Alternatives®
FOR THE HEALTH-CONSCIOUS INDIVIDUAL
January 2009 Volume 12, No. 19

# Cooling the Flames of Disease


Dr. David G. Williams

Some of the biggest medical news of late is about the "benefits" of the anti-cholesterol drugs known as statins, and how they can prevent heart attack.

At the recent American Heart Association conference in New Orleans, researchers reported on a study where individuals with normal cholesterol, but high blood levels of C-reactive protein (CRP), were given statin drugs. The treatment group suffered 54 percent fewer heart attacks, 48 percent fewer strokes, 46 percent fewer angioplasties or bypass operations, and 20 percent fewer deaths from all causes compared to individuals given a placebo. (*NEJM 08;359:2195–2207*)

The study made the front page in papers around the country, including the *New York Times* and *Washington Post*. It will undoubtedly lead to a surge in statin use, just as the pharmaceutical companies had hoped. Based on this latest study, rest assured that statins will now be marketed and prescribed as a way to "prevent" heart attacks. "Prevention through drug use" is rapidly becoming the new marketing ploy of the pharmaceutical industry. Falling for this new gimmick will send millions of unsuspecting victims to an early, painful demise.

In many circles, statins are now being touted as wonder drugs when it comes to preventing cardiovascular disease. It's been estimated (by pharmaceutical company marketing departments, I'm sure) that about 7 million people in the US alone have normal cholesterol levels with high CRP. (CRP is a measure of the amount of inflammation present in the body.) Brand-name statins run about $116 a month, so putting all these newly "sick" people on a statin would translate into $9.7 *billion* a year in additional sales. They also point out that treating these 7 million people with these measures could prevent around 28,000 heart attacks, strokes, and cardiovascular-related deaths each year. As you might suspect by now, not everything is quite as rosy as it might seem when you take a closer look at the study—which failed to take into account the number of additional deaths and disabilities the statins would cause.

## Out of the Frying Pan…

First of all, Crestor (the statin used in the study) did reduce the overall *number* of heart attacks compared to the placebo—but taking Crestor resulted in more *fatal* heart attacks. There were nine fatal heart attacks in the Crestor group and only 6 in the placebo group.

Taking Crestor also significantly raised the incidence of diabetes among those taking the drug, which most reports fail to mention.

This study also didn't address the findings of other studies where statins have been shown to increase the incidence of memory loss, inability to concentrate, impaired judgment, confusion, disorientation, irrational thinking, and other signs of dementia and senility. Statins block the formation of cholesterol, a compound that's essential as an "insulator" in nerve cells—disrupting the transmission of impulses in the brain itself.

This alone should be enough to scare anyone away from taking statins. *Based on the evidence now available, 100 percent of statin users can expect a decrease in cognitive function.* (*Am J Med 04;117:823–829*)

## 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*

It has also been well documented that all statins are linked to severe liver and muscle damage, but that effect didn't show up in this study. A closer look reveals that this study's extensive screening process excluded individuals that earlier studies had shown would be more susceptible to these and other problems. The entire study was obviously well-manipulated to present statins in the most positive light. Clear objectivity apparently has no place in the marketing plan for Crestor.

One of the most interesting findings I see from this study wasn't even mentioned at all. The simple fact that any benefits provided by the statins could be linked to a reduction in inflammation just throws more cold water on the idea that cholesterol is the primary problem. Remember that the participants in this study had normal cholesterol levels. And this supports numerous other studies showing you can reduce your risk of heart attacks, stroke, and other cardiovascular diseases strictly by reducing inflammation.

## ...Into the Fire

For decades, I've written about the role of inflammation in the formation of disease in the heart and arteries. Cholesterol has never been the culprit it's been made out to be, and research continues to support that fact. I won't take the time and space to cover these studies, but other researchers have written complete books on the topic. It's well known that *at least 50 percent of heart attack victims have normal cholesterol levels*. Inflammation triggered by either physical trauma—such as high blood pressure pounding on junctions of arteries—or by various chemical irritants, severe or chronic infections, et cetera, routinely cause cardiovascular damage, and the blockages eventually take their toll. Poor circulation, organ failure, heart attack, and stroke are the end results.

