

Your Health

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Inconvenient Truths

Medical Headlines: News or Vested Interest?

By Dr. Ingrid Pincott

My husband recently went to a specialty store to purchase a replacement part for our travel trailer. He marvelled at how the people running the shop knew what part he needed based on the year and make of the trailer without even looking it up! He commented that he would rather pay a little bit more and get the best information—rather than pay less initially and get the wrong information that would lead to many future heartaches. Sounds like the difference between naturopathic doctors and the medical information the public is getting from the media or their medical doctors. Patients can come to me and ask my medical opinion, based on my 21 years in practice, and get a good all round explanation—or they can take to heart what the evening news says about the latest nutrient to be on the chopping block!

A case in point is L-arginine. While listening to the morning CBC radio news recently I heard that patients taking L-arginine who had had a recent heart attack were at an increased risk of mortality. That got my attention as I am sure it got yours. So now I have a retort to that report (and I have a retort to most of the others too but I would be writing 24 hours a day to keep up with it all!).

A colleague, Dr. Alan Miller, recently wrote an article “Bad Medicine or Bad Reportage” available in full at thorne.com. He

wrote about the research in the last six months published in the Journal of the American Medical Association (JAMA) or the New England Journal of Medicine (NEJM) in an attempt to belittle alternative medicine. In his article he summarizes the following:

The L-arginine study came out in JAMA January 4, 2006 on 153 patients who has just had a heart attack. These patients were given L-arginine (not the time released form and do you know that the effect of L-arginine is used up within about 30 minutes if it is not time released?) at doses between three to nine grams daily to be taken for six months.

Six patients taking the L-arginine died during the trial. This made the researchers conclude death was due to the L-arginine. Well, one died after having another heart attack, one died of sepsis so he had to have been very sick, two died at home from causes not known and one died four months later, having stopped the arginine three weeks prior. The deaths were not statistically significant—and this number of deaths can happen after a heart attack even with no treatment.

So the L-arginine was not the cause. The researchers could not prove that the patients in the study actually absorbed the L-arginine. But still deaths make headlines and incorrectly so: “Say no to L-arginine for heart failure.” The study had nothing to do with heart failure!

Now that you know the facts behind the study are you still afraid

of trying L-arginine? Numerous studies have shown L-arginine to improve the health of blood vessels, lower blood pressure and increase blood flow to the heart and throughout the body. It is wrong for the researchers to believe a nutrient like L-arginine will reverse in just six months a severe long-term disease process and the resultant damage after a heart attack but this is what they were trying to prove.

In the typical biased slant of JAMA, an article published in the July 6 edition bashes vitamin E once again. In the latest report from the Women’s Health Study—a long-term analysis of the health of female health care professionals that has been ongoing since 1992—the authors state that women who took 600 I.U. natural source vitamin E (alpha-tocopherol) every other day for 10 years had no reduction in major cardiovascular events (heart

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I made the radical decision to enter politics to make sustainability the top priority in government. In my business career, I helped build a brand and company that embraced—and capitalized on—sustainability (Happy Planet juice).

One year in and I'm appalled. The current political reality is all about crisis management and betting on the status quo...

Sustainability is smart. It's a blend of common sense and vision that should guide all government policy.

With government inaction at all levels across North America, the most common cocktail party conversations I hear are about what people will do when the poop hits the propeller. That's "when" not "if". Climate change, global pandemics, peak oil, mass extinction—where's the leadership on all this?

With government's head in the sand, the business community is waking up fast. Entrepreneurs see the massive opportunity with business that cleans up, stewards, adds value, and boosts quality of life.

Imagine what's possible with governments that lead—who anticipate the new economy, that are truly committed to the health and prosperity of our society. Who combine investment in emerging industries with innovation in the current economic drivers like natural resources, health care and energy. That's sustainability.

The status quo is not an option. It never has been.

Excerpted from an op-ed essay in the Vancouver Sun in June by Gregor Robertson, the MLA for Vancouver Fairview. Contact Mr. Robertson in Victoria by phone at 250 387-3655 or e-mail gregor.robertson.mla@leg.bc.ca

[Finance Minister Carole] Taylor falsely complains that whenever anyone starts to talk about alternative ways of delivering health care, the media immediately characterize it as a fight between public and private health care.

