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Dr. David G. Williams

An Epidemic of Madness

I've always found there was a lot of truth in the saying, "Where's there's confusion, there's opportunity." The best example supporting this philosophy today is the actions being undertaken by the pharmaceutical industry. These days they are certainly working overtime and "making hay while the sun shines," as we say in these parts.

With all the confusion associated with health care reform and potentially new ground rules, the firmly entrenched pharmaceutical industry is right on top of matters ensuring they have a say (and a hand) in the rulemaking. Additionally, they continue their efforts to turn what used to be normal, everyday life events into illnesses. Nowhere is this more evident than when it comes to depression.

I certainly don't want to make light of depression problems. Many times they can be severe, debilitating, and even life-threatening. The pharmaceutical industry, however, recognizes that in our never-ending quest for happiness there's a gold mine in antidepressants.

(Before I go any further, I have to make one thing clear. Depression itself is not madness. But the way we treat it in this country certainly is.)

I think it's reasonable to say that most of us at one time or another in our lives will suffer from depression to some degree. The pharmaceutical companies are ready to take advantage of this fact and promise us a quick return to happiness through drug use. While, for most of us, depression is a temporary, short-lived situation, for some it can become chronic. Before you resort to the never-ending use of drugs, however, there are several simple, natural steps and supplements that can help correct the underlying problem, without subjecting you to the possibility of thoughts or actions of suicide and/or homicidal rage the way antidepressants can.

The World Health Organization (WHO) recently stated that by the year 2020, depression will be the second largest contributor to the global burden of disease. Make no mistake, a statement like that doesn't depress the drug companies.

Antidepressants have quickly become one of the best-selling drug classes of our time, despite the fact that there isn't one single diagnostic test that supports their effectiveness. In the ten-year period from 1996 to 2006, the number of prescriptions for antidepressants increased 50 percent among children, 73 percent among adults, and 100 percent in the elderly. And the drug companies realize that the market for antidepressants is far from saturated, even with sales of more than \$10 billion in this country alone last year. Working along with the US government, drug companies see "a bird's nest on the ground" when it comes to using billions of our tax dollars to help purchase and distribute more of these drugs.

A "Target Population" Is Just What It Sounds Like

Sellers of pharmaceuticals have recently placed more focus on troops in the US military, and renewed their efforts to increase usage among school-aged



In This Issue

An Epidemic of Madness.....	33
Health Hints: Coconut for Diarrhea.....	37
News to Use: Gluten-Free Diet for Canker Sores; CLA for Weight Loss; Joint Replacement Surgery	38
High-Tech, Low-Cost Help for Parkinson's ..	39

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

children. All this effort is despite the fact that these very drugs have been shown to “increase the risk of suicidal thinking and behavior in children in short-term studies.” That last phrase comes directly from the Black Box Warning that the FDA recently required be included with these medications. It probably isn’t just a coincidence, either, that the increased rates of suicide among our troops and the school shootings by children have a direct association with the increased use of these drugs. The Black Box Warning pretty much tells the story. In looking at several studies on antidepressants, it was found that the risk of suicide among individuals on antidepressants was five times higher than that of individuals being treated with a placebo. (*J Am Phys Surg* 09;14:7–12)

Another segment of the population that’s in the pharma industry’s sights for these drugs is pregnant women.

Just recently there was a joint report released by the American Psychiatric Association (APA) and the American College of Obstetricians and Gynecologists (ACOG), outlining the treatment of pregnant women suffering from depression. (*Gen Hosp Psychiatry* 09;31:403–413) (*Obstet Gynecol* 09;114:703–713)

Depression among pregnant women isn’t anything new. Personally, however, I think the problem may have gotten considerably worse when you look at the dramatic changes that have occurred in our diets during the last several decades. And that’s where the real solution lies: in the diet, not in antidepressant drug use. As you’ll see further along, the dietary adjustments needed to address depression are not complex at all.

