

Your Health

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Questions to the Prime Minister in Advance of the National Health Summit

In September, Prime Minister Paul Martin will host a national health summit to address the “national health crisis.” The press and pundits will focus on our current system and whether it can be salvaged. But the universal Canadian health care system, as it’s touted, is not so universal. Whether it’s the limited range of services available through tax-funded care, official reports critiquing that care, or headlines announcing yet another crisis, the subject never wavers far from hospitals and doctors. You might say that much of our health care system is divorced from patient reality.

For *patients* in Canada, health care means the care required to maintain health—plain and simple. And the provision of that health care comes from a variety of sources, many outside what the universal system has determined as “essential” services. It’s unfortunate but true that our health care system is focussed on a single path, on one way to manage disease.

Further, our “system” does not emphasize the coherent nature of proactive, preventive medicine. A gastroenterologist, for example, receives fees for procedures. A fee for procedure system does not promote preventive medicine nor pre-empt costly acute care. In fact, the BCMA (in *A New Course for Health Care*) plainly states prevention is important but should never take precedence over *necessary treatment* (emphasis added). It’s a contrary sentiment with a perverse

subliminal message—that emergency medicine and preventive medicine are at odds or that preventive strategies (used to, obviously, prevent chronic problems from becoming acute) would replace acute protocols.

No one can deny that when emergency medical procedures are required that our health care system needs to facilitate that emergency care quickly and efficiently. But rather than focus solely on the waiting lists, why not focus on diminishing the size of those lists through proactive strategies? Why not try and prevent the waiting list in the first place rather than accepting waiting lists as inevitable? Education, and the promotion of preventive medicine, enabling individuals to constructively improve their overall health, is the sort of long-term strategy absent from our “crisis mode” of thinking. Health reports, such as Kirby and Romanow, tend to focus on the problems without attempting to seek creative solutions or, indeed, proactive solutions: E.g., more MDs may in fact not result in shorter waiting lists. And while infrastructure and medical equipment may be just as important as more MDs, bolstering the “single” vision does nothing to promote the provision of or enhance universal health care services. That said, even if there were more MDs and even if there were shorter waiting lists, is the most desirable health care outcome simply to perform more invasive procedures?

The economic question is even more profound. Complementary practitioners, such as NDs, are “private” not through choice, but through a failure of the government to place core values—such as prevention and patient centred care—in legislation. In turn, patients are financially penalized to access the valid health care of their choice: They pay taxes for health care, then they pay provincial premiums for health care, for those with extended health plans they are taxed on their benefits, and on top of that they still pay out of pocket for legitimate health care expenses.

Statistics which characterize the future of our universal system as a

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The BCNA website (www.bcna.ca) has introduced a new feature to its search engine: Keyword searching for a doctor in your area. Now you can search for a licensed ND across the province by name (or portion of a name), city (or portion), therapy (e.g., acupuncture), test or ailment (e.g., allergy or migraine, etc.).

Additionally, many BCNA members have their own websites. You can link from bcna.ca or you can bookmark doctors in your area using the reference guide at right.



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

Abbotsford: Dr. Pieter Taams www.naturopathic-retreat.com/
Burnaby: Dr. Rehana Budhwani www.backtowellness.ca/
Campbell River: Dr. Ingrid Pincott www.drpincoff.com/
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Fort Langley: Dr. Karen Parmar www.fortnaturopathicmedicalclinic.com/
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Kelowna: Dr. Garrett Swetlikoff www.natural-medicine.ca/
Ladner: Dr. Elizabeth Stimson www.ets-nd.com/
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Surrey: Dr. Tim Taneda-Brown www.healthypeople.meta-ehealth.com/
Vancouver (downtown): Dr. Aaron Hoo www.trinitynaturopathichealth.ca/
Vancouver (downtown): Dr. Arjuna Veeravagu www.sageclinic.com/
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West Vancouver: Dr. Nina Lange www.biobalance.ca/
White Rock: Dr. Gudrun Tonskamper www.naturalhealthclinic.ca/

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“doctor drought” or a “nadir of nursing”, are always presented with only one alternative: In order to cope with increasing demands on our health system we need more MDs. But is that the only answer? Sometimes, when a problem recurs over and over and over with no end in sight we change the paradigm; instead of refilling a leaky tire we replace it, instead of continually repairing a faulty auto we buy a new one. This is not to suggest that the current “universal” health system be sent to the scrap heap; rather, the suggestion is to work toward a new paradigm of thinking regarding the provision of overall health care services.

That radical shift in thinking has already permeated the public consciousness; it’s the lag time upwards, into the policy-makers’ minds that’s taking time. In the 1990s Canada witnessed explosive interest in, use of, and growth of licensed practitioners in CAM (complementary medicine). A shocking omission in the Romanow Report was a failure to address the dramatic growth of naturopathic medicine. In the 1990s all four accredited North American naturopathic medical colleges moved to larger campuses in order to accommodate increased applicant pools. The Canadian College of Naturopathic Medicine moved twice. Two new colleges opened in the United States. One new college opened in BC. The impact of this growth (given that the services NDs provide are “private” and therefore have a positive economic impact on medicare), are more deserving of attention—yet no provincial or national health body has bothered to address this issue.

