Alternatives®
FOR THE HEALTH-CONSCIOUS INDIVIDUAL
September 2002 Volume 9, No. 15


Dr. David G. Williams

Hospital Holocaust

It's already been a year since the horrendous 9/11 tragedies. Events like those are so dramatic and so vivid that they seem to somehow permanently etch a place in our memory. The lives lost and the sorrow and hardship they brought to the thousands of family members and friends triggered social changes that will forever affect our daily lives.

Unfortunately, it seems that it often takes catastrophic events to make us recognize serious problems and take the necessary actions to correct them. Unless the large majority of our society perceives that it is under imminent threat, nothing much happens. One of the best examples of this tendency involves the number of deaths associated with prescription medications.

Health Care That Kills

The most recent figures on these deaths are six years old, and the problem has undoubtedly gotten worse since then. Your chance of experiencing a serious adverse drug reaction is very high. The University of Toronto did a study and found that roughly 2,216,000 patients in U.S. hospitals per year experienced a serious adverse drug reaction. Of these, 106,000 died each year from an adverse drug reaction during their hospital stay. Based on these figures, adverse drug reactions are now the fourth leading cause of death in this country. *(JAMA 98;279(15):1200-5)*

To put this in perspective, *the number of people dying in U.S. hospitals every month from adverse drug reactions would be the same as having three World Trade Center collapses each and every month.*

Strangely, there's been no outcry or demand for change from either the public or government officials. If anything, the pharmaceutical companies and their supporters continue to gather more support for their efforts to increase drug consumption in this country. It's a huge industry, and one of the only industries in the U.S. that continues to show double-digit increases in profits. Most politicians certainly don't want to attack the industry, and the general public has been brainwashed into believing it's now a blessing to have a "pill for every ill."

Organic Drugs?

Meanwhile, as the FDA and other government agencies continue to fight to keep vitamin-fortified "nutri-foods" off the shelf, drug companies have already submitted plans to the United States Department of Agriculture to begin testing food crops genetically engineered to produce pharmaceutical drugs. Guidelines are now being drawn up for such experiments.

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

I suspect you'll be hearing about these new "pharmed" plants in the very near future. Proposals have been submitted for growing crops such as corn, rice, sugar cane, and barley that produce various drugs. The companies submitting these proposals claim there won't be any cross-contamination with normal crops and there is little if any risk to either the environment or the public. They claim pharming can be a very efficient and low-cost method of safely manufacturing drugs.

I have my doubts. In fact, I think these kinds of activities will wreak havoc down the road. We're already seeing universal contamination problems from the drugs and hormones reaching our drinking water supplies. Genetically modified crops have cross-contaminated normal crops and shown up in our food supply. I can only imagine what we'll begin to see in our own bodies, our wildlife, domestic animals, and our environment if pharming becomes a reality. When you read about pharming, I suspect there won't be much emphasis placed on the dangers I've mentioned. Instead, pharming will be presented as the low-cost answer to stopping disease in impoverished countries around the world. Pharmaceutical companies have the clout and talent to sell the public just about anything, and selling the concept of pharming probably won't be that hard.

The Fine Art of Selling Misplaced Hope

The pharmaceutical companies employ some of the greatest marketing geniuses on the planet. They can afford to, with overall sales estimated at about $500 *billion* a year. In just the direct-to-consumer advertising market, which the FDA sanctioned in 1997, drug companies now spend $3 billion dollars a year to push their drugs.

