

Austin Quan Yin Newsletter

The Better Health News

Special Interest Articles:

- Black cohosh and menopause
- B₁₂ and strokes
- Otitis media
- Pain and the cost of health care
- Pain medication
- Fatty acids and cancer
- Vitamin K

A Simple Way to Boost the Immune System

Much of the concern about swine flu is centered around developing a vaccine. It may be worthwhile to think about some of the simple and natural things that boost immunity. There is one supplement that is a surprising immune system booster.

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* (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.

Fish Oil During Pregnancy

According to the *American Academy of Allergy and Immunology*, a child's chance of developing allergies is 25% if one parent has allergies and 66% if both parents have allergies. A placebo-controlled study appearing in *Acta Paediatrica* (June 1, 2009; [Epub ahead of print]) looked at 145 pregnant women who either had allergies themselves or the husband or previous child had allergies. The women were

randomly selected to either receive 1.6 g of EPA and 1.1 g of DHA (fish oil) or a placebo from the final trimester of their pregnancy until the third or fourth month of the newborn's life (the mothers all breastfed their children). In those supplemented with the fish oil the prevalence of allergies or eczema was significantly lower than they were for the placebo group.

Black Cohosh and Menopause

The women given the supplement (black cohosh) experienced greater relief of symptoms than the placebo group.


A double-blind, placebo-controlled study appearing in the journal *Obstetrics and Gynecology* (2005; 105(5 Pt 1): 1074-83) looked at the effect black cohosh had on menopausal symptoms in 304 women. The women were given either a standardized extract of black cohosh for 12 weeks or a placebo. The women given the supplement experienced greater relief of symptoms than the placebo group. Other research

appearing in the journal *Nutrition and Cancer* (2007; 59(2): 269-77) showed that black cohosh can improve menopausal symptoms, and looked at the possible effect on breast cancer. The authors of the study concluded that supplementation with a standardized extract of black cohosh (containing 2.5% triterpenes) without estrogenic effects that would affect the breast.

B₁₂ and Strokes

A study appearing in the journal *Stroke* (2005; 36(11): 2404-9) looked at vitamin B₁₂ supplementation and its possible role in preventing heart attack or stroke. The subjects of the study were 2155 men and women with a mean age of 66 years. They were given either a low dose supplement (20 mcg folate, 200 mcg B₆ and 6 mcg B₁₂) or a high dose supplement (2.5 mg folate, 25 mg B₆ and 400 mcg B₁₂). The supplements are specifically

chosen because they are cofactors that help reduce homocysteine levels. The subjects were pre-screened, eliminating those who had high B₁₂ levels or may have malabsorption issues. The group getting the high-dose supplement had a 21% lower risk for stroke than the low-dose group. The authors concluded that vitamin B₁₂ fortification may be valuable in reducing the risk for stroke in certain patients.



Some Thoughts About Ear “Infections”

The common treatments for ear “infections”, antibiotics and tympanostomy (“ear tubes”) have been brought into question. According to *Family Practice News* (October 15, 1998:30), doctors in the Netherlands do not use antibiotics for otitis media, they use decongestants. Antibiotics are only used as a last resort.

Some physicians believe that antibiotics are overused in the United States. An article appearing in *Family Practice News* (June 15, 1996:43) blame the overuse of antibiotics on otitis media for the increase in drug-resistant strains of bacteria. The article notes that resistant strains of *Streptococcus pneumoniae* have increased from 6% to 20% between 1992 and 1995. In 1994 otitis media was responsible for 29.6 visits to the doctor in 1994 and 85% of the patients received prescriptions for antibiotics.

The Dutch may be onto something with their use of decongestants. Allergies have been implicated in many cases of otitis media. Research appearing in *Otolaryngology—Head and Neck Surgery* (May-June 1981;89:427-431) found that in 119 patients with a history of otitis media in the previous six months, and fluid present in the ear, 93.3% had allergies that were verified by positive RAST tests. The one-year success rate for the patients tested and treated for allergy was 91.6%. This success rate was much better than the 52.2% success rate enjoyed by a group of patients treated surgically. Other research in appearing in *Otolaryngology—Head and Neck Surgery* (1996;114:531-544) found that in a sampling of 103 patients with either otitis media, fluid effusion, or both 89% had allergy.

Patients with otitis media have responded to natural therapy. A study appearing in the *Annals of Otolaryngology, Rhinology, and Laryngology* (July 2002;111(7 Part 1):642-652) looked at supplementation in 44 children with low levels of eicosapentaenoic acid (EPA—found in fish oil), vitamin A and selenium. Seven of the children were given cod liver oil (containing EPA and vitamin A) and a selenium supplement. Five of the children did not have any ear infections while being supplemented and overall the supplemented group had 12% fewer days where they required antibiotics for otitis media.

The use of “ear tubes” has been questioned in *Family Practice News* (December 15-31, 1990;20(24):1,30). The article points out that the tubes can lead to hearing loss. There are studies that have looked at subjects who have had a tube placed in one ear but not the other. The benefits of the tube last about six months or less. One study looked at 98 children who had one tube placed in a single ear. In a five year follow-up, it was found that there was a 21% higher incidence of deafness in the treated ear.

In the United States the approach to otitis media consists of antibiotics and following up with tube placement if the child suffers from repeated “infections”. It is becoming clear that automatically prescribing antibiotics for a child with otitis media may not be a good idea. Antibiotics are only effective in about 14% of the cases and the practice of placing tubes may not be wise.

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Pain and the High Cost of Health Care

For some reason doctors and patients seem to think that pain medications treat pain and inflammation. The fact is that they relieve pain. This seems like a subtle difference, but by a slight shift in attitude we can cut our health costs.

