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FOR THE HEALTH-CONSCIOUS INDIVIDUAL

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Dr. David G. Williams

What Comes After Health Care Reform?

Not too long ago I shared my thoughts concerning the various health care reform proposals. It would be an understatement to say my comments generated a considerable amount of feedback from readers. The president has just signed health care reform into law; additional hurdles will have to be overcome before it's implemented, however. Regardless of your personal feelings on the matter, there's one trend I think we'll begin to see unfold.

Particularly over the last decade or two, medical treatment in this country has gradually become more specialized and more personalized. For example, numerous studies are investigating ways to tailor treatment programs to individual patients instead of applying the current "one-size-fits-all" therapies. This idea isn't new among holistic practitioners, who have always subscribed to the idea that the best results are achieved by "treating the patient and not the disease." Prevention of disease is based on that idea as well.

Customizing treatment methods to the individual obviously improves the outcome and is best for the patient. The seeming problem with this approach is that it requires spending additional time and effort with each patient to learn about their individual strengths, weaknesses, habits, diet, et cetera. In fact, spending this additional time in the beginning can greatly reduce the total amount of time an individual spends in the health care system, by reducing the need for future visits.

Costs Drive Decisions

Several factors are working to drive up the costs of health care, such as the influx of baby boomers; increasing numbers of the "sick old" who need extensive medical care; obesity reaching epidemic proportions; increasingly

expensive testing technology; high-cost prescription drugs; more bureaucratic involvement; and legal costs.

The mandate to reduce health care costs, or at least slow their growth, means that additional cost and time constraints will be put into effect. Just as we're starting to make real progress toward individualized care, I'm afraid that in practice, cost-cutting initiatives will translate to the health care system trying to treat as many people as quickly as possible. And once again, truly personalized treatment and prevention will predictably be returned to the back burner in favor of "one-size-fits-all," cookbook medicine.

There's no doubt that health care reform is long overdue in this country. For decades I've been a strong advocate of changing our health philosophy and practices into those that stress and support disease prevention through better nutrition, diet, exercise, and natural therapies. Regardless of what happens, it will become even more



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

important for you to take control of your own health and continue to learn about safe, effective, and natural alternatives. Don't get discouraged by all the confusion and turmoil that will undoubtedly arise in the next few years. I truly believe that when it comes to the way health issues are viewed, we may be on the verge of enlightenment.

We continue to see amazing breakthroughs and research in the field of natural medicine. You and other readers are light years ahead of the crowd in being able to implement these new ideas, and I fully intend to be with you throughout the journey.

How Much D Is Enough?

Readers who have been with *Alternatives* for a while will have noticed that I've greatly increased my recommended intake of vitamin D. It seems like new research on the vitamin is coming out every month—and consistently pointing to the health value of higher and higher levels.

I suggest that everyone get **2,000–5,000 IU of vitamin D every day as a supplement, even when you do spend some time in the sun.** These dosage guidelines will generally be appropriate and provide the benefits and protection to meet just about everyone's needs.

Having said that, vitamin D intake is another instance where the results and needs can vary greatly from one individual to another.

Genetic Factors in Vitamin D Needs

It appears that many individuals have difficulty assimilating vitamin D due to genetic factors. (*Clin Biochem* 09;42:1174–1177) (*Exp Clin Endocrinol Diabetes* 06;114:329–335)

There's not a lot of research in this area yet, but a compound called vitamin D binding protein (VDBP) is lacking in some individuals. These people appear to be the ones who are more susceptible to autoimmune diseases, heart attack, stroke, depression, some cancers, and other problems associated with vitamin D deficiencies.

I would say that if your family history includes a pattern of these problems, then you should definitely get tested for your vitamin D level. Have your doctor order the test for **1,25-dihydroxyvitamin D.**

Once you have those test results, monitor the situation to see what dosage and/or type of vitamin D intake is required to achieve and maintain a healthy level. This advice would also apply to someone who suffers from any of the conditions I mentioned above and, for some reason, can't seem to get the situation under control.