In 2000 alone, Merck spent $160.8 million dollars to push their arthritis drug, Vioxx. That's more advertising dollars for that one drug than PepsiCo spends each year to promote Pepsi, or Budweiser spends on beer advertising. But it's obviously money well spent. Vioxx sales were $1.5 billion in the year 2000. Surveys have found that 25 percent of respondents either called or visited their doctors as a result of a direct-to-consumer advertisement. *(New York Times Nov. 21, 01) (New York Times July 12, 02) (NEJM 02;346:498-505, 524-531)*

Assembly-line Epidemics

As a subscriber to *Alternatives*, you're aware of the dangers of drug use, both over-the-counter and prescription. However, with "holistic" and "complementary" health-care experts on every corner, it's sometimes easy to lose your perspective in these matters. Just recently, I was reading an article written by a "holistic" doctor who was describing the numerous benefits of his "favorite" hormones he recommends to his patients. As drug use becomes more accepted and more mainstream, the line between therapies that promote true healing and those that just treat symptoms is becoming increasingly blurred.

Pharmaceutical companies and our health care system have realized that the big money comes from treating lifestyle problems, not curing disease. Everything is now being classified as a disease, especially if a drug can be sold to treat it. Now that there are drugs that can be used to treat them, problems like baldness, erectile dysfunction, poor self-esteem, undisciplined hyper-active children, cellulite, over-eating, and even aging are now being classified as diseases. The best scam of all, however, involves the "statistically-created" diseases. Just by changing the numbers that establish "normal" laboratory test results, doctors instantly place millions of individuals into a disease category. Just recently, the limits of what was considered normal for cholesterol were lowered and now doctors are informing these individuals they have high cholesterol and need treatment. From the patient's point of view, it doesn't matter if research shows that a particular treatment won't influence the outcome of these new diseases. When people believe they have a disease, they want to be treated, and the billions of dollars in additional drug costs are just an unpleasant side effect.

Using drugs to lower cholesterol levels is the latest fiasco, but various schemes to sell drugs have been going on forever. Even when they've been proven to do more harm than good, it takes decades and thousands of deaths and untold suffering before anything is done to stop the nonsense. Look at the hormone replacement therapy (HRT) scam. For years the public was told that HRT could actually help reduce breast and other cancers. It became standard practice to put every older woman on hormones. The public has finally been told the truth, but that's little comfort to the thousands of women who developed breast or uterine cancer. And to top it all off, doctors continue to recommend HRT.

Exploding the Nitroglycerin Myth

In the mid-1890s, physicians made the observation that workers in dynamite factories seemed to get relief from angina pains while at work. Soon, nitroglycerin tablets were being prescribed for the problem, and the practice continues to this day. Studies, however, have never shown that nitroglycerin improves heart disease. In fact, some research indicates that in the long run it only makes matters worse.

Nitroglycerin breaks down into nitric oxide, which we know helps relax blood vessels, which improves blood flow. To perform this feat, however, nitroglycerin robs the enzyme aldehyde dehydrogenase from the little power plants in your cells called mitochondria. When you disrupt energy production in the mitochondria, you're setting yourself up for premature aging, impaired healing, and all kinds of additional health problems. (I've reported how the amino acid arginine safely does the same thing as nitroglycerin, but most conventional doctors would not be caught dead recommending an amino acid instead of a prescription. See *Alternatives* Vol. 5, No. 17.)

To Thine Own Self Be True

Learning how to protect and preserve your own health through natural means has never been more crucial. Entrusting your health to the pharmaceutical industry, conventional medicine, or hospital staff is fraught with serious danger. The above study on adverse drug reactions looked only at outcomes from properly prescribed medications, but mistakes also account for many harmful incidents. When that happens, most of the affected patients and families never learn the true story. Nurses, doctors, and hospital administrators routinely observe an unwritten code of silence. Don't expect them to risk their careers by admitting they made a mistake.

If at all possible, it would be wise to have someone with you during any hospital stay in which your ability to think clearly will be impaired (e.g., by anesthesia or drugs). That person should be aware of any drug allergies you might have, be able to question the type and exact amount of each medication being given, and keep an accurate diary of such information. Hospitals are very dangerous places to be, especially when you're sick.

