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Dr. David G. Williams

Take a Bite Out of Heart Disease

Last month, I received a report covering new research recent-ly presented at the American Heart Associa-tion's annual conference on Cardiovascular Disease Epidemiology and Prevention. I was especially interested in one study that linked periodontal disease to an increase in the risk of having a heart attack.

For years, some researchers have been suggesting that chronic bacterial infections in the mouth could be contributing to damage in the valves and blood vessels of the heart. Some have even suggested that regular use of certain antibiotics could be used to eliminate these infections and even help prevent heart disease. When you take a look at the bigger picture, however, there appears to be a much better solution.

In the above study, Dr. Maurizio Trevisan of the State University of New York at Buffalo compared the dental health of 185 men and women who had suffered from a heart attack to a group consisting of 600 control subjects. Each individual received a complete dental examination, including an evaluation of periodontal disease, using measurements of dental pockets, gum detachments, and a screen for four different kinds of oral pathogens or bacteria *(Bacteroides forsythus, Porphyromonas gingivalis, Prevotella intermedia* and *Campylobacter rectus).*

After adjusting his findings for a number of variables (sex, age, education, smoking status, alcohol use, body mass index, diabetes, and dental plaque), Dr. Trevisan found that *individuals with periodontal disease had a 78 percent higher rate of heart attack than those without periodontal disease.*

When you consider that cardiovascular disease is the number one killer in this country, the above sentence sheds a whole new light on the potential seriousness of periodontal disease. If you suffer from gum infection, bleeding gums, pockets, gum detachment, or other signs of periodontal disease, it's definitely time you addressed the problem seriously.

In the October 1998 issue of *Alternatives*, I outlined several hygienic procedures that can help minimize, if not eliminate periodontal disease. Because of their importance, I'll summarize them again shortly. But first, there's one additional factor I want to discuss that no one seems to be addressing. It may be the overlooked factor that is contributing not only to periodontal and heart disease, but to an increase in cancer as well.

A Link Between Tartar and Heart Disease?

As you may know, most cases of periodontal disease begin to appear after a buildup of sticky plaque, followed by the development of tartar at the tooth and

In This Issue

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

gumline. Tartar is the hard mineral formation that attaches to the tooth when various minerals precipitate from saliva. Bacteria are able to hide and replicate in these plaque and tartar formations, releasing acids and other components that further irritate and inflame the gum tissue. As the process continues, the gums begin to detach and recede, and pockets are formed between the tooth and gum where more bacteria can hide and continue causing damage.

Normally, plaque can be removed adequately through proper brushing and flossing. Tartar is more difficult to remove, and requires scraping and oftentimes the use of gentle abrasives by a dentist or hygienist. To prevent periodontal disease, dentists suggest regular cleaning and tartar removal.

With a good diet, dental hygiene, and the elimination of tartar buildup, periodontal disease shouldn't be a problem for most people. For some people, however, the elimination of built-up tartar is a difficult problem to overcome. The key to understanding this difference might be found in research done decades ago by some of the early nutritional pioneers.

Got Mutton?

In the early 1900s, a dentist named Dr. John Waters began to wonder if periodontal disease wasn't really a systemic problem in the body and not just a local disease of the gums. Dentists believed then, as now, that gum inflammation, bleeding, infection, etc., are due mostly to the buildup of tartar (or calculus), and that the problem could be controlled by regular cleaning.

While working on the dental staff of a country hospital, Dr. Waters noticed that, without exception, every diabetic and cancer patient he examined, along with the majority of those with chronic diseases, had an unusually heavy buildup of calculus and evidence of gum disease. The majority of these patients also had dentures on which heavy deposits of calculus had developed.

The pieces of the puzzle gradually began to come together as Dr. Waters interviewed more and more dental patients, and shared his observations with other doctors. Dr. Waters found that at least 90 percent of his patients who had calculus problems hated the taste of fatty meat. Of the remaining 10 percent, about 5 percent liked bacon or other fat meat if it was cooked crisp, while another 5 percent liked meats containing soft juicy fats, like lamb or mutton.

Keep in mind that, in the early 1900s, neither the public nor the medical community associated fats or fatty meat with any type of health problem. It was the norm to eat the fat on a steak or pork chop, or any other meat, for that matter. To find a particular group of people that didn't like the taste of fat was very unusual. And despite the changes in our views of fat, the same holds true today.

