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FOR THE HEALTH-CONSCIOUS

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Dr. David G. Williams

A Sure Bet to See You Through an Uncertain Future

Not too long ago, I was being interviewed. I was asked to predict what changes and trends we could expect to see in the field of health care over the next few years. If someone had asked me this question ten years ago, I would have quickly answered with a long list of predictions. Today, I wouldn't even try to guess. Things certainly haven't gone in the direction I thought they were headed.

I honestly thought that by now the major focus in health care would be directed at prevention instead of treatment. I also thought we would have practically eliminated problems like heart disease, diabetes, and many forms of cancer by simply modifying our food supply, diets, and lifestyles in accordance with all the supporting research data. Unfortunately, none of that has happened.

The incidence of heart disease, diabetes and cancer has skyrocketed over the last couple of decades and continues to increase each and every year. And, despite the fact that we now have both the research knowledge and the ability to prevent such problems, our focus has shifted almost totally away from prevention and towards treatment. This development stems from a combination of factors.

The general public seems to consistently demand instant gratification without regard to future consequences. People have been lured into believing that consuming unlimited amounts of artificially concocted sugar-free or fat-free foods will have no ill effects on their health. And if by chance some unfortunate individual does happen to develop one of the above diseases, they're led to believe that modern medicine either has or will soon have the technology to correct the problem. As a result, only a very small percentage of the population seems to believe that prevention is still the best medicine. There may be a lot of talk about preventing disease, but very little action in that regard. As the saying goes in these parts, "there are a lot of people who talk the talk, but very few who actually walk the walk."

Most people seem to be counting on the government, the medical research community, and/or the pharmaceutical companies to save them from their transgressions. I'm sure this isn't news to readers of *Alternatives*, but that kind of a rescue will never happen. Anyone who thinks for a second that these entities are truly concerned about his or her health is in for a big surprise. It doesn't take a genius to realize that the really big money comes from treating diseases, not from preventing them.

Believe it or not, treating more and more diseases is actually good for the economy–at least in the short term.

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

It creates millions of jobs, spins off billions of dollars in research funding, and generates tens of billions in profits every year. If I were a financial advisor (which I certainly am not), I would tell you that you could get the greatest return on your money by investing in companies that treat disease rather than those that try to prevent disease. On the other hand, being a health advisor, I can tell you that investing your time and resources in preventing disease rather than attempting to treat it later will give you the best return in terms of quality and length of life–things money can't always buy.

Every month, I get dozens of letters and email messages with questions about the latest health news. Nine times out of ten, the question has to do with some so-called high-tech miracle or new drug discovery that is claimed to cure one disease or another. At worst, the "miracle" causes more harm than good (remember fen-phen?). At best, it's just another expensive way to treat the symptoms of a disease rather than the underlying cause.*

Rather than counting on one of these latest "technological health breakthroughs" to solve our problems, our time and efforts would be better spent taking advantage of simple, inexpensive, natural tools and techniques that time and research have proved will work. A good example is lecithin.

A Vital Dietary Component We Just Don't Get Enough Of

For years, I've written about the numerous benefits derived from taking lecithin. I consider it one of the core items of my personal health program and I take a tablespoon of lecithin granules every day. If you're not presently taking lecithin, some of the latest research should make you reconsider that choice. And, if you are taking lecithin, you'll be happy to know that it's even more beneficial than we first thought.

* One exception is stem cell therapy. Although it has only become popular in the last few months, I reported on it years ago when I first discussed the storage of umbilical cord blood from newborn infants (see the June 1996, July 1998, and October 2000 issues of *Alternatives*). I still think it's one of the best gifts you can possibly give a newborn child. Maybe with all the media attention now being given to stem cell research, more parents and grandparents will have the foresight to look into this safe, inexpensive procedure.

Lecithin is actually a combination of compounds called phospholipids. Roughly 23 percent of lecithin consists of the phospholipid group called the phosphatidylcholines (PCs), with choline making up about 13 percent of the total PC weight. I mention this mainly because the PCs and choline are generally considered to be the "active" portion of lecithin, and most of the research material therefore focuses on these substances. For practical purposes, though, we're really taking about lecithin.

