

INTERNATIONAL HEALTH NEWS

Your Gateway to Better Health!

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In this issue we discuss another study which concludes that supplementation with vitamin C substantially reduces the risk of coronary heart disease. Dozens of other studies have arrived at the same conclusion and yet, the medical researchers reporting the studies always refrain from recommending vitamin C supplementation stating that "more research is needed to confirm these findings". How much research is enough? Very substantially more than went into researching Vioxx and Celebrex it seems! I am certainly not waiting for this additional research, but fully intend on continuing to take 3 x 500 mg/day of vitamin C, as I have been doing for the past 40 years.

Also in this issue we report that acupuncture is effective in the treatment of osteoarthritis of the knee, that fruits and veggies help prevent fibrocystic breast lumps, that not everyone may benefit from exercise, and that having a gun in the home may be highly detrimental to your health.

Don't forget, if you need to restock your supplements, by ordering from my web "store" you will receive a 20% discount on already bargain prices. You can find the "store" at www.yourhealthbase.com/vitamins.htm

Enjoy!

*Wishing you good health,
Hans*

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PAO, Australia

Editor: *Hereditary and familial prostate cancer shares some gene abnormalities (BRCA1, BRCA2 and CHEK2) with breast cancer. Thus, men with a family history of breast cancer are more likely to get prostate cancer and women with a family history of prostate cancer are more likely to get breast cancer.*

The crucial point in predicting whether a daughter is at greater risk for breast cancer is the age at which you were diagnosed. If you were diagnosed at an early age, i.e. before the age of 55 or 60 years then the risk is substantially greater than if you were diagnosed at 70 years of age.

Some work done in Sweden a few years ago found that women with a first-degree relative with prostate cancer had a 58% greater risk of developing breast cancer than did women without such relatives. However, in families with early-onset prostate

LETTERS TO THE EDITOR

I am a survivor of prostate cancer. At diagnosis I had a PSA reading of 46 and a Gleason score of 8. So far so good, and I think my luck will continue following radiation and hormone therapies. However, I am concerned about an increase in the incidence of cancer in daughters who's father has had prostate cancer. I would be grateful if you could direct me to any information on this risk.

cancer the risk for breast cancer was 4 times higher[1].

French researchers have found that women with a first-degree relative who developed early-onset prostate cancer (before the age of 55 years) had a significantly higher risk than did women whose relative had late-onset prostate cancer (diagnosed at age 75 years)[2].

So yes, there is an increased risk of breast cancer among women whose father had prostate cancer, but the magnitude of this risk increase depends very much on the father's age at diagnosis.

[1] Gronberg, H, et al. *Cancer risk in families with hereditary prostate carcinoma. Cancer, Vol. 89, September 15, 2000, pp. 1315-21*

[2] Valeri, A. *Genetic, epidemiologic and clinical study of familial prostate cancer [article in French], Bull Acad Natl Med, Vol. 186, No. 4, 2002, pp. 779-88*

The purpose of this letter is to thank you SO MUCH for providing the recent information on vitamin B-12 deficiency! It truly turned my life around and I can't thank you enough.

To make a long story somewhat short, I have suffered greatly the past two months. I am a normal, happy 51-year-old woman who has never suffered from mental illness in the past. Then, last Nov. I began to have "hot flashes" and eerie mental disturbances. I knew I was having some kind of chemical imbalance and sought professional help. The good news is that my doctor discovered I had a vitamin B-12 deficiency. The bad news is I was told to take 1,000 mcg. daily, which didn't do a thing for

me. And because of this, my problems got drastically worse.

After needlessly suffering for two long months, my life was a living hell. During this period I took 2 different kinds of anti-depressants, hormone replacement therapy, and anti-anxiety pills. Everything, except the latter, magnified my mental problems greatly. And, the happy life that I had known, no longer existed.

Because nothing seemed to help me, I began researching vitamin B-12 deficiency. When I came across your website and read the latest news about B-12, I realized that I may have been taking the wrong form of B-12 (cyanocobalamin). Therefore, I purchased sublingual tablets in methylcobalamin form. Within 24 hours I began to feel different. The scary thoughts, paranoia, bad visions, anxiety, etc. all began to disappear!

