

# Alternatives<sup>®</sup>

## FOR THE HEALTH-CONSCIOUS INDIVIDUAL

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Dr. David G. Williams

## Surviving in the Age of SARS and Other Potential Epidemics

**M**ore than a decade ago, I began warning about the dangers of epidemics that would start in one isolated part of the world and spread quickly to our front doorstep. At

the time, I received a considerable amount of flak for making such a prediction. However, traveling the world as I do, I knew it would only be a matter of time before it happened. Unfortunately, this prediction has come true.

If you've been glued to the television lately, I'm sure you've heard bits and pieces about the lethal respiratory illness called severe acute respiratory syndrome (SARS). SARS is thought to be caused by a new strain of virus that belongs to the same family of viruses that cause colds and other respiratory infections.

The whole problem appears to have started last November in China's Guangdong province, next to Hong Kong. A doctor from that area traveled to Hong Kong in February and stayed in the Metropole Hotel. Seven people on the same floor contracted the disease, and through their travels the viral infection was carried to Vietnam, Canada, and to others in Hong Kong. Now SARS has reached Singapore, Taiwan, Thailand, Germany, the United Kingdom, Italy, and the United States.

Because the illness is caused by a virus, there's no definitive treatment. The infected individuals are isolated and given the antiviral drug ribavirin and steroids. It appears that although the infection can become quite serious, most of those who died were in poor health or had another serious illness when they were infected. As this issue goes to press, there have been only 149 reported cases here in the U.S. and no resulting

deaths. Worldwide, there have been more than 2,700 cases with an overall death rate of about 4 percent. China apparently was intentionally underreporting the actual number of cases and still may be doing so. They feared that business and vacation travel to China would suffer if the true figures were released. At the end of March, China's reported number of cases doubled overnight, as did their number of reported deaths. At this time, China claims to have had more than 970 cases and 46 deaths.

### Perception Is Critical

Much like the earlier anthrax scare, the fear-based repercussions of SARS in the U.S. will probably far outweigh the actual dangers associated with the underlying problem. I certainly hope that's the case.

Air travel and bookings to China, Hong Kong, Vietnam, and Singapore have already dropped significantly. Airlines, hotels, and related industries that service these areas are starting to suffer.

(Personally, I have put a trip to the area on hold until I see how things



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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

develop.) Individuals and family members who have had contact with infected individuals have been placed under mandatory quarantine in Hong Kong, Singapore, and Canada. Schools are closed in these countries, and several hospitals have even closed to new patients and eliminated visiting hours. People in Hong Kong and Singapore have taken to wearing surgical masks in public, and talking in closed spaces like elevators is being discouraged in hopes of limiting the spread of the virus. Bars, restaurants, theaters, and many shops are closed. It's hard to get a taxi to pick anyone up from the airports. The threat is obviously real, but the perception of the danger is even greater.

The virus seems to spread very easily, and investigators are trying to determine if it can be circulated by airborne transmission, contaminated objects, or both. Apparently the virus can survive outside the body for two to three hours, so it is possible that contaminated objects could harbor the virus. This only further supports the increased need for vigilant hand washing and cleanliness in health care facilities, as well as our homes. It also provides another compelling reason to avoid hospitals whenever possible.

SARS was originally thought to spread through the inhalation of respiratory droplets from someone already experiencing symptoms, and this may be the primary means of transmission. Coughing, sneezing, or spreading respiratory secretions seems to be the common method of passing the infection. The incubation period (the period from time of infection until symptoms begin to appear) of SARS is generally two to ten days. The illness begins much like a flu, with a fever (over 100.4° Fahrenheit), general body aches, chills, headache, and fatigue. It can be accompanied by breathing difficulties, and within three to seven days one may develop a dry cough. In 10 to 20 percent of cases, the illness will progress to the point that a mechanical respirator is needed to get enough oxygen to the blood. Apparently, even when the individual overcomes the infection, the recovery process is slow and quite difficult.

Ironically, one of the casualties of SARS was Dr. Carlo Urbani, an expert on communicable diseases with the World Health Organization. He contracted the illness while investigating its outbreak in Hanoi hospitals. In that outbreak, 56 percent of the caregivers of a SARS patient contracted the illness. My understanding is that this

occurred before gloves, surgical masks, and suits were being worn when treating these patients.

