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Dr. David G. Williams

Depression Treatment Beyond Drugs

When it comes to sales and marketing, I've always said those in the pharmaceutical business are among the very best. Not much stands in their way. They routinely sacrifice anything and everything for sales. Little things like integrity, morals, and human life are just costs

of doing business. And when a marketing formula works for one drug, they're quick to repeat the process.

The class of cholesterol-lowering drugs called statins was introduced in just 1987. In the time since, their use has soared. The proportion of Medicare patients taking statins more than doubled over five years, from fewer than 12 percent in 1997 (about 4.4 million) to 27 percent (more than 11 million patients) by 2002.

We don't even know how many people are now taking these drugs. Estimates from 2005 are that at least 30 million people were taking statins back then, and in 2008 more than 150 million prescriptions for statins were filled in just the US. We do know that worldwide sales of statins in 2007 were \$34 billion; since their introduction just over a couple of decades ago, sales of statins have amounted to more than a quarter of a trillion dollars.

Part of the success stems from recommending the drug to younger and younger individuals. The American Academy of Pediatrics recommended that children as young as age eight be given a statin if other measures have failed to lower cholesterol adequately. As well, reports funded by the makers of statins declared that even healthy individuals can benefit from using statins to prevent heart attacks, strokes, and high blood pressure.

Beware the Snake Oil Salesman

Every day we seem to learn about a new danger from some drug that's been approved by the FDA and marketed to the public. GlaxoSmithKline's diabetes drug Avandia

is now under fire for being linked to tens of thousands of heart attacks. I'm sure it's only one of hundreds of drugs that have yet to be exposed. I've said it a thousand times: Don't let the slick advertising and "research" fool you into thinking you have a drug deficiency.

From what I see, it appears that marketers are taking a page from this huge success story of statins, and one of the next big marketing pushes will be in the use of antidepressants. Sales are already soaring.

Antidepressants have become the most commonly prescribed drugs in the United States. Their use has doubled in just the last ten years. The latest estimate I've seen is that *in 2005, almost 10 percent of Americans, or in excess of 27 million people, were already taking these drugs.* But don't expect the pharmaceutical companies to be satisfied with those numbers.

It shouldn't come as any surprise that spending on direct-to-consumer advertising for all drugs has gone through the roof. According to one media tracker, advertising expenditures were more than \$125 million each in just the third quarter of 2009 for four drugs—including the antidepressant Cymbalta. Companies will undoubtedly increase sales even more by advertising to promote



In This Issue

- Depression Treatment Beyond Drugs73
- Finally, a Cancer Surgery I Recommend. . . .75
- Mailbox: Nattokinase vs. Warfarin76
- Recovering From an Addiction to Alcohol . .77
- News to Use: Mushrooms to Prevent Breast Cancer; Goodbye to Bed Bugs; Crush Injuries; Rye Bread as a Laxative78

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

expanding the use of antidepressants from just treating depression to the treatment of “unhappiness,” and finding new “benefits” of these drugs.

Let’s face it: We all suffer from some degree of depression at one time or another. It’s thought that 25 percent of adults and 8 percent of adolescents will have a major depressive episode in their life. I can’t believe, however, that drugs are the ultimate answer and that nearly 10 percent of our population needs to be routinely taking antidepressants.

I’ve written extensively about the dangers of the selective serotonin reuptake inhibitors (SSRIs):

- Prozac (fluoxetine)
- Paxil/Seroxat (paroxetine)
- Zoloft (sertraline)
- Luvox (fluvoxamine)
- Celexa (citalopram) and
- Lexapro (escitalopram).

I’ve also explained how to effectively deal with serotonin levels and depression using various supplements, herbs, and natural remedies. [Editor’s note: Get a simple 3-step program for conquering depression in the *Subscriber Center of the Alternatives Web site*, www.drdauidwilliams.com. See the April 2008 issue of *Alternatives*, Vol. 12, No. 10 that’s located there.]

What I may not have covered, however, is that only about 5 percent of the total serotonin produced by the body is produced in the brain. Around 95 percent of the body’s serotonin is produced in the gut.