Vitamin D comes in various forms and dose amounts. Vitamin D3 (cholecalciferol) is the form of the supplement you should be taking.

Although most people don't seem to have difficulty assimilating D in a powder form, some individuals will do better getting it as a liquid. You can get softgels containing 2,400 IU from Healthy Directions, at 866-748-7513 or www.healthydirections.com. For those who prefer a liquid formulation, I recommend Liqui-D3 from Rx Vitamins, available at www.naturamart.com. For a therapeutic level of 50,000 IU per dose, I use D3-50, from Bio-Tech Pharmacal, at 800-345-1199 or www.bio-tech-pharm.com.

Read Your Body Rather Than Test Results

If we were taught to be alert to the subtle signs and signals our bodies emit, we would be able to correct many problems before they progress to becoming a full-blown disease. Common sense tells us that when a warning light starts flashing on the dashboard of our car or we hear a new, unfamiliar noise, there's going to be trouble soon if we don't remedy the situation. But most of us ignore the subtle warning signs our bodies send. Signs of a vitamin D deficiency are a prime example.

If you have more energy or if you function better mentally and physically in the summer months compared to the winter, there's a strong possibility your vitamin D level is low. We know that people are more susceptible to falls, fractures, depression, skin conditions, increased inflammation, and influenza in the winter months, when we experience less sunshine



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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.

exposure and a decrease in our vitamin D production. In general, vitamin D deficiencies are directly linked to excess mortality. (*Curr Opin Clin Nutr Metab Care* 09;12:634–639)

The proper maintenance and repair of muscle tissue is dependent on vitamin D. I've worked with professional athletes who were able to participate at their full potential during the summer months but routinely suffered from recurring injuries when they worked during the winter months—until their vitamin D levels were corrected.

Too Little Sun Is as Bad as Too Much

It's that time of year again when there will be a big media push on the dangers of the sun and the use of tanning beds. I don't advocate baking in the sun, and everything carries a risk—particularly when it's taken to an extreme. But we weren't made to live in a cave devoid of any light. When you step back and look at the big picture, study after study suggests that the increased risk from vitamin D deficiency–related diseases far outweighs any risk associated with a little prudent sun exposure. It's easy to scare people with tales of skin cancer, but millions of people suffer needlessly because they are not being told the complete story about sun exposure. Those who suffer from fibromyalgia are a prime example.

More than six million people in this country have fibromyalgia, most of whom are women. They often have a difficult time just trying to get through the day due to pain throughout their body. Sometimes drugs help, but it's a constant battle. A few have discovered the UV rays emitted from a tanning bed can dramatically relieve the pain. (I do have to mention that there's been quite a bit of concern lately about the safety of tanning beds in general. I don't recommend that anyone use them just for the sake of appearance.) Not only does the UV exposure trigger the release of the body's own pain-killing endorphins, it can trigger increased vitamin D production.

It would be helpful if more focus were placed on the benefits of sun exposure and ways to make it safer (like having more of the protective unsaturated fatty acids, certain saturated and monounsaturated fats, and vitamins in the diet instead of an excess of polyunsaturated and hydrogenated fats), rather than using scare tactics.

For most people with a vitamin D deficiency, all it takes is a day or two of careful sun exposure to experience a noticeable improvement in mood, skin conditions, arthritis pain, or energy level. Unfortunately, people just don't make the connection that the sunlight is converting cholesterol in their skin to vitamin D. Most conventional doctors don't either. They are trained

SEND ME YOUR QUESTIONS

As you know, I'm always interested in hearing about what you're interested in. Reader questions have been the spark for many articles in *Alternatives* over the years.

One of the top requests in the reader survey that some of you completed in February was for access to reader questions and answer on the *Alternatives* Web site. We're developing a process for you to do that. I'll include answers to questions that seem to be of general interest.

Send your health-related questions to me at: feedback@drdavidwillams.com, and be sure to put "Q&A" in the subject line.

I'll keep you up to date as we get closer to the launch time.

to treat the symptom. If you're depressed, you need an antidepressant. If you have psoriasis, you need corticosteroid cream. If you have pain, you need a painkiller.

