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Dr. David G. Williams

Humans as Toxic Waste Dumps

The more research I do, the more convinced I become that future generations will look back at this time in history with shock and amazement. In many areas we seem to have completely abandoned all common sense in favor of breakthroughs and promises associated with high technology. For some unknown reason, the public is being brainwashed into believing that discoveries in genetic engineering, anti-aging research, and other medical fields will somehow compensate for our indiscretions. I can tell you with a high degree of certainty, however, that it's the daily attention to the small details that will do the most to improve the quality and length of your life—not the "miraculous breakthroughs" you hear about on the evening news.

Sometimes it seems like those of us belonging to the last few generations are uninformed participants in some bizarre medical experiment. As I've mentioned numerous times in the past, our lifestyles, diets, and environment have changed more in the last 50 years than they had in the previous one thousand years. Some of these changes are so dramatic that they are literally transforming our bodies right before our eyes.

In the past, I reported how puberty is occurring earlier and earlier for girls. It's caused by their exposure to an ever-increasing amount of estrogen and estrogen-like compounds in the environment. A new study has now found that boys in this country are also reaching puberty at an earlier age.

The last analysis found that the average age of boys developing pubic hair was 12 years of age in Caucasians, 12.3 years of age in Mexican-Americans, and 11.2 years in African-Americans. These ages are roughly a half-year earlier than what previous studies had shown.

While these figures represent the "average" ages, the study, from the University of North Carolina, also found that 21 percent of the black individuals had already developed pubic hair between the ages of nine and ten, compared to only 4.3 percent of the white boys and only 3.3 percent of the Mexican-American boys. *(Arch Pediatr Adolesc Med 01;155(9):988-9)*

The Canary Died, but Nobody's Leaving the Mine

It amazes me that studies like these are not triggering a panic, much less an alarm, within the health community. We first began to notice environmental hormone exposure in the animal population about 15 years ago, and what was being seen should have been enough to scare even the most hardened skeptic. Obviously, it didn't have much of an effect. But when you go back now and look at what's happening to the animal population, it gives a good indication of what's in store for us humans.

A recent study from the University of California, Berkeley found that the herbicide

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

atrazine is mutating and eliminating amphibian populations in the U.S. and probably the world.

Atrazine is the most common weed-killer in the U.S., and is also used in 80 other countries around the world. It shows up in practically every major waterway in America.

The U.S. Geological Survey recently tested 139 streams in 30 different states. It found organic wastewater contaminants (OWCs) in 80 percent of the streams. The most common contaminants were plant and animal steroids, insect repellents, stimulants such as caffeine, household disinfectants, fire retardants, and detergents. There was an average of seven contaminants in each stream, and some had as many as 38. *(Environ Sci Technol 02;36(6):1202-11)*

Herbicide and pesticide runoff obviously contributes to this contamination, but other sources are birth control pills, hormone replacement therapy drugs, and other medications that are released by human urine and fecal material.

Franken-frogs and Altered Alligators

The above study didn't get too much publicity, in part because most of the levels of these contaminants were allowed by current drinking water guidelines. Unfortunately, studies have shown that mutations and sex organ changes in animals still occur even at levels far below what we allow in our drinking water supplies.

For example, the Environmental Protection Agency (EPA) allows atrazine levels of 3 parts per billion (ppb) in our drinking water. Tyrone Hayes of the University of California, Berkeley found that when tadpoles were exposed to atrazine levels of only 0.1 ppb they developed extra testes, or even ovaries. Atrazine promotes the conversion of testosterone to estrogen, which explains why male frogs often developed both male and female sexual organs. Also, when adult frogs were exposed to these low levels they developed smaller larynxes and had only one-tenth the testosterone level of unexposed frogs. *(Proc Natl Acad Sci USA 02;99(8):5476-80)*

In other studies, researchers found that reproduction was disrupted in female birds that were exposed to estrogen at levels now commonly found in the wild. Finches exposed to estrogen produced fewer eggs and had more fragile shells. Numbers of hatchlings fell dramatically and the newborns had malformed oviducts. *(Horm Behav 02;41(2):236-41)*

When you begin to read the details of these studies and talk with the researchers, the picture that emerges is like something out of a horror movie: alligators being born with shrunken penises, hermaphrodite frogs, frogs with extra legs and duplicate sets of sex organs, male fish producing the yolk protein normally produced only by females, female birds with brain formations that cause them to sing like male birds—and the list goes on and on.

