

INTERNATIONAL HEALTH NEWS

Your Gateway to Better Health!

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Editorial

There is a growing trend in medical literature to report research results in relative rather than absolute terms. Let me explain. In this issue we report that men who drink 6 cups of water per day have a 51 per cent lower relative risk of developing bladder cancer than do men who drink 1 cup or less per day. Sounds impressive, but what does it actually mean? Looking closer at the study data it is clear that the total incidence of bladder cancer over a 10-year period was 0.59 per cent among men drinking 1 cup or less per day as compared to 0.33 per cent among men drinking 6 or more cups per day. Not quite so impressive a difference when presented in absolute rather than relative terms!

Pharmaceutical drug manufacturers are notorious for using relative benefits rather than absolute benefits in their advertising. Warfarin (Coumadin) is a case in point. Warfarin is aggressively promoted for the prevention of a first stroke in patients suffering from non-valvular atrial fibrillation. Dupont's promotional literature claims that warfarin will reduce the risk of ischemic stroke by 68 per cent in these patients. Sounds like a good deal?! Perhaps, but not only is the 68 per cent arrived at by combining a mish-mash of studies involving people with widely different risks of stroke, but it also fails to emphasize the very serious bleeding complications inherent in warfarin therapy. For instance, a large study carried out in British Columbia found that the combined annual incidence of fatal stroke and bleeding was 0.42 per cent among warfarin-treated patients with chronic non-valvular atrial fibrillation - the same as the incidence in the non-treated (control) group. Other studies have found warfarin therapy to confer a 2 per cent absolute benefit in selected patients. The Cochrane Collection, a prestigious medical think-tank, sums up the "benefits" of warfarin therapy as follows:

"The margin between benefit and harm for warfarin prophylaxis in patients with chronic non-valvular atrial fibrillation is uncomfortably thin. The low absolute risk reductions observed in trials would likely be overwhelmed in less controlled settings by problems associated with the use of warfarin".

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*So while a 68 per cent relative reduction in stroke risk may sound impressive, the absolute risk reduction is much less impressive particularly when the serious side effects are considered. Also while this risk reduction may apply on the average, it is by no means certain in specific cases. For instance, one large study found no advantage in using warfarin for lone atrial fibrillation. The bottom line is that claimed **relative** risk or symptom reductions may not be that significant when closely scrutinized. Unfortunately, many physicians go by the drug manufacturers' claims when prescribing. A recent survey found that 80 per cent of doctors*

would prescribe gemfibrozil (a cholesterol-lowering drug) if told that it would reduce cardiac events by 34 per cent (in relative terms). However, when told that the **absolute** reduction in cardiac events was only 1.4 per cent less than 25 per cent of the doctors agreed to prescribe the drug.

It seems like the old adage "patient beware" is still alive and well!

Yours in health,

Hans R. Larsen, Editor

LETTERS TO THE EDITOR

I have read your article "Parkinson's Disease: Is Victory in Sight?" A friend of mine is suffering from Parkinson's disease. She is under the age of 50 and the doctors have found too high a level of mercury toxicity. It is suspected that this is caused by her amalgam fillings. At the moment her dentist is replacing her fillings and if necessary will pull out her teeth. She is also on certain pills to get the mercury out of her body, a process which will take considerable time. Can you advise on anything further that can be done?

Mieps, Holland

Editor: *Having read my article I am sure you are aware of the importance of supplementing with relatively large amounts of antioxidants (vitamins C and E). Proanthocyanidins (grape seed extract) may also be helpful. Hopefully, the amalgam removal will help. Here in Canada an injection of DMPS (sodium 2,3-dimercaptopropane-1-sulfonate) is often used to speed up the removal of mercury residues once ALL the amalgam fillings have been removed. During the removal process garlic and a cracked cell wall chlorella (Sun Chlorella) may be useful.*

I am looking for information on coumadin. My mother's level keeps going up and down. She is in and out of hospital. She had major heart surgery in December at the age of 68. She is also a diabetic. What can we do? Can diet, etc. control this?

