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This Ali Is a Champ in the Bedroom


Dr. David G. Williams

I've just returned from what I guess you could call the birthplace of SARS, Hong Kong. And, when you receive this issue of *Alternatives*, I will be back in that area and also visiting mainland China, and some neighboring countries, including Vietnam and Thailand. Like the "good news/bad news" jokes, what I've discovered during my travels brings both good news and bad news.

The good news is that I've uncovered some potentially promising remedies. I say "potentially" because, as you well know, many of the so-called cures I investigate don't prove to be effective in the long run. Happily, in this issue I can share details on one remedy that appears to be quite effective.

A Way of Life That Threatens Many Lives

The bad news is that the trip confirmed what I suspected would happen regarding the live-animal markets of China. The SARS pandemic strangely faded away just over two months ago, after infecting more than 8,000 individuals in over 30 countries and killing roughly 10 percent of them—all in less than a year. In the grand scheme of things, it doesn't seem like a big deal, but any infection with a death rate of 10 percent that spreads that far that fast could have serious worldwide consequences. Despite monumental efforts by government and health authorities around the world, it has become apparent that a pandemic like SARS is difficult, if not impossible, to contain.

Actual body temperature checks were being performed on arriving passengers at all Thailand airports. When I was descending an escalator proceeding to immigration in Singapore, I noticed what looked like video cameras recording all incoming passengers. The devices were actually detecting our body temperature and displaying it on hidden monitors to allow officials to see if an infection was present. But even the most high-tech and vigilant monitoring will prove inadequate if the breeding ground for these pathogens isn't addressed. And it's not being addressed.

The Chinese government has allowed the country's live, wild-animal markets to reopen despite the evidence that every major flu pandemic, including the recent SARS outbreak, has been spawned from mutated pathogens originating from these markets. I had to see the markets for myself, and trust me, they're open again, and with more variety of animals than before the outbreak.

In June, the Chinese government ordered the slaughter of more than 1 million ducks, pheasants, and partridges in an effort to stop the spread of SARS. It also banned the sale of various wild animals (certain wild cat, fox, and dog species). But protests from consumers, farmers, and even China's agriculture officials quickly reversed those bans, and now it's back to business as usual. Everyone I talked to said the ban had little effect anyway, because a black market in these animals formed overnight. Exotic animal

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

dishes were still plentiful in restaurants, despite the fact that many of the early SARS cases were discovered in those who worked in the wild-animal markets and in the chefs and kitchen staffs who prepared the wild animals. No one is going to change the Chinese culture or its people's traditional appetite overnight. Unfortunately for the rest of the world, the stage is once again set for another epidemic.

If, in the wake of the next outbreak, you hear reports reassuring the public that the Chinese authorities have cracked down on the poultry and wild-animal markets, take them with a grain of salt. It won't happen. The Chinese government doesn't have the infrastructure in place to inspect the thousands of open markets and restaurants or the millions of trucks and other vehicles used to transport the disease-laden animals. Even if such inspection were possible, bribery is a way of life in China, and very little would change.

I don't want to sound like an alarmist, *but I do want you to be prepared.* Take the simple, inexpensive steps I outlined in the August 2003 issue (Vol. 10, No. 2) to help protect yourself and your family for the next epidemic. I can tell you from firsthand experience that it's not a matter of *if* there will be another epidemic, but only *when* it will happen. The general public will be just as shocked and unprepared as before, but because you have the information I've outlined in *Alternatives*, there's no reason that you should be unprepared for these events.

It may sound strange, but we should be looking at these "mini" epidemics and other catastrophes as blessings in disguise. Though most of us weren't directly affected by these events, we still have the opportunity to learn valuable lessons from what happened…lessons that could one day save our lives.