Putting aside all the possible health implications and negative feelings toward fat consumption, ask yourself the following questions and answer them honestly, based on what your body tells you, not on what you think you should or shouldn't do. There are no right or wrong answers.

1. Do you like fatty meats?
2. Do you like sausages?
3. If fatty meats are not something you like, do you like items like crisp-cooked bacon or a snack like pork skins?
4. Do you like lamb?
5. Do you like salmon?
6. Do you only like fish if it isn't oily or "fishy" tasting?
7. Do you like flax oil?
8. Do you like nuts and/or seeds?

Believe it or not, by *honestly* evaluating which fats you really like, you'll have a pretty good indication of how part of your digestive system is working. Such awareness can help you solve problems with repeated dental calculus buildup and periodontal disease. And more importantly, it might just provide an advanced warning signal of a future heart attack or cancer. To understand how, it's necessary to understand the role that bile salts play in the digestive process.

How Bile Affects Your Smile (and Digestion)

Basically, inadequate amounts of bile salts contribute to poor fat digestion. When this happens, your body will instinctively create a dislike for fats. The particular fats you dislike will depend on how poorly or how efficiently the digestive process is taking place.

Bile is made in the liver and consists of alkaline bile salts, bilirubin, cholesterol, fatty acids, lecithin, vitamins, and minerals.

The liver produces bile, which then passes into the gallbladder. There, some of the water and minerals are reabsorbed into the body, making the bile more concentrated. The gallbladder releases this concentrated bile when fat moves into your small intestine. The bile salts act much like soap, and help emulsify or break down fats into smaller particles for absorption into the bloodstream.

The questions I asked a moment ago about how well you like different fatty foods are presented in descending order, beginning with those pertaining to the most difficult fats to digest. If you answered "yes" to the first couple of questions, *and* you don't have gas, bloating, or indigestion when you eat those foods, you may be producing adequate amounts of bile salts. The further you go down the list of questions before you answer yes, the more likely it is that you're having problems digesting your fats.

Obviously, this isn't a perfect test, but it turns out to be a very good indicator of your bile levels. And when you correlate it with Dr. Waters' and Dr. Trevisan's observations on periodontal disease, it gets even more interesting. The further you go down the list of questions before answering yes, the greater the likelihood is that you'll have chronic tartar formation (or calculus) on your teeth, bridges, or dentures.

When Dr. Waters wrote about his observations, he admitted that he didn't fully understand the mechanisms behind poor fat digestion and the formation of dental calculus. He theorized, however, that there was some unknown factor (factor F, he called it) in certain fats that somehow helped the kidneys remove acid waste from the body.

In the absence of this factor F, he felt that the bloodstream remained slightly more acidic, helping to foster the development of cancer and other diseases. One of the *symptoms* of this systemic acidosis problem was that the saliva made from the more acidic blood allowed solids to precipitate and form tartar or calculus deposits on the teeth.

Dr. Waters felt that vegetable oils and pork didn't contain this factor F. Instead, it was present in beef, mutton, poultry, and probably in cold water mammals like whales, seals, walrus, and possibly some fish. These observations were based in part on the finding that Eskimos and other Arctic-based cultures with this traditional diet were found to be free of dental calculus, periodontal disease, and cardiovascular problems.

Jack Sprat Courts a Heart Attack

As the research I've discussed so far suggests, chronic problems with tartar buildup may also translate into an increased rate of heart attack and cancer. As with dental calculus, bile levels are an underlying factor.

Fats are one of the more difficult things for your body to digest. Fat digestion is a fairly complex event. At the risk of oversimplifying the matter, I'll say that one of the primary components necessary for you to digest fats is bile.

Most people don't realize that after the liver removes various poisons, drugs, excess sex hormones, toxins, heavy metals, etc., from the body, it gets rid of them by dumping them in the bile. After aiding in the digestion of fats, the bile is reabsorbed from the small intestine, while the toxins and other poisons continue through the intestinal tract, exiting the body in the stool.

Because bile plays such an important role in your overall health, problems with bile production, storage, concentration, or movement can lead to serious problems. The connections between bile-related problems and other health

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concerns are far more common than most people realize.

Bile Production Problems. As I mentioned above, certain vitamins are necessary to convert cholesterol to bile salts. These include many of the same vitamins that are known to be deficient in the elderly, i.e., vitamins B12, B6, B3 (niacin), and folic acid. Magnesium is one of the required minerals–one that is commonly deficient in the elderly.