I couldn’t find any earlier statistics on depression and pregnant women, but the latest research suggests that as many as 23 percent of all pregnant women suffer from depression, and in 2003, 13 percent of pregnant women took some form of antidepressant. I’m sure that number has gone up in the last six years.

The APA/ACOG report lays the groundwork and legal justification to prescribe more antidepressants to pregnant women—even when the research doesn’t support such action.

The report recognizes that untreated severe depression may increase the risk of poor weight gain in the fetus and increase the chance of the mother using drugs or alcohol to self-medicate. But in those women using an antidepressant to relieve their condition, there was an increased risk of fetal malformations, particularly with first-trimester usage; cardiac defects and/or pulmonary hypertension in the child (increased pressure in the lungs that can lead to heart failure); convulsions; and even structural malformations in some cases. In addition, the babies can experience withdrawal symptoms for days to weeks after birth, including breathing difficulties, low blood sugar, jitteriness, and irritability. (By the way, it’s not surprising that it’s taken this long for these effects to become known. Pregnant women are routinely excluded from drug trials.)

In all fairness to the report, the authors have suggested that “women first try psychotherapy, but in reality or in practice that’s not always possible.” In the real world many insurance plans don’t cover psychotherapy. Also, many people believe that there’s a stigma associated with receiving psychotherapy, which makes them reluctant to seek it out. Pharmaceutical companies are well aware that both patients and doctors are looking for a quick fix. The companies promptly point to drugs as the (cheaper) answer, which often leads physicians to make drugs the first choice for treatment.

While pregnant women are just the latest group where marketing efforts have been focused, rest assured that we’re all next on the list. After all, WHO’s statement that in ten years depression will be the second largest contributor to the burden of global disease indicates a market that’s certainly too big to be ignored.

The Stress Express to Depression

I’m going to explain how pregnancy and the additional stress of a growing fetus very often leads to depression. Obviously, carrying a fetus won’t be the “trigger” in men or nonpregnant women, but the cascade of events that follows is pretty much the same. It’s not rocket science. In fact, it’s basic physiology. A closer look will help



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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.

you see why the problem is becoming so prevalent in our society, and better understand the steps necessary to actually correct the problem rather than just mask the symptoms. Unfortunately, most doctors have failed to make the connection and instead have fallen, hook, line, and sinker, for the promise of a quick fix in the form of antidepressants.

From a biochemical perspective, there are several glands associated with depression. In most instances the primary connection is through the adrenal glands, the two walnut-sized glands that sit one on top of each kidney. For purposes of depression and to simplify matters, the adrenal glands have two functions that concern us. First, they are your “stress” glands. Second, in conjunction with the pancreas, they help regulate blood sugar levels.

When subjected to stress, the adrenal glands increase production of certain hormones that place your body on high alert. Stress triggers this “fight-or-flight” syndrome, where your body senses danger. Blood sugar levels are increased to ramp up energy levels and your body is automatically “pumped” to either run away from the danger or fight it off. This was great in the caveman days, but most of the stress that triggers this reaction these days isn’t immediately life-threatening. And, instead of confronting a tiger every week or so, like the caveman did, we face dozens of stressful situations on a daily basis.

And, by the way, this stress can come from many sources. What we typically consider “stress” is an emotional response to a perceived threat. There are other sources of stress, however, and they all produce a similar adrenal response. There’s physical stress, in which you overwork your body without getting adequate rest and sleep. There’s chemical stress, the result of your body working to rid itself of, for example, prescription drugs or pollutants. Even thermal changes can create stress,

when you’re constantly moving between the warm outdoors and air-conditioned buildings, or cool outdoors and heated environments.

The Sugar Rush to Low Mood

Adrenal hormones also help raise blood sugar levels when they drop too low or too quickly. For most people, this has unfortunately become a common occurrence with the dramatic rise of sugar consumption in the diet.

For example, when you consume a soda, donut, candy bar, et cetera, with an unnaturally high content of highly refined sugar, the sugar enters the bloodstream rapidly, increasing the concentration of glucose. The pancreas quickly puts out insulin to lower the blood sugar level before it becomes dangerously high. This often results in a sudden drop in blood sugar.