The threats to our health and well-being have changed dramatically over the last 10 to 15 years, and will continue to do so at a rapid pace. Most everyone these days is concerned about future epidemics, biological or terrorist threats, and war. Unfortunately, there's very little you or I can personally do to prevent such occurrences. Rather than lying awake at night worrying about these problems, our best option is to learn from experiences and be prepared to deal with such situations. As I've stressed many times, just a little forethought and preparation can make all the difference in the world. This adage probably hit home with thousands of individuals in the recent East Coast blackouts.

Test Drive Your Emergency Backup System

A power blackout today presents a set of problems that was totally unheard of just a few years ago. Living in a high-tech, wireless, cashless society requires that we reevaluate how we prepare ourselves in the event of some major catastrophe.

If your electricity goes off (as it often does where I live), there are several things you'll need to have on hand. The obvious items are matches (even most gas ranges these days have electronic ignition systems and won't work without matches), candles, and battery-powered radios, flashlights, and clocks (plus some fresh batteries). And don't forget a manual can opener.

If you require medications, you should have at least a month or two extra on hand. Pharmacies will have a difficult time filling prescriptions without computer records.

If you're like most people, you have cordless phones with answering machines in your home. These require a small converter that plugs into an electrical outlet, and they won't work without electricity. You would be wise to have at least one older-type phone that plugs directly into the wall. As long as the phone system is operating, it will work when the power goes out. Cell phones are great, and will often work during power failures, but keep in mind that their batteries have to be recharged.

If you live in an apartment or condo or use elevators that need electronic keys, then I would discuss the problem with management and see how you can gain access in the event of a power failure.

Ten years ago, we didn't have toilets that flushed themselves and sinks and water fountains that turned on and off using electronic sensors. If these are present in your home or office, it might be difficult to go to the bathroom or get a drink without electricity. Now would be the time to figure out an alternative.

By constantly traveling in third-world countries, I've become accustomed to carrying cash. In many locations, I'd have more luck paying with beads or live chickens than I would with a check or credit card. During power failures or

other catastrophes, cash is king. Keep a cash reserve on hand, including change and small bills. When the ATMs, electronic cash registers, and credit card scanners aren't working, and the banks' computers are down, our cashless society will come to a screeching halt.

These are a few of the more obvious problems you might encounter during a power outage or other catastrophe. If you live in a detached house, you might discover more by going outside and tripping the main electrical breaker and living that way for half a day or so. It may give you a whole new perspective about being prepared.

A "Cane" Made for More Than Walking

Now, I'll share the "good news" from my recent trip to the Far East.

A couple of years ago, I established connections to begin work with some medical researchers from two universities in Malaysia. At the time, they were doing research to determine the effectiveness of several traditional, native medicines. As often happens, governments change, priorities change, and these projects never happen. I wasn't sure if their project was going to continue, but after my latest discussions, it appears that it is still alive and well.

One branch of their studies involved tongkat ali, a native medicinal plant. The herb has traditionally been used throughout Southeast Asia for everything from headaches to fatigue, malaria fever, labor pain, and arthritis. Its best-known use, however, is as an aphrodisiac to increase sex drive and sexual performance.

While much of the research on tongkat ali has been performed in Malaysia, herbalists in Vietnam and Indonesia also have a great deal of experience with the herb. This is one of the reasons for my travels to the area. In Indonesia tongkat ali is called pasak bumi. The proper scientific name is *Eurycoma longfolia* or *Eurycoma longfolia Jack.*

The slender, red-stemmed jungle plant can grow up to 30 feet high. The tuber-like roots of the plant contain the medicinal compounds. The long, twisted roots often resemble a walking cane, or "tongkat," as it is called in Malaysia. (Don't be surprised if you get a strange look when you mention the word tongkat in Malaysia. In one rather embarrassing situation, I learned that tongkat is also a slang word for penis.)

For hundreds of years, the coffee-like liquid made from the roots of the plant has been used by the indigenous populations as an aphrodisiac. It is widely accepted in this part of the world that the drink increases male virility and sexual prowess.

