

Your Health

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Minister of Health to Improve BC's Health Care

For many decades, BC's naturopathic physicians have been seeking from government recognition for a scope of practice in keeping with the contemporary and historical practice of NDs. Now, BC's health minister has announced that he will sign off on new regulations, which include the ability for NDs to prescribe certain medications.

One concern that has been raised is that NDs do not have the education required to prescribe. This is unfortunately a misinformed criticism.

All licensed naturopathic physicians complete a minimum of three-years university level pre-medical training, then four years at an accredited naturopathic medical college. Following pre-med, the four-year ND program covers many of the same science courses as at "conventional" medical school. Drug education is of course a core part of pharmacology training, but also an inherent part of biochemistry, microbiology, physiology, botanical medicine, pathology and other core science courses in the ND curricula.

Even though some MDs have claimed that NDs aren't medically trained this is unfortunately a gross misunderstanding. The pharmacology training for NDs is similar to the training MDs receive: It is focussed on the principles of pharmacodynamics, including drug absorption, metabolism, distribution, excretion and mechanism of action.

Naturopathic physicians in various US jurisdictions with similar education and training and identical licensing requirements as in BC already use "scheduled" substances in their naturopathic practices on a daily

basis. But a more important point is that many "traditional" substances, such as high dose vitamins, some amino acids, hormones, botanicals and herbs, which NDs have used for decades, have slowly become "scheduled"—right here in B.C. Imagine a medical doctor losing the ability to run diagnostic tests or prescribe an antibiotic, or a surgeon unable to use anaesthetic. That's exactly what's happened over the years to naturopathic doctors in terms of many traditional medicines.

We believe that making a prescription is fundamental to the practice of medicine in any and

**Naturopaths
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to prescribe
medication**
Vancouver Sun, Feb 16, 2009

all forms. As noted above, NDs have lost access to many botanical medicines and natural therapeutics. But more importantly, NDs are providing primary care without the requisite tools to provide safe, effective, timely health care.

The lack of access to some pharmaceuticals puts naturopathic physicians in a position of ambiguity. It leads to confusion both on the part of the practicing ND and the patient, vis-à-vis patient protocols. Worse, it impairs the regulatory board's ability to fulfill its regulatory function. This

issue has been outstanding for decades, and has been continually perpetuated by successive governments. As drug laws have changed, and as natural items have become scheduled, the historical naturopathic formulary is now seriously eroded.

Further, naturopathic doctors deal with prescription medicines on a daily basis: With patients already on a drug regime, considering pharmaceuticals and/or an alternative, drug/non-drug interactions, and myriad other interconnected health issues. The substantial change with new regulations won't be so much an added responsibility, but rather the ability to improve patient care. Currently, over 150,000 BC residents see naturopathic doctors for care, many for primary care.

Naturopathic doctors' primary focus is on treating the underlying nature or cause of disease. Put simply, naturopathic medicine is the "nature" of the "pathos" or disease. This focus is about supporting the natural healing processes of the patient, not simply using a product.

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NUTRITION

High Fructose Corn Syrup



In two recent reports, mercury has proven its omnipresence in the “manufactured food supply.” It has now been detected in high fructose corn syrup, the increasingly popular additive in everything from soft drinks to condiments to cereal bars.

How did mercury get in high fructose corn syrup (HFCS) you ask? The answer is a product known as caustic soda. “Mercury-grade” caustic soda is used in the manufacture of HFCS to separate the corn kernel from the corn starch, and throughout the rest of the process to buffer pH.

Caustic soda is also used in the manufacture of other ingredients, such as citric acid and sodium benzoate, and other products, such as shampoos, toilet tissue, bleach and toothpaste. These ingredients and products have yet to be rigorously tested for mercury content.

Recent studies report detectable mercury in 17 out of 55 samples tested. One study, “Not So Sweet: Missing Mercury in High Fructose Corn Syrup,” found mercury in common supermarket products produced by companies such as Quaker Oats, Yoplait, Hunt’s, Manwich, Hershey’s, Nutri-Grain, Smucker’s and Kraft.

