

Your Health

VOL. 12 / NO. 2 / SPRING 2006

Longevity & Wellness Just "Steps" Away Study Links Exercise With Disease Prevention

Over half of Canadians lead an inactive life and inactivity is higher than all other health risks among Canadians. But does it matter? Absolutely: Physical activity doesn't only contribute to wellness, there is irrefutable evidence that it can prevent several specific chronic diseases.

These are just some of the conclusions in a comprehensive analytical study on physical exercise published earlier this year in the Canadian Medical Association Journal. Examining decades of research on activity and illness, the study showed that physical activity can prevent cardiovascular disease, diabetes, hypertension, obesity, depression, osteoporosis and even cancer.

In fact, the study showed a linear relation between physical activity and health status. In other words, increased exercise improved overall health status, not just the risk of one particular ailment.

Another detail in the report was that it's never too late to get active. Among sedentary people who went from unfit to fit over a five year period, the reduction in relative risk of death improved 44% compared with the unfit.

As for specific diseases, the statistics were unambiguous. It's been well-known for many years that regular aerobic activity can reduce risk of cardiovascular disease. But the benefits of activity extend to patients with established cardiovascular disease as well. That is an important caveat because for many years patients were advised to rest and remain physically inactive.

Both aerobic and resistance types of exercise were shown to be associated with a decreased risk of type 2 diabetes. (As is well-known, diabetes has become a cross-generational disease, affecting millions of Canadians both young and old.)

Weight-bearing exercise was shown to have the greatest effect on bone mineral density. Many studies have shown that exercise training among all sectors of the population can radically decrease the risk of osteoporosis. But routine physical activity can improve not only bone density but overall musculoskeletal fitness which in turn reduces the risk of chronic disease and disability.

For decades exercise has been touted as beneficial for overall health but not necessarily associated with preventing or reducing the effects of certain diseases. Now that's

changed. The CMAJ study showed that, specifically, routine physical activity improves body composition, weight control, glucose homeostasis and insulin sensitivity, reduces blood pressure, improves autonomic tone, reduces inflammation, decreases blood coagulation, improves coronary blood flow, augments cardiac function and results in overall psychological well-being.



If exercise is no longer a token measure of health but the means to health, then health professionals should prescribe exercise as preventive therapy. But what qualifies as physical exercise? Any number of individual health variables, from age to weight to health history, can alter what is considered exercise or is viable for an individual patient.

Many doctors use the simple equation of 220 less a man's age or 226 less a woman's age for a

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Mired in Medication

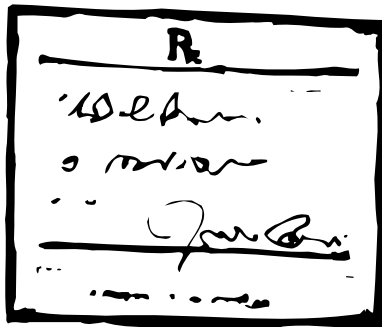
Canada's health care system is being bankrupt by drug costs. While most eyes are on the ever-increasing cost of fuel, the rising cost of pharmaceuticals is having an impact on everyone too: From those relying on prescription medicine, to those who choose alternatives, but must contribute tax toward the government system.

In Canada, the state system provides prescription medicine to millions of people. The cost of that rose to nearly \$25 billion in 2005—an 11% increase over 2004. That's a trend that can't be sustained.

For individuals who don't have a health plan and must pay out-of-pocket for medicines, the system is the same. For a two-week supply of the decades old cancer drug, nitrogen mustard, the cost in February was under \$80. By the end of the month it had increased 700%. Many cancer treatments cost up to \$50,000 a year. Tarceva, a lung-cancer drug, costs over \$35,000 a year. Big pharma claims drug prices reflect research costs. However, many times drug prices increase simply because of limited competition: Witness the nitrogen mustard example.

Some cancer treatments are deemed too expensive for the government to cover. In those cases a patient may choose to travel to the US for treatment. Herceptin, a treatment which costs about \$45,000 per patient per year is one such treatment.