Universities in Malaysia, Indonesia, Thailand, Singapore, Vietnam, Japan, and the United States have been testing the effects of extracts of the tongkat ali root. To date, most of the completed studies involve animals, but human trials are now underway. Results thus far indicate that tongkat ali extract does indeed enhance male libido and sexual motivation, virility, penile erections, and sexual performance. *(Fundam Clin Pharmacol 02;16(6):479-83) (J Basic Clin Physiol Pharmacol 02;13(3):249-54) (Adv Contracept Deliv Syst 94:10(3-4):355-63) (Arch Pharm Res 01;24(5):437-47) (Fundam Clin Pharmacol 01;15(4):265-8) (Phytother Res 01;15(5):435-6) (Exp Anim 00;49(1):35-8) (Bio Pharm Bull 98;21(2):153-5) (Exp Anim 97;46(4):287-90) (Planta Med 95;61(2):177-8)*

Like many traditional remedies, the exact mechanism by which tongkat ali enhances libido isn't fully known. It will take more research to determine its full mode of action. The above studies have shown, however, that with increased dosing, the aqueous (water) extract of the root can increase testosterone levels by as much as 400 percent compared to base levels. Some of the research also indicated that there was increased growth in several of the male accessory organs after the use of tongkat ali, but the

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size increase was less than that experienced with supplemental testosterone use. And though I haven't seen or heard of any reports of adverse reactions, it would be reasonable to assume that use of the herb would be contraindicated in any condition that might be adversely affected by an increase in testosterone levels. As such, it's generally not recommended for pregnant or nursing mothers or men with prostate cancer.

Longfolia Jack of All Trades

Not all of the research on tongkat ali has to do with its sexuality-enhancing attributes. Studies performed at the University of Chicago's College of Pharmacognosy found that in laboratory tests, several of the herb's compounds were effective at stopping the growth of many human cancer cell types, including breast, colon, fibrosarcoma, lung, and melanoma. Obviously, more work needs to be done in that area. *(J Nat Prod 91;54(5):1360-7)*

In addition to being toxic to cancer cells, components of tongkat ali appear to be active against the Epstein-Barr virus and the blood parasite *Plasmodium falciparum*, which causes malaria. When you consider that more than 250 million worldwide have malaria, this use alone could turn out to be a godsend. *(Planta Med 86;(2):105-7)*

Traditionally, the root of the tongkat ali plant is chipped into small pieces, boiled for about 30 minutes, and then discarded. The remaining liquid is drunk much like coffee (except it is very bitter). Unless you lived in certain parts of Asia, finding a source for the roots of this plant was practically impossible. However, I've located an Indonesian company that will ship both the raw root chips and the proper extract anywhere in the world. Because it is a wholesaler, the minimum quantities that must be purchased are large, and the extract powder is in bulk powder form. Personally, I prefer the powdered extract of the tongkat root, which is far more convenient and pleasant to take.

(This company will also sell the root powder, but keep in mind that this is *not* the extract. *Unlike the extract, it is not a concentrate of the active ingredients, and won't give the same effect.* It contains a high degree of cellulose and other root components, and I don't recommend its use.)

The extract powder is actually a 1:50 extract of the water-soluble components of the tongkat ali root. It is made with and by the same members of the two universities in Malaysia that performed many of the above studies. For consumption, it can be either placed in capsules or mixed with a small amount of warm water.

To my knowledge, there isn't any supplier of tongkat ali extract or raw root chips in the U.S. There are a couple of companies using tongkat ali as an ingredient in their products. However, when I checked these products and the FDA filings, I found they were all using ground tongkat ali root powder. Since the concentration of active ingredients in the tongkat ali root is extremely low, the only way to get any real and consistent effect is either brewing the coffee-like drink from the root chips or taking the concentrated extract. Don't waste your time or money when you can buy the real thing direct and at wholesale prices.

