

THE BETTER HEALTH NEWS

Happy Halloween

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B VITAMINS, MEMORY AND COGNITION

The role of folic acid and vitamin B₁₂ in memory and cognition is pretty well established. Research appearing in the *American Journal of Clinical Nutrition* (2007; 86(5): 1384-1391) looked at 1,648 subjects over the age of 65 over a 10-year period. During the 10-year course of the study cognitive function and vitamin B₁₂ levels were tested at least three times. High vitamin B₁₂ levels were associated with slower rates of cognitive decline. An earlier study appearing in the *American Journal of Clinical Nutrition* (1996;63:306-14), also found that high levels of B₆ were associated with better memory.



Research appearing in *Clinical Biochemistry* (2007; 40(9-10) 604-608) found a connection between low levels of folic acid and vitamin B₁₂, and depression in 66 subjects over the age of 60. Also, the depressed subjects tended to have higher homocysteine levels.

There is not a lot of research on the connection between niacin and memory. Although in the severe niacin deficiency disease, pellagra, there are mental symptoms. Symptoms in the central nervous system can include memory impairment, disorientation,

confusion, and confabulation (excitement, depression, mania and delirium). Some patients may become paranoid.

One study, appearing in the *Journal of Neuroscience* (2008 November 5;28(45):11500-10) looked at the effect niacinamide (a form of niacin) had on memory in rats. The rats in the study were normal rats and rats specially bred to develop a disease similar to Alzheimer's disease in humans. Over a period of four months rats were either given niacinamide in their water or a placebo. In the rats bred for the Alzheimer's-like disease, there was an increase in proteins used to strengthen brain tissue and there was a decrease in material that could lead to plaquing. The specially bred rats who received the niacinamide performed as well on memory tests as the normal mice, while the untreated rats demonstrated loss of memory.

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REDUCING ASTHMA COSTS

In the decade between 1990 and 2000 the cost of asthma care went up 54%, according to *Family Practice News* (October 1, 2000:5). More focus on diet, lifestyle and supplementation can cut these costs. More attention should also be paid to drug therapy and efforts should be made to reduce drug intake.

Inhaler overuse is an important issue, and can lead to increased hospitalizations and death. An article appearing in *Family Practice News* (April 15, 1993:46) stated that deaths from asthma could be cut by 50% if physicians monitored beta agonist inhaler overuse by patients. An inhaler should last one month, but often prescriptions are given with unlimited refills and the doctor has no idea how often the patient is using the inhaler. Other medications can contribute to asthma attacks. An article in the *Annals of Allergy* (June 1992;68:453-462) stated that drugs may be responsible for as many as 10% of asthma attacks. NSAIDs may be responsible for 2/3 of these drug-induced attacks. Drugs, like muscle relaxants, beta-blockers, or antibiotics can also trigger asthma attacks.

Diet is seldom stressed by the medical establishment, but it plays a role in asthma. Research appearing in the *European Respiratory Journal* (2009; 33:33-41) looked at the dietary habits of 54,672 French women and the association with asthma attacks. Of the subjects, 1,063 currently had asthma with 206 having asthma attacks at least once per week. There was a strong correlation between the frequency of asthma attacks the adherence to a "Western" diet including pizza, cured meats, sweets and other processed foods. Also the types of fats in the diet affect asthma symptoms, according to research appearing in the *European Journal of Clinical Nutrition* (2005; 59(12): 1335-46). It found that omega-3 fatty acids were especially helpful for preventing exercise induced

bronchospasm. This was supported by a review article appearing in the *Australian and New Zealand Journal of Medicine* (1994;24:727), which found that a diet low in omega-3 fatty acids and high in omega-6 fatty acids and margarine may be part of the reason that asthma is on the rise. The article notes that asthma is low in Scandinavia and in Mediterranean countries where there is less omega-6 consumption and more consumption of omega-3 and olive oil.

Clinical and Experimental Allergy (2000;30:615-627) reviewed research about nutrients that may affect asthma. Magnesium supplementation was found to reduce bronchial reactivity; magnesium is a mild bronchodilator. Vitamin C intake has been shown to reduce exercise induced asthma. Vitamin C levels tend to be low in asthmatics. The journal *Thorax* (2009; 64(7): 610-9) also reviewed nutritional studies related to asthma and the intake of antioxidants, namely vitamins A, C and E. The authors concluded that "Relatively low dietary intakes of vitamins A and Care associated with statistically significant increased odds of asthma and wheeze." This was echoed in the *American Journal of Clinical Nutrition* (1995;61(Suppl.):625S-630S). A study appearing in the journal *Thorax* (May 2006; 61: 388 - 393) looked at 1,030 subjects and found that dietary vitamin C and manganese intake were inversely associated with asthma symptoms.

Diet is a simple and inexpensive way to improve asthma symptoms. Omega-3 fatty acids, magnesium, manganese and antioxidant supplementation (especially vitamin C) can be of value to these patients. Unfortunately diet and supplementation are seldom recommended in medical offices.