Since we can get lecithin in our food, most traditional nutritionists have never given much attention to the need for supplemental lecithin in our diet. Lecithin, however, is mainly found in the high-cholesterol, high-fat foods. Some of the richest common food sources of lecithin are things like fatty beef steak, beef liver, and eggs–items that have fallen in popularity over the last 20 years or so. With the decreased consumption of such foods, it stands to reason that many of us would also be consuming less lecithin and choline. As I've discussed in the past, it's often the small changes in our diet that can translate into big health problems further down the road. I have no doubt that this is true when it comes to lecithin.

Two of the primary concerns associated with aging seem to be that of poor quality sleep and failing memory. Both of these problems can have their roots in lower levels of lecithin consumption (which translate into lower choline levels). An adequate discussion of sleep physiology is too lengthy for this article, but a brief discussion of the memory benefits you get from lecithin might be helpful.

Strong Medicine for Synapses and Memory Lapses

I'll try not to get too technical here, but, if you recall from biology class, your nerves communicate with each other through junctions called synapses. The nerves meet at these synapses, where a chemical compound called acetylcholine is often used to transmit the nerve impulse. (Acetylcholine is called a neurotransmitter.) These synapses are especially numerous in the brain.

To make acetylcholine, nerve cells require choline. While the nerve cells can actually synthesize choline from other compounds, or break their own cell membranes down into choline, their best source is to get it directly from the blood stream. Studies have consistently

shown that, by taking lecithin orally, you can increase blood plasma levels of choline–which also causes acetylcholine levels in the brain to increase. *(Science 83;221(4611):614-20) (Gastroenterology 92;102:1363-70)*

When it comes to using lecithin to help improve nerve transmissions in the brain, most of the studies have involved patients with Alzheimer's and Parkinson's disease. Truthfully, the results have been somewhat mixed. If there was any improvement at all, it appeared to be in slowing the progression or onset of the diseases rather than in treating them. Hopefully, more studies will be done in the future. When it comes to improving memory lapses however, it appears that regular use of lecithin can be beneficial.

When a group of older individuals took two tablespoons of lecithin daily for five weeks, they exhibited fewer memory lapses and improved memory skills. *(Res Social Work Practice 94;4:349-58)*

In another study involving college students, it was shown that high doses of lecithin (the equivalent of about 10 tablespoons daily) could significantly improve short-term memory skills within 90 minutes of consumption. *(Clin Neuropharm 93;16(6):540-9)*

With the inability to patent lecithin and its widespread availability and low cost, there's really not much financial incentive for anyone to perform large, long-term studies. The big players (such as pharmaceutical companies or government-sponsored researchers) will probably never spend enough time or energy on lecithin to learn just how beneficial it can be.

It's also important to keep in mind that the fat-like components in lecithin are much like vitamin E and other fat-soluble vitamins. In many instances, it can take months for the body to build up a reserve of these compounds and realize their full effects. In other words, if you want to experience the full benefits of lecithin, you will need to take it consistently on a full-time basis.

While there are obviously other factors that influence memory, such as impaired circulation, lecithin certainly appears to be one important piece of the puzzle. Having said that, one of lecithin's greatest strengths just happens to be its ability to protect the circulation system.

Important Cardiovascular Benefits

Lecithin just happens to be one of a handful of natural products that can lower the levels of LDL cholesterol and, at the same time, increase HDL cholesterol.

Lecithin use has been proven in dozens of studies to lower cholesterol levels by decreasing cholesterol absorption in the gut and, more significantly, by actually pulling harmful forms of cholesterol out of the bloodstream. *(J Nutr Biochem 00;11:461-6) (J Nutr Biochem 98;9:659-64)*

More recently, there has been a focus on trying to help prevent atherosclerosis (clogging of the arteries) and heart disease by lowering blood plasma levels of homocysteine. This can usually be accomplished by increasing the intake of vitamins B12, B6, and folic acid. However, the choline provided by lecithin has the same effect. Choline is metabolized into betaine, which in turn lowers homocysteine levels. (Betaine is another so-called "new" supplement recently being touted as the answer to circulation problems.) *(Annu Rev Nutr 99;19:217-46)*

In the not-so-distant past, lecithin was the foundation of all treatment programs dealing with circulation problems. Not only could it help prevent such problems, it was often instrumental in reversing some of the most severe existing cardiovascular problems. But for reasons unknown to me, lecithin seems to have fallen out of favor with the pharmaceutical and health food industries. Sadly, I suspect that its lack of popularity has to do with the fact that it is

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one of the least expensive supplements you can get these days.