But how much are drugs really worth? Literally, of course, but also in respect to their curative value? A new scientific enquiry has begun to examine the cost and curative benefits of drug therapy.



A cost-analysis of drug treatments is sort of like a consumer reports on drug therapy and alternatives. A drug is considered by its cost, reputed effectiveness, side-effects, and possible disease recurrence or iatrogenic reaction (i.e., a reaction initiated by the drug treatment).

This sort of analysis is a radical departure from the typical Health Canada approach, which simply considers how well a drug performs in experimental trials. Cost-analysis also shows that as many new (and more expensive drugs) enter the market they do little to replace existing drug regimes and are therefore simply an additional tax burden on the overall system. Academics involved in this new drug analysis are focussed not just on cost-effectiveness but also the economics and ethics of drug use. In other words, how much benefit will a drug provide, and at what cost, before four million British Columbians should pay for it?

In many cases, there are valid non-drug alternatives to standard pharmaceuticals. And even when drugs are necessary, there are preventive strategies to control iatrogenic reactions, improve overall wellness, and limit the duration of drug therapies.

Naturopathic physicians are specialists in alternatives to drug-therapy. To find a licensed ND in your area link to www.bcna.ca and choose the "Find a Naturopathic Doctor" link on the left of your screen.

Sources: New York Times, March 19, 2006; Globe & Mail, May 10, 2006; University of Toronto Magazine, Spring 2006

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maximum heart rate, then recommend an exercise regime that doesn't exceed that constraint.

Health benefits accrue from expending as little as 1,000 calories a week (equivalent to, about, one hour of walking five days per week). In a paper outlining physical activity, body mass and the time required to meet a daily energy expenditure, researchers have charted the time it takes for individuals to meet baseline quotas. The quotas could be used as a starting point for prescribing exercise as a disease-prevention strategy.

Running is, no surprise, perhaps the quickest way to achieve a daily minimum exercise requirement. But many lower impact activities also achieve similar results. For an individual weighing 70 kgs, 16 minutes of moderate bicycling, 30 minutes of golfing (pulling clubs), or 29 minutes of weeding the garden all achieve the same result: A daily minimum of exercise as a path to better health.

Sources: Health Benefits of Physical Activity: The Evidence, CMAJ, March 14, 2006; Prescribing Exercise as Preventive Therapy, CMAJ, March 28, 2006

The Twinkie Defence

In the 1978 trial of convicted killer Dan White, his lawyer cited depression, resulting from an unusually high consumption of Coca-Cola and Twinkies, as a factor for his client's actions. Today, the Twinkie Defence is often used by lawyers to link a so-called extraneous fact to a given action (and thereby reduce a charge, such as murder to manslaughter). Ridiculed at the time, science is beginning to link up nutrition with behaviour.

A 2001 study by a clinical investigator at the US NIH found a correlation between a higher intake of omega-3 fatty acids (commonly obtained from fish consumption) and lower murder rates. However, that study, focussed on seafood consumption and homicide mortality, didn't prove that fatty acids inhibit violence.

But nutrition can have an impact on violent behaviour. A research scientist at Oxford University enrolled 231 volunteers at a UK prison to prove the point. Half received a placebo, half received fatty-acid supplements. The results? Antisocial behaviour (as measured by assaults and other violent behaviour) dropped by more than a third among the group receiving supplements. The placebo group showed no change.

Another study in Finland used the same focus to test violent offenders. They found that individuals imprisoned for violent crimes had lower levels of omega-3 fatty acids than ordinary, healthy subjects did. Given that omega-3's foster the growth of neurons in the brain's frontal cortex, which controls impulsive behaviour, it's no surprise that supplements could keep antisocial behaviour to a minimum.



None of these studies suggest that nutrients alone can completely change behaviour. Education, social and physical factors all play a role in behaviour. However, the brain does need nutrients, as do all our internal organs.