It's true that too much of the debate to date has been dogged by ideologically driven arguments. But that is because of the vested interests on both sides who would have us believe there is inherent value in public or private care.

In this space we have long argued that the issue is not whether health care is delivered by the public or private sector, but getting the most value for money while maintaining a publicly financed health-care system.

So far from trying to shut down debate on new ways of delivering health care, we know it is urgent and vital. Bring it on.

Excerpted from a Vancouver Sun editorial, July 24, 2006



Continued from page 1

attack, stroke) or incidence of cancer during the trial. However, vitamin E supplementation **did** result in "decreased cardiovascular mortality in healthy women." This result is a significant finding and should have been emphasized in the article's conclusion. Instead of stating that women who took vitamin E for 10 years had a 24-percent reduction in risk of dying from cardiovascular disease (which was buried in paragraph four), the authors concluded, "These data do not support recommending vitamin E supplementation for cardiovascular disease or cancer prevention among healthy women." Even though their data can substantiate their conclusion regarding cancer, the beneficial cardiovascular data is very important and highly significant, and should have been emphasized. The bottom line should have read: "*Vitamin E supplementation has not been shown to be harmful for healthy human beings, and decreases the risk of dying from cardiovascular disease.*"

There have been over nine similar studies since the beginning of the year speaking against low fat diets; heart disease and cancer; saw palmetto and enlarged prostates; calcium and vitamin D and fracture risk and preventing colon cancer; and glucosamine and chondroitin in the treatment of osteoarthritis.

In my 21 years of experience I have seen the health industry go from saying of naturopathic doctors "you are just wasting your money", to now saying "taking that herb will kill you!" Don't they know that prescription medications, while prescribed in hospital settings, are the 4th leading cause of death in North America and that deaths due to nutritional supplements amount to .0001%? I am off to eat a handful of almonds and don't you know it contains 2700mg of arginine!

This article by Dr. Ingrid Pincott who practices in Campbell River; www.drpinco.com This article originally appeared in the North Island Midweek on July 19, 2006.

ENVIRONMENT

Going “climate neutral” is the latest buzz for those wishing to reduce their negative environmental impact: Everyday activities such as driving, plane trips and heating your home can produce about 14 tons a year of carbon emissions—per person! Knowing that, and unable to radically change the “carbon imprint” we leave behind, many environmental organizations are offering to offset that impact.

Using a carbon calculator you can determine what your imprint is on an annual basis. Some environmental organizations place a monetary value on that imprint. For a modest donation you can have the organization plant trees to offset the imprint.

The Conservation Fund (www.conservationfund.org) offers a carbon calculator and an “offset” program. Other carbon calculators can be found at www.carbonfund.org and www.greentagsUSA.org. Some ski resorts will donate to environmental organizations to offset the drive patrons take to get to ski hills. On web sites such as www.terrapass.com or www.cooldriver.org you can total your car’s pollution for a year and direct a corresponding sum to clean-energy projects.

Source: New York Times, June 25, 2006

PHARMACY FRONT

Ibuprofen, commonly sold as Advil or Aleve, poses the same risk of heart attack as Vioxx. But Health Canada [HC] is not limiting or altering its “over the counter” sale.

Vioxx is one of a number of anti-inflammatory drugs shown to increase the risk of heart attack and stroke. In the biggest drug recall in history it was pulled from pharmacy shelves two years ago. A recent study in the British Medical Journal showed that prolonged use of ibuprofen can pose the same health threats as Vioxx. Despite that study, and the urgings of scientists who feel that the drugs should be treated equitably from a regulatory standpoint, HC is rejecting the advice of its own expert panel to move Ibuprofen “behind the counter.”

Source: Vancouver Sun July 7, 2006

The drug industry spent \$50 million on US political campaigns between 1999 and 2003.

