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Dr. David G. Williams

Virtuoso on a Minor Scale

Years ago, when I first started publishing *Alternatives*, I never envisioned that any part of my personal life would somehow be exposed through my writing. Since I'm really a very private person, it came as some-

what of a shock to me a couple years ago when I realized just how much of my personal life had become an "open book."

I was meeting with a group of Japanese researchers who had obviously read all the back issues of *Alternatives*. They knew where I was raised, my favorite foods, the names of my wife and children, my hobbies, my brother's and sister's names, and dozens of other personal details. We'd never met before, and they had gleaned all this information strictly from past issues. At first it was a little spooky, to say the least. But then when I thought about it, it really didn't seem so strange after all.

When I look back, I can honestly say that, in addition to traveling around the world searching for health solutions, I've also been playing the part of a guinea pig when it comes to testing many of the therapies and remedies that I've written about. Just like you, I want the real solutions for living a healthier and longer life. I want solutions not only for myself, but also for my family, my friends, and you. As such, it seems only natural that I should share my evaluations and even my personal health-related experiences—whether they're good or bad. While it's generally more useful to learn about techniques and products that work, at times you may also be able to benefit from the techniques and/or products I've found to be failures. And, believe me, I have experienced my share of those.

When you subscribe to *Alternatives*, it's like having someone run experiments on your own personal guinea pig (me). I can tell you, from my point of view, it's a relief that most of the experiments involve natural remedies that are far less toxic and/or risky than drugs or surgical procedures. I make a very concerted effort to steer clear of conventional medical practices, if at all possible. Guinea pigs in that field don't seem to fare too well. Fortunately, I have only limited personal experience in that area. I guess this is where I get personal again.

Simple to Do...Difficult to Undo

I've had four surgeries in my life and thankfully all were elective. My first surgery was a vasectomy about five years ago. The other three surgeries were attempts at vasectomy reversals. I say attempts because they were all failures. I realize that a vasectomy or a vasectomy reversal may not be something most people have an interest in, but I can assure you



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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

what I discovered during this ordeal could be of great interest.

When I had the vasectomy, the standard procedure was to simply cut the vas deferens (the “tube” leading from the testicles to the prostate gland) and tie off both ends. When a vasectomy is performed, little, if any, thought is given to reconnecting the vas. Just like millions of other men who have undergone the procedure, I was sure at the time that I didn’t want additional children. And like thousands of others, I later changed my mind. If the surgeon had known that there was a chance I would want more children, he wouldn’t have done the vasectomy in the first place, or at least maybe it would have been done with greater care. But, as they say, “hindsight is 20/20.”

My vasectomy was actually done correctly. The reversal attempts are another story.

As in many other areas of medicine, when it comes to vasectomy reversals, we have a situation similar to “the fox guarding the hen house.” Doctors who do reversal procedures generate their own records and statistics. They can claim to have whatever success rate they want, and it’s hard to know if they’re telling the truth.

When I decided to do the reversal, I did a fair amount of homework, but obviously not enough. I honestly thought the procedure was uncomplicated and routine. I chose a surgeon in the Houston area that specializes only in reversals, and even guarantees his work. You may even have seen his advertisements on billboards around the country.

In my first meeting with him, he said he had performed over 1,000 reversals, and was so confident that he could guarantee his success rate. Well, it obviously didn’t work the first go-around, so I went back a second time, and it still didn’t work. Not only was it a huge disappointment (and pain in the groin), I can tell you that a vasectomy is far less expensive than trying to reverse the procedure. The money-back guarantee, by the way, is a rip-off structured so that hardly anyone gets his money back.

Contrary to what I read and was told, reversing vasectomies isn’t routine. It requires a great deal of skill and “microsurgery” because the vas is such a small tube. Unfortunately, since there’s no one to regulate the doctors’ advertising, everyone performing this procedure claims to perform true microsurgery and have extraordinary skill in this area. It was a year later before I found out just how untrue these claims were and just how botched my surgery was.

Travel Down Under for the Best Surgery... Down Under

When it comes to medicine, there seems to be a feeling that the U.S. is the undisputed leader. We’ve been led to believe that our scientists and doctors develop all the latest procedures and techniques. In many cases, that’s not true—particularly in the field of microsurgery. I’ve had the opportunity to befriend (a couple of years too late) arguably the most accomplished microsurgeon in the world. As fate would have it, while I’ve been spending the last ten years or so searching the rainforests of Australia, he has quietly been making medical history in his research clinic in Sydney. Sitting practically under my nose was the pioneer of microsurgery. In Texas terms, “if it was a rattlesnake it would have bit me.”

