Alternatives®
FOR THE HEALTH-CONSCIOUS INDIVIDUAL
November 2007 Volume 12, No. 5

Keep Cancer Away by Keeping Sugar at Bay


Dr. David G. Williams

Just over two years ago I wrote about an amazing product from Hungary used for the treatment of cancer. If you have the September 2005 issue of *Alternatives*, it would be helpful to review that article to find out more about Avemar. [*Editor's note: The September 2005 issue is posted on the* Alternatives *Web site,* www.drdavidwilliams.com.]

Avemar is a naturally fermented wheat germ extract that has been subjected to a great deal of research scrutiny, particularly in the area of cancer treatment. What makes Avemar stand out among other known therapies is the fact that its effectiveness isn't limited to any one specific type of cancer. So far it has exhibited positive effects against all forms of cancer cell lines tested.

In my previous report I explained how Avemar works on several fronts. It not only acts as an immune system "booster," it also has the ability to help protect the immune system from the damaging effects of chemotherapy and radiation. What probably sets it apart from most other therapies, however, is its ability to inhibit glucose metabolism in cancer cells. There's no need to go into all the details again here, but glucose metabolism in cancer is one topic that you'll being hearing a lot about in the upcoming years.

Every form of cancer cell requires large amounts of glucose: 10 to 50 times more than normal healthy cells. Conversion of the glucose produces nucleic acids and proteins—the building materials that a cancer requires to continue growing. This process is referred to as the Warburg effect.

More and more research studies are revealing that many cancer therapies that have a positive effect do so in large part because they inhibit glucose metabolism in tumor cells. And Avemar happens to be one of these.

A Breast Cancer Specialist

One of the latest studies concerning Avemar dealt with breast cancer. This past July, researchers presented the findings of a recent study at the annual American Society of Clinical Oncology meeting, where Avemar was compared to the most widely used drug therapies for breast cancer: tamoxifen, Aromasin, and Arimidex, all of which affect either a woman's level of estrogen or the ability of her body to respond to estrogens. The results of this head-to-head comparison sent some shock waves throughout the cancer treatment community.

Avemar inhibited the growth of one type of estrogen-sensitive breast cancer by 50 percent, compared to tamoxifen's 34 percent. In a second type of estrogen-sensitive breast tumor, Avemar inhibited the growth by 49 percent, compared to tamoxifen's 42 percent. Avemar was also shown to work better than either of the other two drugs, Aromasin or Arimidex.

When Avemar was used along with the conventional drug therapies, it increased their ability to inhibit or slow

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

the tumor growth by an additional 5 to 10 percent in one of the estrogen-sensitive tumor types.

One other very important finding was that Avemar was also able to inhibit tumor growth in forms of breast cancer that are not estrogen-dependent. None of the other three conventional drugs had any effect. *From a practical standpoint, this study showed that none of the pharmaceutical anti-estrogen drugs were as effective as Avemar alone.* (*J Clin Oncol. American Society of Clinical Oncology, 43rd Annual Meeting Proceedings, Abstract 21132:25(18S)*)

Through its ability to impede glucose metabolism and the formation of DNA in cancer cells, Avemar slows cancer cell division and tumor growth. Research has now shown that Avemar also triggers cancer cell "suicide" and makes the cancer more recognizable to your immune system. All of these factors work in harmony with the body to destroy the cancer—without toxic side effects or damaging normal, healthy cells.

This latest information is vital for anyone with breast cancer, those who have been treated with hormone therapy for breast cancer, and individuals who are at high risk of developing breast cancer due to genetic factors.

The body of research supporting Avemar continues to grow. I'm sure you'll be hearing more about it. Fortunately, the use of Avemar is gaining the support of more and more oncologists around the country. And the fact that it's a natural product means that it's still readily available directly to the public. We can only pray that it stays that way.

Avemar is sold as Avé in the US. It can be purchased from The Harmony Company, at 888-809-1241 or *www.theharmonyco.com*. They offer a 10 percent discount to *Alternatives* readers.

Damage From Conventional Therapy

Currently about 75 percent of all breast cancer is "estrogen receptor–positive." This means that the breast cancer cells have a high number of receptors for estrogen on their outer surface. Circulating estrogen from the bloodstream attaches to these receptors and encourages the cancer cells to grow and divide. Tamoxifen and the other two anti-estrogen drugs are used in an attempt to block this effect—with only limited success.

