

INTERNATIONAL HEALTH NEWS

Your Gateway to Better Health!

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Editorial

The winds of change are blowing! Just recently the National Cancer Institute approved funding for two major projects. One will evaluate the benefits of vegetarian diets, vitamin and mineral supplements, oral pancreatic enzymes, and detoxification with coffee enemas and liver flushes in the treatment of pancreatic cancer. The other will study the use of homeopathic remedies in the treatment of lung cancer. Not to be outdone, the American Cancer Society recently sponsored a meeting at which medical doctors expounded on the virtues of using such alternative approaches as electroacupuncture and maitake mushrooms in cancer therapy. Praise was also heaped on the use of a Chinese herbal mixture, PC-SPES, in the treatment of prostate cancer. Add to this the fact that the National Institutes of Health's tiny Office of Alternative and Complementary Medicine now receives more enquiries than all the other NIH offices put together and it is clear that a revolution is brewing. Perhaps the early years of the new century will see the dawning of the "new medicine" in which health care professionals of all types cooperate to give the patient the best possible care rather than waste their time on non-productive "turf wars".

The holiday season is fast approaching and we wish you a happy one and a healthy, prosperous New Year. If you are looking for gift ideas how about the latest bestselling books (at super discount prices) or the FreezeFrame anti-stress software or a handy calorie counter. Please visit our new "boutique" at www.yourhealthbase.com/shop.html.

*Yours in health,
Hans Larsen*

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LETTERS TO THE EDITOR

I have a 41-year-old daughter who has retinitis pigmentosa and I'm looking for any information on it.

JG, USA

Editor: *Retinitis pigmentosa is a hereditary condition involving a progressive degeneration of the retina. You can find more information at www.jwen.com/rp/rp.html and www.brps.demon.co.uk/.*

My cholesterol level is increasing - LDL used to be 235 and after one month it is now 240. What should I do to reduce it to a normal level? Is it true that a teaspoon of apple cider vinegar a day could help reduce this high level?

MAT, USA

Editor: *Yes, your LDL cholesterol level is certainly high. A desirable level is about 130*

mg/dL (3.36 mmol/L) or less and a level above 160 mg/dL (4.14 mmol/L) is considered high. I doubt very much that a teaspoon of apple cider vinegar taken daily would produce the 45% reduction in LDL level that you need to reach a desirable level. Perhaps the most important step in reducing your LDL cholesterol level is to sharply reduce your intake of animal fats and animal protein and substantially increase your intake of fiber-rich plant foods. There are many natural supplements that will significantly reduce LDL levels. Among the most effective ones are garlic, niacin, red-yeast-rice (*Monascus purpureus*), flax seed, wheat germ (fresh), oat bran and soy protein. A good multivitamin and extra vitamins C and E are also recommended by natural health practitioners. I would suggest that you find a naturopath or other qualified health professional in your area who can help you set up an appropriate diet and supplement program which may even include statin drugs if deemed necessary.

ABSTRACTS

Alternative cancer treatments

TAMPA, FLORIDA. The National Institutes of Health has been funding several studies into the use of alternative and complementary cancer therapies. It is estimated that between 85 and 90 per cent of all cancer patients being treated at major centers now use some form of alternative therapy in combination with conventional treatment. Electroacupuncture has been found highly effective in reducing nausea and vomiting during chemotherapy. Extracts from the maitake mushroom show promise in the treatment of gastrointestinal, breast, lung and ovarian cancers, but large-scale clinical trials are still needed. PC-SPES, a mixture of eight Chinese herbs, is now widely used to treat prostate cancer. Dr. Abraham Mittelman, MD of the Westchester Medical Center reported at a recent meeting of the American Cancer Society that PC-SPES has been found to significantly

I read with great interest your article on folic acid. I have a high cholesterol level and I eat all the right foods and I exercise on a regular basis. My doctor says that it is hereditary and I need to stay on Zokor. Can you recommend a common dosage rather than a general range for a combination of folic acid and vitamins B6 and B12? I am going to ask my doctor to order a homocysteine blood level test to be done.

KF, USA

Editor: There are several recommendations for optimum dosages of folic acid and vitamins B6 and B12. The most common are as follows:

folic acid - 800 micrograms/day

vitamin B12 - 1000 micrograms/day (sublingual tablet)

vitamin B6 - 100 mg/day.