Serotonin Is a Poor Treatment Target

In a recent mouse study, researchers used a compound that turned off the release of serotonin in the gut and found that it prevented post-menopausal osteoporosis, and cured osteoporosis-affected mice. They claimed these benefits occurred without affecting brain levels of serotonin. (*Nat Med* 2010 Feb.7 [E-pub ahead of print])

There’s a push now to develop this compound into a drug that can be used to treat osteoporosis. Don’t be surprised to see it rushed to market, since our society is

FINDING A GOOD DOCTOR

I receive a steady flow of letters, phone calls, and e-mails from readers who are looking for help with their current medical concern. As you can imagine, it’s not practical (or ethical—or, for that matter, legal) for me to make specific recommendations without actually examining the individual. I do choose some of those questions that I believe are of general interest to answer in the Mailbox section of *Alternatives*.

What I can do is provide you with advice that I believe might pertain to you, but only in general terms. For a more specific solution, you need to be seen by a health professional. Finding that health professional has not always been an easy task, but now it’s a little easier.

A company I work with has created a tool that allows you to locate a health professional in any part of the country, in practically any alternative or complementary healing tradition—from acupuncture to natural hormone therapy. The finder, located on the Web at www.naturalsolutionsmag.com/find-practitioner, has listings for thousands of practitioners.

suffering from a widespread and growing osteoporosis problem. Also don’t be surprised to learn later that stopping serotonin production in the gut will have its share of unpleasant side effects.

Serotonin produced in the gut has several essential functions. Our digestive system has its own nerve network that allows it to operate without any input from the brain. Thanks to serotonin, the gut continues to function even if you sever the connection between it and the brain. Serotonin stimulates the muscles in the gut that help food move through your intestinal tract.

Serotonin also acts as a protective mechanism. When you eat something that irritates or upsets your stomach cells, they release larger amounts of serotonin—which leads to an emptying of the gut (diarrhea). If enough serotonin is released it will spill over into the bloodstream and stimulate receptors in the brain, causing vomiting. It’s one of your body’s protective mechanisms to rid itself of toxins or irritants. It will be interesting (maybe



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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.

“horrifying” would be the proper term) to see what the side effects will be of stopping serotonin production in the gut. It undoubtedly will throw off the entire balance of the gut flora, where at least 80 percent of your immune system resides. I can see a nightmare in the making.

All this helps explain why antidepressants like the SSRIs mentioned above can cause nausea, vomiting, constipation, diarrhea, headaches, insomnia, weight fluctuations, fatigue, et cetera.

The True Way to Overcome Depression

For most of us, the difference between mild depression and happiness isn't that great. I read one study where psychologists had a group of individuals rate their happiness on a scale of 1 to 10. The average was about 6.7. Problems like a serious injury, a divorce, or the loss of a loved one caused the level to go down a point or two—but only for a year or so, then the level went back up to 6.7. On the flip side, when someone fell in love or won the lottery the level rose a point or two, but again for only a year or two before returning to around 6.7.

This suggests that the smaller day-to-day events can have a more significant impact on our overall happiness than dramatic, temporary events that occur in our lives.

In addition to all that I've written in the past about nutritional methods of dealing naturally with depression, here are a few more simple techniques that have been found to have a positive impact on serotonin levels.

- Listen to one of the many audio books now available on CD while traveling to and from work or at home. It should be easy to find a topic that interests you at your local library or bookstore, or on the Internet.
- Get moving. Studies have shown that getting out of bed in the morning and taking a warm shower will elevate serotonin levels.
- Pamper yourself. Make a list of things that make you happy or put you in a better mood. If you're observant enough, you'll notice that oftentimes even the littlest things that trigger a change in your senses can have a huge impact when included in your daily routine. Maybe it's the taste of your favorite coffee or herbal tea or the smell of a vanilla candle or incense burning. It may be going for a walk, visiting with friends or family, painting, meditating, reading poetry, or just playing a game. Maybe it's setting your alarm so you wake up to music rather than some annoying sound. In my case, for example, I've noticed that the smell of certain bar soaps I use when showering has a profound effect on how I feel at the time. Some elicit pleasant thoughts of springtime or the outdoors. The effect is temporary, but definitely helps me start the day in a much better mood.

Find the little things that make you happy and repeat them on a daily basis. Believe it or not, it's “the little things” that make us happy in the long run.

Finally, a Cancer Surgery I Recommend

For many patients who have cancer, their greatest concern is not the cancer itself. Rather, it's the possibility that the cancer will spread to other sites, a process called metastasis. This concern is completely justified, because once cancer has escaped from its original site a patient's chance of survival decreases dramatically.

