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Editorial

The article on alternative medicine in last month's issue generated a fair amount of feedback. The most interesting comments came from Dr. Michael Greenwood, a Canadian physician who is a pioneer in the treatment of chronic pain. While I do not necessarily agree with all of his comments, I wholeheartedly support his position that people themselves are largely responsible for ending up in hospital. I have often said that if people would lavish the same care and attention on their health as they do on their money and investments then the world's population would be a great deal healthier. Dr. Greenwood's letter eloquently presents the case for conventional medicine and one's personal responsibility for health. It is reprinted in full in the "Letters to the Editor" section.

*Yours in health,
Hans R. Larsen, Editor*

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LETTERS TO THE EDITOR

As always I enjoyed your most recent issue of International Health News. However, I do think you may have overstated your case somewhat by asserting there is a "massive" swing toward alternative medicine. As you know, I sit on both sides of the fence, and I just don't see it as you put it.

1) Those figures showing high visit rates to alternative practitioners include chiropractic visits. As you know, chiropractors are (at least in BC) quite mainstream and even funded by BC Med. They are quite capable

of seeing as many as 100 patients per day, and often do. To include them in the "swing" toward alternative medicine just isn't justified, and inflates the figures erroneously.

- 2) Regular doctors are busier than ever. Look at the waiting lists for procedures right here in BC. Most doctors practices are full to bursting, and its often difficult for patients to find a family doctor. Many smaller communities are looking for doctors and just can't get one. Consequently, the visit rate would be larger than it currently is were access to physicians a bit easier.
- 3) The alternative practitioners I know who aren't MDs (and I know quite a few) are generally struggling to make a living.
- 4) The high death rate in hospitals is a given. People don't usually get admitted to hospital these days unless they are very sick. To attribute their deaths to conventional medicine's drugs and procedures is at best an exaggeration. It just ain't so - despite what the articles might say. Any holistic practitioner knows the fallacy of cause and effect thinking. Ultimately people are

responsible for their own lives and deaths. To attribute mortality figures to simple causation (such as drug reactions, etc.) without regard to the patient's personal responsibility, is to perpetuate the myth of external causation and victimisation. Ironically, that is one of the big fallacies of conventional medicine that alternative medicine tries to address. If you use such arguments to justify the perception of a "massive swing" you are getting hoisted on your own petard.

- 5) Alternative medicine is usually used in addition to, not in lieu of, regular medicine. Few people with life-threatening illness would consult a homeopath as a first choice option. Few people with a knife wound in the chest would ask for acupuncture. And few people with a broken leg would ask for naturopathy. You are comparing apples and oranges, which as you know isn't a fair comparison.
- 6) Intelligent people are attracted to alternative medicine probably because they recognise that good health is their own responsibility.

Consequently, they are more likely to take a pro-active approach to life and not behave like victims of circumstance. However, they are also smart enough to ask for a good surgeon to do their appendectomy should they need one.

In my view the "massive swing" everyone talks about is a myth. There will always be a demand for crisis intervention, which is what the medical system is all about. Of course, those who choose to be pro-active with their health may be less prone to catastrophes, and that's as it should be, but it won't stop crises from occurring.

A lot of people I see who say they are into "alternative medicine" are actually looking for a way to avoid the consequences of their own irresponsible living habits. In other words, the massive swing which you talk about - if it exists at all - may be driven by the "me generation's" narcissistic desire to avoid the pain of existence. If that is so then nothing really has changed.

Michael Greenwood, MD, Canada

ABSTRACTS

Prostate cancer risk and diet

MAASTRICHT, THE NETHERLANDS. Many studies have attempted to find an association between prostate cancer risk and diet. Some studies have found an increased risk with high intakes of animal products and calcium, others have been inconclusive. Researchers at Maastricht University have just released the results of a major study regarding diet and prostate cancer risk. The study was part of the Netherlands Cohort Study which involves 58,279 men aged 55 to 69 years when they enrolled in the study in September 1986. The men completed a 150-item food frequency questionnaire at the beginning of the study period and also provided detailed information relating to other potential risk factors for cancer. After 6.3 years of follow-up 642 of the men had

developed prostate cancer. The diet of these men was compared to that of 1525 men without prostate cancer. The researchers concluded that the overall consumption of fresh meat and poultry, fish, cheese, and eggs showed no correlation with prostate cancer risk. Consumption of whole yoghurt was associated with a decreased risk, but no correlation was found between calcium intake and prostate cancer risk. There was some indication that certain cured meats (eg. sausages) were associated with an increased risk.

