the sunflower oil group were able to discontinue their medications and the average reduction in medication usage was only 4 per cent.

The researchers conclude that a reduction in saturated fat intake combined with the increased use of extra-virgin olive oil lowers the need for antihypertensive medication. They speculate that the high content of polyphenols in olive oil may be a major factor in its beneficial effects.

Ferrara, L. Aldo, et al. Olive oil and reduced need for antihypertensive medications. Archives of Internal Medicine, Vol. 160, March 27, 2000, pp. 837-42

Chinese herb alleviates rheumatoid arthritis

DALLAS, TEXAS. Extracts of the roots of *Tripterygium wilfordii* Hook F (TwHF) have been used for centuries in China to treat rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), ankylosing spondylitis, psoriasis, eczema, scleroderma, and other autoimmune and inflammatory diseases. Originally, a hot water extract of the plant was used, but this

approach had many adverse effects. In the 1970s two new extracts were developed; one is an ethyl acetate extract while the other, now known as T2, is a chloroform-methanol extract.

One randomized, double-blind trial involving 70 patients with RA compared the effect of 20 mg of T2 taken three times daily with a placebo. Approximately 90 per cent of the patients

treated with T2 experienced significant improvement. Trials involving several hundred patients with SLE have shown significant beneficial effects of T2 and a much reduced need for prednisone. Favourable results have also been reported in the treatment of systemic sclerosis and various kidney disorders.

Although highly effective in many cases, T2 can have adverse effects especially on the gastrointestinal tract. Says Drs. Tao and Lipsky

of the University of Texas "Treatment with extracts of TwHF is effective in most patients with rheumatic disease; however, close medical supervision is essential in order to avoid serious adverse effects." [117 references]

Tao, Xuelian and Lipsky, Peter E. The Chinese anti-immunosuppressive herbal remedy Tripterygium wilfordii Hook F. Complementary and Alternative Therapies for Rheumatic Diseases II, Vol. 26, No. 1, February 2000, pp. 29-50

Low blood pressure linked to depression

GALVESTON, TEXAS. Excessively low blood pressure has long been considered a disorder in continental Europe and has been treated with many remedies and medications ranging from coffee and cold showers to ephedrine and amphetamine. In the United States and the United Kingdom, on the other hand, the prevailing wisdom is that the lower the blood pressure the better.

This assumption may now be about to change following a ground-breaking study carried out by researchers at the University of Texas Medical Branch. The researchers studied 2723 Mexican Americans aged 65 years or older. Participants were interviewed to determine their level of depression and fatigue as well as their self-reported health status and degree of self-esteem. They also had their blood pressure measured at two separate occasions. Seven hundred and seventy-eight (29.7 per cent) of the study participants had a low diastolic pressure (i.e. below 75 mm Hg), 428 (15.9 per cent) had a low systolic pressure (i.e. below 120 mm Hg, and 265 (9.9 per cent) had both diastolic and systolic hypotension.

The researchers found that participants with hypotension were more likely to be depressed, had lower self-esteem and global self-reported

health, and were more likely to wake up tired in the morning than were participants with blood pressures in the normal range (systolic pressure between 120 and 139 mm Hg and diastolic pressure between 75 and 84 mm Hg). The low blood pressure correlation with depression, etc. was independent of whether the low blood pressure was inherent or caused by the use of blood pressure lowering medications (antihypertensives). Participants with both low diastolic and low systolic pressures were almost 2.5 times more likely to be significantly depressed than were participants with normal blood pressures.

The researchers conclude that there is a definite association between low blood pressure and depression and warn that over-treatment of high blood pressure (hypertension) could conceivably result in depression.

Stroup-Benham, Christine A., et al. Relationship between low blood pressure and depressive symptomatology in older people. Journal of the American Geriatrics Society, Vol. 48, March 2000, pp. 250-55

Robbins, Michael A., et al. Low blood pressure and depression: comorbidity and competing outcomes. Journal of the American Geriatrics Society, Vol. 48, March 2000, pp. 336-37 (editorial)

Vitamins protect against sunburn

DUSSELDORF, GERMANY. Sunlight and ultraviolet radiation cause the formation of reactive oxygen species in the skin resulting in photooxidative damage such as sunburn (erythema), premature aging of the skin, and skin cancer. Since beta-carotene and tocopherols (vitamin E) are effective scavengers

of reactive oxygen species one might speculate that supplementation with these antioxidants would decrease the risk of photooxidative damage.