Learn to listen to your body and it will very often tell you what it needs.

How to Lessen the Severity of a Heart Attack

Heart attack is one of the most serious health crises that a person can face. The onset is sudden, and often without obvious warning. And the survival statistics are grim: Of those who suffer a heart attack outside of a hospital or other care facility, more than a third will die before arriving at a hospital. Among those who make it to the hospital alive, 10 percent die there and another 20 percent live less than 30 days after returning home.

As I mentioned a few months ago, a significant factor in the poor outcome among heart attack patients is what's known as reperfusion injury—where oxygen suddenly returns to tissue that's been deprived of it for any extended period. You would think that restoring oxygen would be beneficial, but in fact the process sets off a cascade of reactions that create an enormous amount of oxidation within cells and result in the death of mitochondria (the bodies that drive cellular energy production). Researchers have been searching for ways to reduce or even prevent this type of damage.

A Little Pressure Saves the Heart

An international research group under the coordination of The Hospital for Sick Children in Toronto, Canada, has found a unique method of reducing the

HEALTH HINTS FROM READERS



MAGIC WAND FOR HEADACHE RELIEF

I'm sending you a product that I've found helps stop my headaches. It's the Peppermint Halo Wand. It's made in Canada and a friend there sent me my first wand. Now I wouldn't be without one. Let me know what you think.

—Lee H.
Detroit, Michigan

This looks like a Marks-A-Lot that contains essential oils of peppermint, eucalyptus, cajeput, rosemary, lavender, and vetiver.

The applicator is a great idea. The company sells the same ingredients in a balm, roll-on, or liquid. The recommendation is to rub it on the temples at the first sign of a headache. It's made and sold by Saje Natural Wellness. Their Web address is www.saje.ca and their phone number is 877-275-7253.

Those I've tried the product with like it. It reminds me of the traditional Chinese product called Tiger Balm.

Tiger Balm became very popular in the 1970s and '80s. The story is that it was developed in the 1800s and is based on a Chinese recipe more than 1,500 years old that originally contained tiger parts (it no longer does). It now comes in several forms and the milder balm, the white version, is the one rubbed on the temples to treat headaches.

amount of damage from a heart attack using a standard blood pressure cuff.

The study involved 333 Danish adults who suffered heart attacks. Half of the group received what is now being called “**remote ischemic preconditioning**” in the ambulance on the way to the hospital. This term refers to restricting the blood supply to part of the body for a limited period of time. In this instance, a regular blood pressure cuff was placed on the arm in the same area used to take a blood pressure reading. The cuff was then inflated for five minutes and deflated for five minutes. This cycle was repeated three more times. Treatment started as soon as the person began receiving medical care, and continued for the full 40 minutes even if the ambulance ride took less than that much time. Once the patients reached the hospital, all of them received routine heart attack treatment.

When compared to the control group of patients, **in those receiving remote ischemic preconditioning the area of damage to the heart was 30 percent less.** In patients having the largest heart attacks, the size of the damage was reduced by around 50 percent. (*Lancet* 10;375:727–734)

How Preconditioning Works

When the blood supply is shut off to the arm, the body releases protective substances into the circulation that protect both the heart and body from subsequent damage. The temporary interruption of the blood supply works like an early warning system, signaling the heart and other areas to protect themselves from oncoming damage. Prior animal studies support this line of thinking and have shown similar benefits.

There haven't been any detrimental effects from using this technique. As with many other medical innovations, unfortunately, not many people are talking about ischemic preconditioning therapy—and probably won't be until larger studies have been undertaken. Even then, it could take years before the therapy is widely implemented.

Although this protection phenomenon has been recognized for several years, as far as I know there haven't been any studies to show it improves heart attack survival rates, quality of life, et cetera. It stands to reason, however, that these factors would improve when you reduce the size of the area damaged by a heart attack.