Mercury, as we may recall, is a highly neurotoxic (toxic to nerve cells) heavy metal found naturally in the environment (in crystals like cinnabar, for instance) and used in a number of manufacturing processes. There are different forms of mercury, each having different human body health effects. In general, mercury gets stuck in nerve tissue (like the brain) and in the kidneys. Ethylmercury, a form of mercury, is still present in a few common vaccinations.

Mercury is ubiquitous in our environment, and the man-made manufacturing processes using mercury end up in our food supply, water supply and in our bodies. Like anything, a tiny bit of mercury is not going to lead to ill-health, but bioaccumulation does occur and for our health to remain optimal, the mercury must come out of our bodies. There are various ways to accomplish this. As my grandmother used to say, slow and steady wins the race. Once you mobilize mercury from nerve cells, you must ensure it is completely eliminated.

Heavy metal intoxication plays a big role in various disease states. Consult your naturopathic doctor to learn more about how to accomplish a deep and sustainable detoxification of your enzyme systems and your body.

This article by Dr. Keith Condliffe, who practices in Vancouver. For more info link to: www.awenhealth.ca

SOURCES: Dufault, R. Environmental Health, Jan. 26, 2009; online edition. Wallinga, D. “Not So Sweet: Missing Mercury and High Fructose Corn Syrup.” David Wallinga, MD, director, Food and Health Program, Institute for Agriculture and Trade Policy.

WHAT HAPPENED: Two new studies found detectable levels of mercury in nearly half of all tested samples of high-fructose corn syrup, and in nearly a third of food and beverage products that list the sweetener as a major ingredient. **WHY IT HAPPENED:** The results, based on samples taken in 2005 and 2008, are being attributed to the use of mercury-contaminated caustic soda in the production of high-fructose corn syrup. **WHY IT’S A BAD IDEA:** Mercury is a deadly poison that can cause long-term damage, the corn-based sweetener is almost inescapable in American processed foods. Consumers have already been cautioned about mercury-containing foods such as certain fish, but until now no one knew corn syrup might pose a risk.

Source: San Francisco Examiner, February 1, 2009

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Thus, naturopathic medicine is about the removal of any impediment to the healing process; the prevention and treatment of physical and mental disease, disorders and conditions; and the promotion of good health using not only natural methods but methods that support and enhance a patient’s overall health. Unfortunatley, even those “natural” medicines naturopathic doctors have used for many decades are often, now, by prescription only.

The BCNA believes that the government’s commitment to providing a schedule of preparations for licensed naturopathic physicians is in keeping with a public responsibility to: Ensure shared scopes of practice; improve access to primary health providers; enhancing disease prevention from qualified health professionals; providing greater public choice while not increasing health care costs.

FERTILITY

Chemicals found in common household goods can interfere with hormones, making it harder for women to get pregnant, as well as having a general negative health impact.

The compounds, known as perfluorinated chemicals or PFCs, can alter men's sperm quality, negatively impact women's reproductive organs, and have a variety of toxic effects on the immune system.

PFCs are found in many products, such as non-stick pans, skin creams, dental floss or nail polish. PFCs are also used to make textiles and leather resistant to water, dirt or oil. PFCs resist breakdown and tend to persist in the environment and in the body for decades.

Source: Vancouver Sun, January 30, 2009

BBQ

Researchers claim the carcinogenic dangers of grilled meats can be reduced by marinating steaks in beer or wine for six hours. A Portuguese study found that soaking meat and poultry in booze cut the risk of creating harmful heterocyclic amines (HAs) in meats to be grilled or fried by up to 90 per cent.

Source: Maclean's January 19, 2009

DIABETES

Is Alzheimer's a type of diabetes of the brain? Researchers added credence to this theory recently when they substantiated that insulin (a hormone) shields the brain from toxic proteins. Diabetes is commonly known as one of two distinct types: Type 1, when your pancreas isn't making insulin; Type 2 when your tissues are insensitive to insulin because of problems with the insulin receptor. Type 3, which is now being suggested, is where the insulin

receptor problem is localized in the brain.