Ensuring Incompetence by Insuring Incompetents

Years ago, before I became a doctor, I was a claims adjuster for a major insurance company. Part of my job was to handle the insurance claims of three of the largest hospitals in San Antonio, Texas. Every Monday morning, I would get a stack of "potential" claims involving incidents that had occurred the preceding week at each of the hospitals. It wasn't uncommon to receive 40 or 50 of these reports from each hospital. They usually involved giving incorrect medication to patients, missing items from the surgical inventory (that were often left inside the patient) and sometimes even performing the wrong surgeries. Each of these occurrences were considered *potential* claims because the patients generally knew nothing about what happened. Only if they discovered the truth and pursued the matter would an actual file be created and the claim investigated further. It was amazing and totally sickening, to say the least.

The exact same problems exist today, and unfortunately I don't think the problem has gotten any better. Operating on the wrong area of the body or performing the wrong surgery are things that should never happen, but they do.

Just so you'll know, these types of errors occur most commonly with orthopedic surgeries (bone and joint surgery), especially when multiple procedures are being performed during a single surgical visit or multiple surgeons are involved. The Joint Commission on Accreditation

(Continued on page 117)

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.

POSTMASTER: Send address changes to *Alternatives*, PO Box 2050, Forrester Center, WV 25438.

Author: Dr. David Williams; Publisher: George Stamathis, Editor: Robert Kroening

MAILBOX

Skunk Victims: New Hope for the Odoriferous

Question: For some reason, we seem to have more than our share of skunks this year. Our dogs have been sprayed on four separate occasions this summer, and since you're "from the country," I thought maybe you might know of a better way to get rid of the smell than tomato juice. Any words of wisdom or suggestions?

C.M., Macon, GA

Answer: Fortunately, quite of bit of research has been done on the skunk's secretion. I guess the perfume companies have always been fascinated with just how long the odor lasts, and felt it might help enhance the longevity of their products. The primary compound responsible for the skunk smell is trans-2-butene-1-thiol. If you want to get rid of the smell, you have to neutralize this compound—and tomato juice just doesn't do the job. I'm not sure why anyone ever recommended tomato juice. It doesn't work.

If you bathe your dogs (or humans, for that matter) with the following formula, you can get rid of the skunk smell.

Mix these ingredients in a bucket: a teaspoon of liquid dishwashing soap, ¼ cup of baking soda, and one quart of 3 percent hydrogen peroxide. Lather the animal (or human) up with this mixture, let it sit for a minute or two, and then rinse with lots of water.

The mixture above is slightly alkaline, which works to neutralize the trans-2-butene-1-thiol and other offending compounds in the skunk secretion.

Botox: Still Ironing Out a Few Wrinkles

Question: What's your take on Botox injections? Are they safe?

M.W., Norman, OK

Answer: It appears so. I'm not too fond of the idea of injecting any kind of toxin into the body, but, in the right hands, Botox doesn't seem to cause any problems for most people. It's not recommended for use during pregnancy or in individuals with certain neurological conditions, such as Lou Gehrig's disease, Eaton Lambert syndrome, and myasthenia gravis.

In addition to helping iron out wrinkles, botox is now being used for numerous other conditions, such as migraine headaches, chronic low back pain, facial tics, torticollis, vocal tremors, muscle spasticity associated with stroke or cerebral palsy, some forms of eczema, Parkinsonian drooling, excessive sweating, constipation, clubfoot, and even hiccups. Just recently, I've seen some work where doctors are using Botox on patients suffering from benign prostatic hypertrophy (BHP). It seems that a large part of prostate enlargement is due to an overgrowth of smooth muscle, which Botox might be able to help. Botox is also being used with some success to help relax sphincter muscles in the bladder so patients with urinary retention problems can void without using a catheter.

When used to get rid of wrinkles, the effect usually lasts only about 4 months, and then needs to be done again at an average cost of about $300 a pop. It can be as high as $1,000 if larger areas are treated. Botox works by causing the injected muscles to stop working. And although Botox (*Clostridium botulinum)* is extremely toxic, the amounts injected are minute. (A single gram of the toxin would be enough to kill a million people. However, there is only a miniscule amount of the toxin in each vial; it wouldn't be enough to kill anyone weighing over about 15 pounds.)