For more information on the benefits of fatty-acids, as well as appropriate dosages and recommended combinations, consult with your naturopathic doctor. Link to www.bcna.ca for help in finding an ND near you.

Source: New York Times, April 16, 2006

Acupuncture, for decades one of the most popular therapies provided by complementary health care practitioners, has long been used on patients suffering from headaches. Earlier this year German researchers published a study showing that acupuncture was just as successful as drug therapy for migraines.

The study compared the effects of acupuncture with drug treatments on 900 patients suffering from migraines. Acupuncture was found to be just as effective as drugs, but with no side effects or attributes sometimes attributed to pharmaceuticals.

Nearly half of all licensed NDs in BC are certified to offer acupuncture as a complementary therapy in their clinics.

Source: Reuters, March 2, 2006



This issue of Your Health has a number of articles focussed on cancer including a profile on CAM for cancer patients. Recent research indicates promise for many traditional medicines in treating cancer. For instance, a University of Pittsburgh study showed that omega-3 oils (c.f. article at left) can inhibit the growth of liver cancer cells. University of Michigan researchers found that ginger can cause ovarian cancer cells to die. Researchers at the University of Georgetown have shown that ginkgo biloba has preventive effects for human brain cancers and breast tumours. And research presented recently at the American Association for Cancer Research convention showed that capsaicin (commonly found in red chilli peppers) can inhibit the growth of pancreatic cancer.

A similar study showed that diet and nutrition are directly related to cancer risk, noting that certain nutrients in vegetables and dietary agents appear to protect the body against cancer. As one researcher stated, "From epidemiologic data, we know that increased consumption of vegetables reduces the risk for certain types of cancer, but now we are beginning to understand the mechanisms by which certain edible vegetables like broccoli help our bodies fight cancer and other diseases."



"It costs less to eat and live more healthfully. Walking, loving, meditating, and quitting smoking are free and require no special equipment."

Dr. Dean Ornish

CBC Exposes Cancer Industry

Cancer is an industry, with billions of dollars being spent on treatment options while ignoring strategies and options to prevent cancer.

That was the theme of a hard-hitting investigative report by Wendy Mesley, which aired on CBC's Marketplace earlier this year. Mesley, who doesn't smoke, exercises regularly and eats a healthy diet, suffered from breast cancer. Her personal experiences undergoing treatment, as well as how and why she was diagnosed, prompted her to spearhead this report.

On this and the facing page we have highlighted snippets from the many facets of the CBC profile: The billions spent on treatment, how treatment options are bankrupting our health care system, how prevention isn't part of the health policy framework, and the lack of information surrounding carcinogens in our daily lives.

You can read more detail about this issue at the CBC website. Surf to www.cbc.ca/consumers/market/files/health/cancer and follow the link options on the menu at right.

The Canadian Cancer Society says healthy lifestyle choices could prevent 50 per cent of cancers. They say a "small percentage" of cancers are linked to environmental toxins, or carcinogens.

"I had my blood tested; the results show I'm full of carcinogens," says Marketplace host Wendy Mesley, who had breast cancer.

Each of us likely has pollutants in our blood. A recent study analyzing the blood and urine of a small group of Canadians found varying levels of contamination from heavy metals, pesticides and other toxic chemicals (such as PCBs, mercury, lead). A similar study of 500 Canadians found the same results.

"I don't think that my blood tests will uncover the reason that I got cancer. I don't think that it's that simple," says Mesley. "But I have been accumulating toxins, probably since I was born—maybe even before. And the levels of these keep going up. At some point, we should start to do something about them. Maybe that time is now."

Dr. Sam Epstein is a cancer expert. In the late 1970s he rocked the cancer establishment with a book, *The Politics of Cancer*, which argued that the federal government had been corrupted by industrial polluters.

He's followed that up with another zinger: *Cancer-gate: How to Win the Losing Cancer War*.

In it, Epstein argues that we're losing a winnable war against the disease, largely because well-meaning institutions have misspent billions targeting treatment, while virtually ignoring strategies for preventing cancer in the first place.

