

INTERNATIONAL HEALTH NEWS

Your Gateway to Better Health!

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Editorial

The "party line" of conventional medicine "You get all the vitamins you need from your food" and "Supplements only produce expensive urine" is becoming more and more ridiculous. Survey after survey have shown that a great many, if not most, people in developed countries suffer from a deficiency of one or more minerals or vitamins. Folic acid, vitamin D, vitamin B12, selenium, and magnesium are just a few that come immediately to mind. Eating 10 servings a day of depleted and "malnourished" fruits and vegetables just isn't going to solve the problem. Nowadays, supplementation is a

must!

The rapid and disturbing trend to genetically modified foods in North America (most of Europe has banned them) may well add to the problem. Contrary to what the industry and government would have us believe, genetically engineered foods are NOT the same as natural foods. Natural corn does not kill butterflies, but genetically modified corn does! The argument that genetic engineering is nothing but a sophisticated form of crossbreeding is also a lot of rubbish. I challenge anyone to put a gene from a fish into a tomato through standard crossbreeding techniques!

In this month's issue we add to the evidence concerning the vital role of magnesium. Recent research not only confirms that the average intake of magnesium is too low, but that low magnesium levels increase the risk of fatal heart disease and that this risk can be reduced by magnesium supplementation. Other research has found that low magnesium levels increase the risk of developing type 2 diabetes. So please make sure you get adequate magnesium (balanced with calcium). Kelp, wheat bran, and almonds are excellent sources of magnesium, but many progressive physicians now recommend daily supplementation to ensure an intake of at least 6 mg per kg of body weight or about 400 mg/day for a 150-lb person.

*Yours in health,
Hans R. Larsen*

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LETTERS TO THE EDITOR

My symptoms of atrial fibrillation match exactly those described in your article on lone atrial fibrillation. My attacks occur after eating and while sleeping. Could you please provide information on diagnosis and treatment of vagal nerve disorder and atrial fibrillation.

Paul, USA

Editor: I don't know a lot more about lone atrial fibrillation of vagal origin other than what was in my [article \(http://www.com/healthnews/atrial_fibrillation.html\)](http://www.com/healthnews/atrial_fibrillation.html). However, here are a couple of relevant quotes from Dr. Philippe Coumel's book:

"The commonest feature is that of weekly episodes, lasting from a few minutes to several hours. The essential feature is the occurrence of attacks at night, often ending in the morning. Rest, digestive periods (particularly after dinner), and alcohol absorption are also predisposing factors. Exercise or emotional stress do not trigger the arrhythmia. On the contrary, on feeling the sensation of an incoming arrhythmia (repeated atrial premature beats), many patients observed that they could prevent it by exercising, but the relaxation period that follows an effort or an emotional stress frequently coincides with the onset of AF".

"Patients with vagal AF not only have the number of their attacks clearly increased by beta-blockers (as well as by digitalis), but they poorly tolerate these drugs when in sinus rhythm."

Unfortunately, Dr. Coumel does not mention any drugs that do work to control LAF of vagal origin and I have not come across any in my research.

In a recent article you talk about DHEA and DHEAS with the latter, in low levels, common in hypertension. Since I am struggling to get hypertension under control naturally, and to this point little seems to be effective, I was wondering if DHEAS is a separate entity which can be purchased or is it derived from DHEA which I am currently taking? Any help in my fight would be most appreciated. I take a good multivitamin, alpha-lipoic acid, CoQ10 (120), DHEA (50) daily.

David, Canada

Editor: DHEA taken orally is converted to DHEAS in the body so if you take DHEA at present you will naturally increase your DHEAS level. I am sorry to hear about your hypertension. Have you read my database summary on the subject? It can be found at <http://www.com/healthnews/hypertension.html>. There may also be some additional treatment options described in recent issues of IHN.

I was recently reading your article on Parkinson's disease and was curious as to the mention of broad beans as a source of l-dopa. Could you please explain what broad beans are and where they are available?

Douglas, USA

Editor: Broad beans are also known as fava or faba beans. In season they are available fresh in vegetable markets otherwise in tins. However, there is some evidence that the pods rather than the beans themselves are the richest source of l-dopa.

I am trying to find information on chelation therapy for a friend. If you know of somewhere on the internet to find this information could you please let me know.

