

# Your Health

VOL. 13 / NO. 2 / SPRING 2007

## BC Speaks: The Patient's Viewpoint

In past issues of Your Health we have collated opinions and views on Canada's ailing health care system. Specifically, we have emphasized how the patient has been lost in the bureaucratic shuffle, that valid alternatives are being ignored, that prevention is not emphasized fully, and that more money is spent on health care each year without accountability measures. But are all those comments in keeping with public sentiment?

The BC's Conversation on Health is nearly over. Thousands of British Columbians have contributed in writing, by attending forums or calling the CoH hotline.

Below we have reprinted just a fraction of pro-CAM summaries taken from the BC Government weekly synopses of comments. Despite being "at large" comments they are surprisingly in keeping with ND issues.

Week of September 28

There were suggestions to consider introducing mechanisms to chart individual health use such as annual health budgets for individuals, or annual financial statements for each individual detailing their personal costs to the medical system.

Week of October 10

On the topic of health prevention, several writers stated that a healthy lifestyle is the key to prevention and reducing the burden of disease. They recommend that we educate British Columbians about self-care and encourage them to eat well and exercise. Others recommend establishing community gardens, encouraging organic farming, banning junk food in schools, subsidizing healthy food, offering free nutrition and smoking

cessation programs, and creating safe places to exercise.

Week of October 16

Health prevention was a common theme. For example, one writer believes that "...the health system needs more of a team approach and less emphasis on specialists and expensive treatments. Let's focus more on prevention and helping people look after themselves with safer, low-tech solutions... People want to take an active role in their health program and education is the key."

Week of October 23

Regarding health professionals, according to one writer, "med students should be required to study alternative medicine and be required to apply the 'requisite' knowledge to their proposed area of study and practice."

Week of November 20

Complementary and alternative medicine emerged as a popular theme this week with respect to health prevention. For example, one writer thinks "there is too much emphasis on 'sick care' in Canada [and that the focus should be] on being proactive, [making] natural healing alternatives...more affordable for all British Columbians." Another writer says "the costs of complementary medicine or alternative medical care should be subsidized. They are often easier to access, less expensive than doctor and drug fees, and involve more responsibility on the part of the patient to play a role in their health recovery and maintenance."

Week of December 25

Regarding health prevention, Paul from New Westminster suggests that we have "increased individual responsibility

for use of medical services...[and]...regular health report cards showing areas in which individuals need to take better care of their health, as well as the cost of the services used."

Week of January 1

Regarding health prevention, Clive from Kelowna observes that "BC is not following the model, well established in the United States, of complementary medicine, in which alternative care practitioners, whose field is promotion of health rather than treatment of pathology by surgery or medication, are an active part of the treatment process."

Regarding health spending and financing, several callers and writers suggest that alternative and complementary medicine should be covered under the Medical Services Plan (MSP). For example, Aileen from Vernon feels that "supporting alternative medical interventions, such as naturopathy and homeopathy, by including coverage for these disciplines under the BC Medical Plan will foster an image of the medical profession as prescribing healthful living techniques rather than as prescribing

### Inside YH

|   |            |
|---|------------|
| <b>Feature:<br/>Adverse Drug<br/>Reactions &amp;<br/>Alternatives</b> | <b>3-5</b> |
| <b>Nutrition Notes</b>  | <b>6</b>   |
| <b>Cancer &amp; HRT</b>   | <b>7</b>   |

# Patient Letters to Govt

instant 'fix-its' for the painful consequences of unhealthy choices."

Week of January 29

One person noted that "physicians are the most highly recognized and trusted as authorities on disease and how to treat them, yet they have been poorly trained in how to prevent the commonest maladies of our day. Preventing the majority of chronic diseases is not only possible, it remains the cheapest and most effective way to eliminate the burden of the majority of chronic diseases. The word 'doctor' means to teach, yet how much teaching are doctors doing with their patients? Virtually none, to be clear, and that is because a) the skill sets required, such as smoking cessation counselling, dietary counselling, exercise counselling, and stress management counselling are not part of the medical school curriculum, and b) these skill sets are specifically excluded from the fee schedule. In effect, doctors cannot be paid unless they can identify a disease in the patient. It is not a health care system we have here, it is a disease management system. Preventive health and health promotion are not valued or rewarded."

