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FOR THE HEALTH-CONSCIOUS INDIVIDUAL

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Dr. David G. Williams

Cancer Declawed

Cancer is one of the most frightening diseases of our time. Even with all the modern “miracles” at our disposal, cancer treatments are often questionable—and barbaric. Conventional medicine is still looking for a treatment that will “kill” the cancer before it kills the patient.

Just as there isn't a single causative factor for cancer, there isn't a single effective, sure-fire treatment for all types of cancer. In past issues, I've discussed several natural products that have been shown to not only help prevent cancer in the first place, but also, in many cases, to treat and/or eliminate the problem altogether. Some are stand-alone products, but most can be used safely and effectively as adjunctive therapies to more conventional treatments if desired. I would still highly recommend these therapies and products if you're ever diagnosed with cancer. They include such items as vitamin D, resveratrol, ImmPower (the mushroom extract AHCC), properly processed shark cartilage, magnesium and zinc, garlic, lycopene, saw palmetto, soy isoflavones, carotenoids, turmeric, IP6 (inositol hexaphosphate), and iron reduction techniques.

In most discussions about cancer, the one area that doesn't get enough attention is metastasis. This is the spread of the cancer from one organ or part of the body to another. While most cancers are still treated with some form of surgery in an attempt to remove the primary tumor, the procedure is commonly followed up with chemotherapy or radiation. The goal is to eliminate any remaining cancer cells that could otherwise migrate from the original site and form new tumors. The prognosis of most cancers becomes significantly less favorable once a cancer spreads. *Metastases are the biggest threat from cancer.* Breast and prostate cancer pose a whole new threat when they spread to the bone, as does colon cancer when it metastasizes to the liver.

In most cases it is the metastases that are responsible for a patient's death rather than the primary tumor.

If you're ever diagnosed with cancer, in addition to utilizing every reasonable therapy like those above it's imperative to do whatever possible to limit its spread.

I don't claim to be an expert in cancer or cancer treatment. Cancer is a very complex and complicated disease. Research strongly suggests, however, that you have to focus on two main areas to stop a primary tumor from metastasizing.

How Cancer Feeds

The first area to consider is angiogenesis, or the growth of new blood vessels. Cancerous tumors naturally have weak, poorly formed blood vessels that must be continuously replaced with new ones. And without the constant formation of new blood vessels, a tumor can't grow. By stopping angiogenesis, you don't directly destroy a tumor, but instead little by little cut off its supply of nutrients and its ability to remove waste products. Without new circulation, the tumor begins to shrink and gradually turns into an inert mass of tissue. Since the mid-1960s, when Dr. Judah Folkman originated the idea of treating cancer with anti-angiogenesis compounds, a few compounds that address angiogenesis



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

have become available to use for cancer treatment, and dozens more are currently being developed and tested.

One of the most potent natural anti-angiogenic compounds I've seen to date is shark cartilage. When it's processed properly (without excess heat or protein-damaging solvents), it has the ability to inhibit angiogenesis. Most shark cartilage products fall far short of that goal, however. The market has become flooded with inferior products and outrageous claims, which has kept shark cartilage from being considered seriously as a cancer treatment. It's a stigma that still exists today.

If you're a long-time reader of *Alternatives*, then you probably remember my investigation into shark cartilage in the early 1990s. The product I recommended at that time, BeneFin, is still available, though not from the company that had been distributing it in the US. Instead, you'll have to order it from the country of origin, Australia. You can get BeneFin from City Health Foods at www.cityhealth.com.au. Their phone number is +61-2-4929-2609 in Newcastle, New South Wales, in case you want to get up in the middle of the night to call them. [Editor's note: More detailed information about shark cartilage is available in the Subscriber Center of the *Alternatives Web site*, www.drdauidwilliams.com.]

How Cancer Spreads

The second method of limiting metastasis focuses on keeping migrating cancer cells from clumping together and forming new tumors. Cancer cells that have broken free from the primary tumor (or are dislodged during surgery or a biopsy) circulate via the blood and lymph systems. Proteins on their surface, called lectins, are attracted to certain sugar molecules found on the surface of most cells. When several begin to attach in one area, a cluster is formed and the potential for a new cancer site is established. Research efforts have recently focused on the search for compounds that can attach to the lectins on the surface of cancer cells and keep them from clumping and/or attaching to normal cells.