Ann, Canada

Editor: You may wish to check out the following websites:

<http://www.ChelationClinic.Com/>
<http://www.nwchem.com/chelate.html>

You can also contact the following address for further information or to find a physician in your area who does chelation therapy: American College of Advancement in Medicine, PO Box 3427, Laguna Hills, CA 92654, (714) 583-7666. In Canada you can contact Health Action Network Society (HANS), #202 - 5262 Rumble Street, Burnaby, BC, V5J 2B6, (604) 435-0512.

Lack of magnesium and heart disease

ATLANTA, GEORGIA. Researchers at the Centers for Disease Control and Prevention have just released the results of a study which shows a clear association between low blood serum levels of magnesium and the risk of dying from heart disease and other causes. The study involved 12,000 participants who were enrolled between 1971 and 1975 and followed for 19 years. At the end of the study 4282 of the participants had died, 1005 of them from ischemic heart disease. Compared with participants having a magnesium level of 0.80 mmol/L or less the risk of dying from heart disease was 21 per cent lower among participants with magnesium concentrations between 0.80 and 0.84 mmol/L and 31 to 34 per cent lower among participants with concentrations higher than 0.84 mmol/L. This correlation held true even after adjusting for other major variables such as age, sex, race,

education, smoking status, systolic blood pressure, use of anti-hypertensive medications, body mass index, history of diabetes, alcohol use, and the level of physical activity. The researchers estimate that about 11 per cent of the almost 500,000 deaths from coronary heart disease which occurred in 1993 in the United States can be attributed to low magnesium levels. They also point out that a recent study (NHANES I) found that about 23 per cent of the people evaluated had magnesium levels below 0.80 mmol/L. Other studies have shown that a large proportion of the American population does not consume the recommended daily allowance of magnesium (350 mg/day for men and 280 mg/day for women).

Ford, Earl S. Serum magnesium and ischaemic heart disease: findings from a national sample of US adults. International Journal of Epidemiology, Vol. 28, August 1999, pp. 645-51

Magnesium deficiency linked to diabetes

BALTIMORE, MARYLAND. A link between low body levels of magnesium and type 2 diabetes has long been suspected, but there has been no agreement as to whether low magnesium levels cause diabetes or the presence of diabetes results in low magnesium levels. A team of researchers from the Johns Hopkins University School of Medicine and three other medical schools have just released a major report which clearly supports the idea that low magnesium levels are an important risk factor for diabetes. Their study involved 12,128 middle-aged white and black Americans who were non-diabetic at the start of the study. Six years later 367 of the black participants (14 per cent) and 739 (8 per cent) of the white participants had developed diabetes. A comparison of baseline blood serum levels and the incidence of diabetes showed that among white participants those with high magnesium levels (greater than 0.95 mmol/L) had a 50 per cent lower incidence of diabetes than participants with low levels (0.25-

0.70 mmol/L). Total incidence was 11.1 cases per 1000 person-years at the high level and 22.8 cases at the low level. No significant correlation between serum magnesium levels and diabetes was found among the black participants. Surprisingly, the researchers also did not find any association between dietary intake of magnesium and the incidence of diabetes. Other studies have, however, found such a correlation. The researchers suggest that increased magnesium consumption along with modification of other risk factors for type 2 diabetes (obesity and lack of exercise) might represent a novel means to prevent type 2 diabetes.

Kao, W.H. Linda, et al. Serum and dietary magnesium and the risk of type 2 diabetes mellitus. Archives of Internal Medicine, Vol. 159, October 11, 1999, pp. 2151-59

Orchard, Trevor J. Magnesium and type 2 diabetes mellitus. Archives of Internal Medicine, Vol. 159, October 11, 1999, pp. 2119-20 (editorial)

Are afternoon naps bad for your health?

JERUSALEM, ISRAEL. There is ample evidence that strokes and heart attacks occur more frequently during the morning. It is believed that this is because the process of waking up causes hormonal changes and changes in blood pressure and heart rate which can all be detrimental to heart function. Now researchers at the Hadassah University Hospital report that waking up from an afternoon nap (siesta) may have similar effects. Their study involved 455 70-year-old residents of Jerusalem. The researchers found that the mortality over a 6.5-year period was almost twice as high (20 per cent vs. 11 per cent) among study participants who usually had a siesta as among those who did not. The difference was particularly

noticeable among participants who died from cardiovascular events. Among the siesta takers 9 per cent died during the observation period as compared to 4 per cent among those who took no siesta. This correlation held true even when adjusting for previous heart attacks, blood pressure, physical exercise level, duration of night sleep, smoking status, cholesterol level, and the presence of cerebrovascular disease. The researchers conclude that people who regularly take an afternoon nap have a higher mortality rate than people who do not.