Many clinical trials have used 5 mg (5000 micrograms) of folic acid a day and this may be advisable if homocysteine levels are quite high. Vitamin B6 dosage should not exceed 250 mg/day. Vitamin B12 can also be given in the form of injections, but this is not anymore effective than sublingual tablets.

lower prostate specific antigen (PSA) levels, reduce bone metastasis and lymph node swelling, and markedly alleviate pain. Dr. Mittelman says that several clinical trials of PC-SPECS are underway, but that the herbal mixture is already available for use and can be purchased over the Internet (www.pc-spes.com). He recommends that a physician monitors the treatment as phlebitis and blood clots in the lungs have occurred in a few patients taking PC-SPES. Dr. David Golde, MD at the Memorial Sloan-Kettering Institute also reported at the Cancer Society meeting that while vitamin C may generally be beneficial to cancer patients high doses can counteract the effects of radiation and chemotherapy.

McCann, Jean. Alternative remedies for cancer: an update. Journal of the National Cancer Institute, Vol. 92, June 7, 2000, p. 872

Non-invasive test for atherosclerosis

ATHENS, GREECE. The ratio of the systolic blood pressure measured at the ankle and in the arm (brachial pressure) is used as an indication of the presence of peripheral arterial diseases such as intermittent claudication. Researchers at the Alexandra University Hospital now report that the ankle-brachial pressure index (ABI) can also be used to determine the extent of coronary atherosclerosis. The study included 165 patients (41 women and 124 men between the ages of 50 and 70 years) scheduled for elective coronary angiography.

The study participants underwent ultrasound imaging as well as angiography and also had a fasting blood sample drawn. In addition, all participants had their blood pressure measured in the supine position (after five minutes of rest) at the ankle and in the arm. The researchers found a significant correlation between ABI and smoking and diabetes. Body mass index, hypertension, cholesterol, triglycerides, HDL and LDL cholesterol, uric acid, fibrinogen, and insulin level were not significantly related to ABI. ABI was inversely related to the extent of narrowing

of coronary arteries (at the carotid bifurcation - a strong marker of coronary artery disease). A low ABI (less than 0.9) was also found to correlate well with an increased severity of arterial blockage. The study participants were followed for 14 months during which time six died from cardiovascular causes, five experienced a non-fatal heart attack, 15 were hospitalized with unstable angina, 30 underwent bypass surgery, and 29 underwent angioplasty. The researchers noted that the rate of adverse events among the patients with an ABI less than 0.9 was 27 per cent as compared to only 10 per cent among the patients with an ABI greater than 0.9. The researchers conclude that a low ABI is an indicator of atherosclerosis and a risk factor for cardiovascular events.

Papamichael, Christos M., et al. Ankle-brachial index as a predictor of the extent of coronary atherosclerosis and cardiovascular events in patients with coronary artery disease. American Journal of Cardiology, Vol. 86, September 15, 2000, pp. 615-18

National Cancer Institute funds alternative therapy studies

BETHESDA, MARYLAND. "We want to proactively solicit submissions from complementary and alternative medicine practitioners who feel they have a successful approach to cancer treatment" says Jeffrey D. White, MD, director of the National Cancer Institute's (NCI) Office of Cancer Complementary and Alternative Medicine. The NCI began their Best Case Series Program in 1991 in order to provide research funding to practicing medical doctors who believe they have developed a viable therapy for cancer. The Institute has already funded a study by Dr. Nicholas Gonzalez, MD to evaluate the use of individualized vegetarian diets, vitamin and mineral supplements, oral pancreatic enzymes, and detoxification with coffee enemas and liver flushes in the treatment of pancreatic cancer. A preliminary study found that patients treated with the Gonzalez regimen lived three times longer than expected (17 months versus 5 months).

The Institute is now funding a much larger clinical trial aimed at comparing the success rate of the Gonzalez protocol with that of standard chemotherapy using gemcitabine. Unfortunately, this study has run into a major stumbling block in that 197 of the first 200 patients approached for inclusion in the study refused to participate in the group randomized to receive the chemotherapy.

The NCI is also funding a study of the use of homeopathic remedies in the treatment of cancer. The study is based on the work of Drs. Prasanta and Pratip Banerji of Calcutta, India who have had considerable success in treating cancer patients, particularly lung cancer patients, with homeopathic remedies standardized to particular types of cancer.