Joni, USA

Editor: *I can think of a few things that may affect the INR (anticoagulation) results. It is essential to take the coumadin tablet(s) at exactly the same time each day. Diet can certainly affect readings. Foods high in vitamin K (kale, green tea, spinach, broccoli, etc.) and vitamin K itself will lower INR readings. Many herbs can drastically affect INR values. Ginseng, ginger, Ginkgo biloba, and feverfew lower INR while dan-shen (a Chinese herb) increases it. Other herbs that may affect INR are arnica, chamomille, celery, fenugreek, and garlic. Various disease conditions such as edema, hyperlipemia, hypothyroidism, and nephrotic syndrome can affect INR as can many pharmaceutical drugs (including oral diabetes agents) and prolonged hot weather.*

I have been searching the Internet for information on coenzyme A. I saw information on this coenzyme in the June 1999 issue of Energy Times. It sounds like it may be a missing supplement in my regimen based on what I read on this website (www.Coenzyme-A.com). Do you know anything about this coenzyme, its importance, and where I might find further information on the subject?

Andy, USA

Editor: *I have read the information about coenzyme A on the above mentioned website and found it to be generally accurate. Certainly the functions of coenzyme A are many and varied and a deficiency could undoubtedly lead to health problems. Coenzyme A is manufactured in the body from the B vitamin pantothenic acid. It cannot be taken as a supplement on its own as it would not survive a trip through the stomach. This is why the*

Coenzyme-A Technologies product consists of pantothenic acid and some other components which may facilitate its conversion to coenzyme A in the body. I have not come across any medical evidence which would indicate that people with an adequate intake of pantothenic acid would be likely to suffer from a coenzyme A deficiency. Pantothenic acid is widely available

in food and can, of course, also be taken as a supplement. Dr. Lit-Hung Leung, MD, a pioneer in coenzyme A/pantothenic acid research, recommends 2-3 grams/day of pantothenic acid for weight loss and added zest and energy.

DHEA helps chronic fatigue patients

WAKEFIELD, RHODE ISLAND. DHEA (dehydroepiandrosterone) is the primary hormone secreted from the adrenal gland. It is synthesized from cholesterol through pregnenolone and is metabolized into estrogens and testosterone. DHEA is found in blood serum as the sulfate (DHEA-S). Medical research has shown that patients with rheumatoid arthritis, premenopausal breast cancer or chronic severe illness have subnormal DHEA-S levels. Now researchers at the University of Rhode Island report that women suffering from chronic fatigue syndrome (CFS) also have excessively low DHEA-S levels and that their symptoms can be markedly reduced by oral supplementation with DHEA. The experiment involved 23 white women between the ages of 35 and 55 years who had been diagnosed with CFS and whose blood levels of DHEA-S were below 2.0 micrograms/mL (normal levels for this age group is 0.7 to 3.0 micrograms/mL). The extent of the women's physical and psychological impairment was measured at the start of the experiment and at three-month intervals thereafter. The women initially were given a 25 mg tablet of DHEA daily and their DHEA-S level was measured every

four to six weeks. If levels were still below 2 micrograms/mL the dose was increased to a maximum of 100 mg/day. At the end of six months the average daily dose was 58.15 mg. Average blood levels of DHEA-S increased from an initial level of 0.88 microgram/mL to 4.12 micrograms/mL at six months. Free testosterone levels increased by a factor of 2.5, low density cholesterol levels declined by 7.4 per cent, and high density cholesterol declined by 13 per cent. After six months of treatment pain severity among the women had decreased by an average of 18 per cent, depression and anxiety scores decreased by 17 per cent and 35 per cent respectively, and memory and the ability to think clearly improved by 17 per cent and 26 per cent respectively. The researchers conclude that the DHEA supplementation significantly improved the quality of life of the CFS patients and urge further studies. NOTE: This study was partially funded by Allergy Research Nutricology.