One of the functions of stress hormones, particularly cortisol, is to keep blood sugar levels from falling too low. When blood glucose levels drop below the proper range, because the pancreas has produced so much insulin so quickly, your adrenal glands have to pump in their stress hormones to return blood sugar levels back to normal. The adrenal glands are also called upon to mobilize and increase blood sugar levels when we skip meals or go too long without eating. (In healthy individuals, cortisol levels are highest in the morning, because we’ve gone so many hours without eating during sleep.) Unresolved stress, poor nutrition, excess alcohol, caffeine, nicotine, and drug use will also place additional burdens on the adrenal glands.

In our society, this scenario is repeated day after day, month after month, and year after year. It generally occurs gradually, but it’s only a matter of time before the adrenal glands become “depleted” or “exhausted” and have difficulty doing their job.

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The concept of glandular exhaustion requires a little explanation. Exactly what's happening can vary from person to person and from time to time, depending on the circumstances and exactly which gland we're talking about. Initially the exhaustion can result from depletion of the raw material needed to produce a given hormone. The most obvious example is the iodine needed to build thyroid hormones, but there are hundreds of components at work, and a lack of any one can stop the process.

Eventually, the gland itself can begin to break down, or even develop an autoimmune type of reaction. Something similar is what happens in those patients with type 2 diabetes who eventually require additional insulin.

It's not possible to give a gland complete rest, of course, just as your heart never takes a complete rest. But by providing the raw materials that specific glands need, and easing their load somewhat, you can often create a full recovery. Details on how to do that for the adrenals and thyroid are on page 37.

While for most of us the process of decline is gradual, and it may take us years to slide into a state of depression, pregnancy can rapidly accelerate the problem.

How Pregnancy Contributes to Depression

A woman entering pregnancy with weak adrenals will rapidly experience symptoms of low blood sugar, particularly those of chronic fatigue, sleeplessness, occasional dizziness, and food cravings—particularly for sweets and high-sugar foods that can raise blood sugar levels rapidly. After the first trimester or so the fetus begins to develop its own adrenal glands and the capacity to produce hormones that can raise blood sugar levels. Now, since the circulation of the mother and child are basically one, when the mother's blood sugar begins to fall, the baby's adrenal glands will kick in and provide that burst of energy needed.

If the blood sugar problems in the mother are not too severe, this is typically when the mother begins to experience more energy and a sense of well-being. At this point, she is effectively feeding off the baby's adrenal glands.

If, however, the mother is eating lots of sugar-laden foods, drinking colas or alcohol, smoking, consuming caffeine, et cetera, the baby's glands will continue to work as hard as possible—but it may not be enough to provide relief, for either the mother or the baby.

For mothers who get this surge of energy, it generally continues until the baby is born. For these mothers, and particularly for those who didn't experience the surge, that's when the bottom falls out. The birth results in the

physical separation of the second, supporting set of adrenal glands. Hormone levels and blood sugar levels hit bottom and there's nothing there to boost them back. Depression is very often the end result. The mother feels like her whole world suddenly turned upside down. In one fell swoop, the rug was pulled out from under her.

Mother's Little Adrenal Helper

Fortunately, our hormonal system consists of several different glands, many of which can produce the same or similar functioning hormones when the need arises. When your adrenal glands are depleted, your thyroid gland goes into overdrive in an effort to help out.

Your thyroid tries to compensate and attempts to raise blood glucose levels by increasing your metabolic rate, which increases the breakdown of fats and proteins into glucose. And this often works for a while—until your overworked thyroid also becomes depleted. When that happens, low blood sugar problems begin to surface again, along with an even greater depression problem. When the thyroid is depleted, the depression is commonly accompanied by what most people describe as “brain fog,” where it's difficult to concentrate or stay focused. Their metabolic rate will often slow—resulting in a lack of energy, chronic fatigue, and weight gain. This sets the stage for all types of thyroid-associated problems such as poor circulation, cardiovascular disease, skin problems, hair loss, et cetera.

