

# Alternatives<sup>®</sup>

## FOR THE HEALTH-CONSCIOUS INDIVIDUAL

December 2003

Volume 10, No. 6



Dr. David G. Williams

## Friends Don't Let Friends Fall for Exercise Fads

Now that the public has finally accepted the fact that our society is generally obese, you can expect to see an avalanche of "solutions" over the next several years. Drug and supplement companies will be touting pills and potions. Fastfood restaurants will be "repositioning" their products as part of a healthy diet. Exercise equipment firms will release dozens of new contraptions. New fitness centers will continue to sprout up around the country like weeds in a spring garden. And you can rest assured that our government will help fuel the frenzy with an endless supply of catchy slogans. If you have a pair of rubber boots, now is the time to slide them on; it's definitely going to get deep in the coming months.

Don't get me wrong. I'm a strong advocate in the fight against obesity. It's rare that an issue of Alternatives doesn't include suggestions about proper diet and exercise, and their benefits. Much of the current suffering in our society is directly related to our poor diets and lack of physical activity. Please notice that I said "physical activity" and not "exercise." The problem with many of the so-called solutions to obesity is that they don't address the underlying problems, such as the dramatic shift in the way we eat or the increasing lack of overall physical activity. Rather, drugs, fast food repositioning, and exercise machines are simply quick fixes that are long on promises and short on lasting results. Over the long haul, failure due to their false promises will undoubtedly only increase the level of guilt and frustration, and increase the incidence of obesity.

I have nothing against exercise routines and fitness centers. In fact, I use them. I work out on a

regular basis, and have done so for years. It helps me relieve stress and maintain selfdiscipline, and provides me with a welcome sense of well-being, as well as a long list of health benefits. I realize, however, that a majority of individuals have no desire to exercise 45 minutes a day, three or four days a week. And as much as I personally enjoy it, I don't think organized exercise is the only way to remain healthy. Furthermore, if you happen to be one who doesn't enjoy exercising, there's absolutely no reason to feel guilty about it. There's no doubt that physical activity is essential to good health, but it's important to step back and look at the big picture and see just how absurd the whole situation has become.

### Move It! Move It! Move It!

Obesity is rarely a problem in poorer, more agrarian societies. Not only are the diets basic—no convenience or fast foods—but the everyday chores required to survive involve a great deal more physical activity. I saw one



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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

of the most dramatic demonstrations of this in the 1980s when I was traveling to Cuba, investigating natural remedies and treatments for *Alternatives*.

During my early travels to Cuba, the Soviet Union was still firmly intact and generously meeting every Cuban's want and need. You could say that, at the time, their people were "fat and happy." Although the U.S. trade embargo was in effect, there was a seemingly never-ending supply of various foods from around the world and plentiful fuel for automobiles, farm equipment, and home use. And while there was a degree of obesity in the population, most individuals were simply out of shape and content.

Almost overnight, with the fall of the Soviet Union, all financial support for Cuba evaporated. Just how unprepared Cuba was for this was expressed to me by one high-ranking official who said, "The fall of Russia was as dramatic as waking up one morning and discovering that the sun had gone dark."

On one visit to Cuba everything was normal, and on the next, everything was complete chaos. I witnessed an amazing transformation during subsequent visits: Rationing of fuel, food, and medical supplies was quickly instituted. Only the military and select individuals were able to use automobiles. The general population went back to either walking or riding bicycles.

Eating out quickly became a thing of the past. Everyone started gardens, and ate at home. Traditional dishes consisted mainly of chicken or pork and rice, and it wasn't long before these were in short supply. Strangely, even though Cuba is an island surrounded by waters teeming with fish, most Cubans didn't like seafood. That changed pretty quickly.

With drugs in short supply, doctors and hospitals resorted to herbal and natural remedies. Every doctor soon had a small medicinal herbal garden growing next to his office. Doctors quickly became versed in the use of natural medicines and routinely dispensed herbal leaves and roots in the form of teas and extracts.