As you would suspect, taking any of the anti-estrogen drugs results in menopause, unless that has already occurred. And their list of side effects is long and very serious. Along with the menopausal symptoms of hot flashes, mood swings, decreased sex drive, nausea, and vaginal dryness, tamoxifen has been shown to increase the risk of uterine and endometrial cancers, cataracts, blood clots in the lungs (pulmonary embolism), and stroke. Known side effects of the other anti-estrogen drugs include everything from weight gain, depression, high blood pressure, and chest pain to vomiting and difficulty breathing.

Surgery is sometimes effective for smaller, well-defined breast cancers, but generally the larger the tumor the lower the survival rate. And if the cancer metastasizes (spreads), the average survival time is around two years—even when using these anti-estrogen drugs along with chemotherapy and/or radiation. More attention lately has been focused on the long-term effects on those who survive following chemo or radiation therapy for all cancers. Studies have shown both forms of treatment increase the risk of additional cancers down the road.

Suppressing Treatments—Instead of Cancer

Treating cancer is big business in this country, and the pharmaceutical companies have a lot of future profits riding on the idea that an inexpensive, safe cure won't be found anytime soon. And, unbelievable as it may sound, they are willing to invest an obscene amount of money, time, and effort to make sure such a cure isn't readily available to the masses.

In January of this year, there was a press release from the University of Alberta, Canada, discussing a possible cancer breakthrough utilizing the chemical dichloroacetate (DCA). In rat studies, the inexpensive chemical shrank tumors by 75 percent in just three

ALTERNATIVES® **Author: Dr. David Williams; Publisher: Robert Kroening; Editor: Bill Todd**
ISSN# 0893-5025. Published monthly for $69.99/yr. by Mountain Home Publishing at 7811 Montrose Road, Potomac, MD 20854. Editorial Office: 7811 Montrose Road, Potomac, MD 20854. Periodicals postage paid at Rockville, MD and at additional mailing offices.

POSTMASTER: Send address changes to *Alternatives*, PO Box 2050, Forrester Center, WV 25438.

weeks. (It also just happens to work by reversing the Warburg effect I described earlier.)

DCA has been used for years to treat a condition called lactic acidosis, and the researchers at the University of Alberta said they had a few reports that it had been used to treat cancer successfully with relatively little toxicity. When they put out their first press release in January 2007, they were hoping to move their research efforts beyond the laboratory and begin human clinical trials. Although the drug had been in use for over 20 years, it hadn't been studied that extensively for cancer use. To complicate matters, DCA is very inexpensive and can't be patented—so no pharmaceutical company (or pharmaceutically controlled government agency) was going to fund the necessary studies.

Web sites popped up in the US selling the chemical over the Internet, but the FDA quickly stepped in and stopped that (*www.buydca.com* and *www.thedcasite.com*).

What happened next is nothing short of a miracle. Donations began to pour in from all over the world. People held bake sales. One Canadian girl sent a check for $75, money she made from selling drink coasters. Another gentleman reportedly sold coffee and donuts and donated that money. Within 8 months the researchers had $800,000 and have now started a clinical trial involving 50 patients who have brain cancer.

We'll have to wait a few months to see how the trials go; a positive result in rats doesn't mean it will work the same way in humans. Many treatments that have been shown to shrink tumors don't increase survival times in the long run. I'll let you know how it turns out.

Another compound, one even more promising, seems to have fallen by the wayside. Again, I suspect it's from pharmaceutical industry pressure. The compound, called 3-bromopyruvate (3-BrPA), was being studied at Johns Hopkins University by Young Ko.

3-BrPA knocked out cancer in the liver and suppressed metastatic tumors in the lungs. (All the work was done on animals.) If you read the study, the results are truly astonishing. (*Cancer Res 02;62(14):3909–3913*)

Further research work by Dr. Ko on 3-BrPA has been suspended, unfortunately. She is suing several colleagues at the university, stating her cancer work has been blocked and her research stolen. I'm not sure we'll ever know the whole story. The part we do know, however, is that Dr. Ko estimated that the cost of treating a human with the off-the-shelf chemical would be about $20 a month.