Himmel, Peter B. and Seligman, Trina M. A pilot study employing dehydroepiandrosterone (DHEA) in the treatment of chronic fatigue syndrome. Journal of Clinical Rheumatology, Vol. 5, April 1999, pp. 56-59

Smoking and ulcerative colitis

ROCHESTER, MINNESOTA. Smoking is decidedly unhealthy and addictive and has been clearly linked to a vastly increased risk of cardiovascular disease, cancer, emphysema, and osteoporosis. Now and then though, medical evidence of possible benefits of nicotine and even of smoking as such does emerge. Several studies have shown that the prevalence of ulcerative colitis (UC) is three to five times higher among never-smokers than among

smokers. There is also evidence that smokers who give up the habit are at increased risk for UC and that the disease can be put into remission by resuming or initiating smoking (in non-smokers). Researchers at the Mayo Clinic report that nicotine patches (30 mg delivering 22 mg of nicotine) are effective in putting UC into remission especially among former smokers. Nicotine gum also works for former smokers, but was found to be of no benefit for never-smokers.

Very recent research has also shown that time-release oral nicotine tartrate capsules or nicotine tartrate enemas reliably increase the blood concentrations of nicotine with very few side effects. The Mayo Clinic researchers urge

further studies to determine if this approach will be effective in putting UC into remission.

Sandborn, William J. Nicotine therapy for ulcerative colitis: a review of rationale, mechanisms, pharmacology, and clinical results. American Journal of Gastroenterology, Vol. 94, May 1999, pp. 1161-71

Children should sleep in the dark

PHILADELPHIA, PENNSYLVANIA. Myopia (short-sightedness) is becoming increasingly prevalent and now affects 70-90 per cent of some Asian populations. Myopia can be corrected with eye glasses or contact lenses. Nevertheless, it is a leading cause of blindness among adults because it predisposes to glaucoma and retinal detachment. Researchers at the University of Pennsylvania School of Medicine now report that nighttime light exposure prior to the age of two years is strongly linked to the incidence of myopia in later life. Their study involved 479 children aged 2-16 years (70 per cent Caucasian, 30 per cent African-American). Between January and June 1998 parents whose children were seen at the University's ophthalmology clinic were asked whether their children had slept in the dark, with a room light on or with a night-light (about four watt strength) between birth and the age of two years as well as later on in their childhood. One hundred and seventy of the children had slept in

the dark, 75 with room light, and 232 with night-light. In correlating the presence of myopia with the amount of nighttime light the children had been exposed to the researchers made a fascinating discovery. Fifty-five per cent of the children who had been exposed to room light at night during their first two years of life had myopia. Among the "night-light children" 34 per cent had myopia, but among the children who had slept in the dark only 10 per cent had myopia. Overall, 66 per cent of the children who had slept in the dark had normal vision as compared to 50 per cent in the night-light group and 29 per cent in the room light group. The researchers urge more studies to confirm their findings, but for now recommend that infants and young children sleep at night without artificial lighting.

Quinn, Graham E., et al. Myopia and ambient lighting at night. Nature, Vol. 399, May 13, 1999, p. 113 (scientific correspondence)

Melatonin may reduce risk of heart attack

MODENA, ITALY. It is a well known fact that the incidence of heart attacks peaks in the morning and is much lower during the night when blood pressure and catecholamine (epinephrine and norepinephrine) levels are low. Researchers at the University of Modena speculated that melatonin which is secreted almost exclusively at night could somehow be involved in this change in the activity of the cardiovascular system. They have just released a report of a study carried out to test this hypothesis. Fourteen normal, healthy men aged 23 to 29 years were involved in the double-blind study. On the first of two consecutive days the men received either 1 mg melatonin (powder) or a placebo on a random basis. On the second

day the alternate treatment was administered. All treatments were carried out between 2:30 and 5:30 PM. After resting for 90 minutes in the supine position the men had an echocardiogram taken, their blood pressure measured, and blood samples drawn. An analysis of the collected data showed that melatonin levels in the blood had increased from an average of 12 pmol/L to 6360 pmol/L on the day the participants received melatonin. Systolic blood pressure decreased by about 10 per cent (9 mm Hg) with the melatonin supplementation and norepinephrine concentration also declined significantly. There were no significant changes in epinephrine (adrenaline) concentration or pulse rate. The echocardiogram showed improved blood flow in

the carotid artery. The researchers point out that all the changes achieved by melatonin supplementation are highly beneficial to heart activity and that the blood pressure drop alone corresponds to a 20 per cent reduction in cardiovascular mortality. They conclude that low melatonin levels, such as found in many elderly people, may constitute an important risk

factor for cardiovascular disease and urge further studies to evaluate the potential benefits of melatonin supplementation.