While insulin and diabetes drugs can positively impact the effect of the disease, health and diet are very important for preventing both diabetes and Alzheimer's.

Source: Vancouver Sun, February 3, 2009

ADDICTIONS

Carb addiction is on the rise amongst individuals who focus on low-fat alternatives. That's the result of New Zealand research which shows that with the reduction of fat from snacks and processed foods, the carbohydrates are being increased and becoming addictive.

This addiction to high glycemic foods, such as white bread, white rice and breakfast cereals, is one of the leading reasons for the obesity epidemic. Thus, despite the assumption that lower fat diets are healthy, the common alternative may be worse.

Source: Vancouver Sun, January 19, 2009

TOXICITY

Heavy metals have now been found in kids' face paints—but Health Canada hasn't taken action as "standards" aren't in place yet.

The levels of lead, arsenic, mercury, cadmium and antimony found in products during routine testing exceed the government's own proposed impurity levels. However, the products are still for sale. The metals can be highly toxic to the brain, kidney or the nervous, reproductive or immune systems. Cadmium is also classified as a human carcinogen.

Source: Vancouver Sun, February 3, 2009

VITAMIN D

Low levels of vitamin D can put a person at risk for cancer, various chronic diseases such as diabetes, and even premature death. This observation has been well-documented in numerous epidemiological trials. The International Agency for Research on Cancer has also concluded that inadequate amounts of vitamin D can lead to colorectal cancer and perhaps breast cancer. Now, the World Health Organization is calling for international clinical trials to research further the "D-deficiency" issue, although they are not promoting supplementation.

The WHO position is at odds even with the conservative Canadian Cancer Society which advocates population-wide use of the nutrient. The CCS recommends that white people should take supplements of 1,000 IUs a day in fall and winter while non-white people should take that amount year round, as they make less of the nutrient through skin exposed to sunlight.

Vitamin D deficiency has also been shown as a determinant for Parkinson's disease.

In a recent study, scientists found that many Parkinson's patients had low vitamin D levels, compared to health subjects of the same age.

That study, published in the Archives of Neurology, coincided with a US recommendation that children get double the amount of vitamin D previously considered adequate.

Sources:

Globe and Mail, December 11, 2008;
Vancouver Sun, October 14, 2008

A persistent cry in the press is that a shortage of doctors is directly related to a deteriorating health care system. Long wait times, a lack of GPs and access are pervasive health topics in the local and national press. Unfortunately, it's not just the number of doctors that determines how health care is provided, but the context and focus of the care providers.

As renown naturopathic doctor Joseph Pizzorno has stated, "The key to the success of naturopathic treatments is the high level of involvement of patients in their own healing process." That involvement, with a focus on disease prevention, is missing in Canada as well as the US. And it's not something more MDs will necessarily solve.

The following are excerpts from a recent New York Times essay on the outdated business model of health care. Despite the American theme, many of the criticisms are just as evident and problematic here in Canada:

The health care system in America is on life support. It costs too much and saps economic vitality, achieves far too little return on investment and isn't distributed equitably.

Instead, the country needs to innovate its way toward a new health care business model—one that reduces costs yet improves both quality and accessibility.

Two main causes of the system's ills are century-old business models, for the general hospital and the physician's practice, both of which are based on treating illness, not promoting wellness. Hospitals and doctors are paid by insurers and the government for the health care equivalent of piecework: hospitals profit from full beds and doctors profit from repeat visits. There is no financial incentive to keep patients healthy.

Advances in technology and medical research are making it possible to envision an entirely new health care system that provides more individualized care without necessarily increasing costs, some health care experts say.

Using innovation management models previously applied to other industries, Clayton M. Christensen, a Harvard Business School professor, argues in "The Innovator's Prescription" that the concepts behind "disruptive innovation" can reinvent health care. The term "disruptive innovation," which he introduced in 2003, refers to an unexpected new offering that through price or quality improvements turns a market on its head.