We Are Not Immune

I don't want to be an alarmist, but "the writing is on the wall." Few people seem to be concerned, probably because they couldn't care less about what's happening to the frog population. But the problem is obviously much more widespread than that when, among people, miscarriages are becoming more common, fertility levels are dropping, increasing testosterone levels in the elderly have become commonplace, and our children are physically turning into adults at earlier and earlier ages. I don't know if we're starting to see genetic abnormalities like those that have occurred in the animal world yet, but I don't think anyone has looked at the situation that closely. We may not be growing extra limbs or dual sets of sexual organs, but studies have shown that our increased exposure to estrogen and estrogen-like compounds has increased the incidence of both breast and testicular cancers. It's probably just a matter of time before these contaminants are linked to increased childhood cancers, deformities, depression, obesity, and a long list of other heath problems.

It also bears mentioning that few, if any, studies have taken into account the cumulative effect of one's exposure to mixtures of these compounds. Like the atrazine study mentioned earlier, most studies focus on the effects of a single contaminant. In real-life situations, however, your exposure is more than likely to dozens of estrogen-like compounds. In the water survey I mentioned, some waterways had as many as 38 different contaminants—yet all fell within the safe drinking limits set by the EPA. If you're still drinking tap water, on birth control or hormone-replacement-therapy, microwaving any of your food in plastic containers, using pesticides or herbicides or having your house routinely sprayed for insects, using plastic food wrap, consuming soy supplements or unfermented soy foods, or using sunscreen, it would be difficult, if not impossible, to know your true estrogen exposure.

Surprisingly, while the FDA seems obsessed with keeping every trace of hormones out of natural products (glandular products used for restoring endocrine function, for instance), it doesn't seem concerned about abuse, overuse, or overexposure from other sources.

Hormones Via Hair Care

I've been following and reporting on this problem for quite some time now. Just down the road from my place here in Texas is the Brooke Army Medical Center at Fort Sam Houston in San Antonio. In the mid-1990s, Dr. Chandra Tiwary contacted the FDA with concerns about various hair products that contain estrogen. The FDA wasn't interested in the topic and a few years later Dr. Tiwary published his findings, which again received very little publicity.

Dr. Tiwary reported on the results of four African-American girls age 14 months to 93 months that developed breasts or pubic hair 2 to 24 months after starting to use estrogen or placenta-containing hair products. When the use of these products was stopped, the development of breasts and pubic hair also ceased. *(Clin Pediatr 98;37(12):733-9)*

To determine the scope of the problem, Dr. Tiwary later surveyed different racial groups that used the pediatric clinics at military medical facilities. Dr. Tiwary, at the time, was the chief of pediatrics endocrinology at Brooke Army Medical Center.

Among the 521 individuals who responded to his survey, he discovered that 64 percent of the African-Americans and 6.9 percent of the whites used hair products containing hormone and/or placenta. Additionally, 55.5 percent of the parents who used these products also used them on their children, and another 5.5 percent of the children had these products used on them by their barber or hairstylist. *(Mil Med 97;162(4):252-6)*

It shocks me that that no one is alarmed that 14-month old babies can grow pubic hair and develop breasts simply from using shampoo. And although these findings were reported several years ago, placenta- and hormone-containing hair and facial products are still on the market and still being used on children. I don't understand why the public hasn't been alerted to this fact, particularly the African-American community. There's no question that these products contain varying levels of estrogen. And there's no question that these hormones can be absorbed easily through the skin. They become even more bio-available after the skin has been exposed to hot or warm water and the pores are open—exactly what happens during a shampoo. The only question is, why are these products still being sold?