An advertisement for a popular pain medication touts that taking it before intense physical activity will reduce the amount of pain caused by the activity. There are some problems with this thinking. Pain medications actually increase oxidative stress, so while they offer temporary relief, they actually promote an environment that favors pain and inflammation. NSAIDs (non-steroidal anti-inflammatory drugs—the commonly used pain relievers) can actually cause cartilage to break down, increasing the potential for injury. Many people take medication for arthritis pain, but they are trading short-term relief for long-term degeneration. One of the popular pain medications (classified as a Cox-2 inhibitor) actually doubles the chance of getting a heart attack. Also, pain medications can lead to a host of other health problems. According to the July 27, 1998 issue of the *American Journal of Medicine*: “Conservative calculations estimate that approximately 107,000 patients are hospitalized annually for nonsteroidal anti-inflammatory drug (NSAID)-related gastrointestinal (GI) complications and at least 16,500 NSAID-related deaths occur each year among arthritis patients alone. The figures for all NSAID users would be overwhelming, yet the scope of this problem is generally under appreciated”

The *New England Journal of Medicine* (December 20, 2001;345:1801-1808) published research that linked pain medication to kidney failure (in patients with existing kidney disease). An article published in the *New York Times* (January 29, 2002) states concern of NBA players over the regular use of these medications. This is in the wake of Alanzo Mourning of the Miami Heat developing a kidney disorder and Sean Elliot needing a kidney transplant. Basketball players commonly take large amounts of NSAIDs before a game (the same behavior that is touted in television ads).

Taking pain medication can have an adverse effect on the cardiovascular system. According to the *Archives of Internal Medicine* (February 11, 2002;162:265-270), patients who had filled at least one NSAID prescription were nearly 10 times more likely than those who didn't use the drugs to have a relapse of congestive heart failure. According to research published in the *Archives of Internal Medicine* (October 28, 2002;162:2204-2208), frequent use of pain-relief medications may result in an increased risk of high blood pressure in women.

The cavalier attitude our medical system has in treating one of the most common conditions, pain, can lead to further health complications and cost. How much more are we spending on health care because we don't choose natural methods for pain control first?

More About Pain Medication

The pain medication Vioxx was taken off of the market because it increased the likelihood of heart attacks. Vioxx was an anti-inflammatory drug known as a cox-2 inhibitor. It is named for the enzyme it suppresses. The cox-2 inhibitors are popular because they offer effective pain relief without creating problems with GI irritation caused by other types of pain relievers. Celecoxib (sold under the brand name Celebrex), which

is also a cox-2 inhibitor, also increases the risk for a heart attack. Research appearing in the *Journal of the Royal Society of Medicine* (March 3, 2006) showed that Celecoxib can increase the risk of a heart attack by two fold. Celebrex is commonly prescribed to seniors with arthritis.

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Fatty Acids and Cancer Prevention

Research appearing in the journal *Cancer Detection and Prevention* (2003; 27(1):55-66) suggests that the type of fat eaten in the diet can either increase or decrease the chances for developing colon cancer. The article reviewed research involving dietary fat and colon cancer. Consumption of medium chain fatty acids and arachadonic acid (a fatty acid found in meat) increased the chances of developing the disease. Consumption of eicosanopentaenoic acid (EPA—found in fish oil) and short chain fatty acids (produced by normal bowel flora) decreased the chances of developing colon cancer.

Scientists at Texas A&M University, in other research, found that eating mostly corn oil or fish oil can affect the fatty acid composition of cell membranes, which in turn can affect whether a cell will become cancerous. The study was performed on rats, which were injected with a carcinogen known to induce colon cancer (azoxymethane). The scientists then looked at individual cells of the colons of the rats fed either fish oil or corn oil diet. The fish oil favors a better cell membrane, which is cancer protective. Fish oil and corn oil diets might create different chemical environments in the colon.

"Walking is man's best medicine."—
Hippocrates

Vitamin K

Vitamin K1 is found in green leafy vegetables. Vitamin K2 (menaquinone) is a little harder to obtain from the diet; it is found in egg yolks, organ meats and natto (a fermented soy product commonly consumed in Japan, which is very high in menaquinone). People living in areas of Japan where natto is consumed have very high levels of K2.

Vitamin K2 is important for both bone and cardiovascular health, as it is involved with regulating calcium. Vitamin K dependent proteins (like matrix Gla-protein) can inhibit arterial calcification. Low vitamin K levels are associated with a risk for atherosclerosis and heart disease, according to a study appearing in the *Journal of Nutrition* (134:3100-3105, November 2004) involved 4807 subjects with no history of myocardial infarction at baseline (1990–1993) who were followed until January 1, 2000. Intake of vitamin K2 was inversely related to the incidence of heart disease.

Those consuming the most vitamin K had a 57% reduction in death from heart disease when compared to those with low vitamin K consumption.

Vitamin K2 is important for bone strength, helping to prevent osteoporosis and fractures. A two-year study appearing in the *Journal of Bone and Mineral Research* (2000 Mar;15(3):515-21) looked at the effect vitamin K2 has on bone strength. The subjects of the study were 241 patients with osteoporosis. They were divided into two groups, with one group receiving 45 mg/day of vitamin K2 and the other group acting as a control. The control group had a higher incidence of fractures and lower bone density than the group receiving the vitamin K supplementation. Vitamin K has even outperformed one of the osteoporosis drugs (etidronate). In research appearing in *Yonsei Medical Journal* (2003 Oct 30;44(5):751-6), women taking 45 mg/day of vitamin K2 had a lower fracture rate than those taking etidronate.