This is an easy, effective, safe way for anyone to use today that can significantly reduce the amount of heart damage from a heart attack. You probably have a blood pressure cuff at home. They are present in every ambulance, doctor's office, and emergency vehicle in the country. One of the head researchers and developers of this technique, Dr. Andrew Redington, put it this way: “Remote ischemic preconditioning could be one of the most effective treatments for evolving heart attacks that we have.” I agree.

Pass this information along to your family, friends, and loved ones. And make sure you have a working blood pressure cuff available and everyone knows how to use it. The life it saves may very well be your own one day.

Chill Out for Better Heart Attack Outcome

In a past article I talked about using ice to cool the brain and lower body temperature, in order to improve survival rates and lessen neurological damage.

Unfortunately, although the research continues to confirm the enormous benefits of cooling the brain and body with therapeutic hypothermia (TH) in heart attack patients, it hasn't become the standard of care for all out-of-hospital cardiac arrest patients in this country. It hasn't even been routinely adopted by hospital coronary and intensive care units.

A recent Canadian study compared the outcome of 20 heart attack patients who received TH and 29 patients who didn't. Eleven of the 20 cooled patients (55 percent) survived hospital discharge and all had a good neurological outcome. This compared to a hospital survival of only 11 of the 29 (38 percent) not receiving the cooling procedure—and only seven (24 percent) of those experienced a good neurological outcome. (*CMAJ* 07;176:759–762)

Generally the patient's core temperature must be reduced to between 32 and 34 degrees C (90–93 degrees F, not a significant drop) within 6 hours after the event. The most practical and basic method of cooling a patient is to apply ice packs to the patient's head and neck, under the armpits, and at the groin. Plastic bags should be partially filled with ice, and water added to increase the contact area with the patient. A barrier such as a cotton or flannel sheet placed between the ice packs and the patient's skin will minimize the risk of frostbite injury. The number of ice packs required varies from 20 to 50 depending on the size of the patient. Since the core temperature needs to be maintained at the lower temperature for 12 to 24 hours, the patient must be monitored by physicians trained in the procedure.

If no one in your area uses this therapy, urge them to look into it. And, as a last resort, packing 3 or 4 bags of ice around a heart attack victim for 15 to 30 minutes appears to be the best way to start the cooling process if it's going to be a while before the heart attack victim gets to a hospital that's equipped to perform the procedure. [Editor's note: Get three more ways to limit the damage from

a heart attack in the Subscriber Center of the Alternatives Web site, www.drdavidwilliams.com.]

If you or a loved one suffers from heart disease or is at a higher risk of having a heart attack, check with your doctor to see which facilities and emergency services offer TH to heart attack patients. And confirm with your doctor that you want to use the procedure on anyone around you who may experience a heart attack. The difference this treatment makes is amazing.

Pay Through the Nose, Save Your Brain

Neurological damage is one aspect of heart attacks that doesn't receive that much attention. About 60 percent of heart attack victims regain consciousness. Of these, roughly one-third experience irreversible cognitive disabilities after a heart attack.

Hopefully, in the near future emergency room physicians will be able to utilize a form of technology called **RhinoChill** that's currently used in parts of Europe.

A company called BeneChill, out of San Diego, California, has developed the product, which is an intranasal battery-powered cooling system that rapidly cools the brain by spraying an evaporative coolant into the nasal cavity. It allows doctors to drop the body's temperature to the target temperature of about 34 degrees C three hours faster than conventional cooling techniques.

A recent European study involved 200 patients who suffered a witnessed cardiac arrest. Half underwent the standard form of cooling and half were given the RhinoChill. Survival to hospital discharge was 59.1 percent with the RhinoChill and 29.4 percent with standard care, and neurologically intact survival rates were 45.5 percent and 17.6 percent, respectively. The only downsides to using the device were a discoloration of the nose in 15.6 percent and nosebleed in 3.6 percent of the patients. These temporary problems were a minor issue when you also consider the more serious complications that occurred in those receiving standard care: sepsis, heart blockage, or second heart attack in 33.3 percent in the standard care group, compared to only 20.0 percent in the RhinoChill group. (*Paper presented at the Resuscitation Science Symposium of the American Heart Association, Nov 15, 2009. Orlando, FL. Oral Abstract No. 13.*)

RhinoChill has been approved for use in Europe, and the company expects to begin selling the product to hospitals and emergency services this year. There's no word yet on when the product will be available in the US.