I would certainly suggest that you check the labels of your shampoos, hair conditioners, skin creams, and facial products to see if they contain placenta, a common source of estrogen in these products. Some may list "estrogen," "estriol," "estradiol," or "natural hormones" as an ingredient. Most likely, however, it will be listed as placenta. Placenta has been touted for years as a rejuvenator and wrinkle remover. Raw placentas are generally obtained from slaughtered cattle or sheep and then added to various beauty products. As I said earlier, there are dozens of these products still on the market. Most of them are apparently marketed to African-Americans.

Products To Be Wary Of

Without testing each individual product, it would be difficult to determine which ones contain estrogen and at what levels. However, a few of the products now being marketed that claim to contain placenta include:

Shampoos

- B&B Super Gro
- EKO Placenta Shampoo
- Dixie Peach Placenta Shampoo
- QH Placenta Shampoo
- Biosense Placenta

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News to Use from Around the World

Another Danger from Chlorine

Researchers at several colleges around the world have been evaluating the possible health risks associated with exposure to trihalomethanes in swimming pools and drinking water. Trihalomethanes (chloroform, bromodichloromethane, and chlorodibromomethane) are compounds that are formed when the chlorine used to disinfect the water reacts with organic compounds in the water. Increased levels of organic compounds in the water, such as human skin, bugs, etc., will result in higher levels of trihalomethanes.

Trihalomethanes can be inhaled or absorbed through the skin from chlorinated pool, shower, or bath water, or ingested when drinking chlorinated water supplies. If you're still drinking chlorinated tap water, I suggest that you either add a pinch or two of vitamin C to each glass or run the water into a glass pitcher and let it sit overnight before drinking it to allow the chlorine to dissipate (any trihalomethanes already in the water will not dissipate, but the final product will still be better than what comes out of the tap).

Earlier studies suggest that trihalomethanes can adversely affect the reproductive function in animals, and new work suggests that they appear to significantly increase the risk of spontaneous abortions in humans. Drinking as little as 5 glasses per day of cold chlorinated tap water significantly increased the chances of a spontaneous abortion. Researchers in the California Department of Health Services reached this conclusion by comparing the levels of various trihalomethanes in the water from 78 drinking water utilities to the spontaneous abortion rates among 5,144 pregnant women. *(Epidemiology 98;9(2):134-40)*

Other studies in Italy, Canada, and the U.K. have been trying to determine the danger of trihalomethanes to pool workers and swimmers. Competition swimmers and pool attendants of indoor pools showed some of the higher levels of trihalomethane. The exposure to these compounds increased when the pool contained more swimmers (more organic matter was being released in the water) and the water temperature was warmer. Admittedly, the studies found that tissue levels of trihalomethanes in people swimming or working around swimming pools were far less than the levels known to cause liver and/or kidney tumors in animals, and the levels usually returned to normal within 24 hours. However, there are no long-term studies that indicate the risks of repeated exposure. *(Sci Total Environ 01;264(3):257-65) (Arch Environ Health 95:50(1):61-5) (J Toxicol Environ Health A 00;61(4):225-43) (Occup Environ Med 02:59(4):243-7)*

Olympic swimmers have been aware of the dangers of swimming in chlorinated pools for some time, and all Olympic competitions are now held in pools purified using micro-filtration and/or ozone. If you're fortunate enough to have your own pool, I would suggest looking into one of the many ozone purifiers on the market. Not only will you save money, but you'll lessen your exposure to dangerous chlorine by-products as well. This is especially true if your pool happens to be enclosed or indoors.

While the above studies suggest that there could be a danger of spontaneous abortion to women swimming in heavily chlorinated pools, the greatest danger is probably associated with drinking chlorinated water. I feel very strongly that most everyone should avoid drinking chlorinated water whenever possible. I'm not suggesting that you need to purchase or demand bottled water every time you dine out or eat at a friend's house, but you certainly shouldn't be drinking chlorinated water on a daily basis at home. Chlorinated by-products in drinking water also appear to be one of the causative factors in the development of atherosclerosis or clogging of the arteries. I wouldn't be surprised in the least if, 20 years from now, we learn that chlorinated water is one of the main culprits responsible for the current high rate of heart disease and death.