One natural product has repeatedly shown promise in preventing cancer metastases. It's a form of pectin,

a complex carbohydrate that is commonly used for gelling jams, jellies, yogurt, et cetera. If you've made homemade jams or jellies, the recipe most likely called for the addition of ordinary pectin.

Pectin is found in practically all plants. It's the structural fiber that helps give the cell walls of the plant their shape and strength. Years ago, when fiber was a leading health topic and hot-selling supplement, there was considerable interest in pectin, particularly citrus pectin.

Earlier research had shown that supplementing the diet with pectin can improve bowel function and health, lower cholesterol, and help prevent cardiovascular disease. Some of these benefits stem from the increase in dietary fiber, and others from the unique chemical makeup of pectin itself.

In the late 1980s and early 1990s, researchers began to experiment with modified citrus pectin (MCP). This is pectin that's processed to split the complex carbohydrates into smaller sugar units that can be absorbed into the bloodstream. MCP just happens to be rich in the same sugar molecule (galactose) that the proteins on cancer cells (lectins) attach to. Once the cancer cells are "locked on" to the MCP molecules, they lose their ability to clump or penetrate normal cells. They then circulate in the system until they either die or are destroyed by the immune system. And, by "locking up" or neutralizing these cancer cells, MCP also helps lighten the load of the body's immune system.

In one of the earliest studies, researchers compared MCP to regular citrus pectin and examined their respective effects on lung tumors in mice. The MCP-injected mice had a significant reduction in lung tumor formation, while those given regular pectin had a significant increase. (*J Natl Cancer Inst* 92;84:438-442)

Galectins (the type of cancer cell lectins that attach to the sugar galactose) are found on cancer cells of the prostate, breast, colon, and larynx, and on lymphomas, melanomas, and glioblastomas. By binding to the galectins of these various cancer cells, MCP can help inhibit the cancer from growing and developing into



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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.

the more advanced stages—as well as help prevent it from metastasizing.

MCP appears to exhibit an anti-angiogenic effect as well, though how it does so is not known at this time.

The Evidence Speaks

Initial MCP products were fairly crude by today's standards. Improved processing methods break the pectin into smaller molecular weight components, allowing it to be absorbed more readily into the bloodstream. The improved absorption increases the benefits, as reflected in the latest research.

So far, most of the cancer research on MCP has been conducted on animals or with cells in the laboratory. The results, however, are impressive.

Prostate Cancer

Researchers at Wayne State University in Detroit found that by adding MCP to the drinking water of rats, prostate metastases could be reduced dramatically. A group of rats were injected with live prostate cancer cells. Four days later, two groups were treated by adding MCP to their drinking water (0.1 percent for one group and 1.0 percent in the other). The third group received no MCP. After 30 days, 15 of the 16 rats in the untreated group had cancer metastases in their lungs, compared to 7 of 14 rats who received MCP at the lower level and 9 out of the 16 receiving 1.0 percent MCP. Though roughly half the rats in each treated group developed tumors, it's very significant that those rats that received the higher amount of MCP had an average of only one metastatic tumor—compared to an average of nine lung metastatic tumors in the untreated group. (*J Natl Cancer Inst* 95;87:331–332)

In another study, this time looking at prostate cancer in men, MCP wasn't tested to see how it would affect the cancer itself, but rather to see if it could lengthen the time it took for the level of prostate-specific antigen (PSA) to double in men who had failed previous conventional treatments (radiation, cryosurgery, or radical prostatectomy). An increasing PSA level is generally recognized as an indication that the cancer is progressing; the longer it takes for the level to double, the better the patient's prognosis. In four of the seven patients the doubling time increased by over 30 percent. Three years later, all the patients were still alive. Based on the doubling times for these patients before they entered the study, it was expected that at least two of the men would have died during that time. (*Paper presented at the International Conference on Diet and Prevention of Cancer; May 1999; Tampere, Finland*)

(As I'm sure many readers will remember, I don't believe that the PSA test is a very useful diagnostic tool, mostly because single readings can be very misleading. It is a reasonable test to track the progress of a disease that's already been diagnosed, however.)