Lecithin is another very important component of bile salts. Under ideal circumstances our body can make lecithin, but I highly recommend that everyone supplement their diet with it anyway. It's cheap insurance. Lecithin is one of the primary emulsifying or detergent-like agents in bile salts. It breaks fats into small droplets and improves their digestion. It also keeps cholesterol soluble. Lecithin keeps cholesterol moving in the bloodstream and helps prevent blockages or clots. One of the primary food sources of lecithin is the egg, which many people have eliminated or reduced in their diet.

It's not hard to understand why our bodies might have a difficult time producing adequate amounts of quality bile when we aren't getting enough B vitamins, magnesium, and lecithin in the diet. And the situation only worsens with practically every baked product on the shelf now containing trans fatty acids. One of the more recent health nightmares created during food processing, trans fatty acids inhibit the production of bile salts in addition to raising LDL cholesterol and lowering HDL cholesterol.

Bile Storage, Concentration, and Movement Problems. Bile contains alkaline salts. When the bile is passed from the liver into the gallbladder, these salts are often absorbed to help maintain the pH of the blood. To maintain life, the pH of the blood must be maintained within a very close range. The ideal blood pH is 7.4, slightly alkaline. The Standard American Diet (SAD), which emphasizes more meats and refined foods at the expense of raw unrefined vegetables, tends to make the blood more acidic. This often requires the absorption of alkaline salts from the gallbladder to help bring the pH back into balance.

When salts are removed from the bile, it becomes thicker and less liquid. This, in turn, makes the removal of cholesterol from the gallbladder more difficult and can lead to the formation of gallstones. The common treatment for gallstones is to remove the gallbladder. In the beginning, this procedure will certainly relieve the pain and may temporarily calm the digestive system. Over the long term, however, it will impede the digestion of fat, result in deficiencies of fat-soluble vitamins and essential fatty acids, and cause heart attacks, cardiovascular problems, and cancer.

Ox Bile: A Solution that Works

In the early part of this century, Dr. Waters began to test his theories about the connection between poor fat digestion, dental calculus, and cardiovascular problems by giving ox bile to his family and his patients. It worked.

By giving these patients supplemental ox bile, he was able to completely eliminate their calculus formation. Patients were instructed to take two tablets of ox bile at each meal. (If diarrhea occurred, the dose was reduced to one tablet. Persistent diarrhea with one tablet was an indication that there was excess bile and, therefore, there probably wasn't a bile deficiency.)

Learning of these findings by Dr. Waters was of particular interest to me. For several years, I have been searching for a way to help stop calculus formation on teeth. Reports that items like vitamin E, various mouthwashes, and sprays could correct the problem all proved incorrect when I tested them.

The kind people at the Price-Pottenger Foundation alerted me to Dr. Waters' work and, after testing bile salts on both myself and others for several months, I can say it makes a huge difference. Not only does it decrease or totally eliminate calculus formation, the numerous benefits that come from improved fat digestion become evident very quickly.

If your fat digestion has been impaired for any length of time, more than likely there will be several indicative symptoms in addition to calculus formation. These may include one or more of the following.

- Dry eyes
- Cataract formation
- Small "blister" formation after exposure to the sun
- Bitter taste in the mouth

- Occasional blinding flashes of light across the visual field
- Liver congestion
- Very oily or greasy skin particularly in the head, neck, and facial regions
- Indigestion, bloating, and gas usually twenty minutes to an hour after a meal… particularly a fatty meal
- Nausea when exposed to the smell of cooking oils, grease, or fatty foods
- Chronic exhaustion and lack of energy
- Hormone fluctuations that are difficult to balance and manage

Bile's Role in Gallbladder and Thyroid Function

I've said it in the past, and, while I'm on the subject of bile salts, it bears repeating: If you've had your gallbladder removed, you should be taking bile salts with every meal for the rest of your life.

Without your gallbladder, your body's ability to store and concentrate bile becomes impaired. This interferes with fat digestion and the proper maintenance of cholesterol. Gallbladder patients who fail to use bile-salt supplements will progressively begin to experience all the symptoms of essential fatty acid deficiencies (skin problems, cataracts, heart disease, etc.).