I've written about strategies to reduce the risk and consequences of metastasis, including the use of modified citrus pectin (MCP). This substance interferes with the “seeding” process whereby cancer cells travel through the body and implant themselves in distant tissue. (The MCP product PectaSol-C is available from EcoNugenics, at 800-521-0160 or www.econugenics.com/MCP.)

Cancer is an unpredictable disease, however. Sometimes, in spite of your best efforts, the cancer will escape the primary site and metastasize. One of the most dire situations occurs when cancer invades various organs in the abdominal cavity. Subsequent aggressive conventional treatments may weaken the patient to the point where they're not able to withstand any further treatment, and the prognosis often comes to, “There's nothing more we can do.” Except now there is something more.

Getting the Best of Two Therapies

Dr. Armando Sardi, at the Institute for Cancer Care at Mercy Medical Center in Baltimore, Maryland, is performing a therapy that very few, if any, other doctors are willing to do, called cytoreductive surgery with HIPEC (hyperthermic intraperitoneal chemotherapy). More important, his success rate in these cases is remarkable.

When cancer spreads throughout the abdominal cavity it's referred to as peritoneal carcinomatosis—a serious situation. The five-year survival rate with chemotherapy and other conventional therapies is essentially zero.

By the time most patients with this problem reach Dr. Sardi, they've already undergone numerous surgeries and rounds of chemotherapy. Their defenses are at an all-time low, and there's little hope for the patient's survival.

Dr. Sardi performs what can only be described as massive surgery. (Former patients have called the procedure MOAS or the “Mother Of All Surgeries”). He follows the surgery with “intraperitoneal” chemotherapy.

TAKING NATTOKINASE WITH WARFARIN

Question: I know that nattokinase works differently from warfarin. When taking the nattokinase, should we be testing my blood with a test other than PT/INR? I really would like to get off the warfarin, but my pro-time numbers seem to be going the opposite direction from what I had anticipated. Therefore, my doctor keeps increasing my dosage. I am now at 9 mg per day. This worries me. I'm noticing more side effects because of it: hair loss, feeling cold all the time, leg pains, taste perversion, gas/bloating. I'm really not liking this at all. No one told me about all these adverse reactions/side effects before my surgery.

I appreciate all your help.

—C. G.
Via e-mail

Answer: This is a tough question. First, as with any other supplement, or drug for that matter, not everyone will react the same way when taking nattokinase. Differences may be from biochemical individuality, variation in the product, and, very commonly, interactions with other supplements or drugs that are being taken. A short list of supplements that have antiplatelet and/or anticoagulant activity includes garlic, turmeric, vitamin E, fish oil, angelica, danshen, ginger, willow, and clove. Of course, the list of drugs that interact is even longer, and can range from over-the-counter

pain-relieving compounds like ibuprofen, naproxen, and aspirin to prescription drugs like antibiotics, anti-ulcer medications, and, of course, other blood thinners such as heparin and Plavix.

Any time you try to replace a drug with a supplement, the prudent thing is to do it under the guidance and direction of a skilled health professional. I'm not aware of clinical studies which actually focused on dosages or detailed methods of even trying to switch from warfarin to nattokinase. Typically, nattokinase will potentiate warfarin, which results in lowered INR values, but again that would need to be confirmed in your particular case. As I've discussed previously, nattokinase works similar to plasmin (and actually increases the body's production of plasmin) by dissolving fibrin. It also addresses blood coagulation to some extent, but the original work with nattokinase was focused on its ability to dissolve blood clots associated with heart attacks and stroke.

Realistically, to determine if nattokinase will achieve the effects your doctor is trying to accomplish in your particular case, gradually adding a small dose of high-quality nattokinase to your regimen and monitoring the results is the only thing I can suggest at this point until more definitive research is available.



Dr. Williams encourages you to send in your questions or comments. You can e-mail them to feedback@drdavidwilliams.com or send them to him at the mail address shown on the second page. 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 here.

Dr. Sardi begins with surgery that typically lasts several hours. A 15-inch incision is made from the chest all the way to the pelvis. Then, as he puts it, he cleans each organ one at a time. The goals at this point are to 1) remove every visible tumor within the abdominal cavity that measures greater than 2.5 mm, or roughly 1/8th of an inch (2.5 mm is the level at which the chemotherapy drug can penetrate directly into tissue), and 2) leave enough of the bowel and other organs so the patient can still have the best quality of life possible.