THERE IS NO FINANCIAL INCENTIVE
TO KEEP PATIENTS HEALTHY

Disruptive innovators in health care aim to shape a new system that provides a continuum of care focused on each individual patient's needs, instead of focusing on crises. Mr. Christensen and his co-authors argue that by putting the financial interests of hospitals and doctors at the center, the current system gives routine illnesses with proven therapies the same intensive and costly specialized care that more complicated cases require.

"Health care hasn't become affordable," he said in an interview, "because it hasn't yet gone through disruptive decentralization."

It's coming, though. Some health care suppliers have set up fixed-fee integrated systems, and accept monthly payments from members in exchange for a promise of cradle-to-grave health care. Each usually also charges a small co-payment for treatment. Kaiser Permanente, an American HMO, has instituted a fixed-fee system.

"By creating a continuum of care that follows patients wherever they go within an integrated system," says the Princeton economist Uwe Reinhardt, "care providers can stay on top of what preventive measures and therapies are most effective." Tests aren't needlessly duplicated, competing medications aren't prescribed by different doctors, and everyone knows what therapies a patient has received.

"It is much cheaper than pay-for-service systems, because they have absolutely no incentive to overtreat you, but they have every incentive to keep you healthy," he says. "Kaiser still makes mistakes — any large system does — but their facilities always come out ahead in every service quality survey I've reviewed."

The Stanford economist Alain C. Enthoven, who has been studying the nation's health care system for more than 30 years, said integrated systems "are the disruptive innovation we need to turn loose on the rest of America." In a recent report for the Committee for Economic Development, Mr. Enthoven advocates letting consumers choose between traditional fee-for-service plans and less expensive integrated systems, then letting consumers pocket the difference in premiums. "Medicine is a complicated team sport," he notes. "It takes an integrated system to keep the patient at the center of it."

Source: New York Times, February 1, 2009

TREATMENT

ADD / ADHD

Diagnosis of Attention Deficit Disorder (ADD) with possible Hyperactivity (ADHD) is difficult. Misdiagnosed children may simply be bored and under-stimulated or use the mischievous behaviour as a coping strategy to deal with family dysfunction. In addition, hearing loss, visual disturbances or dyslexia should all be ruled out before medication is administered.

Conventional medicine treats ADD with Ritalin (methylphenidate), a member of the cocaine family, as the drug of choice. Its side effects may include temporary growth retardation, stomach aches, Tourette's syndrome and chemical dependency.

Two aspects prevail in ADHD: hyperactivity and/or a learning disability. The majority of hyperactivity has been linked to food additives, food allergies and sucrose (sugar) consumption. Factors relevant to learning disabilities should also be considered in children with hyperactivity. These include chronic otitis media (recurrent ear infections), nutrient deficiencies and heavy metals.

SUCROSE (SUGAR): A strong association exists between sugar consumption and artificial food dyes. However, the negative effect of sugar on behaviour is explained by abnormal glucose tolerance, predominantly hypoglycemia (low blood sugar). Eating sugar causes an initially high blood sugar level, which the insulin hormone decreases, resulting in a blood sugar level that is too low. This is termed reactive hypoglycemia (crashing after sugar consumption), which eventually results in hyperactivity as adrenaline is released to compensate for the low blood sugar level.

FOOD ALLERGIES & FOOD ADDITIVES: Food additives encompass a large range of chemicals, as in the USA 5,000 additives are used! Examples include anti-caking agents (e.g. calcium silicate), antioxidants (e.g. BHT & BHA), bleaching agents, colorings, flavourings, emulsifiers, minerals salts, preservatives (e.g. benzoates, nitrates & sulphites), thickeners and vegetable gums.

Elimination of only food additives from the diet is inadequate, since food allergies induce psychological symptoms such as hyperactivity, poor concentration, mood swings, anxiety, depression, fatigue and food cravings. Many clinical studies have shown that fifty percent of those that tried a hypoallergenic diet displayed a decrease in symptoms of hyperactivity.

One example of state of the art technology, to test for both immediate and delayed food allergy reactions,

is called the ELISA test (Enzyme Linked Immuno Sorbent Assay). It is available through a naturopathic physician and involves an individual's sample of blood, on which ninety-six different foods are tested, to provide accurate and reproducible results.