Professor Earl Owen actually pioneered the field of microsurgery in the 1960s. His early work stemmed from his interest in correcting abnormalities in premature newborn babies. To do this work, he had to develop micro instruments such as needles, threads, scissors, forceps, and even special operating chairs. He convinced Johnson and Johnson to make special miniature threads for him, which he could use with his microtechniques to repair the body’s smallest and most fragile tubal organs such as ducts, veins, arteries, lymph vessels, and nerves. He then went to Germany and had craftsmen make his forceps. He worked with the Carl Zeiss optical company to develop and manufacture a specialized foot-operated microscope needed for the procedures he was performing. Like each of his other instruments, the microscope was the very first of its kind in the world. Not surprisingly, Professor Owen has been the “first in the world” to achieve many accomplishments.

Unfortunately, I wasn’t aware of the fact soon enough, but Professor Owen was the first surgeon in the world to reverse a vasectomy. That was in 1971, and since that time he has personally reversed over 4,000 vasectomies and has the highest “baby rates” of any doctor in the world (another “first”). On over 3,800 randomly selected cases, 85 percent of the men went on to father a baby.

Defining Down Success

Many surgeons doing vasectomy reversals “cherry pick” the individuals they’ll operate on, and then deem the procedure a success if sperm passes through the reattached vas. Tricks like these allow them to claim higher “success rates.” It’s not

uncommon, however, for blockages to occur shortly thereafter from swelling, adhesions, scar tissue, poor surgical procedures resulting in inadequate circulation to the area, and a dozen other reasons. All of that's irrelevant to the doctor. Even if such a blockage occurs, the doctor can still consider the operation a "success." That's how surgeons can make money-back guarantees and never have to refund money, even though the surgery is a total failure from the patient's point of view.

(I don't want to sound like I'm condemning everyone in the profession who performs vasectomy reversals. I'm sure there are many competent doctors performing the procedure. I made the mistake of choosing a doctor who was not competent. Hopefully, by learning the details of my experience, you will be less likely to make the same mistake.)

Changing Lives One Small Stitch at a Time

I originally learned about Professor Owen when I was reading a medical journal article about transplants. Although there was only a brief mention of his name, for some reason I decided to do a little more research on the gentleman. What shocked me was there was so little publicity and information on undoubtedly one of the greatest surgeons of all time. With all his accomplishments, he seems to shun publicity and recognition.

I soon discovered that not only was he the first surgeon to successfully reverse a vasectomy, he was the first surgeon in the world to successfully re-attach a finger. That was on a two-year-old child in 1970. He was the first in the world to successfully rejoin multiple fingers. He was the first to successfully operate on women's fallopian tubes and reverse female sterilization back in 1972. He was the first to obtain fertility in men born sterile. He was the first to successfully perform long nerve grafts of peripheral nerves, restoring movement and sensation. He performs facial nerve grafts from nerves taken from the leg to restore facial expression in individuals with paralyzed facial muscles. These grafts have

restored "smiles" to numerous individuals suffering nerve damage from trauma to the head or facial nerve and those suffering from Bell's palsy.

In 1975, he was the first surgeon in the world to successfully re-attach a severed hand.

Professor Owen performed the world's first hand *transplant*. Patient Clint Hallam, from New Zealand, had his hand amputated. Professor Owen successfully attached a hand from a deceased donor in 1998, *14 years later*. Using his microsurgical techniques and immunosuppressive drugs he's been testing for years, he transplanted a hand from a dead individual to Mr. Hallam. Mr. Hallam now has feeling and full use of the hand. Since that time, Professor Owen has been instrumental in numerous other such transplants.

On January 13, 2000, Professor Owen and his team successfully transplanted two hands from a dead accident victim to a 33-year-old Frenchman who lost both of his hands to a rocket explosion three years earlier. This was obviously another "world's first" for Professor Owen.

A Master at Work

I contacted Professor Owen a little over a year ago. You might think that with all his accomplishments he would be inaccessible. In fact, he is just the opposite. His work is obviously still his passion. He still personally operates on each patient and has the same surgical team that has been with him for over 22 years. Among other surgeries, he and his team perform two to four vasectomy reversals a week. Although his "world's firsts" and other endeavors would fill a book, you'd never know it if you spoke with him. He's one of the most warm, modest, unpretentious individuals I've ever met.