In another study to test for PSA doubling time, eight of ten patients responded to the MCP treatment. Their PSA doubling time more than doubled in half the patients, with increases ranging from 129 percent to 941 percent after 12 months of treatment. (*Prostate Cancer Prostatic Dis* 03;6:301–304)

Breast Cancer

In a study similar to the one above, rats were injected with human breast cancer cells and then treated with MCP orally. Those receiving the MCP experienced significant reductions in tumor growth, angiogenesis, and metastases. (*J Natl Cancer Inst* 02;94:1854–1862)

Colon Cancer

Colon tumors were implanted in mice. The control group received untreated water. The others received either a low dose of MCP (0.8 mg/mL) or a high dose of MCP (1.6 mg/mL) in their drinking water.

When compared to the control group, the low dose resulted in a 38 percent decrease in tumor size, and the high dose treatment resulted in a 70 percent reduction in tumor size. (*Altern Med Rev* 00;5:546–552)

Making the Move to Real Patients

Clinically testing a natural therapy on cancer patients is extremely difficult. This is certainly understandable, since everyone wants the best possible outcome for the patients, who don't always have the luxury of time. The case with MCP is no exception. It is only recently that testing has progressed to human cancer patients.

When you look at the results, it's important to remember that only patients with very advanced cancer, for whom all other treatments had failed and no other therapies were available, were allowed to participate. That happens to be the case with the very latest study from Germany. (*Clin Med: Oncol* 07;1:73–80)

At the Albert-Ludwigs University in Freiburg, Germany, researchers treated 49 patients with MCP. The patients' ages ranged from 36 to 82 years. All had advanced solid tumors (colorectal, prostate, breast, kidney, lung, cervix/uterus, liver, pharynx, pancreas, stomach, bile duct, cartilage, or skin). Ninety percent had metastases. Most had suffered from cancer for more than three years, and over half had been treated with several chemotherapy regimens and other programs.

SUPPORTING YOUR THYROID

Question: On several occasions you've recommended the use of Standard Process Laboratory's glandular product Thytrophin in treating thyroid problems. Can Thytrophin be used along with, or in place of, thyroid hormones?

—M.W.
Kerrville, Texas

Answer: I guess the answer depends on the individual. Thytrophin is processed so as to not contain actual thyroid hormones but rather thyroid raw material. Many times the thyroid gland is underactive (or overactive, for that matter) because 1) it is in a deteriorated state and needs to be repaired, and/or 2) it doesn't have the raw materials or nutritional "ingredients" to manufacture or produce the necessary hormones.

If the thyroid gland is able to function (it hasn't been removed, destroyed by radiation, or totally deteriorated) most of the time Thytrophin, along with a good source of iodine like Iosol can help restore normal thyroid function totally without the use of hormones.

The focus was on determining how well the patients tolerated the MCP, whether they experienced an improvement in their quality of life, and whether there was a notable clinical benefit (reduction in pain levels, less need for medication, improved ability to perform daily activities, and weight gain). Based on the starting condition of the patients, no one expected any long-lasting anti-tumor response or cure, and there was none.

All the patients tolerated the therapy without any significant difficulty. Twenty dropped out of the trial before the end for various reasons—mainly because of a worsening of their condition. As a result, only 29 of the original 49 patients were able to be evaluated after receiving two cycles of MCP treatment. (Each cycle consisted of 5 grams of MCP three times a day for a period of two weeks.)

Considering the health of the patients at the beginning of this study, I found it remarkable that just over 20 percent experienced an overall clinical benefit along with an improvement in their quality of life. Furthermore, 12 out of the 49 patients showed a stabilized disease during the first 8 weeks of treatment and 10 remained stabilized over the 16-week period. In six patients the disease stabilized for longer than 24 weeks while on the MCP. And one patient with very advanced prostate cancer experienced a 50 percent drop in his PSA level after 16 weeks, significant improvements in clinical benefits and quality of life, and a reduction in overall pain.

I've seen it work in hundreds of individuals. By using the basal metabolic temperature test that I've discussed dozens of times in the past, and these supplements, most people can balance their thyroid function and see a remarkable change in their energy and health. And I've never seen a downside to using the most conservative approach first.