Week of February 5

Regarding health administration, Martha, a chiropractor from Osoyoos, comments on complementary medicine: "...more investment needs to be placed on wellness care to increase quality of life... The entire system needs to be revamped and people referred to chiropractic, massage therapy, naturopathy, homeopathy, etc. which are far less expensive forms of health care when compared to the traditional sick-care system we have."

On health prevention, Carol from Sechelt, like many other participants in the CoH, comments on complementary medicine: "I, as a tax payer, do not want to be told what kind of doctor I can see for my health, and be covered under our health plan system. I want the publicly [funded] health care system to pay for my visits to alternative doctors of my choice. To not incorporate this into the system can only mean that medical doctors have too much power and say in how our health system works. It is now time to recognize that there are other approaches to health issues other than issuing prescription drugs which is a huge cost to the system."

Week of February 26

Regarding health promotion and disease prevention, Barry from Qualicum Beach offers some additional views on how medical practices should embrace services of a number of health professionals: "The medical profession must be broadened and refocused on healthy life styles. Service should move from MDs in solo or group practice to clinics which include dieticians, nurse practitioners, physical exercise specialists, naturopaths, chiropractors, spiritual directors, etc.

The family doctor should not be the main entry point into medical care and treatment, but a broader group of professionals working jointly in a clinic with a focus on healthy living. The recognition should be that each is responsible for his health and the clinic [should] exist to provide advice, assistance, and when necessary, medical intervention. I have experienced hypertension and the medical doctor route is to drugs rather than diet and exercise. The treatment should be broader based."

Week of March 12

Regarding health spending and financing, John from Campbell River, among other participants in the Conversation, is a proponent of having naturopathic services covered under the Medical Services Plan. He says: "I choose to use an alternate health practitioner, a naturopathic doctor, and do not understand why such highly qualified doctors cannot be permitted under our BC medical services plan to (1) be able to refer patients directly to specialists, (2) be able to get lab tests done directly by B.C. labs, and (3) be able to visit their patients in hospital if requested. Surely in the interest of giving residents of B.C. a personal choice of medical treatments, this should be changed...there needs to be freedom of choice."

Week of March 26

One patient noted, "I am very concerned about the government's view on alternative medicine. I don't expect MSP coverage for seeing a naturopathic doctor, I am willing to pay for my healthcare out of pocket. But for the government to oppose legislation on allowing naturopathic doctors to have a scope of practice is absolutely wrong. Naturopathic doctors save our current medical system tremendous amounts of money. They focus on prevention, education and curing diseases with medicines that don't poison or harm the patients...Why can't they have a scope of practice that includes lab rights, prescriptive rights, referral to specialists and hospital rights? They are trained, certified and regulated in our current [system]. I have and continue to see a naturopathic doctor, actually she's my family's primary doctor. What I want is to have choice as to who I see for my healthcare. Someone has to wake up and see that alternative medicine is here to stay and it will actually save the medical system millions of dollars...I am concerned and I want things to change and I am not alone."

In a similar vein, Mary from Kelowna said: "I would like to see a greater usage of alternative therapies in our medical system. Isn't it time for our communities to integrate complementary therapies with orthodox medicine? As a consumer and tax payer in BC I believe it is a right to seek preventative therapies rather than submit to the only medical regime available to all British Columbians. I would like to see naturopathic physicians used more often or with general practitioners to find therapies that prevent diseases rather than paying for therapies that only deal with the symptom rather than the cause. Let's get on with the new century."

Health Canada reports that more Canadians are reporting adverse reactions to medications (ADRs) than ever before. An April 18 report in the Vancouver Sun noted that nearly 11,000 ADRs were reported to Health Canada by health professionals last year. However, there were 250,000 ADRs reported abroad, for drugs marketed in Canada.

A more troubling statistic is that more than two-thirds of domestic ADRs were classified as serious. A JAMA meta-analysis on ADRs estimated that adverse drug reactions leading to death are between the fourth and sixth leading cause of death in North America. The rise of ADRs is a trend which seems to be becoming worse without reprieve.

A recent study by the US Department of Health and Human Services found that senior citizens were more likely to have a negative reaction to prescription drugs, and women were more likely than men to be hospitalized due to ADRs.