There are a couple of other things you probably need to be aware of that most patients aren't being told. First, muscles injected with Botox have a tendency to atrophy or waste away from not being used. At this point, I haven't seen research that indicates whether or not this damage is reversible. Second, one Canadian clinic has reported that about 20 percent of Botox patients develop a resistance to the toxin. Botox either doesn't work at all or quits working after these individuals build up antibodies to the toxin. This usually occurs after a few years of continued use. If you did develop a lifelong resistance to Botox, you wouldn't be able to take advantage of it if you developed one of the more serious conditions I mentioned earlier.

The Pros and Cons of the Cigar-Store Indian Look

Over the last few months, I've discussed the importance of "listening" to our instincts. Facial expressions are one facet of body language we subconsciously use to arrive at our first impression of someone. Botox treatments can make this instinct less reliable.

It seems that lawyers, stock brokers, and various salesmen are already lining up to get Botoxed. It can make trial lawyers look relaxed and cool, and salesmen supposedly have more credibility when they can maintain a "poker face" (poker players probably appreciate this effect, too). The "frown eraser," as Botox has been called, has been such a big hit with the Hollywood set that directors are starting to complain that it's hard to get the right facial expression from actors. It just gets stranger and stranger.

(Continued from page 115)
of Health-care Organizations (JCAHO) says that "under-reporting by doctors and hospitals is a problem," but, of the cases that *are* reported, 41 percent involve orthopedic (bone and joint) surgeries, 20 percent general surgeries, 14 percent neurosurgeries, 11 percent urologic surgeries, and the remainder various other surgeries.

Surgeon, Cut Here ----------

The problem is serious enough that, as long as four years ago, JCAHO published advisory alerts discussing ways to eliminate the problem. Believe it or not, they now recommend that the patient should make the doctor mark the site of the surgery with a permanent marker and sign it with his initials before they are wheeled into surgery. Oftentimes, this can be done a day or two before the surgery, and, if you're not capable of seeing that this gets done, the person with you should do so. *(Sentinel Event Alert 8/28/98)*

One of my goals is to keep you out of the hospital and help you avoid, or at least minimize, the use of drugs of all kinds. Modern medicine may be getting more high tech, but, in many ways, it's also becoming more dangerous and threatening to both the quality and length of your life. Just remember to keep the following thought in the back of your mind: Conventional medicine, as practiced today, is crisis medicine. Patients are being guided from one crisis to the next. Most doctors think recommending vitamins counts as "holistic medicine," and prevention is rapidly becoming a lost art.

Take Tea or C for Damage Control

Not that you would ever need to do such a thing, but from past reports you probably know that taking vitamin C before eating a high-fat meal can temporarily help lessen your chances of suffering from a stroke or sudden heart attack.

High-fat meals set up a cascade of events that almost immediately keeps your arteries from dilating, which slows down your blood flow. We've known for some time that certain antioxidants, such as vitamin C, taken before the meal can help prevent this problem. New research has found that, if you don't have any vitamin C handy, you can achieve similar effects by drinking either green or black tea during the high-fat meal.

Researchers from the University of Maryland measured the changes in arteries of 30 individuals before and after eating a high-fat, fast-food breakfast that contained 50 grams of fat and 900 calories.

Individuals who drank either green or black tea with the meal were spared many of the initial ill effects. Those drinking a placebo tea without antioxidants still experienced the dramatic decrease in arterial blood flow.

While tea won't protect you from the long-term effects of a high-fat diet, at least you'll be able to lower the chances that you'll suffer a heart attack or stroke during or immediately following such a meal. Seriously, drinking one of these teas with any meal can provide a significant degree of protection and may be a real lifesaver for those who already suffer from advanced heart disease. Such teas are widely available at grocery stores and health food stores, or you can order the 325-cup Madura Green Tea Kit from Mountain Home Nutritionals for $39.99 plus shipping and handling by calling 800-888-1415, code 13311I.