Fortunately, researchers in other laboratories have picked up where Dr. Ko left off. Test tube studies performed in China and South Korea confirm that 3-BrPA is effective against cancer of the liver and the colon. (*Zhonghua Yi Xue Za Zhi 07;87:1058–1062*)(*Mol Cancer Ther 07;6:2554–2562*)

Given the current situation in this country, I don't hold out much hope that either of these effective, inexpensive therapies will come into general use. There's always the chance, however, that we'll come to our senses.

Give Your Liver a Good Scrub

A reader from Richmond, Texas, down my way, wrote in with a question I hear fairly often. He's been having trouble with his gallbladder, and his doctor has recommended taking the organ out. Furthermore, the doctor says he's never had a patient experience

(*Bile continued on page 38*)

STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION (As required under Act of August 12, 1970: Section 3685, Title 39, United States Code). 1. Publication Title: Alternatives. 2. Publication no.: 0893-5025. 3. Filing date: September 28, 2007. 4. Issue frequency: Monthly. 5. No. of issues published annually: 12. 6. Annual subscription price: $69.99. 7. Complete mailing address of known office of publication: 7811 Montrose Road, Potomac, Montgomery, MD 20854. Contact person: Ann Marie Feldman. Telephone: (301) 340-7788. 8. Location of the headquarters or general business offices of publishers: 7811 Montrose Road, Potomac, MD 20854. 9. Names and addresses of publisher, editor and managing editor: Publisher: Healthy Directions, LLC, 7811 Montrose Road, Potomac, MD 20854. Editor: Dr. David Williams, 7811 Montrose Road, Potomac, MD 20854. Managing Editor: William Todd, 7811 Montrose Road, Potomac, MD 20854. 10. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1% or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given.) Healthy Directions, LLC, 7811 Montrose Road, Potomac, MD 20854. 11. Known bondholders, mortgagees, and other security holders owning or holding 1% or more of total amount of bonds, mortgages or other securities: None. 12. Not applicable. 13. Publication name: Alternatives. 14. Issue date for circulation data below: September 2007. **15.** Extent and nature of circulation: **a.** Total no. copies printed (Net Press Run): Average No. Copies Each Issue During Preceding 12 Months: 325,035; No. Copies of Single Issue Published Nearest to Filing Date: 277,000. **b.** Paid Circulation (By Mail and Outside the Mail): **(1)** Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above niminal rate, advertiser's proof copies, and exchange copies): Average No. Copies Each Issue During Preceding 12 Months: 302,860; No. Copies of Single Issue Published Nearest to Filing Date: 256,095. **(2)** Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above niminal rate, advertiser's proof copies, and exchange copies): Average No. Copies Each Issue During Preceding 12 Months: None; No. Copies of Single Issue Published Nearest to Filing Date: None. **(3)** Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales and Other Paid Distribution Outside USPS®; Average No. Copies Each Issue During Preceding 12 Months: 12,882; No. Copies of Single Issue Published Nearest to Filing Date: 12,615. **(4)** Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-class Mail®): Average No. Copies Each Issue During Preceding 12 Months: 286; No. Copies of Single Issue Published Nearest to Filing Date: 264. **c.** Total Paid Distribution [sum of 15b. (1), (2), (3) and (4)]: Average No. Copies Each Issue During Preceding 12 Months: 316,028; No. Copies of Single Issue Published Nearest to Filing Date: 268,974. **4.** Free or Nominal Rate Distribution OUTside the Mail (Carriers or other means): **(1)** Free or Nominal Rate Outside-County Copies Included on PS Form 3541: Average No. Copies Each Issue During Preceding 12 Months 23; No. Copies of Single Issue Published Nearest to Filing Date: 23. **(2)** Free or Nominal Rate In-County Copies Included on PS Form 3541: Average No. Copies Each Issue During Preceding 12 Months: None; No. Copies of Single Issue Published Nearest to Filing Date: None. **(3)** Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-class Mail®): Average No. Copies Each Issue During Preceding 12 Months: 139; No. Copies of Single Issue Published Nearest to Filing Date: 139. **(4)** Free or Nominal Rate Distribution Outside the Mail (Carriers Or Other Means): Average No. Copies Each Issue During Preceding 12 Months: 535; No. Copies of Single Issue Published Nearest to Filing Date: 240. **e.** Total Free or Nominal Rate Distribution [Sum of 15 (1), (2), (3), and (4)]: Average No. Copies Each Issue During Preceding 12 Months: 697; No. Copies of Single Issue Published Nearest to Filing Date: 402. **f.** Total distribution (sum of 15c and 15e): Average No. Copies Each Issue During Preceding 12 Months: 316,725; No. Copies of Single Issue Published Nearest to Filing Date: 269,376. **g.** Copies Not Distributed: Average No. Copies Each Issue During Preceding 12 Months: 8,310; No. Copies of Single Issue Published Nearest to Filing Date: 7,624. **h.** Total (Sum of 15f and g): Average No. Copies Each Issue During Preceding 12 Months: 325,035; No. copies of single issue published nearest to filing date: 277,000. **i.** Percent Paid (15c/15f x 100): Average No. Copies Each Issue During Preceding 12 Months: 98.8%; No. Copies of Single Issue Published Nearest to Filing Date 99.9%. 16. Publication of Statement of Ownership: November 2007. I certify that the statements made by me above are correct and complete. Ann Marie Feldman, September 28, 2007.