Arangino, Serenella, et al. Effects of melatonin on vascular reactivity, catecholamine levels, and blood pressure in healthy men. American Journal of Cardiology, Vol. 83, May 1, 1999, pp. 1417-19

Levodopa for Parkinson's disease: helpful or harmful?

NEW YORK, NY. Levodopa has been the mainstay pharmaceutical drug for the treatment of Parkinson's disease (PD) for more than 30 years. Although levodopa is effective initially in ameliorating some of the symptoms of PD its effects tend to wear off after a few years. It is estimated that 75 per cent of PD patients treated with levodopa develop serious adverse effects within five years. The most common of these are an increase in involuntary muscle movements (dyskinesias) and a pronounced "on-off" phenomenon where PD symptoms oscillate between "bad" and "not so bad". Patients who develop PD before the age of 40 are more likely to develop dyskinesias than are older patients. Concern has been raised that levodopa itself contributes significantly to oxidative stress in the brain which could lead to an accelerated loss of neurons. Because of levodopa's serious adverse effects many neurologists now recommend that levodopa treatment be delayed as long as possible. A recent survey of 120 neurologists showed that

over 85 per cent of them would delay treatment in younger patients and 75 per cent would delay it in older patients. Many neurologists believe that levodopa may actually speed up the progression of PD. In view of this concern the Parkinson Study Group will now undertake a major study involving 360 patients to determine whether this is indeed the case. They will also try to establish how long it takes for levodopa to lose its beneficial effects, how common fatigue is among patients with early disease, and how early initiation and dosage of levodopa affects PD symptoms and the patients' quality of life. (Editor's Note: It is indeed unfortunate that this study was not done before the drug was introduced into general use 30 years ago.)

Fahn, Stanley. Parkinson disease, the effect of levodopa, and the ELLDOPA trial. Archives of Neurology, Vol. 56, May 1999, pp. 529-35

Shoulson, Ira. Neurotherapeutics, evidence-based neurology, and clinical equipoise. Archives of Neurology, Vol. 56, May 1999, p. 524 (editorial)

Drinking water now polluted with pharmaceuticals

COPENHAGEN, DENMARK. Much attention has been focused on the problem of pesticide pollution of drinking water. Now scientists warn of another danger. It appears that pollution with pharmaceutical drugs and their residues is reaching the levels of pesticide pollution. A recent study in Berlin found significant amounts of antibiotics, ibuprofen, cholesterol-lowering drugs, hormones (estrogen), and chemotherapy agents in that city's water supply. Swiss researchers have found cholesterol-lowering drugs in lakes and a British scientist estimates that more than a ton of aspirin and a ton of morphine derivatives flow down one small river

in northeast London every year. The drugs originate from human and animal urine and from pharmaceutical waste products which are dumped either on land or in the sea. Says Danish pharmacist Bent Halling-Sorensen "Between 30 and 90 per cent of an administered dose of most antibiotics to humans and animals is excreted with the urine." The problem is particularly acute in the fish-farming industry where, according to Halling-Sorensen, 70 to 80 per cent of drugs administered end up in the environment. The biggest concern of scientists just now beginning to study the problem is that the drugs in the environment and drinking water

could profoundly affect the hormone systems of both animals and humans and contribute

significantly to the further spread of resistance to antibiotics.

