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Dr. David G. Williams

A Little Homework Could Save Your Life

There's an old joke about how doctors are much better off than architects. A doctor can bury his mistakes, while the architect can only plant ivy. It's true that incompetent (or just plain unlucky) doctors and hospitals could once bury their mistakes and no one would be the wiser. Fortunately, with tools like the Internet to expose "the good, the bad, and the ugly," that situation is starting to change. As more information becomes available, it's getting easier and easier for us to check the past performance records of our doctors and hospitals. And spending a little time doing so could end up saving your life.

One recent study has found that if you do need to enter a hospital, choosing a top-rated one can increase your chance of survival by as much as 28 percent when compared to other hospitals.

Each year a company called HealthGrades assesses admissions at all 5,122 of the nation's non-federal hospitals, and ranks the institutions based on their mortality and complication rates. Just a few years ago this ranking was difficult to do because many hospitals failed to provide such information. Hospitals no longer have that option, and, better still, the information is now available publicly.

The latest evaluation found that 158,264 deaths and 12,409 major complication events could have been avoided between 2003 and 2005 if the quality of care at all hospitals had matched those in the top 5 percent.

It's now easy to check the rating of your hospital by going to the Web site *www.healthgrades.com*. Each hospital is rated on over thirty different procedures and categories (everything from appendectomy to women's health). The possible grades are "Best," "As Expected," and "Poor."

I checked two of the hospitals in my area that are located about 20 miles apart. I chose to check on treatment quality for heart attack because it's one of the leading causes of death. One of the hospitals was rated "As Expected" and the other, the larger and fancier one, was rated as "Poor." Just to make sure this rating difference wasn't a one-time fluke, I also checked their rating histories for the last three years. They were the same.

In practical terms, I live an almost equal distance from the two hospitals. If I turn left out of my driveway, after 10 miles I end up at a hospital that has some of the highest death and/or complication rates nationwide in treating heart attacks. If I go to the right for 10 miles, I can get to a hospital that at least meets the national average in survival rates. By going straight out of my driveway for about 60 miles, I get to a hospital that is rated in the top 5 percent of the nation in the treatment of heart attacks. By taking this last route, this latest study indicates, I would increase my chance of surviving a heart attack by 28 percent.

If you've got access to the Web, I would highly recommend spending a couple of minutes checking out the hospitals in your area. If you have a health problem

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

be sure to check the rating of different hospitals for that specific condition. Some hospitals may be top-rated for heart problems but receive lower scores for something like prostate cancer or the treatment of a hip fracture.

The company also offers detailed checks on individual doctors and nursing homes. The hospital reports are free, but there is a charge for these other services. The in-depth report on a specific doctor costs about $18 and the one covering ten area nursing homes is roughly $20.

I ran one report on a local doctor and discovered his license had been suspended, revoked, and then re-instated after numerous accounts of drug abuse. He's certainly not someone I would want to trust with my life or that of a family member in an operating room.

The nursing home report was very helpful. It supplied a history of complaints, repeat problems, results of state inspections, and even ownership. I wish these reports were also free, but I think either one would be well worth the money if I were trusting my life to a certain physician or was forced to choose a nursing home for a loved one.

If you do nothing else, at least check the ratings of the hospitals in your area. You may find, as I did, that the best-looking, most modern facility may be the most deadly.

Grab Your Partner, Do-Si-Do

Several of your organs would make good candidates for a "hardest working" award. Your heart keeps beating from birth to death, and your liver is constantly at work processing waste. But your skin is a solid contender as well. It's the body's natural source of cholesterol, it regulates body temperature, and it repels invaders.

Skin is subject to physical damage—cuts, scrapes, and bruises—as well as constant attack from pathogens, from chemicals, and from radiation. This last creates effects that range from the desirable (a good tan) to the irritating (sunburn) to the dangerous (skin cancer).

Cancer has become a concern for many people. I honestly don't know if it's a matter of increased awareness (thanks to the makers of sunscreens) or if the incidence of skin cancer has truly gone up. At any rate, the skin is currently the most common site for cancer to appear, with well over a million cases showing up each year.