"The Canadian Cancer Society," he says, "has ignored or trivialized these concerns and told the public if you get cancer, it's your own fault." In fact, Epstein contends "it is the fault of the Canadian cancer establishment, who have not informed the public of this vast range, body of information on avoidable causes of cancer."

In the meantime, other than quitting smoking, Canadians know very little about avoidable environmental causes of cancer. That ignorance, says Epstein, has provided fertile ground for the creation of a cancer epidemic.

Epstein argues that consumers have the basic right to know, through explicit labeling, about known carcinogens in food, cosmetics, personal care and household products. Patients, he adds, should also be better informed of the carcinogenic risks of prescription drugs and screening and diagnostic medical procedures.

According to Epstein, resistance to labeling and better information campaigns comes down to one issue: money. "The more money you spend on cancer, the more cancer you get," says Epstein.

"That's the reason why there's been virtually no movement in the field of prevention... The more drugs are bought, the higher the profit. The more disease there is, the greater the profit."

"Cancer is a massive industry," says Diana Ward, a cancer information advocate in London with the UN Working Group on the Primary Prevention of Breast Cancer. "We're being taught to think about cancer as you do about diabetes, as you do about asthma, and prepare for a time when if you have it, you will just be on a lifelong drug regime."



Cashing in on Cancer

A big part of the cancer story is about money.

Canada has a limited budget when it comes to spending on cancer. At the moment, the biggest chunk of that money goes towards a growing roster of cancer drugs and treatments.

When it comes to the cancer industry, big bucks are at stake.

At the recent International Congress on Anti-Cancer treatment pharmaceutical companies from around the world attended; they were there to pitch the latest cancer drugs and treatments. There were congratulatory handshakes over announcements of new advancements; drug company reps grinned enthusiastically when asked how business was going.

Dr. James Holland is an oncologist, chemotherapy researcher and one of the founders of the conference. When he spoke with Marketplace host Wendy Mesley, he was straightforward about why prevention isn't a bigger priority:

MESLEY: This whole [conference] is about treating cancer, which is great, but why isn't there more on prevention?

HOLLAND: Well, this is a conference on therapies... But prevention is the ultimate goal and I think that you're right. Why is there so little done comparatively in cancer prevention? Because there are no companies that are devoted to cancer prevention as there are to cancer treatment.

MESLEY: Why not?

HOLLAND: Because there's no incentive economically for them.

MESLEY: So drug companies won't invest in prevention until there's a product to sell?

HOLLAND: In order to stay viable, any company has to make at least a break-even. They can't potentially invest all the time in charitable undertakings. That's philanthropy.

People like Holland and the other attendees at the ICACT talk a lot about "managing" cancer: that with advances in treatments and drugs, less people will die from and it and those who get it will live longer.

That's great, except that we're already at the point where we can't pay to treat all of the people who have cancer now. And more people are lining up in the cancer-treatment queue as cancer rates climb.

Mesley's breast cancer treatments cost the health care system over \$60,000.

All told, cancer costs the Canadian economy an estimated \$14 billion a year. And with every new case that comes along, that number climbs higher and higher.

Mesley says she's "very thankful for the drugs that I've been given. But why don't we start dealing with the root problem, instead of focusing almost entirely on damage control?"

In Canada, about 14 million kilograms of carcinogens are released in the environment every year.

Check the label before buying. Here is a much abbreviated list of common carcinogens and alternatives.

Amitrole is found in weed killer. As an alternative, try pouring boiling water on weeds growing on hard surfaces. Also try soap-based herbicides and weed oils.

Captan is found in fungicides. As an alternative, try fungicidal soaps, borax or garlic.

Chlorothalonil is found in fungicides. As an alternative try fungicidal soaps, borax or garlic.

Dicofol is found in mite killers. As an alternative, try insecticide soaps, oils or sulphur.

Silica is found in some abrasive cleaners and brass cleaners. Try looking for products that don't contain this ingredient.

