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Dr. David G. Williams

Politics as Usual, and Patients Pay

I was being interviewed recently, and one of the questions focused on natural therapies for cancer. The question didn't surprise me, because cancer remains one of the most common killers in this country, and also one of the most feared. In my search for natural cures and successful therapies, cancer has always been at the top of my list. Regrettably, it also remains at the top of the FDA's list when it comes to regulation, scrutiny, and harassment.

I speak often with researchers, scientists, and the management of nutraceutical companies, and the general feeling among those folks seems to be that developing or testing natural therapies for the treatment of cancer has almost become a losing proposition. History has demonstrated time and time again that the more successful the natural therapy is against cancer, the more fierce and ruthless the response will be from the FDA, the pharmaceutical industry, and established medicine. And this certainly hasn't gone unnoticed by various researchers and the nutraceutical companies.

Research into natural products to treat or cure cancer can be a serious threat to an individual's career, as well as to a company's long-term chances of survival. Realizing this, many in the industry are hesitant to even talk about a natural product for cancer these days—much less commit research funds to these products. As a result, we're seeing far more new products that focus on less controversial problems—such as obesity, lack of energy, and anxiety—in addition to hundreds of new "healthy" snacks and food products. And when I do run across new research in this area, it's commonly being performed outside this country.

Supplement companies have come to realize that, with the boot of the FDA hovering over their head, it's much easier to market an energy drink to millions than to cater to a small segment of cancer patients. I don't have a solution to this problem, or know when or even if it will change. Rest assured, though, that I'll keep you up to date on products like these through *Alternatives*.

Stop a Cold, Heal Your Heart

There's been no shortage of articles written in this newsletter about the number-one killer in this country: cardiovascular disease. There's one associated problem, however, that has gotten far less "air time" both here and in other publications. That's angina (ann-JY-nuh).

The large majority of the time, angina itself isn't a disease. It's a symptom of cardiovascular disease, and one that's very often misunderstood.

In medical circles angina is often referred to as angina pectoris, which more precisely refers to chest pains behind the breastbone or sternum. The pain occurs when there is inadequate blood flow (read oxygen) to the heart muscle itself. More often than not, this condition is due

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

to atherosclerosis, or clogging in the small coronary arteries that supply the heart muscle

Anyone who's experienced angina will probably never forget the sensation. The common symptoms include an immediate increase in heart rate and blood pressure, accompanied by chest pain that has been described as squeezing, burning, tightness, pressure and/or heaviness. The pain is generally slightly to the left side of the breastbone and can radiate to the lower jaw, neck, shoulder, back, arm, and hand.

These are many of the exact same sensations that are experienced during a heart attack. I'm sure that's why thousands of men who experience this problem regularly will keep it to themselves and pray it goes away. With angina, this is generally the case...at least temporarily.

Most people may not want to admit it, but they know when they are experiencing angina. After several episodes a pattern begins to develop, and a certain level of activity or stress will trigger an episode.

It's important to keep in mind that not all episodes of chest pain stem from poor circulation to the heart.

As a general rule, if the pain lasts for less than 30 seconds, or if it goes away when you change positions, drink a glass of water, or take a deep breath, it isn't angina. It could be acid reflux, a strained intercostal muscle, a misaligned or broken rib, lung infection, or inflammation of the connective tissue attaching the ribs to the sternum.

On the other hand, if the episode of pain is prolonged and isn't relieved by rest, it may be a heart attack.

It's a Warning, Not an Assault

If you suffer from angina, it's important to understand that an episode of angina is *not* a heart attack. Angina is the pain and other symptoms experienced when the heart *temporarily* doesn't get enough blood (oxygen). This pain doesn't mean there's permanent, irreversible damage to the heart muscle. In fact, angina doesn't normally damage the heart. But that certainly doesn't mean you should downplay the problem. Angina is a strong warning signal indicating that steps must be taken to improve your cardiovascular system before the problem progresses to heart attack. If you experience angina *before* a heart attack or heart failure, consider it a blessing. Then, by all means, immediately start taking action to reverse the problem.