THIS MONTH ON MY WEB SITE

Visit the **Alternatives** Web site at drdavidwilliams.com, where you'll find free reports and **Instant Solutions to common health concerns. This month:**

- ◆ **3 Tips for Better Sleep**
- ◆ **Myths About Digestive Ulcers**
- ◆ **How to Stop Bleeding Fast**



NEWS TO USE FROM AROUND THE WORLD

Coffee for Prostate Health

HOUSTON, TEXAS—When it comes to coffee, I don't have strong feelings either way. I have nothing against it; I just never developed a taste for it. Personally, I think it's probably fine as long as it's consumed in moderation. Caffeine acts as a stimulant, and too much caffeine can deplete the adrenal glands.

A recent study documented the intake of coffee (regular and decaffeinated) among 50,000 men from 1986 to 2006. During that period, 4,975 men developed prostate cancer. Researchers discovered that men who drank the most coffee (6 or more cups a day) had a 60 percent decreased risk of developing aggressive prostate cancers compared to those who didn't drink any coffee. The risk was 20 percent lower for those who drank 1 to 3 cups daily and 25 percent lower for those consuming 4 or 5 cups daily. (*Paper presented at the American Association for Cancer Research Frontiers in Cancer Prevention Research meeting, December 7, 2009. Houston, TX. Abstract No. A106*)

Studies have shown that many of the benefits associated with coffee are not caffeine-related, but rather stem from other biologically active components such as antioxidants and minerals.

According to the authors, caffeine wasn't a factor in reducing the risk here, either; those who drank decaffeinated coffee also saw a significant reduction in their risk for aggressive prostate cancer. Given these results, I'd say that there's no need to go on a caffeine binge just to promote prostate health—decaf is fine.

Proven Solutions for Younger-Looking Skin

CINCINNATI, OHIO—Among readers, there's a huge interest in skin creams that will reduce wrinkles. Obviously, diet and personal habits (sun exposure, omega-3 consumption, et cetera), as well as genetics, play a significant role in determining to what degree one develops wrinkles. Most people would prefer a "natural" product that actually stimulates the production of collagen in the skin. Unfortunately, most of the

products claiming to reduce wrinkles or fine lines in the skin don't have the research to back up those claims.

The "gold standard" among creams that actually reduce wrinkles remains the prescription item tretinoin (retinoic acid, an acidic form of vitamin A, sold as Retin-A). Unfortunately, the side effects of tretinoin include a greatly increased risk for severe birth defects in babies born to women who use it while pregnant.

The company Procter & Gamble has recently developed and tested a line of topical creams known as **Olay Pro-X** that are designed to alter the expression of genes involved in skin aging. When it was tested against the prescription product tretinoin, the Pro-X protocol was just as effective—and it didn't create the irritation associated with the prescription product. And judges were unable to determine who was using what product. (*J Cosmet Dermatol* 09;8:228–233) (*J Drugs Dermatol* 09;8(7 Suppl):s15–18)

The Olay Pro-X products aren't natural, but they can be purchased without a prescription at places like Costco, Target, and other locations, and they do deliver on results.

Looking for a Natural Solution

While I'm aware of the need for proven results, I also realize most readers prefer to use natural products, and that's certainly my preference as well. Finding natural skin products with the support of valid research studies has been difficult at best.

I have come across a skin care line from New Zealand called **Living Nature**. They do have the research to back up their claims. Various products in their line have been shown to reduce oxidative damage and increase the production of hyaluronic acid, a compound necessary for healthy skin cells.

In addition to their proven results, the products are all natural. There are no artificial preservatives such as parabens or even alcohol. I've used Living Nature myself, and given samples to several friends and relatives to try. They all liked the results. Living Nature products are available from Mountain Home Nutritionals, at www.drdauidwilliams.com or 800-888-1415.