Vanchieri, Cori. Alternative therapies getting notice through Best Case Series Program. Journal of the National Cancer Institute, Vol. 92, October 4, 2000, pp. 1558-60

Hormone replacement therapy increases cardiovascular risk

TORONTO, CANADA. Conventional medical wisdom has it that hormone replacement therapy reduces the risk of cardiovascular disease in postmenopausal women. However, a recent large-scale clinical trial, the Heart and Estrogen/Progestin Replacement Study (HERS), involving 2763 women concluded that hormone replacement therapy (HRT) is of no benefit. Now Dr. John Blakely, MD of the Sunnybrook and Women's College Health Sciences Centre suggests that not only does HRT not reduce cardiovascular risk, but it actually increases it. Dr. Blakely points out that HERS found that women on HRT had 50 per cent more cardiac events (an absolute increase of 1.4 per cent) during the first year of treatment than did women not on HRT. In later years the surviving women

on HRT tended to have fewer events, but Dr. Blakely estimates that it would take at least 10 years before HRT-treated women gained just one month of event-free survival as compared to non-treated women. He concludes that the treated group experienced "net harm" with fewer patient-months of event-free survival in those taking HRT. He goes on to say that women with or at high risk of coronary heart disease should not start HRT and there is a risk that women without heart disease might experience even greater net harm from HRT.

Blakely, John A. The Heart and Estrogen/Progestin Replacement Study revisited. Archives of Internal Medicine, Vol. 160, October 23, 2000, pp. 2897-2900

Mortality and blood pressure in older people

BOSTON, MASSACHUSETTS. It is well-established that both a high systolic blood pressure (the highest of the two blood pressure readings) and a high diastolic pressure are closely associated with increased cardiovascular and total mortality in middle-aged people. The correlation between blood pressure and mortality in older people (aged 65 years or over) is, however, much less clear. Some researchers have found that there is a U-shaped relationship between blood pressure and mortality in older people.

Researchers at the Harvard Medical School have just released a major study aimed at clarifying the correlation. The study involved 9431 participants, aged 65 to 102 years, who were enrolled in 1981 and had their blood pressure measured at that time (average of three readings). After 10 years of follow-up, 4528 of the participants had died, 2304 from cardiovascular disease.

The results of the study showed that people with a systolic pressure less than 130 mm Hg and

diastolic pressure between 80 and 89 mm Hg had the best survival rate. The worst survival rate occurred among people with a systolic pressure above 160 mm Hg and a diastolic pressure less than 70 mm Hg. The death rate in this latter group was 90 per cent higher than in the former group. The researchers conclude that pulse pressure (systolic pressure minus diastolic pressure) is the best predictor of mortality in older people. A pulse pressure less than 53 mm Hg is optimum with a pulse pressure above 77 mm Hg corresponding to an increased overall mortality of 34 per cent and an increased cardiovascular mortality of 57 per cent. The researchers emphasize that pulse pressure is not a consistent predictor of cardiovascular disease in middle-aged people. NOTE: This study was partially funded by Bristol-Myers Squibb, a pharmaceutical company.

Glynn, Robert J., et al. Pulse pressure and mortality in older people. Archives of Internal Medicine, Vol. 160, October 9, 2000, pp. 2765-72

Testosterone therapy helps angina patients

SHEFFIELD, UNITED KINGDOM. There is experimental evidence that androgens such as

testosterone improve circulation in the coronary arteries (the arteries supplying the heart muscle)

itself). Researchers at the Royal Hallamshire Hospital have just completed a pilot study aimed at determining whether the use of testosterone patches would be of benefit for men suffering from chronic stable angina. Their randomized, double-blind, placebo-controlled study included 46 men with stable angina. The men were assigned to apply two 2.5 mg transdermal testosterone patches or placebos at bedtime. All participants had blood samples drawn at weeks 0, 2, 6, 10 and 14 of the experiment and underwent treadmill testing at weeks 0, 2, 6 and 14. The subjects also completed quality-of-life questionnaires at weeks 0, 2, 6 and 14. The end point of the treadmill testing was taken as the time to 1-mm-ST-segment depression (an indication of impaired blood flow to the heart) rather than the time to angina or maximum

exercise time. The researchers conclude that testosterone therapy significantly increases the time to significant ST-segment depression. In other words, the testosterone therapy increased the treated patients' capacity to exercise without having an angina attack. The treated patients also scored significantly better on the quality-of-life questionnaire and reported less pain than the controls. There were no differences in the frequency of angina attacks reported by the patients in either group and no significant differences or changes were noticed in prostate specific antigen (PSA) levels, hemoglobin, lipids or coagulation profiles.