NEWS TO USE FROM AROUND THE WORLD

Sudden Vision Loss in One Eye

LONDON, ENGLAND—If you suddenly lose sight in one eye for no apparent reason, there's an overwhelming chance that one of the small blood vessels supplying your retina has become blocked. The retina, as you recall, is the sensitive backside of the interior eye onto which light is focused. If one of the small arteries supplying the area becomes blocked, you will lose vision almost instantly. You then have about an hour to fix the problem before irreversible damage occurs.

If you can get to an emergency room, that's probably the best option (assuming a doctor will see you in time and assuming he/she knows what to do). You can, however, easily perform the same procedure a doctor would (dare I say "should") perform with no difficulty.

To move the foreign material that's blocking the retinal artery, you need to rapidly increase the blood pressure flowing through the retina. The easiest way to do this is to firmly press your fingertips over the closed eye until you feel pain, then quickly release the pressure.

As you apply pressure to the eye, the fluid within the eye collapses the retinal blood vessels, building up blood pressure. Upon release, the blood quickly surges through the small arteries and will dislodge the clot. It should then move further downstream into a narrower artery—improving the chances that only a smaller part of the retina will be harmed.

This technique generally restores almost all the lost vision immediately—and will be the same procedure utilized if you're seen in the emergency room. (*Lancet 07;370(9587):590*)

The event is an indication that there is an active clotting problem, so I would highly recommend following up with the use of the natural clot buster nattokinase, and taking the other necessary steps to reduce the formation of atherosclerosis throughout the body. [*Editor's note: To read Dr. Williams' full recommendations for fighting atherosclerosis, visit the Subscriber Center of the* Alternatives *Web site,* www.drdavidwilliams.com.]

Berry Protection Against Cancers

COLUMBUS, OHIO—One of the least, and most, enjoyable parts of my job is testing various products. It's least enjoyable when I have to ingest some foul-tasting, foul-smelling concoction for a couple of weeks and wait for a miracle, or slather on some nasty sulfur paste to see if it will grow hair, remove a wart, heal a cut, or whatever. Thank God I have a strong stomach.

It's the most enjoyable when I get to sprinkle dried berry powders on all the foods I can think of or add it to my morning protein shake. Black raspberry has become one of my favorite food items. And my three-year-old son can't get enough of it. I feed it to him by the spoonful, which is pretty obvious to his mom from the stains on his clothes, his tongue, mouth, and anywhere else it happens to touch.

As I said, I put a tablespoon or so in my daily shakes. It goes great in yogurt or on ice cream. And it forms the top layer of one of my favorite snacks: a toasted English muffin, spread with crunchy natural peanut butter, slices of banana, walnuts or pecans, and unprocessed honey or agave nectar.

I recently found it has another use. Researchers have discovered that, used topically, it combats skin cancer.

Raspberry to the Rescue

Studies have found that treating mice with a black raspberry gel following sun exposure reduced swelling, inflammation, and skin damage. It also greatly reduced the size and number of skin tumors that developed.

The researchers from Ohio State University are now in the process of developing a black raspberry topical gel and are continuing their tests with humans. It appears it can be used much like a sunscreen or after sun exposure to reduce pre-cancerous lesions.