If the thyroid gland has degenerated so severely that it cannot be adequately repaired to the point that it can produce enough hormones, then someone would have to take a thyroid hormone. This can be determined through laboratory testing by your lab or doctor.

Obviously, when available it would be best to work with someone familiar with both glandular supplements and natural hormones.

You can get Thytrophin from Village Green Apothecary, at 800-869-9159. Iosol is available from TPCS, at 800-838-8727 or on the Web at www.tpcsdirect.com.

At first glance, these results don't look too promising. After all, those individuals who have some form of cancer want more than to "live a little longer" or to be "stabilized"—they want to be completely free of the burden of their cancer. But remember that these were people whose condition had been dismissed as hopeless. At that point, a cancer patient's body is usually so depleted that any benefit at all, even some relief from pain, is seen as nearly a miracle. Given what we know about how MCP works, and given these latest findings, it's obvious that MCP can and should be used very early in the treatment of cancer and not just at the end stages of the disease. The results in animals have already been very positive and now with these encouraging results we can expect to see the same in humans.

Many doctors are afraid of recommending any natural therapy in the treatment of cancer unless there is supporting research data they could fall back on in the event of a lawsuit or disciplinary action by some regulatory board or government agency. It often takes studies like this one to first demonstrate the therapy is tolerable and doesn't cause any worsening of a patient's condition before it becomes a mainstream form of treatment. Initial research like this study provides the protection that physicians are looking for, and hopefully it will initiate the use of MCP in earlier-stage cancer patients and we'll begin to see the true potential of MCP therapy.

Prevention as Well as Treatment

There's another area where I feel MCP should be used routinely, and that's for biopsies.

I reported before how biopsies can actually increase the risk of spreading a cancer. When you cut or puncture a tumor, cancerous cells are released into the surrounding tissue where they can be picked up by the bloodstream or lymph system and transported practically anywhere in the body. And while the newer needle biopsies are less invasive, studies have shown there is still an increased risk of spreading the cancer throughout the needle trail.

Taking 15 grams a day of MCP (5 grams three times a day) for a week before the procedure and then for two to four weeks afterward is the recommended dose for those undergoing a biopsy.

MCP has an absolute lack of toxicity. Repeated animal studies have shown it reduces the size and number of tumors, as well as the size and number of metastases. It should be an integral part of any therapeutic program to treat or even prevent cancer.

Choosing the Dose

In practically all of the cancer studies, a dosage of 15 grams a day was used (5 grams taken three times during the day). This dosage for cancer is generally used as long as the cancer is active or present; a year is not unreasonable. After that period, a generally recommended maintenance dose is usually 3 to 5 grams daily. Again, it's totally safe. There are no serious side effects, but it's possible that some people might initially experience a little intestinal gas or mild stomach discomfort. This is temporary and not uncommon when increasing the amount of any type of fiber in the diet.

I don't know of any specific studies on the safety of MCP being used by pregnant or lactating mothers. There's no problem with food grade citrus pectin, so I couldn't see where MCP would be an issue, but again there are no specific studies to support that.

The studies I outlined above utilized a product called PectaSol, which is marketed in this country by EcoNugenics. You can contact them at www.econugenics.com/MCP, or call them at 800-521-0160. This is the only MCP product I feel comfortable recommending. There's no other product of this caliber on the market, and it has decades of research and use to support its claims of effectiveness.

EcoNugenics has been on the cutting edge of MCP since the beginning. In fact, the German prostate study above utilized their latest product, which is just now

being released, called PectaSol-C. Through a complicated, proprietary process they've been able to reduce the size (molecular weight) of the pectin components—improving their absorbability and, hence, their effectiveness. As a reader of *Alternatives*, you're hearing about this new research and new product before anyone else.

The company has agreed to make PectaSol-C available to readers of *Alternatives* before anyone else has a chance at it. Not only that, they've generously agreed to provide a discounted offer: If you buy three jars, they'll send a fourth one along for free. Contact them at the above Web address or phone number, and be sure to mention that you're a reader of *Alternatives*.

I realize that as lengthy as this article has turned out to be, I'm able to give you only a brief summary of the studies that describe the benefits of MCP. If you'd like even more of the details of those studies, you can get an in-depth report from the maker of PectaSol-C. It's available as a free downloadable file on their Web site, at www.econugenics.com/MCPreport.

