

Alternatives[®]

FOR THE HEALTH-CONSCIOUS INDIVIDUAL

April 2002

Volume 9, No. 10



The Life-Saving Benefits of Divine Guidance

After nearly two decades of tramping the globe in search of natural cures, I've become a strong believer in spiritual guidance. The connections I've stumbled upon and the remedies and cures that have unfolded for me certainly couldn't have happened by mere chance. I give thanks and count my blessings every day for the guidance and help I receive. Even so, there are times when I get caught up in the stress of daily living and the "little voice" inside has to scream in my ear rather than just whisper. This happened a couple of weeks ago when I was packing for my most recent trip to Australia.

Days before I was to leave, I found out that the landlord of the small office I rent was almost doubling my monthly rent. As a result, I decided to move to another office. I began clearing my desk and packing my personal effects, trying to arrange the move right up until I had to leave for the airport.

While clearing my desk, I ran across some notes I had made a couple of years earlier about rhubarb. For some reason, I began to read them again. Being rushed for time, I kept telling myself to stay focused and not get sidetracked by reading everything I picked up. Still, I couldn't seem to stop thinking about rhubarb. I went into my library and pulled the past issue in which I had written about rhubarb, and read it over and over. Finally, after "wasting" my last available hour, it seemed like I came back to reality and rushed to the airport.

I really didn't give the whole incident much thought until several days later in Australia. After all, I'm the type of person that can get totally caught up and become fascinated in some

of life's smallest details. I truly have to be careful around university or large public libraries. It's almost as if someone has taken me to a free all-you-can-eat buffet for the mind. I literally forget to eat, lose all sense of time, and generally have to be told to leave at closing time.

Medical Ignorance in a Time of Crisis

After about three days of traveling in Southern Australia, the gentleman I was traveling with received a phone call from his lady-friend informing him that her dad had stomach cancer and was dying. They were unable to do anything for the cancer because his stomach was bleeding so severely. The problem had been going on for months and had only gotten worse. He was obviously unable to eat, but the main problem was that he was continuously losing blood, and there was nothing they could do to stop it. Blood was pouring from his stomach faster than it could be replaced through transfusions.



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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

The doctors were going to give him morphine for the pain, and send him home that evening to die. Since I could only hear one end of the phone conversation, I didn't know all these details at the time. However, my friend said, "Just a minute, I'll ask him." He turned to me and asked if I knew of anything in the world that might help stop internal bleeding. Talk about guidance! When I told him about rhubarb, I felt like the child whose loving parent was allowing him to take credit for something he really didn't do.

Crisis Overcome

The lady, who fortunately owns and operates a food supplement manufacturing facility, immediately purchased all the fresh rhubarb she could find in the local grocery stores. It was dried and pulverized into powder overnight, and she had her dad taking it by 10:00 the next morning. The doctors had allowed him to stay in the hospital to die but within hours of taking the rhubarb, the bleeding stopped. The next day, when the head doctor was asked if the rhubarb might have stopped the bleeding, he stated absolutely not. His follow-up comment that bleeding cases such as these often just correct themselves spontaneously clearly astounded the other doctors and nurses in the room. It just doesn't happen that way. Less than 12 hours earlier, the transfusions were stopped and the patient was considered a hopeless case.

Less than a week later, I met with the gentleman. His recovery was remarkable. His color was normal and he looked fine. He was at home, walking around, eating, and going about his normal daily activities. He obviously still has to deal with the stomach tumor, and he's doing that through juicing and other natural therapies such as shark cartilage. I have no idea how that will turn out, but it's now been close to a month and so far he's doing fine.

Thanks—and Some Crucial Advice

I'm relating the story for several reasons.

First, I'd like to thank you for the opportunity you've given me by supporting my search for treatments and remedies that can truly make a difference in other people's lives. It's the positive stories from your letters, e-mails, and first-hand experiences like the one above that make all this work worthwhile. Thank you.

Second, don't discount the value of the "little voice" within. All of us have a sixth sense, so

to speak, but very few of us spend the time to develop and trust it.