Lecithin for Liver Support

Importantly, recent research has also shown lecithin's effectiveness in protecting and enhancing liver function. Over the last several months, I've written several articles discussing the dangers of various chemical toxins and pesticides that are quickly finding their way into our yards and homes. One of the primary organs your body uses to neutralize and eliminate these poisons is your liver. (The others are your kidneys.)

Not surprisingly, most doctors I've spoken with have reported seeing an increasing number of patients with liver abnormalities. It appears that abnormal liver function, enlarged livers, or fatty infiltration of the liver is becoming more common. All of these conditions are known to be caused by choline-deficient diets. Other possible causes include infections, cancer, alcohol abuse, and exposure to chemical toxins. Studies are beginning to indicate that increased lecithin intake may hold the key to minimizing liver damage from several of these factors. *(Lab Invest 93; 68(3):255) (Gastroenterology 92;102:1363-70)*

Although additional research needs to be done, it appears that the PC component of lecithin may be primarily responsible for protecting the liver. Under normal circumstances, the liver produces an enzyme that helps the liver make its own PC. It has been shown that alcoholics consistently have lower levels of this necessary enzyme and are unable to produce adequate amounts of PC. Both animals and human studies have shown that supplementing the diet with PC (either in a concentrated form or in the form of lecithin) can prevent alcohol-induced cirrhosis and liver damage.

Make Sure You're Getting Your Lecithin

If you've been following my suggestions and taking a tablespoon of lecithin granules each day, you're on the right track. It's money well spent.

If you're not including lecithin as part of your daily supplements, you should start now. It's one product where you get a lot of "bang for your buck."

For daily maintenance purposes, I would recommend one tablespoon of lecithin granules (about 2 grams) a day. Therapeutic doses for treating severe heart disease, high cholesterol, abnormal liver function, and liver disease will normally require between 10 and 40 grams–5 and 20 tablespoons–per day, spread throughout the day. Lecithin is non-toxic and the only symptoms experienced at the very high dosages are things like gas, bloating, nausea, or diarrhea. Most of the studies where high dosages were used lasted 6 to 12 weeks. Obviously, blood tests were being regularly performed to monitor liver function, cholesterol levels, etc., and once the problem was corrected, the individuals could be put on a maintenance dose.

I recommend keeping the granules in the refrigerator to avoid any problems with rancidity. Fresh lecithin should have a clean, nutty smell and taste.

I know some people who actually just swallow the granules. Although I like the nutty taste, I can't do that. They stick to my mouth and teeth, and I find them hard to swallow. I simply put them in the blender with my protein shake each morning.

The granules are available from health stores or by mail from Bronson Laboratories, 800-235-3200, or Mountain Home Nutritionals, 800-888-1415, code 06649N. Lecithin can also be purchased as a liquid, but it's far more expensive that way.

As I mentioned earlier, I'm not making as many predictions as I used to–but with lecithin I'll go ahead and make one.

It may be five years from now or perhaps ten. It's just a matter of time before some so-called health guru "rediscovers" lecithin. He or she will write a best-selling book outlining how our diets have become deficient in lecithin (probably referred to as phosphatidylcholine to give it a new twist), and how miraculous this compound can be. There will be dozens of new, improved, "microlized," hydrolyzed, potentiated lecithin products that hit the market, costing ten times the price of plain old lecithin granules. The public won't be able to get enough of the stuff.

In the meantime, whether my prediction comes true or not, I urge you to be years ahead of the trend and rediscover the magic of lecithin now. While you're waiting on my prediction to come true, lecithin will be hard at work. It will be cleaning your arteries and helping protect your heart and liver. From a personal standpoint, I can only see one downside. As your memory improves, you'll be there to remind me if my prediction doesn't come true.

News to Use from Around the World

Good News for Migraine Pain

CHICAGO, ILLINOIS_____Doctors at the Diamond Headache Clinic have reported a novel method of helping stop migraine headaches.

I've reported on dozens of anti-migraine techniques; no single treatment seems to work for everyone, but each of them is another tool in the toolbox. This latest remedy is no exception, and if it works for even a small percentage of migraine sufferers, it's worth knowing about.

Some migraines are triggered by signals coming from the facial nerve called the trigeminal nerve. Starting with this knowledge, doctors at the Diamond Headache Clinic had their patients apply a cream containing the anesthetic compound lidocaine to their forehead at the first sign of a migraine. They reported that in one-third of those using the cream the migraine headache was partly averted. Following the treatment, these patients also remained free of any migraine symptoms for at least eight hours.