OTITIS MEDIA: Learning-disabled children have a current and early incidence of otitis media, twice as common as non-learning-disabled children. Therefore, prevention through identification and elimination of food allergies is key to dealing with chronic otitis media.

NUTRIENT DEFICIENCIES: Any nutrient deficiency can result in impaired brain function. For example, processing and preservation of foods results in losses of vitamins and trace minerals, as in refined carbohydrates (bagels, bread, pasta & baked goods). Iron deficiency is quite common in children, and is associated with decreased attentiveness, persistence and voluntary activity. Elevated levels of cadmium (found in second-hand cigarette smoke) cause zinc deficiency. These abnormalities are both prevalent in learning disabled children. Poor nutrition and nutrient deficiencies go hand in hand, so supplementation of B complex, calcium and essential fatty acids (omega 3 & 6) may also be beneficial in many children. It has also been demonstrated that correction of even subtle nutritional variables has a substantial influence on learning and behaviour.

HEAVY METALS: Many studies have shown the link between childhood learning disabilities and body stores of heavy metals, particularly lead. General patterns of increased hair levels of mercury, cadmium, lead, copper and manganese characterize learning disabilities. Hair mineral analysis, available through a naturopathic physician, detects elevated levels of heavy metals, which are prevalent with poor nutrition, due to lack of food factors which either chelate the heavy metals or decrease their absorption.

HOMEOPATHY: Homeopathic remedies tailored to a child's genetic predisposition, physical attributes, mental and emotional differences account for a holistic, individualized approach. The child's specific constitutional remedy stimulates the body's inherent ability to heal itself.

Logically, the use of methylphenidate (Ritalin) should be a last resort, if other alternatives fail.

This article is for educational purposes only and do not advocate self-diagnosis. Due to individual variability, consultation with a licensed health professional, such as a naturopathic physician is highly recommended, prior to starting a natural treatment plan.

This article by Dr. Tahira Jiwani, who practices in Surrey/Delta, BC. She can be reached at 604 585 7786 or link to www.drtahira.com

There is no proof botanical medicines work but there is an evidence-base for prescription drugs. So goes the tired old tune amongst those who criticize NDs for seeking the least invasive route to better health. For some naysayers, if it's not evidence-based it's not medicine.

The problem with the “evidence based” argument, used so often in the press, is that it's quite often not true. Many prescription drugs are tested—and approved by Health Canada—for specific therapeutic uses, but then prescribed for something else. Appropriate drug use is integral to the treatment of some conditions. But the widespread inappropriate use of many drugs can cause serious side effects.

Worse, many patients are given prescriptions without the knowledge that the drug is approved for one condition, but being used for another.

Susan Dudley, a registered nurse, was prescribed gabapentin for nerve pain in her leg. After a few weeks a severe depression set in. Soon she became obsessed with suicidal thoughts and began planning her own death.

Her doctor had not advised her that the drug she was on was approved in Canada for epilepsy, not pain. And she didn't know that the US Food and Drug Administration has now required the makers of gabapentin to warn that prescription use increases the risk of suicidal thoughts and behaviour. In fact, it, along with 10 other commonly prescribed antiepileptic drugs, double the risk of suicidal behaviour (as opposed to placebo).

Sometimes, the “off-label” use is promoted, unethically, by the drug company. Four years ago a subsidiary of Pfizer pleaded guilty and paid more than \$430 million USD in connection with the illegal promotion of its Nuerontin for unapproved uses.

Off-label prescribing is very common amongst children. It's estimated that fewer than 30 per cent of drugs used with children have ever been tested with children. Some of the highest rates of off-label use are for anticonvulsants, antipsychotics, cardiac medications and antibiotics.