(It bears repeating here that another tell-tale sign of atherosclerosis in men is often erectile dysfunction (ED). Erections are possible thanks to two main arteries in the penis. If blood flow becomes impeded due to blockages or plaque buildup, it becomes difficult to achieve or maintain an erection. And since the arteries in the penis are somewhat smaller than those supplying the heart, it's not unusual for problems to show up there first. For some reason, most doctors don't seem to see the connection between ED and heart or vascular disease, and often fail to alert the patient. I hate to say that ED is a blessing like angina but, in a way, it can also be an early warning signal of an impending heart attack or heart failure. *[Editor's note: For more about effective ways to treat ED, see the* Alternatives *Subscriber Center at* www.drdavidwilliams.com.*])*

Medical treatment generally consists of drugs to lower blood pressure and cholesterol, blood thinners, and some form of nitroglycerin to dilate blood vessels. It seems to be more and more common, however, to jump quickly to the next step and do either a balloon angioplasty or bypass surgery to improve blood flow.

I've covered alternative options extensively in the past. Hawthorn tea and extracts, coenzyme Q10, bromelain, magnesium, vitamin E, taurine, L-carnitine, garlic, lecithin granules, omega-3 oils (fish and flax oils), et cetera, are all therapeutic for heart conditions. Additionally, D-ribose (6 grams daily) has been shown to help stop exercise-induced angina, and creatine (5 grams daily) can help rebuild damaged heart muscle.

Obviously the above need to be combined with weight loss, a gradual increase in physical activity, a better diet, less stress, the elimination of sugar and refined carbohydrates in the diet, and a cessation of smoking.

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I'm sure the heart-healthy regimen above isn't news to you. I've been preaching about it for decades. What you may not be familiar with is a simple 14-day program that, for many people, can quickly stop angina problems.

A Common Mineral Provides Uncommon Benefit

George Eby isn't that well-known, but his work with zinc lozenges in treating the common cold has received a bit of publicity during the last 20 plus years. It's truly unfortunate that more people don't know about his work, because it could help millions.

Eby helped conduct several studies that indicate that when the correct form of zinc is used (zinc acetate) as a lozenge, the duration and symptoms of a cold can be dramatically reduced.

One incidental finding to this work revealed that short periods of high-dose zinc could completely stop severe angina problems in many individuals.

When I spoke with Eby recently, he told me about a 65-year-old man who participated in a 1981 research study involving zinc and the common cold. It was a blinded study, which means the participants didn't know whether they were taking zinc or a placebo. In addition to having a cold, this particular gentleman also suffered from severe angina. Like the other participants, he was told to take 23 mg of zinc gluconate every two hours while awake to treat his cold symptoms. His cold symptoms were not responding to the zinc, so on the third day he took a total of 300 mg of zinc and continued with 276 mg on each remaining day of the seven day trial.

Following the seven-day trial this gentleman insisted that he be told what he'd been taking. He didn't care if it was a placebo or zinc. He wanted more. After five days his angina pain had vanished for the first time in 15 years. Prior to this he had used other medications, including nitroglycerin, with little relief. Now the pain was completely gone, his blood pressure was normal, and he showed no signs of heart damage.

After this study that same gentleman went snow skiing in Colorado for the first time in 15 years and experienced no discomfort. He later found a new job working for the railroad and felt fine working hard labor each day.

Additional clinical work was done using 180 mg of supplemental zinc daily with patients suffering from angina. At least 50 to 60 people were successfully treated in this manner, but unfortunately the clinical records are no longer available. In practically every case, if the patients stopped smoking and made some dietary changes (cut out refined carbohydrates and consumed less fat), they responded favorably to this form of treatment. *(Med Hypotheses 06;66(1):169-172)*

By digging into earlier research, Eby found studies as far back as 1968 where doctors reported positive results using zinc in angina patients. One report found significant improvement in 12 of 16 patients using zinc therapy, and six of these used only zinc and didn't change their dietary, exercise, or smoking habits. *(Trace Substances in Environmental Health, conference 2nd Proceedings 1967–1968)*

Eby uncovered another report from Poland which found that individuals who worked in zinc mines had a 40 percent reduction in their incidence of angina when compared to individuals without any environmental zinc exposure. *(Part II: Coronary Disease, Przegl Lek 80;37(6):507–510)*

A Riddle Wrapped in a Mystery Inside a Capsule

Unfortunately there hasn't been a lot of follow-up work on the effects of zinc and angina to determine exactly how it works. Eby has shown that as far back as the 1960s there were reports indicating it was beneficial, but there's obviously not much interest from the pharmaceutical industry or anyone else doing research on a common mineral that can't be patented.