Chronic inflammation is like being in a continuous battle for survival. There is ongoing damage to tissues at the site of any inflammation. In the case of the arteries, the damaged areas must be strengthened, and the body does this by thickening the walls with cholesterol and calcium deposits. And while this may keep the artery from rupturing or leaking, it eventually forms a blockage that restricts blood flow. Chronic inflammation, regardless of the location in the body, causes tissue destruction and failure and weakens the immune system—which lessens your capacity to overcome additional health threats.

Reducing inflammation is one thing you should be consciously be trying to achieve. Cardiovascular disease is the number-one killer in this country, and impaired circulation is a major contributing factor in most mental and physical impairments. Any effort you invest in this area will return healthwise at least a hundredfold.

## Fuel for the Fire

It would be impossible to avoid inflammation entirely. It's part of the natural healing process and one of the methods our bodies use to eliminate pathogens and rid the body of waste material. But, ideally, inflammation should be a short-term, acute situation rather than a persistent low-grade situation that stresses the immune system and depletes us of our reserves.

I'll show you several ways to reduce the burden of inflammation, and the more you incorporate into your life the healthier and happier you'll be in the long run. The first step is to cut your exposure to toxins of all sorts. Think of them for what they are: causes of inflammation.

### *Environmental Toxins*

One of the things that comes to mind is noxious fumes. The most common of these is tobacco smoke, but there are others as well. Tobacco smoke (firsthand and secondhand smoke) contains several very toxic compounds. These microscopic particles first enter the lungs. From there they move into the bloodstream, where they trigger an inflammatory response both in the blood and on the interior lining of the arteries. Smokers, and inhalers of secondhand smoke, subject themselves to chronic inflammation of the airways, lungs, and blood vessels. The same problem arises in welders and anyone else who works around noxious gases and fumes.

Studies from Asia have linked chronic inflammation in women to their cooking in unventilated kitchens.

*ALTERNATIVES*® **Author: Dr. David Williams; 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 3262, Lancaster, PA 17604-3262. 

I had friends who ran a BBQ business. They were constantly working around wood-fired BBQ pits, and, just like the owners before them, it eventually took its toll. Although none were smokers, everyone in the family developed severe cardiovascular disease resulting in stroke, heart attacks, or the need for bypass surgery.

And individuals who work with various herbicides and pesticides experience chronic inflammatory conditions leading to increased rates of emphysema, lung cancer, cardiovascular disease, and neurological diseases.

Manufacturers understand that consumers won't use these items as often if they have a foul odor. As such, most of these products now have either a pleasant smell or no smell at all. Don't let that fool you into thinking they are any safer. Most are powerful neurotoxins that inflame and destroy nervous tissue. Just because you can't smell them doesn't mean they aren't entering your respiratory tract.

### *Ingested Toxins*

Unfortunately our food supply is becoming more and more contaminated and increasingly is a source for inflammatory compounds. It's important that we don't add more fuel to the fire with the wrong diet.

Alcohol is fine and even beneficial in moderation, but overconsumption results in toxicity.

Overcooked food results in the formation of AGEs (advanced glycation endproducts), highly inflammatory glycotoxins, which I wrote about in the June 1999 *Alternatives*. (For those of you who don't have that issue handy, I've placed a copy in the Subscriber Center of the *Alternatives* Web site, *www.drdavidwilliams.com*.) The primary source of AGEs happens to be junk and fried foods, which are cooked at very high temperatures. French fries, hamburgers, potato chips, and other fried foods are not only loaded with glycotoxins, but the chemically altered fats lead to metabolic disorders and chronic disease as well. Even if you're not a regular consumer of fast food, to counterbalance the AGEs from a non–fast food diet you still need to adjust your diet to include a higher percentage of raw foods.

I also discussed on several occasions the imbalance of omega-3 fatty acids to omega-6 fatty acids. Unlike the fatty acids found in fish, fish oil, chia, and other omega-3–rich foods, the omega-6 vegetable oils (corn, sunflower, soy, peanut, cottonseed, and safflower oils, among others)—used so extensively in processed and cooked food these days—increase the production of inflammatory compounds in the body. You are far safer switching to the more neutral monounsaturated fats like olive oil, and even the saturated fats like butter, than corn and other vegetable oils. [*Editor's note: You can read more about the healthy balance between omega-3s and omega-6s in the "More* Alternatives" *section of the* Alternatives *Web site,* www.drdavidwilliams.com.]