Real Help for Stroke-Damaged Limbs

Over the years, I have discussed both the seriousness of strokes and some methods you can use to dramatically reduce your risk of suffering one. *Ginkgo biloba*, vitamin C, bioflavonoids, turmeric, vitamin E, copper, magnesium, fruits and vegetables, nuts, and oils rich in omega-3 fatty acids (such as flax and fish oils) are just a few of the substances in the diet that can help reduce your risk of stroke.

The number of cerebrovascular accidents (CVAs), or strokes, in the U.S. alone is about 750,000 per year. As baby boomers begin to reach age 50 and greater, this number is obviously going to increase dramatically. It is expected to double within the next fifty years. Obviously, we should be taking the necessary steps to prevent strokes, and it wouldn't hurt to review the past issues where I've covered the topic in great detail. With very little effort, you can dramatically reduce your risk. For example just adding an additional serving of fruits or vegetables to your daily diet has been shown to lower the risk of stroke by as much as 40 percent. (*Publisher's note: See* Alternatives, *Vol. 3, No. 3, Vol. 6, No. 14; and Vol. 7, No. 22.*)

News to Use from Around the World

Natural Aid for Arthritis Pain

MIAMI, FLORIDA_____Researchers at the University of Miami have found that ginger extract can reduce osteoarthritic pain and knee stiffness as well as the leading prescription arthritic drug, Celebrex.

In a study involving 247 patients with arthritis in the knee, a ginger extract product (Zinaxin) was able to reduce pain by 30 percent in a two-week period, and by 40 percent in six weeks. *(Arthritis Rheum 01;44(11):2461-2)*

The results obtained from the ginger product were comparable to those found in a study where 100 mg and 200 mg of Celebrex (celecoxib) was found to also reduce the pain of osteoarthritis in the knee. *(Clin Ther 01;23(2):213-27)*

One of the biggest complaints in conventional medicine seems to be that natural products either haven't undergone clinical trials or their efficacy hasn't been compared to that of well-known drugs. Here's a case where the comparison has been made and published. Not surprisingly, the ginger product is from outside this country. It's marketed by Eurovita International in Soeborg, Denmark. If doctors are truly looking for safe, natural alternatives to nonsteroidal anti-inflammatory drugs (NSAIDs), analgesics, and steroids to combat arthritis pain, ginger extracts fit the bill.

Ginger has been used in Chinese medicine to treat arthritis for hundreds of years and has also been found to be effective at treating nausea associated with motion sickness and pregnancy. (As I mentioned in the March 2002 issue of *Alternatives,* I always carry ginger root or extract to combat motion sickness when I have to travel by boat—it definitely works. You'll find instructions in that issue for preparing fresh ginger, if you prefer that form to a commercial extract.)

Although you never seem to hear much about it, ginger also has the amazing ability to help suppress the formation and growth of human cancer cells. Most of the research work has been performed in either Korea or Japan, where ginger has been a regular part of the diet for centuries. I feel so strongly about the benefits of ginger that it has always been a component of Daily Advantage. *(Mutat Res 99;428(1-2):49-57, 305-27) (Carcinogenesis 02;23(5):795-802)*

We've all seen the horrible damage that can result from a stroke. The paralysis associated with stroke can be so destructive. Speech can be lost. The ability to walk and/or the use of a hand or arm will be gone almost instantly. The ability to regain these functions varies from individual to individual, and often requires years of intensive therapy. As with most injuries, the quicker the retraining process begins, the more favorable the ultimate outcome will be. However, using a new form of therapy, doctors have found that many stroke victims can quickly regain the use of affected limbs, even years after a stroke occurs.