The most dramatic change I saw, however, was in the general population. The combination of a more basic diet and increased physical activity from walking and bicycling had an astounding effect. Within months, obesity began to disappear. I really couldn't say they went from "fat and happy" to "skinny and happy." There were a lot of incon-

veniences and sacrifices. Through interviews, I discovered there were also far fewer problems associated with arthritis, diabetes, high blood pressure, and other "modern" degenerative diseases. Later, as some shortages became severe, I did start to see problems associated with vitamin and essential fatty acid deficiencies, and, in some cases, poor hygiene as a result of a lack of soaps and shampoos. But, as a whole, the Cuban population was more toned, energetic, and active than it had been in decades. I'm not advocating such drastic changes to get our country back in shape, but there are definitely some lessons to be learned here.

## Let's Get Real About Unfit Fitness

Advertisements may have you believe otherwise, but there is no safe pill (natural or otherwise), exercise program, or fitness club membership that will solve the obesity problems of most people. For the majority of individuals, these "solutions" for weight loss are not sustainable.

You probably recall the frenzy that was created with the release of Jane Fonda's personal exercise program in the early 1980s. This happened about the same time I was traveling to Cuba. In hindsight, I should have put out a video titled "The Amazing Cuban Weight Loss Program." The results I observed were far more dramatic and lasting than those from Jane Fonda's program. I could have sold millions of copies based on the before-and-after photos alone. Celebrity fitness programs continue to this day, but, like most weight-loss programs, they are fads. And, as much as I enjoy using fitness centers, they have also become a fad.

For the large majority of the population, buying a membership to a fitness center is no more productive than taking diet pills. Fitness centers have never made a difference in any national obesity problem. Although fitness centers and their memberships have been increasing yearly, obesity continues to increase even more quickly. Between 1998 and 2002, the number of fitness facilities grew by 44 percent, and the number of memberships grew by 23 percent (International Health, Racquet and Sportsclub Association). Despite these impressive statistics, the number of overweight or obese individuals in this country has reached more than 60 percent.

Studies have shown that within the first eight weeks of enrolling in a fitness club, 80 percent of individuals drop out. The one in five who do continue only go to the club an average of once

a month or less. Surprisingly, 60 percent of those who quit continue to pay their membership dues after the first year. I'm sure it has something to do with guilt or the feeling that they will start back sometime in the near future.

If you use it, a fitness facility membership can be worthwhile. Realize, however, that spending a couple of hours a week at the gym isn't the whole answer. It won't compensate for a poor diet or a lack of physical activity in your daily life.

Every day I see people drive half a mile to the gym so they can ride an exercise bike or walk on the treadmill, yet these same people will drive around for 10 minutes looking for the parking spot closest to a store. In a hotel, the same people who spend an hour on the treadmill or Stairmaster take the elevator or escalator back to their room. We seem to have fallen into the rut of thinking the only place we can exercise is in a gym. Nothing could be further from the truth.

If you take a brisk 20-minute walk just once a week, you'll burn as many calories as the individual who visits the gym once a month. You can get the same amount of exercise pushing a cart around the grocery store for an hour twice a month. In fact, daily grocery shopping used to provide real physical activity. People walked to different shops to complete their grocery needs, from the bakery, to the butcher's, to the vegetable market, to the fishmonger's. Now, it's mainly onestop shopping or online shopping and home delivery. The physical activity associated with grocery shopping is quickly becoming a thing of the past.

If structured exercise programs work for you, stick with them. If they don't, then don't feel guilty, and don't waste money on video programs, exercise equipment, or fitness memberships. Develop habits and hobbies that will help keep you fit for life:

- Walk on a regular basis. A 20- or 30-minute stroll after dinner is an excellent habit.

- Take the stairs instead of the elevator or escalator. Park as far as you can from the entrance to stores and shopping malls.
- Walk or bike instead of driving.
- Take up a low-impact sport like tennis, or a low-impact hobby like gardening.
- Play daily with your children, grandchildren, or dog in the yard or a park.