Source: New York Times, November 2005

FOOD SUPPLY

More than 20 per-cent of federally-tested fresh fruit and vegetables sold in Canada show traces of pesticide contamination.

What’s important though is that even when residues were found, they were detected in minute quantities—in the range of parts per million or lower.

While environmentalists and health advocates agree the amounts are tiny, they say it’s impossible to be definitive in asserting they pose no health risk, especially when it comes to children.

Some experts worry that some chemicals are unsafe at any level, that many safety standards are out of date, and that Ottawa doesn’t test for all chemicals in use.

A key worry is how the toxic cocktail of pollutants interact.

The chemicals, among them pesticides, PCBs and flame retardants, are known carcinogens, hormone disrupters and neurotoxins.

Source: Vancouver Sun, July 24, 2006

A bitter regulatory battle over the safety of a packaging system that can keep meat looking fresh long past its shelf life is escalating, amid complaints that the industry misinterpreted recent research reports to bolster its case.

At issue is the growing practice of spiking sealed packages of meat with small doses of carbon monoxide. The gas is harmless at the concentrations being used, but it can keep meat looking bright red and fresh even as it spoils.

In a series of largely unpublicized decisions, the US Agriculture Department and the Food and Drug Administration have allowed use of the gas in various packaging systems. Proponents, including the three major meat producers, say the process is safe and will help reduce the \$1 billion the industry loses every year from having to discount or discard meat that has begun to turn brown but is still safe to eat.

Opponents, including consumer groups and a company that makes a competing preservation product, charge that the process, banned by the European Union, can deceive consumers into thinking meat is fresher than it is.

In addition, the opponents say, date labels that the USDA requires for the treated meat — which instruct consumers to “use or freeze” treated ground beef within 21 days after the package was sealed — give the public false assurance the meat will remain unspoiled that long.

Source: Washington Post, July 23, 2006

One in three Canadians will experience cancer, and even with excellent health care, half of those still die of the disease. Despite the endless proclamations of advances from the cancer industry seeking mega-donations for more research, most cancers remain difficult to cure. Surgery, radiation and chemotherapy drugs are the mainstays of medical oncology. No significant improvement of effectiveness or reduction of the harm these medical therapies can produce has occurred in several years.

Fortunately, traditional Chinese medicine—TCM—has been proven to integrate with these medical approaches, substantially improving both safety and effectiveness at the same time! As a former medical cancer researcher, I have been aware that most natural medicines such as TCM herbs have lacked good scientific research, far short of the level of evidence that constitutes proof. We can claim safety based on centuries of use, and effectiveness in individual cases. But what is needed to get a new medication into our health care system is multiple large-scale university or hospital based randomized placebo controlled scientific studies—RCTs. In China there has long been a revulsion for giving placebos—it is considered unethical in that culture. Fortunately, China has joined the modern world in accepting this standard, and their herbal medicines have stood up to the test.

My first exposure to this level of evidence was a series of papers presented at Vancouver General Hospital in 2003 at the TCM on Cancer Symposium. This was sponsored by BCNA member Dr. Jim Chan, the Canadian Cancer Society, and others. Over 50 excellent RCTs were discussed, showing a typical effect of approximately doubling the response rates while cutting side-effects in half. This is no small effect—orthodox medicine has not created such an improvement in decades!

Since then research has accelerated, and has been taken up in America and other countries. For example, the prestigious *Journal of Clinical Oncology* in January 2006 published a meta-analysis of quality research showing TCM herbs with chemo for lung cancer reduced risk of death by one third to one-half while improving a patient's ability to do everyday tasks by a third. This review focused on herbal formulations containing the mild tonic herb astragalus.

...Calling traditional Chinese medicine [TCM] “alternative” would be nonsense when you consider that more than 330 million people in China rely on it to cure what ails them. ...The roots of TCM go back at least 3,000 years and are intertwined with Taoism and based on several ancient theories, including yin and yang—the opposites—and the five elements—wood, fire, earth, metal and water. It is non-invasive and strives for harmony in all of the body's elements. One of the essentials is to keep the qi—the energy—in the blood flowing because it keeps you healthy.