Schuurman, A.G., et al. Animal products, calcium and protein and prostate cancer risk in the Netherlands Cohort Study. British Journal of Cancer, Vol. 80, No. 7, June 1999, pp. 1107-13

Ascorbic acid combats lead poisoning

SAN FRANCISCO, CALIFORNIA. Lead poisoning (elevated levels of lead in the blood) is a serious problem in the United States. In 1984 it was estimated that 3-4 million children had lead levels exceeding 15 micrograms/dL (0.72 micromol/liter); significantly higher than the generally accepted safe level of 10 micrograms/dL. Although the elimination of lead additives in gasoline and paint and the phasing-out of lead-soldered cans for foods and beverages have reduced the overall lead exposure, there are still large reservoirs of lead in the soil and in old house paints. The problem is particularly acute in inner city cores and tends to have a disproportionate impact among the poor. Chelation with calcium EDTA is standard treatment for lead poisoning, but some studies have shown that oral chelation with ascorbic acid (vitamin C) is equally effective. Now medical researchers at the University of California, San Francisco, report a strong correlation between blood levels of ascorbic acid and lead. Their study involved 4,213 youths and 15,365 adults. A total of 0.5 per cent of the youths (aged 6 to 16 years) and 0.4 per cent of adults had elevated lead levels. Among the youths, those with a serum ascorbic acid level of

30 micromol/L or less were 89 per cent likely to have an elevated lead level than were the youths with an ascorbic acid level of 81 micromol/L or more. Among the adults, those with an ascorbic acid level of 15 micromol/L or less were 65 per cent more likely to have an elevated lead level (greater than 20 microgram/L) than were the adults with an ascorbic acid level of 70 micromol/L. The researchers cite several clinical trials in which supplementation with ascorbic acid produced a marked decrease in blood lead levels and recommend further large-scale trials to determine if vitamin C supplementation is an effective means of reducing lead toxicity in exposed population groups. NOTE: This study was partially funded by Hoffmann-LaRoche Inc., a major manufacturer of pharmaceuticals and vitamins.

*Simon, Joel A. and Hudes, Esther S. Relationship of ascorbic acid to blood lead levels. **Journal of the American Medical Association**, Vol. 281, June 23/30, 1999, pp. 2289-93*

*Matte, Thomas D. Reducing blood lead levels: benefits and strategies. **Journal of the American Medical Association**, Vol. 281, June 23/30, 1999, pp. 2340-41 (editorial)*

Nothing wrong with a healthy suntan

BRISTOL, UNITED KINGDOM. For years the medical establishment has been bombarding the public with advice to stay out of the sun, slather on sunscreen, and in general consider the sun as an enemy rather than as a friend. Fortunately, the public has been slow to accept this message and most people still like to be in the sun and consider a suntan to be a sign of good health. The original reason for the restricting sun exposure was to reduce the incidence of melanoma. Some studies had shown that a severe sunburn, especially at a young age, and intermittent exposure to strong sunlight are indeed strong risk factors for melanoma. Other studies, however, have shown that regular exposure to sunlight reduces the risk of melanoma. Melanoma is a relatively rare disease. In 1995 fewer than 1400 people died from this condition in England and Wales combined. In comparison, during the same

period over 130,000 men and women died from ischemic heart disease in the same geographic area. Researchers at the University of Bristol are now sounding the warning bells. They point out that some sun exposure (without sunscreen coverage) is required in order to produce enough vitamin D to prevent rickets, osteomalacia, bone fractures, and perhaps multiple sclerosis. They also point to a recent study which found that adequate vitamin D levels protect strongly against heart attacks. There is also considerable evidence that sunlight exposure improves mood, may combat depression, and in general creates a subjective feeling of greater wellbeing. The researchers conclude that the benefits of sunlight exposure may outweigh the widely publicised adverse effects. Says one member of the research team "Those of us who enjoy spending time in the sun

can rest assured that the chance that we will be one of the people dying from our tan is small."