Bursztyn, Michael, et al. The siesta in the elderly: risk factor for mortality? Archives of Internal Medicine, Vol. 159, July 26, 1999, pp. 1582-86

Fish oils protect against death from heart disease

SANTA MARIA IMBARO, ITALY. There is clear evidence that a diet rich in oily fish confers considerable protection against heart disease. What is less clear is whether concentrated fish tissue oils in capsule form confer similar benefits. A very large group of Italian researchers (Gruppo Italiano per lo Studio della Sopravvivenza nell'Infarto miocardico) has just completed a major study which shows the benefits of fish oil supplementation in patients who have survived a first heart attack. Their study involved over 11,000 heart attack survivors who were randomly assigned to one of four groups. Group one received a one-gram gelatine capsule containing about 580 mg of eicosapentaenoic acid (EPA) and 290 mg of docosahexaenoic acid (DHA) as ethyl esters every day. Group two received 300 mg of synthetic vitamin E daily; group three both fish oil and vitamin E; and group four served as the control group. All participants ate a largely Mediterranean diet and continued to take their prescribed medications (beta-blockers, aspirin, and ACE-inhibitors). After 3.5 years of follow-up it was clear that the participants who had received fish oil or fish oil plus vitamin E had lowered their risk of dying or having another heart attack or a stroke by 10 to 15 per cent.

The group who had taken vitamin E alone derived no statistically significant benefit from doing so. (Editor's note: The 300 mg of synthetic vitamin E used in the study corresponds to about 150 IU of natural vitamin E. This would be much less effective than the 200-400 IU/day of natural vitamin E used in studies which have shown a benefit of vitamin E in regard to heart disease and stroke). The researchers conclude that daily supplementation with fish oils (equivalent of consuming 100 grams of fish per day) is beneficial for patients who have survived a first heart attack. They suggest that the role of vitamin E needs further exploration. (Editor's note: Other studies have shown that vitamin E protects fish oils from going rancid so it is a good idea to take a combination of the two). NOTE: This study was funded in part by Bristol-Myers Squibb, Pharmacia-Upjohn, Societa Prodotti Antibiotici, and Pfizer.

Dietary supplementation with n-3 polyunsaturated fatty acids and vitamin E after myocardial infarction: results of the GISSI-Prevenzione trial. The Lancet, Vol. 354, August 7, 1999, pp. 447-55

Brown, Morris. Do vitamin E and fish oil protect against ischaemic heart disease? The Lancet, Vol. 354, August 7, 1999, pp. 441-42 (commentary)

For really fast action chew your aspirin

DALLAS, TEXAS. Several large scale trials have shown that taking an aspirin as soon as possible after feeling the first pangs of a heart attack can reduce the risk of dying by 23 per cent. Medical doctors at the Texas Southwestern Medical School now report that the aspirin should be chewed rather than swallowed whole in order to minimize the time it takes for the aspirin to take affect. Aspirin works by blocking the synthesis of thromboxane, a metabolite of arachidonic acid, which is involved in the formation of blood clots. The Texas experiment involved 12 healthy volunteers (six women and six men) who, after an overnight fast, swallowed either a chewed Bufferin tablet (325 mg), a whole Bufferin tablet (325 mg) or 4 ounces of water in which an Alka-Seltzer tablet (containing 325 mg of ASA) had been dissolved. The researchers measured the blood plasma levels of ASA (acetyl salicylic acid), salicylate, and thromboxane B₂ (TxB₂) immediately before administration of the aspirin as well as 1, 3, 5, 7.5, 10, 15, 20, 30, 60, 120 and 180 minutes after administration. ASA was

detectable in the plasma of 10 of the participants within 3 minutes of swallowing a chewed tablet (with 4 ounces of water) and in all 12 by 5 minutes. In contrast, it took 20 minutes before ASA was detected in all participants after swallowing the tablet whole and 10 minutes after taking the Alka-Seltzer. Formation of thromboxane was inhibited by 50 per cent after 5 minutes and by 90 per cent after 14 minutes in the case of the chewed tablet as compared to 12 minutes and 26 minutes and 8 minutes and 16 minutes for the whole tablet and Alka-Seltzer respectively. Considering that it takes about 3 minutes to dissolve an Alka-Seltzer tablet the researchers conclude that by far the quickest way of halting further damage and possibly death during a heart attack is by swallowing a chewed aspirin with water.