The best way to order the powdered root extract is over the Internet. The company is Sumatra Pasak Bumi. Address: Jl. Letda. Sujono, Medan, 20225, Indonesia. Phone: + 62 8126561790. Web site: *www.Pasakbumi.com*. If you identify yourself as an *Alternatives* subscriber, you'll receive $10 off your order.

The minimum amount of powdered root extract is 80 grams, which sells for $120. The length of time this will last depends on what the tongkat ali is being used for.

Based on the evidence, to treat problems like migraine, fatigue, or malaria fever, a dose of approximately 500 mg per day of 1:50 extract powder is required. To increase sexual function, the recommended dosage is generally twice or three times the above amount (in other words, 1,000–1,500 mg of the 1:50 extract per day).

Since the powder comes in bulk form, you would have to measure the powder on a scale to get an exact daily dosage. Short of that, a good estimate is that 1 level teaspoon weighs approximately 2 grams. Therefore, a 500 mg dose equates to about 1/4 teaspoon, a 1,000 mg dose is roughly 1/2 teaspoon, and so on. You could buy an inexpensive encapsulating machine, and put the powder in capsules. An easier solution would be to simply add the powdered extract to a small amount of warm water and drink that. I would suggest dividing the total daily dosage into

two parts and taking it at different times of the day on an empty stomach.

A couple of years ago, I had the opportunity to meet with representatives from several Malaysian universities. In an effort to develop new industry and boost their export market, they had several research programs geared toward studying many of their native plant medicines. Tongkat ali was one of the plants we discussed. Others included plants that have traditionally been used to help women's libido (a very touchy subject in that country), to lose and maintain weight, and to prevent skin wrinkling and premature aging. If any of these items turns out to be as effective as tongkat ali, I'll certainly pass that information along. And just as important, I'll be working on ways you can actually obtain and use these items.

Small, Brown Seeds of Change for Parkinson's Disease

Muhammad Ali's condition is among the high-profile cases of Parkinson's disease. Watching the transformation that has taken place in his life illustrates just how devastating the disease can be. Pope John Paul II and Michael J. Fox are other well-known examples. More than 1 million people now suffer from Parkinson's in the U.S. alone.

Parkinson's disease affects roughly 1 percent of the population over age 65. Despite many theories, the cause of the disease isn't fully understood. And even worse, there is no known cure.

Parkinson's is a degenerative neurological disease. It primarily affects specialized cells of the brain stem responsible for the production of the chemical dopamine. Dopamine is necessary for the transmission of impulses from one nerve cell to another in the brain. Inadequate dopamine levels result in specific neurological symptoms characteristic of Parkinson's disease.

The most common and recognizable symptom is referred to as "pill rolling tremor." This is an uncontrollable movement of the thumb that resembles the rolling of a pill between the thumb and fingers. Other symptoms may include:

- Tremors in the hands and fingers;
- Difficulty in small finger movements, making buttoning a shirt and other small-motor actions almost impossible;
- Poor balance;
- Short, shuffling steps;
- An expressionless face ("mask face");
- Trembling or shaking;
- Stooped posture;
- Reduced eye blinking;
- A monotone, expressionless voice; and
- Irregular limb movement, resulting in ratchet-like motions.

Parkinson's isn't a new disease. It was named after Dr. James Parkinson who described it back in 1817. Even as far back as 175 AD, the physician Galen described the condition and referred to it as "Shaking Palsy." And the world's oldest system of medicine, Ayurveda from India, described and had treatments for the same disease, which it called Kampavata, more than 4,500 years ago.

Surprisingly, the most common treatment today is based on the Ayurvedic medicine used over 4,000 years ago. Since there is still no known cure, treatment has primarily consisted of therapies that increase dopamine levels in the brain, which in turn improve the transmission of nerve impulses. The chemical dopamine itself can't be given because it can't cross the delicate blood-brain barrier. A compound called L-dopa (levodopa) can pass through this barrier and gain access to the brain. Once there, L-dopa is converted to dopamine.