They are also developing an adhesive gel that can be applied in the mouth to treat oral cancers.

Based on these findings, researchers at the University of Louisville are combining the black raspberries with blackberries, blueberries, and strawberries to see if they can be used successfully to treat cancers of the lung, breast, and other sites. Consuming large amounts of this mixture has provided protection in rat studies.

As for the black raspberry gel, the researchers are seeking FDA approval so it can be sold as a prescription item sometime in 2009.

The berry gel could be a godsend, particularly to organ transplant patients. The anti-rejection medication they require has a dramatic effect on their immune systems. As a result, for the rest of their lives they are highly susceptible to developing cancer, particularly lymphoma—where their risk increases 20-fold—and for non-melanoma skin cancer (squamous cell)—where the risk is increased 65- to 250-fold.

It has been found that 5–10 percent of all transplant patients will develop squamous cell carcinoma within five years of their transplant, and half will do so within 10 years. While squamous cell carcinoma isn't as deadly as the melanoma form of skin cancer, it can be deadly for someone with a weakened immune system.

The Ohio State researchers appear to be making their black raspberry gel by mixing freeze-dried berries with K-Y Jelly. That being the case, there's no need to wait for a prescription product.

And the senior author of one of the studies presented at the annual meeting of the American Association of Cancer Research told us you don't even have to worry about purple skin. The amount of extract they used was so small it didn't even stain the animals' skin.

K-Y Jelly is available at any pharmacy, and we have an excellent source of dried berry powders. For several years now I've used NutriFruit powders, available at *www.nutrifruit.com* or 866-343-7848. My biggest problem will be trying to wrestle the black raspberry powder away from my three-year-old. At least his mom can rest easy knowing that oral cancer should never be a problem.

More Dangers From Soda

BOSTON, MASS—Last month, at the American Chemical Society meeting, Chi-Tang Ho from Rutgers University added more support to the fact that high fructose corn syrup (HFCS) is detrimental to your health. I'm sure you know by now that I think refined carbohydrates (processed sugars) have become one of the most dangerous components in our diets.

And if there's any sweetener more dangerous than common sugar it has to be HFCS. It's used in practically everything these days, but soft drinks probably are the most common source. Ketchup is another. Years ago soft drink companies used plain cane sugar, but high import tariffs and subsidies have made it too expensive. HFCS is made by treating corn starch with enzymes that turn some of the glucose into fructose.

Ho found that adding HFCS to sodas increased carbonyl compounds by 10-fold. These compounds are the same ones found to be elevated in diabetics and responsible for complications like foot ulcers, eye damage and blindness, and nerve destruction. The most harmful of these compounds is methylglyoxal, whose dangers have now been well documented.

If you have diabetes, avoid HFCS like the plague. If you don't have diabetes, avoid HFCS like the plague.

Unintended Consequences

NEW YORK, NEW YORK—They probably won't tell you this if you go in for a CT scan for heart problems, but the procedure significantly increases your risk of developing cancer. One of the most common tests for checking the coronary arteries and the heart, computed tomography coronary angiography (CTCA), provides 64 "slices" through the heart and chest and exposes one to a substantial dose of radiation in the process.

Researchers estimated the increased lifetime risk of either breast or lung cancer, since this is the area exposed to the radiation. The risk varied depending on the patient's age and sex.

For a 20-year-old woman the risk was 1 in 143—compared to 1 in 3,261 for an 80-year-old man. (*JAMA 07;298(3):317–323*)

Obviously, the cancer has to develop in a younger person. Most cancers have probably been growing for 20 years or more before they become big enough or aggressive enough to be detected.

CT scans are remarkable tools, and in many cases they can help save lives. Unfortunately, they're being used more and more by clinics that perform "extreme" physicals. These clinics perform full-body CT scans as part of their total body evaluations. An evaluation is fine, but not if it increases my risk of cancer a few years down the road.