And last, but certainly not least, keep in mind that sometimes the simplest solutions can help correct the most serious problems. Although I devoted only a few paragraphs to rhubarb a couple of years ago, that doesn't in any way lessen its value as a healing tool. Tens of thousands of individuals die every year from internal bleeding. Yet I would bet that not one doctor in 100,000 even knows how effective powdered rhubarb can be. The few who know about it wouldn't know where to get it, or would probably be afraid to recommend it to patients.

Rhubarb has been used for centuries, but mainly to treat constipation and to help detoxify the colon. As a natural laxative, it is generally very mild. Occasionally, it might cause some grumbling and minor cramping, but nothing that would prevent it from being used. A few hundred years ago, it was considered an all-around tonic that could be used in various formulas to help rejuvenate the body. There is also some evidence to indicate that it helps promote the production or release of bile salts by the liver and gallbladder. Since rhubarb hasn't proven to be a real powerhouse of a natural healer, I doubt we'll see much research into just how effective it might be for stopping internal bleeding. And that's a shame.

There's no telling just how many lives could be saved with this safe, effective therapy. Hopefully, as *Alternatives* continues to grow, and more doctors subscribe, many of these remedies may become more commonplace. But, in the meantime, file each of these powerful little tidbits away for your safety and that of your family.

(Publisher's note: In the December 2000 issue of Alternatives, Dr. Williams wrote a more detailed article explaining how taking 15 grams of powdered rhubarb a day, in divided doses throughout the day, stopped internal bleeding in 95 percent of 400 individuals.)

Although bulk rhubarb still isn't that easy to find in health food stores, it is available through the mail from various herb companies, including Penn Herb Co. Ltd., at 10601 Decatur Rd., Ste. 2, Philadelphia, PA 19154, 800-523-9971 (Penn Herb carries rhubarb in cut, powdered, and capsule form).

The Health Guarantee of Vitamin D

A University of Toronto study recently found that people need significantly more vitamin D than has been commonly accepted. The study involved 796 women between the ages of 18 and 35, and showed that the generally recommended amounts of vitamin D for women are too low to offer any benefit.

Reinhold Vieth and his colleagues found that any amount of daily vitamin D intake under 800 IU wasn't enough to prevent a vitamin D deficiency. (*Eur J Clin Nutr* 01;55(12):1091-7) Although numerous other studies and the epidemiological trends have been supporting these same findings, the U.S. Food and Nutrition board for osteoporosis-related matters still recommends only 200 IU per day for women under the age of 50.

After seeing how lifestyle and dietary changes were influencing vitamin D levels, I increased the amount of vitamin D in a daily dosage of Daily Advantage to 800 IU. I did this over two years ago. A few other supplements have followed suit, but their vitamin D amounts generally fall in the 200 to 400 IU range, with a few now offering 600 IU. If your present supplement contains any less than 800 IU, I would suggest adding more vitamin D to your program. This would be especially true if you don't drink milk or exercise regularly, and get little if any sun exposure. (I don't necessarily recommend milk, but it is fortified with vitamin D. See Vol. 7, No. 12 for my guidelines on when to drink milk.)

I've written in past issues about the seriousness of decreasing levels of vitamin D, and the problem seems to just keep getting worse. The evidence continues to grow, but, for some reason, it also continues to be ignored. Vitamin D levels are linked to more than just proper bone growth and strength. Some of the most common health

ailments today can be directly linked to inadequate vitamin D levels:

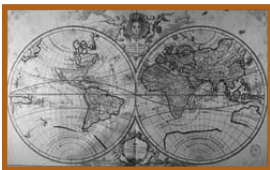
Heart Disease and Diabetes

Heart disease continues to reign as the number one killer in this country. Although dozens of factors are involved in developing heart disease, excess sugar consumption and the inability to regulate blood sugar levels properly are undoubtedly two of the major contributing factors. Studies have now shown that low vitamin D levels decrease insulin levels and increase insulin resistance, both of which are associated with diabetes and subsequent cardiovascular problems. (*Diabet Med* 01;18(10):842-5)

On a related note, at the American Diabetes Association meeting last June researchers reported that inadequate sleep is another factor that triggers insulin resistance.