Ness, Andrew R., et al. Are we really dying for a tan? British Medical Journal, Vol. 319, July 10, 1999, pp. 114-16

Memory loss linked to vitamin E deficiency

INDIANAPOLIS, INDIANA. Oxidative stress is a major cause of accelerated aging and has been clearly implicated in both Alzheimer's and Parkinson's disease. Antioxidants such as vitamin C and E and the carotenoids have been shown to effectively combat oxidative stress. A team of researchers from Indiana University now report that oxidative stress may also be involved in memory loss and that older people with high vitamin E levels are less likely to suffer from memory loss than are people with low levels. Their study involved 4809 older people (aged 60 years and over) and was part of the Third National Health and Nutrition Examination Survey (NHANES III) carried out between 1988 and 1994. All participants were given a test aimed at detecting memory loss (delayed word recall and delayed story recall) and also provided blood samples for analysis of vitamins A, C and E, selenium, carotenoids, folate, calcium, iron, and cholesterol. Overall, 7 per cent of the participants were found to have poor memory. Non-Hispanic blacks had the highest prevalence of poor memory while non-Hispanic whites had the lowest. Higher age, lower level

of education, low family income (less than \$20,000/year) and not enough to eat were all associated with a higher incidence of memory loss. Blood serum levels of selenium, vitamins A and C, and carotenoids (per unit of cholesterol) were not associated with poor memory. There was, however, a clear correlation between vitamin E level (per unit of cholesterol) and memory loss. Participants with vitamin E levels below 4.8 had a 175 per cent higher incidence of memory loss than did participants with a level above 7.2. It is worth noting that high vitamin E levels were most prevalent among non-Hispanic whites and among those taking vitamin supplements. Nevertheless, even after adjusting for all other pertinent risk factors it was clear that people with a high vitamin E level were significantly less likely to suffer from memory loss.

Perkins, Anthony J, et al. Association of antioxidants with memory in a multiethnic elderly sample using the Third National Health and Nutrition Examination Survey. American Journal of Epidemiology, Vol. 150, July 1, 1999, pp. 37-44

Parkinson's patients on l-dopa need folic acid

BOCHUM, GERMANY. People suffering from Parkinson's disease have an increased risk of heart attacks and strokes. A team of German and Swiss medical researchers believe they have uncovered the reason for this and propose a simple solution to the problem. The researchers studied a group of 48- to 73-year-old people. Fifteen of them had Parkinson's disease and were treated with levodopa plus decarboxylase inhibitor (Sinemet), 15 had Parkinson's disease, but were not treated as yet, and 15 were healthy controls. All study participants had their homocysteine levels measured after a 10-hour fast. The drug-treated Parkinson's patients had an average level of 17.3 micromol/L as compared to 9.1 micromol/L in the untreated group, and 9.2 micromol/L in

the group of healthy controls. Other research has found that men with a level of 15 micromol/L increase their risk of coronary heart disease by 60 per cent while women increase it by 80 per cent. The risk of a stroke at the 15 micromol/L is two to five times higher than at the 10 micromol/L level in both men and women and the risk of peripheral vascular disease (eg. intermittent claudication) is seven times higher among people with elevated levels. The researchers believe that prolonged treatment with levodopa and decarboxylase inhibitor increases the blood level of homocysteine resulting in a greater risk for heart disease and stroke. They point out that elevated homocysteine levels can be lowered easily and effectively by supplementation with folic acid

(400-800 micrograms per day or more depending on homocysteine level). The research team concludes that Parkinson's patients who are treated with levopoda should have their homocysteine levels monitored on a regular basis and should supplement with folic acid as required. (Editor's Note: Folic acid is non-toxic and no cases of overdosing have ever been reported. In these times of tight medical

resources it would seem reasonable to suggest that Parkinson's patients on levopoda routinely supplement with 400-800 micrograms per day - unless, of course, their physician has specific objections to this).