English, Katherine M., et al. Low-dose transdermal testosterone therapy improves angina threshold in men with chronic stable angina. Circulation, Vol. 102, October 17, 2000, pp. 1906-11

Oxidative stress associated with cognitive decline

PARIS, FRANCE. It is now generally accepted that cumulative oxidative damage to cells and DNA is the major cause of aging. There is substantial evidence that oxidative stress is intimately associated with atherosclerosis and thrombosis (blood clot formation). Now researchers at the Hopital de la Salpetriere report that oxidative stress is also involved in mental (cognitive) decline among older people. Their study involved 684 women and 482 men born between 1922 and 1932. The participants had blood samples drawn upon entry to the study and also underwent the Mini-Mental Status Examination (MMSE), a recognized test of mental functioning. The blood samples were analyzed for carotenoids, vitamin E (in red blood cells), selenium, and TBARS. TBARS (thiobarbituric acid reactive substances) level is a reliable indicator of oxidative stress. After four years the participants underwent another MMSE and the results were compared to those obtained at entry to the study. A clear association between TBARS levels and the extent of cognitive decline as determined by MMSE scores was discovered. The participants with the highest levels of TBARS were more than twice as likely to have experienced a

significant mental decline over the four-year test period than were the participants with lower levels.

The participants with low levels of selenium were found to have a 58 per cent higher risk of experiencing mental decline than the participants with higher levels. The researchers also found a clear association between high selenium levels and educational levels perhaps indicating that better educated people eat a healthier diet or are more likely to take supplements. No association between mental decline and blood levels of vitamin E or carotenoids was observed, but there was a significant inverse relation between vitamin E levels and TBARS levels. The researchers conclude that poor antioxidant status is associated with a greater risk of cognitive impairment and that this risk may be substantially reduced by supplementing with antioxidants. NOTE: This study was partially funded by Merck, Sharp and Dohme, a major manufacturer of pharmaceuticals.

Berr, Claudine, et al. Cognitive decline is associated with systemic oxidative stress: the EVA Study. Journal of the American Geriatrics Society, Vol. 48, October 2000, pp. 1285-91

Melatonin supplementation not warranted for CFS patients

UTRECHT, THE NETHERLANDS. Patients suffering from chronic fatigue syndrome (CFS) often complain of disturbed and unrefreshing sleep. It has been suggested that these sleep disorders may be caused by a lack of melatonin. This in turn has led to the suggestion that supplementation with melatonin may be beneficial. Researchers at the University Medical Center Utrecht now provide convincing evidence that CFS patients, at least adolescent ones, are not deficient in melatonin at all. Their study involved 3 boys and 10 girls between the ages of 10 and 17 years who had been diagnosed with CFS and 15 healthy controls (3 boys and 12 girls between the ages of 9 and 17 years). All the 13 CFS patients reported unrefreshing sleep versus only one of the 15 healthy controls. The saliva levels of melatonin

were measured hourly in all the participants between 1700 (5 p.m.) and 0200 h (2 a.m.). Levels started to rise at 2200 h (10 p.m.) and continued to increase until the end of the test period. Surprisingly, melatonin levels were found to be consistently higher in the CFS patients than in the controls. At 0200 h (2 a.m.) levels in the CFS patients were more than twice as high as in the controls. The researchers point out that adult women with fibromyalgia also have abnormally high melatonin levels. They conclude that there is no scientific basis for administering melatonin to CFS patients.