It has now been over a week and my life, as I had known it, is here again. Thank you again for providing such a wonderful service. You changed my life and I am forever grateful.

NL, USA

Editor: *Thank you very much for sharing your positive feedback with the use of sublingual methylcobalamin. I am somewhat surprised that your doctor did not suggest giving you a vitamin B-12 injection. Actually, many people find cyanocobalamin tablets (swallowed) pretty useless. I would suggest that you get another vitamin B-12 test in a month or so and then every 3-4 months thereafter. As long as you feel well and your blood levels do not go too high, everything should be fine.*

ABSTRACTS

Fruits and veggies help prevent fibrocystic breast lumps

SEATTLE, WASHINGTON. A diet rich in fruits and vegetables is linked to a reduced risk of fibrocystic breast conditions (benign lumps), according to a study in Chinese women. This is important because factors that stimulate benign cell growth and replication (proliferation) may also enhance the likelihood of malignant change, so reducing the risk of fibrocystic conditions could possibly reduce the risk of breast cancer.

An international team of researchers conducted the study to identify reproductive and dietary factors associated with benign proliferative breast cell changes. The pool of subjects was derived from a trial of breast self-examination in Shanghai, China between 1989 and 1991, during which time they were interviewed, and in 1995-2000 were reinterviewed using a questionnaire detailing risk

factors and diet. Women who developed fibrocystic breast conditions had biopsies and were then classified as nonproliferative (175 women), proliferative (181 women), or proliferative with atypia (33 women).

Analysis using conditional logistic regression showed that having more than one live-born child and consumption of fresh fruits and vegetables were more strongly associated with a reduced risk of proliferative and atypical lesions (abnormal tissue) than with nonproliferative conditions. Comparing women with the highest fruit intake (more than 435 times/year) to those with the lowest intake (less than 202 times/year) showed that the high intake women had a 60% lower incidence of nonproliferative lesions (abnormal tissue), an 80% lower incidence of proliferative lesions, and a 90% lower incidence of atypical proliferative lesions. The corresponding incidence reductions for high versus

low vegetable intake (958 times/year or more versus 538 times/year or less) were 40%, 60%, and 90%. None of the 16 botanical families or specific micronutrients, which were considered individually, was appreciably more strongly associated with proliferative conditions than with nonproliferative conditions, after results were controlled for total fruit and vegetable intake.

The researchers believe that a strength of the study is the variety in and range of consumption of fruits and vegetables in the study population, and conclude that a high intake of fruits and vegetables may reduce cellular proliferation in breast tissue and thus potentially reduce the risk of breast cancer.

Wu C, et al. A case-control study of risk factors for fibrocystic breast conditions: Shanghai Nutrition and Breast Disease Study, China, 1995-2000. Am J Epidemiol. 2004 Nov 15;160(10):945-60

Acupuncture effective in treatment of osteoarthritis of knee

BALTIMORE, MARYLAND & DOS HERMANAS, SPAIN. Osteoarthritis is a major cause of incapacity and deteriorated quality of life in the elderly. It is the most common form of arthritis and occurs most frequently in the knee. Currently, there is no non-surgical cure for the disease and the focus of treatment is the management of pain and functional limitation. Although patient education, physical therapy, exercise, and weight loss are all an important part of intervention, medications are eventually required.

Because medications can cause serious side effects, alternative therapies, such as acupuncture, are receiving attention. While results of various trials suggest that acupuncture may be beneficial in treating the pain associated with knee osteoarthritis, its role is still controversial.

Two recently published studies demonstrate that patients with knee osteoarthritis who receive acupuncture as a complementary (adjunctive) therapy experience better results than those who receive patient education or drug treatment alone.

In one study, researchers at the University of Maryland School of Medicine evaluated 570 elderly patients with knee osteoarthritis to determine whether acupuncture provides greater pain relief and improved function compared with “fake” acupuncture or patient education only. The patients

were randomly assigned to either a treatment group that received a total of 23 true acupuncture sessions over 26 weeks, or a control group that received 6 two-hour education sessions over 12 weeks or 23 fake acupuncture sessions over 26 weeks.

