

ALTERNATIVES™

For The Health Conscious Individual

You will observe with concern how long a useful truth may be known and exist,
before it is generally received and practiced on. ~ Benjamin Franklin

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Dr. David G. Williams

MACULAR DEGENERATION: AMERICA'S NEXT EPIDEMIC

It's amazing how quickly things are changing. A few years ago no one knew anything about the Internet. Cellular phones didn't exist, and we all used typewriters. The only toy that talked was Chatty Cathy—and for her to talk, you had to pull a string hanging out of her back.

Our health has also gone through some tremendous changes. But unlike all the technological changes that seem to spring up overnight, changes in health aren't apparent for about a generation or so.

If you had lived during the early 1900s, you probably wouldn't have known what a heart attack was. Virtually no one ever experienced one back then. And while doctors knew about cancer, they rarely saw an actual case of the disease. But thanks to diet and lifestyle changes that have occurred just since the 1950s, these two diseases have quickly become the killers of our day.

Now, thanks to more recent changes in our diet, we are seeing the early signs of another huge health problem. That problem is vision loss and blindness. The general public isn't being alerted to the problem because no one seems to know what's causing

it. Even worse, no one seems to think there is a cure. No one, that is, except a handful of ophthalmologists whose work may turn the tide on America's next epidemic.

Not Seeing is Believing

I think most people would agree that the gift of sight is one of our most precious possessions. Like many things in life, however, our sight is something we seem to take for granted. Only when our vision begins to deteriorate do we start to worry. That may be too late, as many people in our society are now beginning to find out—especially when the vision loss stems from age-related macular degeneration (AMD).

AMD is already the leading cause of blindness among the elderly in this country, accounting for more cases than diabetes and glaucoma com-

IN THIS MONTH'S ISSUE

MACULAR DEGENERATION: AMERICA'S NEXT EPIDEMIC 65

Not Seeing is Believing 65

The Blind Treating the Blind. 66

Help, as Usual, from Alternative Medicine. . . . 66

Prevention is Always Best. 67

...But Here's What to do if You Have AMD . . . 67

A Perfect TENS for AMD Sufferers 68

The Proof is in the Patients. 68

TWO NEW ANGLES ON CPR 69

YOUR QUICK GUIDE TO CPR 69

MAILBOX

Something for Eczema When All Else Fails . . . 70

Help for Hemochromatosis 71

The Latest on Lane Labs USA. 72

bined. And the situation is even worse in the U.K. There, AMD now accounts for half of all blindness. In the U.S., 30 million people over age 65 will have AMD by the year 2025.

Until about ten years ago, AMD was virtually unheard of in anyone under 60 years old. Now it accounts for over 10 percent of all blindness in people under the age of 60. Researchers say that we will begin to see AMD problems in people as young as 30 years of age.

AMD involves a deterioration of the macula. The macula is a small, very sensitive area on the back inner portion your eye (see diagram at right). Light passes through the lens of the eye and is focused on the macula. From there, the optic nerve sends visual signals directly to your brain. If your macula becomes damaged, you lose the central portion of your vision. You're not able to read fine print or focus on small details that, for instance, enable you to pick out a familiar face in a crowd.

Macular degeneration takes two forms. The most common, which occurs in 85 to 90 percent of all cases, is the dry form. Small blobs of fatty proteins are deposited in the macular region. These blobs block the small blood vessels feeding the macula, and choke-off the vital oxygen and nutrients that supply this portion of the eye.

