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Sudden Death Denied


Dr. David G. Williams

Over 1,300 people a day die from sudden cardiac arrest (heart attack) in this country. As a cause of death, cardiac arrest is second only to all forms of cancer deaths combined.

When one thinks of sudden cardiac arrest, the administration of CPR (cardiopulmonary resuscitation) quickly comes to mind. If you watch any of the hospital-based television shows, such as *ER*, you get the distinct impression that CPR is a real lifesaver. The facts, however, show it leaves a lot to be desired.

The actual survival rate for out-of-hospital cardiac arrest is, at best, around 10 percent. One of the primary reasons the survival rate is so low stems from the sad fact that most bystanders who witness a cardiac arrest are reluctant to perform CPR. Studies have shown their reluctance is generally a result of not wanting to perform mouth-to-mouth resuscitation on a stranger. One study found that only 15 percent of those surveyed said they would do so. (*Arch Intern Med 95;155:938–943*)

Even worse, the survival rate is nowhere close to what you might expect. *In real life, CPR rarely works. The low survival rate outside the hospital is proof.* And the latest research indicates that performing mouth-to-mouth resuscitation actually *decreases* the victim's chance of survival.

The technique I'm going to explain has been shown to increase the survival rate of cardiac arrest victims by 300 percent, without using traditional CPR that incorporates mouth-to-mouth assisted breathing. Unfortunately for the 1,300 individuals dying each day, the American Heart Association and the Red Cross don't teach this technique—nor do they endorse it. It has, however, been proven to work in both laboratory experiments and in the real world with paramedics, emergency medical personnel, and the lay public.

I want to keep this discussion as simple as possible so you can actually use this technique if it ever becomes necessary. Unlike standard CPR, it can significantly improve the chances of saving someone's life. Before beginning, though, I think it's important to have at least a basic understanding of what's going on, and the different phases of cardiac arrest.

When You're Under Arrest

The first stage has been referred to as the "electrical" phase. The majority of unexpected collapses due to cardiac arrest are a result of ventricular fibrillation (VF). This situation is life-threatening because the lower chambers of the heart (the ventricles) beat so rapidly and irregularly that the heart isn't really contracting—so blood isn't pumped through the body. During the first four to five minutes, a defibrillation unit can be used to "shock" the heart and return it to a normal rhythm. While the use of automatic defibrillators has been shown to save lives, they are not always available—and most emergency medical personnel don't arrive within the first stage.

In This Issue

Sudden Death Denied 113
Mailbox: Cholesterol Locale 115
News to Use: Hibiscus, Grapefruit for Heart Health 116
Avoiding a Pain in the Tail 116
Test of Time: Do-It-Yourself Heart Help . . .117
The Clue's in the Craving 118
Blood Glucose Control From the Far East .119

You will observe with concern how long a useful truth may be known, and exist, before it is generally received and practiced on.—Benjamin Franklin

(I first wrote about portable defibrillation units back in May 2003. Since then, the units have become more widely available, in office buildings, shopping malls, and even homes. But, as I said above, you must identify the problem and put the unit to use right away.)

After the first five minutes, your body enters the second stage, called the "hemodynamic" or "circulatory" phase. Using a defibrillation unit during the first stage is the most important influence on the survival rate. But if it doesn't get used at that stage it's worthless. At this second stage it is crucial to "pump" blood throughout the body, particularly to the brain and the heart muscle. As such, the second most important factor is whether or not chest compressions are started by a bystander.

The third stage is called the "metabolic" phase. It is the 12- to 24-hour period following cardiac arrest, during which cooling the body helps prevent and mitigate both neurological and tissue damage. I covered this in the past and explained how Australian medical personnel were using ice for the cooling. Since the use of hypothermia is really something that needs to be monitored in a hospital, that's not something I'll go into detail about here.

The researchers at Sarver Heart Center, University of Arizona, have discovered that immediately applying continuous chest compressions *without mouth-to-mouth ventilations* significantly improves the victim's chances. They call this new technique either cardiocerebral resuscitation (CCR) or continuous chest compression CPR (CCC-CPR).