Source: Vancouver Sun, January 2, 2009

Some commonly prescribed “off-label” drugs

- Fluoxetine (Prozac) for weight loss. Health Canada warned in 2004 Prozac and other selective serotonin reuptake inhibitors may be associated with behavioural and emotional changes, including risk of self-harm.
- Topiramate (brand name Topamax, a seizure medication) for weight loss.
- Bupropion (anti-depressant) for lower back pain and sexual desire/interest disorder in women.
- Gabapentin (anti-epilepsy drug) for hot flashes in post-menopausal women, bipolar disorder, various pain disorders, attention deficit disorder, migraine, restless leg syndrome.
- Trazodone (antidepressant) for sleep problems.
- Nefazodone (antidepressant) for chronic fatigue.
- Verapamil (calcium channel blocker) approved for arrhythmias and high blood pressure, prescribed for cluster headaches. Such a use can lead to heart problems, investigators reported last year.
- Letrozole (brand name Femara), a breast cancer drug, has been used to stimulate ovulation as part of infertility treatments. The official labelling information warns doctors against giving the drug to women who are pregnant or breastfeeding due to the potential for maternal and fetal toxicity. Drug maker Novartis warned doctors again in 2005 of unapproved uses of the drug and cited post-market reports of congenital anomalies in infants of mothers exposed to Femara for the treatment of infertility.
- Quetiapine (brand name Seroquel), an antipsychotic approved for the treatment of schizophrenia, used for depression, anxiety and treating behavioural disorders in elderly patients with dementia.
- Risperidone (brand name Risperdal) and other atypical antipsychotics are being prescribed to children for anxiety, attention-deficit hyperactivity disorder and “poor frustration tolerance.”

Drugs in Drinking Water

American hospitals and long-term care facilities flush millions of pounds of unused pharmaceuticals down the drain each year, pumping contaminants into drinking water, according to an ongoing Associated Press (AP) investigation.

These discarded medications are expired, spoiled, over-prescribed or unneeded.

Unfortunately there is very little data, on the nearly 6,000 US hospitals or 45,000 care-homes, on drug waste. However, the AP was able to generate data based on a small sample from Minnesota, where drug waste records are kept by law.

Even extremely diluted concentrations of pharmaceutical residues harm fish, frogs and other aquatic species in the wild. Also, researchers report that human cells fail to grow normally in the laboratory when exposed to trace concentrations of certain drugs.

The original AP series last year prompted federal and local legislative hearings, brought about calls for mandatory testing and disclosure, and led officials in more than two dozen additional metropolitan areas to analyze their drinking water.

Elsewhere, tests of sewage from several hospitals in Paris and Oslo uncovered hormones, antibiotics, heart and skin medicines and pain relievers.

In tests of wastewater retrieved near other European hospitals and one in Davis County, Utah, scientists were able to link drug dumping to virulent antibiotic-resistant germs and genetic mutations that may promote cancers, according to scientific studies reviewed by the AP.

Researchers have focused on cell-poisoning anticancer drugs and fluoroquinolone class antibiotics, like anthrax fighter ciprofloxacin.

At the University of Rouen Medical Center in France, 31 of 38 wastewater samples showed the ability to mutate genes. A Swiss study of hospital wastewater suggested that fluoroquinolone antibiotics also can disfigure bacterial DNA, raising the question of whether such drug concoctions can heighten the risk of cancer in humans.

The AP estimate excludes many other sources of health industry drug waste, from doctors' to veterinary offices. Smaller medical offices typically dispose of expired samples and unwanted drugs like ordinary consumers — with little forethought.

Increasingly, some bureaucrats and health professionals are suggesting that drug makers help pay costs of

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managing drug waste. But the pharmaceutical industry says there's insufficient evidence of environmental harm to warrant the expense.

More recently, in India, when researchers analyzed vials of treated wastewater taken from a plant where about 90 Indian drug factories dump their residues, they were shocked. Enough of a single, powerful antibiotic was being spewed into one stream each day to treat every person in a city of 90,000.

And it wasn't just ciprofloxacin being detected. The supposedly filtered water was a floating medicine cabinet — a soup of 21 different active pharmaceutical ingredients, used in generic drugs for treatment of hypertension, heart disease, chronic liver ailments, depression, gonorrhea, ulcers and other ailments. Half of the drugs measured at the highest levels of pharmaceuticals ever detected in the environment, researchers say.