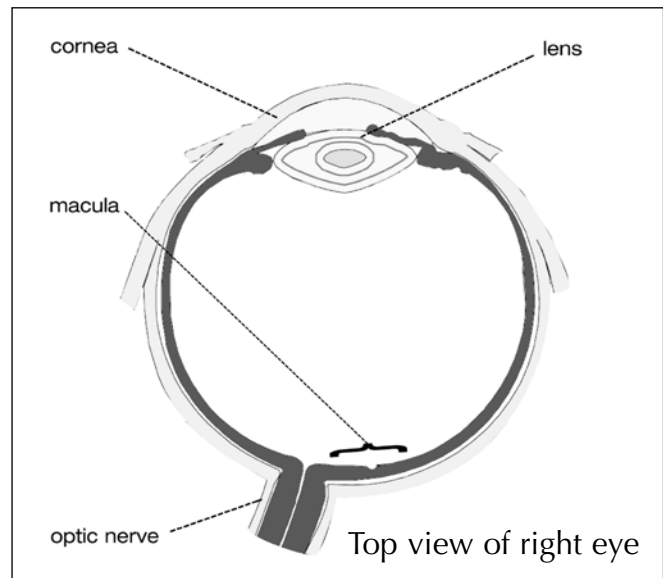
The wet form of macular degeneration involves the invasion of new blood vessels into the macula. These new vessels leak fluid, which has no place to go. It remains in the eye until scar tissue forms, encapsulating the fluid and permanently damaging the fragile macula.

The Blind Treating the Blind

Conventional medicine doesn't know what causes AMD. Hereditary factors and smoking, while not considered to be the cause, are generally believed to increase the risk of developing the problem. But as far as treatment goes, conventional medicine has nothing to offer. Once someone suffers a loss of vision, the use of "low vision aids," (i.e. high-powered magnifiers and prisms) are the only help modern medicine can give.

In the rarer, wet form of AMD, lasers are often used in an attempt to stop new blood vessels from entering the macula. The prognosis is still grim, and rarely does this treatment halt the eventual destruction of the macular tissue.

Studies involving the new anti-angiogenesis cancer drugs are currently underway to see if these drugs might be of help. This is a logical step because such drugs are intended to slow or stop the body's



development of the blood vessels that feed cancer cells. However, since shark cartilage is also anti-angiogenic, it seems that therapeutic doses (20 to 60 grams/day) of high-quality shark cartilage would have the desired effect without the risks or side effects of drugs. I'll be looking into this possibility and I'll let you know about any promising results.

Help, as Usual, from Alternative Medicine

While conventional medicine offers nothing at all when it comes to preventing or treating AMD, I've uncovered some effective natural therapies you should be aware of. First of all, however, you should be doing everything possible to prevent the problem from occurring in the first place. After all, we're talking about serious, permanent loss of vision, and eventual blindness.

I'm sure that AMD may have some hereditary basis, and smoking, with its associated free radical formation, might certainly play a role. Obviously, advancing age is a contributing factor, too. But these factors don't explain the rapidly increasing incidence of this affliction, or the progressively younger ages of those it affects. Such trends can be explained only by more widespread causes among the general population. I believe that the significant changes in our dietary habits and lifestyles over the past 30 years or so are the culprits. With the exception of areas where the people have refused to adopt modern diets and lifestyles, the occurrence of AMD is increasing all over the world.

Dr. Bob Thompson, chairman of the AMD Society in London, recently informed me about some important studies on this subject. Conducted in

Japan and Italy, the studies confirm the importance of lifestyle and eating habits as factors in AMD. The researchers found that AMD is now a very common cause of blindness in urban Japan, but is extremely rare in distant Japanese fishing villages. Similarly, in the traditional town of Salandra, Italy, the incidence of AMD is only one-fourth the rate that prevails in the rest of Italy. Everywhere that traditional diets and lifestyles still prevail, the incidence of AMD appears to be lower.

Prevention is Always Best...

I've written about AMD several times in the past, and have always considered it to be one of the most debilitating health problems of our time. And while the therapies I'll describe in a moment may make a cure possible in our lifetime, your best defense is to heed the following five warnings and recommendations in your daily life.

1. Don't take aspirin regularly. I warned that the regular use of aspirin would be responsible for an increase of AMD and blindness in this country. If you take aspirin on a regular basis, be sure to read the article "Aspirin and Blindness" in the November 1988 issue of *ALTERNATIVES*.

2. Avoid drugs and fake fats. I've also warned about the use of cholesterol-lowering drugs, fake fats, and the so-called "fat-blockers" being sold as diet aids. Each of these substances pulls essential fatty acids out of your body like a magnet, and leaves you more susceptible to developing AMD and the blindness that comes with it.