Most skin cancers are not particularly invasive or dangerous. They appear in either basal cells or squamous cells, and typically aren't cause for much alarm. A third type, however, called melanoma, can develop quickly and spread to other tissues—where it can turn deadly.

As with most conditions, early detection leads to a better prognosis, and skin cancer is one of the most easily treatable forms of cancer. Dermatologists have long recommended that people check themselves often for signs of skin cancer.

Unfortunately, many people dismiss a skin spot by saying, "Oh, it's just a mole." It's important that you be able to tell the difference between an ordinary mole and a potentially cancerous lesion. The self-examination procedure taught most often is known by the ABCDE memory aid:

A—Asymmetry Moles are generally round, or nearly so. A skin lesion or spot that has an irregular shape is more likely to be cancerous.

B—Border Moles usually have a well-defined border. A darker patch that fades into regular skin color may indicate a disease process.

C—Color Moles are generally some shade of brown. A spot that is black, red, or even blue is worth having checked out.

D—Diameter Most moles are less than 1/4 inch in diameter. Anything larger than that has the potential to be a problem.

E—Evolution Moles generally stay constant in appearance throughout your life. You should address any spot that changes in one or more of the above characteristics.

A study just released shows that patients who learn the procedure with a partner are more likely to perform self-examinations for skin cancer. Researchers selected 130 people from a registry of patients who had had melanoma, and gave all the subjects instruction on how to perform the self-examination—including what to look

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Dr. Williams works closely with Mountain Home Nutritionals, a division of Doctors' Preferred, LLC and subsidiary of Healthy Directions, LLC, developing his unique formulations that supply many of the hard-to-find nutrients he recommends. Dr. Williams is compensated by Doctors' Preferred, LLC on the sales of these nutritional supplements and health products, which allows him to continue devoting his life to worldwide research and the development of innovative, effective health solutions.

for in skin lesions. Half the subjects received the instruction individually, and the other half had a "cohabiting partner" along at the time of instruction. During the next six months, those who had a partner were more convinced of the need for a self-examination, were more likely to actually perform the exam, and felt more confident about their ability to perform the exam. (*Arch Dermatol 07;143:37-41*)

Two thoughts come to mind. The first is that because all the patients in the study had previously had melanoma, they were probably fairly well motivated already to perform self-examination. The other is that working with a partner would make it much easier to examine certain areas of the body. Using a little contortion, you can look at your own back in the mirror, for example, but I haven't found any satisfactory way to examine my scalp.

(As an aside, a report out of St. Louis University indicates that an increased amount of time spent driving is connected to an increased risk for skin cancer. Among a group of 1,047 patients with skin cancer, a significantly greater number of the cancers appeared on the left side of the body than on the right side. Areas typically exposed while driving—the head, neck, arm, and hand—showed the greatest amount of right-versus-left difference. Women didn't have the same disparity, and the researchers speculated that was because men spend a greater amount of their time in a car sitting on the left.)

New Protection From the Hot Sun

On a related note, there's some new research from the University of Kentucky College of Medicine that might go a long way in helping prevent skin cancer.

Researchers have been testing a cream that contains an extract of the herb forskolin on mice that have been genetically engineered without the ability to tan. Not only did the cream allow the mice to tan, but treated mice suffered only 5 percent the amount of sunburn and DNA damage and they developed fewer tumors than untreated mice. The forskolin cream stimulates the body's melanocytes to make more protective natural pigments. It results in a natural, real tan. (*Nature 06;443(7109):340–344*)

The researchers can see no reason why it wouldn't work on humans, but no one is sure yet since the cream has been tested only in animals thus far. I'll keep an eye on any new research in this area and let you know as soon as something is announced. A forskolin cream would have many benefits over any of the products out there today. Not only would it allow fair-skinned individuals to tan, it would give natural protection against too much sun exposure without the need for constant reapplication.

Treatment Takes a Hot Turn

One other item I should mention deals with the treatment of skin cancers.

In the past I've discussed the use and availability of specially formulated creams that can be used safely and effectively to remove skin cancers. It appears that a common compound, capsaicin, may also have the ability to kill cancer cells.

