

INTERNATIONAL HEALTH NEWS

Your Gateway to Better Health!

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Editorial

In this month's research report we take a close look at alternative medicine. What it is, what sets it apart from conventional (allopathic) medicine, and why its popularity is growing at such an astounding rate. The very first commandment of any healing system is "Do no harm". Alternative methods are superlative in meeting this goal. According to a recent study carried out at Exeter University in the UK, the average yearly number of fatalities among the almost 5 billion people relying on some form of alternative medicine is seven. In addition, about 40 adverse effects involving the use of herbal remedies are reported every year. In contrast, in the USA alone, over 1 million people are seriously injured in hospitals every year and hospital-induced blood infections alone cause over 60,000 deaths annually. Over 2 million people experience adverse drug reactions in American hospitals every year and over 100,000 of them die making hospital-induced adverse drug reactions the fourth leading cause of death after heart disease, cancer, and stroke.

The statistics are indeed frightening and probably one of the main reasons for the stampede to alternative medicine. Conventional medicine can be very, very bad for your health! Fortunately, there are signs that the medical profession is realizing the problem and trying to identify and correct it. It is often very simple things which can mean the difference between life and death once you have entered a hospital. In this issue we report that simply checking and, if necessary, correcting a patient's blood levels of sodium and potassium prior to surgery can profoundly affect the chance of survival. Yet these inexpensive and simple procedures are often ignored resulting in the unnecessary loss of tens of thousands of lives every year.

Another serious problem with conventional medicine is the pervasive, unnecessary prescription of drugs. Antibiotics are becoming less and less effective because of over-prescription. A recent study showed that half of all patients prescribed the powerful heart drug digoxin don't need it at all. Now a study carried out in Canada at the University of Calgary reveals that almost half of all patients taking drugs for high blood pressure don't need them. Why are they prescribed then? Because doctors and nurses often err when measuring blood pressure. The most common error is that they don't let the patient rest for 5 minutes before taking the reading. So a life-time sentence to an unnecessary drug with serious side effects results in order to save 5 minutes!

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So how can you protect yourself against the very real possibility of being injured by your doctor? There is really only one way - stay informed! Give the same attention to your health as you would to your investments. Our goal here at IHN is to help you do just this.

Yours in health,

Hans R. Larsen, Editor

LETTERS TO THE EDITOR

I take 2.4 grams a day of non-flush niacin. I have heard that this may cause liver problems. My liver function is normal and I am taking large amounts of antioxidants, B vitamins, and milk thistle to protect my liver. Could my niacin intake still cause problems?

Allister, USA

Editor: *Large doses of pure niacin (vitamin B3) on its own may cause a skin flush which many people find objectionable. Manufacturers of niacin supplements have developed "time-released" (sustained-release, slow-release) products which overcome the flushing problem by releasing the niacin slowly. However, these formulations are toxic to the liver and are not recommended as they are not safe. The best way of avoiding the flush is by taking niacin in the form of inositol hexaniacinate (hexaniacin). This form of niacin has been used in Europe for over 30 years and has an excellent safety record. Nevertheless, if you are taking large amounts on a continuous basis a liver function test and a cholesterol test every 3 months would be a good idea.*

I have read somewhere that there is magnesium depletion as the result of an epileptic attack. Is susceptibility to epilepsy increased by low body magnesium levels? Can epileptics benefit from magnesium supplementation?