To keep things in perspective, it's important to remember that of the 149 cases reported in the U.S., most contracted the disease while traveling in Asia. And the remainder came down with the disease from either caring for these individuals or being in close contact with them. At this point, there's no need to panic about SARS in the U.S. Representatives from our Centers for Disease Control and Prevention are now explaining the symptoms and dangers of the disease to passengers on all incoming Asian flights.

I seriously doubt that you'll have to worry about this problem. But I also doubt that this will be the last infectious disease to spread quickly around the world in this manner. This just happens to be one that was recognized and caught in time to minimize the damage. I don't think we'll always be so lucky.

### Take Heed and Make Preparations Now

For the majority of us, SARS should be a "blessing in disguise"—a textbook example that illustrates a serious problem we need to be prepared for. Like the threat of increased terrorism, potential epidemics need to be addressed as well.

As with the threat of smallpox, which I addressed in the February newsletter, officials quickly isolate patients with SARS. *With infectious diseases, history has shown time and time again that isolation is one of the best tools to help stop the spread of the disease.* In the event of a widespread outbreak of any type of illness, one of the best precautions you can take would be to eliminate or minimize as much as possible your exposure to the general public. This would require that you have at least a limited supply of necessities like food, water, toiletries, medications, supplements, etc., on hand. I certainly don't want to sound like a pessimist, but it's clear that our world is rapidly changing. If you haven't done so already, it's definitely time to prepare for what these changes might bring.

Your situation may be different from someone else, depending on where you live, your income, your health, your family, and so forth. In the small farming communities where I was raised, everyone seemed to have a stocked pantry full of homemade canned goods and cases of food from sales at the Piggly Wiggly. It amazes me nowadays that when some 24- or 48-hour

crisis occurs, everyone empties the local grocery stores. As with the SARS problem, although the crisis is real, albeit limited, it's the perception of the problem that often creates panic.

Even if you don't have a pantry stocked with homemade canned goods, you should have at least enough nonperishable and canned items to be able to survive a couple of weeks without having to leave home. The same goes for general toiletries like soap, razors, shampoos, toilet paper, and toothpaste. And if you have necessary medications or take supplements, it's not unreasonable to keep at least a three-month supply on hand. Just make sure to rotate the items as you continue to purchase new supplies each month.

And, of course, you'll want an assortment of the natural remedies I've mentioned over the years. These items could very well turn out to be some of your most important tools. I'm talking about things like food-grade hydrogen peroxide, chlorine bleach, PAV (tree pitch), Citricidal, Bleed-X, bee propolis, Xlear, Herbal Immune Advantage, honey (for wounds), Elderberry Advantage, potassium iodide tablets, eucalyptus oil, and others.

For various respiratory threats I would suggest keeping a small supply of fiber surgical masks around. Dousing them with several drops of eucalyptus oil goes a long way in both preventing and treating respiratory infections. Plain surgical masks cost about 50 cents each, while those that have improved filtering power against bacterial and other pathogens (type N95 masks) run anywhere from \$1 to \$2. It would be a good idea to have a few on hand for everyone in the family. You can find these items at any medical supply house or on the Internet. While you're shopping, be sure and include a box of surgical gloves as well.

As long as you stock up on items you will normally use, you can't go wrong. Just remember to keep buying these items after the initial stock-up and "rotate" your stock, using the oldest items first, so you'll always have extras on

hand. And now, while supplies are inexpensive and plentiful, is the time to start. Don't wait for a true crisis the way 99 percent of the general population does. It will be a small investment that will help you lower stress levels, sidestep panic, and provide a true safety buffer.

## Obtaining the Unobtainable in a Crisis

One other point I feel I should mention has to do with antibiotics and other prescription or restricted medicines. Over the years I've dedicated myself to providing you with hundreds of alternatives to drugs and surgery. In some situations, however, the only proven treatment is antibiotics, as is the case with anthrax. Unfortunately, in times of crisis, antibiotics may be difficult if not impossible to obtain. That's why I want you to be aware of the availability of these items at "feed" or "farm and ranch" stores.