Just Keep Pushing

Doctors in the Netherlands first questioned the idea that cardiac arrest patients immediately need to be given mouth-to-mouth. Even after a sudden collapse, a person's lungs, pulmonary veins, left heart, aorta, and all of the other arteries are still full of oxygenated blood, so the researchers felt that the main objective should be to get that blood circulating immediately. (*Resuscitation 05;64:279–286*)

Dr. Gorden Ewy, the director of the Sarver Heart Center, used both laboratory animal studies and actual field work to verify the benefits of immediate circulation. As a result of his research, he developed the new resuscitation protocol for CCR.

He found that blood flow is so low while pressing on the chest that the brain no longer gets adequate amounts of blood flow if you stop for any reason. It takes at least 15 compressions to build up pressure—and, if you stop pushing, the pressure drops to practically nothing almost immediately. As Dr. Ewy put it, "excessive interruptions are lethal." Also, the extra pressure of the air in filled lungs reduces the blood flow from veins returning to the heart.

The premise behind ventilation or mouth-to-mouth in traditional CPR is to get oxygen to the heart and brain. Dr. Ewy's technique provides the same benefit without the interruption needed for ventilation. His organization trained firefighters and paramedics in the technique of using continuous chest compressions without mouth-to-mouth, and their "save rate" increased 300 percent. (*Am J Med 06;119(4):335–340*)

Here's the basic CCR technique:

1. Place the victim on his or her back.
2. Kneel beside the chest and place the heel of your hand in the middle of the chest. Cover it with your other hand. Lock your elbows and press firmly on the chest, using your hips as the pivot point so that your full upper body weight can be used to compress the victim's chest.
3. Compress at 100 times per minute (the pace can be accurately estimated by saying, "one and two and three and four and one and two and three and…" at about the same rate as you might use when reading to a young child.)
4. Make sure that the heel of your hand breaks contact with the chest during the relaxation phase, and that you do not maintain any pressure on the chest between compressions. This release allows the chest

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Cholesterol Locale

Question: Why is cholesterol only a problem in your arteries and not in your veins?

Bill T.
Frederick, Maryland

Answer: I've never read an in-depth explanation of this, but several factors seem to be involved.

In arteries, you have higher pressures with each beat of the heart. This pressure requires the arteries to be more elastic and, over time, increases the "wear and tear" and damage to the interior walls. [*Editor's note: See the discussion of pulse pressure in Vol. 11, No. 9.*] One of the ways your body repairs and/or strengthens the walls is by making them thicker with a buildup of cholesterol and calcium.

The body uses cholesterol as a building material in cell walls, nerve membranes, et cetera—and only when it becomes oxidized does it become part of the problem.

Additionally, the arteries are subjected to a long list of toxic compounds when gathering oxygen from the lungs, or food and other particles from the intestines. The body's attempt to neutralize these toxins results in increased free radical production and additional damage to arterial walls. And, before many of these toxins have a chance to reach the veins, the blood is often filtered through the kidneys, the liver, and individual cells throughout the body.

When veins are used during heart surgery to "bypass" blockages in arteries, they will often develop atherosclerosis quickly after being subjected to the higher pressures and other factors I've just mentioned.

Since veins don't have the sophisticated muscle system in their walls, they rely on one-way valves that allow the blood to flow only toward the heart. The pumping action comes from the contraction of skeletal muscles—which makes exercise so important. If you don't exercise, blood will often "pool" in the lower legs and ankles and cause all sorts of nasty problems such as pain, swelling, cramps, tingling, itching, restless legs, varicose veins, discoloration, eczema, ulcerations, et cetera.

A practical application of using exercise to prevent the pooling of blood in the lower leg is a technique taught to soldiers who must stand at attention for long periods. They are taught to contract and relax their calf muscles, which causes the slight rocking or to-and-fro motion you might notice. If, for example, the guards at Buckingham Palace didn't practice this maneuver, the blood pooling could make them faint after a period of time.

to passively recoil fully, and it will aid in returning blood to the heart.

5. Take an occasional breath for yourself.
6. Trade off with another person, if possible, when you feel fatigued.
7. Just do your best—anything is better than nothing.