Vancouver Sun, July 12, 2006

My core prescription with all chemo includes Shih Chuan Da Bu Wan, also called Ginseng and Tang kwei Ten Herb Formula; it contains astragalus. It is available as a safe and inexpensive patent medicine, in little pills, for those of us who don't like nasty tasting teas. This formula will protect a majority from the severe bone marrow suppression most chemo drugs induce. This maintains white blood cells to fight infection, red blood cells to carry oxygen, and platelets so we can clot if bleeding.

An illustrative case history: We grade toxicity to the bone marrow, blood cells and organs such as the liver and kidneys on a scale of zero to four. Zero means everything is normal. At level two, the dose of the drugs is reduced or treatment delayed. At level three, treatment may be cancelled. This is a very serious situation, poisoned by the drugs, but not having any chance of the cancer being treated effectively. At level four patients are very sick, unstable and can die. A woman was prescribed six doses of chemo for ovarian cancer. The first treatment put her to level one toxicity on all her tests. The second put her to level two, and treatment was halted. It was clear six doses would kill her. I prescribed Shih Chuan and vitamin A, and she went on to complete the six doses, on schedule, with all tests showing zero toxicity!

While such results are reasonable to expect, some patients will still suffer damage despite this preventative care. We can then recommend ginger root for nausea, additional astragalus for low white cells, ginseng and royal jelly for fatigue, Yunnan Pai Yao pseudo-ginseng for low platelets, and a host of more complex formulas for gastrointestinal upset and similar issues.

Japan has become the world leader in medical mushroom cancer research. AHCC made with shitake has demonstrated great results as a support for patients getting chemo or radiation. Maitake, cordyceps, reishi and other similar mushrooms are also gaining acceptance for their

Thermography Gets Warm Reception

With their swirls of reds, yellows and greens, they look like slightly suggestive psychedelic works of art. However, the images aren't art: they're infrared scans of women's breasts that promise to detect abnormalities five to eight years before cancer cells develop.

Billed as a breast exam without the need to squeeze—as required by a mammogram, where a woman's breast is flattened between two glass plates—digital infrared imaging, or thermography, is an emerging radiation-free test that increasing numbers of women are using in their arsenal to prevent breast cancer, the most common cancer among Canadian women.

Unlike a mammogram, which uses radiation, or an ultrasound, which uses sound waves, breast thermography detects abnormalities via temperature readings taken using a \$125,000 heat-sensitive digital camera. Thermography can detect a change in body temperature as small as one-hundredth of a degree.

The theory is that long before a breast lump forms, there is greater blood flow and an increase in temperature at the site. Detecting that activity can provide a warning of future problems.

Jimmy Chan, a naturopathic doctor in Richmond, has been offering the test for 15 years and says it is a cursory way of finding hot spots anywhere on the body.

“But it doesn't tell you if it's a malignancy or pathology,” he says. As a general screening tool, he uses it with a grain of salt because the results can be influenced by many things, including a too-tight bra or recent exercise.

But Chan says thermography is useful for monitoring treatment to see if it is working. He also uses it when other diagnostic tools have not turned up an explanation for a patient's complaints.

Neither Chan nor other Vancouver-based naturopathic doctors say thermography could or should replace the mammogram.

“It is by no means a diagnostic tool that is anywhere close to the mammogram,” [Chan] says. “The mammogram has its problems (including many false positives and false negatives, discomfort and handling by technicians) but it is still the gold standard.”

Lorne Swetlikoff, a naturopathic doctor at the Vancouver Naturopathic Clinic, uses a different type of thermographic test. It's called computer-regulated thermography and instead of an infrared camera, he uses a probe with a sensor on the end that

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efficacy in improving quality of life and survival time. Reishi or ganoderma is my clinical favorite. It disrupts NFkB which is a factor in the nucleus of cells which controls pro-inflammatory cytokines. My TCM training made me alert to the malignant influence of inflammation on cancer. We call it “fire poison”. Modern scientific research is beginning to reveal how inflammation, through COX-2 stimulates the growth and spread of cancers. When I lectured to medical oncologists at Grand Rounds at the BC Cancer Agency five years ago, they had never heard of this. Now it is a hot topic.