The DHHS study found that 90 percent of adverse drug events were from the side effects of properly prescribed drugs as opposed to medical mistakes. Of the 1.2 million hospitalized patients who had an ADR in 2004, only 8.6 percent were given the wrong drug or accidentally overdosed. In other words, most ADRs directly relate to “appropriate” medication!

ADRs have a significant impact upon the nation’s economy. According to a study published in the Journal of the American Pharmacy Association in 2001, drug-related mortality and morbidity is estimated to have cost the US healthcare system \$177 billion in 2000. This represents more than 10 percent of total healthcare spending in the US and is nearly double the estimate from 1995.

And the problem could be growing. A report from the US Centers for Disease Control and Prevention stated that deaths from accidental drug interactions climbed steadily since the early 1990s, rising 68 percent in the five years between 1999 and 2004 alone.

According to the Centers for Education & Research on Therapeutics, there are more than two million serious ADRs yearly, due in part to the increasing number of drugs being developed and used to treat patients.

*In February, the New York Times ran a major profile of commonly used prescription and non-prescription drugs, and their side effects. On this and the following pages we have reprinted just a fraction of the Times’ list, parallel with commentary by naturopathic doctors, who recommend or suggest alternatives and/or adjunctive treatment.*

NDs will try to identify and eliminate the source of the complaint rather than simply treating its symptoms. Traditional Chinese herbs, acupuncture and Bowen Therapy can all be safe, gentle, and effective treatments to reduce or eliminate pain and inflammation, and restore balance to the body. Castor oil packs applied appropriately can also ease pain and soothe inflamed tissue, with the added bonus of allowing time for relaxation, a key aspect of healing. In the case of fever, for which aspirin and other NSAID drugs are often taken, we should remember that elevated temperature is one of the body’s mechanisms for fighting infection. As such, instead of suppressing fever, in many cases we can encourage its resolution with hydrotherapy, homeopathy and possibly herbs such as mint, melissa and boneset, under the guidance of a qualified naturopathic doctor.

Commentary by Dr. Clare Craig, in Vernon, 250 549 1400

- Aspirin**
- taken with prescription opiates, risk of stomach and esophageal bleeding
  - taken with anti-coagulants (blood thinners) can lead to excessive bleeding
  - taken with SSRI’s can lead to excessive bleeding
  - taken with NSAIDs, risk of stomach upset, gastric ulcers, internal or external bleeding, NSAIDs can also block the preventive effects of small daily doses of aspirin on potential heart attacks
  - taken with aleondronate sodium (fosamax) for osteoporosis, risk of stomach upset, stomach and esophageal bleeding

**Non-steroidal anti inflammatory drugs (NSAID) drugs**

Ibuprofen (Advil, Motrin), Naproxen (Naprosyn, Aleve)

- taken with alcohol, risk of stomach and esophageal bleeding
- taken with selective serotonin reuptake inhibitors (SSRI's) , can lead to excessive internal or external bleeding
- taken with lithium, can reduce kidney excretion of lithium, risking elevated lithium levels
- taken with anti-coagulants (blood thinners) can lead to excessive bleeding
- taken with Aspirin, risk of stomach upset, gastric ulcers, internal or external bleeding, NSAIDs can also block the preventive effects of small daily doses of aspirin on potential heart attacks
- taken with alendronate sodium (Fosamax) for osteoporosis, risk of stomach upset, stomach and esophageal bleeding

Naturopathic doctors will first attempt to determine the root cause of the pain and inflammation, whether it is food sensitivities, lifestyle factors or many other possible contributors. When we address the root cause, we eliminate the need for the drug. This often involves diet and lifestyle adjustment, and subsequent improvement in overall health and wellness. In the meantime, some effective alternatives to NSAIDs which I use are: Bromelain and papain (the enzymes found in pineapple and papaya), curcumin (a component of the spice turmeric), Omega 3 fatty acids from fish and flax, herbs such as ginger, devil's claw and boswellia, and supplements such as glucosamine. Homeopathics are extremely effective when the correct remedy is chosen, based on the nature of the complaint as it is experienced by the patient. Arnica is a remedy commonly used immediately after trauma or injury.