Carcinogens are commonly found in non-organic foodstuffs. The 15 most contaminated fruits and vegetables are: apples, celery, cherries, grapes, oranges, peaches, pears, potatoes, grapes, lettuce (leaf), lettuce (head), nectarines, snow peas, spinach, strawberries.

The 15 least contaminated fruits and vegetables are: artichokes, asparagus, avocados, beets, corn, cranberries, eggplant, endive, leeks onions, papaya, parsnips, pineapple, squash and zucchini.

Did you know you can reduce your risk of cancer with the help of your naturopathic physician? A useful resource is Dr. Neil McKinney's *Naturally There's Hope*, a concise and encyclopaedic handbook of scientific research, clinical naturopathic medical practice and experience in the care of people with cancer. Inspired by the courageous spirit of Terry Fox and personal healings. Informed by eighteen years of practice and teaching naturopathic and traditional Chinese medicine. [Link to Amazon](#) or [Chapters](#) to order.

Which of the following is true: The Earth revolves around the Sun; the speed of light is a constant; apples fall to earth because of gravity; elevated blood sugar is linked to diabetes; elevated uric acid is linked to gout; elevated homocysteine is linked to heart disease; elevated homocysteine is linked to B-12 deficiency, so doctors should test homocysteine levels to see whether the patient needs vitamins.

Each statement is true. However, the last statement is proprietary. It should not be printed here because it is patented. The “fact” belongs to a corporation, which demands a royalty for its use.

Any person who makes the patented fact public, and/or encourages doctors to test for the condition and treat it, can be sued for royalty fees. Further, any doctor who reads a patient’s test results and even thinks of vitamin deficiency infringes the patent. In the US, a federal circuit court held that mere thinking violates the patent!

If this sounds absurd it is. Nevertheless, the US Supreme Court heard arguments for and against the patent dispute in March [as of this writing a decision has not been reached]. This particular case goes back to a 1986 patent application for a specific method of testing homocysteine levels in the blood. The patent application included a request for both the test *and* the scientific fact. That patent was granted. It now belongs to a company called Metabolite.

The case the Supreme Court heard arose out of another company, LabCorp, which offers a different homocysteine test, which isn’t under dispute, but published an article citing the patented “fact.”

This issue has been much in the news over the last decade or so. The most famous cases are perhaps concerning the human genome. Although it is a fact of nature and shared by all of us, 20% of the genome is privately owned.

Can you imagine going to see your ND for a diagnostic test and being told “Sorry, we can’t conduct that test anymore. The company that owns the patent has made it too expensive to do research”? If the Supreme Court upholds the Metabolite patent a situation such as this is not impossible.

This absurdity is not restricted to medicine. Lawyers advise athletes to patent their sports moves. Writers patent movie plots. Etc.

You can link to US Supreme Court decisions at: www.supremecourtus.gov

Source: Modified from an essay by Michael Crichton in the New York Times, March 19, 2006

The aspartame debate has been rekindled following the results of a seven year study by Dr. Mornado Soffritti, a cancer researcher in Italy.

Soffritti’s research has shown that consumption of aspartame is associated with unusually high rates of lymphomas, leukemias and other cancers. The research was conducted on over 1900 rats who were given dosages starting at what would be equivalent to four to five 20-ounce bottles of diet sodas a day for a 150 pound person.

Aspartame, commonly sold under the trade names NutraSweet and Equal, is consumed by hundreds of millions of people every day.

Needless to say, the study prompted a flurry of criticism from the Calorie Control Council, a trade organization that supports the artificial sweetener industry.

The US FDA and its equivalent in Europe are examining the results but state that there is no need for people to avoid aspartame.

Aspartame has been consumed for decades based on a safety record culled largely from cancer studies conducted in the 1970s by G D Searle, a company with a vested interest in its safety. But inadequacies in and critical examination of those studies led Soffritti to re-open the case.