Maurice, NZ

Editor: *I am not aware of any research indicating magnesium depletion as a result of epileptic seizures in humans. However, laboratory and animal experiments have indeed found a connection. There is also considerable evidence that epileptic attacks lower blood levels of manganese in humans and that epileptics with low levels of manganese have more frequent seizures than do patients with high levels. Dr. Michael Murray, ND, suggests that a high manganese diet or manganese supplementation may be helpful for some epileptics. He recommends 15 to 30 milligrams daily as an oral supplement. Epileptics should avoid aspartame (NutraSweet), caffeine, nicotine, and alcohol and may find improvement by sticking to a hypoglycemic diet. Some experts recommend supplementation with magnesium (250 mg three times daily), calcium (1000 mg/day), vitamin B6 (50 mg twice daily), and vitamin B12 (2000 micrograms/day). Certain amino acids may also be helpful.*

ABSTRACTS

Hormone level linked to depression

SAN DIEGO, CALIFORNIA. Women suffer from depression two to three times more frequently than do men (women 20-25 per cent, men 7-12 per cent) and are particularly prone to depression around the time they enter menopause. Estrogen levels are believed to be linked to depression in some cases, but not in others. Now researchers at the University of California, San Diego, School of Medicine, report that blood levels of the hormone dehydroepiandrosterone sulfate (DHEAS) are strongly linked to depression in older women. They found no correlation between the severity of depression and the levels of estrogen

(estrone, estradiol), cortisol or testosterone. The study involved 699 women with a median age of 75 years and 89 per cent being 65 years or older. The women were assessed for degree of depression using the Beck Depression Inventory and then had a blood sample drawn. Analyses showed that depressed women tended to have a significantly lower level of DHEAS (1.17 micromol/L) than did non-depressed women (1.57 micromol/L). No correlation was found between depression and blood levels of the eight other hormones measured. Although the observed correlation between the DHEAS level and depression is indisputable it is not

clear whether low DHEAS levels cause depression or depression results in low DHEAS levels. Recent research has shown that healthy adults who underwent training in techniques to manage their emotional ups and downs actually increased their DHEA/DHEAS levels by 100 per cent and significantly elevated their mood. The researchers recommend further studies to

determine the exact nature of the DHEAS/depression correlation.

Barrett-Connor, Elizabeth, et al. Endogenous levels of dehydroepiandrosterone sulfate, but not other sex hormones, are associated with depressed mood in older women: the Rancho Bernardo Study. Journal of the American Geriatrics Society, Vol. 47, June 1999, pp. 685-91

L-arginine helps angina patients

BETHESDA, MARYLAND. A team of American and Israeli researchers reports that oral supplementation with the amino acid L-arginine is highly effective in relieving angina pectoris in very sick heart patients. Their experiment involved 10 men (aged between 48 and 80 years) who had all undergone coronary angiography and angioplasty with nine of them also having had bypass surgery prior to enrollment. All the men suffered from severe angina pectoris (class IV) and had frequent attacks at rest and at night even though they were on maximum tolerable amounts of beta-blockers, calcium channel blockers, nitrates, and aspirin. After initial blood sampling the study participants were given nine grams of L-arginine daily for a three-month period. Seven of the 10 patients improved very significantly after one month (from angina pectoris functional class IV to class II) and their improvement was

consistent for as long as they took the L-arginine. When discontinuing the supplementation (after three months) their condition reverted back to the original class IV condition. One of the remaining patients improved to class III while no improvement was noted in two patients. All patients showed significant decreases in cell adhesion molecules and cytokine levels and none reported any side effects from the supplementation. The researchers recommend a large, randomized, double-blind, placebo-controlled, crossover study to confirm their findings, but do conclude that L-arginine supplementation may be of benefit in the case of very sick angina patients.

Blum, Arnon, et al. Clinical and inflammatory effects of dietary L-arginine in patients with intractable angina pectoris. American Journal of Cardiology, Vol. 83, May 15, 1999, pp. 1488-90