Commentary by Dr. Clare Craig, in Vernon, 250 549  
1400

**Statins**

These drugs block cholesterol production in the liver: Atorvastatin calcium (lipitor), Pravastatin (Pravachol), Rosuvastatin (Crestor), lovastatin (Mevacor), Simvastatin (Zocor)

- taken with antacids like Maalox, can reduce effects of statins
- taken with oral contraceptives, can potentially increase risk of blood clots
- lovastatin or simvastatin, taken with erythromycin, can increase risk of muscle damage
- taken with antifungals, lovastatin or simvastatin can raise blood levels of these statins, risking muscle damage
- taken with heart medication, statins potentially can alter blood levels of digitalis, should be monitored by physician

Antihyperlipidemics, such as Lipitor decrease cholesterol synthesis by increasing the number of LDL receptors, therefore reducing the "bad" cholesterol. However, they interfere with the production of Coenzyme Q10; I recommend patients supplement with 250mg CoQ10/day. Patients also report side effects such as muscle and liver problems, hormonal imbalances, and digestive disorders. Liver enzymes are usually monitored to detect liver damage. Alternative therapies that I find clinically useful in lowering cholesterol include: Omega 3 fatty acids primarily derived from fish oil (EPA and DHA); garlic also lowers LDL and increases good cholesterol (HDL); Linum spp. (flax seeds), Avena sativa (oats) contain fiber and are also clinically useful, as is soy protein. Plant-derived sterols offer amodest lowering of cholesterol, but other health benefits. Green tea lowers cholesterol (LDL) and supports liver detoxification. Studies have suggested that gugulipid (Commiphora molmol) is indicated in lowering cholesterol levels.

Commentary by Dr. Irene Karatzas, in West Vancouver,  
604 925 2560.

Digoxin and Lanoxin are prescribed to treat arrhythmias, heart failure, and atrial fibrillation in patients. Toxicity is common with these drugs, most frequently in patients with kidney dysfunction. Once the appropriate dosage is determined, patients are often left taking this medication for life. Research and clinical experience has highlighted several safe and effective alternatives to Digoxin and Lanoxin. In my clinical practice, we focus on non-prescription alternatives that have fewer side effects and are less invasive on the body. *Crataegus* (common name hawthorn) helps with a wide variety of heart disorders, such as symptoms of congestive heart failure, blood pressure problems (both high and low), circulatory disturbances, and enlargement of the heart. Hawthorn is useful in treating arrhythmias, increasing the heart's pumping action and regulating its rhythm. Patients taking hawthorn may decrease their dosages of Digoxin or Lanoxin, or be able to come off of these drugs entirely. Another highly effective supplement for cardiovascular disorders is Coenzyme Q10 (CoQ10). Normally synthesized in the body, CoQ10 helps energy production in cells. As we age, or with chronic disease, our organs have increased demand for energy and supplementation with CoQ10 is beneficial. A third highly useful nutrient is magnesium. Magnesium was first investigated as a treatment for arrhythmias in 1935. Many North Americans are deficient in this mineral, and potassium and magnesium deficient persons are at an increased risk for digoxin toxicity. Also, calcium deficient patients will have a diminished effect from digoxin. Deficiency symptoms include heart disorders. Incidentally, Digoxin and Lanoxin drugs deplete magnesium levels. Without adequate supplementation, heart disorders may appear to worsen. Proper history taking, assessments and physical examination can determine the appropriate herbs and nutrients your body may benefit from.

Commentary by Dr. Cathryn Coe, of Langley, 604 514 8555.

### Heart Medication

Digitalis (Digoxin, Lanoxin) helps a failing heart beat better and prevents abnormal heart rhythm

- taken with stomach acid reducers, can potentially increase levels of digitalis
- taken with statins, can alter blood levels of digitalis, should be monitored by physician
- taken with thyroid hormone (Synthroid) effects of digitalis may be reduced
- taken with SSRI, can alter blood concentration of digitalis, when taken together these drugs should be monitored by a physician

### Selective Serotonin Reuptake inhibitors (SSRIs)

Anti-depressants like prozac, paxil, Zoloft and newer drugs that contain combinations of SSRIs with other anti-depressant medications like Effexor