Lidocaine has been used for probably the last 15 years in various ways to stop migraine headaches. It is a relatively harmless compound that is used to temporarily deaden nerves. You may recognize it as the active ingredient in the product called Solarcaine, which has been used for years to relieve the pain associated with sunburn.

Up until now it was mainly used as either an intravenous infusion or an intranasal (inside the nose) cream. Rubbing the lidocaine on one's forehead certainly simplifies matters. When applied at the first sign of a migraine (usually at the time of the aura, which precedes the headache), the success rate ranged anywhere from about 30 percent to sometimes as high as 50 percent.

The four percent lidocaine solution used in these studies could be a quick, easy solution for many who suffer from migraines. However, it is available by prescription only, so if you want to give it a try, you'll need to visit your doctor.

The Numbing Down of America

STOCKHOLM, SWEDEN_____Researchers at the Karolinska Institute have reported that newborns whose mothers are given painkillers at birth are prevented from breastfeeding normally. (Birth 01;28(1):20-1)

Reports from all over the world have found that the first 60 to 90 minutes following birth are critical to the bonding process between a mother and child. At the 78th annual meeting of the Canadian Pediatric Society this year, additional research data was presented showing that when newborns are unable to bond properly with the mother following birth, they had an increased risk of developing speech and language problems. Most initial communication is non-verbal, and anything that interferes with this process can have serious consequences on the child's development.

In the Stockholm study, video recordings were made of 28 newborns immediately following the birthing process. The mothers of the newborns had been divided into three different groups. Group I had received no painkillers or nerve blocks. Group II had received nerve blocks, and Group III had received one or more types of analgesia during labor.

It readily became apparent that the painkillers numbed all the infants in Groups II and III. The infants not exposed to the painkillers behaved as would be expected. When placed on their mother's chest, they instinctively moved toward her breast, massaged it with their fingers, reached for the nipple and began to nurse all within about an hour after being born. The newborns exposed to painkillers showed little movement. Most never massaged the breast and almost half of them didn't breastfeed at all within the first 2Ω hours of birth.

The researchers also found that the mothers in Group I experienced an increase in the level of the hormone oxytocin following the breast massage and suckling by the newborn. In addition to increasing milk production and contractions in the mother's uterus, this hormone has been shown to increase the bonding between a mother and child. The analgesics being given now appear to impede the release of oxytocin.

Obviously, nerve blocks and painkillers are often given at the request of the mother, but hospitals love them, too. Analgesics and epidurals are huge moneymakers, and their use has become almost routine here in the United States. In other areas of the world, where drug use isn't so widely accepted, other techniques, like acupuncture or micro-current electrical stiumulation, are often used to lessen the pain of childbirth.

The studies I've mentioned above didn't address the sense of smell, another crucial aspect of the bonding process that would undoubtedly be affected by the use of painkillers.

It's amazing to see how drug-oriented our society has become in just the last few decades. And no one seems to be shocked that more and more infants and children are routinely taking these drugs. I guess the shock will come later when we begin to see these kids start to develop adult disease, increased behavior problems, and the drug abuse that will undoubtedly follow.

HEALTH HINTS FROM READERS

Insight from the Past

Very few people know about [the use of white oak bark for hemorrhoids]–but it works! An 'old' book regarding herbs is where my mother first read about this herb 30-35 years ago. (Most books published 'now-a-days' containing information about herbals don't list this herb in the index.) White oak bark took care of the problem for me, my husband, my uncle, my friend, and, yes, our dog. The brand that does the trick for us is Nature's Way. Cost is about $7 for a 100-capsule bottle (950 mg of white oak bark, plus 31 mg of calcium). Take two capsules, twice daily with food.

From the drdavidwilliams.com message board.

The pH Rx

I have followed Dr. F. Jarvis' advice ("Folk Medicine") for years. He said that when a person is getting sick, the urine turns alkaline. (And that strep, staph, and pneumococci cannot grow in an acid medium). When I drank vinegar water, my urine again turned acid and all sick symptoms were gone! Sometimes it took a whole pint of vinegar in water or apple juice throughout the day to get [enough] acid.