The Latest News About Coffee

While I don't drink coffee, I've never been too critical of its use, as long as it's consumed in moderation. For every negative finding on coffee you can usually find a positive one, which only makes the issue more confusing. Having said that, I'll give you the latest "bad news" on the subject first, then the "good news."

Researchers at the Sapir Medical Center in Tel Aviv, like many researchers around the world, have been studying the effects of melatonin and sleep patterns.

Melatonin levels, as I'm sure you recall, begin to rise a couple of hours before bedtime, helping to bring on sleep. They continue to rise until they peak, usually between 2 and 4 a.m. After that, melatonin levels gradually fall as we get closer to awakening.

In one study, these researchers found that patients admitted to intensive care units (ICU) routinely suffer from sleep deprivation. Apparently the trauma and/or stress interferes with the production of adequate amounts of melatonin. This results in a lack of sleep, which in turn prolongs healing time.

Dr. Lotan Shilo and his colleagues found that when ICU patients were given 3 mg of melatonin at 10 p.m. each evening, both the duration and quality of their sleep improved dramatically compared to patients given a placebo. *(Chronobiol Int 00;17(1):71-6)*

Studies such as this one demonstrate how simple techniques can help relieve a tremendous amount of suffering and speed up healing. If melatonin use became routine in ICU units, I suspect we'd see shorter healing times and hospital stays. However, I don't suspect that it will become routine, so it's something you should keep in the back of your mind in case you or a loved one is ever in such a situation.

The Hazards of Low Melatonin

These same researchers reported that drinking coffee later in the day reduces both the quality and length of sleep by lowering the production of melatonin.

Dr. Shilo had one group of individuals drink a cup of regular coffee and another group drink a cup of decaffeinated coffee. Those who drank regular coffee slept an average of 336 minutes compared to 415 minutes in the decaf group. Also, when compared to the decaf drinkers, those drinking regular coffee took twice as long to fall asleep and were twice as restless when sleeping. Based on urine samples taken every three hours, the researchers discovered that melatonin levels in the regular coffee drinkers were only half those of the decaf drinkers. *(New Sci 4/20,02;18)*

The caffeine in coffee blocks the production of the enzyme N-acetyltransferase, which is needed for the production of melatonin. Most coffee-drinkers know that drinking coffee too close to bedtime can get them "wired" and make getting to sleep more difficult. But the fact that the caffeine lowers melatonin levels puts a different light on the subject. Adequate levels of melatonin are not only related to healthful sleep patterns, but have also been associated with a decreased risk of certain forms of cancer, particularly breast cancer. Lower levels of melatonin have also been linked to bulimia, depression, fibromyalgia, nerve pain (neuralgia), and possibly prostate cancer, insulin resistance, and glucose tolerance. *(Current Top Med Chem 02;2(2):113-32) (Maturitas 02;41 Suppl 1:85-104)*

Not only should coffee be consumed in moderation, it now appears that you don't want to be drinking it later in the day. If you decide to drink coffee in the afternoon or evening, then decaf is probably the way to go. It's one thing to be inconvenienced by not being able to sleep, but it's certainly not worth increasing your risk of developing cancer or any of the other problems mentioned above. Also keep in mind that coffee isn't the only drink that contains caffeine.

Typically, regularly brewed coffee contains about 135 mg of caffeine per cup, decaf about 5 mg. Below are listed some other common drinks and their caffeine content. Looking at the list, it is apparent that many of these shouldn't be consumed anywhere close to bedtime either. (I haven't listed all the caffeine-containing over-the-counter and prescription medications. Caffeine is a fairly common ingredient, especially in pain medications. Two tablets of Excedrin, for example, contain 130 mg of caffeine, almost the same amount as a cup of coffee. If you have trouble sleeping, you might want to check the label of any medications you're taking—even non-prescription ones.)