You should also keep in mind that hormones from your thyroid gland are associated with fat metabolism. Although I haven't found that an underactive thyroid gland contributes to the formation of dental calculus, it can and does increase cholesterol and fat levels in the blood. Anyone who benefits from the use of bile salts should also be tested for an underactive thyroid. In the April 2000 issue of *Alternatives*, I outlined in detail a simple, yet very effective method you can use to help evaluate your thyroid gland. I also explained how the problem can be corrected using natural methods.

Someone who has had their gallbladder removed needs to take bile salts for the rest of their life. That wouldn't be a bad idea for anyone who has experienced the symptoms I've outlined in this issue, either. However, every individual is different and it's possible that three to six months of using bile salts, accompanied by a more raw, natural diet, would allow one to stop using the product. You can help judge your continuing need for bile salts by monitoring the return of the symptoms mentioned above and/or the formation of dental calculus.

How to Get Supplemental Bile Salts

I doubt that everyone needs to be taking bile salts. I do feel, however, that the dramatic changes in the typical diet over the last 75 years have left us deficient in various enzymes. Part of the problem stems from our consumption of more and more refined foods. And the raw foods we eat are less nutritious than they used to be. Our need for digestive enzymes is so important that I even included them in my daily health program, Daily Advantage.

There are several bile salt products on the market and many can be found in your local health food store. I personally take and recommend the product called Cholacol from Standard Process. It contains a proprietary blend of *collinsonia* (root) and purified bovine bile salts. I've had very consistent and excellent results using this product for the last 20 or so years. I generally recommend taking 2 tablets immediately before a meal. (Unfortunately, only health care professionals can purchase Cholacol from Standard Process, Inc. However, if you would like a doctor referral in your area, call Standard Process at 800-558-8740. You may also visit their website at *www.standardprocess.com/sp_ordering.asp.)*

Put Your Heart into Dental Care

Heart disease has become the number one killer in this country and it is closely followed by cancer. One of the major challenges in dealing with these diseases is being able to diagnose them quickly enough. The ideal situation would be a scenario where small, bellwether changes in body chemistry could be detected and corrected years before the diseases they foretell develop. The formation of dental calculus certainly appears to be one of these bellwether changes.

Although there are obviously numerous causes of heart disease and cancer, decades of research and clinical studies strongly support the idea that poor fat digestion and liver function are two major causes of these diseases. What's important here is to realize that something as deceptively

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News to Use from Around the World

Kicking the Valium Habit

Drugs such as Valium, Xanax, Librium, and Ativan belong to the benzodiazepine family. They are commonly prescribed to help with stress and anxiety. They have also become the most common form of treatment for insomnia. Unfortunately, many people quickly become dependent on these tranquilizers and find them hard to discontinue. A group of researchers in Israel recently found that melatonin can help people kick the Valium and benzodiazepine habit.

Subjects were given two milligrams of melatonin at bedtime every night for six weeks. During the second week of melatonin supplementation, the individuals were told to reduce their benzodiazepine dosage by half. The dosage was reduced by 75 percent of the original dosage during the third and fourth weeks and discontinued completely during weeks five and six.

At the end of six weeks, 14 of the 18 individuals who received melatonin were able to get off the benzodiazepine drugs completely, without any reduction in sleep quality. Only four of the 16 who tried to stop the benzodiazepine without melatonin were successful.

Even when the individuals were re-evaluated after six months, a large majority (79 percent) of those who continued to use the melatonin still reported good sleep quality without drug use. *(Arch Intern Med 99;159(20):2456-60)*

The long-term use of melatonin, and other hormones for that matter, has always been a concern of mine. Continuously providing the body with supplemental hormones eventually causes the gland that produces the hormone to stop or reduce its output. Of course, being able to get off addictive medications is certainly a Godsend, but there appears to be a way to minimize the impact of supplemental melatonin. New research shows that, for continued use, a small dose might be just as effective as a larger one–if not more so.

Recently, 30 insomnia patients were divided into three groups and given a melatonin dose of 0.1 mg/day, 0.3 mg/day, or 3 mg/day. After comparing the degree of sleep improvement and the blood levels of melatonin, the researchers found that 0.3 milligrams per day was enough to restore blood levels of melatonin to normal and improve sleep quality. More isn't always better, especially when it comes to hormones. If you regularly take melatonin, I would suggest taking the lowest-possible dosage that still helps you maintain proper sleep patterns. *(Family Prac News Oct.1, 00:16)*

Although drugs like Valium, Librium, and Xanax aren't in the news much anymore, they are still very widely prescribed medications, especially for the elderly. They are addictive substances, and it's easy to become dependent on them. Melatonin has now been shown to be an effective way to stop their use. If you know anyone who has been using one of these drugs on a long-term basis, do them a huge favor and share this information. It can change their life dramatically.