Researchers at the Heinrich Heine University now report that this is indeed the case. Their experiment involved 20 healthy subjects with

white skin and significant sensitivity to sunlight. The participants were randomly assigned to one of two groups. Group 1 supplemented with 25 mg of a natural beta-carotene extract from *Dunaliella salina* while group 2 supplemented with the beta-carotene plus 335 mg of synthetic vitamin E. The supplements were taken daily for 12 weeks with the main meal. The beta-carotene content of the blood and underarm skin increased by over 400 per cent (from 0.54 to 2.92 micromol/L) and 166 per cent (from 0.12 to 0.32 nanomol/gram) respectively after 12 weeks of supplementation. During the same period vitamin E content in blood serum samples from group 2 rose by about 80 per cent (from 42.0 to 75.6 micromol/L).

An evaluation of the extent of sunburn after being exposed to ultraviolet radiation at various strengths clearly showed that the resistance to sunburn increased significantly in both groups after 12 weeks of supplementation. The protective effect was greatest in group 2 and was equivalent to the protection afforded by a sunscreen with a sun-protection factor (SPF) of 3.0. The equivalent SPF obtained in group 1 was 2.4. The researchers conclude that oral supplementation with beta-carotene and vitamin E is useful for diminishing sensitivity to ultraviolet light.

Stahl, Wilhelm, et al. Carotenoids and carotenoids plus vitamin E protect against ultraviolet light-induced erythema in humans. American Journal of Clinical Nutrition, Vol. 71, March 2000, pp. 795-98

Congestive heart failure linked to use of painkillers

NEWCASTLE, AUSTRALIA. Heart failure is a common condition among the elderly. It is estimated that 500,000 Americans develop the disorder every year and that almost 2.5 million currently suffer from it. Congestive heart failure (CHF) is also common in Australia where more than 10 in every 1000 people over 65 years of age are admitted to hospital with CHF every year.

Researchers at the University of Newcastle now report that the use of NSAIDs (nonsteroidal anti-inflammatory drugs) such as aspirin, ibuprofen, indomethacin, naproxen, etc. is associated with a significantly increased risk of CHF. The study involved 365 patients who were admitted to hospital with a primary diagnosis of CHF and 658 controls who were admitted for other reasons. The researchers discovered that the use of NSAIDs (other than low-dose aspirin) in the week prior to admission was associated with a doubling of the risk of CHF. Patients with a history of heart disease were 10 times more likely to develop CHF if they had used NSAIDs than if they had not. Compared with the study participants who did not have heart disease and did not use NSAIDs, the participants who had a history of heart disease and used NSAIDs had a

26 times greater risk of being admitted with CHF.

NSAIDs with a long plasma half-life were associated with a particularly high incidence of CHF. Patients with a history of heart disease who had used naproxen, piroxicam or tenoxicam were 24 times more likely to develop CHF than were heart patients who had not used any NSAIDs. The researchers caution heart patients against using the long-acting NSAIDs and conclude that 19 per cent of all patients admitted to Australian hospitals with CHF got there because of their use of NSAIDs. Translated to the situation in the United States, this means that almost 100,000 people develop CHF every year because of their use of NSAIDs. This number of "casualties" is similar to the number of people admitted to hospital with major gastrointestinal tract bleeding and ulcer perforation caused by the use of NSAIDs. NOTE: This study was funded in part by Pfizer Australia Pty Ltd, a major manufacturer of pharmaceuticals.

Page, John and Henry, David. Consumption of NSAIDs and the development of congestive heart failure in elderly patients. Archives of Internal Medicine, Vol. 160, March 27, 2000, pp. 777-84

Folate deficiency linked to Alzheimer's disease

LEXINGTON, KENTUCKY. Studies have shown that low concentrations of folic acid (folates) in the blood are associated with an increased risk of dementia and Alzheimer's disease (AD). Researchers at the University of Kentucky now report that low folate levels are directly associated with a high degree of atrophy of the cerebral cortex. Their study involved 30 nuns who had blood samples drawn and analyzed prior to their death between the ages of 78 and 101 years. Autopsies of the brains showed a clear negative association between folate levels and atrophy of the neocortex and this association was especially strong among the nuns who had been diagnosed with Alzheimer's disease. The average folate level in the nuns with significant AD was 45 nmol/L as compared to 61 nmol/L in the nuns without significant AD. It is interesting that the average blood levels of folate was 104 nmol/L in the nuns

taking multivitamin pills as compared to only 36 nmol/L in those not taking supplements.