If you've been with me long enough that you remember my earlier writings about MCP, you may also remember that I discussed using it to treat prostate cancer. But the new evidence is so powerful that I believe PectaSol-C would be of benefit to any individual who has any type of cancer.

Strokes of Good Fortune

Recently, it seems that I've been writing a good deal about strokes. There's a dire need for new techniques to effectively address this condition. Strokes continue to be the third leading cause of death behind heart disease and cancer. And they're the leading cause of long-term disability.

When it comes to strokes, there are three areas that need to be addressed. The first is preventing them from occurring in the first place. The second is to limit the damage that occurs immediately afterward, and the third is to improve the rehabilitation and outcome of individuals who have experienced a stroke.

Step One: Reduce Your Risk

No one wants to mention it for some reason, but I strongly suspect that one of the reasons stroke has become such a common problem stems from the widespread use of aspirin (acetylsalicylic acid, or ASA). There are estimates that as many as 60 percent of those who take the drug for "prevention" are aspirin-resistant. In other

(Stroke continued on page 87)



NEWS TO USE FROM AROUND THE WORLD

Fight Infection With Black Tea

BALTIMORE, MARYLAND—An international team of researchers from the Biodefense Institute and the Welsh School of Pharmacy at Cardiff University have discovered that a cup of English breakfast tea (black tea) has the ability to inhibit the activity of *Bacillus anthracis*, commonly known as anthrax.

A couple of years back there was a great deal of talk about anthrax being used in bio-terrorist activities. Anthrax is considered a serious threat because it's easy to cultivate, it's stable in spore form, there is no natural immunity in the industrialized nations, and it can cause a very serious infection when ingested or inhaled. The fatality rate from untreated inhaled anthrax exceeds 80 percent. The threat of anthrax being used as a weapon prompted the US Department of Defense to require the vaccination of all US military personnel. These same researchers have worked in the development of anthrax vaccines, and were testing the effectiveness of using tea and coffee to negate the ill effects of anthrax. They found that coffee was only minimally effective, but certain compounds such as the polyphenols in tea can protect against the lethal toxin of anthrax.

The highest degree of protection came when the concentration of tea was exactly the same as that of a normal cup of English black tea (like Earl Grey). It's interesting to note that adding milk to the tea completely inhibited the antibacterial activity against anthrax.

(You may remember that some time back I wrote about the fact that milk negates the blood pressure-lowering effects of tea. The main protein in milk, called casein, binds with many of the beneficial compounds in tea and makes them unavailable to your body.)

If the situation ever arises where anthrax is a looming threat, a supply of English black tea might be a handy item to have in the pantry. Research has already established that it has potent antioxidant capabilities, and can help lower harmful forms of cholesterol, protect against radiation poisoning, inhibit cancer cell formation, and boost the immune system. The fact that it can protect against anthrax is just icing on the cake.

Sodas Are a Pain in the Foot

VANCOUVER, BRITISH COLUMBIA—Gout is another problem that is steadily increasing in this country. In the US, the number of cases has doubled over the last few decades. The severe joint pain and swelling is caused by excess blood levels of uric acid, which crystallizes in the joints. The traditional advice for avoiding the problem has been to limit or avoid red meat and alcohol—foods high in the purines that get broken down into uric acid.

Researchers at the University of British Columbia and Harvard University have now found that soft drink consumption increases the gout risk more than alcohol. In a study of 46,000 men, those who drank two or more cans of soft drinks a day increased their risk of gout by 85 percent compared to those who drank less than one soft drink a month. It appeared that the fructose sweeteners were the problem.

The consumption of high fructose corn syrup (HFCS) is a serious problem that I've been warning about for years. Loss of appetite control, obesity, diabetes, heart disease, and even cancer have been connected to its overconsumption. Now you can add gout to that list. (*BMJ* 08;336:309–312) (*BMJ* 08;336:285–286)

The Ups and Downs of Chocolate

OULU, FINLAND—In a study conducted at the University of Oulu, researchers found that men who preferred chocolate to other types of candy were in better health, both physically and mentally, than men who chose those other types. A group of 1,991 older men, ages 68 to 83, had been participating in this particular study since the mid-1960s. They responded to a survey asking about their overall well-being. One question asked about candy consumption.

