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Austin Quan Yin Newsletter

The Better Health News

Special Interest Articles:

- Dysmenorrhea
- B Vitamins and Depression
- Flu Season
- Catching Colds
- Can a Good Food be Bad for You?
- Vitamins, Mood and Cognition
- Magnesium and the Vascular System

A Cheap Way to Prevent Arthritis?

A prospective cohort study, appearing in *Public Health Nutrition* (doi: 10.1017/S1368980010001783) looked at osteoarthritis in the knee and the effect of vitamin C supplementation. At the start of the study the 1,023 participants were taking part in the Clearwater Osteoarthritis Study from 1988 to the present. The subjects, all aged 40 or more at the start of the study, were x-rayed and their knees evaluated using the Kellgren-Lawrence ordinal scale to determine osteoarthritis. The subjects who took vitamin C supplements had

an 11% reduced risk of developing osteoarthritis in the knee when compared with subject who did not take vitamin C supplements. The authors concluded, "...after controlling for confounding variables, these data suggest that vitamin C supplementation may indeed be beneficial in preventing incident knee OA. Given the massive public health burden of OA, the use of a simple, widely available and inexpensive supplement to potentially reduce the impact of this disease merits further consideration."

Vitamin C for Cold and Flu Season?

Vitamin C really does keep you healthy during cold and flu season. Research appearing in the *Canadian Medical Association Journal* (April 5, 1975;112:823-826) randomly divided 622 subjects into two groups, giving one a placebo and the other 500 mg of vitamin C each week. Upon getting ill both groups were told to increase the dosage of their "pills", with the vitamin group increasing the dosage to 1,500 mg on the first

day and 1,000 mg for the next four days following the onset of symptoms. The subjects receiving vitamin C supplementation spent less time being ill than the placebo group, with 25% fewer days spent indoors as a result of sickness. This study was to test low-dose vitamin C supplementation. Earlier studies had shown higher doses to be even more effective

Dysmenorrhea and Omega-3 Fatty Acids

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Dysmenorrhea is severe pain associated with the menstrual cycle. Dysmenorrhea is considered to be primary when there is no other pathology affecting the reproductive system. It is considered secondary if it is due to pathology, like endometriosis. The pain in primary dysmenorrhea is believed to be caused by the uterus contracting and from lack of oxygen in the area. Pain is usually perceived as cramps, but may be a dull, constant ache. Symptoms usually begin shortly before or during menses (bleeding), and may include nausea, diarrhea, frequent urination, depression or mood swings, or breast tenderness. There are some natural approaches that are helpful to women who suffer from PMS or dysmenorrhea.

A cross-over study, appearing in the *Eastern Mediterranean Health Journal*

(2010; 16(4): 408-13) looked at 36 women with dysmenorrhea (age 18 - 22). The subjects were randomly given either a fish oil supplement (550 mg EPA and 205 mg DHA) or a placebo each day for three months. After three months, the roles of the subjects were reversed, with the original placebo group receiving the supplement and the supplemented group receiving the placebo.

The severity of symptoms were significantly reduced in the group receiving the fish oil. Those supplemented also had less back pain, less abdominal pain and used analgesics less than the placebo group. The results suggest that fish oil supplementation may be beneficial to women with dysmenorrhea.

B Vitamins and Depression

A cross-sectional study appearing in *Psychosomatic Medicine* (Published online before print August 17, 2010); it looked at the dietary intake of B vitamins and its relationship to the incidence of depressive symptoms in 6,517 subjects between the ages of 12 and 15. Dietary intake was assessed by using a diet history questionnaire. Subjects were determined to have depressive symptoms if they had a

score greater than 16 on the Center for Epidemiologic Studies Depression Scale. The prevalence of depressive symptoms was 22.5% for boys and 31.2% for girls. Intake of dietary folic acid and vitamin B₆ were both inversely associated with depressive symptoms. Riboflavin (B₂) intake was inversely associated with depressive symptoms in girls, but not in boys.