Muller, Thomas, et al. Nigral endothelial dysfunction, homocysteine, and Parkinson's disease. The Lancet, Vol. 354, July 10, 1999, pp. 126-27 (research letter)

Is seeing drug salesmen a waste of time?

THORNTON HEATH, UNITED KINGDOM. Dr. David Griffith, a British consultant physician for care of older people, makes an eloquent plea to try to convince physicians to spend less time seeing salesmen from pharmaceutical companies and more time seeing their patients. Dr. Griffith points out that with today's multitude of reliable information sources there is really little or no need to see drug representatives in order to keep abreast of new developments. Not surprisingly, there is evidence that the more reliant doctors are on salesmen-provided information the more irrational they are in their prescription habits. Increased health care costs are likely to be a further consequence of contact

with drug company representatives. The sale of selective serotonin reuptake inhibitors (Paxil, Prozac, etc.), for example, have been far higher than would have been expected if their prescription was based on scientific facts rather than on commercial hype. Says Dr. Griffith "There is potentially much to be gained by changing our ways. We could cut costs, improve our prescribing practices - and save a little time in our crowded schedules. With more new and expensive drugs now hitting the market, this might be an ideal time for change."

Griffith, David. Reasons for not seeing drug representatives. British Medical Journal, Vol. 319, July 10, 1999, pp. 69-70 (editorial)

New test accurately detects *Helicobacter pylori* infection

ANN ARBOR, MICHIGAN. A *Helicobacter pylori* infection is the main cause of stomach ulcers. The presence of the infection can be positively established by endoscopy and analysis of tissue removed from the stomach. The urea breath test is a rapid, non-invasive test which can also be used to detect the infection, but it is somewhat less accurate than endoscopy. Performing the urea breath test is also time-consuming and most general practitioners do not have the expertise and equipment required to do it properly. Now a team of researchers from five American medical centers report the development of a variant of the urea test which is quicker, less expensive, and can be performed by most doctors without any special training. The new test involves the ingestion of urea labelled with a carbon radio isotope just as does the present urea breath

test. However, instead of measuring the presence of the isotope in the breath after ingesting the urease the new test measures the presence of labelled carbon in bicarbonate in the blood. All that is required is a standard sample of venous blood drawn 30 minutes after urease ingestion. The new test is not only less invasive, cheaper, and easier to perform than previous tests, but it is also very accurate with an accuracy of 93 per cent of that obtained by endoscopy and tissue analysis. Note: This study was supported by Metabolic Solutions, Inc., a blood analysis laboratory.

Chey, W.D., et al. The ¹³C-urea blood test accurately detects active Helicobacter pylori infection: a United States, multicenter trial. American Journal of Gastroenterology, Vol. 94, June 1999, pp. 1522-24

Pipe smoking and lung cancer

LYON, FRANCE. It is a well established fact that the smoking of cigarettes increases the risk of lung cancer by a factor of about 15. The situation regarding pipe and cigar smoking is not quite so clear and some studies have shown comparatively little increase in lung cancer risk among cigar and pipe smokers. Now a team of European researchers from nine major medical centers reports that pipe and cigar smokers also face a vastly increased risk of lung cancer. Their study involved 5621 men with lung cancer and 7255 matched controls. The researchers found that pipe smokers increased their risk of developing lung cancer by a factor of 7.9 as compared to non-smokers while cigar and cigarillos (small cigars) smokers increased their risk by a factor of 9. Cigarette smokers were found to have a 14.9 times higher risk of lung cancer than were non-smokers. Cigar smokers

who began their habit before the age of 20 years were particularly vulnerable to lung cancer as were those who smoked more than 15 grams per day and had been smoking for a long time. Heavy smokers of cigars and cigarillos were found to have a 35 times greater risk than non-smokers and smokers who inhaled had a five times greater risk than smokers who did not. The researchers conclude that cigar and pipe smoke is just as carcinogenic as cigarette smoke and that previous results indicating that pipe and cigar smoking may be safer can be explained by the fact that pipe and cigar smokers tend to smoke less and start the habit later in life.