Politics also played a role. Amidst allegations that Searle had concealed facts and made false statements based on the safety of aspartame, the US Justice Department called for a grand jury investigation in the mid 70s. But that never occurred. And despite initial skepticism to approve aspartame, a second study (conducted by and paid for by Searle) prompted Reagan-appointee Arthur Hull Hayes to approve aspartame. Hayes left the FDA a year later, to work as a consultant for Searle’s PR firm.

Most studies on aspartame continue to be funded by the industry or manufacturers. Of the 92-independently funded articles on aspartame, 84 have identified adverse health effects.

Source: New York Times, February 12, 2006. Read Soffritti’s research paper in full at: <http://ehp.niehs.nih.gov/docs/2005/8711/abstract.html>



Every year, thousands of Canadians are diagnosed with some type of cancer. It has been estimated that over 70% of patients who are faced with having to undergo chemotherapy or radiation prefer to do so with the support of some sort of complementary medicine.

At the same time many soon become overwhelmed with the complexity of what one should do, specifically, when it comes to issues such as dietary supplements, chemotherapy, and radiation. Questions soon arise such as, "Should antioxidants be used with chemotherapy and radiation? Or should they be completely avoided?" These are complex topics which should be addressed by a professional who can advise on the safety and effectiveness of a complementary method. When approached properly, a complementary approach can not only improve the ability to tolerate chemotherapy or radiation, but, in some cases, actually increase the tumor response to the therapy. Another benefit may be simply increasing the ability to participate in the full course of therapy. The result is a greater chance of that therapy being effective. In addition, the use of complementary therapies can be used when one is in remission from cancer, to enhance the chances of remaining cancer-free. When a program includes proper supplementation, it can help with maintaining a higher quality of life.

Most individuals who have a cancer diagnosis reach a point where they need to consider some form of alternative therapy. Many have grave concerns about conventional treatments such as chemotherapy, radiation, and surgery. Together, these concerns make the decision to go forward quite difficult. Some individuals simply opt for alternative means of addressing cancer. However, in the majority of cases combining the therapies to work with conventional treatment provide a third option with which most patients feel comfortable.

So where does one start with a program in support of their cancer therapy? The first step is to examine the most critical areas that may limit either the effectiveness of the therapy, or the health of the individual. For example if one has a compromised immune system, anemia, impaired liver or kidney function the ability to tolerate the therapy may be impaired. A number of options are available, depending on the individual's needs. For example, Astragalus, a Chinese herb, is commonly used to maintain white blood cell numbers with a recent review finding increased white blood cell numbers with chemotherapy. In addition, there are reduced side effects such as nausea and vomiting.

Choosing therapies to combine with chemotherapy is a complex one and needs to be done with guidance. Combining antioxidant therapies with chemotherapy or radiation is also a complex topic: some advocate eliminating all antioxidants (such as vitamin C), during the course of chemotherapy. However, this approach is not always supported because therapies with a strong antioxidant component have been shown to actually increase the effectiveness of chemotherapy. Melatonin is a good example, as it is well-researched, a strong antioxidant, and inexpensive. In a study of patients with lung cancer, who took melatonin while receiving chemotherapy drugs Cisplatin and Etoposide, there was an improved tolerance of chemotherapy, and increased survival times. Although the numbers were small, 6% of patients survived five years in the melatonin group, compared with no surviving patients after two years in the group without melatonin.

Weight loss is another common manifestation of cancer. Cachexia is a metabolic issue where the cancer cells stimulate the breakdown of muscle tissue while suppressing appetite, resulting in weight loss. Preventing and treating this condition associated with aggressive cancer is an important goal as weight maintenance is associated with an improved quality of life and increased survival time. First, protein appears to be a critical part of the diet, with whey protein isolate formulas providing highly absorbable amino acids and immune building factors. Second, fish oils have also been shown to prevent and treat cachexia. Third, melatonin has a wide range of effects, including preventing cachexia. Finally, the amino acid glutamine deserves special attention, as it prevents the deterioration of the digestive tract during chemotherapy, as well as helping to maintain body mass.