About six percent of the responders said that they didn't eat any candy regularly. Of those who did, chocolate was the preferred variety in nearly 70 percent. Those who preferred chocolate tended to have lower body mass index and waist size, they exercised more, and their overall feeling about their health was better compared to eaters of other candy. The chocolate eaters also reported better mental health regarding loneliness, depression, happiness, and future planning. (*Eur J Clin Nutr* 08;62:247–253)

The study didn't indicate the amount of candy that the men ate, or the type. It's certainly possible that the men who ate mostly non-chocolate were consuming more candy (hence more sugar) overall, or that they were eating healthier kinds. (Though I don't believe that there is a "healthy" candy.) Cocoa does contain a fairly high level of antioxidants, so there is some rationale for these results.

It's Not All Good, Though

A separate study, conducted at the University of Western Australia School of Medicine and Pharmacology in Perth, Australia, found that women who ate chocolate more than once a day had lower bone density than women who ate chocolate less than once a week. The chocolate eaters had 3.1 percent lower density overall, with similar results at every examined site: hip, shin, and heel. Again, this study didn't indicate the amount

NEWS TO USE (CONTINUED)

or the type of chocolate the women ate, only the frequency. (*Am J Clin Nutr* 08;87:175–180)

(As an amusing aside, a “study” out of Wales investigated using different kinds of chocolate bars to demonstrate to patients the effects of osteoporosis. After measuring the “chocolate mass density” of each bar, the authors dropped the bars from varying heights to find out how much force it took to break the bars. The brand with the lower “CMD” broke the most easily, even though it looked the strongest. The conclusion was that using chocolate bars to simulate bone strength was an oversimplification. (*BMJ* 07 22;335:1285–1287))

Getting the Best Available

As I’ve written before, I’m generally not a fan of chocolate. Personally, I don’t particularly care for it, but the main reason is that it’s often more sugar and fat than cocoa beans.

As with everything else in life, moderation is the key. An ounce or two of dark chocolate a day is often enough to satisfy the urge; the men’s study isn’t a license to go out and buy a giant bag of M&Ms. And I’m not suggesting that you start eating chocolate if you don’t already do so. But I am somewhat of a realist. I know that many people do eat chocolate, so you might as well get some benefit at the same time if you can. The higher the cocoa content, the less sugar and fat the chocolate contains. Choose chocolate that contains at least 60 percent cocoa (it will say so on the package).

(*Stroke* continued from page 85)

words, the aspirin doesn’t have any protective effect—but instead can make problems worse.

The latest study I saw involved 2,930 patients. It was found that 810 (28 percent) of those were ASA-resistant. And those who were aspirin-resistant were *four times more likely to experience a cardiovascular event such as death, heart attack, or stroke*. No one is alerting the public that at least a third to one-half of those regularly taking aspirin are *increasing, not decreasing*, their risk of an early death or disability. If you insist on continually taking aspirin (which I don’t recommend), at least get your doctor to check to see if you are ASA-resistant. If your doctor prescribes aspirin but doesn’t test you for ASA resistance or doesn’t know about it, it might be time to look for another doctor.

I’ve received questions from readers asking about getting tested. Several varieties of blood test are now available, but there’s some controversy over which is the most accurate, and it may be some time before we know which method is the best. In the meantime, it may be

It isn’t enough to just look for “dark chocolate”; standards are that dark chocolate can contain as little as 35 percent cocoa.

If you do find yourself with a true craving for chocolate, your body may be trying to send you a message.

Some people eat chocolate looking for stimulation. The sugar provides a burst of short-term energy. The cocoa itself contains the stimulant caffeine and the chemicals phenylethylamine and theobromine, which are mood elevators. If you find yourself relying on a Snickers bar to get through the afternoon, then you may be able to get the same benefit (and others as well) by supporting your adrenal glands, as I’ve written often before. [Editor’s note: See Vol. 6, No. 6 for details of adrenal support. In case you don’t have that issue from 1995, I’ve put a copy in the Subscriber Center of the Alternatives Web site, www.drdauidwilliams.com.]