Similarly, Spanish researchers evaluated the effectiveness of a 12-week series of acupuncture treatments as a complementary therapy in 97 patients with knee osteoarthritis who were being treated with diclofenac. Like the first study, patients were randomly assigned to receive acupuncture (treatment group) or “fake” acupuncture (control group).

Measurements taken during both studies used the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) to quantify the pain level and functional disability experienced by the participants. The Maryland researchers found that patients in the acupuncture group, at the end of the study (after 26 weeks), had experienced a 42% reduction in WOMAC pain score as compared to a 19% reduction in the control group. Similarly, a 40% improvement in function score was observed among acupuncture participants versus a 22% improvement in the control group. A global health assessment of the study participants indicated a 15% improvement for acupuncture patients

compared to a 7% improvement in the control group.

The Spanish researchers found an 82% improvement in WOMAC function score in the patients treated with true acupuncture (and diclofenac) as compared to a 40% improvement in patients treated with sham acupuncture (and diclofenac). Pain scores decreased by 86% in the true acupuncture group versus a decrease of 47% in the sham group. Patients in the true acupuncture group also reported a greater improvement in psychological functioning and consumed 39% less diclofenac tablets than the sham group (85 tablets, on average, versus 139 tablets) over the 12-week trial period.

These results suggest that acupuncture is more effective than drug therapy or patient education therapy alone, and the Maryland researchers conclude that acupuncture may have an important future role in a multidisciplinary approach to knee osteoarthritis treatment. The Spanish researchers recommend additional research to establish the duration of improvement after acupuncture and to establish treatment protocols.

Berman BM, et al. Effectiveness of acupuncture as adjunctive therapy in osteoarthritis of the knee: a randomized, controlled trial. Ann Intern Med. 2004 Dec 21;141(12):901-10

Vas J, et al. Acupuncture as a complementary therapy to the pharmacological treatment of osteoarthritis of the knee: randomised controlled trial. BMJ. 2004 Nov 20;329(7476):1216-19

Vitamin C helps prevent heart disease

HELSINKI, FINLAND. A new international cohort study sheds further light on the long-standing debate about the role of vitamin C in coronary heart disease (CHD). The study combined the results of nine prospective studies on intakes of vitamin C, carotenoids and vitamin E.

The authors found that while intake of these vitamins through diet only slightly reduced CHD risk, vitamin C supplementation was associated with significantly lower CHD rates in both men and women. In recent decades, many studies have suggested that vitamin C and other essential nutrients play a role in heart health, possibly by preventing atherosclerosis (hardening of the arteries) that can contribute to CHD. Led by Dr Paul Knekt of the National Public Health Institute in Helsinki, the researchers analyzed data from nearly 300,000 participants and looked at all major CHD events and CHD mortality over a ten-year follow-up period.

Dietary intake of the carotenoid lutein was linked to slightly reduced CHD risk in the first two years of follow-up, as was vitamin E intake in women, but overall the effect of dietary vitamin E and

carotenoids on CHD risk after adjustment for other risk factors was small.

However, taking high doses of vitamin C (more than 700 mg a day) lowered the risk of major CHD events by 25 per cent. As vitamin C supplementation could merely act as an indicator of a generally "healthy" lifestyle, fiber and fat intake were taken into account, but the association remained just as strong. The results are supported by several previous studies suggesting a reduced CHD risk with vitamin C intake over 500 mg per day. On the other hand, no CHD benefit was found from vitamin E supplementation.

An interaction between vitamins C and E was expected, as vitamin C can help regenerate oxidized vitamin E, but the effect was not observed in this study. Despite the significant results concerning vitamin C, the authors conclude that the study does not provide unqualified support for high dose supplementation as they say the effects are not as yet fully understood.

Knekt P, et al. Antioxidant vitamins and coronary heart disease risk: a pooled analysis of 9 cohorts. American Journal of Clinical Nutrition, Vol. 80, December 2004, pp. 1508-1520

Green tea extract – a superior source of polyphenols

LOS ANGELES, CALIFORNIA. Green tea and black tea are derived from the leaves of the same plant, *Camellia sinensis*, with the manufacture of black tea requiring an additional fermentation step.