Pearce, Fred. Something in the water. New Scientist, March 6, 1999, pp. 18-19

Increased fluid intake helps prevent bladder cancer

BOSTON, MASSACHUSETTS. Bladder cancer is the fourth leading type of cancer among men in the United States; worldwide about 310,000 new cases were diagnosed in 1996. Researchers at the Harvard School of Public Health now report that men can reduce their risk of developing bladder cancer by increasing their intake of fluids especially water. The study involved almost 48,000 male health professionals who provided information about their dietary intake including fluid intake in 1986, 1990, and 1994. During a 10-year follow-up period 252 (0.6 per cent) of the men developed bladder cancer. The researchers confirmed that age and smoking are the two main risk factors for bladder cancer. Men with a history of 65 or more pack-years of smoking had a 3.7 times higher risk than never-smokers. Men aged between 70 and 79 years had a six times greater risk than men under 50 years of age and men 80 years and older had an 11.6 fold higher risk. The researchers also discovered that men with a high fluid intake (greater than 2531 ml (10

cups) per day) had half the risk of developing bladder cancer than did men whose fluid intake was less than 1290 ml (5 cups per day) after adjustment for age and smoking status. The risk reduction was particularly evident in the case of water. Men who drank six or more cups (1440 ml) of water per day had a 51 per cent lower risk of bladder cancer than did men who drank less than one cup (240 ml) per day. Overall, an increase in water intake of one cup per day was found to decrease bladder cancer risk by seven per cent. The researchers speculate that the increased fluid intake leads to a greater frequency of urination resulting in less contact time between the bladder wall and carcinogens in the urine.

Michaud, Dominique S., et al. Fluid intake and the risk of bladder cancer in men. New England Journal of Medicine, Vol. 340, May 6, 1999, pp. 1390-97

Jones, Peter A. and Ross, Ronald K. Prevention of bladder cancer. New England Journal of Medicine, Vol. 340, May 6, 1999, pp. 1424-26

Vitamin C and diabetes

ATLANTA, GEORGIA. Several studies have found that diabetics have lower blood levels of vitamin C than do healthy people. Researchers at the Centers for Disease Control and Prevention recently compared 237 patients with newly diagnosed diabetes with 1803 persons without diabetes and concluded that vitamin C levels were indeed lower in the diabetics. This held true even when adjusting for age and sex. However, once adjustments for total vitamin C intake, smoking, alcohol consumption, education, body mass index, race, and physical activity level were included there were no significant differences in vitamin C levels among the two groups. The researchers conclude that

it is necessary to account for all factors affecting serum vitamin C concentrations when comparing levels in diabetics and non-diabetics. An even more intriguing finding derived from the study is the fact that the healthy group of people tended to have a significantly larger average intake of vitamin C supplements (265 mg/day) than did the diabetics (160 mg/day). The vitamin C contribution from food was similar in both groups at 104 mg/day.

Will, Julie C., et al. Serum vitamin C concentrations and diabetes: findings from the third National Health and Nutrition Examination Survey, 1988-1994. American Journal of Clinical Nutrition, Vol. 70, 1999, pp. 49-52

Fish oils and manic-depressive illness

BOSTON, MASSACHUSETTS. Manic-depressive illness (bipolar disorder) is a common, severe mental illness involving repeated episodes of depression, mania (rapid mood changes, hyperactivity, and excessive cheerfulness) or both. It is usually treated with drugs such as lithium carbonate or valproate. Unfortunately, these drugs are not very effective and recurrence rates are high. It is generally believed that bipolar disorder involves an overactivity in the neuronal signal pathways. Omega-3 fatty acids are known to dampen this overactivity and the hypothesis has been advanced that they may be useful in the treatment of bipolar disorder. Medical scientists have now confirmed this in a landmark study just completed at the Harvard Medical School. The double-blind, placebo-controlled study involved 30 patients (men and women 18 to 65 years of age) who had all been diagnosed with bipolar disorder. Half the patients were given seven fish oil capsules twice a day while the placebo group were given seven olive oil capsules twice a day. Each fish oil capsule contained 440 mg of eicosapentaenoic acid and 240 mg of docosahexaenoic acid. All of the participants except four in the fish oil group and four in the placebo group also continued to receive a standard mood-stabilizing drug prescribed previously. The mental state of the

participants was measured using four scales (Clinical Global Impression Scale, Global Assessment Scale, Young Mania Rating Scale, and the Hamilton Rating Scale for Depression) at the start of the study and after two, four, six, eight, twelve and sixteen weeks. Twelve of the 14 participants in the fish oil group completed the four-month study without major episodes of mania or depression as compared to only six out of 16 participants in the placebo group. Also, while nine of the placebo group members experienced worsening depression none of the fish oil group members did. The four patients in the fish oil group who had not been prescribed mood-stabilizing drugs all completed the study without major episodes, but only one member in the placebo group not on mood-stabilizing drugs did. The average decline in depression rating on the Hamilton Scale was almost 50 per cent in the fish oil group as compared to an increase of 25 per cent in the control group. The Harvard researchers urge further trials of fish oils in the treatment of depression and manic-depressive illness.