When all of the visible tumor tissue is removed, he then "washes" the entire abdominal cavity with the heated chemotherapy drug for 90 minutes. The heat alone kills cancer cells, but it also enhances the effects of the chemotherapy liquid. This procedure differs from traditional chemotherapy, in which the drug is introduced through a vein and travels throughout the body. By bathing the tumor site directly, the cancer tissue can be destroyed with very little of the drug being absorbed into the bloodstream. This avoids subjecting the body to

the chemicals and prevents most of the damage and side effects associated with systemic chemotherapy.

Following the procedure, everything is reconnected; the patient is closed back up and taken to the intensive care unit for recovery. Recovery isn't easy, and Dr. Sardi says his patients often describe the feeling as "being run over by two trucks." They typically stay in the hospital for 10 to 12 days, but it takes a couple of months to fully recover. [Editor's note: Get Dr. Williams' 5-step plan to ease surgery recovery in the *Alternatives* Subscriber Center, at www.drdavidwilliams.com.]

When Experience Counts the Most

The heated chemotherapy wash is an integral part of the treatment, but the 12- to 15-hour surgical procedure may be the most important aspect of the therapy. Not many surgeons are willing to spend that amount of time or have the experience in detecting and removing that much tumor tissue, while being able to preserve and avoid too much damage to the various organs so the patient can still enjoy a good quality of life afterward.

Dr. Sardi says surgeons not trained in these procedures have not only been critical of his efforts, but they don't believe he can achieve the results he does. This is in spite of the published research.

Although the surgery is very extensive and involves a degree of risk, Dr. Sardi and his team have performed more than 100 of these surgeries and only one patient (back in 1998) has died from the surgery. That patient suffered a heart attack.

This is not to say complications don't occur. They do, but the team has been able to handle them. This degree of success is remarkable considering the debilitated state most patients are in when they reach Dr. Sardi. It's even more remarkable when you consider that the alternative for practically every one of these patients was death. But the ultimate test is the results he's been able to achieve.

Five-Year Survival Rate Up to 80%

Dr. Sardi has treated cancers of the appendix, colon, stomach, and ovaries that have spread into the abdominal cavity. His five-year survival rate is up to 80 percent using this form of surgery. He says the success rate varies with the grade or severity of the cancer and the type.

Cancers are divided into different categories. Generally, patients with gastrointestinal cancers (excluding gynecological cancers) that spread into the abdominal cavity survive only a year or two after the spread is discovered.

- In low-grade appendix cancers his success rate has been around 80 percent (alive and free of cancer at five years). In the higher and intermediate grades it varies between 30 percent and 50 percent.
- In mesothelioma (epithelial type), the five-year survival rate is close to 80 percent, compared to zero using chemotherapy alone.
- In colorectal cancers the survival rate is about 50 percent—again compared to zero when standard chemotherapy is utilized.

Unfortunately, Dr. Sardi's work hasn't been embraced by surgeons in the field of oncology, nor by Medicare or most insurance companies. In my research into the area I found numerous studies from around the world showing the benefit of his approach in treating these cancers. Dr. Sardi says there are more than 400 medical journal publications supporting this treatment, and not a single publication showing where any patient with peritoneal carcinomatosis receiving chemotherapy alone has survived cancer free for five years. Many of his patients, however, are living normal lives well beyond the five-year mark without cancer. One of his patients was told by another oncologist to go home to die—more than 16 years ago.

Typically I focus first on prevention and natural therapies. However, this is a unique form of treatment. For more information, contact Dr. Sardi's team at Mercy Medical Center at 410-332-9294.

Recovering From an Addiction to Alcohol

A reader recently asked whether I knew of a recovery program for those who are in the clutches of an addiction to alcohol. Because every person is unique, it's not possible to set out a complete program that will address everyone's situation completely.

I don't want to over-simplify the treatment programs of alcohol or drug abuse, but during both the detoxification and the recovery stages there are some general principles that will help anyone who is working to regain control over their addiction. I'll discuss alcohol addiction here, but the same guidelines apply to addiction to drugs, whether prescription or illegal.

Step One to Recovery: Nutrition

In my experience, cravings and addictions are intimately connected to nutritional deficiencies. The first step toward recovery should be to address that problem.