Vitamin B6 and premenstrual syndrome

STOKE ON TRENT, UNITED KINGDOM. Premenstrual syndrome affects about 95 per cent of all women of reproductive age with five per cent being so severely affected that their lives are completely disrupted. Common symptoms of premenstrual syndrome (PMS) are bloating, cramps, weight gain, pain in the breast, lack of energy, headache, irritability, anxiety, aggression, and depression. These symptoms usually disappear at the onset of or during menstruation. There is considerable empirical evidence that vitamin B6 (pyridoxine) supplementation eases PMS symptoms, but so far no major clinical trials have confirmed this. Researchers at the North Staffordshire Hospital have just released the results of a meta-analysis

aimed at evaluating the data provided by combining nine relatively small individual randomized, placebo-controlled trials involving a total of 940 women with PMS. The researchers conclude that vitamin B6 does indeed help to reduce PMS symptoms. They found that women taking vitamin B6 were 2.32 times more likely to experience improvement in their symptoms than were women taking a placebo. Women who experienced depression as part of their PMS were found to be 1.69 times more likely to experience a lower level of depression if taking vitamin B6 than if taking a placebo. Only one out of 934 women taking vitamin B6 experienced side effects (neurological), but she was taking 600 mg/day. The researchers did

not notice any correlation between the amount of vitamin B6 taken and the level of beneficial effects. They conclude that 100 mg/day of vitamin B6 is likely to be beneficial in the

management of PMS, but caution against the use of higher dosages.

Wyatt, Katrina M., et al. Efficacy of vitamin B-6 in the treatment of premenstrual syndrome: systematic review. British Medical Journal, Vol. 318, May 22, 1999, pp. 1375-81

Post-operative care criticized by neurologist

LONDON, UNITED KINGDOM. The stress of surgery can lead to hyponatremia (dangerously low sodium concentrations in the blood). It is estimated that 10,000-15,000 women die or suffer serious brain damage as a result of hyponatremia every year in the United States and Western Europe. Now medical doctors at the Institute of Neurology and the Royal Free and University College Medical School have come out with a sharp criticism of post-operative procedures which promote the development of hyponatremia. They point out that premenopausal women and children can suffer brain damage at sodium concentrations as high as 128 mmol/L. Women who take thiazide diuretics are particularly prone to post-operative hyponatremia and their risk is vastly increased if they are given a hypotonic infusion (infusion of salt water with dextrose) after surgery. Unfortunately, giving post-operative patients hypotonic infusions is common practice despite the fact that this routine has been linked to

death and permanent brain damage. A recent review of the use of hypotonic infusions in post-operative care concluded "the rationale for using hypotonic fluids in post-operative patients is difficult to discern and has no place in the modern practice of medicine." Dr. Nick Lane, MD of the Royal Free and University College Medical School is even blunter in his condemnation of the way the danger of hyponatremia is ignored by many surgeons. He suggests that they fail to recognize patients at high risk, disregard the dangers of routine infusions of hypotonic fluid, and often attribute the symptoms of hyponatremic encephalopathy to other conditions such as stroke. Says Dr. Lane "Iatrogenic (doctor-induced) hyponatremia is inexcusable. It is time that doctors woke up to the risks."

Lane, Nick and Allen, Kathryn. Hyponatraemia after orthopaedic surgery. British Medical Journal, Vol. 318, May 22, 1999, pp. 1363-64 (editorial)

Potassium levels critical in heart surgery

ANN ARBOR, MICHIGAN. It is well-established that heart attack patients with low blood levels of potassium are more prone to develop serious (ventricular) arrhythmias than are patients with normal levels. A major study just released by a group of researchers from 24 American medical centers concludes that preoperative potassium levels are also of great importance in predicting the severity of complications in bypass surgery. The study involved 2402 patients (24 per cent female) who underwent elective coronary artery bypass grafting in a two-year period from September 1991 to September 1993. More than half (53.7 per cent) of the patients developed some form of arrhythmia either during or after

surgery. The mortality rate (from any cause) during the hospital stay was 3.6 per cent and 3.5 per cent of the patients needed CPR (cardiopulmonary resuscitation) in order to survive the surgery. All patients had their blood (serum) levels of potassium checked prior to surgery. The researchers found that patients with potassium levels below 3.5 mmol/L were 2.2 times more likely to suffer a serious arrhythmia during or after their operation (perioperative) than were patients with normal levels. They also noticed that patients with low potassium levels tended to be female, users of diuretics, and have a history of arrhythmias and hypertension. High potassium levels, on the

other hand, were associated with a history of congestive heart failure, age, and a history of renal disease. The researchers also found a weak correlation between low potassium levels and an increased risk of death during or after surgery. They conclude that adjusting abnormal potassium levels prior to heart surgery could significantly improve the outcome for the

500,000 or so patients undergoing cardiac surgery in the United States each year.