Capsaicin, as you probably recall, is the compound found in hot chili peppers such as jalapeño and cayenne. Research from Nottingham University in the UK found capsaicin was very effective at killing cultures of human lung and pancreatic cancer cells. (*Biochem Biophy Res Commun 07;354(1):50-55*)

The study was so interesting because capsaicin was very selective at killing only cancer cells, leaving normal cells totally unharmed. Also, since capsaicin is already commonly found in the diet, making a product to address cancer should be much quicker and less costly than using some potentially dangerous compound.

The researchers suggested that skin cancer might be the first application for the product. After all, capsaicin has routinely been used topically for joint and muscle aches and pains and for psoriasis, without any problems.

Capsaicin is unique because it attacks the mitochondria or energy-generating components of cancer cells. In theory this would make it effective against all forms of cancer. And again, since it's so plentiful and safety isn't an issue it could be a real breakthrough—at a reasonable price. Pure capsaicin or hot pepper oil would be highly irritating to the skin, so further research is needed to determine the strength that's both safe and effective.

Your Future Is In Your Hands

Anyone can tell you that there's a difference between a person's chronological age and their biological age. There are times you wake up after a poor night's sleep and feel a hundred years old. Other times you'll feel like a "spring chicken."

Chronologic age has to do with the calendar, and there's nothing you can do about it. Your biological age depends on your actions and lifestyle, though, and you certainly can do something about them. Day-to-day changes in the way you feel are the surest evidence of this but, as I've written before, there are other ways to monitor your true aging—signs such as your body's glutathione levels and your overall flexibility.

Tests Don't Tell the Tale

Question: Several of my friends have paid for genetic tests that claim to show their individual strengths and weaknesses. The test providers then recommend diets and supplements to correct or compensate for genetic differences. The lab tests and recommendations seem expensive to me. Are they accurate? Do you think it would be a good investment?

—JK
via e-mail

Answer: My personal opinion is that the tests currently available are a joke. There are several companies that check for gene "variants" and then recommend ways to compensate for these variants. The whole situation, however, is far more complicated than that. There are dozens, if not hundreds, of variables that can be linked to any given disease.

Several years ago I was introduced to an individual who claimed to have put all the pieces of the puzzle together when it came to achieving perfect health. It was all based on customizing a personal diet and supplements based on the patient's genetic makeup. From the beginning it sounded too good to be true, and that's how it turned out.

Genetic profiling is not sophisticated enough at this point to serve as the basis for your overall diet and supplement program. And, as I said earlier, there are many other factors involved such as physical and emotional stress, past and present drug use, sleep patterns, chemical exposure, digestive difficulties, hormonal fluctuations, amount of exercise, mental attitude, et cetera.

If you get a chance, take a look at the nutritional recommendations your friends have received. If they're like the programs I've seen, they're pretty basic, particularly if you already follow any of the recommendations I suggested and take a good multivitamin/mineral supplement.

Rather than waste your money on a battery of these tests, spend the time to plot out the health history of your immediate ancestors. Learning the health problems and causes of death of your parents, grandparents, aunts, and uncles will give you a better handle on your genetic weaknesses than any of the currently available tests can.

New research suggests that osteoarthritis may also be a sign of faster biological aging. Researchers at St. Thomas' Hospital in London examined 1,100 individuals, most of whom were female twins aged 30 to 79. X-rays were taken of their hands to determine if osteoarthritis was present, and white blood cells were examined to determine the length of their telomeres—strings of DNA that cap chromosomes and that have been shown to shorten with biological aging.

As in numerous studies before, this study confirmed that the older a person was, the shorter their telomeres were. What made this study unique was that the telomere lengths were also significantly shorter in the 160 individuals suffering from osteoarthritis in their hands—even after taking into account factors such as age, sex, smoking, and obesity.