Stoll, Andrew L., et al. Omega 3 fatty acids in bipolar disorder. Archives of General Psychiatry, Vol. 56, May 1999, pp. 407-12 and pp. 415-16 (commentary)
Calabrese, Joseph R., et al. Fish oils and bipolar disorder. Archives of General Psychiatry, Vol. 56, May 1999, pp. 413-14 (commentary)

Vitamin C and the common cold

HELSINKI, FINLAND. The effect of vitamin C on the common cold has been a matter of considerable controversy ever since the early 1970s when Linus Pauling suggested that vitamin C supplementation could prevent or ameliorate the symptoms of a cold. Some subsequent studies have confirmed Dr. Pauling's findings while others have found no beneficial effects. Dr. Harri Hemila of the Finnish Department of Public Health has just released a comprehensive report which analyzes the results of 23 studies involving supplementation with 1 gram/day or more of vitamin C. Dr. Hemila concludes that regular supplementation with vitamin C (more than 1 gram/day) does indeed decrease the severity of a cold. The beneficial effect is considerably

more pronounced among children than among adults and increases with increasing intake. In five studies evaluating the effect of supplementation with 1 gram/day in adults the average reduction in cold severity was only 6 per cent. However, when 2 grams/day was administered to children a reduction of 26 per cent was observed. It is also clear that the effect is highly dose dependent. Dr. Hemila estimates that it would take 10 grams/day of vitamin C (regular supplementation) to reduce cold severity in adults by 50 per cent whereas children would only need 3.9 grams/day to achieve the same effect. Although only a few studies have been done on the effects of initiating vitamin supplementation once the cold starts (therapeutic supplementation) it

would appear that the benefits of a five-day therapeutic regimen may be similar to that of continuous supplementation. Dr. Hemila urges further studies to determine the optimum doses for therapeutic supplementation which would

probably range somewhere between 10 and 30 grams/day for adults. (54 references)

Hemila, H. Vitamin C supplementation and common cold symptoms: factors affecting the magnitude of the benefit. Medical Hypotheses, Vol. 52, No. 2, 1999, pp. 171-78

Cholesterol reduction in heart attack victims

TURIN, ITALY. It is generally believed that heart attack victims benefit from lowering their cholesterol levels by dietary changes, drugs (statins) or supplements (garlic, bran, etc). Now medical researchers at the University of Turin question this assumption. Their study involved 192 men and 112 women with a mean age of 73 years who had been discharged from hospital between 1988 and 1991 after suffering an acute myocardial infarction (heart attack). At the end of 1995 129 (67 per cent) of the men and 69 (62 per cent) of the women had died - about 30 per cent of them from heart disease. The researchers correlated the cholesterol levels of the patients (at the time of the infarction) with

their risk of death and found that there was no correlation between cholesterol levels and mortality from heart disease or any other cause. Patients with a level above 6.25 mmol/L (245 mg/dL) were just as likely to die within the study period as were patients with levels below 6.25 mmol/L - or even below 4.44 mmol/L (175 mg/dL). The researchers conclude that there is no association between total cholesterol levels and mortality either due to heart disease or other causes in men and women of age 65 years or older who have suffered a heart attack. *Bo, Mario, et al. Cholesterol and long-term mortality after acute myocardial infarction in elderly patients. Age and Ageing, Vol. 28, May 1999, pp. 313-15*

NEWSBRIEFS

Wealth ensures better cancer survival. A report just issued by the UK Office for National Statistics suggests that thousands of lives could be saved if the poorer members of society had the same survival rates from cancer as do the wealthy. The study involved almost three million adults who were diagnosed with cancer between 1971 and 1990. The authors of the report conclude that over 12,700 cancer deaths could be avoided every year if all cancer patients had the same chance of survival as those in the most affluent group.