Boffetta, Paolo, et al. Cigar and pipe smoking and lung cancer risk: a multicenter study from Europe. Journal of the National Cancer Institute, Vol. 91, April 21, 1999, pp. 697-701

Shark cartilage helps scleroderma victims

WAKEFIELD, RHODE ISLAND. Scleroderma (systemic sclerosis) is a serious disorder which is characterized by a thickening and stiffening of the skin, blood vessels, and tissues in the lungs, heart, and kidneys. The onset of the disease is usually between the ages of 30 and 50 years and women are affected three times as often as men. The disease is painful and leads to a gradual loss of motion of the joints. There is no effective cure. Now two physicians, Dr. Peter Himmel and Dr. Trina Seligman, report that treatment with shark cartilage may help alleviate some symptoms of the disease. Their conclusion is based on only four cases and clearly needs validation in larger trials. The four patients were all women between the ages of 45 and 63 years who had suffered from

scleroderma for 5 to 20 years when they began the shark cartilage therapy. Each patient received 7 cc of shark cartilage extract (Car-T-Cell) daily in the form of a vial which was ingested (sublingually) on an empty stomach. All patients experienced improvements in their condition after a few months of therapy. One patient reported a significant improvement in her pain and fibromyalgia, another increased her walking distance to a mile a day from only a few blocks and was able to return to work, while a third reported a complete reversal of her arthritis symptoms.

Himmel, Peter B. and Seligman, Trina M. Treatment of systemic sclerosis with shark cartilage extract. Journal of Orthomolecular Medicine, Vol. 14, No. 2, Second Quarter, 1999, pp. 73-77

Rapid rise in the incidence of diabetes

SAN ANTONIO, TEXAS. It is estimated that over 13 million people in the United States suffer from diabetes and that 650,000 new cases are diagnosed every year. Most diabetics (over 90 per cent) have non-insulin-dependent diabetes

mellitus (NIDDM) or type 2 diabetes. NIDDM usually starts in middle age and is often associated with obesity. The disorder may lead to heart disease, kidney failure, and blindness. Researchers at the Texas Health Science

Center have just released the results of a major study which shows that the number of new cases of type 2 diabetes diagnosed in a year has tripled between 1987 and 1996. Their study involved 1995 Mexican Americans and 1231 non-Hispanic, white Americans. The participants who were non-diabetic at baseline were enrolled in the study during the period 1979 to 1988 and were followed for a seven- to eight-year period to determine the incidence of new diabetes cases. During the follow-up a total of 225 Mexican Americans and 68 non-Hispanic whites developed diabetes. Analysis of the collected data showed a clear trend toward a significant increase in new diabetes cases. In Mexican Americans the seven- to eight-year incidence increased from 5.7 per cent for participants enrolled in 1979 to 15.7 per cent for those enrolled in 1988. In non-Hispanic whites the incidence rose from 2.6 per cent for participants enrolled in 1980 to 9.4 per cent for

those enrolled in 1988. The significant increase in diabetes incidence held true even when adjusting for sex, age, ethnic group, and neighbourhood (income and social level). Being older, living in a poorer neighbourhood, being Mexican American, and being obese were all independently associated with an increased risk of diabetes. The researchers also found a significant increase in the incidence of obesity (body mass index greater than 27) over the study period. They conclude that the incidence of type 2 diabetes increased by eight to ten per cent a year during the period 1987 to 1996 and warn that "obesity and diabetes could easily become the preeminent US public health problem."