Wahr, Joyce A., et al. *Preoperative serum potassium levels and perioperative outcomes in cardiac surgery patients.* **Journal of the American Medical Association**, Vol. 281, June 16, 1999, pp. 2203-10

Garlic and hot peppers don't eradicate *Helicobacter pylori*

HOUSTON, TEXAS. Over 90 per cent of people suffering from stomach ulcers are infected with *Helicobacter pylori* bacteria. Eradication of the infection is 90 per cent successful in curing the stomach ulcer and is also thought to be important in preventing stomach cancer. Effective therapies using pharmaceutical drugs exist and will usually eliminate the infection in as little as one week. Laboratory tests have suggested that natural products such as garlic, jalapeno peppers, and honey have strong antibacterial properties and may be useful in treating *Helicobacter pylori* infections. Researchers at the Baylor College of Medicine now report that while garlic and peppers may be effective in a test dish (*in vitro*), they have no effect on a *Helicobacter pylori* infection when tested in the body (*in vivo*). Their experiment involved 12 subjects aged 27 to 51 years. The subjects were fed three daily meals (morning, noon, and evening) consisting of 225 grams of beef, flour tortillas, and a mixed green salad. During each meal the participants also received one of the following: garlic (10 freshly sliced cloves), capsaicin (6 freshly sliced large

jalapeno peppers, two tablets of Pepto-Bismol (bismuth subsalicylate) or no added ingredients. A total of 10 participants ate the garlic meal, 6 the jalapeno meal, and 11 the bismuth meal. At least two days elapsed between the consumption of the different test meals. The activity of the *Helicobacter pylori* bacteria in the stomach was measured using the urea breath test before breakfast, before the evening meal, and the following morning. Neither the garlic nor the peppers were found to have any inhibiting effects whereas bismuth subsalicylate reduced the median urease activity (measure of the number of active bacteria) from 55.8 to 14.3. The researchers conclude that natural remedies which look promising *in vitro* (test tube results) must be evaluated *in vivo* before judgment is passed on their effectiveness. NOTE: This study was partially funded by Procter & Gamble Pharmaceuticals.

Graham, David Y., et al. *Garlic or jalapeno peppers for treatment of Helicobacter pylori infection.* **American Journal of Gastroenterology**, Vol. 94, May 1999, pp. 1200-02

Childhood asthma linked to *trans* fatty acids

MUNSTER, GERMANY. It has long been suspected that the intake of certain polyunsaturated fatty acids is associated with the development of asthma and allergies in children. The n-3 (linolenic) and n-6 (linoleic) fatty acids have been particularly suspect, but no data has been available to indicate whether the configuration (*cis* or *trans*) of these acids plays a significant role. A team of medical researchers from Germany and New Zealand now report that there is a strong link between the intake of *trans* fatty acids and the prevalence

of asthma, allergic rhinoconjunctivitis and atopic eczema in 13- to 14-year-old children. The association was particularly strong when the analysis was limited to *trans* fatty acids stemming from hydrogenated vegetable oils such as found in margarine, biscuits, cakes, and potato and other chips. No association between the intake of *cis* (natural) fatty acids and asthma and allergies was observed. In other words, hydrogenated vegetable oils whether found in margarine, cookies, french fries or chips are bad for children and may be a primary reason for

their asthma and allergies. The study was performed by the International Study of Asthma and Allergies in Childhood group and included extensive data from 10 European countries

concerning fatty acid intake and prevalence of asthma and allergies.