To make a long story short, he did agree to operate and see if there was anything he could do to help my situation. As he does with all his surgeries, he videotaped the procedure. Two days after the surgery, we reviewed the tape. That's when I



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saw just how crude my prior “microsurgical” procedures were. One re-attachment was no longer even together. Under magnification from Professor Owen’s microscope, the stitching from the other surgeon looked like it was sewn with rope and very poorly done. As I watched the tape, I saw that Professor Owen’s thread was so small it was often hard to see, and the stitching was so sure and even it looked like it was being done by a machine. The prior reversal surgeries had damaged the small tubules so badly that the damaged portions had to be removed prior to an attempt at reattachment. There wasn’t much hope for success from the start, and, unfortunately, the operation wasn’t successful.

Innovator, Artist, and Philanthropist

I have had the pleasure of getting to know and visit with Professor Owen on numerous occasions. I was also invited and had the opportunity to visit Microsearch, the only independent surgical research unit in Australia, set up by Professor Owen in 1973. The Microsearch Foundation subsists solely on donations, and was set up to continue the advancement of microsurgical techniques and the training of doctors worldwide. While Professor Owen remains the founder and medical director, he doesn’t take a salary. It’s obviously his “baby,” and the research being performed there will change the way surgery is performed throughout the world.

He showed me ways they’re using lasers and “biological solders” to join nerves and blood vessels together, eliminating the need for stitches and reducing the time needed for repair. They’ve uncovered ways to improve nerve regeneration and speed the repair of severed nerves. They’ve also developed miniature probes with laser attachments that can evaluate body tissue without the need for biopsies. It’s some of the most fascinating work I’ve ever seen.

In my dealings with Professor Owen, it became obvious that his passion is his work. He never put patents on the microsurgical tools he developed, but instead concentrated on sharing his tools and techniques with as many doctors as possible. His obsession with teaching may be why he refers to himself as Professor Owen instead of Dr. Owen.

Hundreds of doctors have trained under Professor Owen or at the Microsearch Foundation and are now performing these types of surgeries in the U.S. and other parts of the world. Surprisingly, however, with the exchange rate between the Australian and U.S. dollars, you can fly to Australia,

spend a week or so, and have the surgery done there for about the same as it costs to do it here. A few Americans, Europeans, and Asians have been doing just that, and they now make up a good percentage of Professor Owen’s patients. I only wish I knew sooner. I can honestly say that some of the least invasive and most successful surgery is happening there, and nowhere else. If I had it to do over again, this is definitely where I would go.

Available Expertise

If you have one of the problems I’ve mentioned, I would strongly suggest contacting his office to see if they can help. You won’t find a lot of information on Professor Owen in many places, but he now has a helpful Web site (www.earlowen.com.au). His office staff is also extremely helpful and experienced in making comprehensive arrangements for individuals coming from the U.S. (the way they take care of the details, you’d think you were visiting family).

You can contact Professor Owen through his office assistant, Christine, at Level 3, 121 Walker Street, North Sydney NSW 2060, Australia. Office phone: 011-61-2-9954-5455. Fax: 011-61-02-9954-5055. Email: earlowen@ihug.com.au.

I have had the opportunity to witness numerous surgeries that were very impressive, but nothing I’ve ever seen has come close to true microsurgery. The attention to every little nerve and blood and lymphatic vessel is something you don’t see in conventional surgery. My first comment to Professor Owen was that all surgery should be microsurgery. He agreed, but actually has even stronger feelings on the subject. He feels that surgeons should be developing diagnostic and repair techniques that are increasingly less invasive, in fact, so non-invasive that they put themselves out of work. That’s exactly the type of research that Professor Owen and his colleagues at Microsearch have been doing for the last 30 years.

In the meantime, it should be nice to know that you still have access to one of the best surgeons in the world and all the benefits of his remarkable research.

A Better Form of Male Contraception

Since I’m on the topic of vasectomies, I should mention some other research that

I'm sure someone like Professor Owen would appreciate. In India, doctors have developed what could turn out to be one of the best and safest forms of reversible contraception.

Over the last 12 years, about 200 men have undergone what is being referred to as RISUG (reversible inhibition of spermatozoa under guidance). Another 500 men are currently undergoing a phase III-type clinical trial. Just as with a regular vasectomy, the procedure is performed under local anesthesia in a doctor's office. The tube that is normally cut, the vas deferens, is still exposed, but, instead of being cut, it is injected with a clear fluid with the consistency of honey. The procedure is repeated with the second vas.