Burke, James P., et al. Rapid rise in the incidence of type 2 diabetes from 1987 to 1996. Archives of Internal Medicine, Vol. 159, July 12, 1999, pp. 1450-56

Epileptics may benefit from aromatherapy

BIRMINGHAM, UNITED KINGDOM. "There are simple ways of helping people with epilepsy avoid seizures, but unfortunately doctors and patients are generally not aware of them." So says Dr. Tim Betts, a consultant neuropsychiatrist and senior lecturer at the University of Birmingham. Dr. Betts points out that many epileptics know in advance when they are going to have a seizure and that about half know what sets it off. He suggests that reducing stress levels through relaxation is an excellent idea for anyone suffering from seizures. He is particularly impressed with the results using aromatherapy in combination with massage. Aromatherapy massage using oils such as ylang ylang, bergamot, camomile, lavender, and jasmine are profoundly relaxing and the feeling of relaxation they induce can, after a while, be recaptured

immediately by sniffing a small bottle of the oil. Dr. Betts has found that many epilepsy patients after three or four aromatherapy massages are able to avoid seizures by gently inhaling lavender or jasmine oil whenever they feel an impending seizure. In a small trial involving 50 epileptics he found that a quarter of the patients eliminated their seizures altogether by using this method. Dr. Betts cautions that rosemary and other oils containing camphor should not be used by epileptics. He also suggests that patients should make an effort to become aware of what sets off their seizures and then avoid these situations. Sitting too close to the set when watching television apparently is a fairly common precipitating factor.

Betts, Tim. Not a fit response. The Therapist, Vol. 6, No. 3, Summer 1999, pp. 15-18

DHEA protects against prostate cancer

We do not usually report information based on animal experiments; however, the finding that DHEA can prevent or even reverse prostate cancer in laboratory rats seemed important enough to make an exception.

CHICAGO, ILLINOIS Prostate cancer is the second most common cause of cancer death in Western male populations. It is estimated that about 18 per cent of American men will develop prostate cancer during their lifetime. Some researchers believe that many more have the

beginnings of prostate cancer, but die from other causes before the cancer becomes invasive and fatal. Research has shown that the hormone DHEA (dehydroepiandrosterone) inhibits the growth of both human and rat prostate cancer cells *in vitro* (in test tubes). Now a team of researchers from the National Cancer Institute, the New York University School of Medicine, and the ITT Research Institute reports that DHEA confers significant protection against prostate cancer progression when given to laboratory rats as part of their diet. Their experiment involved rats which were given carcinogenic chemicals to induce precancerous lesions in the prostate. One group of the rats had 1000 or 2000 mg of DHEA added to each kilogram of feed starting one week before inducing the cancer. Other groups had 2000 mg of DHEA added per kilogram of diet one week before induction, 20 weeks after induction or 40

weeks after induction. The rats received the DHEA until the experiment was concluded 13 months after cancer induction. Control rats received no DHEA. The researchers found a very significant decrease in the progression to full prostate cancer among the rats given DHEA in their diets. This effect was evident whether the DHEA was given one week before or 20 or 40 weeks after cancer induction. They conclude that DHEA or a suitable derivative may be effective in preventing the development and progression of prostate cancer in humans, but caution that more work is required to ensure the DHEA's hormonal effects (conversion to testosterone and estrogenic activity) are not detrimental.

Rao, K.V.N., et al. Chemoprevention of rat prostate carcinogenesis by early and delayed administration of dehydroepiandrosterone. Cancer Research, Vol. 59, No. 13, July 1, 1999, pp. 3084-89

Systolic blood pressure most important for older people

MILAN, ITALY. It is a well established fact that high blood pressure is a potent risk factor for heart disease and subsequent death. In young and middle-aged people it is clear that systolic blood pressure (SBP) of 140 mm or higher, a diastolic pressure (DBP) of 90 mm or higher or a combination of the two are associated with increased risk. For older people (over 65 years of age) the situation is not quite so clear. Some, but not all, previous studies have found that SBP is a stronger predictor of risk than is DBP. A group of researchers involved with the SPAA (Studio sulla Pressione Arteriosa nell'Anziano) weigh in with the results of a major study involving 3784 outpatients aged 65 years or older. The study participants had repeated blood pressure measurements over a one-year period (both in the supine and sitting positions) and were then followed up for 10 years to determine the association between blood pressure and mortality. At baseline 79.9 per cent of the participants had a SBP of 140 mm or higher and 35.8 per cent had a DBP of 90 mm