Sleep Better With Clear Sinuses

KITAKYUSHU, JAPAN—Many of the people who reach for a bottle of soda in mid-afternoon for a pick-me-up would be better off going for a bottle of nasal spray instead. In a survey of nearly 5,000 daytime workers in Japan, those individuals with chronic nasal obstruction were five times more likely to experience sleep apnea, and more than twice as likely to experience excessive daytime sleepiness (EDS). (*Otolaryngol Head Neck Surg 07;137:669–673*)

Sleep apnea is an interruption of breathing during sleep. The break can last from just a second or two to as long as a full minute. As I've written before, sleep apnea is an independent risk factor for several types of cardiovascular disease, including high blood pressure and stroke. It's also linked to many problems that are related to sleepiness and lack of alertness, including poor work performance and driving accidents. Hold your breath for 30 seconds or so and see how you feel. Now picture that heppening up to hundreds of times during a night, and you can imagine what the repeated interruption does to the quality of your sleep. (*J Clin Sleep Med 06;2:193–200*)

Over the years, many researchers have connected sleep apnea and obesity. In overweight people, some of the fat that accumulates around the throat can press down on the windpipe and interrupt breathing. The problem becomes worse when a person sleeps on their back rather than on their side. A classic sign of apnea is loud snoring and snorting as breathing is restored. Typical treatment for apnea involves what's known as CPAP (continuous positive airway pressure), in which pressurized room air flows through a mask that fits over the nose and mouth.

Squirt Your Way to Better Breathing

A far better solution would be to actually address the problem that's causing the apnea in the first

NEWS TO USE *(CONTINUED)*

place. If you're overweight, then attacks of mid-afternoon sleepiness might be a sign that you need to start on a weight-loss program. For some individuals, however, simple nasal congestion causes their apnea. The inability to breathe through the nose prompts them to breathe through their mouth during sleep, and the airway collapses as it relaxes—leading to the same symptoms as in people whose airway is blocked by fat.

Common nasal sprays tend not to work well, as anyone who's tried them can tell you. To make matters worse, the sprays can often cause a rebound effect, in which the congestion gets worse when you stop using the product. This problem arises because most nasal sprays reduce the amount of mucus and congestion by shrinking the mucous membranes in your sinuses and nasal passages. When you stop using the spray, the membranes recover their function and continue to produce mucus. And because mucus secretion is one of the ways your body moves toxins out, those toxins have been building up the whole time you've shut down your production. The result is that mucus production actually speeds up, in an effort to clear the areas.

One proven solution is salt water. The salt kills any bacteria it comes in contact with, and the further you can get it up into your sinuses the more benefit you'll see. The simplest method of getting salt water into your sinuses is to snort it up out of the palm of your hand. Run some warm water into a cup, then mix in a half teaspoon of plain table salt. Pour a little of the water in your cupped palm, hold it up to one nostril, press the other one closed, and sniff strongly and quickly. Repeat this several times with each nostril, until you can feel the water running down the back of your throat.

I know that some people won't like the idea of sniffing water up their nose. In that case, I'd suggest you try the one nasal spray I've found that really does work. Xlear (pronounced "clear") is a saline spray that has the natural sugar xylitol added to it. Xylitol makes bacteria less likely to adhere to mucous membranes, and appears to help activate the immune system in the nose. Xlear is available from the manufacturer at *www.xlear.com* or 877-599-5327. There are roughly 1,000 sprays in each 2-ounce bottle.

Another possibility is a small pitcher called a neti pot, used for thousands of years in Ayurvedic medicine. The pot is simple to use:

- Fill the pitcher with lukewarm salt water.
- Lean over a sink and tilt your head to one side.
- Put the tip of the spout in the upper nostril.
- Slowly pour the salt water into one nostril and let it drain out the other side.

A similar device I've come across is called the Nasal Spa by NaCur. It's simply a plastic bottle with a spout at the bottom and an air hole in the lid. You unscrew the lid and fill the bottle with the salt water solution described above. Replace the lid, put your finger over the airhole, then unfold the spout and insert it into either nostril. When you move your finger away from the airhole, gravity will pull the solution out of the bottle, up through your nasal passages, and out the other nostril. You do have to lean over a sink while you're doing this, of course, but without bending or twisting.

Currently the Nasal Spa is sold only in England, but they will ship internationally—and the product should be available in the US within a few months. For now, you can order from them at *www.nacur.com*.

(Bile continued from page 35)

problems after gallbladder removal, so the reader doesn't need to take supplemental bile salts after the surgery.

I really can't say this more clearly: If you've had your gallbladder out, you need to take bile salts indefinitely.