Radiation is a double-edged sword, reducing cancer reoccurrence, but causing extensive damage to healthy tissue. The TCM herb turmeric, which you may have eaten in curry, contains curcumin. This is an extraordinary anti-inflammatory. We use it during radiation—but not during chemo, as it interferes with the liver metabolism of some drugs. If the patient becomes feverish and ill after radiation we prescribe yin building or cooling formulae such as Da Bu Yin Wan.

TCM has many other excellent anti-inflammatories such as golden thread, scutellaria and coptis. Zyflamend formula with these herbs has proven useful for prostate cancer in American studies, and will undoubtedly find more application in other cancers as research continues. These are core herbs in many excellent formulas used for cancer pain as well as tumour control.

There is no basis in science for the policy of the BC Cancer Agency advising patients not to take “any natural health product” during their cancer care with surgery, chemo or radiation. Certainly drug interactions are complex and require professional guidance from practitioners experienced in this field. In the USA and China integration of TCM herbs, homeopathy, nutritional medicine and naturopathic medicine into oncology has shown better results, less harm, and reduced costs over the “no natural product” approach. Naturally there is hope!

Neil McKinney, ND is a professor of Naturopathic Oncology at the Boucher Institute of Naturopathic Medicine, author of *Naturally There's Hope – a handbook for the naturopathic care of cancer patients*, and has a practice focused on cancer care in Victoria, BC. See his website: www.drneilmckinney.ca or call 1 888 722 6401.

The Evidence for Alternatives

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makes contact with the skin and measures heat instantaneously. Ten minutes later, he scans the body again. The differences show up on a computer graph.

"The body is supposed to cool in a certain way. If it doesn't, that has some interpretive information," he says. "You are not going to know it's cancer, but you will know there is some kind of imbalance in that area."

Many clinics across Canada—including the Peace Arch Family Clinic in White Rock—use a heat-sensitive camera owned by Medical Thermography International Inc. For several days twice a year when they have the use of the camera, doctors can refer patients to the clinic for a breast scan. Temperature imbalances, potential indicators of blood-flow problems and lymphatic congestion show up in the images as red for hot spots, green for cold and yellow for somewhere in between.

The non-invasive procedure, which involves taking two sets of digital infrared images of the body, is generally not covered by provincial health plans and costs \$75 to \$250 per patient.

This year, an estimated 22,300 Canadian women will be diagnosed with breast cancer and 5,300 will die of the disease, the Canadian Cancer Society predicts. Breast cancer will be the No. 2 cancer killer of Canadians in 2006, according to society estimates. (Lung cancer will top the list and colorectal cancer will be the third-highest cancer killer.)

The research on thermography's effectiveness as a breast-cancer screening tool, meanwhile, presents a fuzzy picture.

A January 2003 study, published by the American Journal of Roentgenology—the peer-reviewed medical journal for the American Roentgen Ray Society, or radiology society—reported that: "Thermography has 99-per-cent sensitivity in identifying breast cancer with single examinations and limited views. Thus, a negative thermogram...is powerful evidence that cancer is not present."

The study concluded infrared imaging is a "safe, non-invasive procedure" that would be "valuable as an adjunct to mammography in determining whether a lesion is benign or malignant."

However, the Alberta Cancer Board provided a 2004 review of thermography efficacy, published by the New Zealand Health Technology Assessment, that concluded the "evidence that is currently available does not provide enough support for the role of infrared thermology for either population screening or adjuvant diagnostic testing of breast cancer."

The ongoing debate doesn't concern Iris Lim, a breast cancer patient of Chan's who had sought alternative treatment in the Phillipines after a mammogram and biopsy confirmed cancer. On her return she had blood tests done, the conventional method of measuring success of treatment. But the results did not indicate the presence of cancer.

Chan took a thermogram when he first saw Lim, and it showed a large tumour in one breast. After four treatments, he took another scan. The test showed a sharp reduction in heat at the site and a one-third reduction in the volume of the tumour.