All of those found to have osteoarthritis were over the age of 50, and the additional amount of telomere shortening was equivalent to that accrued over 11 years in healthy people. (*Ann Rheum Dis 06;65:1444-1448*)

This study didn't receive much publicity, but the results are truly amazing. They show that some of the same mechanisms associated with osteoarthritis, such as low-level chronic inflammation and oxidative stress, appear to also be strongly associated with aging. The researchers found a direct relationship between the degree of osteoarthritis in these individuals and their biological age. I suspect that further research will show similar relationships between other common disease processes and aging. [*Editor's note: Dr. Williams has written before about the connection between aging and chronic disease. For some simple tests you can use to assess aging in yourself or a loved one, visit the Subscriber Center of the* Alternatives *Web site,* drdavidwilliams.com.]

From a practical standpoint, this study strongly suggests that if you want to slow the aging process, you can do it by preventing or at least minimizing problems such as osteoarthritis (rather than just addressing symptoms such as pain). In large part we know how to do this.

Put Out the Fires For Life

Chronic inflammation throughout the body can result when the ratio of omega-6 fatty acids to omega-3s gets out of balance. That's why increasing fish and flax oils in the diet can have such a dramatic impact on arthritis pain, as well as on dozens of other conditions throughout the body.

Antioxidants are crucial not only for joint health, but for overall health in general. Vitamins C and E are just two antioxidants that come to mind. Eating a wide variety of spices (such as turmeric or curry), colored vegetables, and fruits will help cover this base—as will supplements such as alpha lipoic acid. Variety seems to be the key, since new antioxidants are continually being uncovered.

For example, researchers at the National University of Singapore's biochemistry department recently informed me that their tests found dark soy sauce (not the lighter variety found in most restaurants here) exhibited antioxidant activity 150 times greater than vitamin C and 6 to 12 times higher than red wine.

Their study involved 24 healthy students with an average age of 23. Half the students were given a bowl of rice mixed with six teaspoons of dark soy sauce, and half were given rice with food coloring and salt. Samplings of their blood and urine were taken at intervals and tested for levels of free radical damage.

Between three and four hours after the meal, those eating the dark soy sauce had 20 percent less free radical damage compared to the other group. Additionally, those eating the soy sauce had a 50 percent increase in blood flow compared to the other group during that same time period.

The researchers cautioned that one shouldn't eat large quantities of the soy sauce, because its high salt content might cause an increase in blood pressure. None of the participants in this study experienced any such problem, though, and I thought it was interesting that researchers felt that the small amount of soy sauce used was the reason there wasn't a blood pressure problem. Six teaspoonfuls in a bowl of rice would be considered an enormous amount by most people in this country.

Keep in mind that this was dark soy sauce. If you haven't tried it, it's quite different than what most of us are used to. You can find it in most Asian markets. Based on the above research, it might be something you want to switch to.

Getting back to osteoarthritis, which I've written about numerous times, exercise is vitally important. Moving a joint through its full range of motion is the only way to adequately "feed" the cartilage and remove waste materials. I have no doubt this is just one of the many ways regular exercise helps keep the body young.

All the exercise in the world, though, won't compensate for a poor diet or one lacking in essential joint nutrients. For most people a good joint supplement might be the best solution. Personally, I like to get my joint-enhancing nutrients from slow-simmered broths made from the bones of beef, poultry, or lamb. But anything you do to reduce inflammation and shut down excess oxidative damage will have the same net effect—slowing down your aging. [*Editor's note: See Vol. 11, No. 16 for more about a joint mobility program. See Vol. 10, No. 23 for a bone broth recipe.*]

Prevention of a Devilish Sort

The recent television ads for a new vaccine against cervical cancer are pretty compelling, with healthy, attractive young women talking about how they want to stay that way. If you believe those ads, the path to their continued good health runs right through their doctor's office.

The vaccine, called Gardasil, reportedly protects against four of the main variants (types 6, 11, 16 and 18) of the human papilloma virus (HPV). These four types cause 90 percent of genital warts, and two of these strains are responsible for 70 percent of the cervical cancers. Gardasil doesn't treat or eliminate existing HPV infections; it's used as a preventive measure only.