Here is how to put the technique to use:

- Try to rouse the victim, and immediately call 911.
- Begin continuous, uninterrupted chest compressions until EMS personnel arrive.
- If you have an automatic defibrillation unit, use it only after giving 200 compressions. (In studies where paramedics in Wisconsin used this technique, they attached the defibrillator but didn't wait for the device to analyze the patient's heart rhythm. Instead, they started chest compressions. Then, immediately after a single "shock," another 200 chest compressions were performed before checking the heart rhythm and pulse.)
- Dr. Ewy's research indicates that if you're willing to do mouth-to-mouth rescue breathing, it would be best to do continuous chest compressions for the first four minutes (400 compressions) and follow that by one or two ventilations before each subsequent set of 100 compressions. And ventilation is probably mandatory after about 15 minutes of chest compression only in patients not gasping. (*Circulation 05;111:2134–2142*) (*Ann Emerg Med 02;40:553–562*)

Keep in mind that gasping is not an indication that you should not start, or that you should stop, chest compressions. Many victims will initially gasp and may continue to do so with effective CCR. Continue the chest compressions even on victims who are gasping. Gasping provides some oxygenation, but even without gasping the victim can still survive.

Keep in mind also that what we're talking about is a witnessed unexpected collapse in adults, which is almost always a cardiac arrest. There is also a condition called respiratory arrest. In these cases, you should give the victim standard CPR—30 chest compressions alternated with two mouth-to-mouth breaths. Respiratory arrest occurs when a victim is no longer breathing due to a drowning, a drug overdose, an asthmatic attack, et cetera. It's important to distinguish between the two. If the victim still has a pulse, the arrest is respiratory; if not, consider it cardiac.

NEWS TO USE FROM AROUND THE WORLD

Hibiscus for Heart Health

TAICHUNG, TAIWAN—Some years ago, I wrote about the benefits of hibiscus tea for reducing blood pressure. A new report suggests that hibiscus may be good for other aspects of your cardiovascular system as well. Researchers from Chung Shan Medical University in Taiwan tested a hibiscus extract on cell lines and found that it inhibits the oxidation of LDL cholesterol. The more extract used, the greater the inhibition. *(Food Chem Toxicol 06;44(7):1015–1023)*

As I mentioned in my answer to the earlier Mailbox question, cholesterol on its own isn't a problem. The trouble arises when cholesterol—most often the LDL fraction—becomes oxidized and accumulates in your arterial walls. Hibiscus contains several groups of antioxidant compounds, including anthocyanins, that keep the cholesterol from oxidizing.

The Taiwanese researchers suggested that it might not be possible to achieve the desired level of protection from diet alone, and that supplements might be the way to go. I've never come across a hibiscus supplement, though. You can get hibiscus capsules, but they just contain the flowers dried and ground into a powder.

For my money, tea is the way to go. Dried hibiscus flowers are available from Penn Herb Company at 800-523-9971 or *www.PennHerb.com*. Boil a couple flowers gently in a saucepan of water until the water turns deep red (about 15 minutes). Store the tea in the refrigerator, then have a cup or two every day. It's a nice change from green tea.

A Grapefruit a Day Keeps the Doctor Away

JERUSALEM, ISRAEL—At the Hebrew University-Hadassah Medical School, researchers have found that eating a grapefruit a day might be one of the easiest ways to reduce cholesterol levels.

The group in the study consisted of 57 individuals with known high cholesterol levels who had recently undergone coronary bypass surgery (ages 39–72 years). They were divided into three groups, one eating a fresh red grapefruit per day, a second eating one fresh white grapefruit per day, and the third serving as a control group. All three groups continued their usual diet.

Cholesterol and triglyceride levels were tested in all three groups at the beginning of the study and at the end of 30 days. There were no changes in the control group, but there were significant improvements in both groups eating the grapefruits—with the most improvement in those eating the red grapefruit.

Compared to the control group, those eating red grapefruit had reductions of 15.5 percent for total cholesterol, 20.3 percent for LDL cholesterol, and 17.2 percent for triglycerides. *(J Agric Food Chem 06;54(5):1887–1892)*

This study is just one of many that demonstrate the health benefits of grapefruit. Other studies have shown that it can accelerate weight loss. Grapefruit has fallen out of favor with many doctors because it can interfere with some drugs (by either increasing or negating the effects). This attitude toward grapefruit has always struck me as a little funny because the drugs involved are often being used for the same purpose…to lower cholesterol levels.