3. Eat eggs. I've written about the need for eggs in the diet and how the "egg scare," fueled by cholesterol misinformation, would create a dietary shortage of carotenoids like lutein and zeaxanthin. These substances are essential in the prevention of AMD. I encourage you to eat eggs regularly and as often as you want.

4. Eat a wide variety of fresh fruits, vegetables, berries, nuts, and seafood. These foods are all helpful in the prevention of AMD. Also, eliminate arti-

ficial sweeteners and minimize the amount of sugar and refined carbohydrates you eat. And don't forget to take plenty of flaxseed oil to help balance your essential fatty acids, as I discussed in detail last month.

5. Take a high-quality multivitamin and mineral complex every day. A good daily supplement will supply you with antioxidants, fat-soluble vitamins, trace minerals, and many other components necessary for good vision and health.

...But Here's What To Do if You Have AMD

Three doctors of optometry, Drs. Leland Michael, Ralph Zehner, and Merrill Allen of the Indiana University School of Optometry, have been doing some amazing studies of AMD and a condition called retinitis pigmentosa, another disease involving vision loss and the deterioration of the retina. As with AMD, there is currently no recognized method of curing the problem or even slowing its progression.

The doctors' current program involves the use of several nutritional supplements. Each patient received the following daily supplements (half in the morning and half in the evening).

Beta-carotene	40,000 units
Vitamin E (natural)	400 IU
Vitamin C	1,500 mg
Citrus Bioflavonoid Complex	250 mg
Quercetin	100 mg
Bilberry extract	10 mg
Rutin	100 mg
Zinc	25 mg
Selenium	100 mcg
Taurine	200 mg
N-acetylcysteine	200 mg
L-glutathione	10 mg
Vitamin B2	50 mg

(Retinitis pigmentosa patients received a different nutritional mix consisting of a multimineral and vitamin formula and 750 mg of taurine, 300 mg of bilberry, and 50 mg of zinc daily.)

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Author: Dr. David G. Williams

Publisher: Erica Bullard

Editor: Robert Kroening

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In one study, 46 patients with AMD were placed on the supplement program for two years. Such patients' vision would normally deteriorate over that period of time, but these patients actually showed an improvement. When they were tested using an eye chart, they gained an amazing average of 8.5 letters of acuity per eye.

This research shows how important certain nutrients are to eye health. When I formulated Daily Advantage™ a few years back, I purposely included maintenance dosages of many of these nutrients. Because so much new research has come forth on nutritional therapies for AMD, however, I recently started testing a more advanced supplement specifically for AMD and other eye problems. In addition to the nutrients listed above, it also includes the Triphala herb I reported on in January as well as an advanced form of the antioxidant lutein. I'll keep you updated on this formula over the next few issues of the newsletter.

A Perfect TENS for AMD Sufferers

In addition to the above nutrients, each of the patients was treated with micro-current electricity using a common Transcutaneous Electrical Nerve Stimulator (TENS) device. The use of the TENS unit seemed to be one of the primary reasons for the dramatic improvements seen in these AMD patients.

The TENS units used in the study are standard units available by prescription through doctors of chiropractic, optometry, or medicine. They operate on 9 volts with an output 200 microamperes at 10 cycles per second (Hz). Each unit transmits electricity through two electrodes. For the study, one of the electrodes was held in the patient's wet hand and the other electrode gently placed on a closed wet eyelid. (When the unit is turned on, a slight flicker of the eyelid indicates that the electricity is reaching the retina.) If the TENS unit is to be used strictly for retinal stimulation, one of the electrode pads can be removed and the wire soldered to a small piece of copper tubing, which can then be held in the patient's hand.

Each eye is stimulated for a total of five minutes. The small electrode is first placed on the wet upper eyelid of one eye for 2.5 minutes, then the wet lower eyelid for 2.5 minutes. The process is repeated on the other eye. The TENS units were given to each patient to take home, and the best results seemed to occur when the eyes are treated several times a day. There were no adverse effects noted through the use of the nutrients or the TENS units. In fact, the patients found the treatment pleasurable.