Weiland, Stephan K., et al. Intake of trans fatty acids and prevalence of childhood asthma and allergies in Europe. The Lancet, Vol. 353, June 12, 1999, pp. 2040-41 (research letter)

IGF-1 linked to colon cancer

BOSTON, MASSACHUSETTS. IGF-1 (insulin-like growth factor 1) is responsible for human growth in particular the synthesis of lean muscle mass. Human IGF-1 levels vary with age; they are highest during puberty and decline to about half the value of a young adult by the age of 60 years. About 95 per cent of the IGF-1 circulating in the blood is bound to a large protein complex called IGFBP-3 (IGF-binding protein-3). IGF-1 is normally synthesized in the liver, but external sources such as supplements containing growth hormone enhancers and possibly milk from growth hormone-treated cows can increase blood plasma levels significantly. High blood plasma levels of IGF-1 have been linked to an increased risk of prostate cancer and premenopausal breast cancer. Now researchers at the Harvard Medical School report that a high blood level of IGF-1 combined with a low level of IGFBP-3 is a most potent risk factor for the development of cancer of the colon and rectum (colorectal cancer). The study involved 14,916 participants in the Physicians' Health Study. All participants had blood samples taken in 1982. After 14 years of follow-up, 193 of the men (1.3 per cent) had developed colorectal cancer. The 1982 blood levels of IGF-1 and IGFBP-3 among the cancer patients

were compared to the levels among 318 age- and smoking-matched controls. Results showed that men with similar IGFBP-3 levels, but high in IGF-1 levels had a 2.51 higher risk of colorectal cancer than did men with low IGF-1 levels. Men with similar IGF-1 levels and high IGFBP-3 levels had a 72 per cent lower risk of colorectal cancer than did men with low IGFBP-3 levels. Men with high IGF-1 levels and low IGFBP-3 levels were most at risk. The researchers caution against artificially increasing IGF-1 levels in older men to delay the effects of aging as this may significantly increase the risk of cancer. Researchers at the National Institute of Environmental Health Sciences echo this concern and suggest that "attempts to improve quality of life by modulating plasma IGF-1 or IGFBP-3 must be approached with caution."

Ma, Jing, et al. Prospective study of colorectal cancer risk in men and plasma levels of insulin-like growth factor (IGF)-I and IGF-binding protein-3. Journal of the National Cancer Institute, Vol. 91, April 7, 1999, pp. 620-25

Burroughs, Kevin D., et al. Insulin-like growth factor-1: a key regulator of human cancer risk? Journal of the National Cancer Institute, Vol. 91, April 7, 1999, pp. 579-81 (editorial)

Tai Chi benefits heart surgery patients

TAIPEI, TAIWAN. Tai Chi Chaun (TCC) is an ancient Chinese martial art which, in recent years, has become very popular in the West as a means of improving and maintaining health. TCC is an ideal low-cost exercise as it does not require any special equipment and can be performed anywhere. Recent studies have shown that TCC, despite its relatively low intensity, improves aerobic capacity and is effective in reducing anxiety, tension, and mood disturbances. Now researchers at the National

Taiwan University Hospital report that patients recovering from coronary artery bypass surgery also benefit from regular TCC exercises. The study involved 20 men aged 53 to 64 years who had undergone bypass surgery and who had completed the standard phase II cardiac rehabilitation program (bicycling three times weekly for three months at 50-60 per cent of heart rate range). Nine of the men were assigned to the TCC group and the remaining eleven acted as the control group. The TCC

group, led by a qualified instructor, performed TCC exercises every morning (20 minutes of warm-up exercises, 24 minutes of TCC, and 10 minutes of cool-down exercises). Each set of TCC included 108 classical postures and provided an exercise intensity of 48-57 per cent of heart rate range. The control group walked three times a week for 50 minutes in a nearby park at a speed which resulted in a heart rate range of 50-60 per cent. The aerobic fitness of both groups was measured at the start of the study and one year later using a standard bicycle ergometer. At the end of one year the average peak VO₂ (a measurement of aerobic fitness) had increased by 10.3 per cent in the TCC group, but had decreased slightly in the