When your cells don't respond to insulin properly, they are considered to be "insulin resistant." This requires the pancreas to produce even more insulin just to keep blood sugar levels within the normal range. It's quite common for this condition to lead eventually to pancreatic failure and diabetes. Insulin resistance is now considered an important risk factor in the development of adult-onset, or type 2, diabetes.

In the reported study, insulin sensitivity was evaluated in 27 healthy individuals age 23 to 42. Fourteen in the group were considered normal sleepers, who averaged eight hours of sleep per night, and the other 13 were "short" sleepers, averaging less than five hours of sleep per night. All the sleepers were monitored for eight days, at which time they were tested for insulin sensitivity. The short sleepers were 40 percent less sensitive to insulin than the normal sleepers. In other words, the short sleepers had to produce significantly more insulin than the normal sleepers did to maintain the same blood sugar levels.



ALTERNATIVES®

ISSN# 0893-5025. Published monthly for \$69.99/yr. by Mountain Home Publishing at 7811 Montrose Road, Potomac, MD 20854. Editorial Office: 7811

Montrose Road, Potomac, MD 20854. Periodicals postage paid at Rockville, MD and at additional mailing offices.

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Dr. Williams works closely with Mountain Home Nutritionals, a division of Doctors' Preferred, Inc. and subsidiary of Phillips Health, developing his unique formulations that supply many of the hard-to-find nutrients he recommends. Dr. Williams is compensated by Doctors' Preferred, Inc. on the sales of these nutritional supplements and health products, which allows him to continue devoting his life to worldwide research and the development of innovative, effective health solutions.

This study was particularly interesting to me since I personally know several individuals who “only need a couple of hours of sleep” each evening. Upon closer observation, each one of these individuals had a very difficult time controlling their blood-sugar levels. They use stimulants like coffee, sugar, or alcohol to get them through the day. They experience “sinking spells” immediately following meals and many of the other classic symptoms of fluctuating blood sugar levels. I’m sure you know of family or friends with similar symptoms.

Too many people underestimate the enormous health benefits of getting adequate amounts of quality sleep.

Getting back to vitamin D, I’ve also reported how the incidence of diabetes in children has been skyrocketing over the last couple of decades. Lower vitamin D levels have now been found to be one of the contributing factors. (*Lancet* 01;358(9292):1500-3)

Cancer

Numerous studies have found a direct association between low vitamin D levels and cancers of the breast, prostate, colon, and the skin.

Arthritis

Studies have now shown that a lower-than-optimal level of vitamin D contributes to degenerative arthritis (the “wear and tear” form of arthritis) in the hip and the knee. (*Ann Intern Med* 96;125:353-359)

Since adequate levels of vitamin D are also essential for proper immune system response, it shouldn’t come as any surprise that vitamin D deficiencies are also associated with such diseases as rheumatoid arthritis and even multiple sclerosis.

Depression

Sunlight exposure is a necessary requirement for vitamin D production in the body, and is also necessary for proper mood health. However, with the fear of skin cancer and wrinkling, tanning or even getting sun exposure has become taboo. The result is that depression is becoming more and more commonplace.

The problem is that, even under normal circumstances, it would be difficult for many people to get enough sun exposure to avoid depression in most of the Northern and Northeastern U.S. cities. Only during a few summer months are there

enough UV-B rays reaching those areas to allow for proper vitamin D production. (The three main forms of UV, or ultraviolet, radiation from the sun are UV-A, UV-B, and UV-C. UV-B rays are the ones we need to produce vitamin D naturally, but they are also the ones that can produce sunburn and tanning.)

Even when UV-B rays are adequate, most people now either slather on the sunscreen or avoid the sun altogether. Any sunscreen with a protective factor of 8 or more will block almost all of the UV-B rays from reaching the skin.