In alcohol abusers, you will routinely find deficiencies in most of the water-soluble vitamins (C and the Bs) and minerals, due in part to the diuretic effects of alcohol. A high-dose vitamin B-complex is an essential base nutrient. I would recommend additional niacin in the range of 2 to 3 grams daily. Buffered vitamin C can be spread out through the day as well, at daily doses of 3 to 5 grams. It's best to spread all vitamins out over the day to avoid diarrhea—which would only worsen nutrient loss.

Many alcohol abusers complain of a racing or pounding heart. This can result from a mineral deficiency. Magnesium, manganese, calcium, and various trace minerals will help almost immediately. There are several mineral complexes on the market. I would also suggest a complete multi-vitamin/mineral complex to fill in the gaps. I've found that meat and bone broths are another excellent way to replenish both protein and minerals in the system. While I've written about meat and bone broths several times over the last few years, I thought it would be helpful to give you the recipe again.

- Begin with bones from fish, poultry, beef, lamb, or pork. The bones can be raw or cooked, and they can be stripped of meat or still contain meat remnants and skin. (When making meat broth, I throw
- (Addiction Recovery continued on page 79)*



NEWS TO USE FROM AROUND THE WORLD

A Common Mushroom for Cancer Protection

DUARTE, CALIFORNIA—The medicinal power of mushrooms is one area where I think we'll continue to see a lot of helpful and interesting research. It seems, however, that most of the research so far has focused on the more exotic, expensive varieties. I love all types of mushrooms, but generally the most readily available variety is the common white button mushroom (*Agaricus bisporus*). You can now find them in almost every supermarket.

Dr. Shiuan Chen, at the City of Hope, has shown that this more common type of mushroom can work just as effectively at preventing breast cancer as the more exotic forms. A serving of about 4 ounces works as an aromatase inhibitor. Aromatase is an enzyme responsible for making estrogen, and many forms of breast cancer are estrogen-dependent. The active compound in the mushrooms appears to be the fatty acid conjugated linoleic acid. (*Cancer Res* 06;66:12026–12034) (*Cancer Res* 03;63:8516–8522)

The same researcher has reported that, through a different compound, grape juice is also an aromatase inhibitor and has a protective effect against breast cancer; it takes roughly 8 ounces to achieve the results (actually 8.45 ounces or 250 mL). The compounds in grape juice are procyanidin dimers. Dr. Chen has also found that grapeseed extract contains procyanidin dimers, but there were variations of content in the many different products, so specific recommendations are sketchy. (*Cancer Res* 06;66:5960–5967)

Keep in mind also that grapeseed extract, through a different mechanism, has been shown to inhibit the growth and progression of prostate tumors. (*Cancer Res* 07;67:5976–5982) (*Int J Cancer* 04;108:733–740) (*Carcinogenesis* 02;23:1869–1876)

Say Goodbye to Bed Bugs for Good

COLUMBUS, OHIO—A while back, I talked about the resurgence of bed bugs in this country. In the last five or six years, bed bugs have become increasingly common in homes, hotels, nursing homes, et cetera. In fact, the problem has grown so much that the US Environmental Protection Agency hosted a National Bed Bug Summit in April of 2009.

Bed bugs are tiny, the size of a poppy seed, and they're not easy to spot. They can hide in baseboard cracks, wall sockets, chair cushions, and the smallest crevices, so getting rid of them can be a big problem.

Recently, I found out that bed bugs could be eliminated with heat rather than pesticides. It takes only 113 degrees F to kill them, once it's been determined that

bed bugs are present (dogs can be trained to detect bed bugs simply by sniffing). Researchers simply built a foam box around the furniture to be treated, using the simple 2-foot by 4-foot insulating panels that are available at larger home hardware outlets or lumber yards.) They then placed a heater inside (a sealed, oil-based heater eliminates the fire risk) and raised the temperature to 140 degrees F. The bug infestation was eliminated. The investigators reported the entire process takes a couple of hours, with no damage to the furniture and no pesticides to worry about later. (*Med Vet Entomol* 09;23:418–425)

Clothing and bedding can be de-bugged in an ordinary clothes dryer. Entire rooms can also be treated by raising the temperature. The process obviously just takes a bit longer.

Hopefully you'll never have a bed bug problem, but if you do at least now you know that it can be treated easily without pesticides. [Editor's note: For 5 more ways to live pesticide free, visit the Alternatives Subscriber Center, at www.drdauidwilliams.com.]