Flu Season

It's flu season. For many people, the flu shot is the beginning and end of immune support. It is worth knowing that other things can help to enhance your immune system.

• **Probiotics:** A double-blind, placebo-controlled study appearing in the journal *Pediatrics* (2009; 124(2): e172-9) looked at the effect supplementation in a group of children between the ages of three and five had on the immune system. The 110 subjects were given either a placebo, *Lactobacillus acidophilus* NCFM (a single probiotic), or a combination of probiotics. Taking the probiotics provided the test group with a 53% lower incidence of fever (for the single strain) and 73% reduction for the group taking the combination probiotic. Probiotics also reduced other cold and flu symptoms including coughing and runny nose. The group taking the supplement also missed fewer days from day care, 32% fewer days missed for those taking the single strain and 28% fewer days missed for the combination product. Antibiotic use was also less; 68% less in the single strain group and 84% less in the combination group, when compared to controls. These are significant reductions and the authors concluded that daily probiotic supplementation for 6 months (fall/winter) was an effective way to reduce fever and other cold symptoms, and could lower antibiotic use and reduce the number of school days missed.

• **Eat breakfast:** A study, involving 100 participants, was performed. It related illness to dietary habits. The subjects kept a diary for 10 weeks; in it they recorded any problems with memory

and attention and any illness. Subjects who had more than one illness during the study were less likely to eat breakfast and more likely to drink alcohol. Those who developed more than one illness also tended to have negative, stressful events over the preceding year.

• **Vitamin D:** Seldom thought of as an immune vitamin, some scientists think that part of the reason for flu season is the short days—less sunlight and vitamin D.

• **Watch your diet:** Diet is very important. Sugar and refined flour products stress the immune system. Similarly, hydrogenated oils and deep-fried foods should be avoided. Fresh, brightly colored produce will help to boost your immune system. Fresh produce is high in vitamin C. The bright color in plant foods is from carotenes and bioflavonoids. These are powerful antioxidants that will help to protect your cells. The carotenes are precursors to vitamin A.

• **Get your stress levels under control:** Stress really puts a strain on the immune system and can increase your chances of getting sick. Researchers from the University of Florida and the University of Iowa and reported in the *Journal of Psychosomatic Medicine* (May, 2001). According to the article, those who reported having a lot of pain and stress were more likely to become sick than those who claimed to have only a little pain and stress. It is reasonable to expect that other stressful procedures may hamper immune function.

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Catching a Cold May Not be Necessarily Bad

According to the *British Medical Journal*, (February 17, 2001; 322: 390-395) it is a good thing when a baby gets a cold. Colds and minor infections seem to help the immune system to develop and help to prevent asthma and allergies later in life. The finding supports a theory that an immune system that has been geared up to fight infection is less likely to overreact to innocuous substances.

While repeated mild infections seemed to help prevent asthma and allergies, recurrent serious infections were another matter. Serious infections of the lower respiratory tract, like pneumonia or the flu, seemed to increase asthma risk. The researchers point out that the children who have a tendency to get asthma may be more prone to these more serious infections.

Other research has found that children living on farms or with pets are less likely to get asthma or allergies. All of this research supports the idea that environments that are too sterile may not allow the immune systems to develop properly and causing them to overreact to harmless substances.

This is a message parents need to hear. According to research published in the journal, *Pediatrics* (2003;111:231-236), 1,600,000 people visited the emergency room in 1988 for treatment of the common cold. Colds are caused by viruses, and will get better on their own without medical care. In spite of that, a survey of nearly

200 families with at least one child between the ages of six months to five years, nearly 25% of parents say that they would bring their child to the emergency room for a cold. Although 93% of parents understood that viruses caused colds, 66% of parents also believed that colds were caused by bacteria. 53% believed that antibiotics were needed to treat colds. 60% stated that they would take the child to a doctor's office. In fact, there are 25,000,000 visits to doctors' offices each year for treatment of the common cold. This practice affects our health care costs, and it contributes to the over utilization of antibiotics, which can cause the antibiotic, or super bug strains to develop. According to researchers, once a person has been given antibiotics to treat a cold, it is more likely that they will return to the doctor with a cold and expect antibiotics. This is expensive and it is helping to create antibiotic resistant strains of bacteria.