In approximately two minutes, the fluid forms into a soft, rubbery plug. The plug is loose enough that sperm is still allowed to pass through the vas, but the plug is polarized and carries a negative and positive charge. The charges in the plug disrupt the negative charge on the membrane of the sperm, which renders it incapable of fertilization. The study in India has shown that it has been 100 percent effective for as long as 12 years, and researchers feel that its effectiveness should continue for decades. Toxicology studies have shown the RISUG fluid to be safe and non-toxic, and there have been no problems reported with any part of the procedure.

What makes RISUG even more exciting is that the effects can be reversed in about 10 to 15 minutes by, once again, exposing the vas and then injecting sodium bicarbonate to wash the plug out of the vas and down the urethra. Indian researchers are presently working on a technique where the plug can be removed by manual manipulation and there wouldn't even have to be an incision made to expose the vas. There has also been a 100 percent success rate in the reversal technique.

There have been attempts to use silicone "plugs" in the past, but these require microsurgery to both insert and remove the plugs. RISUG, on the other hand, can be properly injected and reversed by anyone experienced in performing vasectomies.

Cheap and Effective—Strange Liabilities

This technique has been in development for over 25 years in India, where poverty has created a population explosion and government officials are eager to find an inexpensive, safe form of contraception. Although clinical studies are still underway, the Indian government has already

endorsed RISUG and is offering it for use in some clinics. The procedure in India costs 500 rupees, which is a little over US\$10.00 as of this writing. I'm sure there will be licensing fees once the procedure is approved for use, but its extremely low cost and simplicity might be two strikes against its ever being approved for use in the U.S. I'm not sure all the pharmaceutical companies that sell female birth control pills would be very happy about the procedure.

I'll continue to monitor RISUG, and when it becomes available either here or in neighboring Canada or other countries, I'll let you know. If there were no politics involved, RISUG would be considered one of the most significant breakthroughs in contraceptive technology since birth control pills for women.

Non-surgical Male Sterilization

While most of the research on birth control has been focused on women, there is a proven form of male contraception that has never been well publicized. In the past, it has been useful in times of war, famine, and other events that might make more conventional means unavailable. I guess you could say that it's another one of those topics that falls under the "survival techniques" category.

To be able to properly produce viable sperm, the male testes must be kept several degrees cooler than normal body temperature. I'm sure you've heard that tight shorts or restrictive clothes that keep the testes too close to the body cause lower sperm counts. This is the reason. Heat can act to promote temporary sterilization. Men with high fevers are infertile until their temperature or illness subsides.

From the 1930s through the 1950s, a Dr. Voegel from Switzerland practiced in India. Based on the fact that heat could cause temporary sterilization, Dr. Voegel found that men who would sit in a shallow, 116°F bath (immersing their testes only) for 45 minutes a day for 3 weeks would be temporarily sterile for a period of six months. During periods of severe drought and famine in India, he taught hundreds of men this procedure to help them keep from getting their wives pregnant.

During the 20 years he practiced this technique, he found no adverse effects. Some individuals were able to sustain temperatures as high as 125 degrees F, but 116 degrees F was comfortable

enough to be tolerated by everyone, and it reliably kept the men infertile for six months. After the six months, their fertility would either gradually return to normal, or they could repeat the process for another six months of protection. In the mid-1950s, the Japanese government expressed an interest in Dr. Voegel's work, and after careful studies and evaluations of their own, they found the technique to be very effective.

This may sound like a lot of trouble or inconvenience, but it's another one of those low-tech tools that costs little, works, and can be used anywhere by anyone. Through the years, other researchers have suggested using heating pads or special underwear that warms the testes, but no one is sure how reliable these methods are. I certainly wouldn't suggest using an electric heating pad because of the possible adverse effects from the electromagnetic fields.

Power Naps: A Smart Idea

Like a lot of other students I knew, I somehow got into the habit of taking an afternoon nap when I was going to college. At the time, I thought it was probably from partying too much the night before, but now I realize I was just re-charging the energy in my brain.

In separate studies, researchers have discovered that the complex carbohydrate glycogen, which provides short-term energy storage for brain activity, declines with either exhausting mental tasks or from lack of adequate sleep. (*J Neurosci* 02;22(13):5581-7) (*Nat Neurosci* 02;5(7):618-9, 677-81)

In one of the studies, three groups of individuals were given identical, exhausting, one-hour visual tests four times daily. A third of the group stayed awake all day, another third took a 30-minute nap at 2 p.m., and the last third took an hour-long nap, also at 2 p.m.