control group. The peak work rate also increased in the TCC group by about 11.9 per cent (from 135 to 151 watt) while it decreased slightly in the control group (from 131 to 128 watt). The researchers conclude that TCC improves cardiac fitness in bypass patients. They also note that the TCC program seemed more attractive to the participants than the walking program. The members of the TCC group attended an average of 3.8 times weekly as compared to an attendance rate of only 1.7 times weekly in the control group.

*Lan, Ching, et al. The effect of Tai Chi on cardiorespiratory function in patients with coronary artery bypass surgery. **Medicine and Science in Sports and Exercise**, Vol. 31, May 1999, pp. 634-38*

NEWSBRIEFS

Green-lipped mussel extract kills cancer cells. A New Zealand television station reports that researchers at Adelaide's Queen Elizabeth Hospital have discovered that a compound, Lyprinol, extracted from green-lipped mussels kills cancer cells. The discovery was made by Dr. Henry Betts, a senior rheumatology researcher at the hospital, who found that arthritis and cancer work on the same pathways in the body. Knowing Lyprinol's effectiveness in treating arthritis, Betts trialed it in the laboratory on cancer cells and was amazed to discover that the compound killed them within 24 hours. Since the discovery two years ago that cancer growth and its spread through the body is dependent upon certain pathways called lypoxigenase pathways, the race has been on

worldwide to develop a drug which will inhibit or block these pathways. Researchers in New Zealand believe that Lyprinol may well be the first, non-toxic, natural compound to achieve this. Lyprinol has been researched extensively for 20 years and more than 600 medical papers have been published on it worldwide. Doctors say less than 0.1 per cent of the actual mussel is required to make the compound. The lipids must be freeze-dried immediately and then sent to Germany to be made into an oil extract. It is Lyprinol in this oil form which has the cancer-fighting properties. Trials on 60 Australian, British, and Scandinavian patients will begin in October, starting with prostate and breast cancers.

RESEARCH REPORT

Alternative Medicine: Why So Popular?

In 1997 Americans made 627 million visits to practitioners of alternative medicine and spent \$27 billion of their own money to pay for it. In contrast, Americans made only 386 million visits to their family doctor. It is estimated, by none other than the Harvard Medical School, that one out of every two persons in the United States between the ages of 35 and 49 years used at least one alternative therapy in 1997. That is a growth of 47.3 per cent since 1990. This is spectacular by any means and of great concern to conventional (allopathic) medicine especially since the people using alternative medicine are primarily well-educated, affluent baby boomers.

The trend to alternative medicine is repeated throughout Western society. In Australia 57 per cent of the population now use some form of alternative medicine, in Germany 46 per cent do, and in France 49 per cent do. The growth of some types of alternative medicine is indeed astounding. Between 1991 and 1997 the use of herbal medicines in the United States grew by 380 per cent and the use of vitamin therapy by 130 per cent. These are impressive numbers by anyone's standard.

What it is and isn't

So why do people increasingly prefer alternative over conventional medicine? The reasons are pretty simple - it is safe and it works! While there is little doubt that allopathic medicine works well in the case of trauma and emergency (you don't call your herbalist if you get hit by a car), it is much less effective when it comes to prevention, chronic disease, and in addressing the mental, emotional, and spiritual needs of an individual. These are precisely the areas where alternative medicine excels. To most of the world's population, over 80 per cent to be precise, alternative medicine is not "alternative" at all, but rather the basis of the health care system. To Western-trained physicians alternative medicine is "something not taught in medical schools" and something that allopathic doctors don't do and, one could add, generally know nothing about. Alternative medicine actually encompasses a very large array of different systems and therapies ranging from ayurvedic medicine to vitamin therapy.