The pharmaceutical companies would prefer that these "animal" medications only be given to animals. In fact, whenever possible they tablet and package these medications in ways that make them very inconvenient for human use. It's well known that these medications are pharmaceutical grade and produced under the same standards (and often at the exact same facility) as those for human use. For obvious legal reasons I can't recommend them, and I am not recommending that you buy, use, or take these medications. Obviously, the best situation is to follow the guidance and advice of your doctor. You always run a greater risk with self-diagnosis and self-treatment.

Having said that, under certain circumstances I wouldn't hesitate to use animal antibiotics on myself or on my family. With a situation like anthrax exposure, where the outcome without antibiotic treatment is death, I personally feel the risk involved with self-treatment is justifiable.

Although he has a controversial past, Larry Wayne Harris, Ph.D., a microbiologist, has published some very useful information concerning



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the use of animal antibiotic products in the treatment of anthrax and other infectious agents. I'm reprinting it here for informational purposes only. What you decide to do with the information is totally up to you.

## A "Cookbook" for Survival

Much of the following comes from Dr. Harris' self-published book, *Bacteriological Warfare—A Major Threat to North America*. The book is still in print but often difficult to find. A source that has a number of copies is Millennial Technologies. They normally sell the book for \$19.95, but if you mention that you subscribe to *Alternatives*, you can get it for \$15, postage paid. To order the book with a credit card, call 1-888-833-0515. For orders by mail, write to Millennial Technologies, 6701 N. Bryant, Oklahoma City, OK 73121.

I highly recommend the book. It gives very detailed information on the preparation and use of veterinary and agricultural antibiotics for human use and lots of other useful information on what you can do to protect yourself and your family in the event of biological warfare.

In his book, Dr. Harris gives specific information on the use of various antibiotics. Due to space limitations here, I'll only discuss Dr. Harris' suggestions on one of the most versatile of these antibiotics, tetracycline. Tetracycline is available as oxytetracycline HCl from farm and ranch and feed supply stores. Pfizer makes a product that he recommends called Terramycin-343 Soluble Powder, product #5632. It is sold as a 4.78-ounce container of oxytetracycline bulk powder.

Terramycin-343 was almost impossible to find immediately after 9/11, and I guarantee it wasn't because everyone's dog or cat suddenly needed antibiotics. It is now carried by dozens of Internet veterinary and pet supply sources, including [www.dairypharm.com](http://www.dairypharm.com), [www.americanlivestock.com](http://www.americanlivestock.com), and [www.vetmeddirect.com](http://www.vetmeddirect.com). Of course, none of these vendors can give you any information about these products for human use, so please don't put them in a bind by asking.

Dr. Harris discusses other antibiotics in his book, but he told me his first choice is the Terramycin-343. Compared to the others, it is a more broad-spectrum antibiotic. Although it is sold for treating bacterial enteritis and bacterial pneumonia, Terramycin-343 is a very effective treatment for plague, cholera, typhoid fever, and even anthrax, says Dr. Harris. Like other antibiotics listed in his

book, the Terramycin powder is identical to similar antibiotics sold in pharmacies for human use, he adds. Each level teaspoon of Pfizer's Terramycin-343 Soluble Powder contains approximately 1,025 mg of the antibiotic Terramycin.

(I asked Dr. Harris why he listed details on other antibiotic products when the Terramycin-343 was his preferred choice. His response was that this product is the most concentrated, and in a time of crisis, stocks of this product would be depleted first. If the Terramycin-343 wasn't available, he wanted people to know how to use available alternatives. While the other antibiotics are effective, they are not as effective against such a large spectrum of biological pathogens. For example, if pathogens that cause plague and anthrax were released simultaneously, it would take two days for symptoms of plague to appear and three days for anthrax symptoms to appear. If one were treated for plague with a less broad-spectrum antibiotic, it wouldn't be effective against anthrax, and by the time anthrax symptoms were present, it would be too late to treat them. Using the broad-spectrum Terramycin-343, both situations would be covered.)