B. G.
Email Message

LASIK Surgery: Not Yet Worth the Risk

Undoubtedly one of our greatest senses is our sight. It's one gift we all treasure and hope to preserve. For the longest time, I was very lucky and actually had better than 20/20 vision, so I never had to wear glasses or contact lenses when I was younger. However, all that changed in my mid-20s, when my distance vision began to suffer somewhat and I started wearing glasses. I've had to wear them ever since.

My vision has stayed pretty much the same over the last 20 to 25 years, and much of that I attribute to the regular use of antioxidants and other supplements aimed at promoting optimal eye function. Since I really need my glasses only to drive or see distant objects, my one (admittedly minor) complaint stems from having to keep up with my glasses. Roughly half the population in this country shares my fate, and this fact certainly hasn't gone unnoticed by ophthalmologists who perform corrective eye surgery.

LASIK (Laser-Assisted in-Situ Keratomileusis) is the latest procedure that utilizes lasers to reshape the cornea in an attempt to eliminate the need for contacts or glasses. Although the procedure is only five years old, it has rapidly become the latest fad in cosmetic surgery. It is now the most common form of elective surgery in the U.S., far surpassing breast implants and other forms of cosmetic surgery. Over 2,000,000 people are expected to undergo LASIK surgery this year. At an average cost of $1,000 to $2,000 per eye it has become a $3 to $5 billion industry.

Don't be Blinded by the Hype

For anyone who has to wear glasses or contacts, LASIK seems like a Godsend. Radio ads tout the procedure as a way to throw away your glasses forever. They're quick to cite celebrities like Tiger Woods and Troy Aikman as satisfied customers. To make the offer even more enticing, in some areas the price of the procedure has been reduced to as little as $500 per eye. And for ophthalmologists it has become like having a license to print money.

Some surgeons are performing one of the 15-minute surgeries every half-hour during their daily office hours. "LASIK mills" are popping up all over the country. From all outside appearances, it would seem that LASIK surgery is the ultimate solution to all our vision problems and the technology will make glasses and contacts obsolete. After taking a closer look, however, I can tell you it's one procedure I recommend that you avoid, regardless of the promises and guarantees being made.

The public isn't being told the whole story behind LASIK. Unlike eyeglasses that have been in use for a couple hundred years and contacts, which have been around for about fifty, the LASIK procedure is only five years old. Not only does the surgery result in immediate risk and complications, the long-term effects on vision are not yet fully understood.

The surgery involves surgically cutting and pulling back a small flap on the surface of the cornea. A laser is then used to transform the shape of the cornea so it can more or less act as a corrective lens. As with any other surgery, complications can occur. In many cases, it is the ability of the surgeon that determines whether

the complications become a permanent problem. The skill of the various ophthalmologists performing LASIK can vary dramatically. Some return to college to learn the procedure while others learn it in a weekend seminar. The manufacturers of the laser equipment put on 2-day weekend seminars where doctors use the equipment to zap eyeballs from pigs. A doctor can be practicing on pig eyeballs on Sunday and operating on your eyes on Monday.

Some doctors have performed hundreds of procedures while others are just learning the technique. Unfortunately for the patients, there is no certifying board, or state or federal educational requirements for performing LASIK. Obviously, the more experienced surgeons would be the ones to go to, but as new as this procedure is, if you decide to undergo the procedure now, you're still a guinea pig.

The Rest of the Story

Here are some facts and figures to keep in mind when you hear the next radio commercial touting a LASIK mill that provides free limousine service to and from the surgery center.

Almost all the literature you read regarding LASIK surgery states that only five percent of the cases will develop any type of complication. This supposedly encompasses temporary or permanent complications, including that of having worse vision than before the surgery. When I looked at the research, however, five percent appears to be only a guess, without any long-term supporting research to back it up. In reality, the risk of developing complications from LASIK appears to be much higher.

One of the most common problems involves seeing starbursts, glare, halos, or "ghosting" around lights at night. One study found this problem in 12 percent of LASIK patients one year after the surgery. *(Opth Times Feb.15,1999)* Many individuals have reported an inability to drive at night due to this problem.

Other problems and complications include incomplete healing, dry eyes, and a loss of visual contrast. Incomplete healing can lead to infections and permanent scarring. Everyone undergoing the procedure can expect to experience dry eyes for the following couple of weeks. For most, the problem is temporary and can be alleviated with eye drops. In some cases, however, the nerves severed when the cornea is cut can result in a loss of sensitivity and a permanent inability to produce adequate amounts of tears. Some individuals have reported the need to use eye drops every five minutes while awake and every hour throughout the night.