Both teas contain polyphenols, antioxidant compounds that block the action of enzymes that cancers need for growth and deactivate substances that promote the growth of cancers. Because of the

widespread popularity and availability of tea, this makes it an excellent candidate for dietary cancer prevention.

Although several laboratory (*in vitro*) studies have documented anti-cancer activity in polyphenols, additional trials in living subjects (*in vivo*) are needed. In a study of 30 healthy adult men and women, researchers affiliated with the David Geffen School of Medicine at the University of California compared the absorption and antioxidant activity of polyphenols in green tea, black tea or a green tea extract supplement.

Subjects were randomly assigned to 3 different sequences of green tea, black tea, or the green tea extract supplement, and changing sequences (a 3 x 3 crossover design) after abstaining from tea consumption for a period of one week in between sequences. Blood samples were collected from subjects at 1, 2, 4, 6, and 8 hours after tea or supplement consumption.

The results showed that all 3 interventions provided similar amounts of (-)-epigallocatechin-3-gallate, the

polyphenol most strongly associated with cancer prevention. However, absorption was enhanced when tea polyphenols were administered as a green tea extract supplement compared with tea polyphenols consumed as black tea or green tea, and led to a small but significant increase in antioxidant activity in the blood. Based on these observations, the investigators concluded that green tea extract supplements retain the beneficial effects of green and black tea and deserve further study. Of particular interest is the fact that the use of a green tea extract, rather than regular tea prepared from tea bags, would allow the use of much larger doses of tea polyphenols without incurring the side effects of a large caffeine "jolt".

NOTE: The study received support from National Institute of Health (NIH). The test substances were provided by Pharmanex (green tea extract), Uncle Lee's Tea (green tea), and R.C. Bigelow, Inc. (black tea).

Henning SM, et al. Bioavailability and antioxidant activity of tea flavanols after consumption of green tea, black tea, or a green tea extract supplement. Am J Clin Nutr. 2004 Dec;80(6):1558-64

Improved screening method for colon cancer

INDIANAPOLIS, INDIANA. Colorectal cancer (cancer of the colon or rectum) is the second leading cause of death from cancer in the US. If caught early (in the polyp stage) it is treatable by surgery. Checking the stool for blood (fecal occult-blood testing) is currently the most widely used screening test for colorectal cancer. However, the test tends to miss a significant portion of cancers since many tumors do not actually bleed. DNA testing has a high degree of accuracy (sensitivity) in patients with symptomatic cancer, but it is not known whether DNA testing would be equally useful in patients with less advanced, non-symptomatic lesions. A team from the Colorectal Cancer Study Group has now compared the results of the standard Hemoccult II (Beckman Coulter) fecal occult-blood test with that of the DNA testing in 4404 asymptomatic patients over 50 years old and at average risk for colorectal cancer. Results were compared to those obtained by colonoscopy, the "gold standard", in a random subgroup of 2507 patients.

Analysis showed that compared to the Hemoccult II test, the accuracy of the fecal DNA panel was four times greater for invasive cancer and more than two

times greater for adenomas containing high-grade abnormalities (dysplasia). Of 31 invasive cancers, the fecal DNA panel detected 16 and the Hemoccult II detected 4 (51.6% vs. 12.9%); of 71 invasive cancers plus non-cancerous tumors (adenomas) with high-grade dysplasia, the fecal DNA panel detected 29 and the Hemoccult II detected 10 (40.8% vs. 14.1%); and, of 418 cases of uncontrolled cell growth (advanced neoplasia), the fecal DNA panel detected 76 compared to 45 detected by the Hemoccult II (18.2% vs. 10.8%).

Furthermore, the level of accuracy with the fecal DNA panel was achieved with only a minor decrease in correct identification of subjects without disease who had no polyps on colonoscopy. The results suggest that the fecal DNA panel may be more accurate than the Hemoccult II test for the detection of early colorectal cancer, and the researchers note that the availability of a more accurate, non-invasive test might encourage more widespread screening.