As testing continued later in the day and early evening, those who were awake all day began to take over 50 percent longer to solve their problems than those who napped for an hour. Those who had the 30-minute nap performed about the same all day long. However, those who had the hour-long nap actually improved their performance as the day went on. The researchers found that those taking the hour-long nap spent the greatest amount of time in the "short wave" sleep

phase, which apparently contributed to their better performance.

Another Life Skill We Learned in Kindergarten

While hordes of scientists work diligently to decipher such complex things as our genetic code, we still don't understand something as basic as sleep. I'm a firm believer that one day the quality of our sleep will be considered just as important as our diet, our exercise program, etc.

We do know that sleep is necessary for our brains to encode or imprint what we've learned from the previous day. These studies also show that, during sleep, brain levels of glycogen are replenished. Although I doubt it will be implemented any time soon, it certainly appears that the productivity of workers could be improved by having them take an hour-long nap in the afternoon. This practice always worked, and still does, in kindergarten and first-grade students. Maybe it's time we all started bringing our sleeping mats to work. I would especially recommend trying this little idea if you work for yourself and have such an opportunity.

The Food-Sleep Connection

While I'm on the topic of sleep, there's some new information from Canada about melatonin that you may find very useful. I've written on several occasions about the connection between melatonin levels and our sleep patterns. While most everyone knows that melatonin is produced by the pineal gland in response to changes in light and our circadian cycle, few realize that melatonin is also produced in the gastrointestinal (GI) tract. Researchers at the University of Guelph have found that concentrations of melatonin in the GI tract can surpass blood levels by 10 to 100 times. While some of this melatonin may originate in the pineal gland, most of it is produced by cells in the mucosal lining of the GI tract. (*Biol Signals Recept* 01;10(6):350-66 98;7(4):195-219)

It's well known that melatonin is a very strong scavenger of free radicals, and this probably helps explain why melatonin is beneficial in the prevention and treatment of problems like diarrhea, childhood colic, ulcerative colitis, irritable bowel syndrome (IBS), and even colorectal cancer. Increased levels of melatonin will also extend the lifespan of laboratory animals. What's not that well known, however, is that the level of melatonin in the GI tract almost doubles in mammals

during times of food deprivation. In other words, low-calorie or calorie-restricted diets cause melatonin levels to double in various body tissues. This increase in melatonin levels may be one of the reasons calorie-restricted diets help animals to live longer. And the reverse may also be true. High-calorie diets may keep tissue levels of melatonin lower and lead to shorter life spans.

With Melatonin, Moderation is Better than Supplementation

Several anti-aging groups are now recommending taking a milligram or two of melatonin on a daily basis. Personally, I don't think that's such a good idea. Melatonin is a hormone, and should be treated as such. It's certainly worth a try (0.5 to 2 mg a day) to help correct stubborn cases of ulcerative colitis, IBS, or even colorectal cancer. But a better route than taking it daily as an antioxidant is to help your body produce more by establishing better sleeping patterns and habits, not over-eating, and maybe even engaging in occasional short fasts. Your body has systems in place that can regulate the interaction of the various hormones far better than you or I can do.

Help for Bones, Burgers, and Blockages

New research has shown that dried plums appear to stop bone loss, and may even increase bone formation in women.

In a study at Oklahoma State University, researchers had 58 postmenopausal women consume either 100 grams of dried plums or 75 grams of dried apples a day for a period of three months. While there was no change among the women consuming the apples, two significant blood markers for bone formation increased in those eating the dried plums. None of the women in the study were on any form of hormone replacement therapy. (*J Women's Health Gen Based Med* 02;11(1):61-68)

Ovarian hormone deficiencies are quite common following menopause, and this condition is associated with bone loss and osteoporosis. As these hormones decline, cholesterol levels begin to elevate, and the risk of heart disease increases.

An earlier animal study by this same group of researchers found that consuming dried plums could help keep cholesterol levels normal even

after the ovaries were removed. (*J Nutr Biochem* 02;11(5):255-259)

They Probably Taste Better Now

Dried plums used to be called prunes, but, after being the butt of a million jokes, that term fell out of favor with the growers. Like most people, I guess, I've always associated prunes with elderly ladies and constipation. And while I love plums, prunes have never been a favorite of mine. I'll have to admit that the term *dried plums* certainly conjures up a better mental picture—so I'll probably be giving them another try soon.