Using a TENS unit to stimulate healing in the eye is not a widely accepted therapy. In fact, most doctors would probably recommend against it simply because it sounds unusual. However, other studies have shown that micro-current electricity provides several healing benefits. It improves blood flow to an area and enhances the transfer of ions across cell membranes. These effects could, in turn, help deliver nutrients to retinal tissue. One of the major problems with retinal injuries or disease is that increasing circulation to the area is very important, but also very difficult. Micro-current may be one of the few methods that can accomplish this important task.

In addition, micro-current therapy appears to enable two remarkable events in the eye. The first is retinal regeneration. One patient's retina had been surgically removed. After nine months of therapy, the retina had regenerated and 20/40 visual acuity had returned.

The second event is the regrowth of photoreceptors and nerve connections in the eye. This growth might require a year or more of treatment. Dr. Allen reported that one 80-year-old patient with AMD actually regained normal vision over a 12-year treatment period.

The Proof is in the Patients

Dr. Allen reports having helped several individuals with severe vision loss. Many of these people had even lost their ability to walk without assistance. On several occasions, the combination of nutritional therapy and micro-current therapy has reversed their conditions and allowed them to lead normal lives. Several people who were told to forget about driving a car and learn Braille now have driver's licenses and little or no vision problems at all. Most of these patients continue taking supplements and TENS therapy (at least twice daily), even after their conditions have improved. Some patients, such as the patient mentioned above, have been on the program for more than 12 years and have experienced nothing but positive results.

Based on Dr. Allen's reports, I have begun testing TENS units on a few individuals and the results have been all positive. The work of these doctors could turn out to be one of the more incredible discoveries of our time.

All of the nutritional supplements used in this study are readily available, and the wholesale price of a TENS unit like those used in the study is less than \$150. If you have AMD or retinitis pigmentosa, and want to try this treatment, I would

suggest trying to find a doctor to help monitor and guide you with this therapy. Although it is relatively foolproof, from what I can see, having a doctor help you acquire a TENS unit and monitor your progress afterwards is a wise idea.

Standard TENS units are easy to come by, however, because they are used less frequently, there are fewer of the "micro-current" TENS units available. And not all of the micro-current TENS units have an output of 200 microamperes, the current used in these successful clinical studies. Your doctor should be able to find one from any of the dozens of companies that supply TENS units.

Dr. Allen told me that he is currently working on developing special electrode pads small enough to fit the eyes and also a special TENS unit with the proper settings for the eyes. Applications have also been filed with the FDA covering this unusual use

of electro-therapy. Dr. Allen says he will be sending me one of his experimental prototype units for test purposes. I'll keep you posted on the results I get. Hopefully, a unit designed by Dr. Allen will be available to doctors in the near future.

In the meantime, doctors can order micro-current TENS units from the following suppliers. Altoona Medical Supply sells the 804M micro-current model that can be set to put out 200 microamperes and 10 Hz. The doctor's price is just under \$150. You can reach Altoona at 705 2nd Avenue SW, Altoona, Iowa 50009, 800-442-8367. TENS Super Source sells the model Micro-850 that is adjustable to 200 microamperes (but only 8 Hz) for \$89. You can reach TENS Super Source at P.O. Box 9669, Midland, Texas 79708, 800-234-1238.

TWO NEW ANGLES ON CPR

I just got a call from an out-of-state friend who informed me that his father had suffered a fatal heart attack. Apparently, the father was alone at the time, so there was no one to administer CPR or any other potential live-saving maneuvers. I know thousands of lives could be saved if everyone was aware of a couple of simple techniques.

Heart disease has become so common in this country that you can expect to be a firsthand witness to at least one heart attack during your lifetime. This might be a good time to refresh your memory on CPR and a simple variation that makes it even more effective. To make your review easier, I've reprinted the information on page 70 from the May 1991 issue of *ALTERNATIVES*.

The originator of this CPR variation, Dr. David Bregman, recommends using a relatively light compression force at the belly-button area. While compression of the chest helps pump fresh blood from the heart, the addition of abdominal compression enhances CPR by returning blood to the heart. Helping blood flow in both directions reduces the heart's workload and enhances circulation.

Do-It-Yourself Heart Help

CPR can be a lifesaver but it won't be much help if you're the one who suffers the attack and there's no one around to perform it on you. If you begin to feel the hard pain in your chest, right arm, and shoulder that signals the beginning of a heart attack, there are several things you can do. (You'll

also find this information on page 70.)