Infections of HPV are spread only through unprotected sex, and are very common—particularly among teens and college-aged women who are sexually active. (The vaccine's manufacturer, Merck, tested their product on females age 9 to 26. HPV is the most common sexually transmitted disease among females in that age range.) In 90 percent of the cases the body's immune system clears the infection on its own without any further problems. Again, two of the strains targeted by this vaccine are thought to be responsible for the roughly 9,700 yearly cases of cervical cancer in this country. Out of that number of patients, about 3,700 will die.

Since Gardasil isn't for treatment, only prevention, it is thought that girls must receive the vaccination before they become sexually active. Several states are in discussions right now over the possibility of making the vaccine mandatory for all girls starting at about the 6th grade level. The Virginia legislature has just passed such a bill, and here in Texas governor Rick Perry bypassed the legislature altogether and issued a decree making the vaccine manadatory beginning with the 2008-09 school year. (This is a hot topic at the moment, so it's possible that other states will have enacted similar laws by the time you read this letter.)

The vaccine is administered in three shots over a six-month period at a cost of $300–500 (not counting office visit or doctor's fees) and is reportedly effective for a period of five years (which I would assume means all of these girls/women would need to repeat the vaccination every five years).

I'm sure there will be a lot of debate over these vaccination programs as there has been in the past with others. I certainly have some concerns about the vaccinations in general, in addition to making them legally required in order to attend school.

(*Vaccines continued on page 167*)

NEWS TO USE FROM AROUND THE WORLD

Croc Engulfs Three-Year-Old's Foot

Our youngest child just turned 3 a couple of months ago. His vocabulary seems to be growing exponentially, but mine seems to have contracted to only a couple words—primarily the word "no." The world is his toy box, and he wants everything he sees. A few weeks ago we were in a clothing store, where he saw those funny-looking shoes called Crocs and wanted a bright blue pair.

After saying "no" for the thousandth time, I broke down and bought him a pair. I guess it was money well spent (they cost $29.95). He wears them constantly, without socks I might add. He wears them around the house, outside in freezing weather, and even to bed.

What I first thought to be a simple shoe fad has turned out to be a solution for many people with problem feet. I've seen reports that Crocs can be very helpful in providing relief for individuals with plantar fasciitis—inflammation of the fibrous band that connects the heel bone to the base of the toes. The condition generally starts like a stone bruise on the heel and the pain then spreads along the bottom of the foot. It's most often treated medically with steroid injections combined with stretching exercises, and oftentimes orthotics (arch supports) are added. Many people now report that Crocs are a godsend in these cases.

Crocs are also perfect shoes following the removal of bunions (bunionectomies) or other types of foot surgery. They fit loosely enough that they can be worn with bandages still on the feet.

Crocs are made from a non-porous resin, so they won't attract and hold bacteria—which can be very important for someone susceptible to infections. This feature makes them great for someone with diabetic ulcerations and/or poor circulation.

Their design allows for plenty of room in the toe area, a built-in support for the heel, and a rear strap that helps hold the shoe on. They may look strange, but they are very comfortable, and if you have foot problems they are definitely worth a second look. A lot of shoe stores are starting to carry Crocs now, and you can also order them online at *www.crocs.com*. The company has added several styles, but the most popular one for foot problems continues to be the "beach" model. Fortunately, in case you're not partial to bright blue the way my son is, they do come in a variety of colors. (He's since added a pair of red ones to his wardrobe. Besides buying additional pairs for my immediate family, I'm surprising my Dad and Mom with some.)

Bucking Conventional Wisdom

Some recommendations seem to change every few years. That appears to be the case with wound healing.

For the longest time it was taught that wounds heal better if they're exposed to the air once they've been cleaned and the bleeding has stopped. New research shows differently.

The latest finding supports the idea that keeping a wound moist and covered allows it to heal more quickly with less chance of infection. Apparently, the local blood vessels regenerate faster and the number of cells known to cause inflammation also decrease in number if wounds are not allowed to dry out. The research indicates that a wound should be kept moist for at least five days.

Companies selling antibiotic ointments and creams may try to capitalize on these findings. Keep in mind, however, that while these ointments may help keep the wound moist, they also increase swelling in the tissue and can cause a localized allergic reaction—canceling out any positive effects.