Ayurvedic medicine has been practiced in India for the past five thousand years and has recently undergone a renaissance in the West due, in no small measure, to the work and lectures of Dr. Deepak Chopra, MD. Ayurvedic medicine is a very comprehensive system which places equal emphasis on body, mind, and spirit and uses a highly personalized approach to return an individual to a state where he or she is again in harmony with their environment. Ayurvedic medicine uses diet, exercise, yoga, meditation, massage, herbs, and medication and, despite its long lineage, is as applicable today as it was 5000 years ago. For example, the seeds of the *Mucuna pruriens* plant have long been used to treat Parkinson's disease in India; it is now receiving attention in conventional circles as it is more effective than l-dopa and has fewer side effects.

Traditional Chinese medicine has been practiced for over 3000 years and over one quarter of the world's population now uses one or more of its component therapies. TCM combines the use of medicinal herbs, acupuncture, and the use of therapeutic exercises such as Qi Gong. It has proven to be effective in the treatment of many chronic diseases including cancer, allergies, heart disease and AIDS. As does Ayurvedic medicine, TCM also focuses on the individual and looks for and corrects the underlying causes of imbalance and patterns of disharmony.

Homeopathy was developed in the early 1800s by the German physician Samuel Hahnemann. It is a low-cost, non-toxic health care system now used by hundreds of millions of people around the world. It is particularly popular in South America and the British Royal Family has had a homeopathic physician for the last four generations. Homeopathy is an excellent first-aid system and is also superb in the treatment of minor ailments such as ear aches, the common cold, and flu. Homeopathy is again based on the treatment of the individual and when used by a knowledgeable practitioner can also be very effective in the cure of conditions such as hay fever, digestive problems, rheumatoid arthritis, and respiratory infections.

Chiropractic primarily involves the adjustment of spine and joints to alleviate pain and improve general health. It was practiced by the early Egyptians and was developed into its present form by the American Daniel David Palmer in 1895. It is now the most common form of alternative medicine in the United States. Chiropractors not only manipulate spine and joints, but also advise their patients on lifestyle and diet matters. They believe that humans possess an innate healing potential and that all disease can be overcome by properly activating this potential.

Naturopathic medicine also strongly believes in the body's inherent ability to heal itself. Naturopathy emphasizes the need for seeking and treating the causes of a disease rather than simply suppressing its

symptoms. Naturopaths use dietary modifications, herbal medicines, homeopathy, acupuncture, hydrotherapy, massage, and lifestyle counselling to achieve healing.

Vitamin therapy or orthomolecular medicine uses vitamins, minerals, and amino acids to return a diseased body to wellness in the belief that the average diet today is often woefully inadequate in providing needed nutrients and that the need for specific nutrients is highly individual. Conditions as varied as hypertension, depression, cancer, and schizophrenia can all benefit enormously from vitamin therapy.

Biofeedback, body work, massage therapy, reflexology, hydrotherapy, aromatherapy, and various other forms of energy medicine round out the vast spectrum of alternative medicine modalities.

How is it different?

So what sets alternative medicine apart from allopathic medicine?