Immediately take a deep breath and then cough twice, as hard as you can. Wait a couple of seconds, take another deep breath, and again cough hard twice. Keep repeating the process until either your heart begins to beat normally or help arrives. As soon as your heart has stabilized, chew and swallow one aspirin, then either a tablespoon of Tabasco or two cayenne pepper capsules.

Taking a big breath fills your lungs with oxygen. Coughing contracts the diaphragm, compressing the heart and helping to keep it pumping the oxygenated blood to the tissues. It's a simple form of self-CPR.

Aspirin gets into the system quite rapidly and can begin to reduce platelet adhesiveness within five minutes. This will help open up any blocked blood vessels that may have triggered the attack. The Tabasco or cayenne pepper acts as an immediate stimulant to both the nervous and vascular systems. It helps dilate, or enlarge, blood vessels, which supply the heart muscle and other vital organs.

If you have a history of heart problems, I would definitely make sure that you have a supply of cayenne pepper capsules on hand. They are readily available at most health food stores or you can order them from Progressive Laboratories at 800-527-9512. Progressive Labs has great products and offers a 25 percent discount to *ALTERNATIVES* subscribers.

DR. BREGMAN'S MODIFIED CPR

A few years ago, Dr. David Bregman introduced a variation of cardiopulmonary resuscitation (CPR) that practically doubles its effectiveness. The first three steps are from the standard CPR procedures. The fourth step involves Dr. Bregman's modification.

1. Place the victim flat on his or her back on a hard surface. If unconscious, open airway by tilting the head backward and lifting the chin.
2. If victim isn't breathing, begin rescue breathing. Give 2 full breaths. If airway is blocked, reposition head, clear obstructions and try again to give breaths. If still blocked perform abdominal thrusts (Heimlich maneuver).
3. Check carotid pulse.
4. If there is no pulse, begin alternating chest and abdominal compressions. Depress the sternum 1½ to 2 inches. Next, depress the abdomen at approximately the belly-button level. Perform 16 total compressions (8 to the chest alternating with 8 to the abdomen) followed by 2 full breaths. (Total compressions should be performed at a rate of 80 to 100 per minute.)

SELF CPR

If you're alone, and feel the hard pain in your chest, right arm, and shoulder that signals a heart attack,

- 1) Take a deep Breath
- 2) Cough hard
- 3) Cough hard
- 4) Wait 2 seconds

Repeat until either your heart begins to beat normally or help arrives. As soon as your heart has stabilized, chew and swallow one aspirin, then either a tablespoon of Tabasco or two cayenne pepper capsules.

ALTERNATIVES, March 2000. Because this information is so important, the publisher has lifted the copyright on this page. Please feel free to share this important information with your friends and family. To order additional copies of the entire issue, please call 800-527-3044.



MAILBOX

Question: "For at least the last 40 years, I have had a severe problem with what the doctors are calling eczema. I have a constant rash and irritation on my neck, arms and legs. It always itches and whenever I scratch an area, it only seems to make it worse. Oftentimes the skin in these areas forms little pustules, which easily break open and weep. It's been a nightmare to say the least.

I'm at wit's end. I've tried everything. Medically, doctors have prescribed both oral and topical steroids. They seem to help somewhat at the time but I can't stay on them constantly, because of their side effects. I've used special soaps, shampoos, and every cream you can imagine. As far as natural remedies, I've tried everything that has been suggested (fasting, fish oils, flax, borage oil, evening primrose oil, gallbladder flushes, fatty acids profiles, suntanning, digestive enzymes, colonics, saunas,

mud baths, dozens of supplements, elimination diets, vegetarianism, etc., etc.). Nothing seems to work. Is there anything you can suggest?"

M. B.
New York, New York

Answer: About ten years ago, a couple of doctors in London began testing a Chinese herbal tea that reportedly was effective for eczema. Most of their work involved children for whom other conventional forms of therapy proved unsuccessful. The results were quite dramatic.