A Genius of Stroke

If you or someone you know has suffered from a stroke, you need to be aware of this amazing new therapy. It doesn't require surgery or drugs, and could literally change your life in a matter of just a couple of weeks. Strangely, the research on which this therapy is based has been around for at least fifty years. There were dozens of observations and theories from various researchers, but, until just recently, no one had bothered to put the different pieces of this puzzle together and actually try the therapy on humans. We can thank Dr. Edward Taub, of the University of Alabama, for his genius in developing what is now being called Constraint-Induced (CI) Movement Therapy.

You're probably aware of the fact that the amount of disability immediately following a stroke will generally lessen over a period of time. In other words, it seems like neurological function is shut down almost completely following a stroke, but after a period of time begins to improve. Researchers found that with monkeys the ability to regain movement in the affected limb started sometime between two and six months. While no one seems to totally understand the process, by putting these and other observations together, Dr. Taub has at least been able to help our understanding in these matters. More importantly, even if his theory about the mechanism is wrong, he has discovered a way to quickly rehabilitate chronic damage from strokes and other neurological problems.

Expediting Recovery

When the nerve supply to an area like the arm is first damaged, an individual will still ini-

tially try to use that limb. Unfortunately, they are unable to do so. As they continue to try, failure leads to pain, dropping objects, and other frustrating and negative outcomes. Dr. Taub equates these failures with punishment, and, as you might know from being spanked as a child or from well-documented learning experiments, punishment results in the suppression of behavior. In effect, immediately following an accident, the brain learns that it is not supposed to use the affected limb. *Even when there is still a nerve connection to the area, or the brain can recruit other areas to supply the limb, it has learned not to use that limb.*

Dr. Taub's CI therapy is a method of helping the brain overcome "learned non-use." Additionally, in stroke cases where one side of the brain incurs damage, CI therapy helps recruit the undamaged opposite side of the brain, which will then begin to control the affected limb. Numerous complex experiments over the last fifty years lend support to the idea that the brain can re-route various functions to different parts of the brain. CI therapy appears to speed up the process dramatically. *What could take 10 years to accomplish with conventional therapy often takes only 2 to 3 weeks using CI therapy.*

Necessity Is the Mother of Rehabilitation

CI Therapy is pretty straightforward. Most of the initial work with it so far has involved the rehabilitation of the hand and arm. The normal-functioning arm is restrained in various ways (sling, protective mitt, etc.) to keep the individual from using it for 90 percent of their waking hours for a period of 2 to 3 weeks. The affected arm is then given very structured, repetitive training for 6 hours interspersed with an hour of rest, each weekday, over the 2- to 3-week period. Training might consist of such activities as food preparation, gardening, shopping, dining, games, hobbies, etc.

Conventional stroke therapy also uses very structured, repetitive training to the affected limb; but without constraining the opposite, unaffected limb, the end results are very different. Instead of resulting in a positive learning experience for the brain and an actual reorganization of the nervous tissue in the brain, structured, repetitive training on its own has only a neutral or negative effect on the learning process. *(Schmidt, RA. Motor control and learning. 2nd ed. Champaign, IL: Human Kinetics; 1998)*

Theory, Schmeory; It Works

While a lot of this may be somewhat confusing, and the theories a little complicated, the important thing to remember is that CI therapy is more than just a theory. It works, and has now been proven in the clinic and the real world. The results are nothing short of amazing. CI therapy is a true breakthrough in the treatment of stroke disabilities, and a Godsend to stroke victims.

Very sophisticated brain mapping procedures, using transcranial magnetic stimulation (TMS), electrical source imaging (ESI) and magnetic source imaging (MSI), have shown that CI therapy "jump starts" the healing process and the reorganization of nervous tissue in the brain, which continues for months following the initial 2- to 3-week treatment period. *(Neurosci Lett 98;250:5-8) (Neuroreport 99;10:807-10)*

CI therapy isn't very well known at this time, and only during the last couple of years has it moved from theories and clinical testing to actual use in the real world. Therefore, those who have been treated number only in the hundreds. But, believe me, it works, and in the next few years it will revolutionize the way patients are treated for strokes and probably dozens of other neurological problems.