In past issues I've gone into great detail explaining the need for bile salts to help digest dietary fats and all the fat-soluble vitamins. In very simple terms, one of bile's functions is to help break down fats so they can be absorbed. Bile has a "detergent" action when it comes to fats. Much like detergent or soap, bile separates large fat compounds into smaller molecules.

If you want to predict your future health without bile salts, it's really very easy. Pick up any good nutritional text and make a list of all the problems and symptoms associated with deficiencies of the fat-soluble vitamins and essential fatty acids. We're talking about everything from indigestion and dry skin to cataracts and cancer.

For some reason, most doctors don't seem to take much interest in trying to normalize the digestive system. I think it's probably because they're trained to alleviate a patient's symptoms rather than think about prevention. And symptoms, particularly digestive symptoms, may not evolve into full-blown serious health problems for decades. It's easier and quicker to prescribe something for indigestion later than it is to worry about life-threatening problems that haven't yet developed.

Bile is probably one of the most overlooked and underrated methods the body uses to remove toxins. Modern medicine seems to have forgotten, but even the earliest health pioneers knew that *the amount of bile your body produces relates directly to the amount of toxins you can excrete*.

When Body Breakdowns Are Good

I won't go into an extremely long detoxification discussion here, but there are a few things everyone (particularly doctors) should be aware of. Very few doctors understand what I'm about to explain.

In very simple terms, one of the primary functions of bile is to break toxins down into smaller components. These particles are then bound to various sulfur compounds such as glutathione. The bile then carries the toxins through the colon, which is protected (hopefully) by the beneficial bacteria flora. These same bacteria also help separate the bile from the toxins so it can be used again, and help move the toxins out of the body.

There's been a lot of emphasis lately on the increased exposure we have to various carcinogens in the form of cleaning compounds, pesticides, food packaging, hormone-like pollutants, water contaminants, et cetera. Proper bile flow is essential to removing these carcinogens. Carcinogens, and other toxins for that matter, that have not been neutralized or that remain stored in the body can cause chronic inflammation and eventually lead to a deadly cancer.

In the October 2007 issue I discussed the emergence of widespread liver disease. Poor or inadequate bile flow or bile production is one of the causes.

When toxins aren't excreted quickly enough, they trigger immune responses and inflammation in the blood vessels in the liver. This begins to damage the arteries—reducing circulation throughout the organ and starving liver cells. Bile production slows and cholesterol levels begin to climb, leading to plaques and further clogging.

Higher blood pressure can lead to hemorrhoids or varicose veins. The higher pressure in the liver results in fluid leakage and retention. That's when you begin to see edema, or fluid buildup, particularly in the feet and legs and later in the abdomen (where it's known as ascites).

From the Liver to the Skin

I've been following the work of several researchers in Hungary who have been studying the protective effects of bile. They've confirmed that the detergent activity of bile acids splits toxic molecules into non-toxic fragments. *Using this same detergent mechanism, bile provides one of our major defenses against endotoxins and viruses that enter the body through the gastrointestinal tract*. (*Pathophysiology 04;111(3):139–145*)

This is undoubtedly one of the most important findings I've seen in years, yet it seems to have gone totally unnoticed. These Hungarian researchers have uncovered a simple, safe, and inexpensive way to prevent and/or treat some of the most common, and most lethal, diseases of our time. If the pharmaceutical industry gets word of this, the widespread availability of bile salts will undoubtedly become a thing of the past.

The skin is the body's largest elimination organ. The Hungarian researchers theorized that psoriasis patients probably had low bile production—which would reduce their ability to neutralize toxins in the intestinal tract and force added elimination through the skin. Disorders of the skin are one of the first signs of excess toxicity due to deficient or poor bile flow.

To test the theory, a total of 800 psoriasis patients were recruited for a study in which 551 were treated with bile acid supplementation for 1–8 weeks and the other 249 were treated with conventional therapies.

During the study, 434 patients (78.8 percent) recovered fully using the bile acid. Of the 249 on conventional therapies, only 62 (24.9 percent) experienced recovery.

Two years later, 319 of the 551 acute and chronic psoriasis patients treated with bile acid (57.9 percent) were still totally asymptomatic, compared to 15 out of the 249 (6.0 percent) receiving the conventional treatment.