Feldman, Mark, and Cryer, Byron. Aspirin absorption rates and platelet inhibition times with 325-mg buffered aspirin tablets (chewed or swallowed intact) and with buffered aspirin solution. American Journal of Cardiology, Vol. 84, August 15, 1999, pp. 404-09

Warfarin promotes bone fractures

ROCHESTER, MINNESOTA. Warfarin (Coumadin) is a commonly used anticoagulant which is prescribed in order to prevent blood clots and ischemic strokes. Among other detrimental effects warfarin inhibits the action of vitamin K, a crucial factor involved in the formation of bone mass. It is therefore not surprising that researchers at the Mayo Clinic have discovered that long term use of warfarin markedly increases the risk of osteoporotic fractures of the vertebrae and ribs. Their study involved 572 women (99 per cent white) aged 35 to 95 years (average age of 63.9 years) who had experienced a venous thromboembolism (blood clot) prior to their entry into the study during the period 1966 to 1990. The women were all prescribed warfarin after their incident and had been taking it for periods ranging from 0 to 27.4 years. All told a total of 480 fractures

occurred during the 6314 person-years of follow-up. The researchers found that women who had been taking warfarin for a year or more had a 5.5 times greater risk of having a spinal fracture and a 3.4 times greater risk of a rib fracture than would be expected. Even taking warfarin for less than three months increased the risk of vertebral failure by a factor of 2.4 and the risk of rib fractures by 1.6. The study also confirmed that advancing age and a history of cancer or liver disease are potent risk factors for osteoporotic fractures. After adjusting for other variables the researchers conclude that taking warfarin for a year or more increases the risk of vertebral and rib fractures by a factor of two.

Caraballo, Pedro J., et al. Long-term use of oral anticoagulants and the risk of fracture. Archives of Internal Medicine, Vol. 159, August 9/23, 1999, pp. 1750-56

Magnesium supplementation helps heart patients

LOS ANGELES, CALIFORNIA. Clinical trials have shown that a magnesium injection can reduce the risk of dying during a heart attack. Whether orally administered magnesium is of benefit to heart patients is unclear. Now researchers at the Cedars-Sinai Medical Center report that daily oral magnesium supplementation may help prevent the formation of blood clots in patients suffering from coronary artery disease (CAD). Their experiment involved 42 CAD patients who were randomized to receive either magnesium oxide tablets (800-1200 mg/day) or a placebo for a three-month period followed by a four-week washout period, and then the alternative treatment for three months. All patients were taking aspirin as well as their other regular medications throughout the study. Before and after each phase the researchers measured a range of blood chemistry variables among them platelet-dependent thrombosis (PDT) which is a measure of the blood's tendency to form clots.

The average (median) PDT was found to be 35 per cent lower in patients taking magnesium than in patients taking the placebo. It is interesting that the researchers found no significant differences in blood serum magnesium levels even after three months of supplementation. This confirms that blood serum is a very poor indicator of magnesium status in the body. This is perhaps not surprising as 99 per cent of the body's magnesium content is found in bones and cells rather than in the blood. The researchers conclude that oral magnesium supplementation may benefit CAD patients. NOTE: This study was partly funded by Blaine Company Inc. (supplier of magnesium oxide), Erlanger, KY and Nutrition 21, San Diego, CA.

Shechter, Michael, et al. Oral magnesium supplementation inhibits platelet-dependent thrombosis in patients with coronary artery disease. American Journal of Cardiology, Vol. 84, July 15, 1999, pp. 152-56

New Zealand's health care system fails the poor

VANCOUVER, CANADA. Heather Kent, a Vancouver journalist, has just returned from a visit to her native New Zealand and has provided an intriguing glimpse into the problems besetting the health care system there. The New Zealand system was radically changed in 1991 in order to save money and the idea of competition among providers and the establishment of private hospitals was introduced. Eight years later it is clear that the new system is seriously flawed especially when it comes to providing care for the poor. A visit to the doctor's office now costs NZ\$ 39 for anyone over the age of six years and drug dispensing fees of \$13 to \$18 per prescription add to the burden. Waiting lists for admission to public hospitals are very long with the wait for hip- and knee-joint surgery being up to five years.