Swine Flu and Immune Health

Researchers in Australia have stumbled onto one likely reason some individuals develop serious problems from the H1N1 influenza virus.

Severe H1N1 cases were linked to a deficiency of the antibody immunoglobulin G2 (IgG2). There have been past animal and human studies showing the importance of increased levels of IgG2 and its ability to protect

breast-fed infants against infection. Documentation going back more than 20 years shows that a protein-restricted diet results in lower IgA and IgG2 levels. (*J Clin Microbiol* 87;25:2322–2326)

The Australian researchers found that patients with severe cases of the H1N1 flu had only 1/3 the levels of IgG2 as those patients with moderate cases. When they started ordering tests on all the swine flu patients in their intensive care unit, all were found to be deficient

in IgG2. Sixteen of 19 severely ill patients had very low IgG2 levels, compared to 3 of 20 with moderate illness.

Dr. Claire Gordon, who reported the results, now feels that a deficiency of IgG2 impairs the ability of a patient's immune system to mount a rapid immune response to the flu, which allows the infection to progress rapidly into a serious situation.

In an effort to save four of the flu patients who were dying, the doctors administered immunoglobulins in addition to other therapies. To everyone's amazement, three of those patients survived.

Not only does this provide doctors with another clue on how to possibly treat this disease, it also provides us with another natural technique to help prevent, or at least minimize, the effects of this flu virus.

How to Get Your Own IgG

For years I've been recommending the daily use of **Designer Whey Protein Powder**. This is one of the highest quality protein powders on the market, and the one I've personally been using for more than 15 years. Research has shown that whey protein is an effective method of increasing glutathione and immunoglobulin levels, both of which are essential for good health and proper immune function. It can also help stabilize blood sugar levels and take a load off the pancreas. It helps promote weight loss, weight stabilization, and fat loss. It provides the proper raw materials for the formation of lean muscle tissue. And, through enhancing immune function, it appears it may very well prevent what would be a mild case of the flu from developing into one that can quickly become life-threatening.

Throughout the years I've tried to recommend a diet and supplement regimen that helps you cover as many bases as possible at the least cost and amount of hassle. For example, the daily multi-vitamin/mineral supplement I've developed begins with a base of the blue-green algae, spirulina. Spirulina is a diverse source of trace minerals rarely found together in any one natural compound. It also acts as a probiotic. Whey powder is just another such recommendation that has not one, but many benefits.

Designer Whey is available from online sources such as www.bodybuilding.com, or 866-236-8969. Many readers have asked me what I include in my daily whey protein shake, so that's worth repeating here. This shake provides me with high-quality protein, and keeps me feeling satisfied until lunchtime.

12 oz. skim milk or rice milk
2 scoops whey powder

2 Tbsp chia or ground flaxseed
2 Tbsp lecithin granules
¼ tsp. cinnamon
1 tsp. XPC
2 drops IoSOL iodine

Fruit, such as a banana, a cored apple, a peeled kiwi-fruit, or a cup of berries (either fresh or frozen is fine)

Put everything except the fruit into a blender, and mix thoroughly. Add the fruit, and blend until the fruit is thoroughly chopped. Enjoy.

[Editor's note: You'll find 5 more healthy recipes from Dr. Williams in the Subscriber Center of the Alternatives Web site, www.drdauidwilliams.com.]

More Good Results for the Cancer Treatment Avemar

Over the years, I've followed and reported on the fermented wheat germ extract called **Avemar**. If you've read my previous reports, you may recall that Avemar was developed by Dr. Maté Hidvegi of Hungary. It's a remarkable, natural compound that has many uses, but has primarily been used to **increase the survival time and quality of life in cancer patients**.

Since the details of how Avemar works are fairly complex, I won't repeat them here. I'm returning to the subject now because there have been some very significant studies using Avemar since my last update. *[Editor's note: The details of how Avemar helps you cope with cancer can be found in the Subscriber Center of the Alternatives Web site, www.drdauidwilliams.com.]*

First, I'll say that Avemar isn't a cure-all for cancer. Nothing is. There are dozens of forms of cancer and dozens of causative factors. I'm not sure any one product or treatment will ever be able to successfully address all types of cancer. What Avemar has been shown to do, however, is very significantly increase both the time it takes for a cancer to return and the survival time of the patient when the product is used in conjunction with conventional cancer treatments.