In an effort to get everything back on track, your pituitary gland then begins to produce additional “stimulating” hormones to increase thyroid function. But, at this point, it's like trying to beat a dead horse—it doesn't work. As the pituitary continues to work overtime in its efforts, an even greater and deeper degree of depression begins to set in.

Antidepressants: A Solution in Search of a Problem

It's easy to see why the pharmaceutical companies have selected pregnant mothers as the most recent target for increasing antidepressant sales. Many young women in that group have some of the worst eating habits of any group. Unlike when I was growing up, it's the norm now for girls as young as 10 or 12 years old to be on weight-loss diets and skipping meals. Their adrenal and thyroid glands are shot long before they ever become pregnant.

When you see the diet/sugar connection to depression, it's easy to see how the WHO predictions could come true. The pharmaceutical industry is following the same marketing program with antidepressants that has been so successful for them in promoting so many other classes of

HEALTH HINTS FROM READERS



TROPICAL RELIEF FOR DIARRHEA

I suffer from colitis and, as a result, diarrhea has always been a problem I've had to deal with. Several years ago, I read or heard (I can't remember which) that eating shredded coconut might help the problem. Looking back through my past issues of *Alternatives*, I noticed that throughout the years you've recommended several different remedies to stop diarrhea (lactic acid yeast wafers, lime in coconut juice, et cetera). Many of these are hard to obtain, so I thought I'd pass along what has worked for me, and that happens to be shredded coconut.

I first used a couple of teaspoons a day and that worked wonders. It's readily available (even unsweetened) and inexpensive for what it does. I have also found that I can get the same effect by eating a couple of coconut macaroon cookies. I know the sugar content is higher but it does work.

Thanks for all your help.

H.D.
Denver, Colorado

drugs in the past. First, they take a very common problem that has a wide range of vague symptoms that practically anyone could relate to at one time or another. Next, get an organization like the WHO to declare it a major, growing health problem that threatens everyone. Then have one or more medical societies endorse the use of drugs as the best form of treatment. It quickly gives the doctors, FDA, Medicare, Medicaid, et cetera, the legal backing to promote/prescribe a class of drugs. This strategy certainly beats having to rely on research data that would have to actually prove these drugs work.

This same scenario has been employed successfully with drugs used to treat everything from hair loss and osteoporosis to high cholesterol. When you step back and look at the big picture, it's astounding that anyone could actually believe that the increase in depression problems is due to a drug deficiency. But that's what they would like you to believe, claiming that that some of these drugs compensate for a genetic defect associated with depression. Obviously, there's no scientific data to suggest that one's risk of developing depression from divorce, a death in the family, et cetera, is linked to a particular gene.

The whole idea of antidepressants is to safely relieve depression by influencing the level of one or more compounds in the brain. Unfortunately for those who are depressed, the concept has never been proven true, either in general or in specific. In fact, a researcher, Irving Kirsch, evaluated all the data pharmaceutical companies had submitted to the FDA to get approval for the new generation of selective serotonin reuptake inhibitors (SSRIs) and found the drugs were no better at relieving depression than the placebos they were tested against. (*PLOS Med* 08; 5:e45)

If you're suffering from depression, go back to the basics. It would be an enormous help to have a doctor

who is familiar with natural therapies to guide you, but there's a lot you can do on your own and oftentimes see dramatic results rather quickly.

Support Your Neighborhood Glands

I would suggest addressing any adrenal and thyroid problems first. You can do this through your diet and with natural supplements that are readily available.

You need to eat several small meals throughout the day to give your adrenals a rest. Most individuals will see dramatic results using an adrenal glandular product called Drenamin from Standard Process Laboratories. I recommend starting with 3 tablets a day; chew one in between meals mid-morning, mid-afternoon, and evening. In addition, support your adrenals with a high-potency B-complex multivitamin if you're not already taking a good multinutrient every day. (And I certainly hope you are doing so.) Look for a formula that contains at least 50 mg (or mcg, if that's how the vitamin is measured) of each of the Bs, including choline and inositol.