The curative effect of bile was most pronounced in those with the acute form of psoriasis, rather than the chronic form. At the end of the two-year follow-up, only 10 out of the 139 acute psoriasis patients (7.2 percent) receiving conventional therapy were asymptomatic—compared to 147 of the 184 bile treated patients (79.9 percent). (*Pathophysiology 03;10(1):57–61*)

Antibacterial Bile

Besides being a fantastic new treatment for psoriasis, the use of bile salts may have far broader applications in treating problems such as sepsis (blood poisoning), viral infections, herpes, atherosclerosis, intestinal syndrome of radiation disease, hepato-renal syndrome, et cetera.

We're hearing more about sepsis or severe infections that have entered the bloodstream. Behind heart disease, sepsis has become the second leading cause of death in intensive care–unit patients. The number of people dying from sepsis has doubled in the last 20 years. The average mortality rate among sepsis patients is 40 percent, but in the elderly the death rate is as high as 80 percent.

One of the reasons for the huge increase in sepsis cases stems from the antibiotic-resistant bacterial strains we've created through the indiscriminate use of antibiotics.

Trying to flood the body with enough antibiotics to eliminate a constantly moving infection in the bloodstream is difficult at best. The problem becomes com-

plicated many times over, however, when bits and pieces of the destroyed bacteria break off and circulate to all parts of the body. These bacteria fragments, referred to as endotoxins, are some of the most toxic and destructive substances known. Once they reach the blood, it's like a grenade going off in an ammunition depot. It starts a chain reaction that eventually destroys the entire complex. Inflammation spreads and engulfs the body. Tissue and organs are destroyed. Blood begins to coagulate right in the veins. What outwardly appears as a slight illness rapidly progresses into a life-threatening situation.

The Hungarian researchers have shown that bile acids can split endotoxin molecules into harmless fragments and prevent them from moving out of the intestinal tract into the bloodstream. (*Orv Hetil 99;140(1):3–8*).

Replacing the Storage Tank

Bile's detergent action also has the ability to "open" and destroy many of the larger viruses that have an outer protective lipoprotein coating, also called enveloped viruses (*lipo* means fat).

Once the gallbladder is removed, your body loses its ability to adequately regulate proper bile flow or storage. The bile "holding tank" is gone. There's no reserve when the next load of fats, beneficial fatty acids, or fat-soluble vitamins come along. There's no reserve when the body comes under attack by pathogenic bacteria or viruses.

Toxins also can't be eliminated efficiently. When estrogen-like compounds and hormones aren't removed, you'll often see the breast enlargement now common with older men. The hormone imbalance in women can be a living nightmare. Hot flashes, cysts, migraines, weight gain, mood swings, and depression are just of few of the symptoms. And using hormones to treat these symptoms will be only marginally successful if the underlying bile problem isn't addressed.

Toxins also begin to back up into the lymphatic system, the blood, the joints, and other tissue. One researcher I've spoken with felt that by the time someone starts to experience allergies, arthritis, and inflammation in the joints and muscles, they already have a 75 percent "deficiency" in bile production. The deficiency has grown to around 90 percent by the time chronic illnesses or cancer become evident.

Update on XPC

As you may remember, in the September issue of *Alternatives* I wrote about a fermented yeast product called XPC. At the time I didn't have a reliable mail-order source, but I promised I'd keep you up to date. XPC is available from Wholesale Feeds, in Marion, Iowa. They can't take Internet orders yet, but you can call them at 319-377-5528.

As always with products packaged for animals, remember that they won't be able to give you any advice about using it for yourself, so please don't ask.

Some of the best natural therapies work by improving bile flow or production. The health pioneers in the early 1900s were well aware of this. (The definition of a pioneer is "the man with an arrow in his back.")

That's why those same remedies are so valuable today. Beets increase bile production and keep the bile thin. The same is true for many other products, including lecithin, choline, turmeric, curcumin, yarrow, Oregon grape root, taurine, milk thistle, artichoke, and dandelion.

If the reader's doctor doesn't believe any of his patients have had any related problems after removal of their gallbladders, he's obviously not skilled at looking at the larger picture.

If you've had your gallbladder removed, bile deficiencies are inevitable. And they are serious. I recommend you use the product known as Cholacol from Standard Process to replace your bile. You can get it from Village Green Apothecary, at 800-869-9159. (They don't take orders for Standard Process products via the Internet.) For the best results, simply follow label directions.

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.

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