To be perfectly honest, I don't know exactly how it works. I'm not sure anyone does at this point. From the various reports I read, patients I've spoken with, and details of Eby's and others' observations, a short period of high-dosage zinc appears to have somewhat of a cleansing effect on arteries rather than simply increasing blood flow through dilation. We do know that zinc's antioxidant properties can prevent oxidation of the LDL form of cholesterol, which is one of the mechanisms of arteriosclerosis or clogging of the arteries. High doses of zinc also reduce inflammation, another contributor to artery plaques and clogging. And some researchers feel that a short period of high-dose zinc releases or "flushes" LDL cholesterol from cardiovascular tissues which, in turn, improves circulation and helps restore cardiac function.

This is definitely another case where more research would be helpful, but there never seems to be much interest in low-cost, do-it-yourself, therapies.

Take Sensible Precautions

One of the first concerns about any therapy is safety. The recommended daily dose for zinc varies depending on age and sex. Adult males require more zinc, and that's especially true for those who are sexually active since

Niacin for Alzheimer's

Question: I have a history of Alzheimer's in my family so it is a constant worry. I've read that smokers are 50 percent less likely to develop Alzheimer's than non-smokers. I don't want to start smoking, but would the use of nicotine patches be helpful? I've followed your suggestions about including omega-3 oils, curcumin, lecithin, acetyl-L-carnitine, et cetera, but after seeing the effects of Alzheimer's first-hand I'm willing to do most anything to prevent it.

—Sandra B.

Buffalo, New York

Answer: I certainly understand your concern. Alzheimer's is a horrible disease and currently the most common form of dementia. However, I don't think taking up smoking or the use of nicotine is the answer. There is an alternative.

Our old friend niacin, also called nicotinic acid, is a close cousin of nicotine. Niacin and nicotine both stimulate the production of the neurotransmitter acetylcholine.

Acetylcholine is needed for many things, primarily to facilitate the transmission of nerve impulses. Rather than use nicotine to increase acetylcholine, you can use niacin.

One recent study in Chicago selected 815 individuals without Alzheimer's disease, monitored clinical changes, and assessed their dietary niacin intake. After an average of four years, 131 in this group developed Alzheimer's disease.

After adjusting for all the important risk factors for the disease, those with the lowest niacin intake (an average of 12.6 mg per day) were 80 percent more likely to be diagnosed with Alzheimer's than those with the highest intake (22.4 mg per day). And even among those who didn't develop Alzheimer's, the cognitive decline in those with the highest niacin intake was almost 44 percent of those with the lowest intake. *(J Neurol Neurosurg Psychiatry 04 Aug;75:1093-1099)*

Previous studies have linked other B vitamins—B12, B6, and folic acid—to a reduction in risk for Alzheimer's, but this is one of the first to look at niacin. And there is obviously a very strong connection to a lack of niacin. It just so happens that niacin and the other B vitamins are found in whole grains, which have largely been replaced by refined grain products. Other food sources of niacin are liver, fish, peanuts, and some mushrooms, which are not generally favorite foods of the general public. My dad is sharp as a tack and in his 80s, and it's probably no coincidence that he just happens to love peanuts. He keeps a huge jar by his favorite chair.

One factor that was overlooked by the above study is the widespread use of and exposure to organophosphate-containing pesticides, herbicides, solvents, and plasticizers. Organophosphates destroy acetylcholine. If you want to see what a case of Alzheimer's disease or Parkinson's disease looks like in fast motion, watch a bug after spraying it with pesticide. These chemicals are nerve agents that irreversibly inactivate acetylcholinesterase, which is essential to the production of the acetylcholine needed for nerve function in humans, animals, and insects. Pesticides and these other organophosphate-containing products kill by attacking the nervous system of insects—and of humans as well. I have never understood why we can't seem to connect the dots and see what's happening.

Niacin has dozens of other benefits that I've covered in past newsletters. It improves circulation, lowers harmful levels of cholesterol, and combats arthritis, just to name a few. At a cost of only pennies a day, it's undoubtedly one of the best bargains around.

semen contains high levels of zinc. The suggested daily intake for men is between 10 and 15 mg and for women that number may be roughly from about 7.5 to 10 mg. Based on the latest research, these recommendations are starting to look low—particularly if you're over 55.