Beverage/Food	Quantity	Caffeine Content
Various flavored coffees	8 oz	25 to 100 mg
Lipton Tea	8 oz	35 to 40 mg
Lipton Iced Tea	8 oz	15 to 35 mg
Instant Tea	8 oz	15 mg
Celestial Seasonings Herb Tea	8 oz	0 mg
Bigelow Raspberry Royale Tea	8 oz	83 mg
Mountain Dew	12 oz	55.5 mg
Diet Coke	12 oz	46.5 mg
Coca-Cola Classic	12 oz	34.5 mg
Dr. Pepper	12 oz	42 mg
Sunkist Orange Soda	12 oz	42 mg
Pepsi-Cola	12 oz	37.5 mg
7-UP or Sprite	12 oz	0 mg
Coffee-flavored ice creams	1 cup	40 to 85 mg
Dannon Coffee Yogurt	8 oz	45 mg
Hershey's Special Dark Chocolate Bar	1.5 oz	31 mg
Hershey Bar	1.5 oz	10 mg

Can't Brush? Have a Cuppa Joe

Now for the bit of good news about coffee that I promised.

Researchers at the University of Pavia in Italy have found that certain compounds in coffee interfere with the bacteria *Streptococcus mutans,* which adheres to the teeth and causes cavities and tooth decay. Fortunately, the two predominant species of coffee in commercial use today—African *Coffea robusta* and South American *Coffea arabica*—were also the most effective. Coffee brewed from roasted beans rather than unroasted seems to work best. *(J Agric Food Chem 02;50(5):1225-9)*

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- Aleeda Placenta Shampoo
- Cosmesun Placenta Shampoo
- Hask Henna N' Placenta
- Hask Placenta
- Hask Placenta Hair Polisher
- Hask Perm-Aid

Other placenta products

- JC Group Pure Placenta Crème
- Kair Herbal Placenta Ampules
- Kair Herbal Placenta Spray

This is far from a complete list, and I'm sure there are dozens of other placenta/hormone-containing products available. These just happen to be a few of the more popular ones.

Other than alert you to the dangers from, and keep you informed on how to minimize your exposure to, these gender-bending compounds, I honestly don't know how to stop this nonsense. It's one of those situations where you're going to have to take the necessary steps to protect yourself and your family. And don't think you're immune to the problem due to age. Regardless of your age, I can guarantee you that regular doses of estrogen or estrogen-like compounds can and will dramatically alter your health and well-being.

Making sure your water supply is as clean and pure as possible should be your top priority. Drinking water is probably the most common way most of us are exposed to these various compounds. I'm still convinced that distillation is the only way to go. (For more information on the water problem and my recommended solution, see the June and July 1997 issues of *Alternatives*. To order the distiller I recommend, you can call 800-888-1415 and mention code 12922N.)

The other steps I've mentioned briefly (such as not cooking in plastic, avoiding exposure to pesticides, herbicides, and placenta-based shampoos, etc.) are easier and less expensive to take. They just require a little diligence and detective work. Every step you take will be worth the effort because this is one problem that just seems to keep getting worse. Unfortunately, the public doesn't have a clue about what's going on.

[Publisher's note: For further reading on the estrogen problem, see "Where Have All the Young Men Gone" in the June 2000 issue of Alternatives, and "Swimming in a Sea of Estrogen" in the September 1993 issue of Alternatives.]

A Cool Way to Help Heart Attack Victims

I'll still be in Australia when this issue arrives in your mailbox. For a country with one-tenth the population of ours, there certainly seems to be a great deal of innovative thinking "down under." One of the things I've noticed over the years in Australia and several other countries around the world is more openness to adopt useful medical ideas and techniques, especially ones that prove to be cost effective. Unfortunately for patients, it seems like the medical community in the U.S. often equates a technique's value with what it costs the patient.

A good example is the use of melatonin in ICU patients (see pp. 92-3, this issue). After comparing its enormous benefits to its low cost, Israel and other countries are quickly making the use of this non-toxic therapy standard operating procedure. In contrast, it could be decades before melatonin sees routine use in the U.S.

Another technique that is unheard of in this country is being used every day now to save heart attack patients in Australia. Researchers there have found that cooling the body following a heart attack lowers the risk of death and reduces damage to both the brain and heart.