The ironic thing about all of this is that the incidence of skin cancer has more to do with consuming the wrong fats (too many omega-6 fatty acids and not enough omega-3s—see Vol. 8, No. 8) than it does with exposure to the sun. Until the general public understands this fact, skin cancer problems will continue to increase—which will in turn cause even more fear of sunlight exposure and more depression. This whole situation has gotten way out of control. Because of the fats we’re now eating and our fear of sunlight, it’s becoming necessary to supplement our diets with vitamin D. But in the natural scheme of things, our bodies can manufacture enough vitamin D when given regular exposure to sunlight.

Obesity

Decreased vitamin D levels result in less production and secretion of the hormone leptin. Leptin, as you may recall, was recently discovered to be one of the primary hormones involved in fat storage and weight loss. Millions of dollars are now being spent on trying to duplicate these effects by artificially increasing levels of leptin in the body or turning it into a weight-loss drug. The simple answer, of course, is to ensure you’re producing and/or receiving adequate amounts of vitamin D.

On a very interesting, related note, re-searchers appear to have found a connection between bulimic dieting behavior, binge-eating, and light. Individuals with these characteristics apparently prefer to eat in dim or more subdued light compared to individuals without such problems. (*Pers Individ Dif*; Jan 02)

Obviously, this information is still being researched and analyzed, but, based on what we know about vitamin D and leptin levels, it certainly may be more than just a simple coincidence. If you’re concerned about losing weight or have the above problems, there would certainly

be no harm in opening the shades and turning up the lights at mealtime. The connection between light, our body's biological clock (or circadian rhythm), and our health is one that has always been a big interest of mine. Our relationship with light may seem primitive, but it is one of our most basic connections to our environment. Vitamin D is only one of the links in this connection. The essential fatty acids (EFAs) from fish oils, flax, and other grains, along with our ability to assimilate EFAs from our diet, provide another link.

He's a Hard Worker, That "Billy Rubin"

Just recently, scientists have discovered that the yellow/orange pigment bilirubin, found in bile, could possibly be involved in the transfer of light energy from the sun to our cells.

In previous articles, I've explained how light energy particles called photons are actually absorbed by various essential fatty acids in our skin and bloodstream. This is one of the methods our bodies use to store "energy" from light. It's also one of the reasons I've been so adamant about supplementing your diet with the EFAs contained in foods such as flax seed and fish. As part of those recommendations, I have also stressed the need for proper fat digestion. Even if you supplement your diet with adequate amounts of essential fatty acids, if you can't digest these healthy fats, you're still going to have problems.

One of the key components in fat digestion is bile, which is made in the liver. It is stored and released into the intestine by the gallbladder. Although most physicians place very little importance on the gallbladder, it plays a key role in proper fat digestion and your overall health. The proper timing and release of the bile and bilirubin it contains may be even more important than we thought, for several reasons.

- 1) Bilirubin now appears to be one of the body's phototransducers. A phototransducer has the ability to absorb light energy from photons and then transfer this energy to cells throughout the body.

This latest research adds even further support to the idea that, in addition to being light sensitive, bilirubin could be one of the primary methods our bodies use to help regulate our internal biological clock and circadian rhythms.

- 2) Levels of bilirubin fluctuate with our circadian rhythm. They are higher at night and lower during the day. Additionally, it

has been shown that individuals who suffer from seasonal affective disorder (SAD) have lower than normal levels of bilirubin. After such individuals have been treated with light therapy, their bilirubin levels increase as their depression improves. (You might be more familiar with the use of light therapy to decrease bilirubin levels in newborns. Sometimes, the immature liver can't break down bilirubin fast enough, so it accumulates in fatty tissue. It's most obvious as yellow coloration in the skin—commonly referred to as jaundice—but it also accumulates in the brain, where it can cause permanent damage. The light therapy breaks down the bilirubin in the subcutaneous fatty tissue, easing the load until the liver can do the work.)

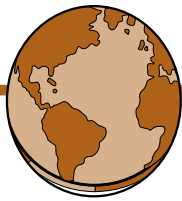
It would be interesting to see a study to determine if there was a correlation between gallbladder removal surgery and the onset of depression. When the gallbladder is removed, the body loses its ability to regulate the release of bile properly (which contains the pigment bilirubin). Not only does this interfere with the digestion of fats and fat-soluble vitamins, including vitamin D, I wouldn't be surprised if it is linked to depression and possibly even sleep pattern disruption. I have noticed a dramatic improvement in depression on numerous occasions when individuals have begun to use bile-salt supplements following the removal of their gallbladders.