Once Again, Natural Trumps Synthetic

In 1936, Drs. Damodaran and Ramaswamy of India discovered a plant source for L-dopa, but it didn't receive much attention because the Parkinson's–L-dopa connection wasn't made by scientists until the 1960s. Once that connection was made, thousands of plants were screened in the search for those with high levels of L-dopa. But, as so often happens in the U.S., L-dopa was made synthetically, and efforts to extract the compound from plants were abandoned. The synthetic (or prescription, or profit-making) form of L-dopa has since become the accepted way to control the symptoms of Parkinson's.

One of the problems with the use of synthetic L-dopa is that over the long term it appears

to lose its effectiveness. Another problem is side effects. Included among these are nausea, vomiting, headache, fatigue, fainting, increased thirst, and tremors. These same side effects were noted in ancient Ayurvedic writings, but only as problems associated with *overdosing* with plant extracts of L-dopa.

A couple of years ago, Indian researchers began to reexamine the plant sources for L-dopa and how they have been used to treat Parkinson's in various parts of the world. In the Middle East and Africa, cooked fava beans (*Vicia faba*) seem to help alleviate many of the symptoms of Parkinson's, and there appear to be no long-term negative effects from their consumption. Fava beans contain L-dopa at levels of 0.5 percent or less. In Brazil and India, traditional healers have used seeds called mucuna beans to treat the disease. These seeds have a content of 3 percent to 10 percent L-dopa. The two Indian doctors that isolated L-dopa back in 1936 did so from mucuna beans.

Mucuna bean (*Mucuna pruriens*) goes by several different names. In English, it has been referred to as "velvet bean" and also "cow-itch" or "itchy bean." The latter names refer to the intense itching that can result from skin contact with the reddish-orange "hairs" that cover the pods containing the seeds. If you've spent any time in remote areas of Central America, you've probably encountered the coffee substitute *nescafé*, which is made from ground, roasted mucuna beans. (This is not the same as the instant-coffee product sold under the brand name Nescafé.)

In Ayurvedic medicine, mucuna beans are ground into powder and given to treat not only Parkinson's, but also cholera, snakebite, worms and intestinal parasites, nerve problems, tumors, mumps, paralysis, cancer, impotence, fertility problems, and tuberculosis, just to name a few. While the list of ailments treated with mucuna bean powder might seem quite varied, there is growing scientific rationale to support this form of treatment. Unlike the drug L-dopa and other pure, synthetic medicines, powdered mucuna beans contain dozens of different compounds that appear to exert a strong synergistic effect—an effect far stronger than if each isolated compound was used independently. Mucuna beans are also members of the legume family, and when the whole seed is used, it not only provides a rich source of vitamin E, but also roughage. The roughage helps combat the constipation commonly associated with Parkinson's.

This synergistic effect is one of the primary benefits of using whole herbs or plant complexes rather than pure, synthetic drugs. Not only can the plants be just as effective, if not more so, but oftentimes they are more balanced, which results in a gentle healing minus many of the dangerous side effects associated with drugs. And, more often than not, the cost of the herbal or plant complex is a fraction of the cost of the prescription medication.

When Indian researchers compared the use of mucuna bean powder to synthetic L-dopa, several interesting points emerged.

First, the amount of mucuna powder used by Ayurvedic physicians was much smaller than the dose of synthetic L-dopa used to achieve the same result. Additional research revealed that mucuna powder contains several compounds besides L-dopa. These compounds enhance the effects of L-dopa and improve some of the symptoms associated with Parkinson's. From this initial research it appears that products like mucuna powder could reduce the number of drug combinations now being used to treat Parkinson's, which in turn could help lessen the side effects of the treatment.