Another possibility is magnesium deficiency. Chocolate is high in magnesium, a mineral that’s often lacking in people who have adrenal insufficiency. Other causes of deficiency include diabetes, the use of diuretic drugs, and high consumption of vitamin D-fortified dairy products. (The synthetic vitamin D added to milk binds with magnesium, making it unavailable for digestion.) Supplemental magnesium, 300–600 mg daily as part of your multivitamin or separately, should be enough to satisfy your body’s needs.

simpler to have your doctor order a urine test called AspirinWorks, available through several of the larger laboratory companies, including Quest Diagnostics.

(If you’re not already taking the natural “clot-busting” supplement nattokinase, I strongly suggest starting. For complete details please refer to Vol. 9, No. 17.)

Step Two: Limit the Damage

In regards to stroke treatment, the latest “breakthrough”—the clot-busting drugs like tPA—help marginally and have been around for years. The other promising treatment deals with hypothermic treatment, where the body is rapidly cooled and then gradually rewarmed in an effort to limit stroke damage.

This latest research reminds me of the studies demonstrating the benefits of immediately treating stroke victims with caffeine and alcohol. I first reported on this eight years ago, and some new research further supports this unusual therapy.

The work with caffeine and alcohol has led to a drug called Caffeinol, a combination of caffeine and ethanol

given to stroke patients intravenously. The work with Caffeinol is proceeding very slowly and cautiously. It's just now being tested on humans, in combination with clot-busters and hypothermic techniques. I first reported on Caffeinol over four years ago, and the last time I checked it had been used on only about 30 patients.

Although it is still undergoing safety testing, the administration of caffeine and alcohol has never shown any serious adverse effects in either animals or humans (drowsiness in humans has been noted). The caffeine appears to increase the cellular metabolic rate, and the alcohol apparently inhibits cell death. Together the ingredients work to protect brain cells immediately after a stroke, and neither affects clotting directly, so the combination would be safe to use no matter what kind of stroke a person suffered.

In animals, it decreased stroke damage by 80 percent when administered within two hours. And the latest human study of 10 patients found that by the time of discharge from the hospital 60 percent experienced a complete recovery—compared to only 26 percent of those not given the therapy. (*Paper presented at the American Stroke Association International Stroke Conference, New Orleans, Feb 20, 2008*)

If you or someone you know ever suffers from a stroke, a strong Irish coffee (without the sugar and whipped cream) could have a dramatic impact on the recovery process. Two or three cups of strong black coffee and two ounces of whiskey will do the trick. (I guess this is as good an excuse as any to keep a bottle of good Irish whiskey on hand.)

I'm sure many people who read this will find it interesting, if somewhat amusing. That's most people's reaction. One of the difficulties researchers have encountered is trying to get the medical profession to take this idea seriously. Please don't be one to discount the technique. When you can do something simple and this effective that will have such a dramatic outcome on stroke recovery, it's a godsend. Some have made the comment that using Irish coffee to treat a stroke is a reflection of God's sense of humor. In reality, having

the ability to make such a remarkable change with such simple items is a gift from God.

Step Three: Recover More Fully

The final area of concern is rapid recovery and rehabilitation after a stroke. A promising form of therapy is based on a recent finding coming out of Helsinki, Finland. (*Brain 08;131:866–876*)

Researchers have known from animal studies that stroke recovery can be enhanced through the exposure to a more stimulating environment. Researchers I spoke with at the Cognitive Brain Research Unit of the University of Helsinki decided to test what, if any, benefit would be obtained by exposing acute stroke victims to either music or language (audio books).

Sixty stroke patients were divided into three groups. One group listened to music CDs of their choice for a minimum of one hour daily, the second group listened to audio books of their choice, and the control group received only the normal rehabilitation therapy. Fifty-four patients completed the evaluations at one week, three months, and six months.

Recovery was significantly better in the music group compared to the other groups. The music group came out with better verbal memory and a greater ability to concentrate and focus on issues. They also experienced significantly less confusion and depressed mood than the other groups.

The researchers felt that listening to one to two hours of the music of one's choice as soon as possible following a stroke can make a huge difference in one's recovery. They felt it could be particularly helpful in cases where the severity of the stroke prevented more active forms of rehabilitation in the early stages of recovery. It's inexpensive and easy to do, and it should be part of every stroke recovery program.

Take care,

Dr. David Williams

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**.
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