The original double-blind study involved 47 children who were treated over an eight-week period followed by a four-week washout period. Only 37 of the 47 completed the study (some dropped out due to their inability to drink the foul-tasting tea). The parents of the remaining 37 were given the choice to continue on the study for a full year. Based on their positive experiences, all 37 chose to do so.

By the end of the year, 14 children withdrew from the study. Of these, four couldn't take the taste of the tea any longer and 10 had experienced little or no improvement in their eczema. Of the remaining 23 children, 18 enjoyed a 90 percent reduction in their eczema and the other five showed lesser degrees of improvement. Seven of these children were able to completely quit taking the tea and had

no relapse of the eczema. The other 16 still needed to use the tea to keep their condition in check but only four of these needed to use the tea every day. (*Br J Dermatol* 92;126(2):179-84, *Br J Dermatol* 94;130(4):488-93)

Other than the taste of the tea and the hassle of having to prepare it, there weren't any complaints from the children. I should also mention that during laboratory evaluations the researchers noted a change in a liver enzyme in two children. However, these kids' eczema was so well controlled that they no longer needed the tea, and their liver tests were normal again eight weeks later.

The synergistic components in this Chinese remedy appear to work by stopping inflammatory prostaglandins and leukotrienes. The same inflammatory process contributes to problems like psoriasis, emphysema, and asthma, in addition to eczema. Not surprisingly, many individuals who suffer from eczema also suffer from these related problems. It's possible that the tea would also offer some relief from these other conditions.

Where To Get It, How To Use It

Unfortunately, until just recently this tea wasn't commercially available in this country. Even when I checked in China I couldn't find it. In that country medicinal teas are often formulated differently for each patient and that seemed to be the case in this instance. However, I recently found a small company in California that is selling the tea in tea bags and has also put the herbs in capsules. I've been using the tea with several individuals and the results have been very promising. I prefer the tea to the capsules, but the capsules might be a good option for those who just can't stand the taste of the tea.

The company obviously can't make any claims for the tea, so it is simply referred to as E-tea. It contains the following Chinese herbs: *Ledebbouriella seseloides*, *Potentilla chinensis*, *Clematis armandii*, *Rehmannia glutinosa*, *Paeonia lactiflora*, *Lophatherum gracile*, *Dictamnus dasycarpus*, *Tribulus terrestris*, *Glycyrrhiza uralensis*, and *Schizonepeta tenuifolia*.

You can purchase the tea from P.C. Teas Corp., 882 Mahler, Burlingame, CA 94010. Their phone number is 800-423-8728. You can get 40 tea bags for \$12.50 plus \$3.20 shipping. A bottle of 30 capsules costs \$15 plus shipping.

The researchers suggested that, for best results, you should eliminate spicy and hot foods, alcohol, and shellfish from your diet. You should also increase your consumption of vegetables, fruit,

and fruit juices, and stick to lean meat and fish.

If you're using the tea, the suggested dosage is one cup after each meal for the first week. From what I can tell, it's not unusual to see some improvement as early as the first three or four days. After the first week, if you see improvement, you can taper down to two cups of tea a day following meals and then down to one cup daily.

This is one therapy where the dosage will vary from individual to individual and will have to be adjusted according to the results you're getting. I should also mention that you can use a little honey (not sugar) to tone down the taste, if needed.

If you decide to try the capsules, I would suggest starting with one capsule twice daily, one in the morning and one in the evening, for the first week or two. The following week, if the results are positive, you can try taking only one capsule per day. Again, depending on results, the capsules can be tapered down or possibly even eliminated.

I haven't followed anyone for as long as a year so far, but I can tell you that about 60 percent of those I monitored have seen a major reduction in their eczema in just two to three weeks time. This is a therapy that has been working when seemingly everything else has failed. As I get more experience with the tea and how to use it, I'll pass it along in future issues.

Question: "I have a genetic condition called hemochromatosis. Simply put, my body isn't able to screen out unneeded iron and therefore my organs accumulate excessive amounts of iron. On the upside, I was diagnosed with the problem before any serious complications arose. On the downside, I have to undergo regular phlebotomies (blood drainings) and my doctor tells me that even those won't stop the eventual problems associated with the iron accumulation. I've been told that the iron accumulates in the liver, bone, muscles, heart, and pancreas, and that eventually this will cause things like cirrhosis of the liver, diabetes, heart attack, etc.