Researchers have found that one of the best and most effective methods of keeping a wound safely moist is by applying Vaseline. It's inexpensive, it's readily available, and it works.

As I've mentioned numerous times in the past, honey is also a very effective wound dressing. Put enough on the bandage to get it moist, then apply it right to the skin. Change the dressing two or three times a day, as you would with any other bandage.

Getting the Full Benefits of Tea

BERLIN, GERMANY—The benefits of tea are pretty well-known by now, but a study conducted at the Charité Hospital, part of the University of Berlin, shows that adding milk to your tea can cut some of its benefits to nearly zero. Researchers there found that while black tea improved blood flow, adding milk to the brew eliminated that benefit completely. (*Eur Heart J 07; doi:10.1093/eurheartj/ehl442 e-pub ahead of print*)

In the study, 16 women were given either 500 mL (roughly a pint) of black tea or the same amount of hot water to drink. Half of the tea drinkers had milk added to their drink, and the other half took theirs straight. Two hours after the subjects drank the straight tea, blood flow increased noticeably in their forearms. There was no effect on blood flow from either the hot water or the tea-milk combination.

Black tea can improve blood pressure by relaxing blood vessels. Tests in rats showed that the tea works by increasing the production of nitric oxide in the endothelial lining of arteries.

NEWS TO USE *(CONTINUED)*

One of tea's active components is a group of molecules called catechins. (The most well-known of these is EGCG, or epigallocatechin gallate.) Researchers in this study found that the catechins were bound up by casein, one of the proteins in milk. Some earlier studies hadn't shown much interaction between casein and catechins, but this was the first study to look at actual physical effects.

And keep in mind that it's not just milk that can negate the benefits of tea. Non-dairy creamer and soy milk lessen the insulin-enhancing effects of EGCG. Adding less than an ounce (5 grams) of 2-percent milk dropped the activity by one-third, and when milk was mixed 50-50 with tea the positive effect was reduced by 90 percent. Adding lemon juice, by the way, has no effect on the tea's benefits.

We continue to learn more and more ways that tea consumption can protect and improve our health. To take advantage of all these benefits, make sure you drink your tea without any form of milk or creamers.

(Vaccines continued from page 165)

The tests for the vaccine only lasted four years, so we obviously don't know what the long-term effects might be—if any. Even the FDA, which approved the vaccine, expressed concern that it hadn't been tested to determine if it might cause cancer, impair future fertility or reproductive capacity, or cause harm to fetuses already developing at the time of the mother's vaccination. The 9-year-old girls in the study haven't even reached the age where they are likely to become pregnant.

In the clinical trials, over 3 percent of the infants being breast-fed by mothers using the vaccine experienced serious side effects, and three times as many infants experienced respiratory illness compared to those of mothers receiving a placebo.

In summary, I think it will take a lot longer than four years to learn if the vaccine is safe or not. In the meantime, Merck will get a free ride by using hundreds of thousands of young women as guinea pigs—and pocket millions of dollars in the process.

Even though I'm not naïve enough to believe it's achievable, it's worth mentioning that HPV infections are 100 percent preventable by using condoms.

Legislated Profit

We may be seeing another trend in marketing by pharmaceutical companies: having states pass laws to make various vaccines, screening tests, and treatments mandatory. This is probably one of slickest marketing tools ever.

There have been numerous instances of this tactic over the years, particularly ones aimed at schoolchildren. Just this year thousands of children were sent home from school in Maryland because their parents didn't provide proof of vaccinations against chicken pox and hepatitis B—both of which have been added to the required regimen in many jurisdictions.

Another example occurred last year in New Jersey, where the governor signed legislation requiring health care professionals who provide prenatal care to educate women and their families about postpartum depression (PPD) and requiring health care professionals who provide postnatal care to screen new mothers for the disorder. In a press release, it was stated that 80 percent of women experience some degree of depression following childbirth, and one in eight of these (11,000 to 16,000 in New Jersey alone) develop what is clinically defined as postpartum depression (PPD).