It's interesting to note that heart disease was practically unheard of in the early 1900s when there was a significantly higher ratio of omega-3 fats to omega-6s in the diet. It took us almost a century to learn the benefits of including more omega-3–rich foods like nuts (particularly walnuts), seeds (pumpkin), fish (salmon, tuna, sardines), fish oil, flax, flax oil, and chia to the diet.

## Help in Putting the Fire Out

I would venture to say it's impossible these days to completely avoid all of the inflammatory toxins in our air and in our food and water supplies. That's why I think it has become important to periodically remove these toxins as best we can. Chelation is one option, but not available or practical for many people. That's why I like the herb cilantro so much. I call it the "poor man's chelation therapy," and have explained how to use it in past issues. Along with short periodic fasting and the use of far-infrared saunas and clay (as I detailed last month), you have several easy, cost-effective ways to keep toxins and inflammation under control.

### *Exercise*

It's important to also understand the role that exercise can play in the detoxification process. Excess fat cells in the body constantly produce and release inflammatory compounds. The obesity problem has ushered in a pandemic of inflammatory-related diseases and there's no end in sight. As I explained last month, far infrared saunas can help increase the metabolic rate and fat mobilization, which, in many ways, mimics exercise. But, exercise itself triggers the release of anti-inflammatory compounds from the brain and elsewhere that is hard, if not impossible, to duplicate.

Exercise is one of the best ways to get rid of excess fat/weight. And, when combined with a healthy diet, the reduction in CRP levels can be dramatic. CRP levels drop like a rock when someone loses excess fat. Low-fat diets have been shown to lower CRP levels by 50 percent in just four weeks and low-carbohydrate diets achieve even better results.

### *Oral Health*

Another often-overlooked area is the health of the teeth and gums. Maintaining healthy teeth and gums reduces your exposure to a chronic inflammatory situation. You can take it a step further by using mouthwash every time you floss and brush. Even though several

studies have found the connection between gum disease and an increased risk of heart disease, many in the medical profession still try to downplay the fact. They are also the ones who can't seem to grasp the connection between the importance of the bacterial flora in the lower bowel and the immune system.

## Fiber and Probiotics

In the statin study I mentioned earlier, known as the JUPITER study, Crestor reduced CRP levels by 37 percent over a period of about 2 years on the drug. Simply adding 12 grams of fiber a day to the diet decreases CRP by 13.7 percent—*in just three weeks.* (*Arch Intern Med 07;167:502–506*)

It would be interesting to see a study utilizing fiber for a longer period, but it's hard enough to get any studies done on a natural product (psyllium husk) that costs less than $3 for a month's supply at your local health food store. Other studies have found that for every increase of 10 grams of fiber intake a day, there was a 14 percent decrease in the risk of heart attack and a 24 percent reduction in death from cardiovascular disease.

Psyllium has the added benefit of being able to help control blood sugar, and it helps feed the beneficial bacteria through its fermentation process in the lower bowel. You'll see even more benefit by adding either a daily probiotic supplement and/or fermented foods like real yogurt or unpasteurized sauerkraut to your diet. Fermented food and probiotics provide the beneficial "bugs," and psyllium husks provide food for these bugs.

Probiotics and fermented foods are becoming more important than ever to our health as our food supply becomes more and more sterilized. This sterilization is intended to increase shelf-life and to prevent food poisoning outbreaks. (Even though sterilization can degrade food quality, it's less expensive to sterilize products than to clean up the processing and packaging facilities.)

There's also the problem of antibiotic use in animal feed, which can pass from the animal products to the consumer. Consuming antibiotic-laced foods destroys the beneficial bacteria in your bowel just like taking prescription antibiotics would. And, producers are using every trick in the book to be able to list on the label that the animals were raised without antibiotics. Tyson Foods, the world's largest meat processor, just recently admitted that it injected chicken eggs with antibiotics before they hatched so they could label them as being "raised without antibiotics." The USDA made them change the statement, but Tyson argues that everyone else in the industry does the same thing and they filed a lawsuit against the USDA to have the ruling thrown out.

## Multi-Vitamin/Mineral Supplement

Years ago when I had the opportunity to formulate a multi-vitamin/mineral product, including anti-inflammatory compounds was one of my primary goals. And through the years and reformulations, their importance has continued to grow in regard to helping preserve our health. You can see from the following list of vitamins, herbs, proteins, and extracts, that we have many powerful natural anti-inflammatory agents available.