Those Indian factories produce drugs for much of the world, including many North Americans. The result: Some of India's poor are unwittingly consuming an array of chemicals that may be harmful, and could lead to the proliferation of drug-resistant bacteria.

The wastewater downstream from the Indian plants contained 150 times the highest levels detected in the US.

In the India research, tadpoles exposed to water from the treatment plant that had been diluted 500 times were nonetheless 40 percent smaller than those growing in clean water.

The more bacteria is exposed to a drug, the more likely that bacteria will mutate in a way that renders the drug ineffective. Such resistant bacteria can then possibly infect others who spread the bugs as they travel. Ciprofloxacin was once considered a powerful antibiotic of last resort, used to treat especially tenacious infections. But in recent years many bacteria have developed resistance to the drug, leaving it significantly less effective.

As one researcher noted, while the human risks are disconcerting, the environmental damage is potentially even worse.

Source: Associated Press, January 25, 2009

How to Shed Excess Pounds Safely

Dr. Garrett Swetlikoff

Obesity rates among US adults have gone up 30 per cent since the late 1970s. A staggering 61 per cent of American adults currently meet the scientific definition of obesity putting them at risk of heart disease, diabetes, stroke, arthritis, depression and several forms of cancer. Obesity is defined as being greater than 25-30 pounds over one's healthy weight. Most people who are obese are not happy about it and would like to change to a normal weight. Meanwhile, just one-third of US adults meet experts' recommendations for at least 30 minutes of exercise five days per week. This is probably the most sedentary generation of people in the history of the world. These statistics are similar for Canadian citizens.

Now that the holidays are over, many have promised themselves to begin a New Year weight loss program. If you are one of them, here are a few tips.

- 1 Prepare a mental plan of action. Your degree of success is proportionate to your degree of motivation. Small goals are more attainable than large ones. Begin by focussing on five pounds of weight loss not 50. Get into the right "head space" and stick with your plan.
- 2 You do not get something for nothing. Effort, motivation, and compliance are mandatory prerequisites.
- 3 Exercise is a must in order to help burn calories already stored in the fat tissue. This can be as simple as walking daily, cardio on a treadmill, stationary bike or swimming, to more difficult activities such as aerobics, weight training and running. Pick an exercise that you like and can see yourself doing regularly. Be careful at the start so as not to hurt yourself and then be

"laid up" for weeks. If need be, seek the advice of a personal trainer. Activities such as cleaning the house, work, golf, bingo and shopping don't count for much. These movements are not adequate to burn calories in large amounts.

- 4 Eating habits must be consistent with a healthy, whole-food diet. Although there is a bazillion diet plans on the market, each has strengths and weaknesses. What is in vogue today is gone tomorrow. Reducing refined grains and sugars, incorporating adequate amounts of protein and drinking plenty of water are mandatory measures. Starvation diets and yo-yo diets are counterproductive and often cause more weight gain in the long run. Junk food, processed food and alcohol in excess are not appropriate for the obese person. Vegetables, fruit, high-fibre whole grains and protein are a must.

Some people do have slow or low metabolic rates. The thyroid gland and pancreas often are the culprits. This area is best approached with the help of a nutritionally minded physician. Various herbs, supplements, and drugs do exist that can safely support one's metabolic function. Certain underlying diseases such as high blood pressure, anxiety, diabetes, and insomnia may interfere with the various weight loss medicines and must be used carefully.

An average person should be able to lose one to two pounds weekly. There will be times of plateau and loss cycles. One pound of fat is equivalent to 3500 calories. You can see that it takes some effort to effectively lower one's weight. Just remember, the benefit is yours.

Dr. Swetlikoff practices in Kelowna. Link to www.natural-medicine.ca for more information.

FINAL THOUGHTS . . .

"William Stark, a healthy 29-year-old physician in the eighteenth century, tried to figure out how diet affected health. He ate carefully weighted portions of bread and water with the addition of other foods one at a time. Within a few months of beginning the experiment, he sickened and died from what today would be recognized as severe vitamin deficiencies."

Wayne Rasmussen, former chief historian for the US Dept. of Agriculture, in his book *Agriculture in the US*.

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