A new study at Wayne State University School of Medicine found that zinc supplementation could reduce infections in the elderly. A group of 50 subjects ages 55 to 87 received either a placebo or tablet containing 45 mg of zinc gluconate each day for one year. (Am J Clin Nutr 07;85(3):837–844)

At the end of the year, those on the zinc supplement had a significantly lower number of infections. Additionally, blood markers that indicate inflammation and oxidative stress were also reduced. There were no side effects or problems related to the zinc consumption. Keep in mind that inflammation and oxidative stress are two major contributors to the development of clogging of the arteries.

Very high doses of zinc taken for a long time could potentially cause problems, so a few precautions are in order. Studies have shown that a daily dosage of 300 mg for 30 days can suppress immunity in young adults, but a daily dose of 440 mg for 30 days can boost immunity in elderly adults. While the research to date seems a little confusing on this matter, the key is to not take the high doses for an extended period of time. The short-term dosages we're talking about for treating angina, however, haven't been shown to be a problem at all. In fact, quite the opposite

occurs. Studies show immune function improves. *(JAMA 84 252(11);1443–1446) (Am J Clin Nutr 88;48(3):655–653) (Am J Med 81;70(5)1001–1004)*

If high doses of zinc are taken for extended periods it's possible that the body's copper stores could be depleted. I don't think this would be an issue for the dosage and period of time we're talking about, but it's easy enough to supplement with a little copper before undertaking the high-zinc dosage program.

Putting the Program to Work

Most people don't need to take 300 mg a day like the gentleman I mentioned earlier. In fact, for most people, taking 60 mg of zinc three times daily is all that's necessary. (Eby felt that the only time a 300 mg daily dosage might be needed would be in individuals weighing 300 pounds or more.)

Also, based on Eby's clinical observations, many people needed only 4, 5, or 6 days of high-dose zinc therapy and not the full two weeks. Not only did most of the patients see total relief from their angina pain in that period, but their grayish to blackish skin tone disappeared and their overall circulation improved dramatically. (As an interesting side note, Eby told me that a patient's chronic, severe case of Raynaud's syndrome also cleared in seven days using 180 mg of zinc gluconate a day.)

In a nutshell, the research suggests that 180 mg of zinc should be taken daily in divided doses (60 mg with each meal). The best forms of zinc are the ones that are more biologically available. These would include zinc gluconate, chloride, acetate, glycinate, histidinate, or sulfate. The high dose can be stopped as soon as the angina stops, which is generally within the first seven days. The maximum period for taking the high-dose zinc would be 14 days. And finally, to prevent any possible problems with copper depletion, it is recommended that 4 to 6 mg of copper chloride be taken daily for 14 days prior to the high-dose zinc program.

Obviously underlying problems led to the angina in the first place, and those need to be corrected as well. Consumption of refined carbohydrates, high animal fat intake, smoking, lack of exercise, and vitamin/mineral deficiencies all need to be dealt with to achieve the best effects. Eby and others feel that many of the problems that can be corrected through the use of zinc stem from deficiencies in that mineral caused by the consumption of refined grains, which tend to deplete minerals in the body. As such, refined grain products (particularly white flour) should be replaced with whole grain products, nuts, and seeds in the diet. I've discussed this at length before, and the problems caused by eating a high glycemic diet.

Using high dose zinc to correct angina problems isn't something you're probably going to hear about either from your cardiologist or family physician. The first thought that usually comes to their mind when they hear the word angina is by-pass surgery. And it's probably the first thought of most patient's as well. That's why thousands are afraid to even mention the problem to their family or their doctor.

Large-scale clinical trials need to be performed to illustrate the benefits of zinc therapy. Hopefully, zinc therapy will be more widespread and accepted in the not-too-distant future. But maybe that's just wishful thinking on my part. As George Eby was quick to point out, the benefits of using zinc therapy for treating angina and atherosclerosis have been discussed in the medical literature since the 1960s. The evidence is there. Obviously, it's not a matter of whether it works or not. The ultimate test is whether it's profitable for someone to promote the procedure, and that's where zinc therapy comes up short.