In addition to depression, one of the classic symptoms of adrenal fatigue is dizziness. This can occur when arising from a lying or sitting position, after standing for a long period of time, or even after taking a hot shower. In each of these cases the dizziness occurs because the fatigued adrenals aren't able to perform another of their functions, the regulation of blood pressure.

Using the basal temperature test that I describe for you on page 39, check your thyroid function. To improve/increase thyroid function, I recommend 1 drop of Iosol daily and 1 to 3 tablets of the thyroid glandular product Thythrophin, also from Standard Process Laboratories. Once your thyroid function returns to normal, you can cut back to one tablet per day.

(Depression continued on page 39)



NEWS TO USE FROM AROUND THE WORLD

Cut Out Wheat for a Healthy Mouth

TEHRAN, IRAN—One of the more painful problems you can experience is that of mouth ulcerations, commonly referred to as canker sores. These aren't necessarily the same as "cold sores" related to the herpes virus that generally occur on the outside of the mouth.

There doesn't seem to be any one trigger for these recurrent mouth ulcers (aphthous stomatitis). For some women they develop when certain hormones fluctuate during the menstrual cycle; for other individuals excess exposure to the sun may be the trigger; and for others they seem to crop up in times of stress or from actual physical injury to the mouth.

They can be very painful and interfere with swallowing and eating, and oftentimes take a week or longer to resolve.

One very interesting study screened patients suffering from these recurrent ulcerations, looking for gluten intolerance (an allergy to wheat and wheat products, as well as to other grains that contain the protein gluten). This condition is also called gluten sensitive enteropathy (GSE) or celiac disease. It's considered an immune disease where products that contain gluten trigger an immune reaction in the small intestine that can cause permanent damage. Common symptoms also include unwanted weight loss, chronic diarrhea or constipation, and gas and bloating.

When individuals with GSE were placed on a gluten-free diet there was a very significant improvement in their prior problem with mouth ulcerations. (*BMC Gastroenterol* 09;9:44)

A gluten-free diet may not be the answer for everyone with this problem, but for some it will be a godsend in more ways than one. Mouth ulcerations may be just the one noticeable symptom of an allergy to gluten that could be destroying areas of the small intestine. A gluten-free diet is not the easiest thing to follow, but it would be well worth trying if nothing else has helped one's recurrent mouth ulcerations.

[Editor's note: A complete reader resource for living gluten-free can be found in the Subscriber Center of the Alternatives Web site, www.drdauidwilliams.com.]

Manage Your Weight With CLA

COLUMBUS, OHIO—As you probably know, I've been a proponent of CLA (conjugated linoleic acid) for years, and I take it religiously myself. I've found it to be very effective at removing body fat, particularly around the waist area—the area where fat has been shown to be most harmful. If there's any drawback to CLA, it would be the fact that it can take a while to see the results, sometimes several months. And to achieve the best results, I've also always recommended includ-

ing a good exercise program. One new study involving women seems to indicate that exercise or even a change in diet may not be necessary to see significant benefits from taking CLA.

CLA was given to 35 obese, postmenopausal women with type 2 diabetes for a period of 16 weeks. While I generally recommend, and take, 4 grams daily, these women were given 8 grams a day. At the end of the 16 weeks these women lowered their body mass index (BMI) and lost an average of almost 4 pounds of fat from around their waist area.

It was particularly interesting to me that the women were specifically told not to increase or alter any exercise routine, if they had one, and not to change their diets. (*Am J Clin Nutr* 09;90:468–476)

Even considering the results of this study, I still recommend that any weight-loss supplement should be regarded as a boost to the lifestyle changes you need to make in order to maintain long-term weight loss. After all, those who continue to eat more and exercise less will just put the weight right back on after they stop taking whatever supplements they're using.

What this study demonstrates is that CLA really does work to help people lose weight. CLA is no magic bullet for weight loss, but it is good science.