Takin' It To the Feet

Again, CI therapy has been used mostly on upper limb problems because such problems were easier to test and evaluate. The failure rate of CI therapy to improve partial paralysis and loss of use in the arm and hand has been very small. It has been so successful that patients with lower limb problems due to stroke are now being treated successfully. Initial reports show that coordination has been improved significantly and many of those who couldn't walk without assistance are now totally independent or need only minimal assistance after just 3 weeks of treatment.

The treatment has also been used on patients with other ambulatory problems resulting from fractured hips, etc., and again the results have been amazing. Two such patients reported having to constantly use a wheelchair and never being able to walk over 5 feet before the CI therapy. At the end of the treatment, both were less dependent on their wheel chairs, and one was able to walk 103 feet and the other 78 feet in a three minute walk test. *(J Gerontol 96;51A (4):M147-51)*

Another woman still had to use a cane and couldn't go up or down stairs following her hip surgery 2 years earlier. At the end of 3 weeks of treatment, she only occasionally used her cane, and was able to negotiate stairs without any problem.

Other patients with traumatic brain injury have been treated, and have experienced improvement of their condition. Further studies should be available soon.

One interesting study using a variation of CI therapy involved ten professional musicians (seven pianists and three guitarists) suffering from chronic focal hand dystonia. This is a condition where one loses coordination within the hand resulting from extensive and forceful use of the fingers. These individuals underwent therapy for from 8 to 14 days, and then were given exercises to practice at home. At the end of the therapy period, half had returned to their normal activities. Four of the patients had been forced to stop playing their instruments, but were able to resume performing after the treatment. *(Lancet 99;353:42)*

A Work in Progress

Unfortunately, since CI therapy is so new, I don't think most insurance companies cover the treatment. And although it will undoubtedly catch on quickly once the medical profession learns how effective it can be, there aren't too many places where it is currently available. Dr. Taub does his research and operates a CI therapy clinic at the University of Alabama in Birmingham, Alabama. The clinic takes patients, but you have to be able to travel there and stay during the 2 to 3 weeks of treatment. They are currently treating individuals with chronic or recent stroke damage, spinal cord injuries, hip fractures, and children with cerebral palsy. For an information package, you can call (205) 975-9799 and leave your name and address.

(Please be patient if it takes awhile to receive your information package. After this article, I'm sure they will be swamped with requests. You can also request information or get additional information about the clinic and their ongoing studies by going to the University of Alabama Web site, *www.health.uab.edu/taubclinic*.)

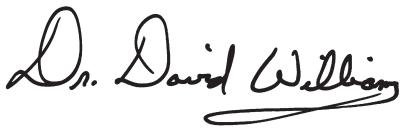
Currently, several lab studies are also underway evaluating the efficacy of CI therapy. If you qualify, your treatment will be free, but you'll still have to pay for travel to the lab, as well as your accommodation and food. The only studies I'm aware of that they are still recruiting patients for involve individuals with traumatic brain injury, stroke victims *whose stroke occurred less than 9 months ago,* and musicians with focal hand dystonia.

Spread the Word!

We've known for some time that our brains have the ability to adapt. Although one side of the brain controls the motor functions of the opposite side of the body, when part of the brain is damaged, it has the ability to move the control of these activities to a new area. We've known that the ability was there. What we didn't know was how to make it happen. With CI therapy, Dr. Taub has now been able to solve that piece of the puzzle.

At the risk of oversimplifying matters, with CI therapy we now have a way of rewiring the brain. What's so amazing is that the process can be started so quickly. It doesn't require surgery or drugs, and it seems to work even though the injury to the brain may have occurred years ago. It's truly a remarkable therapy. Pass along the word. It's something that can change the lives of hundreds of thousands of individuals.

Take care,



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