Dr. Steven Woolf of Virginia Commonwealth University, in an accompanying editorial, points out that fecal DNA testing is vastly more expensive than

fecal occult-blood testing (\$400-800 per test compared to \$3-40 per test). He also estimates that colorectal cancer will ultimately only be diagnosed in about 2% of people (aged 50-59 years old) who have a positive fecal DNA test. NOTE: The research was supported by grants from Exact Sciences, the clinical laboratory used to determine results of the fecal DNA panel test for the study.

Imperiale TF, et al. Fecal DNA versus fecal occult blood for colorectal-cancer screening in an average-risk population. N Engl J Med. 2004 Dec 23;351(26):2704-14

Woolf SH. A smarter strategy? Reflections on fecal DNA screening for colorectal cancer. N Engl J Med. 2004 Dec 23;351(26):2755-8

Editor's comment: It is somewhat disconcerting, to say the least, that the standard fecal occult-blood test in use today detected less than 13% of invasive colorectal cancers. Clearly, for anyone concerned about colorectal cancer, colonoscopy is a must.

A rational approach to prostate cancer treatment

TORONTO, CANADA. Dr. Laurence Klotz of the University of Toronto believes that localized prostate cancer is overtreated and that many men with "good risk" prostate cancer can avoid radical intervention (radiation or prostate removal) and still live long enough to die of causes other than prostate cancer. Dr. Klotz recently reported on an ongoing study involving 299 men over the age of 70 years with prostate cancer. At the start of the study in 1995 the men had a PSA (prostate specific antigen) value below 15 ng/mL, a Gleason score of 7 or less, and their cancer rated as stage 2b or less. The men were all placed under active surveillance, which included frequent PSA measurements and a repeat biopsy at 12-18 months after initial diagnosis.

Dr. Klotz believes that the time it takes for the PSA level to double is a good indicator of the aggressiveness of the cancer. If the PSA level doubles in less than 2 years or progression is noted on repeat biopsy or digital rectal examination, then the patient should be offered radical intervention. The PSA doubling time should be based on 3 separate measurements during a minimum of 6

months and the final value should be greater than 8 ng/mL before radical intervention is considered.

The median PSA doubling time (DT) among the 299 patients was 7 years and 42% of the men had a DT of greater than 10 years. Only 21% had a DT less than 3 years. Only 2 patients died from prostate cancer during the first 5 years and after 8 years of follow-up the prostate cancer specific mortality in the group was only 1%. About 60% of the patients remained on active surveillance after 55 months, with the remaining opting for radical therapy either because of diagnosed progression or by personal preference. Dr. Klotz concludes that active surveillance with selective delayed intervention in patients whose PSA DT is less than 3 years may be a practical compromise between across-the-board radical therapy for all patients with localized prostate cancer and watchful waiting with palliative therapy only.

Klotz L. Active surveillance with selective delayed intervention: using natural history to guide treatment in good risk prostate cancer. Journal of Urology, Vol. 172, November 2004, pp. S48-S51

Age-related decline in testosterone levels

SEATTLE, WASHINGTON. There is ample evidence that testosterone levels in men decline with age. It is estimated that about 20% of men in their 60s have low testosterone levels (total testosterone 3.0 ng/mL or less or free testosterone of 9.0 pg/mL or less). This figure rises to about 50% in men aged 80 years or older. Low testosterone levels can also be caused by excessive alcohol consumption, certain chronic medical conditions, and the use of drugs such as corticosteroids and opiates.

Researchers at the Veterans Affairs Puget Sound Health Care System recently completed a study to see if older men with low testosterone levels were more likely to have impaired physical functioning, greater incidence of depression, and a higher mortality. The study included 44 men (average age of 75 years) who were admitted to a geriatric evaluation and management unit over a 6-month period. Twenty-nine or 66% of the men were found to have low testosterone levels.

The researchers found a significant association between low testosterone levels and the ability to

move about and also noted a trend towards increased 6-month mortality in low testosterone men. They observed no significant association between low testosterone levels and depression. After considering other important factors in mortality risk (age, BMI, serum albumin, diabetes, depression, prostate cancer, alcohol abuse, and overall illness severity) the researchers, using a Cox regression analysis, conclude that men with low testosterone levels have a 28 times greater risk of early death than do men with higher levels. They

point out that the number of patients in their study was small and urge larger studies to confirm their findings and to determine if testosterone replacement will improve physical functioning, enhance quality of life, and decrease mortality rates in frail, elderly men.