If you have osteoporosis or you're at the age where it could be a problem, prunes...er...dried plums might be part of the solution to the problem. The 100-gram daily portion works out to about 12 dried plums a day. And if you have a problem with constipation, I wouldn't be surprised to find that problem solved at the same time (it may now be a dried plum, but it still works like a prune).

Dried plums may be something to keep around if you have a severely weakened immune system. I mentioned in an earlier issue (Vol. 8, No. 1) that you could mix dried plums with ground beef (hamburger meat) to help kill pathogenic bacteria. When researchers added as little as 3 percent of plum extract to hamburger meat, it was found to be over 90 percent effective at curbing the growth of pathogens like *E. coli*, *Salmonella*, *Staphylococcus*, and *Listeria*.

Excess Acidity is a Real Pain in the Back

Not too long ago, I wrote about the importance of maintaining a proper acid/alkaline balance in the body. I won't go into any great detail here, since that article explains the situation and exactly what's needed to correct the problem.

Recent research conducted in Germany found that many cases of chronic low back pain are a result of being too acidic. The study involved 82 patients who had back pain for over three months without any spine involvement.

For a four-week period, they were given a lactose-based alkaline mineral supplement called "Basica." (Basica is a traditional German product. It has been on the market there since the 1920s, but, as yet, it isn't available in the U.S.)

At the end of four weeks, the pain rating in 76 of the 82 individuals dropped an average of 49 percent. Not surprisingly, there was a corresponding increase in alkalinity of their blood and other body tissues. (*J Trace Elem Med Biol* 01;15(2-3):179-83)

Due to society's increasing consumption of protein, colas, and other acidic foods, and decreasing consumption of alkaline-producing vegetables, alkaline problems are becoming more prevalent. The above patients had been diagnosed as having soft tissue rheumatoid arthritis, fibromyalgia, and other "catch-all" diseases. However, almost every individual experienced dramatic improvement in just four weeks when their body became less acidic.

If you're suffering chronic back pain or any type of diffused, hard-to-pin-down ache or pain, there's a good chance you are too acidic. Follow the suggestions I outlined in the May 2002 issue, and don't be surprised if you begin to see some remarkable changes in just a few short weeks.

We Are Responsible Agents

I've just read where trial lawyers are now working on class actions suits against the major fast food chains. Some of the claims are similar to those made in the huge lawsuits filed against tobacco companies. Although fast foods don't contain addictive compounds, the lawyers are claiming that these companies have knowingly been selling foods that can harm their customers' health. It's another prime example of the prevailing attitude in our society that individuals aren't responsible for their own actions. Basically, anything that happens to us is someone else's fault. This change in thinking, which has taken place in our society over the last 20 or 30 years, has had a dramatic impact

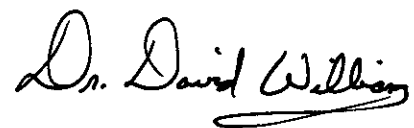
on the way we approach health issues. A prime example is the use of Ritalin, the amphetamine drug now used to treat hyperactive children.

Fifteen or twenty years ago, giving psychiatric, mind-altering drugs to millions of young children would have caused an outrage. Today our society has been brainwashed into thinking it's the proper thing to do. Pharmaceutical companies are gradually and methodically changing the way society views drug therapy. The method they used to normalize Ritalin use is the same method they're using to introduce dozens more "lifestyle-enhancing" products.

First, the companies must be able to classify something as a "medical problem" by identifying common symptoms. Then they can conduct clinical trials showing that drug use lessens or eliminates these symptoms. Next, ample advertising and doctor "education" will cause the public to realize they have a new widespread medical problem on their hands that can be treated with drugs. This simple pattern has been used to promote drugs as the answer for everything from hyperactivity, cholesterol, and depression to allergies and male-pattern hair loss.

Don't fall into their trap. Next time you hear a newscast identifying some emerging lifestyle problem, keep in mind that it's just the beginning of a new pharmaceutical product campaign. The product may seem like an answer to your prayers, but it may also present dangers that take 10 or 15 years to fully understand. Don't be a guinea pig. (Remember how my guinea-pig experience with conventional medicine turned out.) Lifestyle problems should be addressed with lifestyle changes, not drugs.

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