Winnipeg, Canada, Stockholm, Sweden, and Cork, Ireland were 57%, 32% and 31% respectively. Respondents were found to be more likely to use alternative medicine if they were single, lived in an urban area, and were in a higher income bracket. Patients were more likely to use alternative approaches if they were dissatisfied with conventional therapy, viewed hospitals as dangerous places, felt their medical situation was hopeless or believed that alternative practitioners should have a role within hospitals.

Alternative medicine popular for inflammatory bowel disease. A recent international study concludes that patients with inflammatory bowel disease (Crohn's disease or ulcerative colitis) are increasingly turning to alternative medicine for a solution to their problem. A study of 289 patients found that 68% of those living in Los Angeles used some form of alternative medicine for inflammatory bowel disease. The corresponding figures for

Panic attacks linked to gene defect. A team of Japanese researchers have discovered that men who suffer panic attacks have a defect in the *white* gene. This gene has been extensively studied in fruit flies and has been found to be involved in the transportation of tryptophan into cells. The Japanese researchers suggest that if the *white* gene is involved in tryptophan transportation in humans as well then tryptophan supplementation may help men with panic

disorder. No link was discovered between the *white* gene and panic disorder in women.

Battle lines drawn on genetic engineering.

The Austrian government has banned the cultivation of Monsanto's Bt Maize MON-810 because of new evidence that Bt-maize can damage butterflies and other useful insects. At the same time the European Commission has frozen the approval process for Pioneer H-Bred International's genetically engineered maize for similar reasons. The editors of the prestigious British medical journal *The Lancet* have published a scathing attack on the promoters and supporters of genetically modified foods.

They point out that their sole motive is profit and that little attention has been paid to potential health hazards to people or animals. The British Medical Association has called for a halt on planting genetically modified crops; seven large European supermarket chains and the food multinationals Unilever, Nestle and Cadburys-Schweppes have announced that they will not sell genetically modified foods; and the Supreme Court of India has upheld a ban on testing genetically modified crops. Perhaps there is still hope that the largest, uncontrolled medical experiment in human history can be stopped before it is too late.

BOOK REVIEW

Numb Toes and Aching Soles: Coping with Peripheral Neuropathy

John A. Senneff

MedPress, San Antonio, Texas 78269

300 pages

1999

A recent survey concluded that millions of Americans suffer from peripheral neuropathy and don't even know it. This "silent" disease, far more common than rheumatoid arthritis, is painful and debilitating and can certainly put a serious damper on one's enjoyment of life. Peripheral neuropathy (PN) results from damage to the peripheral nerves or their protective coatings and most often manifests itself by pain, tingling and numbness in the legs, feet and hands. The disorder may also present itself with vague symptoms such as dizziness, insomnia, bladder problems, constipation and sexual dysfunction. Because of its diverse symptoms PN is often misdiagnosed launching its victims on the all too familiar pattern of an increasingly desperate search for an explanation and cure.

John Senneff has suffered from PN for more than ten years and has been through the gamut of tests and therapies himself. It is not extravagant to claim that his superbly researched book contains all the information that a patient or caregiver would ever need to know about PN. Diagnostic tests and the benefits and

side effects of pharmaceutical drugs, vitamins and herbs used in the treatment of PN are described in great detail as are the pertinent alternative modalities from acupuncture to hyperbaric oxygen treatment. Twelve eminent neurologists provide detailed input to the book, but perhaps its most fascinating aspect is the comments from more than 200 PN patients describing their personal experiences with the many treatments covered. They clearly show that what works for one person may be a waste of time and money for another - but, they also give hope that successful treatment is possible although the road to finding it may be long and arduous. If you suffer from PN or know someone who does or if you are a professional caring for PN patients order John's book now. It will save you untold hours of time, trouble and pain in your battle against peripheral neuropathy.

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