CPR guidelines were first developed 40 years ago, and have changed little since. They definitely aren't working. When the survival rate for out-of-hospital cardiac arrest is less than 10 percent, we're obviously doing something wrong. Dr. Ewy is the first to admit that he doesn't have all the answers, and there's a serious need for continuing research in this area. But he and other researchers have found several flaws in the CPR guidelines. They've proven the old ways aren't working, and so they continue their efforts to improve the cardiac arrest survival rate.

I'm sure, however, that Dr. Ewy is fighting an uphill battle in his efforts to change the current protocols. We've seen it time and time again. If things go as usual, it will be years before his research is adopted and endorsed. I urge you not to wait. Read this article again and again. Learn the technique. It's not only easier than CPR, it's more effective. It shouldn't be about egos and politics. It should be about saving more lives.

Avoiding a Pain in the Tail

If you've ever had hemorrhoids, you know how uncomfortable they can be. You'll do anything you can to avoid irritating them: sitting on inflatable doughnut cushions, applying soothing creams, even avoiding certain foods. A new study from the University of Bari in Italy shows that you don't need to avoid spicy foods, at least not in moderation. (*Dis Colon Rectum 06;49(7):1018–1023*)

Researchers gave capsules containing "red hot chili pepper" to 50 patients, all of whom already had some

The Test of Time: *Do-It-Yourself Heart Help*

I just got a call from a friend who informed me that his father had suffered a fatal heart attack. Apparently, the father was alone at the time, so there was no one to administer [CCR] or any other potentially life-saving maneuvers. I know thousands of lives could be saved by using just one simple technique.

[CCR] can be a lifesaver, but it won't be much help if you're the one who suffers the attack and there's no one around to perform it on you. If you begin to feel the hard pain in your chest, left arm, and shoulder that signals the beginning of a heart attack, there are several things you can do.

Immediately take a deep breath and then cough twice, as hard as you can. Wait a couple of seconds, take another deep breath, and again cough hard twice. Keep repeating the process until either your heart begins to beat normally or help arrives. As soon as your heart has stabilized, chew and swallow one aspirin, then either a tablespoon of Tabasco or two cayenne pepper capsules.

Taking a big breath fills your lungs with oxygen. Coughing contracts the diaphragm, compressing the heart and helping to keep it pumping the oxygenated blood to the tissues. It's a simple form of self-[CCR].

I'm not normally a fan of aspirin, but in this case it gets into the system quite rapidly and can begin to reduce platelet adhesiveness within five minutes. This will help open up any blocked blood vessels that may have triggered the attack. The Tabasco or cayenne pepper acts as an immediate stimulant to both the nervous and vascular systems. It helps dilate, or enlarge, the blood vessels that supply the heart muscle and other vital organs.

If you have a history of heart problems, you should definitely make sure that you have a supply of cayenne pepper capsules on hand. They are readily available at most health food stores.

Tip from Vol. 8, March 2000

hemorrhoid discomfort. After a week of taking the capsules daily, the patients were asked about their symptoms (pain, itching, burning, swelling, or bleeding). Those receiving the hot pepper reported no change. This study will certainly come as good news down in my part of the country where Mexican food rules, and practically everyone eats hot peppers. (My wife puts Tabasco on her jalapeños.)

Hot peppers seem to be one of those wonder foods. They're a part of many cooking styles, and they're good for you in any number of ways. High on the list is reducing bleeding in the GI tract. If you're regularly taking aspirin or any of the NSAIDs, I'd recommend that you take a capsule of cayenne pepper daily at the same time you're taking the drug. (If you can tolerate hot foods, you can get your pepper by adding eight to ten drops of Tabasco to a glass of water and using that to wash down your drug dose.)

Using peppers to help minimize GI tract bleeding may turn out to be one of their most important uses during the upcoming years. The American Heart Association and the American College of Cardiology have just updated their recommendations for patients with any atherosclerosis, or clogging, of arteries in the heart or elsewhere. They now recommend that all patients take 75 to 162 mg of aspirin a day. (*Circulation 06;113:2363–2372*)

Gut-Level Risks of Aspirin

They failed to mention any of the recent research indicating that somewhere between 5 and 60 percent of individuals taking aspirin exhibit what is now being called "aspirin resistance," a situation where patients don't benefit from the anti-clotting effects of aspirin. *It was found that when certain individuals take aspirin regularly, it actually increases their risk of major adverse events by over threefold.* (*J Am Coll Cardiol 03;41(6):961–965*) (*Pharmacotherapy 05;25(7):942–953*)

To make matters worse, the people who exhibit or develop aspirin sensitivity are also those with the highest risk of experiencing cardiovascular events: smokers, diabetics, and those with a history of heart failure, stroke, high cholesterol, or coronary artery disease.