PHARMACEUTICAL ADVERTISING CREATES BIAS

The fact that medical journals sell advertising to drug companies creates a bias against natural products. This should be obvious. After all, is there any better way to corrupt scientific findings than money? A recent study appearing in *BMC Complimentary and Alternative Medicine* (2008 Apr 9;8:11)



looked at the amount of drug company advertising in individual journals and compared it to the content in the journal pertaining to nutritional supplements. The journals with the most advertising from drug companies had the fewest articles about nutritional supplements, and articles about supplements tended to be negative.

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B₁₂ AND AGING

Research appearing in *Neuroscience Bulletin* (2009; 25(4): 209-15) looked at the connection between vitamin B₁₂ deficiency and the health of elderly patients. Out of 827 patients averaging 77 years of age (none younger than 60), 19.7% were vitamin B₁₂ deficient. Vitamin B₁₂ deficiency was associated with many health problems, including neurological symptoms like unsteadiness in the dark, Parkinsonism and hypopallesthesia. There were higher rates of diabetes, heart disease, cerebral ischemia, high blood pressure, and gastrointestinal diseases in the vitamin B₁₂ deficient group.

Severe vitamin B₁₂ deficiency can lead to pernicious anemia, which is a megaloblastic (large red blood cells) anemia. Neurologic symptoms show up in vitamin B₁₂ deficiency long before the anemia develops. Of the deficient patients in this group, only 9.8% had a megaloblastic anemia.

B12-2000™ Lozenges contain 2000 mcg of hydroxocobalamin per lozenge with 800 mcg of folate and 2 mg of pyridoxal-5-phosphate (B₆). A review of research appearing in *Family Practice News* (November 15, 2004:59) shows that taking vitamin B₁₂ orally may be as effective as getting by injection. The article reviewed four earlier studies that compared oral B₁₂ supplementation with injections and placebos in patients with documented B₁₂ deficiency. The studies showed taking a high dose orally (between one and two milligrams per day) is as effective as B₁₂ injections. Lower doses were not as effective, in fact at 10 mcg per day, oral B₁₂ supplementation is no more effective than placebo. Doctors in Sweden use oral B₁₂ therapy instead of injections and have been getting good results for over 30 years.



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ARE YOU READY FOR FLU SEASON?

It looks like the swine flu vaccine (or the more politically correct H1N1 vaccine) will be available to protect us from the latest pandemic. Vaccines ostensibly provide specific immunity, and many people feel that once they have gotten their flu shot, they have done all that is necessary to avoid the flu. It is still a good idea to build general immunity. The flu isn't the only thing that can make you sick and the available vaccine does not always match the strain of flu.

A combination of lifestyle advice and immune-boosting products can help you and your patients stay healthy this winter.

Get stress under control and get plenty of rest: Stress really puts a strain on the immune system and can increase your chances of getting sick. Researchers from the University of Florida and the University of Iowa reported in the *Journal of Psychosomatic Medicine* (May, 2001). According to the article, those who reported having a lot of pain and stress were more likely to become sick than those who claimed to have only a little pain and stress. It is reasonable to expect that other stressful procedures may hamper immune function.

Watch your diet: Diet is very important. Sugar and refined flour products stress the immune system. Similarly, hydrogenated oils and deep-fried foods should be avoided. Fresh, brightly colored produce will help to boost your immune system. Fresh produce is high in vitamin C. The bright color in plant foods is from carotenes and bioflavonoids. These are powerful antioxidants that will help to protect your cells. The carotenes are precursors to vitamin A.

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arabinogalactan in your office, you know how effective it is. Many patients keep it on hand and take it at the first sign of sickness. Many have found it very effective in preventing illness. **ADPR:** The letters stand for Anti Dysbiosis Product and it is commonly given to patients with Candida or parasites. It is also very effective for upper respiratory problems, as well as sore throats. For sore throat, dissolve a tablet in some water (as best you can—it will be a little lumpy) and gargle with the solution.

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Of course, lifestyle choices are important. Standing in line in the cold for a flu shot, for instance, may challenge your immune system. Patients should get plenty of rest and eat in a healthy manner. Is it any wonder that flu season reaches a peak after the holidays? Stress and poor diet can undermine your health and immune system.

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INFLAMMATION AND VITAMIN E

An article printed in the journal *Arthritis and Rheumatism* (September 1991;34(9):1205) discussed the anti-inflammatory role of vitamin E. The article cites a study where vitamin E was used in a placebo in a study examining the anti-inflammatory effects of fish oil in patients with rheumatoid arthritis. In that study, the group receiving the placebo also enjoyed a decrease in pain and inflammation; c-reactive protein (a substance found in the blood that indicates the presence of inflammation) was reduced by 1/3 in the placebo group. Another small study where osteoarthritis patients were given either 600 mg/day of vitamin E or a placebo found that a significant portion of the group receiving the supplement experienced improvement in symptoms.

A recent study done on mice appeared in the journal *Experimental Physiology* (2008 Dec;93(12):1263-72). The mice were injected

with a substance from bacteria that produces inflammation (*E. coli* lipopolysaccharide). Three days prior to the injection they were divided into two groups, with one group receiving a vitamin E injection and the other receiving a placebo. Chemical markers indicating inflammation were measured after the injection (specifically cytokines, interleukin-1-beta and interleukin-6). The cytokine levels were much lower in the mice that received the vitamin E.

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