Luxurious, private hospital facilities are becoming more common where waiting times are short and some even charge for surgery by the minute. The end result is that poorer people are becoming more and more excluded from the health care system. Says Dr. Janet Frater, a family physician in Auckland, "The government puts far too much emphasis on user-pay and does not really realize how difficult it is for people on low incomes. Profits have become much more important than people. Before, we thought totally about the best thing for the patient. I'm finding it very difficult."

Kent, Heather. New Zealand embraces a parallel private system - and a growing gap between rich and poor. Canadian Medical Association Journal, Vol. 161, September 7, 1999, pp. 569-71

New, painless test for breast cancer

NEWCASTLE, AUSTRALIA. X-ray mammography is widely used to screen women

for breast cancer. Unfortunately, mammography is not very accurate and can produce a

significant number of false positives (no cancer present) and false negatives (cancer present, but not detected). The test can be very painful due to the compression of the breast necessary for clear pictures and there is some evidence that this compression can actually promote or spread existing cancer. There are several alternative screening tests available, but none have been able to dislodge x-ray mammography from its preeminent position. Medical researchers at the John Hunter Hospital in Australia now suggest that scintimammography may be superior to x-ray mammography in many ways. Scintimammography makes use of a radioactive tracer (Technetium-99m) which is injected into a vein followed by examination of the breasts by a gamma camera. The new test can be done using standard equipment available in any nuclear medicine department. The researchers examined 115 women scheduled for breast cancer surgery using x-ray mammography, scintimammography, and ultrasound examination and fine needle biopsy

where appropriate. Of the 96 confirmed cancer cases scintimammography correctly identified 81 whereas standard mammography identified only 61. Similarly, while scintimammography failed to detect 15 existing cancers x-ray mammography failed to detect 31 cases. X-ray mammography also indicated that six out of 19 non-cancerous women had cancer while the number of false positives with scintimammography was only three out of 19. Scintimammography was found to be vastly superior to x-ray mammography in detecting cancer in patients who had had previous breast surgery or radiation treatments. The researchers conclude that scintimammography has the potential to prevent unnecessary breast biopsies and offers additional advantages in patients who have already undergone treatment for breast cancer. *Howarth, Douglas, et al. Scintimammography: an adjunctive test for the detection of breast cancer. Medical Journal of Australia, Vol. 170, June 21, 1999, pp. 588-91*

Antioxidant deficiency implicated in pancreatitis

CARDIFF, UNITED KINGDOM. Pancreatitis is an inflammation of the pancreas. It is characterized by severe abdominal pain, malabsorption of nutrients, and may lead to the development of diabetes. Pancreatitis may be either acute or chronic. It is often caused by an excessive alcohol intake and the chronic form may require repeated hospital admissions and long term dependence on opiate painkillers. It is thought that excessive oxidative stress is implicated in pancreatitis. Now researchers at the University Hospital of Wales report that people suffering from chronic pancreatitis have much lower blood plasma levels of antioxidants than do healthy people. The researchers measured the levels of selenium, vitamin A, vitamin E, beta-carotene, xanthine, beta-cryptoxanthine, and lycopene in 27 patients with chronic pancreatitis and 19 healthy controls. The chronic pancreatitis sufferers had significantly lower levels of all the measured

antioxidants than did the controls and patients with recurrent pancreatitis. Other research has shown that antioxidant levels are lowest during painful episodes of pancreatitis. The fact that antioxidant levels were measured six weeks after hospital discharge could thus explain why the recurrent acute pancreatitis patients had normal levels of antioxidants at the time of testing. There is evidence from another study that supplementation with antioxidants can markedly reduce pain and the need for hospital admission and surgery in patients with chronic pancreatitis. Whether antioxidant supplementation would also help patients with recurrent pancreatitis is not yet clear. *Morris-Stiff, Gareth J., et al. The antioxidant profiles of patients with recurrent acute and chronic pancreatitis. American Journal of Gastroenterology, Vol. 94, August 1999, pp. 2135-40*