In his book, Dr. Harris outlines what a single dose of the powder needs to be according to a person's body weight. This information is represented in the chart at right, which lists single doses as measured by various methods.

The actual number of daily doses varies depending on which microbe an individual has been exposed to. Dr. Harris' recommendations are as follows:

- 1) One dose before you enter an area where you are at an increased risk of exposure to any of the above microbes (plague, cholera, typhoid fever, and anthrax) and then another dose after you leave the area, if less than 16 hours have elapsed since exposure.
- 2) One dose twice daily for ten days if you have been exposed to plague, cholera, or typhoid fever. One dose twice daily for ten days if exposed to anthrax, then half the indicated daily dosage for an additional 20 days, then one-fourth of the indicated daily dosage for 30 more days.
- 3) One dose four times daily for ten days for aggressive treatment of severely ill patients.

The powder can be taken a couple of ways. One method is to mix it with just enough water,

## How to Determine and Measure Dosages of Terramycin-343 Powder

Body Weight (pounds)	Teaspoon	Ounce*	Grams**	Grains
10	0.05	0.004	0.12	1.79
20	0.10	0.008	0.23	3.60
30	0.145	0.012	0.35	5.37
40	0.19	0.016	0.46	7.15
50	0.24	0.020	0.58	8.93
60	0.29	0.024	0.70	10.73
70	0.34	0.028	0.81	12.50
80	0.38	0.033	0.93	13.70
90	0.44	0.037	1.04	16.13
100	0.48	0.041	1.16	17.90
110	0.53	0.045	1.3	19.70
120	0.58	0.048	1.4	21.50
130	0.63	0.053	1.53	21.93
140	0.68	0.058	1.64	25.00
150	0.72	0.06	1.76	26.90
160	0.77	0.065	1.9	28.60
170	0.82	0.07	2.0	30.42
180	0.83	0.077	2.11	32.19
190	0.92	0.078	2.22	34.00
200	0.98	0.08	2.3	35.80
210	1.02	0.086	2.48	37.59
220	1.04	0.088	2.58	39.27
230	1.12	0.094	2.67	41.17
240	1.16	0.097	2.81	42.99

\*One ounce = 437.5 grains

\*\*One gram = 0.035 ounces

juice, or club soda to be able to swallow it. Considering the horrible taste of this powder, it may be mixed with sugar or a flavored or sweetened liquid to help it go down. The preferred method, however, is to purchase an inexpensive capsule-filling device (available at most health food stores) and fill size 00 capsules (also available from health food stores) with the powder. One level teaspoon equals roughly six capsules. (Penn Herb, 1-800-523-9971, also sells 00 capsules and a small device to fill the capsules for a reasonable price.)

If one starts hearing a ringing sound in the ears at the above dosages, the dosage should be decreased, says Dr. Harris. He arrived at the dosage figures outlined in his book based on

information from Pfizer Pharmaceutical and work he performed with the Pasteur Institute. Additionally, he obtained information from doctors in India who had recent experience treating an outbreak of plague in that country.

Based on the chart and Dr. Harris' recommendations, the cost of treating a severe infection of anthrax or other infection with Pfizer's Terramycin-343 would be anywhere from \$8 to \$10. A 14-day course of Cipro, the newer drug used to treat anthrax, costs in excess of \$150 (if available). In other words, this microbiologist feels that for \$10 or less per person, you can legally purchase a time-tested antibiotic that will protect each member of your family from a variety of biological microbes.

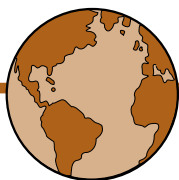
Dr. Harris recommends keeping on hand four packages of the Terramycin powder per person. He told me the shelf-life listed on each bag was for storage at room temperature. The shelf-life could be doubled by refrigerating the powder, and if it were kept in the freezer, it would keep almost indefinitely. He says you could tell if it did go bad because it would turn from its golden yellow color to a dark brown. In that event, the product should be pitched and new supplies purchased.

## Mind the Message, Not the Messenger

Keep in mind that the above information is just a very small portion of Dr. Harris' book. He covers many different aspects of biological warfare and, most importantly, explains in great detail what one can do to prepare for such incidents. I've been able to provide only a sampling of the information here. I did so because in a time of crisis, this type of information may be difficult to obtain.