Ear Infections from a Trusted Childhood Comforter

Over the years, I've written numerous times about the ever-increasing incidence of middle ear infections (otitis media) in children. Nasal cleansers such as the product Xlear, which I covered in detail in the November 2000 issue of *Alternatives*, can be very effective at helping eliminate middle ear infections. Xlear (pronounced "clear") both washes away bacteria in the upper respiratory tract and makes those that remain less virulent. However, pacifiers are another item that needs to be addressed if you want to eliminate chronic ear infections in children.

Pacifiers have been used for centuries. Mothers learned that the device could quickly stop a baby from crying. Pacifiers can perform a useful role because the baby's sucking action is necessary for the proper development of the mouth and facial bone structure. This role can also be accomplished through breast feeding, however, and after the first six months or so, the pacifier can become a problem.

The bottom line is very simple: If you want to stop middle ear infections in children, you need to get rid of the pacifier. Research studies have confirmed this correlation. In a recent study from Finland, researchers found that when compared to infants who used a pacifier continuously, infants with restricted pacifier use experienced 33 percent fewer episodes of ear infections. By restricting pacifier use to only the moments when a child was falling asleep, the study found that a significant percentage of ear infections could be prevented. (Pediatrics 00;106(3):483-8)

When you take a closer look at how childhood ear infections can start, it's easy to see why pacifiers and other sucking habits can be part of the problem. Otitis media, or middle ear infections, can develop when bacteria, viruses, or other pathogens in the throat make their way up through the eustachian, or auditory, tube into the middle ear. Continuous sucking on

News to Use...Continued

a pacifier opens this tube and aids in the migration of these pathogens into the middle ear.

Obviously, the suction created from bottle-feeding and breast-feeding can create similar problems. There are mechanical differences between the two, however, and the result is that bottle-fed children experience five times more ear infections than breast-fed babies.

When breast-feeding a child, the position of the child is somewhat limited because of the mother's breast. More often than not the mother is sitting up, which necessitates that the child also be in somewhat of an upright position. This position helps the milk and other fluids travel more toward the stomach than back into the ear canal. Additionally, breast-feeding isn't normally a drawn-out process with long periods of sucking by the child.

On the other hand, when you give a bottle to a child, they will feed in every position imaginable. Lying horizontally on their back or side increases the chance of fluids entering the eustachian tube. And, it's not uncommon to let children walk or lie around practically all day sucking on a bottle.

The bottom line is that long-term pacifier or bottle use for several hours a day contributes to inner ear infections. It can also interfere with the infant's jaw growth and tooth development, which might require orthodontic intervention (like braces) later. Pacifiers dipped in honey or sugar obviously make the problem worse. If you must give your child a pacifier, get rid of it after six months of age. Until then, sterilize it in boiling water at least once daily, and if it is used to help get the child to sleep, take it away as soon as they fall asleep.

Et Tu, Coppertone®?

ZURICH, SWITZERLAND_____Now that summer has arrived, sales of sunscreen will begin to skyrocket again. The public still has the perception that sunscreens will protect them from the evil rays of the sun. On top of my warnings that sunscreens give a false sense of security, and can actually promote overexposure, new, more damaging research on the dangers of sunscreens has just surfaced.

Researchers at the University of Zurich have just informed us that five of the most popular chemicals used in sunscreens, lipsticks, and cosmetics to block UV light from the sun behave like estrogen and make estrogen-dependent breast and uterine cancer cells grow more rapidly in test animals.

If you want to check your sunscreens and cosmetics, the chemicals involved include octyldimethyl-PABA (OD-PABA), benzophenone-3 (Bp-3), homo salate (HMS), octyl-methoxycinnamate (OMC) and 4-methyl-benzylidene camphor (4-MBC).

This last chemical, 4-MBC, was particularly potent. For test purposes, it was mixed with olive oil, at concentrations normally used in sunscreens, and applied to the skin of immature rats. At those concentrations, it doubled the normal uterine growth rate before puberty.