Additional studies have found that much of the protective anti-clotting effect of aspirin is lost after the first two months. The platelets lose sensitivity to the drug. In one study, it was found that angina patients with a history of long-term aspirin use were 20 percent more likely to have their angina return than were angina patients not using aspirin. (*Am J Cardiol 99;83:1147–1151*)

It's easy to get a little side-tracked when talking about aspirin use. I fully expect that, along with statin drugs, the recommendation one day will be for everyone to take aspirin—including adolescents. And that sad day will be

here sooner than later because cardiovascular disease is now becoming more and more common in our children.

Atherosclerosis is the leading worldwide cause of death. It is the leading cause of death in men over age 35 and all people over 45. And obesity, which is now rampant in children, is one of the major risk factors in developing atherosclerosis. Recently, Chinese researchers compared endothelial function (an early marker of atherosclerosis or clogging of the arteries) in 82 obese children to that of 58 normal-weight children. The children ranged in age from 7 to 12 years. The endothelial function in the obese children was impaired by 33 percent compared with normal children. To put these results in better perspective, it would be comparable to the abnormal function seen in elderly patients with a 10-year history of smoking. (*Professors Woo and Sung's presentation at the 50th Annual Congress of the American College of Cardiology*)

Rest assured that the problem can only get more widespread as childhood obesity, smoking, soft drink consumption, and other contributing factors increase. The aspirin recommendation will come first. Shortly thereafter will be the "prudent" use of statin drugs. Along with the increased aspirin use will be increased internal bleeding within the GI tract, which we've already seen in the elderly. Learning to love hot peppers might be the key to survival among the younger generations.

Pepper Safety

Other uses of hot peppers include fighting infections and reducing the symptoms of chest congestion. Hot peppers can even boost your metabolism by as much as 25 percent for a few hours after eating a spicy meal.

Rumors of digestive problems caused by hot peppers are largely just that, rumors. The spice doesn't make ulcers worse. There has been a report that excessive amounts over long periods might cause precancerous changes in the stomach. But I don't put much stock in the study. It was done on bacteria, not in people, and the dose used was what's known as LD50. The "LD" stands for "lethal dosage," and the "50" means the dose will kill 50 percent of the organisms (bacteria, mice, et cetera) it's tested on. It stands to reason that a dose high enough to kill could also cause undesirable cell changes.

Don't be afraid of adding hot peppers to your food. They go with nearly everything. I've even seen beer bottled with hot peppers and hot pepper sauce for ice cream—neither of which I personally care for. When your forehead starts to sweat and your eyes begin to water, you'll know you've reached your tolerance. But it's not just about the heat, it seems that the more you eat, the more you begin to enjoy the unique taste they impart.

The Clue's in the Craving

Recently I heard from a reader, Mary M. from Columbus, Ohio, who is experiencing significant cravings for salt. Her doctor says that too much salt will be bad for her blood pressure, and she's wondering how to handle the desire for salty foods.

Cravings are often your body's way of letting you know you have deficiencies or imbalances. More often than not, a craving for salt and salty foods is an indication of an underlying adrenal gland problem. With the help of the kidneys, your adrenal glands help regulate the amount of sodium, or salt, within your body. When your adrenal glands, also referred to as your stress glands, become "weak" or fatigued, they often fail to retain adequate amounts of various salts. That's when you will begin to experience cravings (and usually other symptoms as well). And while it's become fashionable to routinely condemn salt consumption as dangerous, the truth of the matter is that adequate amounts of salt are essential for good health. Again, it's a matter of balance.

I've written extensively about adrenal problems and steps you can take to "rebuild" and strengthen these glands (avoid sugar; minimize stress; eat several smaller meals throughout the day and don't skip meals; take vitamin C, B-complex vitamins, glandular supplements, et cetera). While taking these steps, it is also important to get adequate amounts of salt in your diet.