Easing the Damage From Crush Injuries

NASHVILLE, TENNESSEE—I don't know if the number of earthquakes is increasing around the world, but that certainly seems to be the case. Following the one in Haiti, those near Chicago experienced a minor one and then major ones hit Japan, Chile, and Taiwan.

From watching the news coverage in Haiti, it's rather clear that many of the deaths were caused by crushing. The deaths are often caused by what's called "crush syndrome" (traumatic rhabdomyolysis).

Once a crushed arm or leg is freed from the rubble, damaged muscle tissue protein called myoglobin travels through the bloodstream to the kidneys. There it blocks the small tubules—which causes the formation of huge amounts of free radicals. The free radicals destroy the fatty tissue membranes in the kidneys and cut off the kidney's blood flow. This leads to death through kidney failure. Hundreds, if not thousands, of deaths resulted from this exact scenario.

Researchers have just discovered that, in animals, a human dose equivalent of acetaminophen can block the damage from crush syndrome. If the same holds true in humans, and researchers have no reason to think otherwise, this could save thousands of lives—even in a catastrophic event such as the recent earthquakes in Haiti and elsewhere.

Based on the research, two acetaminophen tablets would need to be taken either before or shortly after the injury. The exact timing has yet to be determined.

NEWS TO USE (CONTINUED)

I'm not a fan of any drugs, but if you live in an area susceptible to earthquakes (or tornados, for that matter), I'd suggest keeping a bottle of Tylenol or other acetaminophen product on hand just in case. It's another one of those items my dad would refer to as "cheap insurance" that could save your life or that of a loved one. Remember that acetaminophen causes liver damage, so it's not something you'd want to use very often. (*Proc Natl Acad Sci USA* 10;107:2699–2704)

Keep in mind as well that acetaminophen might be just as helpful in other accidents that involve crushing injuries or those that result in blood cell (hemoglobin) breakdown. Gunshots, explosions, vehicle accidents, or other situations that result in severe muscle injury might also be situations where two tablets could save a life.

Soldiers have taken to using large amounts of the painkiller ibuprofen to help them recover from long, difficult, assignments or minor injuries. In fact, the drug is used so often that it's acquired the nickname "grunt candy." Based on the above information, soldiers and medics might want to consider carrying some acetaminophen as well.

A Natural Laxative in Toast and a Sandwich

HELSINKI, FINLAND—Rye bread is an effective natural laxative, according to a study published in the *Journal of Nutrition*.

Participants in a Finnish study were given either white bread, whole-grain rye bread, a probiotic supplement, the rye bread plus the probiotics, or their usual laxative. Those who ate just the rye bread showed greatly decreased bowel transit time, which means that

their stool was in their body for much less time—a good thing. (*J Nutr* 10;140:534–541)

The authors claimed that it's well known that rye helps relieve constipation, but in a search of the literature I didn't find much support for that statement. The participants in the study ate a lot of whole-grain rye bread every day—about 8 slices—so the benefit could well have come from the extra fiber. With that said, switching from white bread to whole-grain rye will help you relieve chronic constipation.

The Right Bacteria Would Have Helped More

As an aside, I thought it was odd that the researchers chose the probiotic *Lactobacillus rhamnosus* for this trial. It's pretty well known that *L. rhamnosus* is beneficial for vaginal health and as a diarrhea treatment. Why you'd test a diarrhea treatment as a constipation treatment is beyond me. A bacteria such as *Bifidobacterium longum* is known to be an effective constipation treatment and would have made for a more valid comparison. You can bet that someone is going to trot this study out as "proof" that "probiotics don't work."

There are more than 400 species of bacteria in your gut—some bad, some neutral, and some good. Each has its own set of effects, from relieving bad breath to reducing the incidence of vaginal infections. When selecting a probiotic supplement, be sure you get one that does what you want it to do. If you're focused on one area of health, then perhaps a single species, or even a single strain, will do just fine. But if you're interested in promoting overall digestive health, then you need a probiotic that contains species chosen to provide a wider range of benefits.