The researchers also found that the nuns with moderate to severe atherosclerosis in the arteries supplying the brain had an average blood folate level of only 34 nmol/L while those with minimal atherosclerosis had a level of 75 nmol/L. They conclude that a folate deficiency is associated with increased atrophy of the neocortex, particularly in patients with Alzheimer's disease.

Snowdon, David A., et al. Serum folate and the severity of atrophy of the neocortex in Alzheimer disease: findings from the Nun Study. American Journal of Clinical Nutrition, Vol. 71, April 2000, pp. 993-98

Weir, Donald G. and Molloy, Anne M. Microvascular disease and dementia in the elderly: are they related to hyperhomocysteinemia? American Journal of Clinical Nutrition, Vol. 71, April 2000, pp. 859-60 (editorial)

NEWSBRIEFS

Transcendental meditation alleviates cardiac syndrome X. Cardiac syndrome X covers a range of symptoms from angina pain to poor performance on exercise stress testing. Although coronary angiograms are normal the syndrome may mimic unstable angina and lead to further costly investigations and hospital admissions. It also has significant negative effects on the patient's quality of life, self-esteem, employment, and relations with others. Researchers at the University of Westminster in London have found that regular daily meditation (transcendental meditation) markedly alleviates the symptoms of cardiac syndrome X. The frequency of angina episodes dropped by more than 50 per cent, the duration of the episodes decreased dramatically, and exercise performance improved significantly after just three months of two 20-minute sessions of daily practice of TM. The study participants' quality of life also improved significantly. The researchers speculate that cardiac syndrome X is closely associated with overstimulation of the sympathetic nervous system and that TM reduces this overstimulation.

American Journal of Cardiology, Vol. 85, March 1, 2000, pp. 653-55

Asthma and Tylenol don't mix well. Painkillers like aspirin and ibuprofen can cause attacks in susceptible asthma sufferers. Now researchers at Guy's Hospital in London report that Tylenol (paracetamol, acetaminophen) can also make asthma worse. Their study involved 664 asthmatics; it was clear from the results that there is a strong link between Tylenol usage and worsening symptoms in asthmatics. The researchers speculate that Tylenol may reduce the level of the lung-protecting antioxidant glutathione.

New Scientist, March 25, 2000, p. 5

Monoamine oxidase (MAO) implicated in Parkinson's. It has long been known that smokers are less likely to develop Parkinson's disease than are non-smokers. Researchers at Brookhaven National Laboratory in New York now believe that they have found the reason why. Apparently the MAO found in the brains of long-term smokers is 40 per cent less active than the MAO found in the brains of non-

smokers. The primary role of MAO is to break down certain neurotransmitters, but it can also be involved in the production of toxins that poison dopamine-producing brain cells. The researchers believe that the lower activity of MAO in smokers may prevent the formation of these toxins and thereby maintain adequate dopamine levels - a crucial factor in preventing Parkinson's disease.

New Scientist, April 8, 2000, p. 12

Wines trigger asthma attacks. Sulfites used in food preparation and aspirin and other non-steroidal antiinflammatory drugs are known initiators of attacks in asthma patients. Researchers at the University of Western Australia now report that alcoholic beverages

and wines in particular are potent triggers of asthma attacks. Their study involving 366 adult asthmatics found that 33 per cent of them had experienced attacks on at least two occasions after imbibing. The attacks usually occurred within one hour after consuming the drink and were of mild to moderate in severity. Wine was by far the most frequent offender with 30.3 per cent of respondents reporting a reaction to either red or white wine as compared to only 9.0 per cent for fortified wines and 9.8 per cent for beer. The researchers speculate that the presence of sulfites in most wines may be partly responsible for the strong effect.

Journal of Allergy and Clinical Immunology, Vol. 105, March 2000, pp. 462-67

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