or higher. At the end of the 10-year period 1561 of the participants had died. The single-most important cause of death was cardiovascular disease which claimed 709 lives (45.4 per cent of all deaths). Analysis of the blood pressure data showed a clear association between SBP and the risk of dying from heart disease or other causes with people who have higher SBPs having the highest risk. No correlation was found between DBP and mortality irrespective of whether baseline DBP was below or considerably above 90 mm Hg. The researchers conclude that in the elderly a high SBP, but not a high DBP, is associated with increased mortality especially from cardiovascular disease. They recommend that this finding be taken into account when diagnosing and treating elderly people for high blood pressure.

Alli, Claudi, et al. The long-term prognostic significance of repeated blood pressure measurements in the elderly. Archives of Internal Medicine, Vol. 159, June 14, 1999, pp. 1205-12

NEWSBRIEFS

Avoid coffee before giving birth. Medical doctors at the Port Royal Hospital in Paris caution pregnant mothers about drinking coffee or other caffeine-containing drinks before giving birth. Animal experiments carried out at the hospital showed that just drinking what would correspond to two cups of coffee even a day before giving birth could result in the offspring developing chronic epilepsy. Apparently caffeine starves the newborn's brain cells of oxygen during a few critical moments during birth and sets up wrong nerve connections which favour seizures later in life.

Antioxidants protect against Alzheimer's disease. Researchers at the Harvard Medical School have discovered that the beta-amyloid deposits so characteristic of Alzheimer's disease are powerful generators of hydrogen peroxide when in the presence of iron and copper. Excessive hydrogen peroxide in the brain is suspected of being responsible for much of the mental deterioration accompanying Alzheimer's. Says Dr. Ashley Bush, a member of the research team "This new evidence that the generation of peroxide may be involved in the disease process fits in with other observations. Earlier studies have shown that antioxidants such as vitamin E offer significant protection to people who are developing Alzheimer's."

UV lights kill microbes in ventilation systems. It is a well established fact that modern ventilation systems are havens for disease-causing bacteria and viruses. The common cold, flu, and even tuberculosis are readily spread via ventilation systems in airplanes, cruise ships, and office buildings. Now researchers at McGill University in Montreal have discovered (rediscovered?) that ultraviolet lights placed within the ventilation system will kill the microbes and result in a healthier environment and can go a long way towards eliminating the "sick building syndrome".

Mercury contaminated food linked to high blood pressure. Fish and other marine life are becoming increasingly contaminated with mercury. A Danish researcher now reports that babies whose mothers had eaten a lot of fish or mercury-containing whale meat during pregnancy gave birth to babies who later developed excessively high blood pressure and a predisposition to cardiovascular disease. He found that children who had been exposed to 10 micrograms of mercury per liter of umbilical cord blood had a 14 point higher blood pressure (both diastolic and systolic) than did children who were exposed to only 1 microgram. The United Nation's Codex Alimentarius currently allows a maximum exposure of 300 micrograms per kilogram of body weight. This would be enough to provide an umbilical cord blood level more than three times higher than the level found to affect blood pressure. The U.S. Environmental Protection Agency wants lower limits for mercury in fish, but the U.S. Food and Drug Administration opposes any cuts as it would mean that too much food would be rejected as being unusable.

Cooked vegetables may be healthier. A team of European researchers reports that cooked vegetables are a richer source of beta-carotene, lutein, lycopen, and other antioxidants than are raw vegetables. "Absorption of carotenoids from raw carrots is about 3 or 4 per cent, but if you cook and mash them, absorption increases by 4- or 5-fold", says Sue Southon, coordinator of the project at the Institute of Food Research in Norwich. She also points out that it does not matter, as far as carotene value is concerned, whether the vegetables you eat are fresh, cooked, mashed, frozen or canned.

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