As you might guess, the "accepted" treatment for PPD is counseling and, of course, drug therapy with antidepressants. It's heartbreaking to think how many new mothers will follow the miracle of childbirth (and starting a new family) with a lifelong dependence on an antidepressant.

PPD is a very real problem, but it definitely doesn't stem from a drug deficiency. The added nutritional and hormonal stress of pregnancy often leaves the mother's body chemistry totally out of balance following childbirth. One of the most common problems seems to stem from depletion of the adrenal (or stress) glands.

If you recall, hormones from the adrenal glands work in conjunction with hormones from the pancreas to help regulate blood sugar. They also help the kidneys regulate mineral levels in the body. Physical or mental stress, poor diet (excess sugar or carbohydrates), skipping meals, alcohol, and smoking are some of the primary causes of weakened adrenals. During and immediately before pregnancy a poor diet, particularly consuming too much sugar or high-carbohydrate meals, will quickly weaken the adrenals.

As you've probably noticed, during the first three months of pregnancy many women experience a great deal of fatigue and a total lack of energy. Beginning sometime during the second trimester they oftentimes

get a huge burst of energy and heightened sense of well-being. These women will say things like, "This is the best I've ever felt in my life." And this newfound energy remains with them until they give birth, when all of the sudden it feels like the whole world collapses around them (PPD). There's a logical reason for these changes, which also provides a basis for fixing the problem.

Women who have weak adrenals at the start of the pregnancy are subjected to additional stress and nutritional problems in the beginning. During the second trimester the child's adrenal glands begin to develop, along with the thyroid, pituitary, and other glands. And since the mother and child share a circulatory system she begins to benefit from the baby's hormones. In effect, she begins to "feed off" the baby. She begins to experience more energy and that overall sense of well-being. It couldn't get any better. Her body has discovered a fresh new source of everything she's been missing.

But when the baby is born, the mother is abruptly cut off from her newfound lifeline. Within a day or two of giving birth, the mother can go from the highest high to the lowest low and never know what hit her. No one offers her an explanation. If anything, she might be told it's normal to experience the depression and fatigue and it's something she just needs to work through—and maybe some antidepressants might help.

The underlying problem, however, needs to be corrected. The adrenal glands (and often the thyroid and pituitary glands) must be given nutritional support. Sugar has to be eliminated. Additional minerals, B vitamins, and essential fatty acids (predominantly omega-3s) must be added to the diet. I've seen dramatic changes in just a matter of days through proper nutritional support, particularly using glandular supplements for the adrenal, thyroid, and pituitary glands (as I've described in the past). The problem isn't correctable with drugs.

Before leaving this topic, I want to mention that the child must not be forgotten. For months during a critical development stage the growing baby's hormonal system has been under additional stress. While babies have the potential to rebound rather quickly, they are often born with weakened adrenal glands and can experience major problems with blood sugar control. These are the same kids who are practically addicted to sugar, and the same ones who are later diagnosed with attention deficit disorder. They need the same treatment as the mother: nutritional intervention, not drugs.

Money Makes the World Go 'Round

I guess I got sidetracked from my original topic, but whenever I see legislated requirements for medical screenings, vaccinations, and the like, I think a bit of healthy skepticism is in order—particularly when it comes to our children.

I think it's also relevant to keep in mind that these efforts are not necessarily altruistic actions on the part of the pharmaceutical companies. They are undoubtedly fueled by the promise of future profits.

My latest count shows that 18 states are now debating the requiring of Gardasil vaccination for schoolgirls. Not surprisingly, Merck is funneling money through an organization called Women in Government, an advocacy group made up of female state legislators from all over the country. Many of the bills currently being considered have been introduced by members of Women in Government. A top official from Merck's vaccine division also sits on the Women in Government business council.

Merck has declined to specify just how much money it has spent on lobbyists or donated to Women in Government, but I would suspect the amount is substantial. After all, one drug industry analyst I spoke with projected Gardasil sales of at least $1 billion a year *and billions more if states legislate to require the vaccine*. If you have daughters or granddaughters who are of the age under discussion here, it would be worth your while to check with your state legislators and see what their take is on the matter.

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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