- taken with NSAIDs, can lead to excessive internal or external bleeding
- taken with anti-coagulants, can lead to excessive bleeding
- taken with aspirin, can lead to excessive bleeding
- taken with benzodiazepines can increase the sedating and sleep-inducing effects of benzodiazepines
- taken with heart medication, SSRIs can potentially alter blood concentration of digitalis, when taken together, these drugs should be monitored by a physician
- taken with lithium, can raise or lower blood levels of lithium and need to be carefully monitored

SSRIs are indicated for depression, anxiety, insomnia, and chronic headaches. The side effects of many drugs include dizziness, dryness of mouth, headache, increased appetite, nausea, and weight gain. An overdose may be life-threatening due to cardiac arrhythmia. Use of these drugs can also lead to nutrient depletion including CoQ10 and Vitamin B2. It's important to avoid concomitant use of the herb yohimbe (pausinystalia yohimbe) due to risk of negative cardiovascular effects. Tea and coffee also decreases absorption due to tannin content, therefore, it is recommended to separate ingestion by two hours. An alternative that may be used for enhancing mood and relaxation is 5-Hydroxytryptophan (5HTP), which is a serotonin precursor. Vitamin B3 (niacin) is a precursor to the amino acid tryptophan. Vitamin B3 improves mood and induces a calm feeling in people with anxiety. Calcium and magnesium supplementation before bedtime relaxes smooth muscle activity and prevents insomnia.

Commentary by Dr. Irene Karatzas, in West Vancouver, 604 925 2560.

## RESEARCH

# Nutrition is Key

**Fish Oil Reduces Heart Attacks:** Japanese patients who took high doses of fish oil along with statins (the standard drug treatment to lower cholesterol) had fewer heart attacks and cardiovascular problems than those taking drugs alone.

The study showed that those who took fish oil reduced the likelihood of heart attack by 19% or greater. The patients in the study took doses of 1,800 milligrams per day. The study involved nearly 19,000 Japanese people with high cholesterol for up to six years.

Vancouver Sun, March 31, 2007

**Flavonoid, Lignan Rich Diet Linked to Lower Breast Cancer:** Research conducted at the University of North Carolina studied the dietary intakes of nearly 3000 women and found that a flavonoid and lignan-rich diet may reduce the risk of developing breast cancer in postmenopausal women by about 35%. The study results are published in the February issue of the *American Journal of Epidemiology*.

**Mom's Vitamins Lower Baby's Cancer Risks:** Simply taking multivitamins and folic acid during pregnancy can help a mother reduce her baby's risk of developing the most common childhood cancers by almost 50%, a new study from Toronto's Hospital for Sick Children says. The research, which analyzed data from seven international studies that involved thousands of children, should encourage more mothers to take prenatal vitamins.

The Toronto Star ([www.thestar.com](http://www.thestar.com))

**Plant Combo Cuts Cholesterol** Researchers from Maastricht University report that combining plant esters with beta-glucan—a non-starch polysaccharide found in oats and barley previously reported to decrease LDL-C levels—may reduce cholesterol levels more than beta-glucan alone. Writing in the *Journal of Nutrition*, the study found that the combination decreased serum LDL-cholesterol levels by almost 10%, compared to control muesli.

NutraIngredients USA  
(<http://www.nutraingredients-usa.com>)

Frist call: Your Licensed BC ND  
1 800 277 1128

Specialists in disease prevention & clinical nutrition

**Organic is Healthier:** For many years there has been an intensive industry argument regarding nutrition in organic food vs. conventional produce. In January this year the UK's environment minister declared that "buying organic is just a lifestyle choice." Now, in one of the most comprehensive and definitive studies of its kind to date, a team of researchers at the University of California, Davis have proven that organically grown kiwifruit contain more health-promoting factors than those grown under conventional conditions.

The Davis scientists showed that organically grown kiwifruit had significantly increased levels of polyphenols, the healthy compounds found in red wine and coloured berries. They also had a higher overall antioxidant activity, as well as higher levels of ascorbic acid (vitamin C) and important minerals compared with their conventionally grown counterparts. Unlike previous studies, this one examined fruit grown in single orchards under identical growing conditions.