Joint Replacement at Younger Ages

LAS VEGAS, NEVADA—Here's a little frightening news that nobody seems to be talking about.

Researchers at the 2009 Annual Meeting of the American Academy of Orthopedic Surgeons (AAOS) presented two different studies showing that the need for hip and knee joint replacement surgery will double within the next ten years.

Currently, over 700,000 total hip and knee surgeries are performed in the US every year. Unfortunately, there won't be enough orthopedic surgeons available to handle that kind of increase. It's one area of medical treatment where there will be long waits. The researchers estimated that in 2016, 46 percent of needed hip replacements and 72 percent of needed knee replacements will not be able to be completed.

What shocked me about these reports was the source of the higher demand. You would think that more surgeries would arise because of an aging population. Instead, these surgeries are being performed on younger and younger patients.

Joint replacement surgery was generally thought of as a procedure for older individuals, but by 2011 more than half of the patients requiring hip replacements will be under age 65—and that will also be true for knee replacements by 2016.

NEWS TO USE (CONTINUED)

In fact, the fastest growing group of patients for these procedures is in the 45 to 54 age group, and the number of procedures in this group is expected to grow from 59,077 in 2006 to 994,104 in 2030—*nearly 17 times as many.*

The primary reason for these increases is rampant obesity. Obviously, if you have a weight problem, you're setting yourself up for many more health issues down the road. If it's hard to understand how tiring and detrimental a few extra pounds can be to your hip and knee joints, try carrying around a 10- or 20-pound sack

of beans for a couple of days. Make sure you put it in your lap before you get up from a chair, the bed, or the toilet. The extra stress it causes will become apparent rather quickly.

Even today, surgeons are refusing to perform hip or knee replacements on overweight patients until they lose some weight. It's acknowledgement that the weight really is an issue. Maybe at the first interview with an orthopedic surgeon each patient should receive a couple months' supply of CLA to help them lose some of that weight.

(Depression *continued from page 37*)

Here are the directions for the temperature test:

- Put an oral thermometer by your bedside. If you use a mercury one, shake it down to 96 degrees F.
- Upon awakening, place the thermometer in your armpit and leave it there for 10 minutes before arising.
- Record the temperature.

Note: Men can take their temperature any time. Women in their menstrual years get the most accurate reading on the second or third day after menstrual flow starts. Before the first menstrual period or after menopause, the temperature may be taken on any day.

Anywhere between 98.2 and 97.2 is considered normal. If your temperature falls below this range, it indicates a sluggish thyroid or hypothyroid condition. (If it's above this range, your thyroid is overactive.)

In addition to the signs that I detailed earlier, those who have low thyroid function may experience constipation; muscle weakness, cramps, or aches; decreased interest in sex; and an intolerance to cold temperatures.

Iosol is available from TPCS, at www.tpcsdirect.com or 800-838-8727. Both Drenamin and Thyrophin are available from Banks Chiropractic at www.spinelife.com or 877-698-4826; or Total Health Discount Vitamins at 800-283-2833 or www.totaldiscountvitamins.com. [Editor's note: To find out the whole story about the benefits of taking glandular supplements, see "More Alternatives" in the Subscriber Center of the Alternatives Web site, www.drdauidwilliams.com.]

The Few Steps to Depression Relief

The suggestions outlined above, if combined with the proper diet, will often bring dramatic results. For some people, providing additional raw materials and components that their body needs to produce certain neurotransmitters in the brain can speed up or enhance

the healing process. This includes items like the amino acid L-tryptophan, 5-HTP, and S-adenosylmethionine (SAME). Various brands of each of these are widely available. Follow label directions for use.

A depression-free diet doesn't have to involve a radical change of habit. Of course, as a reader of *Alternatives*, your diet is probably already lower in sugar and other refined carbs than that of most other individuals. Cut back on sources of caffeine as well, particularly coffee and sodas. You may need to eliminate these entirely if your adrenals are seriously depleted.