There is hope. And although there have been advances with conventional treatments, overall outcomes can be improved. There are many directions to go with complementary cancer therapies, and knowing where to focus is the first step. Talking with a naturopathic doctor can help with sorting out the direction of therapy, and with choosing appropriate therapies that will increase treatment results, while minimizing side-effects. The overall goals will be a reduction in cancer re-occurrence, and an increased quality of life.

This article by Dr. Philip Balcaen, a naturopathic physician who practices in Chilliwack, was originally published in the Chilliwack Progress. It was reprinted with permission. To find an ND in your area, link to www.bcna.ca

Ten Ways to Love Your Heart

Spring is not only the time to show some Valentine's love to your nearest and dearest, to remember your parents on Mother's and Father's day, but also consider it the time to take note of your own heart health.

Cardiovascular disease is the leading cause of death in Canada, according to Statistics Canada. About 74,600 people died of heart disease in 2002, the most recent year for which data are available.

Source: Globe & Mail, 02/10/05

As the leading cause of death in Canada, cardiovascular disease will affect all Canadians at some point in their lives. The important fact, however, is that many of the risk factors for cardiovascular disease are preventable. Therefore, the most effective way to combat heart disease is to start with preventing it.

Here are 10 simple and effective ways to reduce your risk of heart disease and stroke:

- 1 Consume 20-35 grams of dietary fibre each day. High-fibre diets have been shown to help reduce blood cholesterol levels and high blood pressure, two risk factors for heart disease and stroke.
- 2 Include fish meals three or more times per week—e.g., sardines, salmon, mackerel, herring, and halibut. The omega-3 polyunsaturated fatty acids found in fish help reduce the risk of heart disease.
- 3 Choose a whole foods diet. Whole natural foods such as fruits, vegetables and whole grains are high in disease fighting, nutrients, antioxidants and fiber.
- 4 Decrease alcohol consumption. Women who drink greater than nine drinks per week and men who drink greater than 14 drinks per week have increased risk of heart disease and stroke.

5 Avoid fried foods. Instead grill, poach or bake.

6 Exercise 30-minutes every day. Choose an activity that you enjoy, that excites you and makes you feel good.

7 Quit smoking and avoid second hand smoke. If you are a smoker you have twice the risk of heart attack as non-smokers and are much more likely to die if you suffer a heart attack. Talk to your ND or MD about smoking cessation strategies.

8 Maintain a healthy blood pressure. High blood pressure is the most common heart disease risk factor. Strategies to lower blood pressure include maintaining a healthy body weight, stopping smoking, reducing stress, participating in regular exercise, and eating a diet high in fruits, vegetables, whole grains and fiber.

9 Lose weight. Excess body weight puts a significant strain on the heart and worsens the risk factors for heart disease as well as cancer and diabetes.

10 Learn ways to manage stress. Try practicing deep breathing, meditation, or take up a hobby such as painting, arts and crafts, knitting, reading, qigong, yoga—even things as simple as laughter, adequate sleep, massage therapy, a hot bath, and taking time for *you* each day help to manage stress.

It is within your power to make heart healthy choices a part of your everyday life. Your heart will love you for it!

Reprinted with permission from the author, Dr. Jennifer Moss, a naturopathic doctor who practices in Squamish. This article modified from a version which appeared in The Chief in February 2006.

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PHYSICIAN REFERRALS * NATUROPATHIC MEDICAL INFORMATION * STUDENT LINKS

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The BCNA offers patients, across the province, referrals to licenced naturopathic doctors (NDs) in their area, as well as student information to persons interested in the profession. It is the BCNA's purpose

VOL. 12 / NO. 2 / SPRING 2006

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Contact us online at www.bcna.ca, e-mail us at bcna@bcna.ca, call us at 604/736-6646 or 1-800/277-1128 or write to us at 2238 Pine St, Vancouver, BC, Canada, V6J 5G4.