"I think it's good diagnostic," Lim says, noting all her tumour markers were negative. "This is the only one that shows it."

If they find an abnormality, Swetlikoff and Chan conduct thorough family and clinical histories to determine the next move. If the woman has had 20 mammograms recently, Chan says he won't refer her for another. If she has other risk factors and hasn't had a mammogram, he would.

Then both [naturopathic physicians] develop an individualized prevention and health promotion program for the patient. A second thermogram down the road tells them if their strategy is working.

Excerpted from an article titled: "Health: The use of breast thermography, Some say breast thermography is a better way to detect cancer" by Robin Summerfield and Karen Gram, CanWest News Service/Vancouver Sun, July 24, 2006

Nearly 3 million Canadians will have a CT scan of their brain, lungs, joints, stomach or other organs this year. Thousands more will have an angioplasty or other X-ray guided procedures to, e.g., prop open clogged arteries, diagnose stomach ulcers or other diseases. But there is a cost to X-ray induced cancer. Each year up to 2,500 Canadians die from ionizing radiation induced cancer. An abdominal CT scan, e.g., exposes a patient to 250 times the radiation of an ordinary X-ray. A single chest CT can deliver a radiation dose to the breast—one of the most radiosensitive tissues in the body—roughly equivalent to 25 mammograms or up to 400 chest X-rays. Researchers writing in the Lancet noted that while radiation cancer may not develop for five or more years, it is a concern for children and young adults—a concern that many patients are not informed of prior to receiving treatment.

Vancouver Sun July 5, 2006

In June the Canadian Institute of Health Information produced a glowing report on the health of BC residents. We lead the country in life expectancy (80.4 years against a national average of 79.5). We have the lowest smoking rate in the country, three per-cent lower than the national average. We have the lowest obesity rate in the country, least stress and overall a good diet compared to other provinces.

The Vancouver Sun ran a banner headline, “BC Is In The Pink” proclaiming our glorified status. But that was June.

In July Statistics Canada released the first national survey on nutrition in 30 years. The results, predictably, were less than inspiring—and they did not make headlines, they were buried in the back of the paper.

Despite BC’s health “edge” there’s plenty of Canadians who are eating too much junk food, skipping fresh food options, limiting fruit and vegetable intake.

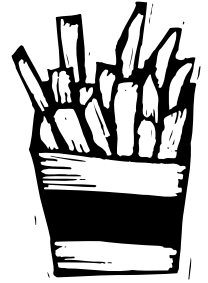
The survey also showed that Canadians are getting most of their energy supply from fats, oils, sugar, snack foods, beverages and condiments.

A general rule of thumb is to ensure there are at least five servings of fruit and vegetables in your daily diet. Currently, over half of Canadian adults fall short of that. More worrisome, seven of ten children (ages four to eight) are not meeting the five serving standard.

The Stats Can figures are disappointing in and of themselves. But they also speak to a bigger problem. The more Canadians who absolve themselves from taking responsibility for personal health, the higher the incidence of disease which leads to

greater pressure on our over-burdened health system.

There are of course easy ways to improve your health: Eat better by choosing fresh fruits and vegetables, lean meats, and limiting snacks; get daily exercise; reduce stress. The reality is, however, that we are tempted on almost every corner with easy access to poor food choices, deal with stress at work



and home which can’t always be eliminated, and many of us find ourselves without the time to develop consistent personal health strategies.

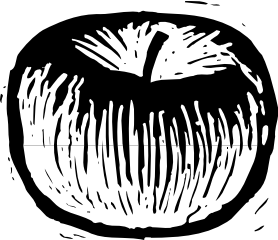
Naturopathic doctors work with their patients to juggle the inevitable stresses and time constraints that negatively impact our health. An important focus of naturopathic medicine is the use of prevention to avoid disease and the need for drugs and surgery. And NDs can help you adopt strategies to improve overall health not just an existing disease. Unfortunately, the government is only slowly waking up to the importance and value of prevention.