Rarely is only one medication used to treat Parkinson's, but the most commonly used drug is Sinemet. It contains both L-dopa and the compound carbidopa, which increases the conversion of L-dopa to dopamine. Parkinson's is a complicated, progressive disease that is difficult to treat. It advances through several stages, and therapies must be modified and drug use increased as these changes take place. The side effects and high costs can become a limiting factor in the treatment of the disease for many people.

A company in India has developed a mucuna-based Parkinson's product called Zandopa, and it has proved to be just as effective as synthetic L-dopa and other prescription medications. Zandopa is manufactured in India by Zandu Pharmaceutical Works in Dadar, Mumbai, India. Although the complete formula for Zandopa has not been made public yet, I do know it contains whole, powdered mucuna bean and vitamin E. This product isn't currently available in the U.S., but it is undergoing FDA clinical trials.

Based on prior research in India, Zandopa has been approved for sale there by the Indian Food and Drug Administration. One of the studies found that the mucuna product was just as effective as drugs like Sinemet. The clinical trial was performed by Dr. Bela Manyam of the Scott and White Clinic in Temple, Texas, part of the Texas A & M Medical School. Sixty Parkinson's patients with an average age of 59 were given daily dosages of Zandopa, which contained 1,250–1,750 mg of natural L-dopa. (This amount is approximately four times greater than the dosage of L-dopa given in a combination drug like Sinemet, since the carbidopa reduces the need for L-dopa by almost 80 percent.)

The patients had had Parkinson's for an average of four years, and they were at Stage 2.5 of the disease. (Stage 1 is where the disease is confined to only one side of the body, and the highest, Stage 5, is so advanced that the patient can no longer walk.) Thirty-four of the patients had never been treated with L-dopa, and the other 26 had been on Sinemet, but it had been discontinued. After three months of treatment, all of the patients improved by almost one stage. The side effects were mild and mostly gastrointestinal in nature. There were no toxicity problems. *(J Altern Complement Med 95;1(3):249-55)*

There's no doubt that mucuna is an effective, natural treatment for Parkinson's, but is it a cure? No. I don't know of any cures…yet. It does, however, provide an alternative treatment without many of the common side effects of drugs. The mucuna bean product from India, Zandopa or HP-200, isn't yet available in the U.S. But mucuna powder that has been standardized to contain known amounts of natural L-dopa is available without a prescription.

Mucuna powder products are being sold as anti-aging supplements that regenerate organs, help grow muscle and bone, and stop wrinkling. Don't waste your money if that's what you expect to achieve. However, if you or someone you know suffers from Parkinson's disease, I would certainly discuss the use of mucuna powder with your doctor. I do not advocate self-treatment for Parkinson's, because, regardless of therapy, this is a disease that needs monitoring.

Most studies show that daily doses of L-dopa in the range of 400–500 mg remain the most effective *initial* therapy for most patients. *(J Neurol 02;249 Suppl 2:II19-II24)* The Zandopa study, above, used naturally sourced L-dopa and in a combination product. I think each individual will have to find the appropriate dose for them. That's why I recommend working with a doctor, if possible.

One U.S. supplier of mucuna-based L-dopa is International Supplements.com, 6139 Elpine Way, West Palm Beach, FL 33418; phone 800-476-1720; Web site *www.internationalsupplements.com.* They sell a product called L-Dopa, and a 60-day supply (500 mg L-dopa per day) costs approximately $50. Just forget all their hype about anti-aging benefits, muscle building, and bone growth. It's simply not true.

Parkinson's is so complex it would take a book to explain the disease and the different treatments. The ultimate questions to answer are what causes the disease and how can we avoid getting it. No one has figured that out yet.