Over the years, all aspects of physical activity have decreased. Rather than trying to make up for this trend with three 45-minute exercise sessions a week, we need to consciously increase all forms of physical activity. Keep this in mind at the end of this holiday season. That's when guilt normally sets in, and when health clubs and purveyors of diet pills rack up their biggest sales. Don't get frustrated or start feeling guilty, and don't fall for the advertising hype. Closely evaluate your own situation and make adjustments, however small, that you'll stick with. The cumulative effects of all physical activity are what will help keep us fit for life.

## Drugs: Unsafe at any Counter

I don't watch much TV, but it seems like when I do, there are more and more ads for drugs. In an hour-long period you can see drugs that "cure" baldness, erectile dysfunction, high blood pressure, excess stomach acid, and allergies. What really amazes me, however, is the pitch that these drugs are "prescription strength" medicines, and you can now buy them without a prescription. At one time, the drug was considered dangerous enough, with enough serious side effects that it was necessary for a doctor to evaluate a patient before prescribing it, and then monitor the patient while taking it. What changed to make the drug safe for over-the-counter sales? The drug hasn't changed. It still has the same side effects. Maybe the FDA feels patients are now sharp enough to

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### ALTERNATIVES®

ISSN# 0893-5025. Published monthly for \$69.99/yr. by Mountain Home Publishing at 7811 Montrose Road, Potomac, MD 20854. Editorial Office: 7811

Montrose Road, Potomac, MD 20854. Periodicals postage paid at Rockville, MD and at additional mailing offices.

POSTMASTER: Send address changes to *Alternatives*, PO Box 2050, Forrester Center, WV 25438. Copyright © 2003 All rights reserved. Photocopying or reproduction is strictly prohibited without permission from the publisher.

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## News to Use from Around the World

### T'ai Chi, Chia Tea, and SARS

Thankfully, we've made it this far without another outbreak of SARS. But, as I explained several months ago, with the continued existence of the live animal markets in China, it's only a matter of time before a similar or worse outbreak occurs. This isn't just my opinion. Health authorities around the world are still searching frantically for solutions to SARS and other viruses that will inevitably rear their ugly heads. Their research has brought some potentially promising natural viral remedies to light, which you should be aware of.

Like many other pathogens, viruses often reside unnoticed in the body, kept in check by a strong immune system. Several factors can lower the strength and pathogen-fighting ability of our immune system. Other illnesses, poor diet, physical and mental stress, and aging are some of the more common factors. When the immune system weakens, viral infections can flare up. Researchers at the University of California have found a simple technique that increases the antiviral compound which fights the varicella-zoster virus. This virus is responsible for the painful skin rash known as shingles, or herpes zoster. It also causes chickenpox.

In the California study, doctors examined the effects of the ancient Chinese art of T'ai Chi on the immune system of 36 healthy individuals over 60. When they performed the T'ai Chi exercises three times a week for four months, the immunity factor that combats the varicella-zoster virus increased by a factor of 50 percent. (*Psychosomatic Med* 03:65:824-830)

T'ai Chi is practiced by millions in the Far East. It consists of a series of 20 different slow, controlled movements that encourage joint movement and balance. It can be learned from a book or short class and practiced at home. While the study cited above only examined and confirmed T'ai Chi's ability to increase the zoster virus-specific immunity factor, T'ai Chi also is known to reduce stress hormone levels, and likely would improve the body's immune response to most, if not all, other pathogens, including the SARS virus. This is another study supporting the fact that even mild physical activity can have enormous benefit when performed on a regular basis.

Other studies have shown that certain flavonoids, particularly quercetin, can inhibit the invasion of viruses into cells. (*Pharmazie* 00:55:129-32) Quercetin has the ability to reduce both the infectivity and the replication of the viruses associated with herpes simplex, polio, and influenza. (*J Med Virol* 85:15(1):71-9)

Quercetin has long been on my list of favorite bioflavonoids. It helps strengthen capillaries, fight inflammation, and neutralize free radicals, and provides dozens of other benefits, including neutralizing the effects of viral pathogens. Clinically, I have found quercetin works best when combined with vitamin C. And there are hundreds of positive studies supporting vitamin C's ability to help limit or stop viral infections.