(If you've had your gallbladder removed, it is now even more important that you read and follow the guidelines I outlined in the June 2001 issue of *Alternatives*, Vol. 8, No. 24.)

- 3) Bilirubin is one of the few compounds that can easily move through cell walls and into the nucleus of cells, where light energy can be stored or released.
- 4) Bilirubin can easily cross the blood/brain barrier.
- 5) Bilirubin has been demonstrated to have strong antioxidant capabilities.

We now know that bilirubin is just one more important piece of the puzzle that helps explain the crucial relationship between sunlight exposure, vitamin D, and better health.

(Continued on page 79)



News to Use from Around the World

The Avocado: No Longer a Desperado

SHIZUOKA, JAPAN_____Not that I'll ever be approached to be a spokesperson for any natural whole foods, but there are two of them I would feel totally comfortable with. One would be nuts, especially sunflower seeds. I've been eating sunflower seeds probably since I was in the first grade, if not earlier. The second would be avocados.

Avocados have gotten a bad reputation over the years because of their high fat content. What most people don't understand is that most of the fat from avocados is in the form of essential fatty acids that we all need desperately. Avocados are also the fruit with the highest concentration of vitamin E. And finally, they are the best fruit source of lutein, the compound that can help prevent cataracts and macular degeneration. (*Nutr Week 01;31(24):7*)

Although the results are somewhat preliminary, avocados may also protect against liver damage caused by the hepatitis C virus.

At the recent meeting of the International Congress of Pacific Basin Studies, Dr. Hirokazu Kawagishi, of Shizuoka University in Japan, presented some of his research on the protective effects of various fruits.

Rats were fed avocados and 22 other different fruits. They were then given D-galactosamine, a compound that damages liver cells in much the same way as the hepatitis C virus. Those animals fed avocados experienced the least amount of liver damage. The effect was so dramatic that Dr. Kawagishi stated he immediately started eating more avocados himself.

Although their protective abilities paled in comparison to avocados, eight other fruits exhibited liver-protective effects: papaya, lychee, kiwi, grapefruit, Japanese plum, cherry, watermelon, and fig.

As you might expect, avocados and each of these fruits are being analyzed to see exactly what compounds provide these protective effects. In the meantime, however, studies are in the works to test just how well the avocado works for humans. Finding a natural form of protection against hepatitis C would be a Godsend. Hepatitis C is becoming more and more of a problem worldwide, and since it can be transmitted sexually, many experts feel it will one day become an even bigger problem than HIV and AIDS. This is another case where there's no need to wait for the outcome of the research. There's only an upside to adding a few slices of avocado to your salads, omelets,

or sandwiches. And who can say no to a little guacamole?

Survey Says: Nix PC-SPES

SACRAMENTO, CALIFORNIA_____Around the first of February, the California Department of Health Services issued a report on the products PC-SPES and SPES from BotanicLabs, a California-based company. In its analysis of PC-SPES (a product for prostate health) and SPES (an immune-enhancing product), the health department found two prescription drugs. One of the drugs was a blood thinner called warfarin, marketed as Coumadin. The second drug was alprazolam, an addictive, anti-anxiety drug marketed as Xanax.

PC-SPES was a so-called natural prostate formula that had been gathering a great deal of attention. In early clinical trials for prostate cancer, it had been shown to lower PSA levels. Reports also indicate that after the product had been used for awhile, the PSA levels began to creep back up.

Until this latest recall announcement and warnings from the FDA and the California Department of Health, PC-SPES received a lot of positive publicity. It was written up and recommended in practically every health publication. I've followed the PC-SPES story from day one, but, for some reason, never felt comfortable about recommending its use. One of my main concerns had to do with the side effects that were being reported.

The side effects of PC-SPES included a loss of libido or sex drive, hot flashes, breast enlargement and tenderness, and the formation of blood clots in the legs. In many cases, the side effects were worse than the positive effects of temporarily lowering PSA levels.