I'm fully aware that Dr. Harris' background is not what you'd call pristine. He made the news a few years back when he was arrested for possessing anthrax. It was later determined that instead of anthrax he was carrying anthrax vaccine. He was also once convicted and placed on probation for obtaining freeze-dried test samples of bubonic plague germs through questionable means. Dr. Harris told me that at the time of these arrests he was conducting legitimate biological research, both for his book and other matters. Regardless, his personal activities don't invalidate the facts he presents in his book. In fact, the more I checked into his suggestions, the more valuable I determined the information was. No one else, to my

(Continued on page 183)



## News to Use from Around the World

### Clear Skin from the Inside Out And the Outside In

**FORT COLLINS, COLORADO**—As I've traveled the world, I've observed the diets of different cultures with great interest. One observation is that acne is rare or often even nonexistent among those who live in more primitive, non-industrialized cultures.

In our society, we have long felt that acne is a normal part of growing up. Here in the United States, it is a universal skin disorder. Between 79 percent and 95 percent of our adolescent population has acne at any given time. In men and women over 25 years of age, 40 percent to 54 percent continue to have some degree of acne, and it persists into middle age for 12 percent of women and 3 percent of men. We know that the hormone fluctuations which occur both during puberty and throughout life can trigger the problem. Obviously, since these hormone fluctuations occur in all societies but acne doesn't, there must be more to the picture.

Researchers from Colorado State University recently evaluated hundreds of individuals from two non-industrialized cultures for problems with acne. For 843 days, they observed and evaluated 1,200 Kitava islanders in Papua, New Guinea (300 were between ages 15 and 25), and 115 Ache hunters and gatherers in Paraguay (15 between the ages of 15 and 25). They didn't find a single case of acne during this period. (*Arch Dermatol* 02;138(12):1584-2)

It appears that only when individuals begin to change their eating habits to a more Western diet do they begin to suffer from acne.

The diet of the Kitava islanders consisted mainly of fruit, fish, tubers, and coconuts and practically no cereals or refined sugars. The Ache hunter-gatherers' diet consisted mostly of a root vegetable called sweet manioc, peanuts, maize, rice, and wild game. A very small percentage of their diet included foods like pasta, bread, and sugar.

The researchers found that among other groups in these countries, higher rates of acne occurred when the diets included more of the high-glycemic carbohydrates. In simple terms, high-glycemic foods result in higher blood sugar levels, which have been demonstrated to trigger the exact hormonal changes in the body known to cause acne. [*Publisher's note:* For more information about the glycemic index, see *The Complete Guide to Fat-Storing Carbohydrates*, a book that lists 1,000 foods by glycemic rating. It's available from the Glycemic

Research Institute, 1-727-894-0042. You can also order it online at [www.glycemic.com](http://www.glycemic.com).]

I'm sure other factors also play a role in acne. It's only reasonable that cleanliness, proper fat digestion, regular bowel movements, and adequate water intake are involved. But it's amazing that this new research directly implicates high-glycemic foods (simple sugars) as one of the strongest triggers for acne.

If you or someone you know suffers from break-outs, eliminating high-glycemic foods from the diet is certainly recommended. And keep in mind that high-glycemic carbohydrates include foods like bread. (The rate at which bread raises blood sugar levels is less if you toast the bread. Toasting results in chemical changes that make bread less problematic. So your mother was right, once again, when she said you should eat your crusts.) I've discussed the dangers of our Western, high-glycemic diet on numerous occasions and how it has led to the continuing increase in heart disease, diabetes, obesity, and other major killers. Future research will only confirm that it is the root of even more problems.

### Steer Clear of Fructose in Isolation

Every time I write about high-glycemic carbohydrates, the topic of fructose arises. Fructose, as you may know, is a form of sugar that occurs naturally in fruit and honey, and has a low glycemic index. Based on these characteristics, it has often been assumed to be a good substitute for sucrose, or white sugar. It's not.

Don't get me wrong: There's absolutely nothing wrong with eating fruit and moderate amounts of honey. While these foods get their natural sweetness from fructose, they also contain an abundance of minerals, antioxidants, and/or fiber and other beneficial compounds. Fructose by itself, however, is a major problem.