Food sources of quercetin include grapefruit (especially the inner white skin), onions (particularly red varieties), grapes (the red ones), red wine, and black tea. Other foods containing quercetin are apples, cranberries, green cabbage, spinach, kale, and pears. If you were faced with something as serious as SARS, it might be difficult to eat enough of these foods to boost your quercetin intake to therapeutic levels. Fortunately, quercetin is both readily available and relatively inexpensive in supplement form.

Although quercetin hasn't been tested specifically against the SARS viruses, its activity with other similar viruses has been documented in the laboratory. As such, the dosages being recommended for SARS or other serious viral outbreak aren't based on clinical trials. The current recommended preventive dose during an outbreak is 2 grams (2,000 mg) of quercetin daily, with an equal amount of vitamin C. For SARS infections, the amount of quercetin increases to 1 gram every hour, and oral vitamin C would increase to bowel tolerance. (Several doctors use much larger doses of vitamin C given intravenously during times of severe infections.)

Another possible treatment specific for SARS may be one of the active compounds in licorice: glycyrrhizin. Licorice extract has previously shown some promise in the treatment of hepatitis and possibly AIDS. When this extract was tested against four wellknown antiviral drugs, not only did it prove to be far more effective, it was also nontoxic. The antiviral drugs damaged the virus-infected cells, whereas the licorice extract stopped the virus without damaging the cell. (*Lancet* 03;361:2045-6)

This particular study was done in the laboratory, not with actual SARS patients, and the licorice extract product is a prescription medicine called Stronger Neo-Minophagen that's currently on the Japanese market. It's given intravenously and not something you can buy over the counter. So, when there's another SARS outbreak, don't be fooled by any products with names similar to Neo-Minophagen. They will surely flood the marketplace. During the recent SARS scare, the FDA

## ***News to Use from Around the World***

closed down dozens of Web sites promoting things like colloidal silver and beta-glucans as SARS cures.

Keep in mind also that although licorice products with standardized amounts of glycyrrhizin are on the market, no one knows what dosage might be effective, or if oral doses would be effective at all. Hopefully, that information will become available. I will pass it along if it does. Glycyrrhizin can also increase blood pressure, deplete potassium levels, and cause muscle damage. (This is why digestive licorice products have the glycyrrhizin removed.) Generally, these problems only occur after long-term use. In the case of SARS,

however, I would suspect that glycyrrhizin would only need to be used for a short period. The Japanese product also contains the amino acid glycine, which is thought to prevent many of the problems associated with glycyrrhizin use.

Not to be an alarmist, but I have no doubt we're going to see situations similar to SARS. The recent outbreak was tragic, but in the grand scheme of things we were actually very lucky it didn't become a worldwide catastrophe. I will continue to keep you updated on tools you can use, not if, but when, a similar outbreak occurs.

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diagnose their own serious health problems and monitor themselves at home? Yeah, right. The FDA feels the public doesn't have the sense to monitor its own vitamin intake, much less prescription drugs.

The fact of the matter is that once a drug is about to lose its protective patent status, the manufacturer often petitions the FDA to be allowed to sell the drug over the counter. It has nothing to do with safety or a more educated public. It's money. The pharmaceutical companies know they won't be able to keep the price of the drug elevated when competing companies begin to sell the same drug. And contrary to what most people believe, just because a drug is sold over the counter doesn't make it any safer. It just makes it less expensive and more readily available, and creates the opportunity for more potentially dangerous side effects to affect a larger group of people. History has shown that we really never know many of the dangers associated with these drugs until years after they have been released to the public. One glaring example that has just come to light is the use of over-the-counter painkillers.

If you use nonsteroidal anti-inflammatory drugs (NSAIDs), you probably know they cause irritation and bleeding in the intestinal tract. (Brand names include Motrin, Advil, Naprosyn, and Celebrex, to name a few.) New research I recently obtained from the annual Digestive Disease Week meeting in Orlando, Fla., shows the problem is far worse than anyone thought.