**Vitamin C**—If there's any one vitamin that should be known as the vitamin that made statin use obsolete, it should be vitamin C. But I seriously doubt that will ever happen—except, hopefully, among *Alternatives* readers.

For anyone who is still naïve enough to believe that the mainstream press isn't swayed by advertising dollars of the pharmaceutical industry, I offer the following.

Just before the release of the above statin study researchers at the University of California in Berkeley announced that they had been testing the effects of using 1,000 mg of vitamin C daily on CRP levels. *During the two months of the study involving close to 400 patients they found that vitamin C lowered CRP levels by 34 percent compared to a placebo. Remember, Crestor, the statin drug, only lowered CRP levels 37 percent, compared to a placebo.* An earlier study found that taking just 500 mg of vitamin C a day can lower CRP 24 percent in only two months. Which one would you rather be taking? And what would the CRP reduction be if the vitamin C dosage was increased to 2,000 mg, 5,000 mg, or even 20,000 mg? (*Free Radic Biol Med 08;Oct 10. E-pub ahead of print*)

The Berkeley study won't officially appear until the January 1, 2009, issue of the journal *Free Radical Biology and Medicine*. By then, Crestor will have succeeded in stealing the spotlight and the popular press will ignore the vitamin C story. The pharmaceutical industry will be in the catbird seat and the world will be none the wiser.

**Vitamin D**—Many doctors are now recommending that their patients increase their vitamin D levels. Although the mechanism isn't fully understood, a reduction in CRP level is one of the improvements they are routinely seeing.

Belgian researchers found that just 500 IU of vitamin D daily decreased the CRP in a group of critically ill patients by 25 percent. (*J Clin Endocrinol Metab 03;88:4623–4632*) I would be curious to see what a difference a "normal" dose of 5,000 IU could make.

**Folic Acid**—Taken with either the vitamin B complex or magnesium, folic acid (2.5 mg a day) has been shown in several studies to lower CRP significantly. (*Curr Med*

*Res Opin 07;23:1879–1886*) (*Int J Obes 06;30:1197–1202*) (*Nutr Res 06:26:193–196*)

**Niacin**—This is one of my all-time favorite vitamins. It works wonders for circulation problems, and that's only the tip of the iceberg. Niacin in higher doses (up to 3 grams a day, one gram after each meal) has been shown to lower CRP levels significantly. At this dosage, I have also seen it totally eliminate gum disease problems in a matter of weeks, normalize LDL-cholesterol levels, drop triglyceride levels, increase the beneficial HDL-cholesterol, clear up chronic skin conditions, and dramatically improve all types of cardiovascular problems.

Studies and extensive clinical work both suggest that if these higher doses of niacin were to be taken before the onset of cardiovascular disease, the problem could be prevented in the large majority of cases and the progression of the disease halted where it was already present.

I've written extensively about niacin in the past, and I suggest re-reading those articles whenever you get a chance. It truly is one of the best health bargains you'll ever find. [*Editor's note: For more about the benefits of niacin, see the "More* Alternatives" *section of the Subscriber Center on the* Alternatives *Web site,* www.drdavidwilliams.com.]

**Turmeric**—If niacin is one of my favorite vitamins, then I would have to say turmeric is one of my favorite spices—not so much for flavor, but for its health benefits. Turmeric is another readily available, relatively inexpensive spice that also happens to be one of the most powerful natural anti-inflammatory compounds around. I felt it was so important that I included it in my Daily Advantage formulation. I've written so much about turmeric in the past that it's probably best to refer back to those articles rather than repeat it all here. (But see the next article for the benefits of turmeric for skin health.) Suffice it to say, if you're not taking turmeric… you should be.

**Ginger**—Ginger root also happens to be another strong anti-inflammatory spice. Whether you use fresh ginger, the pickled version, the powder, or freeze-dried ginger chips, you can't go wrong.

**Quercetin**—Quercetin is one of the strongest anti-inflammatory flavonoids. Just small increases in the intake of flavonoids has been shown to significantly reduce the risk of cancer. Women who consumed over 15 mg of flavonoids a day had 46 percent less risk of developing breast cancer than women consuming less than 4 mg. Any good daily supplement should contain quercetin and other flavonoids. Onions (particularly red onions) are one of nature's richest sources of these compounds, especially the outer layers.