- Conventional medicine is preferred in the treatment of trauma and emergencies while alternative medicine excels in the treatment of chronic disease, although homeopathy can also be very effective as a first-aid.
- Conventional medicine focuses on the relief of symptoms and rarely places emphasis on prevention or the treatment of the cause of a disorder. All alternative systems, on the other hand, strive to find and treat the cause of a disorder and frown on covering up the symptoms. Alternative therapies are also much more focused on prevention.
- Conventional medicine is organ specific, hence ophthalmologists, cardiologists, nephrologists, neurologists, etc. Alternative medicine, without exception, considers each person as a unique individual and uses a wholistic approach in treatment.
- Conventional medicine believes in aggressive intervention to treat disease. It revels in terms such as "magic bullet" and "war" ("the war on cancer"), and prefers quick fixes (as do many patients). Alternative medicine believes in gentle, long-term support to enable the body's own innate powers to do the healing.
- Conventional medicine's main "arsenal" consists of surgery, chemotherapy, radiation, and powerful pharmaceutical drugs. Alternative medicine uses time-tested, natural remedies and gentle, hands-on treatments.
- Conventional medicine practitioners are guided in their treatment by strict rules set out by the Colleges of Physicians and Surgeons. This often leads to a "one size fits all" approach. Practitioners of alternative medicine, on the other hand, treat each patient as an individual and do what, in their opinion, is best rather than what is specified in a "rule book".
- Conventional medicine sees the body as a mechanical system (the heart is a pump and the kidneys are a filter) and believes most disorders can be traced to chemical imbalances and therefore are best treated with powerful chemicals (drugs). Alternative medicine systems, almost without exception, accept that the body is suffused by a network of channels (meridians) which carry a subtle form of life energy. Imbalances or blockages of this energy are what lead to disease and clearing of the blockages and strengthening of the energy is the ultimate goal of alternative medicine.
- Conventional medicine prefers patients to be passive and accept their treatment without too many questions. Alternative medicine, in contrast, prefers and indeed, in many cases, requires the patient to take a highly active part in both prevention and treatment.

- Both conventional and alternative medicine ascribe to the principle "Do no harm". However, while alternative medicine is essentially achieving this goal, conventional medicine seems to have almost totally lost sight of it. Hospitals are now the third largest killer in Australia and over one million people are seriously injured in American hospitals every year. Blood infections acquired in American hospitals cause 62,000 fatalities every year and bypass surgery results in 25,000 strokes a year. Two million patients experience adverse drug reactions in hospitals in the United States every year; of these, over 100,000 die making hospital-induced adverse drug reactions the fourth leading cause of death after heart disease, cancer, and stroke.
- The practice of conventional medicine is intimately tied in with the whole medico-pharmaceutical-industrial complex whose first priority is to make a profit. Although most conventional physicians have "healing the patient" as their first priority, they find it increasingly difficult to do so while operating within the system with its pharmaceutical salesmen, its rule books, its fear of malpractice suits, its endless paperwork to satisfy bureaucrats and insurance companies, and its time pressures. Most alternative medicine practitioners have no such constraints and pressures and can give the patient their undivided attention.
- Conventional medicine generally resists the use of natural remedies long after their efficacy has been scientifically proven (Germany is an exception to this). Most alternative medicine practitioners eagerly embrace new remedies and, in many cases, can point to years of safe use. Ginkgo biloba is now the most prescribed drug in Germany and has been found effective in the prevention and treatment of Alzheimer's disease. Also in Germany the herb *saw palmetto* is now prescribed in 90 per cent of all cases of enlarged prostate; in the United States 300,000 prostate operations are performed each year to solve this problem. More profitable for sure, but dangerous and unpleasant for the patient.
- The major source of funds for medical research is pharmaceutical companies who, not surprisingly, are very reluctant to support investigations into lifestyle modifications, vitamins, and other unpatentable products. Nevertheless, a growing number of medical researchers are focusing their attention on natural supplements and remedies and are publishing their work in mainstream journals. The benefits of antioxidants have now been thoroughly documented by researchers at the Harvard Medical School and similar prestigious institutions. Folic acid, a simple B vitamin, has also been extensively studied in university laboratories and has been found to be effective in preventing or ameliorating heart attacks, strokes, angina, intermittent claudication, atherosclerosis, kidney disease, colon cancer, hearing loss, and Alzheimer's disease.

Although alternative practitioners and a small group of conventional physicians do embrace the use of natural therapies and products the vast majority of "establishment" physicians are still dragging their heels and even denigrating and ridiculing alternative medicine. This fact, perhaps more than anything else, is what is driving the rapid and massive switch from conventional to alternative medicine.

LITERATURE REFERENCES AVAILABLE UPON REQUEST

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