### **Pain Relievers and Your Heart**

Most of the damage estimates from these drugs were ascertained by compiling autopsy data. The

data showed that approximately 8 percent of individuals using NSAIDs had significant damage to the lining of their small intestines. That figure climbed substantially when Dr. David Graham, with the Veterans Administration Medical Center in Houston, began using microvideo cameras enclosed in capsules to view the intestines of living patients.

Dr. Graham's study involved 40 patients with various types of arthritis. Twenty had a history of taking NSAIDs for three months or longer, and 20 took either acetaminophen alone or nothing.

The videos revealed that 70 percent of the individuals taking NSAIDs had intestinal erosion, compared to 10 percent of those in the control group taking acetaminophen only or nothing at all. And 25 percent of those taking NSAIDs had severe, large lesions compared with 0 percent in the control group. From the limited amount of data Dr. Graham had, the worst medicines appeared to be ibuprofen, indomethacin, and naproxen.

Dozens of NSAIDs are now marketed under various names. Some are sold as painkillers; others are included as ingredients in cold and flu medicines. Here are just a few names of NSAIDs you might see and take: ibuprofen (Advil, Midol, Motrin, Nuprin, Pamprin), naproxen (Aleve, Naprosyn, Anaprox), diclofenac, etodolac, fenoprofen, floctafenine, ketoprofen, metclofenamate, mefenamic acid, piroxicam, and sulindac; newer ones include Celebrex and Vioxx.

Australian doctors have reported that intestinal bleeding and ulcerations are not the only serious problems associated with NSAIDs. They

discovered that the use of NSAIDs is a major, unrecognized contributor to heart failure.

Doctors at the University of Newcastle found that NSAID use could be the cause of almost 20 percent of first hospital admissions for congestive heart failure. (*Arch Intern Med* 00;160(6):777-784)

Congestive heart failure (CHF) results as the heart becomes less efficient at pumping blood. As blood backs up in the system, fluid begins to accumulate throughout the body. This increases puffiness, particularly in the lower limbs, as well as in the lungs, which can result in difficult breathing, high blood pressure, and pneumonia. As fluids accumulate, the pressure on the heart continues to climb until finally, the heart fails.

In simple terms, salt attracts water. When too much salt is retained in the body, fluid begins to accumulate. NSAIDs decrease the ability of the kidneys to excrete excess salt and water. This begins the process of fluid retention and initiates the beginnings of congestive heart failure. NSAIDs now appear to be the precipitating factor in one out of every five cases of CHF. In the Australian study I cited, the researchers found that the use of NSAIDs in the week prior to admission doubled patients' risk of experiencing CHF. In those with a history of cardiovascular disease, the risk was more than 10 times greater. And, as you know, heart disease in its various incarnations is one of the most common and most prevalent diseases of our time.

Anyone with a history of heart disease needs to be extremely cautious when it comes to the use of NSAIDs. They may not experience an immediate problem, but NSAID use could trigger events that could come to a head within a week or so. If you have high blood pressure, NSAIDs could interfere with diuretics or other medications given to help normalize that problem. Also, remember we are not only talking about prescription medications, we're also talking about the dozens of over-the-counter painkillers, cold and flu medications, and other "harmless" drugs people take every day.

Although this study didn't implicate low-dose aspirin, aspirin is an NSAID. And, as masses of people continue to gobble down aspirin by the truckload, more information on the problems associated with it is becoming evident and available.

## Protect Your Pregnancy

Researchers have now reported that NSAIDs (including aspirin) taken by pregnant women dramatically increase their risk of miscarriage. The study involved 1,055 women who were members of the Kaiser Permanente Medical Care Program. Of this group, 5 percent reported taking aspirin, other NSAIDs, or acetaminophen around the time of conception or within a few weeks of becoming pregnant. They were also questioned about use of any over-the-counter medications like Theraflu, Alka Seltzer, Triaminic, or others that contain aspirin, NSAIDs, or acetaminophen.