Other flavonoid sources include apples; green, black, and some herbal teas; some honeys like eucalyptus, tea tree, and manuka/jelly bush; hot peppers; spinach; the cruciferous vegetables like broccoli, cabbage, cauliflower, and kale; dark chocolate; red wine; all citrus fruits; pears; and nuts like hazelnuts, pecans, pistachios, and almonds.

**Polyphenols**—Berries of nearly all types contain anti-inflammatory polyphenols. Numerous studies have demonstrated the anti-inflammatory effects of cherries in particular. The best cherries for fighting inflammation appear to be tart cherries. Montmorency cherries are frequently mentioned. Eating approximately 45 of these cherries a day for 28 days has been shown to lower CRP levels by 18 percent. In England, there's a dried cherry product called CherryActive. Each capsule reportedly has the equivalent of 100 fresh cherries. As far as I know, that product isn't readily available in this country, but eating cherries themselves can certainly be an enjoyable way of helping to lower inflammation levels. (*J Nutr 03;133:1826–1829*) (*J Nutr 06;136:981–986*)

Lately, there's been a big push in the agriculture community to find more markets for various fruits. In just the last few years, we've seen all kinds of new juices on grocery shelves. Their success comes largely from the health benefits they provide, namely their anti-inflammatory capabilities. Cherry juice is one good example, and pomegranate juice is another.

## Torching the Immune System

There's ample research showing the enormous benefits of reducing chronic inflammation in the body and so many natural methods of doing so. In the years ahead, I'm certain we'll discover that preventing cardiovascular disease is only one of such benefits. In addition to the direct damage being caused by inflammation, you have to keep in mind how it weakens the immune system. And in almost every case, the only way any disease gets the upper hand is when our immune system is too weak to stop it. We just happen to notice the ill effects of chronic inflammation first in the cardiovascular system because anything that stops blood flow leads to instant, dramatic consequences.

It's also interesting that if you look back at each of the items I've mentioned to reduce inflammation, you'll notice that every single one of them has been proven to prevent or improve cardiovascular problems. We now know the thing they have in common is their ability to reduce inflammation.

Treating inflammation with statins is a classic example of addressing the symptoms rather than the underlying

# HEALTH HINTS FROM READERS

## A Cool Cure for Colds

As opposed to your article "A Hot Cure for Colds" in your November issue of *Alternatives*, I have successfully been using what I call A Cool Cure for Colds.

The procedure is this:

Pulverize about 50 mg of vitamin C and 10 mg of zinc supplement tablets in a few drops of water. (Using ascorbic acid crystals and having the zinc already dissolved in water is much easier than pulverizing.)

Add enough water to bring the mixture up to about 1 oz. total volume. Gargle the mixture and swallow it.

Whenever I do this as soon as I notice an irritation in my throat—which, to me, precedes a cold, especially if my nose is also running—my cold symptoms disappear within about four hours. If I happen to miss this window of opportunity and the symptoms have not completely disappeared, I repeat the treatment.

I have used this on influenza (sometimes the symptoms of the onset of a case of flu are similar to those of a cold). In these instances the symptoms do not stop entirely, but I feel better and the flu symptoms only last about two days.

My family and some friends have also had success with this cold treatment. In the few cases that I have seen where the symptoms have not disappeared soon after gargling with the mixture, I suspect the treatment was not started soon enough after the onset of symptoms, or the virus was one that was one that was not susceptible to this treatment.

Spicing this mixture with a little cayenne pepper might make it even more effective against any airborne virus.

—Ben Goodier
*via e-mail*

causes. Changes in lifestyle and dietary habits should be made to either limit or eliminate chronic inflammation long before resorting to dangerous drugs like statins.

## A Little Restraint, Please

Being able to reduce inflammation is undoubtedly one of the primary reasons that drugs like aspirin and statins show any benefit at all when it comes to cardiovascular disease. You may remember a few years ago when the pharmaceutical industry was on the verge of recommending routine antibiotic use for the same reason. The problem is that *all* drugs have side effects. And long-term use results in even worse effects, many of which aren't discovered until years later.

In fact, this year another study linked antibiotic use to an increased risk of developing cancer. A Finnish study analyzed the health history of over 3,000,000 individuals. It tracked their antibiotic use for a two-year period and then the incidence of cancer for the next six years following the antibiotic use.