Shores MM, et al. Low testosterone is associated with decreased function and increased mortality risk: a preliminary study of men in a geriatric rehabilitation unit. J Am Geriatr Soc. 2004 Dec;52(12):2077-81

Guns in the home – a dangerous situation

ATLANTA, GEORGIA. Homicides and suicides are among the leading causes of death in the USA and 60% of them are committed with a firearm. Despite several studies demonstrating an association between the access to firearms and homicides/suicides, it is estimated that about 40% of all American adults keep a gun at home.

A recent study carried out by the Centers for Disease Control and Prevention confirms that having a firearm at home markedly increases the risk of a violent death occurring in the home. A total of 2074 death certificates (490 homicides, 1049 suicides, and 535 “other”) were obtained and proxy interviews were conducted with the deceased individual's next of kin or another person familiar with the deceased's life history. Results showed that a firearm was used in 68% of homicides and suicides, and having a gun in the home was associated with an increased risk of firearm homicide and firearm suicide in the home

regardless of storage practice, type of gun, or number of firearms. Gun owners had a 90% greater risk of dying from a homicide in the home and they were also at greater risk of dying from a firearm homicide than were non-owners. Over ¾ of homicide victims knew their assailant, and almost a third of homicides occurred during a family argument.

Men with a gun in the home were 10 times more likely to commit suicide than were men without and persons with firearms in the home who committed suicide were 31 times more likely to have done so using a gun rather than another method. The researchers conclude that having a firearm at home is associated with a greater risk of a homicide/suicide taking place in the home.

Dahlberg, LL, et al. Guns in the home and risk of a violent death in the home: findings from a national study. American Journal of Epidemiology, Vol. 160, November 15, 2004, pp. 929-36

NEWSBRIEFS

Medical liability crisis curtails services.

Medical professional liability insurance premiums have increased by 90% or more over the past year in many states in the USA. This has led doctors to refuse to provide services where the likelihood of a mishap is relatively high. A survey of almost 800 physicians practicing in rural Florida showed that 53% had decreased or eliminated patient services within the past year. The withdrawal of services was particularly high among physicians assisting in the delivery of babies. Of equal concern was the finding that 35% of the physicians participating in the survey were planning to leave within the next 5 years, mostly due to issues relating to their practice.

Archives of Internal Medicine, Vol. 164, November 8, 2004, pp. 2217-22

Anthrax vaccination deemed illegal.

About 1.2 million American soldiers have been vaccinated against anthrax despite the fact that the vaccine has never been proven effective against inhaled anthrax – the most likely form used in an attack with biological weapons. Many soldiers claim that the vaccine has ruined their health and a US federal judge has now ruled that the mandatory vaccination of US military personnel against anthrax is illegal and must stop.

New Scientist, November 6, 2004, p. 6

Genes and exercise. It is generally believed that regular exercise improves health and longevity. A new study carried out at the Louisiana State University surprisingly reached the conclusion that exercise is not necessarily beneficial for all. The study involved 742 participants from 213 families who went through a strict 20-week endurance training program using stationary bikes for 50 minutes 3 times a week. The maximum oxygen consumption (an indicator of fitness) increased by an average 17% in the group as a result of the program, but the extent of benefit experienced by individual participants varied between 40% and 0%. Similar variations were observed for blood pressure, heart rate, cardiac output, and other measures of fitness. Of particular interest is the finding that insulin sensitivity, an indicator of the risk of heart disease and diabetes, improved in only 58% of the participants, while no change or even a worsening was observed in the remaining 42%. The researchers believe that a genetic predisposition is involved in determining whether exercise is beneficial or not. Says Mark Hargreaves of Deakin University in Melbourne, Australia, "We need to recognize that although on average exercise may have clear benefits, it may not work for everyone. Some people may do better to change their diet."
New Scientist, December 4, 2004, p. 15

Cruise ship care – a viable option in old age? Elderly US citizens no longer able to live independently have limited options. They can move to an assisted living facility (ALF) or a nursing home, obtain 24-hour home care, or rely on family for care and support. Physicians at the Feinberg School of Medicine in Chicago now suggest an additional option. They point out that living on a cruise ship for an extended period of time is a viable alternative for seniors who do not yet require full-time medical care. A cruise ship provides much the same amenities as an ALF and, although the cabin is likely to be smaller than a room in an ALF, the common facilities are much larger and more varied than those in an ALF. Staff to patient ratio is substantially higher on a cruise ship and doctors

and nurses are available around the clock. And, most surprising, cruising in the Caribbean year-round costs about the same as living in an ALF (about \$30,000/year).