Walking protects women from heart disease

BOSTON, MASSACHUSETTS. It is generally accepted that regular, vigorous exercise reduces the risk of heart attack and death from coronary heart disease (CHD). Most of the studies on this association have involved men and little information is available as to whether women also achieve protection from physical activity and if so, how vigorous an exercise level is required. A group of researchers at Harvard Medical School set out to answer these questions in 1986 and have just released their report. The study involved 72,488 female nurses who were between the ages of 40 and 65 years in 1986. The nurses completed questionnaires about their physical activity level in 1986, 1988, and 1992. After eight years of follow-up 475 of the nurses had suffered a non-fatal heart attack while 170 had died from CHD. For purposes of analysis the women were divided into five groups according to their physical activity level. Women in the first quintile were essentially sedentary while women in the highest (fifth) quintile either exercised vigorously for at least 1.5 hours per week or walked briskly for three hours or more every week. Both vigorous exercise and brisk walking reduced the risk of a non-fatal heart attack or death from CHD between 30 and 40 per cent when results were adjusted for all other factors

known to influence the risk of heart disease. Although not dealt with in any detail in the study report it is of interest to note that the women in the high activity group were more likely to be taking vitamin E supplements (19.4 per cent of the women in the high activity group vs. 12.8 per cent in the sedentary group) and were less likely to be smokers (17.5 per cent in the high activity group vs. 28.2 per cent in the sedentary group). A separate data analysis showed that women who used to be sedentary, but later engaged in even moderate physical activity were able to reduce their risk by 20 to 30 per cent. The research team concludes that women who walk briskly (at a speed greater than three miles or 4.8 km per hour) for at least three hours per week or exercise vigorously for 1.5 hours per week reduce their risk of having a heart attack or dying from heart disease by 30 to 40 per cent. Women who walk for shorter periods or at a slower pace also gain benefits, but to a lesser degree than brisk walkers.

Manson, JoAnn E., et al. A prospective study of walking as compared with vigorous exercise in the prevention of coronary heart disease in women. New England Journal of Medicine, Vol. 341, August 26, 1999, pp. 650-58

Margarine and cholesterol levels

BOSTON, MASSACHUSETTS. There is ample evidence that the consumption of hard (stick) margarine increases the risk of atherosclerosis. It is believed that the offending components in the margarine are *trans*-fatty acids formed during the hydrogenation of vegetable oils to form the solid margarine. Semi-liquid and soft margarines have recently come on the market and are claimed to be more heart healthy than the solid form. Researchers at the Center on Aging at Tufts University have just completed a study to determine how different types of oils and fats affect cholesterol levels. Their study involved 18 women and 18 men over the age of 50 years who had LDL cholesterol (the "bad" kind) levels exceeding 130 mg/dL (3.36 mmol/L). The participants were fed six different diets in random order for 35-day periods. All the diets provided 30 per cent of calories as fat, but were

based on different sources of fat. Diet 1 contained 67 per cent of its fat content as soybean oil (less than 0.5 g of *trans*-fatty acid per 100 g of fat); diet 2 contained 67 per cent of its fat content as semi-liquid margarine (less than 0.5 g/100 g); diet 3 contained soft margarine (7.4 g/100 g); diet 4 contained shortening (9.9 g/100 g); diet 5 contained stick margarine (20.1 g/100 g); and diet 6 (the control diet) contained 67 per cent of its fat as butter. Cholesterol measurements showed that both total and LDL cholesterol levels were lowest for the soybean oil and semi-liquid margarine diets followed by the soft margarine diet, the shortening and stick margarine diets, and finally the butter diet. HDL cholesterol (the "good" kind) was highest in the butter diet and lowest in the stick margarine diet. Levels of Lp(a) lipoprotein were lowest with the butter diet and

highest with the stick margarine diet. A high level of Lp(a) lipoprotein has been found to increase the risk for cardiovascular disease.

The researchers conclude that both the general public and people with high cholesterol levels should be encouraged to use vegetable oils in their natural state or after minimal hydrogenation and should avoid shortening and stick margarine. In an accompanying article researchers at the Harvard Medical School support this conclusion, but point out that avoiding fats with a high *trans*-fatty acid may be difficult as there are no mandatory labeling requirements for them. For example, a

doughnut contains 3.2 grams of *trans*-fatty acids and a large order of french fries 6.8 grams. The Harvard group also points out that saturated fatty acids such as found in butter appear to be less harmful than the *trans*-fatty acids found in margarines when compared on a per gram basis.