The researchers followed the women through their pregnancies and found that NSAID use was associated with an 80 percent increase in their risk of miscarriage. Even regular prenatal use of a baby aspirin increased the risk by 60 percent. The use of acetaminophen didn't appear to increase the risk of miscarriage, however.

It's been known for years that NSAIDs interfere with the attachment of a fertilized egg to the uterus in animal studies; for some reason, no one seems to pay much attention to the fact that the same thing could happen in humans. There is no telling how many miscarriages have occurred from the use of NSAIDs. No one talks about the problem, not even clinicians at fertility clinics where couples spend thousands of dollars and often many years trying to have a baby. (*BMJ* 03;327(7411):368) (*BMJ* 01;322(7281):266-70) (*Sci News* 03;164:115)

In other developments, researchers from Jagiellonian University in Krakow, Poland, have discovered that even after years of trouble-free aspirin or NSAID use, it is not uncommon for individuals to develop a hypersensitivity to the drugs, leading to asthma, upper respiratory problems, and/or urinary problems (hives, wheals, or skin eruptions). Unfortunately, at this stage, most doctors fail to make the connection. Most doctors don't even seem to realize these drugs can cause such problems. And most patients don't even consider these over-the-counter medications as potential triggers.

If you suspect you have aspirin- or NSAID-induced asthma, another key indicator to consider is chronic nasal and sinus problems, which occur in about 90 percent of cases. In the past, when researchers tested for aspirin-induced respiratory problems, no one got consistent results. Part of the problem

stemmed from the fact that they were testing for an inflammatory response from the immune system. Polish researcher Dr. Marek Kowalski informed me the issue is instead one of hypersensitivity, and therefore has to be tested for differently. He has developed a new tool, the Aspirin-Sensitive Patient Identification Test, that is accurate about 80 percent of the time. Unfortunately, it isn't readily available yet, and still needs to be verified.

If you suspect that aspirin or another NSAID might be linked to your asthma, upper respiratory problem, or skin condition, the easiest way to check is to stop taking these drugs. Because they can linger in the body, it may take a week or two to notice any improvement. After that, the drug can be re-introduced to see if the problem worsens again.

Personally, knowing what I know about NSAIDs, I would get off them anyway and look for viable natural alternatives that work without the side effects. For instance, the herb devil's claw has proved to be effective in managing joint discomfort, and that's why a special extract of devil's claw is in Joint Advantage. Niacinamide is another excellent remedy, which I wrote about in *Alternatives* 1997, Vol. 7, No. 5. In addition, I've written about a number of natural headache remedies over the years, and you'll find some key ones in the following back issues of *Alternatives*: May 1990, Vol. 3, No. 11; September 1991, Vol. 4, No. 3; January 1998, Vol. 7, No. 7.

Regardless of how safe some drugs may seem, they all have side effects. Studies like these should make it more apparent that we may not know exactly what the side effects are for years or even decades after a drug's introduction. Only occasionally do we uncover research where someone spends the time and effort to determine the possible relationship between medications and diseases that we've gradually accepted as being a normal part of the aging process.

I'll admit that certain drugs can be lifesavers, particularly in emergency situations, but if you use them to resolve life's "everyday" aches, pains, and discomforts, I have no doubt you'll end up getting far more than you've bargained for. I'm probably preaching to the choir, but the lesson remains the same: Routine medications are a

plague, and you should avoid them. Instead, use natural alternatives whenever possible.

## A Little Dirt Isn't All Bad

Everything in the medical field seems to be specialized these days. A big problem with specialization is that doctors treat "parts" of patients rather than look at the body as a whole, interconnected, living organism. A good example is childhood eczema. The standard treatments usually involve something to suppress the immune system or topical application of creams and lotions. Some naturally-oriented practitioners will try changing the diet, or testing for an underactive thyroid gland or fatty acid deficiency.