The next step is to get plenty of omega-3 fatty acids—from fatty fish such as sardines and tuna; from seeds such as flax and chia; or from supplements. If you're already including these to some extent in your diet, it can't hurt to increase your intake by two to three additional servings of fish or seeds each week.

Protein is beneficial as well, particularly a well-balanced source of protein such as whey or eggs. Protein is the building block for various neurotransmitters that play a role in regulating mood. As I said earlier, there are no studies showing that regulating a particular neurotransmitter is especially helpful for depression. Supporting your body and allowing it to build the compounds it needs as they're called for, however, has been shown to be useful in relieving depression.

High-Tech, Low-Cost Help for Parkinson's

I can remember reading a long time ago an article about Thomas Edison. Although he didn't actually invent the motion picture projector, he certainly had an interest in that technology. His lab made considerable refinements and had several inventions related to cameras and film viewers. One particular item that stayed with me was the idea that Edison thought the primary use of motion

pictures or movies would be as a teaching tool in the field of education. As you know, that wasn't the way things turned out. Movies have almost exclusively become a delivery mechanism for entertainment.

Many also felt the primary use of the Internet would be education. Although it has become a significant educational tool, its use for communicating through e-mail and transmitting music and pornographic material far exceeds any educational usage.

With all the technological advances we've seen in the last few years, one of the most interesting aspects is observing how a technology eventually gets utilized. A good example is computer games, which have just recently been recognized as an effective form of physical therapy.

Nintendo has a game console called the Wii (pronounced "Wee") that plugs into your television and allows you to physically play fairly realistic sports games like tennis, bowling, and others using a handheld wand (called a "Wiimote") that detects movement and gestures.

A Wii Device With Big Benefits

I don't have a lot of research data to back up any claims, nor have there been any large-scale clinical trials on the use of these game consoles. But my conversations with patients and physical therapists have convinced me this type of therapy can make a world of difference.

Some patients suffering from Parkinson's disease have seen dramatic improvements in their symptoms after just a month from playing the tennis game for only three hours a week. They report experiencing fewer tremors and also being able to move and walk better with increased coordination.

In one small 20-patient study, Dr. Ben Herz, an occupational therapist at the Medical College of Georgia, found that when Parkinson patients regularly played Wii games like tennis, bowling, and baseball, their physical conditions improved significantly. As a result, many showed improvement in their mental health as well. (*Paper presented at the 5th Annual Games for Health Conference, Boston, MA, June 12, 2009.*)

Parkinson's results from low levels of dopamine in the brain. Preliminary data suggest that both exercise and these computer games can increase dopamine levels. No one is suggesting playing these interactive video games will cure Parkinson's, but it certainly seems reasonable that it could slow the progression of the disease.

I can also see how the Nintendo Wii games could be of great benefit to recovering stroke patients and others undergoing various rehabilitation therapies. Their use overcomes many of the problems associated with conventional therapy. For one, the difficulty level of the games can be set so they are challenging but not overly difficult—so anyone, without any prior experience, can enjoy playing. Secondly, this is a therapy that can be utilized in the comfort of one's living room without the hassles and the possible embarrassment sometimes associated with undergoing therapy in a public facility.

This summer Microsoft demonstrated an advanced gaming device they call the Natal. It reportedly doesn't require any remote, but, rather, through the use of cameras, monitors the player's movements and maps them on the screen. There has been no release date as yet on this product, but it would obviously have the potential to be very useful in physical therapy. Like most computer and technological items, you can expect to see advances at an almost breakneck speed. When it comes to therapy, however, generally the sooner one starts the better. In this case, it doesn't pay to wait for the "latest and greatest."

I noticed lately that Costco now carries the Nintendo Wii and the newest remote called the Wii MotionPlus. It contains a gyroscope that detects slight rotations and twists of the wrist and arm, adding more precision to the various games. Nintendo has also recently discounted the Wii due to a slowdown of sales in this economy, so if you can use the therapy, or if you're looking for that Christmas gift for someone who could, this might be the perfect gift...the one that truly keeps on giving.

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.

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