A Common Mineral Causes Uncommon Harm

A few months ago I reported on a study showing that the average testosterone level in men was dropping at a rate of one percent a year, much faster than ever expected. Based on these findings, a 65-year-old man in 2002 averaged a 15 percent lower testosterone level than a 65-year-old man in 1987. (J Clin Endocrinol Metab 06;Oct 24 and Dec 5 (Epub))

At the time, I suspected this astounding decrease was linked to various estrogens and estrogen-like compounds we're being exposed to in our environment and water supplies.

New research has shown that a large part of the problem may stem from drinking fluoridated water. Roughly two-thirds of the drinking water in the US is now fluoridated.

Individuals in this country now consume an average of over 5 mg of fluoride daily compared to a little over 1 mg 50 years ago. This is the same time period that's seen a dramatic decrease in testosterone levels and fertility rates. *(J Toxic Clin Toxic 34(2):183–189)*

Fluoridated drinking water is supposed to contain between 0.7 to 1.2 mg per liter, but higher levels are common. Fluorine is actually a naturally occurring element, and only during World War II was it "extracted"—mainly for experimental purposes, and eventually for use

(*Flouride continued on page 192)*

NEWS TO USE FROM AROUND THE WORLD

The Pulse of Longevity

PARIS, FRANCE—With all the medical research focused on high-tech methods to solve health problems, it seems like many of the basic "hands-on" tools and techniques fall by the wayside. If you go for a physical in most clinics they still routinely take your blood pressure and pulse rate. Of these two measures of heart performance, blood pressure obviously receives the greater attention. The value of knowing one's pulse rate seems to have been forgotten. It's a shame, because having a history of your pulse rate might be one of the more reliable tools to predict your mortality.

I've briefly discussed the importance of pulse rate and pulse pressures in the past. This latest research just confirms what a useful and accurate tool it is.

French researchers recently completed a study of 4,320 men, ages 42 to 53 years old, who were recruited between 1967 and 1972. Each of the men had yearly physical examinations and their health history was documented for the next 20 years. During that period 1,018 men died from various causes. *(Paper presented at the 2006 Scientific Sessions of the American Heart Association, Nov 15, 2006, Chicago. Abstract 4203)*

After adjustments were made for risk factors such as age, physical activity, tobacco consumption, body mass index, systolic blood pressure, blood glucose, and cholesterol, change in the pulse rate was a strong indicator of their chance of survival.

The resting heart rate was determined by taking their pulse for one full minute after the men were allowed to lie on their back for five minutes. In those whose heart rate increased by more than 7 bpm (beats per minute) over the course of the study there was a 47 percent increase in mortality when compared to men whose heart rate remained stable (stayed within 7 bpm of the original baseline). Additionally, men whose resting heart declined more than 7 bpm from their baseline figure experienced an 18 percent lower mortality. The greatest benefits from a drop in heart rate appeared in those men who initially had a rate of over 75 bpm to begin with.

In men whose heart rate remained relatively stable those with a rate of 75 bpm or higher had a 79 percent higher long-term mortality that those with a stable rate between 61 bpm and 75 bpm.

I should also point out that none of these individuals had any clinically detectable cardiovascular disease at the beginning of the study. Considering this and the fact that all the other risk factors above were taken into account, it appears that monitoring changes in your resting pulse rate is like looking at your future in a crystal ball.

If you've had regular physicals over a period of time, ask your doctor for pulse rates that were taken at the time. And it's easy enough to start monitoring your own resting pulse rate on a regular basis.

Honest Assessment of Aspirin

I almost fell out of my chair when I saw this latest release from the US Preventive Services Task Force.

For years aspirin has been the golden child of the medical community. It's been recommended as a method to prevent everything from heart attacks to colon cancer. Finally, it seems someone is weighing any potential benefits against the known risks.

If you're currently taking aspirin to prevent colon cancer, it's not worth the risk—as I've said before. Researchers at the University of Chicago reported that the use of any nonsteroidal anti-inflammatory drug (including aspirin and many other pain medications) carries ain increased risk of bleeding. One or two people out of 100 using these drugs each year will have a major bleed that causes hospitalization, possible transfusion, and even death in many cases. Furthermore, several studies have now shown that aspirin doesn't really reduce one's risk of developing colon cancer.

When you take into account the increased risk in other conditions like stroke and liver or kidney failure, routine use of aspirin and other NSAIDs doesn't look so harmless.