Knook, Lidewij, et al. High nocturnal melatonin in adolescents with chronic fatigue syndrome. Journal of Clinical Endocrinology and Metabolism, Vol. 85, October 2000, pp. 3690-92

Appetite suppressants associated with stroke

NEW HAVEN, CONNECTICUT. A team of medical researchers from 43 American hospitals reports that women using products containing phenylpropanolamine are at substantially increased risk for hemorrhagic stroke (rupture of an artery wall in the brain). Phenylpropanolamine is found in appetite suppressants (diet pills) and in such cold and cough remedies as Contac Cold 12 Hour Relief, Coricidin D, Triaminicin, Dimetapp, and Sinutab. The just-completed study included 702 men and women (50:50 ratio) between the ages of 18 and 49 years who had suffered a stroke (subarachnoid or intracerebral) and 1376 control subjects matched for age, sex and race. The researchers found that the incidence of stroke among the women who had used appetite suppressants within three days preceding the stroke was almost 17 times higher than in the

women who had not used appetite suppressants. The incidence of stroke among the women who had used phenylpropanolamine-containing cold and cough remedies for the first time in the preceding 24 hours was three times higher than among the women who had not. An analysis in the men showed no increased risk of a hemorrhagic stroke in association with the use of phenylpropanolamine-containing cold and cough remedies. None of the men reported use of appetite suppressants. The research team concludes that one woman may have a stroke for every 107,000 to 3,268,000 women using phenylpropanolamine-containing appetite suppressants.

Kernan, Walter N., et al. Phenylpropanolamine and the risk of hemorrhagic stroke. New England Journal of Medicine, December 21, 2000 (<http://nejm.org/content/kernan/1.asp>)

Older women may benefit from mammography

BOSTON, MASSACHUSETTS. Older women, that is women over 65 years of age, account for 48 per cent of all newly diagnosed invasive breast cancers and 58 per cent of breast cancer deaths. Although there have been many studies

concerning the efficacy of mammography few, if any, have addressed the question "Does it benefit women over 65 years?" Researchers at the Harvard Medical School have just released

the results of a study aimed at answering this question.

Their study involved almost 10,000 women aged 67 years or older who had been diagnosed with a first primary breast cancer between 1987 and 1993. The researchers found that women who had never had a mammogram were three times more likely to be diagnosed with advanced (stage II) breast cancer than were women who had regular mammograms (at least two at least 10 months apart). Women who had never had a mammogram were also three times (OR=3.38) more likely to die from breast cancer than were women who had regular mammograms. The likelihood of being diagnosed with late stage (stage II or higher) breast cancer, not

surprisingly, increased with age with women over 85 who did not use mammograms having a seven times greater risk than regular mammography users. The relative risk between non-users and regular users in the 67 to 74 year age group was 2.46. The researchers noted that 38 per cent of all deaths in this group of breast cancer patients was due to breast cancer. They conclude that regular use of mammography will reduce the mortality and incidence of late stage breast cancer among women aged 67 years and older.

McCarthy, Ellen P., et al. Mammography use, breast cancer stage at diagnosis, and survival among older women. Journal of the American Geriatrics Society, Vol. 48, October 2000, pp. 1226-33

Dialysis patients need vitamin E

TEL AVIV, ISRAEL. Chronic dialysis patients are known to have excess cardiovascular mortality. Researchers at the Tel Aviv University now report that dialysis patients can reduce their risk of cardiovascular complications by supplementing with vitamin E. Their study involved 196 dialysis patients between the ages of 40 and 75 years who were having weekly dialysis treatments. All the participants had pre-existing cardiovascular disease (previous heart attack or stroke, angina, peripheral vascular disease or transient cerebral ischemia). The study participants were randomized to receive 800 IU/day of vitamin E or a matching placebo and were followed for a median of 519 days. During the follow-up period 33 per cent of the 99 patients assigned to the placebo had experienced a heart attack or a stroke or

developed unstable angina or peripheral vascular disease. This compared to only 16 per cent among the 97 patients taking vitamin E and translates into a 56 per cent reduction in risk in the vitamin E group. Five of the patients in the vitamin E group had a heart attack as compared to 17 in the placebo group

- a risk reduction of 70 per cent. The researchers conclude that vitamin E supplementation substantially reduces the risk of further cardiovascular complications, especially heart attack, among chronic dialysis patients with pre-existing heart disease.

Boaz, M., et al. Secondary prevention with antioxidants of cardiovascular disease in endstage renal disease (SPACE): randomised placebo-controlled trial. The Lancet, Vol. 356, October 7, 2000, pp. 1213-18

Adverse reactions to ma huang

SAN FRANCISCO, CALIFORNIA. It is estimated that dietary supplements containing ephedra alkaloids (ma huang) and guarana-derived caffeine are used by about 12 million Americans for purposes of weight reduction and energy enhancement. Recent reports in the medical literature have questioned the safety of these products. Researchers at the University of California, San Francisco have just completed a thorough review of 140 reports of adverse events related to the use of ephedra alkaloids

submitted to the FDA (Food and Drug Administration) between June 1, 1997 and March 31, 1999. They conclude that 31 per cent of the cases were definitely or probably related to the use of ephedra alkaloids, 31 per cent were possibly related, 17 per cent definitely unrelated, and in 29 per cent of the cases there was not enough information to assess causation.