One facet that always seems to be overlooked is intestinal flora. An imbalance will often be the underlying problem, particularly when eczema occurs in infants or young children. Proper intestinal flora are always important, but may be critical in the early years when the immune system is developing. This is when the immune system has the difficult job of determining exactly which bacterial strains are beneficial and which are problematic. An imbalance of intestinal flora will often result in the immune system overreacting to everything from foods to cats.

In a recently concluded four-year Finnish study, researchers from the University of Turku put together a group of more than 130 expectant mothers whose infants would have a high risk of developing atopic eczema. Four weeks before the delivery date, the mothers were started on a form of *Lactobacillus* probiotic. The mothers took the supplement daily and continued to do so as they breastfed their children for the first six months. The children were followed up for a four-year period. Just this short regime of probiotic use was shown to protect the children from eczema for the first two years of their life. (*Lancet* 03;361(9372):1869-71)

Another research team at the Henry Ford Health System in Detroit has reported that the use of antibiotics in early childhood significantly increases one's risk of developing asthma. The incidence of asthma has been increasing dramatically in recent years. In most Western countries it has actually doubled in just the last 20 years. There may be numerous causative



factors such as pollution, smoking, low birth weight, fatty acid deficiencies, race, pet exposure, etc., but many researchers are beginning to believe that antibiotic use may be one of the primary ones, and the report from the Henry Ford Health System supports that idea.

The overall health of a group of 448 children was monitored from birth to age seven. Almost half of the children were given antibiotics during their first six months; a quarter of those had two courses of antibiotics and one-fifth of the group had three or more.

It was discovered that children given antibiotics during the first six months of life were 2.6 times more likely to develop allergic asthma than those who didn't receive antibiotics. If broad-spectrum antibiotics were used, their risk was 8.9 times higher. If broad-spectrum antibiotics were used and there were no pets in the family, the risk was 11.5 times greater. Also, taking the antibiotics during the first six months of life increased the risk of developing allergies to things like grass, cats, and dogs by 50 percent. (*Epidemiol Rev* 02;24(2):154-75)

A growing body of evidence suggests that the more sterile a child's environment, the greater their risk of developing asthma and allergies. Their evolving immune system needs to be challenged and stimulated through exposure to the environment. Early exposure gives their immune system the opportunity to develop natural antibodies, which can protect them later in life. When children are exposed to two or more dogs or cats during their first year of life, their subsequent risk of developing allergies to dogs, cats, and even other allergens is reduced. (*JAMA* 02;288(8):963-72)

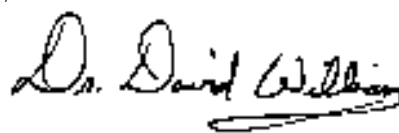
Hardly a day goes by that I don't read or hear about the increasing danger of antibiotic overuse

and the emergence of more antibiotic-resistant bacteria. Outbreaks of antibiotic-resistant staph infections have now moved from hospitals to schools, daycare centers, and other parts of the community. Broad-spectrum and stronger antibiotics are still being used as the first choice of treatment for even the most minor infections. Even when they do eliminate or prevent an infection, they also disrupt the natural bacterial flora in the body. This can have disastrous consequences for the developing immune system of a child or for individuals with aging or weakened immune systems.

Limiting antibiotic use is obviously imperative, but as long as doctors continue to over-prescribe them, antibiotic-resistant strains of bacteria will continue to spread. The key is to continuously strengthen your immune system through the use of probiotics and foods rich in beneficial bacteria. This is particularly important if it ever becomes necessary for you to take antibiotics. It would have been interesting to see how the children in the above study would have fared if they or their breastfeeding mothers were given probiotics when they were given antibiotics.

Probiotic supplements and fermented foods like yogurt, kefir, sauerkraut, etc., will prove to be some of our most important tools not only for countering the effects of antibiotics, but also for fighting pathogens in the first place and maintaining optimal health. (*Publisher's note: See Alternatives February 2003, Vol. 9, No. 20, for specific information on using probiotics and making fermented foods.*) If they're not already part of your program, they should be.

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.

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- 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