Salt Safety

Some of the best sources of natural salts are such foods as celery and onions. If you have a juicer, five or six stalks of celery will usually produce about a cup of juice. It makes a quick tonic that can help relieve many of the cravings and symptoms you might be experiencing—such as dizzy spells, muscle cramps, and headaches. Celery juice helps neutralize excess acid in the body and it contains compounds that are now thought to reduce the production of certain prostaglandins that contribute to inflammation—which may explain why many people find it useful in combating arthritis pain.

(I would suggest buying organic celery for your juicing. It doesn't cost much more, and you avoid any potential problems with pesticide residues. An evaluation from the USDA Pesticide Data Program showed that 94 percent of all tested celery was contaminated with one or more pesticides. It was among the top 12 most-contaminated fruits and vegetables. The other eleven were apples, bell peppers, cherries, imported grapes, nectarines, peaches, pears, potatoes, red raspberries, spinach, and strawberries. Keep in mind that this result was *after* washing.

The 12 least-contaminated foods were asparagus, avocados, bananas, broccoli, cauliflower, sweet corn, kiwi, mangos, onions, papaya, pineapples, and sweet peas.)

I also highly recommend the use of sea salt instead of ordinary table salt. Unprocessed or minimally processed sea salt contains other beneficial minerals (and it's easier for the body to assimilate). Processed salt also contains small amounts of such anti-caking agents as sodium ferrocyanide and aluminum silicate. If you look at the packets of salt given out at fast food restaurants, you'll see that many contain sucrose (sugar) as the anti-caking agent.

Sea salt doesn't contain as much iodine as processed iodized salt products do, but most people don't get enough iodine even when using regular table salt. I recommend additional iodine supplements such as Iosol regardless of your salt source.

Salt Sensitivity

As for salt-induced hypertension, the research conclusions seem to change from month to month. At worst it appears that maybe only 10 percent of the population is susceptible to developing high blood pressure due to excess salt intake—but even that figure is questionable. Just this year, a study found that sodium intake was inversely related to cardiovascular mortality. In other words, those individuals who ate less salt were more likely to die from cardiovascular causes. (*Am J Med 06;119(3):275*)

And you should keep in mind that most of the salt you consume comes from processed foods. Throwing the salt shaker away generally makes only a very small difference. In the typical American diet, approximately 77 percent of sodium intake comes from processed foods; 11.6 percent comes from naturally occurring sodium in foods; only 6.2 percent is added at the table; and 5.1 percent is added during cooking. (*J Am Coll Nutr 91;10(4):383–393*)

Obviously, based on the above information, even if you are one of the few who are susceptible to salt-induced hypertension, the best way to reduce sodium in the diet is to minimize or avoid processed foods—which is a great suggestion for everyone. Additionally, if you increase your potassium intake by eating more fruits and vegetables, it will decrease the effect of salt on hypertension—another excellent suggestion for everyone.

You can get a "quick fix" of sodium from V-8 Juice or a simple broth made from a bouillon cube (chicken or beef). Individuals with weakened adrenal glands who are ready to "throw in the towel" will often experience a lasting burst of energy within 10 minutes or so of consuming one of these drinks. I suggest giving them a try if you start to feel faint or dizzy.

Please keep in mind that increasing your salt intake may eliminate many of the problems you're experiencing, but this may be only treating a symptom of an underlying problem of weak adrenal glands. A permanent resolution may require addressing that as well. [*Editor's note: See Vol. 6, No. 6 for more on adrenal support.*]

We're fortunate that our bodies provide numerous warning signs, such as food cravings, so we can take the necessary steps to prevent major health problems. Unfortunately, our medical system has become more focused on fully developed health problems rather than on the subtle signs of imbalance and actual prevention.

Blood Glucose Control From the Far East

The diabetes epidemic is rapidly spreading throughout this country. As I predicted several years ago, it now affects not only the elderly but young children and the middle-aged as well. It has been, and will continue to be, a major profit center for the pharmaceutical companies. Taking medication for diabetes will become as commonplace in this country as brushing one's teeth. Regrettably, many people are finding that diabetes medications come with more than their share of side effects.

Depending on the particular drug, these adverse effects can include dizziness, weakness, tiredness, headaches, muscle pain, nausea, gas, bloating, diarrhea, loss of appetite, weight gain, vomiting, allergic reaction, rash, liver damage, and even death from lactic acidosis. Approximately one out of every three people taking diabetic medication experiences nausea, gas, bloating, and/or diarrhea. For these reasons, the search for less dangerous, effective, and natural treatments will continue.