J Science of Food and Agriculture DOI 10.1002/jsfa.2820

**Diet Determinant in Childhood Asthma:** Adding fish and whole grains to children's diets may prevent the development of asthma, the most common chronic childhood disease. According to a new study, Dutch researchers asked detailed questions about diet to parents of about 600 10-year-olds. Roughly 17% of children who ate the least whole grains and fish had asthma, while only 3% from the group eating the most fish and whole grains reported symptoms. Eating fish helps boost omega-3 fatty acids, which control inflammation (often an underlying cause of asthma). Whole grains are rich in antioxidant vitamins, which may also decrease lung inflammation. Researchers say children should have a minimum of 4 oz. of whole-grain products daily and 4 oz. of fish weekly.

Source: Thorax ([thorax.bmj.com](http://thorax.bmj.com)), December 2006

**Toxic Fish Meal:** Farmed fish were fed meal spiked with an industrial chemical linked to the ongoing recall of pet foods. The Canadian-made meal included what was purported to be wheat gluten, a protein source, imported from China. The material was actually wheat flour spiked by the chemical melamine and related, nitrogen-rich compounds to make it appear more protein-rich than it was. The danger to human health has not been ascertained, nor is it clear if any of the farmed fish entered the food supply. Since March 16, more than 100 brands of pet food have been recalled because they were contaminated with melamine.

Source: CBS News, May 8, 2007

A suspected 1000 extra women in the UK have died from ovarian cancer between 1991 and 2005 because they were using Hormone Replacement Therapy (HRT), according to an article published in The Lancet.

Replacement of ovarian hormones after menopause is a practice in decline, largely because of several credible reports that link postmenopausal hormone use and breast cancer. In today's Lancet, Valerie Beral and colleagues report the latest findings from the Million Women Study. Women who used hormone-replacement therapy (HRT) also faced an increased risk of ovarian cancer, at least while on the drug

There were also around 1300 extra cases of ovarian cancer diagnosed in the same period. The figures are reported in the "Million Women Study" by Professor Valerie Beral and colleagues, of the Cancer Research UK Epidemiology Unit, Oxford, UK.

Ovarian cancer is the fourth most common cancer in UK women, with about 6700 developing the condition and 4600 dying from it every year.

The researchers assessed data from 948,756 postmenopausal women who did not have previous cancer or bilateral oophorectomy (removal of the ovaries) for five years. Around 30% were current HRT users and 20% had previously received HRT. 2273 women developed ovarian cancer and 1591 died from it.

They found that current HRT users were on average 20% more likely to develop and die from ovarian cancer than those who had never received HRT. For every 1000 women using HRT, 2.6 developed ovarian cancer over five years, compared to 2.2 per 1000 in women who did not use HRT—one extra ovarian cancer diagnosed in every 2500 HRT users, and one extra death from ovarian cancer in every 3300 users.

The researchers also reported that after women stop taking HRT, their risk of ovarian cancer returns to that found in "never-users" of HRT.

In total, ovarian, endometrial and breast cancer account for around 40% of all cancers diagnosed in UK women.

The authors conclude: "The effect of HRT on ovarian cancer should not be viewed in isolation, especially since use of HRT also affects the risk of breast and endometrial cancer." They add: "The total incidence of these three cancers in the study population is 63% higher in current users of HRT than never users. Thus when ovarian, endometrial and breast cancer are taken together, use of HRT results in a material increase in these common cancers."

source: Ovarian Cancer and Hormone Replacement Therapy in the Million Women Study, published online in April 2007 at [www.thelancet.com](http://www.thelancet.com)

**Letter to the Minister of Health Copied to the BCNA:**

My wife and I are in our early 70s. We visit our family MD two or three times a year, and generally enjoy good health. We travel a lot, each year spending several months overseas teaching and mentoring former associates and young leaders. We're active and healthy.

To a large degree, we attribute the maintenance of our good health to the excellent care of Dr. Michael Reiersen, naturopathic physician. Our family MD is fully aware that Dr. Reiersen is our primary health practitioner, and agreed to add us to his maxed-out patient list on the grounds that we fully expected to be only occasional patients.

Our visits to our family MD have been for the sole purposes of: 1. Authorizing laboratory work requested by our ND and 2. Referring us to specialists as first recommended by our ND.

For us there are two main issues: The first is financial. Like every other BC resident we pay our premiums to the BC-MSP, however, unlike most other BC residents our month-to-month health care is not covered by this insurance. Granted this is our choice, but we are being discriminated against because of government policy.