Cardiovascular symptoms such as hypertension, palpitations, and tachycardia were the most

frequent adverse events. Strokes (10 cases) and seizures (7 cases) were the most common events involving the central nervous system. Ten reactions were fatal and 13 resulted in permanent impairment. Of the sudden strokes and heart attacks observed 11 occurred in previously healthy persons. Among the products involved in the adverse events were Shape-Fast Plus, Ultimate Orange, Ripped Force, and Ripped Fuel. The researchers

conclude that dietary supplements containing ephedra alkaloids pose a serious health risk to some users.

Haller, Christine A. and Benowitz, Neal L. Adverse cardiovascular and central nervous system events associated with dietary supplements containing ephedra alkaloids. New England Journal of Medicine, December 21, 2000 (<http://nejm.org/content/haller/1.asp>)

NEWSBRIEFS

Mad cow disease spreads throughout Europe. After two years of research and an expenditure of \$50 million the British BSE enquiry has released its 16-volume report detailing the cause of events which allowed mad cow disease to gain a foothold in Britain and later spread across Europe. Lord Phillips, the enquiry chairman, is scathing in his condemnation of the inept way in which the UK handled the crisis. Scientists delayed or mismanaged key research and government officials continued to claim that British beef was safe long after it was known that it was not. More than 80 people have already died in Britain from variant Creutzfeldt-Jakob disease, the human form of BSE, and there are dire predictions that thousands more will follow. BSE has now also been detected in many other European countries including France, Germany, Spain and Portugal.

New Scientist, November 4, 2000, pp. 3-9

Black cats really are unlucky. Dr. Shahzad Hussain and his colleagues at the Long Island College Hospital in New York report that allergy sufferers who own dark cats are four times more likely to have severe allergy symptoms than are allergy sufferers who own light-colored cats. Dr. Hussain made his conclusion based on questionnaires received from 321 cat owners suffering from allergies.

New Scientist, November 4, 2000, p. 27

Unborn babies should not be radiated. German researchers at the University of Aachen warn that unborn babies should not be exposed to medical x-rays or intercontinental flights as this may predispose them to mental illness in adulthood. They point out that Russian children

born within nine months of the Chernobyl disaster have abnormalities in the hippocampus region of their brains and are at high risk for schizophrenia. Dr. Christoph Schmitz and his colleagues exposed pregnant mice to the equivalent of 10 medical x-rays when they were about a third of the way through pregnancy. They found a significant loss of cells in the hippocampus in the baby mice after six months (equivalent to about 20 years in human terms). Dr. Schmitz speculates that subjecting fetuses to radiation damages their mitochondria eventually leading to hippocampus damage and subsequent mental illness.

New Scientist, November 18, 2000, p. 14

Parkinson's disease linked to use of pesticides. A major study concludes that those who often use pesticides have a 70 per cent higher risk of developing Parkinson's disease. Another study concluded that California counties with the heaviest pesticide use also had the most deaths from Parkinson's. Researchers at Emory University in Atlanta, Georgia exposed laboratory rats to low levels of the pesticide rotenone. The rats gradually lost their dopamine neurons and developed tremors characteristic of Parkinson's. The researchers speculate that rotenone inhibits a vital enzyme in the mitochondria (energy-producing cells). Ironically, rotenone is derived from natural sources and is used by some organic gardeners. "In the light of this research, we will be looking into this product and perhaps phasing it out" says Michelle Burton of Britain's Soil Association which certifies organic produce.

New Scientist, November 11, 2000, p. 16

Cortisol deficiency linked to chronic fatigue syndrome. Dr. David Torpy of the University of Queensland in Brisbane recently reported on the strange case of a family of 14 who all suffered from chronic fatigue syndrome (CFS). He found

that they all had a genetic defect in a protein that binds to the stress hormone cortisol. The finding has led to speculation that CFS could be linked to low levels of cortisol.

New Scientist, November 11, 2000, p. 31

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