In what appears to be a huge, unregulated human experiment, the sunscreen industry is altering both children and adults with creams exhibiting hormonal activity. Only God knows what the results will be in the years to come. To make matters worse, these same chemicals–particularly 4-MBC–have started to show up in fish from lakes where sunscreen-lathered people are swimming. The chemical has also shown up in human breast milk, just like other environmental toxins do.

There are currently over 25 different chemicals being used in sunscreens. Very little testing has been performed to see which ones may exhibit hormonal activity. Based on what's presently coming to light, it's not surprising that we're seeing a decline in male sperm counts, more feminine characteristics in males, earlier puberty in young girls, and an increase in hormone-dependent cancers. It will take years of research and arguing before the real dangers associated with these chemicals are known. Don't wait for the verdict before you act. I can assure you it won't be favorable.

If you need to limit your exposure to the sun, use clothing to block the rays. When that's not a practical solution, try zinc oxide. It might not be the prettiest sunscreen, but at least you won't be subjecting yourself or your children to a bath of artificial, cancer-promoting hormones.

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simple as dental tartar or calculus formation is not just a localized problem. Instead, it appears to be a symptom of a much more serious underlying problem with direct links to heart disease and possibly cancer.

It's vitally important that you make the distinction between keeping your teeth and gums healthy with proper home cleaning techniques and regular dental visits, and eliminating the

formation of dental calculus through proper fat digestion. While both are important, the continuous problem of tartar or calculus buildup on your teeth or dentures should be seen as your body's early warning of future problems with deadly diseases.

Obviously, with the increase in periodontal disease, heart attack, and cancer we've seen over the last 50 to 75 years in this country, there is a large segment of the population that would benefit from the use of bile salts. If the symptoms I've described above seem to fit you, then I would suggest that you consider giving them a try.

In addition, because of the dental health emphasis in this issue, a brief review of the dental care program I discussed in the October 1998 issue of *Alternatives* is probably a good idea. Combined with bile salts, if necessary, this simple routine can eliminate or control all but the most severe cases of periodontal disease.

MORNING

1. **Brush along the gumline with a mechanical brushing device called Sonicare. The toothpaste you use isn't as critical as the effect of the Sonicare.**
2. **Brush your teeth using a small-head, soft-bristle toothbrush. I emphasize *teeth* here because with the Sonicare you're really focusing on the gumline.**
3. **Before eating, drink two glasses of green tea. The antibacterial and antioxidant activity of green tea will be most beneficial to the gums immediately after they've been cleaned.**
4. **Take a multivitamin/mineral with breakfast. When I formulated Daily Advantage, I included particular nutrients known to be beneficial for dental health. Among these are a variety of bioflavonoids, vitamin C, bee pollen, turmeric, coenzyme Q10, and folic acid. If you're taking another formula, it's worth checking the label to see if you're getting these nutrients.**

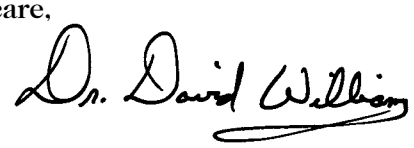
If you have advanced gum problems, I would also suggest taking additional coenzyme Q10 (30 milligrams of softgel twice a day or 60 milligrams of capsules or wafers twice a day, tapering down to half that dosage as the problem starts to clear up). *(Publisher's note: Coenzyme Q10 in a softgel, called CoQsol, is available from Optiohealth Products at 800-972-9700, or Mountain Home Nutritionals [MHN] at 800-888-1415, ext. 3705E.)*

EVENING (Before bedtime and after you've eaten everything you intend to for the day.)

1. **Floss your teeth *gently*.**
2. **Swish thoroughly with 3% hydrogen peroxide (found in drug stores). Do not swallow. Do this every evening for about a week. Then you can taper off to a maintenance schedule of once a week.**
3. **Brush along the gumline with the Sonicare.**
4. **Brush your teeth with a soft toothbrush.**
5. **Apply Citricidal (also available from MHN) between each tooth with a small plastic dental pick. The pick that works best is called a Rotapoint, and you can order it by calling 800-752-2564. The cost is $14.50, delivered, for a box of 120.**

With this program, you'll have a healthier smile and better health to smile about.

Take care,



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 as he can in the Mailbox section of *Alternatives*. For our part, we'll do our best to direct you to his issues, reports, and products related to the subject of your interest.

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