In just the last 25 to 30 years, fructose in the form of high-fructose corn syrup (HFCS) has become one of the primary sweeteners in our food supply. It wasn't selected by food companies for its health attributes.

Corn syrup alone is composed mainly of glucose. HFCS is a concentrated product produced by converting much of the glucose to fructose. Food companies like it because it is less expensive yet sweeter than cane sugar. (This is what allows them to "supersize" those soft drinks for nearly the same cost as a smaller drink.) Undoubtedly, the public's major source of HFCS comes from soft drinks, but it's hard to find any sweetened food product that doesn't now contain HFCS. In the 1970s, per capita consumption of HFCS

## News to Use (Continued)

was less than one pound per year; it now exceeds 60 pounds per year. Never in history have humans consumed as much fructose, and never has there been such a widespread problem with obesity. If you want to lose weight or control your weight, you need to walk away from HFCS products (yet another reason walking is good for you).

When you consume carbohydrates (other than fructose), your pancreas releases insulin. Insulin has several functions. First, once your digestive system has broken the carbohydrates down into glucose and other components, insulin transports that glucose from the bloodstream into your muscle cells so it can be used as fuel. Insulin also transports the glucose into your liver so the energy can be stored for later use. Second, insulin begins to suppress your appetite by triggering signals that you're satisfied and full. Third, insulin stimulates production of the hormone leptin. Leptin has been in the news lately as the latest fat fighter. Leptin is produced by your fat cells, and not only does it limit fat storage, but it also helps increase your metabolic rate to burn excess fat.

Fructose acts differently from other carbohydrates because it doesn't trigger the release of insulin. As a result, fructose isn't moved to muscle cells for energy, leptin production isn't stimulated, and your metabolism doesn't increase. Moreover, with fructose you never experience the accompanying reduction in appetite or feeling that you're full. These facts have led many researchers to conclude that HFCS is the underlying cause of the unprecedented obesity problem we're experiencing today.

While enjoying a soda has been characterized by Madison Avenue-types as an innocent, wholesome, all-American habit, the end result is proving otherwise. HFCS-sweetened sodas are not only fueling our obesity problem, they will also subject thousands of unsuspecting teenagers to diabetes and future renal dialysis.

If you eat any processed foods—and we all do—it's practically impossible to avoid all HFCS-sweetened products. You can avoid sodas, though. And it would be wise to check food labels and avoid HFCS when possible, particularly when it is one of the main ingredients.

*(Continued from page 181)*

knowledge, has even attempted to provide this type of lifesaving information to the public.

Again, legally, I can't recommend that you follow any of Dr. Harris's suggestions. Self-diagnosis and self-treatment are dangerous and certainly not the recommended or preferred course of action. From a personal standpoint, however,

## Be "Proactive" and Treat Acne Topically

Although acne, like most health problems, is only a superficial sign of deeper, underlying imbalances, it is beneficial from both a physiological and psychological point of view to topically treat the skin. Removing excess oils and irritants from the skin's pores can only help resolve the problem more quickly.

As you know, I'm hesitant to recommend any product unless I know for sure that it works. Many of the prescription blemish products have demonstrated very serious side effects. For example, the oral medication Acutane can lead to liver damage—and even birth defects if a woman becomes pregnant while taking it. There are dozens of safer over-the-counter acne products, but until recently I hadn't seen any real "stand-outs."

The exception is the system of acne products marketed as the Proactiv Solution. I have seen some remarkable results firsthand on several people using these products. Although for most individuals it normally takes a couple of weeks to work, there were significant improvements in these people's acne within 24 hours.

As far as I know, the Proactiv system is only available by mail order. A two-month supply is priced at about \$40 plus shipping and handling. Best of all, it comes with very explicit directions plus a 60-day guarantee, which should give anyone plenty of time to know if it's going to work for them.

My only suggestion would be to test the products for allergic reaction by applying a very small amount of the different products to the back of the neck before using them on the face. It's possible that the alkalinity of the toning solution or one of the ingredients might cause sensitivity in some individuals. The directions cover this procedure in detail.