(*Addiction Recovery* continued from page 77)

- everything in the pot: bones, attached meat, skin—including the parts normally not eaten, such as the rib cage and spine, chicken feet, and fish heads.)
 - Ideally, the animal should be raised organically, or at least naturally. While most animals raised for consumption don't live long enough to have large amounts of toxic metals accumulate in their tissues, animals raised naturally have much lower levels of hormones, antibiotics, and pollutants.
 - Cover the bones with water in a covered pot. Add a couple of tablespoons of one of the following per quart of water: apple cider vinegar, red or white wine vinegar, or lemon juice. Gently stir and then let it sit for about 30 minutes to let the acid go to work. (I recommend a pot made of either stainless steel or porcelain. I don't suggest aluminum because the acidic vinegar or lemon juice may cause aluminum to leach into the broth.)
 - Then bring the water to a boil and immediately cut back to a slow, steady simmer. Cover and continue to simmer for 4 to 6 hours for fish, 6 to 8 hours for poultry, and 12 to 18 hours for other types of bones. Keep a lid on the pot to avoid having to add water (but add water if and when necessary). A slow cooker works well since the temperature is generally low enough that the lid will keep in the steam and it won't require much attention. However, I've found that slow cookers generally take about 1/3 longer than when I cook on the stove, so that's something you'll have to decide for yourself.
- If you want just the broth, strain the liquid through a colander and consume a cup of it immediately either by sipping as a tea or soup, or making it into a gravy. Store the rest in the refrigerator. Don't skim off the fat that collects on top, as it contains valuable nutrients.

Step Two to Recovery: Digestion

Second, it's important to remember that alcohol abusers typically derive much of their energy from carbohydrates (alcohol). Many have difficulty digesting proteins and, particularly, fats—both of which just so happen to provide longer, more sustained energy and can reduce the craving for alcohol. I would always suggest using a good digestive enzyme that contains bile salts to aid in fat digestion. This is particularly true if the individual no longer has their gallbladder. Obviously, they then need to begin adding more beneficial fats and oils to their diet from sources such as olives, flax, fish, and nuts.

Step Three to Recovery: Blood Sugar

In almost every individual with a history of alcohol abuse, you will find underlying blood sugar problems—particularly hypoglycemia.

Alcohol is used as a quick fix or “crutch” to compensate for the drop in blood sugar. Methods needed to treat hypoglycemia include nutritionally strengthening the adrenal, thyroid, and sometimes the pituitary glands; cutting carbohydrates, nicotine, and, of course, alcohol from the diet; and eating smaller high-protein and healthy fat-laden snacks and meals throughout the day. This is one area where I have found the beneficial effects of glandular supplements, which I've covered in detail before, to be almost miraculous.

Step Four to Recovery: Detox

The detoxification process can generate large amounts of free radicals. During the initial phases of the detox program, 200 to 300 mg daily of alpha lipoic acid (also known as thioctic acid or vitamin N) will help neutralize that increase in free radicals.

Amino acids are needed to help neutralize toxins and improve liver function in both alcohol and drug abuse. Two that stand out are glutathione and glutamine. One of the most economical and effective methods of raising the levels of these and other beneficial amino acids is through the use of protein powder. I recommend, and drink, a protein “shake” each morning with 30 to 35 grams of whey

protein mixed with water or skim milk. I add cinnamon powder, creatine (5 grams), ribose powder, a tablespoon or two of lecithin granules, ice, and sometimes half a banana to complete the drink. I often add two tablespoons of either chia or ground flaxseed as well. It's an easy and cost-effective way to increase glutathione levels and has dozens of other health benefits.

I'd also mention the use of saunas. When used properly, saunas can have a profound effect in the detoxification process. I highly recommend far-infrared saunas. The far-infrared technology heats you “from the inside out,” which means that the heat penetrates deeper into tissues—especially important when you're trying to cleanse your body of toxins like those that accumulate in substance abusers. I like the ones available from Sunlighten (formerly known as Sunlight Saunas). If you decide to investigate Sunlighten saunas, contact them at www.sunlighten.com or 877-292-0020 and mention code Alternatives0410 to get the best deal.

While following the four steps I just outlined will bring most individuals a long way toward recovery, remember that everyone's situation is different. It's essential to make a careful evaluation of their blood work, a hair analysis, a kinesiological exam, a symptom survey, and even acupuncture evaluation. This will help you home in on specific deficiencies and problems that need to be addressed. At that point you can work to fill in any gaps in nutrition and other body needs.

Overall, there is really no substitute for a “clean” diet and nutritional regimen like I recommend constantly in this newsletter. The initial hurdles for each individual may be somewhat different, but a clean low-carbohydrate diet, a good overall supplement regimen, exercise, plenty of clean water, adequate rest, and using a good probiotic for re-establishing proper bowel bacterial flora should all be part of the plan.

Take care,



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