As you're reading this report, I'll be in Australia speaking with researchers at the Herbal Medicines Research and Education Centre at the University of Sydney. They are studying the safety and effects of a woody plant found in the forests of Sri Lanka and India called *Salacia oblonga.* The herb (also called "Ponkoranti" or "Saptrangi") has long been used in Ayurveda, the traditional form of medicine in India, to treat diabetes.

Same Results, Greater Safety

I first heard about *Salacia oblonga* the last time I was in Australia, from a friend who had been to Sri Lanka. This new Australian research was partially sparked by the research I reported on previously: that Saptrangi was able to *safely* reduce blood insulin levels by 29 percent and the post-meal rise in blood sugar by 23 percent,

which is comparable to conventional diabetes medications. [*Editor's note: See Vol. 10, No. 24.*] (*J Am Diet Assoc 05;105(8):120*) (*Nutrition 05;21(7-8):848–854*)

Salacia oblonga works in much the same way as some prescription diabetes medications—by binding with certain enzymes and preventing them from turning carbohydrates into free glucose. Research has also shown repeatedly that if you can reduce the need for insulin you also reduce your risk of developing such associated complications as kidney dysfunction, heart disease, retinopathy, cataracts, and peripheral nerve damage. *Salacia oblonga* can help control your blood sugar without the serious side effects that can be associated with current prescription medications.

Some of those taking *Salacia oblonga* experienced additional gas and minor cramping. However, such reports were minimal, and it was not any worse than that caused by prescription medications. And what makes the herb even more preferable is the fact that studies have shown it doesn't cause the serious side effects associated with prescription medications as I mentioned earlier. (*Toxicol Appl Pharmacol 06;210(1-2):78–85*)

In the studies, the best results were achieved when participants drank a tea containing 1,000 mg of the herb.

Since the use of this herb is relatively new in the US, the only reliable supplier I've been able to locate is in India. The company, Botanika, sells 500 mg capsules and recommends taking two capsules (1,000 mg) twice a day. A one-month's supply runs $45, but they give a discount if you order larger quantities (a year's supply is $300). And, if you choose standard shipping (a week to 10 days to the US), there's no shipping charge. Express, three-day shipping will add $20 to the order.

Botanika takes orders through their Web site at *www.BotanicalRemedy.com* or they can be contacted at:

Botanika, 34 Old Cannought Place
Dehra Dun-248001
Uttaranchal, India
Phone 91-135-2715222
Fax 91-135-2650944

Much of the recent clinical work on *Salacia oblonga* has been done by pharmaceutical companies. The herb is so effective that efforts are currently underway to isolate specific compounds in the hope that they can be sold as drugs. It's not only the effectiveness of the herb that makes it so attractive, it's also its safety and the fact that the powder could possibly be added directly to certain high-carbohydrate foods to actually help prevent diabetes. I should also mention that the researchers felt that even the minimal side effects of gas and cramping might dissipate if an individual used the herb on a regular basis.

The Crowning Touch

If you dig deeper into the research you'll find that helping to control blood sugar is only one of the benefits of *Salacia oblonga*. It has also been found to increase the beneficial HDL form of cholesterol while decreasing total cholesterol and triglyceride levels. Additionally, it appears to work as a dieting agent because it helps prevent the conversion of glucose into fats that accumulate in the body and lead to obesity.

Probably one of the most important factors to consider is that Salacia oblonga *provides all these benefits while being superior in terms of safety when compared to the current synthetic diabetes medications on the market today.*

If the herb isn't somehow discredited or banned through the actions of either the FDA or the pharmaceutical industry (which are now almost one and the same), I suspect you'll be hearing a lot more about this herb in the future. If you or someone you know suffers from diabetes, *Salacia oblonga* provides one of the better alternatives to dangerous prescription medications that I am currently aware of.

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:

- For Customer Service matters such as address changes, call 800-527-3044 or write to custsvc@drdavidwilliams.com.
- If you are a licensed health professional and would like to learn how to begin reselling MHN supplements to your patients, please e-mail practitionerinquiries@davidwilliamsmail.com.
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