I have yet to hear of any solutions. Do you have any suggestions other than undergoing regular phlebotomies?"

Susan B.
Madison, New Jersey

Answer: There are certain drugs that have been used with limited success as chelating agents for iron, but you'll need to discuss those with your treating doctor since he or she will know your history and have a better understanding of your overall health picture.

Additionally, it appears that regularly drinking black tea can help bind iron in your diet and probably decrease the frequency at which you need phlebotomies.

In one study, 1.5 grams of black tea was added to 250 milliliters (about half a pint) of boiling water and allowed to seep for five minutes. When the tea was consumed regularly with meals (without any added sugar, sweeteners, or milk), intestinal iron absorption was reduced by 69 percent compared to individuals not drinking the tea.

After a year of regularly drinking the tea with meals, iron storage was reduced by almost one-third when compared to the non-tea drinkers. (*Gut* 98; 699-704)

So far I have not found any permanent solutions to hemochromatosis. But since you need answers now, hopefully this suggestion will help.

Question: "Recently, I heard that the FDA has taken action against Lane Labs because of some of the products the company sells. Is this true?"

Charles G.
Wenatchee, Washington

Answer: I have had several inquiries regarding the current situation with the FDA and Lane Labs-USA. Lane Labs, as you recall, markets the shark cartilage product called Benefin; the immune-boosting product developed by Dr. Mamdooh Ghoneum called MGN3; and the glyco-alcoloid product called SkinAnswer.

The FDA has publicly announced that it has filed suit in federal court against Lane Labs to stop the company from selling the above products. The FDA says that Lane Labs is making claims that would effectively classify these products as unapproved drugs and not nutritional supplements.

The FDA has undertaken similar actions with other nutritional companies in the past. This case is unusual, however. While the FDA made the announcement of its suit against Lane Labs in early

December 1999, representatives of the company tell me that they have yet to be served with any type of suit or action from the FDA.

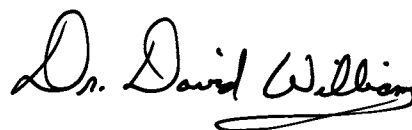
So, in spite of these accusations and all the resulting adverse publicity, Lane Labs' products are still available and Lane is conducting business as usual. Furthermore, the company states that it has complied with all regulations in regard to its promotional efforts and the product information that it provides consumers.

Over the years, I've described at length the health benefits of each of these products. They have helped tens of thousands of people and hopefully that process will continue. It would be a shame if these effective products were taken off the market.

If you would like updates on the situation or have comments on the actions of the FDA, you can visit Lane Labs' Web site at www.lanelabs.com or write to them at 110 Commerce Drive, Allendale, NJ 07401.

The folks in customer service tell me that many new subscribers have signed up for *ALTERNATIVES* since the holidays. Welcome to those of you who are new, and to those of you who have been spreading the word, thank you. To all of you, I hope you're looking forward to the next few months as much as I am. I have several herbs and products that I'll be researching in Australia, and I'll be continuing to look at allergy relief products as the sneezing season comes our way again in this country. Through it all, I'll be working to give you the value you signed up for.

All the best,



We Hope To Hear From You!

Dr. Williams greatly appreciates hearing from you, and gears his research to the concerns you express to him in your letters. Of course, practical and ethical constraints prevent him from answering personal medical questions by mail or email, but he'll answer as many letters in the Mailbox section of *ALTERNATIVES* as he can. For our part, we'll do our best to direct

you to his issues, reports, and products related to the subject of your interest.

Here's how you can reach us:

- To send in Mailbox questions or Health Hints, write to **P.O. Box 829, Ingram, TX 78025** or **mailbox@drdavidwilliams.com**
- For customer service matters or address changes, call

800-527-3044 or write to **custsvc@drdavidwilliams.com**

- To order back issues or reports, call **800-718-8293**
- To sign a friend up for *Alternatives*, call **800-219-8591**

Let us hear from you soon!

—The *ALTERNATIVES* Customer Service Team