Those with no antibiotic prescriptions were the reference group and their risk of cancer was not increased. In the group having 2 to 5 prescriptions, the relative risk of cancer increased 27 percent and those having over 6 prescriptions had an increase of 37 percent. The most common sites for the cancers were endocrine glands, prostate, lung, breast, and colon. (*Int J Cancer 08;123:2152–2155*)

Other studies have found similar results. Scientists at the University of Washington, working with the National Cancer Institute, studied the association between antibiotics and invasive breast cancer. They discovered that women who took antibiotics for more than 500 days, or had more than 25 prescriptions, over an average period of 17 years had more than twice the risk of breast cancer compared to women who had not taken any antibiotics. Even women who had between one and 25 prescriptions over a period of 17 years have an increased risk of about one and a half times that of women who took no antibiotics. The increase occurred in all classes of antibiotics. (*JAMA 04;291:827–835*)

When you consider that breast cancer is the second leading cause of death of women in this country, it seems strange that these well-run studies haven't been more well-publicized. We're constantly being told about the new antibiotic-resistant bugs and the need for the development of new, stronger antibiotics. You would think that women in particular would want to know that antibiotics of all kinds may be doubling their risk of dying from breast cancer.

We've become so accustomed to the widespread use of antibiotics that it may seem far-fetched to think they could increase the risk of something like cancer. The fact of the matter, however, is that 80 percent of our immune response is directly dependent on the balance of bacterial flora in our lower intestinal tract. Any imbalance in the beneficial bacteria can lead to an overgrowth in pathogenic bacteria and impair the function of our immune system. Antibiotics destroy all bacteria, both good and bad. Knowing that antibiotics can destroy such a crucial

# NEWS TO USE FROM AROUND THE WORLD

## The Doors of Perception

CAMBRIDGE, MASS—Marketers of pharmaceuticals have long noticed that patients seem to prefer brand-name drugs over their generic equivalents. This should not be the case, because the active compound in a generic drug is exactly the same as that in the brand-name drug. Nevertheless, results from clinical trials and reports from physicians both show that patients rate the brands as being more effective.

A recent report out of MIT may help explain this phenomenon. Researchers recruited 82 healthy people, then told the participants that they would be helping to determine the effectiveness of a new pain-relieving opiate drug. Each of the subjects was administered a series of electric shocks up to their pain tolerance, before and after being given a dose of a placebo. Half the people were told that the pills cost $2.50 each, while the others were told that the drug cost 10 cents per dose. Those who believed that they were receiving the higher-priced medication reported significantly greater reduction in pain. (*JAMA 08;299:1016–1017*)

I suppose I should mention that this study received the 2008 Ig Nobel Prize in Medicine. The Ig Nobel awards are given each year by a group called Improbable Research for "research that first makes people laugh then makes them think." (An archive of all the past awards is available on the Internet at *www.improbable.com*.) While the premise of the study does seem a little silly at first, it makes you wonder. Perhaps this phenomenon at least partially explains why people who have diabetes would prefer to take drugs rather than add a few cents' worth of cinnamon to their breakfast oatmeal, or why they'd rather get pain relief from an expensive COX-2 inhibitor such as Celebrex instead of a simple supplement such as bromelain.

Over the years in *Alternatives* I've emphasized low-cost alternatives to conventional therapies. Readers have reported back to me that they were very satisfied with the results of using these alternatives. But readers also tell me that one of their greatest frustrations is the reluctance of friends and family to convert to the *Alternatives* way of health. Perhaps we just need to tell these folks that it's actually a high-priced treatment.

part of our immune system, it shouldn't come as any surprise when we learn their overuse is contributing to the development of all types of diseases, not just cancer.

I'm certainly not advocating that we abandon antibiotics. Under many circumstances, they can be lifesavers. But we need to start taking a very hard look at the long-term health effects of *all* drug usage and begin to weigh the benefits with the risks. There is no such thing as a completely safe drug.

## Antibiotics Aren't Alone

We see this more and more. A new wonder drug is rushed onto the market and then five or ten years later its side effects become too widespread and dangerous to ignore. It's finally pulled from the market, but not before hundreds of thousands are permanently disabled or thousands die.

The list keeps growing every month, but most of the time there are only a couple of short warnings and it's back to business as usual for the pharmaceutical industry.

The most recent example is the medications for high blood pressure known as beta-blockers. Not only are beta-blockers widely used to treat high blood pressure, but for the last decade or so they've routinely been given to patients prior to all types of non-cardiac surgeries to reduce blood pressure, heart rate, and strain on the heart. This now appears to have been a huge mistake.