Secondly, the ability of our naturopathic physician to provide the care we need is compromised by outdated regulations. For instance, any laboratory work that our ND determines is needed must be referred to our family MD with the request that he review our situation and authorize the work, or our ND must send samples elsewhere for analysis – wasting time and money. The same routine applies with regard to referring either of us to a specialist.

Both of the above situations unnecessarily increase the financial burden on the province and compound the work load of the medical profession.

As Canadian citizens and residents of BC who have chosen a highly qualified naturopathic physician as our health care provider, we believe we deserve better service from our provincial government. We ask that you take action to drastically change outdated regulations which stand in the way of our health care needs being met safely, quickly, and effectively by our ND.

Thanks you for your consideration. D. Martin

# The High Cost of Cheap Eats

## The Real Impact of Junk Food

In a typical supermarket, a dollar will buy you about 1200 calories of cookies or potato chips but only 250 calories of carrots. Similarly, a dollar will purchase around 875 calories of carbonated drinks but only 170 calories of orange juice.

That's the interesting discovery of an American researcher investigating why the most reliable predictor of obesity in America is a person's wealth. He discovered that the "middle aisles" in supermarkets, full of packaged, processed and frozen foods, are "better value" than the periphery—fresh fruits, vegetables, meats and dairy. If you're on a budget, you are more likely to be eating foods with added fat and sugar, less filling, less nutritious and more fattening.

It's a perverse scenario though: Many processed foods should cost more. For example, Twinkies involve 39 ingredients, elaborate manufacturing processes and a marketing budget. Why is a Twinkie so much cheaper than a tomato?

Believe it or not, a single piece of US legislation determines much of what is produced, processed and ultimately eaten by people over much of the world. It's the US farm bill. This bill subsidizes crops, mainly corn, wheat, soy, rice and cotton. The bill helps commodity farmers by rewarding them for volume. In the end it promotes a food system top-heavy with added sugars (derived from corn), added fats (derived from soy) and cheap meat and milk (derived from both). It's no surprise

Cheap food, by way of subsidies, has a negative impact on public health and environmental values. It pits helathful calories against unhealthful ones artificially and unfairly.

a Twinkie is primarily a product manufactured from corn, soybeans and wheat.

The bill has a crippling effect on balanced food production. The real price of fruits and

vegetables increased by 40% between 1985 and 2000 while the real price of soft drinks (linked to high fructose corn syrup) dropped by 23%. But the bill goes far beyond food production.

The bill inadvertently effects trade, environment, global poverty and immigration. By making it possible for American farmers to sell their abundant commodities abroad at low prices, it determines the price of cotton in Nigeria and corn in Mexico. In Mexico, low US corn prices have displaced two million Mexican farmers which in turn has propelled immigration north. The farm bill, by promoting some crops over others, also promotes or degrades soil, water purity, biodiversity, and in the end public health. A system which overproduces raw materials for food processors as opposed to real food for food eaters is misguided at best. Worse, it's a piece of domestic legislation that has enormous international repercussions.

The public health community will have a hard time addressing the increasingly difficult issues of diabetes and obesity without first changing some of the structures that give rise to these issues.

Source. New York Times, April 22, 2007

Link to our Redesigned  
& Updated Website

[www.bcna.ca](http://www.bcna.ca)

PHYSICIAN REFERRALS \* NATUROPATHIC MEDICAL INFORMATION \* STUDENT LINKS

Your Health is published quarterly by the British Columbia Naturopathic Association, the professional association for naturopathic physicians in the province. It is compiled and edited by Glenn Cassie. The information provided herein is for educational and reference purposes only; it is not intended as a substitute for consultation and diagnosis nor treatment from a qualified doctor.

Your Health is provided free to BCNA members.

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

to advance the scientific, educational and professional aspects of naturopathic medicine.

The public is welcome and encouraged to join the BCNA. An annual membership fee of \$25 assists the BCNA in its efforts to increase government recognition and heighten the profession's profile. Membership entitles you to a one-year subscription to Your Health and other news and information bulletins.

Contact us online at [www.bcna.ca](http://www.bcna.ca), e-mail us at [bcna@bcna.ca](mailto: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.