Vitamin C for Muscle Health

GREENSBORO, NORTH CAROLINA—Research out of the University of North Carolina shows that muscle damage from exercise can be reduced with plain old vitamin C. In the study, 70 people were asked to do a series of elbow extensions with their non-dominant arm. For two weeks before the exercise, and four days after, half the participants took 3 grams of vitamin C daily, in divided doses. The other half took a placebo. The vitamin C group reported less muscle soreness immediately after the exercise, and at 4 and 24 hours afterward, than the placebo group. The vitamin C group also showed lower levels of a compound called creatine kinase, a marker of muscle breakdown. *(Int J Sport Nutr Exerc Metab 06;16:270–280)*

At one time it was thought that muscle soreness after vigorous exercise was due to a buildup of lactic acid in the muscles. When you're working harder than you're used to, your muscles use energy faster than it can be provided using normal sources. Your body then turns to another process that produces lactic acid. The excess acid is recirculated into glucose within an hour or two, though, so it turns out that this isn't the source of the soreness that appears the next day.

Rather, the discomfort, called "delayed-onset muscle soreness," comes from actual breakdown of muscle tissue. Under a heavy load for an extended period of time muscle fibers get microscopic tears and inflammation sets in—which explains why anti-inflammatory compounds relieve muscle soreness so well. Your body uses vitamin C to build connective tissue, and high levels of the vitamin may strengthen muscle fibers.

Even if you're not one for engaging in extended exercise, there will be times when you're more active than usual. A weekend of spring cleaning or clearing out the basement can leave you stiff and sore for days if you're not used to the activity. And as summer comes on, I'm sure there will be some of you beginning your "combat gardening" (hours of working muscles you're not used to exercising). I know of one woman who went to the hospital with chest pains after a day of gardening. Turns out it was simple muscle pain in the pectoral muscles in her chest.

It's important to note that you need to be prepared for the activity; the participants in this study began taking their added vitamin C two weeks before the exercise activity. (A study released at about the same time as this one showed little or no benefit from vitamin C, but the participants in that research received their first dose just two hours before the exercise.) Even though vitamin C is water soluble, and any excess is filtered out through the kidneys, you can build up levels of the vitamin in your tissues simply by taking some extra beyond daily body needs. *(Br J Nutr 06;95(5):976–981)*

The researchers in this study chose the 3-gram dose because they had seen earlier work using this amount that suggested a benefit. I've long recommended that you take 2 grams of vitamin C daily as part of your normal health routine. I'm sure this lower amount would still give you some of the same benefits seen in the current study.

I should point out that the people in this study were performing an activity they weren't used to. And though any reason to take better care of yourself is a good one, the best solution here isn't to increase your intake of vitamin C, it's to increase your overall activity level. As I wrote several years ago, you can get just as much benefit by increasing your daily activity level (taking the stairs, washing dishes by hand, et cetera) as you can by visiting a health club regularly. The secret, as the shoe company says, is to just do it.

Bacterial Balance or Bad Blood

JERUSALEM, ISRAEL—For some time now, the thinking in mainstream medicine has been that digestive ulcers are caused by the presence of bacteria called *Helicobacter pylori*. Supposedly these curly pathogens burrow their way into the mucous membranes lining the stomach, where they weaken the membrane and allow digestive juices to penetrate to the sensitive stomach wall.

The problem with this theory, though, as I've written before, is that about half of all people are infected with *H. pylori* at this very moment, yet few of those people will go on to develop ulcers. It's likely that the real problem is a bacterial imbalance that allows *H. pylori* to multiply and do its dirty work unimpeded.

A common therapy for the infection is a cocktail of three antibiotics. The trouble with that therapy, of course, is that using it will actually make the bacterial imbalance problem worse instead of better—because all the good bacteria will be killed off along with the bad ones.

Now researchers are looking at *H. pylori* as the culprit in another condition: iron-deficiency anemia (IDA). Most people with IDA are women in their premenopausal years. This makes sense, because of the regular blood loss these women experience as a result of menstruation. Among men, though, IDA is relatively uncommon.