Because of these side effects, I suspected early on that the product might be laced with a drug. However, my suspicion was that it was the breast-cancer drug tamoxifen (Nolvadex). I was closely involved with a laboratory that was testing the product for this drug almost a year ago, but all the tests proved negative.

PC-SPES is no longer on the market, and I seriously doubt it will return—at least in the same form that it was. I have a gut feeling there's a lot more to this story than is being told. In fact, I am totally amazed at just how little information has been released to the public since its recall.

In the meantime, there have been a lot of people looking for an alternative. Personally, I don't know of anything on the market right now. However, that

News to Use (continued)

should change soon. I have been following some very promising research on another totally natural product that appears to offer all of the advantages of PC-SPES without any of the disadvantages. Rest assured, I'll be sharing this information with you just as quickly as it becomes available.

Stifle the Sniffles with Butterbur

GERMANY and SWITZERLAND _____ Recently, four separate clinics in these two countries conducted a study involving 125 patients suffering from hay fever.

The effectiveness of the antihistamine Zyrtec (cetirizine) was compared to an herbal extract of butterbur (*Petasites hybridus*). Of the 125 individuals, 64 were given Zyrtec and the other 61 received a butterbur preparation made by Zeller AG of Switzerland. Butterbur is not an herb we hear much about in this country. It grows mainly in Europe, parts of Northern Africa, and Asia. It is also referred to as butter dock, exwort, and bog rhubarb (not to be confused with the traditional rhubarb I mentioned earlier).

Although the study lasted only two weeks, it revealed that the butterbur was just as effective as the drug. And while Zyrtec is considered to be nonsedating, over 15 percent of those taking it reported side effects including drowsiness and fatigue. No such side

effects were reported among those using the butterbur extract. (*BJM* 02;324:144 (19 January))

The only downside I see to using butterbur at this point is the cost. Although it would be nice to see more studies done, butterbur has been used safely for years to help treat migraine headaches. If this study gets more widespread publicity, and more butterbur products come to market here in the U.S., maybe we'll see more affordable prices for the product.

The only butterbur product available in the U.S. that I'm aware of is a European product called Petadolex. It can be ordered from a company called Weber and Weber at 888-301-1084 or online from a company called Thin & Slim Naturally at www.tsn2000.com (click on "Pain Relief" under "Product Categories"). Doctors can order the same product from Thorne Research at 208-263-1337.

The dosage in the above study was one tablet of butterbur (standardized to 8.0 milligrams of petasine per tablet), four times a day.

Petadolex is also standardized. During my discussions with Weber and Weber, I found that each 50-milligram gelcap of Petadolex contains 7.5 milligrams of petasine, along with other fractions of butterbur. Based on this information, a dosage of 1 Petadolex gelcap four times daily would be similar to that used in the above study.

(Continued from page 77)

Trust Your Health to the Unsinkable, Quick-Turning Titani...er...Medical Establishment

When you look at the increasing incidence of heart disease, diabetes, cancer, etc., it becomes obvious that most government agencies and health organizations are far too slow in changing or modifying their recommendations. I think much of the problem stems from bureaucracy, and oftentimes politics.

For example, there's now a huge market for drugs to treat osteoporosis, and I seriously doubt that anyone developing or selling these drugs would really want the problem to be solved through diet. Even though osteoporosis and associated hip fractures have become a major problem in this country, the regulating authorities continue to recommend a daily dose of 200 IU of vitamin D. They are way behind the times. Just don't let your supplement be behind the times. Make sure you're getting 800 IU a day. Don't get worried about 800 IU causing an overdose. Although various foods do contain vitamin

D, unless you're taking something like cod-liver oil, you won't be getting much vitamin D. Milk is fortified with 10 micrograms per quart, which works out to about 400 IU per quart or 100 IU per each eight-ounce glass.