Journal of the American Geriatrics Society, Vol. 52, November 2004, pp. 1951-54

Organic ketchup is better. Scientists at the Agricultural Research Service in Albany, California measured the lycopene content in 13 brands of tomato ketchup (6 brand name ones, 3 organic ones, 2 store brands, and 2 from fast-food chains). A high intake of lycopene (in the form of processed tomato products) has been linked to a reduced risk of heart attacks, and breast, prostate, pancreatic and colon cancers. Organic ketchups were found to contain significantly higher levels of lycopene than the other varieties with one brand containing 183 micrograms per gram of ketchup. The standard brands averaged 100 micrograms and one fast-food sample contained only 60 micrograms per gram of ketchup.

New Scientist, January 8, 2005, p. 15

Stress shortens lifespan. It is generally accepted that certain DNA sequences known as telomeres get shorter every time a cell divides and thus limit the number of cell divisions. Longer telomeres are believed to be associated with younger "chromosomal age" and longer lifespan. Researchers at the University of California now report that stress can shorten telomeres. Their study involved 58 women aged 20-50 years who had the length of their telomeres (in white blood cells) measured and also were asked how stressed they felt. High-stress women had shorter telomeres than low-stress women corresponding to 9-17 years worth of cell aging.

New Scientist, December 4, 2004, p. 20

THOUGHT FOR THE MONTH

Vegetarian Does Not Have To Be "All Or Nothing"

by Melanie Mendelson

Many people contemplate becoming a vegetarian at one point or another. Some consider a meatless diet because they feel sorry for the animals. Others think a vegetarian way of eating will improve their health.

However, out of those well-intentioned people very few actually follow through and change their way of eating. The idea of completely giving up meat forms a big stumbling block for most.

For some reason, when it comes to vegetarian cooking, most people only see the "extremist" approach: either give up meat completely or you might as well include the meat in every meal. This "all or nothing" thinking becomes a mental barrier that keeps a lot of people from eating more vegetarian meals.

How about finding a happy medium? Drastic changes to one's diet never last. Do not beat yourself up for eating meat. There is no need to give it up completely. Just try eating a little less of it, that's all.

Start right now by making one meatless dinner every week. Keep everything else the same. Eating just one vegetarian dinner every week is definitely doable and easy. It will be just a nice change instead of deprivation!

If you think going meatless one day a week would not make a big difference, consider these simple numbers: if everyone ate vegetarian meals just one day a week, it would save one out of seven animals. Out of 92 million animals that are consumed in the United States alone every year, over 13 million animals would be spared. This is a huge impact!

In addition to doing some good for our planet, you'll enjoy great health benefits by including more fruits and vegetables in your diet. Fruits and vegetables are rich in vitamins, nutrients, anti-oxidants and fiber - all the things that are good for us. They can help with weight loss and prevent diseases. Numerous studies show that diets high in fruits and vegetables reduce the risks of deadly diseases such as cancer, heart attack and stroke.

Also, by trying out new dishes, you will break your food routine and discover new tasty recipes and food combinations. It's really nice to eat something different once in a while instead of being stuck in a food rut.

This simple shift of mindset from "all or nothing" to a happy middle ground will do wonders. Vegetarian eating does not need to be a full-time commitment, sacrifice and strive for unattainable perfection. Just do what you can to eat a little less meat, have fun trying new vegetarian meals and enjoy the benefits.

Melanie Mendelson is the author of *Vegetarian Main Dishes - Yummy Recipes That Even Meat Eaters Will Love*. Visit her website at <http://www.vegetarian-recipes-cookbook.com>

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