Giving beta-blockers to patients before undergoing non-cardiac surgery not only doubled their risk of having a stroke, but it also increased their risk of dying by 33 percent when compared to patients not taking the medication. (*Lancet 08;371(9627):1839–1847*)

One of the authors, Dr. P.J. Devereaux noted: "In the last decade, even if only 10 percent of patients undergoing non-cardiac surgery were given beta-blockers, that means 100 million people were given beta-blockers, and that means 800,000 people died unnecessarily and lot of people suffered a major stroke because they were given beta-blockers."

Beta-blockers aren't the only drugs that create their own problems. You've probably seen the television ads where cancer patients undergoing chemotherapy have more energy after taking drugs that increase red blood cell production, to treat their anemia. Now studies show these ESAs (erythropoiesis-stimulating agents) actually speed the growth of tumors and shorten the life of cancer patients. Considering that these drugs have never been shown to improve the effectiveness of chemotherapy or the survival rates of patients, you would expect that the FDA would have stopped their use. Instead, they added a "black box" warning to the drug label. Maybe that was because these drugs represent one of the highest US federal expenditures for cancer patients and bring the pharmaceutical companies over $10 billion annually.

Statins are no different, regardless of what you may read in the months to come. They are an extremely dangerous way to reduce inflammation. Why take these risks, when we have so many safe, natural methods at our disposal that can achieve even better results.

## Yellow Gold for Skin Repair

Over the years I've talked about the Indian spice turmeric, and its main component curcumin, as a remedy for practically every ailment under the sun. Turmeric has been used effectively to treat Alzheimer's, diabetes, malaria, and various forms of cancer. One recent review of curcumin called it "*cure*cumin" in recognition of its many benefits.

Curcumin exerts its effects by absorbing free radicals and suppressing inflammation. As I mentioned in the previous article this month, inflammation is believed to be the condition at the heart of many health conditions, literally from head (Alzheimer's) to toe (diabetic neuropathy), and everything in between (including skin conditions such as psoriasis).

### Soothing Itchy, Flaky Skin

Anyone who's ever suffered from psoriasis can tell you that it's a real torment. In its most common form, the condition shows up as raised, red, itchy patches of skin covered with small silver scales or flakes. The most common locations are the knees, elbows, scalp, and lower back, but it's not unusual for the lesions to spread to other locations. Of the more than six million people in this country who have psoriasis, more than half say that the disease is a significant problem in their everyday life—and fewer than half are satisifed with the treatment they're currently receiving.

Normally, the outer layer of skin, the epidermis, is replaced every one to two months. When immune function goes haywire in psoriasis, that time can be reduced to just a few days. Practically anything that disrupts the immune system can set off psoriasis: an infection, an injury, or even emotional stress.

An alphabet soup of compounds are involved, including IL-6, IL-12, TNF-alpha, and NF-kappaB. Together these compounds work to regulate the immune system and attend to inflammation. Typically, drugs that affect immune function work by suppressing some aspect of it. As you can imagine, that carries with it a host of side effects—including an increased risk of infection and cancer, and the development of new autoimmune disease.

Instead, I recommend the regular use of curcumin. Numerous studies over the years have shown that it regulates the production of the entire soup of compounds, rather than just shutting them down. This leaves your body in condition to call on them when they're needed—to fight an infection, for example.

Turmeric powder averages a little more than 3 percent curcumin, so to get 500 mg of curcumin you'd need to eat 15 grams of turmeric—more than half an ounce, or nearly two tablespoons. I can't imagine eating that much turmeric every day, even if you're a fan of curry, so I recommend that you stick with a curcumin supplement. It has been reported that the addition of an extract of common black pepper called piperine increases the absorption and bioavailability of curcumin. Some manufacturers have since incorporated this extract into their products. One that I find reliable is Super Curcumin with Bioperine, from Life Extension Foundation at *www.lef.org* or 800-544-4440. They offer a bottle of 60 capsules with 800 mg of curcumin and 5 mg of piperine for about $20.

Obviously, tablespoonfuls of turmeric would be a bit much even if you've grown up eating it every day. One study out of the M.D. Anderson Cancer Center in Houston found that small doses of curcumin over a long period of time were just as effective as large doses over a shorter period. This particular study related to the use of curcumin against melanoma cells, but I have no doubt that the same would apply to any use of curcumin.

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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