You may have seen news reports about people who have fallen through ice. Even though their heart had stopped for 20 minutes or longer, they were revived and survived the ordeal with little or no brain damage. Normally, when the heart stops for only a few minutes the brain becomes permanently damaged from a lack of oxygen. And even if an individual is revived, further brain damage results when oxygenated blood floods back into the area. Hypothermia, or cooling of the body, somehow provides a protective effect, and may actually let the brain survive longer without oxygen. Cooling the body in heart attack victims was attempted in the early 1950s, but it never became an accepted form of treatment.

Living Long at Dandenong

At the Dandenong Hospital in Dandenong, Australia, doctors recently tested mild hypothermia on heart attack patients. On odd-numbered days, doctors instructed ambulance and other emergency teams to apply ice packs to comatose heart attack patients upon resuscitation. The

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MAILBOX

Aspirin Redux

Question: I used to use aspirin to relieve the pain of my arthritis, but after you informed me of the dangers of aspirin, I quit using it for pain—but I still take a small amount just for protection against heart attack. I know you don't approve of that, but with just a small amount of aspirin and my ibuprofen, I'm keeping my pain in check and protecting my heart as well. That's the name of the game anyway, isn't it…getting the maximum amount of protection out of the least amount of medications?

Wayne L., Oklahoma City, OK

Answer: Wayne, Wayne, Wayne… I won't preach to you anymore about aspirin use. It's dangerous and even the conservative estimates are that it is responsible for as many deaths each day as AIDS in this country. *(New Engl J Med 99;340(24):1888-99)*

In addition, aspirin causes blindness (macular degeneration), stomach and intestinal ulcerations, strokes, and dozens of other problems.

If you're taking ibuprofen along with a "baby aspirin" every day, the ibuprofen cancels out any possible cardiovascular effect that aspirin might provide. *(New Engl J Med 01;345(25):1809-17)*

At best, taking the two drugs might be giving you some pain relief, but no cardiovascular protection.

I still recommend using the natural therapies I've covered time and time again in the newsletter. They're working for thousands of individuals, without any of the dangerous side effects associated with aspirin.

We Are Not Drug-Deficient

I'm sure there will be a lot of people who continue to take aspirin regardless of what I say. And over the last year or so there have been numerous articles in the press claiming that the regular use of antibiotics could provide protection against future heart attacks by treating any underlying infections. It shouldn't come as any big surprise, but new studies have found that antibiotics don't improve cardiovascular disease or protect against future heart attacks. Two such studies were recently presented at the scientific sessions of the American College of Cardiology in Atlanta, Georgia.

One study that was conducted at Cedars-Sinai Medical Center in Los Angles gave antibiotics to 1,440 study participants, and could find no long-term benefits. Another study conducted by the pharmaceutical firm Pfizer involved 7,700 individuals with a history of heart disease and evidence of infection with *Chlamydia pneumoniae* (past studies have suggested that *Chlamydia pneumoniae* might be associated with heart disease). The researchers gave the antibiotic azithromycin or a placebo to the patients for a period of three months and then monitored them for an additional two years.

The benefit, if any, was minor, and even then was limited to the first six months of the period studied.

Believe it or not, our health problems are not being caused by some drug deficiency. Drugs may mask the symptoms of a problem, but 99 times out of 100 they will cause other problems either immediately or further down the road.

The *Real* H. Pylori Story

Another good example has to do with the bacteria *H. pylori*, which was targeted as the cause of stomach ulcers several years ago. The total elimination of *H. pylori* from the body with antibiotic therapy has become the accepted therapy for ulcers in the stomach and small intestine. Granted, eliminating this bacteria will often let the ulcers heal. But what researchers (and patients) are now discovering is that patients who have killed off their *H. pylori* colonies are subsequently developing gastroesophageal reflux and esophageal cancer. It seems that, while an overgrowth of *H. pylori* might contribute to stomach ulcers, normal populations of the bacteria provide a protective effect for the esophagus. *(J Infect Dis 99;179(6):1523-30) (Am J Gastroen-terol 00;95(9):2306-11)*

Few people will ever connect the elimination of *H. pylori* with problems of the esophagus. The average person will take prescribed antibiotics to cure their ulcers. When they start having reflux problems or esophageal cancer, they'll never have a clue that the two are related.