Make a point to get outside regularly and enjoy the sunshine, without the sunscreen. There's no need to overdo it and get sunburned. Once your skin turns red, vitamin D production will stop anyway. Twenty minutes a day is all someone with fair skin needs to get enough vitamin D. If your skin is darker, you'll need more sunlight exposure to produce the same amount of vitamin D. And always keep in mind that, in addition to helping produce vitamin D, sunlight exposure can help regulate your biological clock, fight depression, and possibly even help you to control your appetite and lose weight. As time goes on, we'll undoubtedly learn dozens more reasons why people weren't made to live underground, in a cave, or in a dark house or office.

Dodge a Heart Attack with Montignac

Another obvious example of how following the “proper” guidelines can actually put your health in jeopardy deals with heart disease. As I mentioned earlier, and you probably know anyway, heart disease is our number one health killer. And thanks to the recommendations of the American Heart Association (AHA), it will probably remain so.

Heart surgeons and cardiovascular specialists that recommend the AHA diet are actually increasing their patients’ risk of developing heart disease. This is not just my opinion, but an increasingly common research finding.

The basic AHA recommendations are to reduce fat intake to 30 percent of total calories, reduce cholesterol intake to between 200 and 300 mg per day, and eat a balanced diet.

The effects of these AHA recommendations were recently compared to a diet commonly recommended in Europe called the Montignac diet. The Montignac diet also calls for a reduction of fat intake to 30 percent of the total calories, but it restricts the type of carbohydrates. It basically says that you can consume only complex carbohydrates. (More specifically, these include only those carbohydrate-containing foods with a glycemic index of less than 55 percent. In simpler terms, this rating refers to carbohydrate-containing foods that raise blood sugar—glucose—levels to less than 55 percent of the amount that occurs with a similar intake of sugar.)

The Montignac diet allows for the unlimited consumption of fruits and vegetables, and it also calls for 30 percent of the total calories to be consumed as protein. The AHA diet calls for only 15 percent.

As in normal life, this study didn’t restrict the amount of food the individuals were allowed

to eat as long as the percentages fell within the above guidelines.

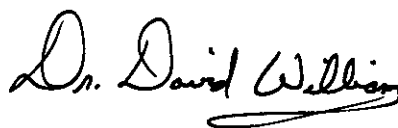
The AHA Still Hasn’t Had Its “Aha” Moment

In a nutshell, the people who followed the AHA recommendations were headed for trouble. Despite lowering their fat intake, because they increased their sugar consumption, they didn’t lose weight. Their cholesterol picture worsened (HDL went down by 10 percent) and their blood levels of triglycerides increased (by 28 percent), which further increased their risk of cardiovascular disease. When researchers lowered these individuals’ caloric intake to help them lose weight, the subjects reported feeling hungry all the time.

The individuals following the Montignac diet (low-fat meats and dairy products, increased consumption of fruits and vegetables, the avoidance of sugar and restricted amounts of whole grains) fared much better. Even though they were able to eat as much as they desired, they lost weight, their cholesterol levels improved, their triglycerides went down by 25 percent, and, as a result, they reduced their risk of developing heart disease. (*Br J Nutr* 01;86(5):557-68)

Maybe the “AHA” diet really stands for “American Heart Attack” diet.

Take care,



P.S. Many of you have started using Padma Basic, the heart-health product I wrote about in the December 2001 issue of *Alternatives*. However, there has been some confusion regarding the proper dosage to use. The starting dosage, for 2–4 months (until the problem resolves), is 2 tablets, three times a day before meals. The intermediate dosage for 2–4 more months is 2 tablets, two times a day before meals. Then, the maintenance dosage is 1 tablet once or twice per day before meals.

If you have questions or comments for Dr. Williams please send them to the mail or email addresses listed to the right. 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.

Here’s how you can reach us:

- To send in Mailbox questions or Health Hints, write to P.O. Box 61010, Potomac, MD 20859-1010 or mailbox@drdavidwilliams.com
- For Customer Service matters such as address changes, call 800-527-3044 or write to custsvc@drdavidwilliams.com
- To get important information between issues, sign up for email dispatches at drdavidwilliams.com
- To order nutritional supplements from Mountain Home Nutritionals, call 800-888-1415 or visit drdavidwilliams.com
- To order back issues or reports, call 800-718-8293
- To sign a friend up for *Alternatives*, call 800-219-8591