The loss of contrast can be an even more serious problem. About three years ago, there were reports coming out of the U.K., Germany, and Canada that the loss of contrast was so severe in anywhere between 30 percent and 60 percent of LASIK patients that they failed the sensitivity tests for night driving. A loss of contrast sensitivity makes it difficult to pick out dark objects against dark backgrounds or light objects against light backgrounds. Since we don't require this type of testing in the U.S. for night driving, many problems like these are not being detected or reported. As more people have LASIK surgery, it will interesting to see if there's an increase in the number of nighttime automobile accidents in this country.

After undergoing LASIK surgery, 15 percent of the patients require follow-up or "enhancement" procedures to correct complications or other problems.

Although this type of information isn't routinely given to prospective LASIK patients, it was provided to the FDA during the approval process for LASIK surgery.

The Premarket Approval Application (#P970043/S5 from Dockets Management Branch (HFA-305), FDA, Pg. 19) from vision product-maker Alcon Corporation stated that:

- 22.8% of LASIK patients complained of light sensitivity following the surgery;
- 7.1% complained of having headaches;
- 31.9% had problems with visual glare;
- 32% experienced night driving difficulties.

Sites for Preventing Sore Eyes

If you're still interested in having the LASIK, I suggest you check out a couple of websites that were set up to help individuals who are suffering from the effects of unsuccessful LASIK procedures.

On the websites *www.surgicaleyes.org* and *www.lasikcourt.com/tlc/brenthanson* you can read about thousands of individuals who are suffering from problems like double vision, triple vision, permanent dry eyes,

inability to drive at night, etc. There are dozens of personal stories from those who have lost their jobs, their ability to drive, and their independence following LASIK. The FDA also has a checklist of risks and other factors to consider before having LASIK surgery. You can find it at *www.fda.gov/cdrh/lasik/reduce.htm.*

Even if the procedure happens to be successful, the promise of being able to "throw away your glasses" is stretching the truth to say the least. The surgery can improve distance vision, but at the expense of near vision. If you wear corrective lenses (glasses or contacts) to see distant objects now, it will probably be necessary to remove your glasses to read, work on the computer or focus on anything close as you get older and your eyes change. If you have LASIK surgery, you may be able to get rid of your glasses for distance vision, but as you age you'll need to use reading glasses for close focusing.

Keep in mind also that the lens and macula (the inside rear surface of your eye) continue to change as you age. Having successful LASIK surgery today provides no guarantee that you'll still be able to see well in another 5, 10, or 15 years. There have been no long-term studies on this aspect of the surgery. Several leading ophthalmologists are now expressing concern that the procedure permanently ruins the cornea, so vision correction later may not be possible.

Based on the increased number of complaints the FDA has received since LASIK's introduction, the agency now specifically states in its website that you are not a good candidate for LASIK surgery if you are not a risk taker. And another agency is also showing an increasing awareness of the problem. Last August the Federal Trade Commission (FTC) issued a consumer alert regarding the increase in the number of complaints it was receiving about LASIK.

A Dangerous Fad

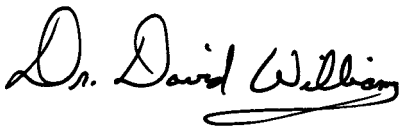
LASIK surgery is a fad–a dangerous one. The changes it makes to the eye are permanent. Many patients have also learned that, when damage occurs, it, too, is permanent. Oftentimes, there's nothing your doctor can do to correct it.

Although LASIK is only five years old, it already accounts for five percent of all medical malpractice lawsuits, and that number is growing. Unfortunately for most patients, the consent forms that are signed before the procedure make it almost impossible to sue for damages if something goes wrong.

As new technology becomes available and procedures become more refined, it's possible that surgery will be able to safely correct vision problems. We're not at that point yet. Regardless of whether the risk of developing complications is actually five percent or 25 percent, it's not worth risking your eyesight. All of the statistics become meaningless if you happen to be one of the thousands who end up suffering from an unsuccessful surgery.

In the October issue of *Alternatives*, I'll be discussing a non-surgical procedure developed in Australia that has helped thousand of individuals get rid of their glasses during the day. I've been personally testing the technique. Although it isn't as simple or as effective as I would have liked, it offers benefits that might be worthwhile for some readers. I'll give you a firsthand account of the ups and downs of this procedure next month.

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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