H. pylori isn't some new bacteria that has recently invaded our bodies. It has been in our intestinal tracts since the beginning of time. Just like all systems in nature, there has to be a balance. It just goes to show how little we really know about some of the more basic functions of our body.

I've outlined several methods lately on how to restore and maintain the normal bacterial flora in your body. Some of the best methods to date include making your own real yogurt and fermenting vegetables such as cabbage. (If you don't have the means to make your own fermented products, you can order the fermentation crock or yogurt maker I recommend by calling 800-888-1415—mention code 12922N.)

As time goes by, the routine consumption of these naturally fermented foods will prove to be one of the most powerful tools you can use to boost your immune system, fight off disease, and maintain a balance of beneficial bacterial flora throughout your body.

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body core temperature of these patients was then kept at between 32° C (89.6° F) and 34° C (93.2° F) for the next 12 hours. (Normal body temperature is 37° C.) On even-numbered days, they kept such patients warm after resuscitation.

When the results from 77 patients were tallied, a dramatic difference was evident. Of the 43 patients that were cooled, 21 (49 percent) were discharged to either their homes or a rehabilitation center, compared with only 9 of the 34 patients (26 percent) who were kept warm. *(N Engl J Med 02;346(8):557-63)*

Based on these findings, Dandenong Hospital and other hospitals in the Melbourne area are now immediately cooling all comatose-revived heart attack patients in the ambulance, before they even reach the hospital.

A similar study recently took place in Germany at Bonn University. Dr. Mattias Fischer and his colleagues began to cool half their comatose heart attack patients to a body core temperature of 33° C (91.4° F) for 24 hours immediately after resuscitation.

The odds of someone surviving a heart attack after becoming comatose are not very good. Statistics show that about 75 percent are never revived or die shortly thereafter. However, this study showed that using mild hypothermia could significantly improve the odds of survival.

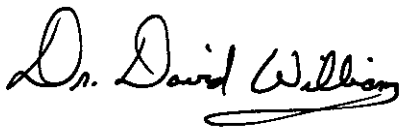
The study involved a total of 273 patients with an average age of 59. Within six months, only 41 percent of those who received the hypothermia treatment died, compared to 55 percent of those who were kept at normal body temperature. Among the patients that were cooled, 55 percent recovered well enough to live independently and work again, compared to only 39 percent of those who had not been cooled. *(N Engl J Med 02;346(8):549-56)*

Using mild hypothermia, or the technique of cooling the body to somewhere in the range of 32 to 34° C, can save lives and help minimize brain damage in comatose heart attack patients. It does, however, require a degree of expertise and the right equipment to maintain the proper temperature for 12 to 24 hours following resuscitation of the individual. Special cooling blankets are used in the hospital to drop down to and maintain the proper temperature, and the rewarming of the patient must be done carefully and slowly. Still, it is certainly worth the effort.

Although very few hospitals in the U.S. have adopted the practice, it might be worth checking those in your area, particularly if you have a heart condition. If the hospital you utilize does use the technique, then, in addition to being trained in CPR, family members should be aware of using ice packs and mild hypothermia until medical help arrives. The best way to do this is to pack three or four bags of ice (such as you get at the grocery store) around the head and on the chest for 15 to 30 minutes. This is particularly important if help will be some time in coming.

Hopefully this technique will become commonplace in this country sooner rather than later.

Take care,



P.S. A typographical error that appeared in the September 2000 *Alternatives* article "Don't Be Indolent About Getting Your Indoles" has also shown up in the special report new subscribers have been receiving for the past few months titled "Disease-Proof Your Life." The error pertains to one digit of the phone number for a company called BioResponse, maker of the Diindolylmethane (DIM) product Phytosorb-DIM. BioResponse's correct phone number is 303-447-3841. Please make this correction in your back issue or your special report.

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