There is a growing concern about the overuse of antibiotics for the treatment of upper respiratory infections. These infections are usually viral in nature and antibiotics are useless for treating them. According to research appearing in the April, 2000 issue of the journal *Pediatrics*, children given antibiotics for respiratory infections have an overall increase in the number of return visits to the doctor.

Can a Good Food be Bad for You?

We all think of a food allergy as an immediate reaction, like when a person eats strawberries and immediately breaks out in a rash. Some physicians believe that many of us are sensitive to foods that we eat on a regular basis. Often those foods are responsible for one or more chronic health problems, like migraine headaches or chronic sinusitis.

The concept of the addictive allergy is based on the ideas of Theron Randolph, MD. Dr. Randolph looked at allergies in an entirely new way. Here are some of his ideas.

- A person can take up to 72 hours to react to an offending food.
- Food sensitivities can cause symptoms of chronic conditions and seem to have nothing to do with consuming the offending food. Symptoms like migraine headaches, sinusitis, eczema, digestive problems, asthma,

and obesity are examples of the problems caused by hidden food sensitivities.

- People with food sensitivities are commonly addicted to the food that is causing their health problem. When told that there is a problem with the food, they commonly say, "What am I going to eat?"
- Commonly, when the offending food is avoided, the individual's symptoms become worse initially. Symptoms usually flare up for 4 or 5 days, but this reaction can last longer. After the reaction passes the individual will feel much better—chronic symptoms disappear, energy increases and excess weight begins to come off.

This is still a controversial concept, but one that may be worth looking into.

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Vitamins, Mood and Cognition

A double-blind, placebo-controlled study that appeared in *Human Psychopharmacology* (2010 Aug; 25(6): 448-61) looked at the effect supplementation with a multiple vitamin had on 216 women between the ages of 25 and 50. The women were randomly divided into two groups; on receiving a multivitamin supplement and the other receiving a placebo. Subjects completed a four module version of the Multi-Tasking

Framework. Cognitive function and modulation of mood and fatigue (related to assigned tasks) were evaluated at the start of the study and again after 9 weeks of intervention. Improved mood and less fatigue was noted in the group receiving the multiple vitamin. The supplemented group also experienced improved speed and accuracy in the completion of tasks.

"Any intelligent fool can make things bigger, more complex, and more violent. It takes a touch of genius -- and a lot of courage -- to move in the opposite direction."

Einstein

Magnesium and Vascular Health

Research appearing in the *American Journal of Hypertension* (published online Aug. 12, 2010) looked at the relationship between serum magnesium levels and carotid artery plaques. The subjects were 728 Japanese men and women with a mean age of 67. Low serum magnesium was found to be strongly associated with IMT (intima-media thickness) and carotid plaques.

This makes sense because magnesium influences vascular tone and is a cofactor for acetylcholine-induced endothelium dependent relaxation. Other research that appeared in *Magnesium Research* (Volume 1, Number 1, February 2010) looked at magnesium supplementation and its effect on the health of the

blood vessel lining. The subjects of the study were 60 elderly diabetic patients. Thirty of the subjects, mean age 71, received 368 mg of magnesium supplementation (given as 4.5 g of magnesium pidolate). The other 30 received no supplementation and acted as a control group. Endothelial function was evaluated by flow-mediated dilatation of the brachial artery at the start of the study and again after 30 days of intervention. Supplementation with magnesium resulted in a significant improvement of the post-ischemic endothelial-dependent flow-mediated dilation.