For the record, I have no connections to those selling or marketing Proactiv. I'm recommending their acne products based simply on the amazing results I've seen with several individuals. For more information, write Proactiv Solution, P.O. Box 362965, Des Moines, IA

if a biological warfare situation arises, I want to have this information available for myself and my family. Without antibiotics, the biological agents I've mentioned above are deadly. I'd love to tell you that various herbal extracts, vitamin C, and other natural remedies are effective, but that's not the case. Despite what many are advertising,



there are no tested “cures” for these biological microbes other than antibiotics.

I hope and pray that biological warfare isn’t something any of us ever have to face. But in times of crisis, the right information and supplies can be the key to surviving such incidents.

## Cardiac Care Unit In A Box

If you’ve already had a heart attack or you’re at high risk for having one, you might want to consider purchasing a portable defibrillator. Automated external defibrillators (AEDs) have been approved for sale to individuals. Although you’ll need a prescription from your doctor and a minimal amount of training (most come with videos), one of these devices can be a lifesaver.

Sudden cardiac arrest causes more than 250,000 deaths each year in the U.S. alone. That works out to about 685 deaths a day. More than 70 percent of these sudden cardiac arrests occur in or near the person’s home, and some estimates are that 90 to 95 percent of the victims die before they can get to the hospital. Many of those who do survive suffer from neurological problems since brain tissue death begins to occur within four to six minutes of the event.

Someday, portable AEDs will be commonly found in all public places, at workplaces, and in homes. Only in the last few years have some airlines placed them on planes, and AEDs have started showing up in public places like casinos. In addition to lack of FDA approval, AEDs’ high cost has prohibited them from becoming more available. The least-expensive unit I’ve seen goes for about \$2,300, and some sell for more than \$3,000. There’s no doubt they’re expensive, but as more people learn about them, I’m certain the price will come down.

Portable AEDs are not much bigger than a portable CD player with headphones. There are only two wire leads to attach to a person’s chest,

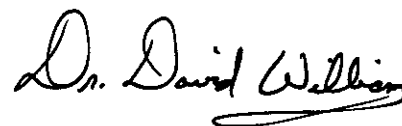
and then you press a button to send a shock to the person’s heart to restart it. The new units are battery-operated and small enough that they can easily be carried in the car or with you while traveling. If you spend the money to purchase one, you’d want to take it wherever you went.

Most doctors haven’t been recommending AEDs to their patients. That’s partly due to the expense (insurance doesn’t cover the cost of the units) and partly due to the fact that these units haven’t received much publicity. The National Institutes of Health is funding a five-year study to determine the feasibility of their use. Unfortunately, as with many life-saving devices and techniques, thousands will have died needlessly before everyone gives their endorsement.

If I were at high risk for heart attack or sudden cardiac arrest, and could afford one of these units, I’d get one. Keep in mind that the survival rate without intervention is about 5 percent. If a defibrillator is used within the first two minutes of sudden cardiac arrest, more than 90 percent of the victims survive. If defibrillation is started after 10 minutes, the rate drops back down to only 5 percent. Clearly, it’s worth having a portable unit nearby at all times.

To offset the cost, neighbors have been known to share a unit, but that situation has its drawbacks, as you might imagine. It might be better to ask your friends and family to pool their money and get you an early Christmas present. Philips Medical sells its Heartstart Home Defibrillator for \$2,295 direct. To reach Philips Medical call 1-866-333-4246 or visit [www.heartstarthome.com](http://www.heartstarthome.com).

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](mailto:mailbox@drdavidwilliams.com)
- For Customer Service matters such as address changes, call 1-800-527-3044 or write to [custsvc@drdavidwilliams.com](mailto:custsvc@drdavidwilliams.com)
- To get important information between issues, sign up for email dispatches at [drdavidwilliams.com](http://drdavidwilliams.com)
- To order nutritional supplements from Mountain Home Nutritionals, call 1-800-888-1415 or visit [drdavidwilliams.com](http://drdavidwilliams.com)
- To order back issues or reports, call 1-800-718-8293
- To sign a friend up for *Alternatives*, call 1-800-219-8591