Lichtenstein, Alice H., et al. Effects of different forms of dietary hydrogenated fats on serum lipoprotein cholesterol levels. New England Journal of Medicine, Vol. 340, June 24, 1999, pp. 1933-40
Ascherio, Alberto, et al. Trans fatty acids and coronary heart disease. New England Journal of Medicine, Vol. 340, June 24, 1999, pp. 1994-98

NEWSBRIEFS

Monsanto shares - A bad investment?

Deutsche Bank, the world's largest bank, has warned its clients in the United States and Europe that buying shares in Monsanto may not be a good idea. The Bank's recent report, "GMOs Are Dead", points out that genetically engineered plant products have met overwhelming consumer resistance in Europe and are expected to continue to do so. The Deutsche Bank's report pushed the value of Monsanto shares down even further. While the average increase in share prices on the New York Stock Exchange have been about 20 per cent during the first nine months of 1999, Monsanto's shares have dropped by about 15 per cent during the same period.

Gene foods to be segregated. Archer Daniels Midland (ADM), the largest supplier of soy and corn products to the food industry, has informed the farmers providing them with products that genetically engineered soy beans and corn must now be segregated. ADM has found it impossible to sell genetically engineered products in Europe. The result is that farmers who produce these products are now being paid less for their harvest than farmers producing natural corn and soy.

Genetically modified corn kills butterflies.

Researchers at Cornell University have discovered that pollen from genetically modified corn (maize) is lethal to monarch butterflies. The researchers noted that milkweed growing

near the corn became covered with corn pollen. Milkweed is a favourite food of monarch caterpillars and when they ate the pollen-covered milkweed they died. Milkweed covered with pollen from natural corn did not affect the caterpillars at all. Graham Head, a scientist with Monsanto, admitted that the company knew all along that butterflies could be affected by the genetically modified corn. Said he "That doesn't surprise us. The next question is, how much field relevance does this have?"

Garlic may protect against colon cancer.

A New Zealand research team suggests that eating as little as half a clove of raw garlic a day may provide powerful protection against colon cancer. They base their conclusions on laboratory experiments which showed that feeding laboratory rats as little as 0.1 milligram of diallyl disulfide per kg of body weight resulted in a very marked increase in the production of enzymes which are known to purge the colon of cancer-causing substances. Diallyl disulfide is the substance in garlic believed to have the most potent anti-cancer properties. A daily dose of between 0.1 and 0.3 mg/kg of body weight can be obtained from half a clove of raw garlic.

Alternative medicines for cancer.

The National Cancer Institute in the United States recently formed the Office of Cancer Complementary and Alternative Medicine. The new office will help support alternative medicine studies in cancer research. Currently supported

studies include the use of shark cartilage in the treatment of lung cancer, and the use of green tea, ginseng, mistletoe, oleander, melatonin,

Flor-Essence, and 714-X in the prevention and treatment of various other types of cancer.

BOOK REVIEW

The Cancer Conspiracy

John J. Moelaert

Victoria, BC, Canada, 1999

88 pages

John Moelaert is a Victoria writer who specializes in social and environmental issues. He first became involved in the medical and political aspects of cancer in 1979 when his mother died of stomach cancer. His book *The Cancer Conspiracy* is a chilling and disturbing indictment of the cancer industry. John provides convincing evidence that the "war on cancer" is largely a fraud. Despite a research expenditure of over \$30 billion in the last 25 years in the United States alone incidence and mortality of the most common cancers have not decreased at all. As a matter of fact, out of 177 countries the United States and Canada now have the highest and second-highest cancer rates for men and the second- and fourth-highest for women. John provides hair-raising examples of how conventional medicine's "slash, burn and poison" approach to cancer treatment ruins many lives every day. He is sharply critical of the way people are duped into contributing to the evergrowing array of cancer societies. The American Cancer Society, for example, raises about \$425 million every year and spends more

money on fund-raising (23 per cent) than on research (21 per cent). The situation in Canada is similar; the Canadian Cancer Society spends 27 per cent of its income on internal salaries, 12 per cent on fund-raising, and uses only 40 per cent of its total income on funding cancer research. And, even though 80 per cent of all cancers are preventable, very little research is directed towards prevention. John's thoroughly documented arguments cannot help but lead you to the conclusion that there is indeed a vast conspiracy to keep the cancer industry alive by making sure it is supplied with a steady stream of victims. Fortunately, the book also contains a detailed section on what you can do to avoid becoming one of those victims. If you are looking for sound information on cancer prevention and are prepared to have your illusions shattered read *The Cancer Conspiracy!*

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