Excitotoxins Don't Excite Me

Personally, I think Parkinson's can be triggered by a variety of factors. One thing you certainly want to do is avoid contact with pesticides and herbicides. Individuals who spray insecticides inside the home have twice the risk of developing Parkinson's when compared to those who don't. And studies have shown that in farming communities where drinking water is contaminated with these chemicals there is a higher rate of the disease. Pesticide levels in brain tissue are higher in victims of Parkinson's than in the general population. *(Neurology 98;50:1346-50)*

Animal studies have consistently shown that Parkinson's-like symptoms and physical changes in the brain identical to those of Parkinson's patients develop with exposure to certain chemicals. I would recommend avoiding what are now referred to as food excitotoxins. These include chemicals like the sweetener aspartame (NutraSweet) and taste enhancer monosodium glutamate (MSG). These chemicals break down into compounds that are thought to cause damage to nerve receptors in the brain. There are reports of patients experiencing the beginning symptoms of Parkinson's who, after switching to sugar instead of aspartame, returned to normal. Currently, there are no studies that document this effect, but it's certainly an easy thing to test on an individual basis.

Finding the definitive cause of Parkinson's or ALS or any of the other neurological diseases

that seem to be on the increase these days will be highly problematic. We're now exposed to so many different chemicals that it has become practically impossible to point the finger at a single one. When you consider the cumulative effects of chemicals in our air, food, and water, it's truly mind-boggling. Reports from this year's American Chemical Society meeting in New Orleans showed that animals exposed to one of the most widely used insecticides, permethrin, developed Parkinson's-like symptoms, but stopped short of actually developing the disease. Permethrin-based insecticides are found under practically every kitchen sink in this country. Who knows how much exposure any individual can take before the stage is set for Parkinson's or some other neurological problem? I'm sure it depends on hundreds of factors. The amount of antioxidants in one's system, how contaminated their sources of food, air, and water are, how toxic they are to start with, and their genetic susceptibility probably all play a role.

Among Gulf War veterans, for instance, the rate of "Lou Gehrig's disease" (amyotrophic lateral sclerosis, or ALS) was far greater than any rate seen in the general population. Those deployed to the Persian Gulf were almost twice as likely to develop ALS as military personnel not deployed to that region. Obviously, there was some kind of assault to these individuals' nervous systems. ALS doesn't even normally occur in individuals so young.

Shortly after Michael J. Fox was diagnosed with Parkinson's, it was discovered that three other, younger individuals who worked on the "Family Ties" set with him had also developed the disease. The odds that four people out of the 125 who worked on the set would develop the disease by chance are vanishingly small. Clearly, there had to be some underlying environmental exposure contributing to the problem. But the public is being kept in the dark. When it comes to problems like Parkinson's, Lou Gehrig's, and Alzheimer's, no one is talking about prevention. It seems to be more of a "hope and pray" situation. We pray we're not one of the unlucky ones who happens to get the disease, or we hope someone will find a cure before it happens to us.

A more proactive stance would be to begin eliminating excitotoxins such as artificial sweeteners and MSG from your diet immediately. Make sure your drinking water is pure and clean. And whatever you do, be extremely careful when it comes to your exposure to pesticides, herbicides, and insecticides.

Lessons from Insects

It always amazes me how careless people are with common chemicals around the house. Just because these products are "lemon scented" or "pine fresh" doesn't make them any safer. No one these days seems to worry about inhaling a little roach killer, or absorbing some flea powder or ant poison. Next time you use any of these, watch what happens to the insect. Probably over 90 percent of the poisons we use are neurological agents. The warning labels clearly explain that they work by interrupting the transmission of nerve impulses. What you'll see is an accelerated form of nerve deterioration and malfunction very similar to what happens in Parkinson's, Lou Gehrig's, Alzheimer's, and other neurological diseases.

Why the correlation isn't being made and why the public isn't being warned of these dangers is beyond me. I guess "better living through chemistry" is a much prettier picture to sell…or at least a more profitable one.

Take care,

If you have questions or comments for Dr. Williams please send them to the mail or e-mail addresses listed to the right. Of course, practical and ethical constraints prevent him from answering personal medical questions by mail or e-mail, 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.
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