In an effort to understand the problem, researchers at the Shaare Zedek Medical Center at Hebrew University in Jerusalem examined 44 men with IDA. In 15 they found a likely source of blood loss such as a bleeding ulcer. No likely cause was found among the other 29, but of that group 25 had H. pylori infection. The 29 men who had the "unexplained" IDA tended to be younger than the 15 who had been diagnosed with a bleeding condition, and earlier attempts at supplementation had less of an effect on their blood levels of iron. *(Blood Cells Mol Dis 07;38(1):45–53. Epub 06 Oct 24)*

Antibiotic therapy that eradicated the bacterial infection also cleared up the anemia in every patient. The authors came to the obvious conclusion, that getting rid of the offending bacteria would allow the return of normal iron levels. It's just as likely, however, that balancing the bacterial environment in the stomachs of these patients would have given results that were just as positive.

The most certain way to create that balance is with fermented foods. The bacteria in foods such as yogurt and sauerkraut help re-establish the healthy environment in your stomach. I especially recommend sauerkraut. It's been known for ages that cabbage juice can help heal a gastric ulcer, and I'd bet that the benefit comes from some effect on the action of *H. pylori*. (This is one instance where I don't think a probiotic supplement is going to help. Any supplement that delivers live bacteria right to the gut is formulated specifically so it doesn't expose those bacteria to stomach juices. You'll have to stick with the sauerkraut.)

(*Flouride continued from page 189)*

in building the atomic bomb. Following World War II, it was used to produce large quantities of various fluorocarbons for use in the production of plastics, pesticides, and pharmaceuticals. Practically every food now contains some fluoride. Plants get it from the soil and water. It's also found in fish and animal bone. But the amounts in unprocessed food are generally very small, ranging from 0.02 parts per million to 2.00 parts per million. The primary source for nearly everyone is fluoridated water—not only out of your tap, but also in food and drinks that have been processed using fluoridated water.

Here are just a few facts that the general public hasn't been told.

- Fluoride is more toxic than lead.
- Like lead, even minute doses accumulate in the body.
- It's neurotoxic and damages brain development in children.
- It lowers IQ in humans.
- It's carcinogenic (causes cancer).
- It's considered an "endocrine disrupter".
- It causes an iodine deficiency, resulting in impaired thyroid function.
- Numerous studies have found that the number of hip fractures among the elderly are substantially higher among those residing in communities with fluoridated water supplies.

On November 9, 2006, the American Dental Association (ADA) issued an alert advising parents to avoid using fluoridated water when reconstituting infant formula. I have yet to see any public warnings to this effect issued in communities with fluoridated water supplies. Children consuming formula made with fluoridated water receive the highest daily fluoride dosage per unit of body weight among all groups of the US population. And to make matters worse, they continue to receive and accumulate fluoride several times daily for months on end.

From this one factor alone, I have no doubt we'll continue to see testosterone and fertility rates drop for a few more decades at least. We'll also see future generations with increased neurological problems, lower IQs, higher cancer rates, and impaired thyroid problems that will lead to even more obesity.

The Scope of the Problem

And it's not just the younger generations that will be paying the price of fluoridation. Alzheimer's disease is increasing at an alarming rate. Fluoride has been shown to enhance the bioavailability of aluminum. In simple terms, drinking fluoridated water allows more aluminum to be absorbed and cross the blood-brain barrier when it is deposited in the brain. The combination of fluoride and aluminum has been shown to cause the same changes in brain tissue found in Alzheimer's patients.

Call your local water department today and find out if your water supply is treated with fluoride. If it is, don't drink it. Don't cook with it. Fluoride compounds aren't carried away with the steam of boiling water, they're concentrated. This is why foods and drinks made with fluoridated water are also dangerous. And whatever you do, don't use it to make baby formula. These kids will have enough problems being unwary participants in all the other environmental and medical "experiments" our society is currently being subjected to.

A combination of vitamin C, vitamin E, and calcium has been shown to protect against and even reverse some of the effects of fluoride. Calcium acts as a chelating agents to help remove deposits of fluoride. Vitamins C and E have more protective effects (upon testicular and other tissues).

I would also highly recommend including turmeric (or a curcumin supplement) or curry powder in your diet on a regular basis. It has been shown to have a protective effect against the brain plaque formation associated with Alzheimer's disease.

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.
- For back issues or reports, call **800-718-8293.**
- To sign a friend up for *Alternatives*, call **800-219-8591.**

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