The Results Speak for Themselves

In a recent study, patients with stage III melanoma who were undergoing standard chemotherapy were compared to another group receiving the same chemotherapy but also taking Avemar every day for a year. Simply adding Avemar to the chemotherapy increased the overall survival rate by 50 percent at five years, and doubled the time that the patients remained cancer-free. (*Cancer Biother Radiopharm* 08;23:477-482)

I've previously reported about a Russian trial where cancer patients received surgery followed by either chemotherapy or chemotherapy along with Avemar. It was found that those taking chemotherapy alone experienced a regrowth of the cancer after an average of 4.2 months—but those who were given the Avemar with their chemotherapy didn't experience a regrowth until an average of 8.9 months.

The time frame of this latest study is what's so exciting. The patients were followed for seven years. During that period, those on the Avemar survived an average of 66.2 months—compared to only 44.7 months in the chemotherapy-alone group. Keep in mind that stage III melanoma is one of the deadliest and most aggressive of all cancers. The survival prospects for patients with this form of cancer haven't improved over the last 30 years. This study demonstrates just how much of an advance Avemar is. (*Ann Oncol* 09;20 Suppl 6:vi30–34) (*Orv Hetil* 06;3;147:1709–1711) (*Cancer* 08;112:2030–2037)

In another study, this time in colorectal cancer, 104 patients underwent the standard surgery and chemo regimen. Another 66 patients underwent the same regimen, with the addition of one packet daily of Avemar for an average of 18 months.

Those who took the product experienced an 87 percent reduction in cancer recurrences, a 67 percent reduction in metastatic cancers, and a 62 percent reduction in death, compared to those not taking Avemar. (*Br J Cancer* 03;89:465–469)

Putting all this together, it's easy to see why Avemar should be used as an adjunctive therapy regardless of the form of treatment one chooses.

Gaining Acceptance Is a Slow Process

Even though more than 500,000 individuals in this country alone died of cancer last year, it's difficult for any type of new therapy to gain acceptance. The second strike against Avemar is that it just happens to be a natural product. I've personally used, recommended, and seen the benefits of Avemar. Again, I won't go into

detail about how it boosts the activity of the immune system and makes it far more efficient at eliminating cancer cells and all types of foreign pathogens such as the flu virus. It simply works. And it works on its own, as well as increasing the effectiveness of many other therapies—both conventional and natural.

Research into Avemar is focusing on how it can enhance conventional treatments for diseases like cancer, so the medical community is beginning to take serious notice. In areas where there hasn't been any improvement for decades, oncologists are starting to recognize that it's a proven, safe adjunctive treatment to the standard therapies. I think and hope we'll begin to see it being used more widely.

And, most importantly, it's something available to us now. If you or a loved one ever faces cancer or has the need to significantly enhance the immune system, Avemar is something you need to keep in mind. It's stood the test of time, and with continuing research the supporting evidence just continues to get more and more convincing. (If you'd like to share some of the numerous studies with your doctor, or would like to read them yourself, most are available on the Web at www.avemarresearch.com.)

The user drinks one packet a day mixed with water or other beverage. The US seller of Avemar, American BioSciences, has improved the product to make it very palatable and sugar/fructose-free. The new product is called **Avé Ultra**.

Avé Ultra is available from The Harmony Company, at www.theharmonycompany.com/drw or 888-809-1241. Mention that you're an *Alternatives* reader and they'll give you a 10 percent discount on your order.

As always, I'll keep you updated on any new research concerning Avé Ultra that I think might be helpful.

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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- For Customer Service matters such as address changes, call 800-527-3044 or write to custsvc@drdavidwilliams.com.
- To ask a question or make a comment about this month's issue, send an e-mail to feedback@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.

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