In the US, Partnership for Prevention is a non-profit which works with industry leaders to help them incorporate preventative care into the work place. John

Clymer, their president, recently noted: “State and local governments need to consider non-traditional cost-containment measures [to reduce escalating health care costs]. One way to reduce economic strain on services is to focus on preventive health programs. These programs help current workers make healthy choices now that prevent chronic—and costly illnesses in the future.”

23% of BC adults get too many of their daily calories from fat.
 42% of BC adults and 62% of BC children (ages six to 18) eat too few fruits and vegetables.
 A large McDonald’s Triple Thick Shake has 1,130 calories and 28 grams of fat, 17 of them saturated—the equivalent fat of two Quarter Pounders

SIMPLE NUTRITIOUS ALTERNATIVES TO FAST FOOD:
 Sweet potatoes: High in fibre and vitamins
 Grape tomatoes: Sweet, firm and packed with vitamins C and A
 Blueberries: Rich in fibre, vitamin C and antioxidants
 Wild Salmon: An excellent source of omega-3 fats
 Beans: Inexpensive, low in fat, high in protein, iron, folic acid and fibre.
 Spinach: Loaded with vitamin C, carotenoids, calcium and fibre.



Sources: Vancouver Sun, June 14 & July 7, 2006; New York Times, December 18, 2005

Local Bounty: BC's Best on Your Doorstep

Last year Alisa Smith and J B MacKinnon set out to eat local food for an entire year. Not local food from their corner grocery, but local food that was grown, caught, or produced within a 100 mile radius of their off-the-grid cabin in northern BC.

Their fascinating tale of how they managed (or didn't) can be found online at www.tyee.ca

Their story focuses on a desire to decrease dependence on freight and fossil fuels for food, lessen their environmental footprint on the planet, as well as maintain a healthy diet. Those sentiments tie into many themes in this edition of Your Health.

While going off-grid and foraging for wild mushrooms isn't realistic for most people, supporting local farmers and eating fresh from the field is. During summer in the Lower Mainland there are over 51 locations to find fresh farm produce, from Ambleside on Sundays to UBC on Saturdays.

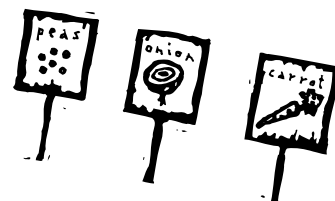
We've listed on this page what you can expect to find at your local farmers market as well as some websites to bookmark for a location near you.

Also of note is Farm Folk City Folk (www.ffcf.bc.ca) a local non-profit that works to bridge the gap between urban dwellers and food producers. FFCF offers "edible" farm tours and hosts a wonderful Feast of Fields market in September in Vancouver, Whistler and Victoria.

June: Saskatoon berries, strawberries, broccoli, green cabbage, carrots, cauliflower, celery, Chinese vegetables, lettuce. **July:**

Blackberries, currants, gooseberries, raspberries, Saskatoon berries, strawberries, beans, beets, broccoli, red and green cabbage, carrots, cauliflower, celery, Chinese vegetables, corn, field cucumbers, leeks, lettuce. **August:** Apples, blackberries, blueberries, cherries, pears, plums, raspberries, strawberries, beans, broccoli, red and green cabbage, carrots, cauliflower, celery, Chinese vegetables, field cucumbers, leeks, lettuce.

September: Apples, blueberries, pears, plums, strawberries, beans, beets, broccoli, red and green cabbage, carrots, cauliflower, celery, Chinese vegetables, corn, field cucumbers, leeks, lettuce. **October:** Apples, pears, beets, broccoli, red and green cabbage, carrots, cauliflower, celery, Chinese vegetables, corn, field cucumbers, leeks, lettuce.



www.bcfarmfresh.com/farmlist.asp

An extensive alphabetical list of Lower Mainland farms and contact info.

www.bcfarmersmarket.org/directory/index.htm

A *province-wide* list of farmers markets and links.

www.circlefarmtour.com

A portal site with info on Fraser Valley farms and ways to conduct a self-guided farm tour.

Link to our Redesigned
& Updated Website

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

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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.

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