In fact, when the “supplementary” practitioners in BC showed the provincial government that they could fully fund complementary health care without raising taxes but only a modest raise in MSP premiums, that the public wanted this coverage and was willing to pay for it (as ascertained through polling), and that this coverage would in turn ease the burden on “conventional” health care costs, the government refused to consider the proposal. It was patient-centred, proactive, beneficial to patients and taxpayers, and yet the government refused to consider it. Where is the obligation for our policy makers and politicians to act creatively and on behalf of the people they serve? Not, in this case, in the health care field.

Send an e-mail or letter to the PM with your concerns. Mail (no stamp required) to:

Prime Minister Paul Martin
House of Commons

Ottawa, ON, K1A 0A6

or e-mail the PM at: Martin.P@parl.gc.ca



In the early days, medicare could be summarized in two words: hospitals and doctors. That was fine for the time, but it is not sufficient for the 21st century.

By emphasizing prevention of illness and wellness, the long-term result should be less need for expensive hospital treatments especially for treating heart disease, some cancer, or a host of other illnesses that are directly related to lifestyle factors.

Keeping people well, rather than treating them when they are sick, is common sense. And so it is equally common sense for our health care system to place a greater emphasis on preventing disease and on promoting healthy lifestyles. This is the best way to sustain our health care system over the longer term.



The demand for complementary health care is booming. In 2000, Canadians spent approximately \$500-million on natural health care products.

Within a six-month period in 1999, approximately 30 per cent of British Columbians and Albertans, and 25 per cent of people from Ontario, had been to an alternative-care practitioner at least once. Although those numbers do not specify which type of alternative treatments they sought, TCM represents one of the most widely used forms of complementary medicine, along with massage and naturopathy.

Who's most likely to consult complementary and alternative health practitioners? Female patients (21 per cent of Canadian women have had a consultation, compared with 17 per cent of men), and people ages 25 to 54. (About 23 per cent of Canadians in that age group say they've turned to alternative care, compared with 16 per cent of those 55 and over, and 14 per cent in the 12 to 24 age group).

Globe & Mail, July 12, 2003

Do you really need that prescription or has your MD's loyalty been bought through consulting fees and "research" money? A June cover story in *The New York Times* outlined how major drug companies pay huge sums—sometimes in the six figures—to MDs for "consulting" agreements which are, essentially, marketing lures to prescribe by financial incentive. In addition, many clinical studies are in fact "pseudo-trials" which are nothing more than marketing gimmicks to provide doctor kickbacks: clinical grants and consulting agreements were given not to clinic directors or consultants, but simply high subscribers. Several companies have already been found guilty of graft. In May, Pfizer paid \$430 million in fines, AstraZeneca paid \$355 million last year and TAP paid \$875 million in 2001. Each company pleaded guilty to criminal charges of fraud for "inducing" MDs to bill the government for some drugs that the companies gave the MDs for free.

A case study in *Clinical Pediatrics* reports on the efficacy of probiotics (e.g., *acidophilus*) as a treatment for urinary tract infections. In the case cited, a 6-year old showed no improvement with several rounds of antibiotic treatment and was allergic to other commonly used drugs. A Medline search resulted in her MD trying *lactobacillus acidophilus* as a last result. The results were effective; extensive studies on other strains (e.g., *bifidobacterium*, etc.) are now being carried out.

A recent study in the pharmacology journal *Drugs & Aging*, showed that calcium supplements can reduce cardiovascular disease by up to a third. The study, of 223 postmenopausal women who took 1,000 mg of calcium citrate daily for one year, resulted in a 6.3% reduction in LDL cholesterol, a 7.3% increase in HDL cholesterol, and a 16.4% increase in the HDL/LDL cholesterol ratio.

The longstanding fight against malaria continues in much of the world with research now being conducted into TCM (traditional Chinese medicine). Scientists have long been interested in Artemisinin, a herbal fever remedy that comes from the bark of the sweet wormwood tree and has been shown to help kill malaria parasites. Unfortunately, it cannot be patented, and efforts are now underway to synthesize the remedy and commercialize it.

"Anything you swallow has side effects and you should swallow as few things as possible to give yourself a healthy life."

Dr. Richard Sullivan, head of Clinical Programmes at Cancer Research UK, commenting on a *British Medical Journal* article promoting aspirin as a "daily drug".

Curcumin, a substance found in the spice turmeric, and commonly used by naturopathic doctors for a variety of ailments (including use as an antiseptic, to aid digestion and for its antioxidant value), has been found by Yale researchers beneficial in battling cystic fibrosis. In the animal study, published in *Science*, curcumin had several positive effects at the cellular structure and even slashed death rates in CF-stricken mice.

A recent study in *Pediatrics* showed that cough drugs fared no better than placebo in suppressing night-time coughing in children.

The two ingredients tested were dextromethorphan (usually listed as DM) and an antihistamine, diphenhydramine. DM is the most common nonprescription cough suppressant in North America (and commonly used by adolescents who try to get high on cough medicine).

The physician conducting the study stated that "the natural history of an upper respiratory infection favors resolution of symptoms with time" as opposed to drugs.

Source: Yahoo! News

Two American clinical studies have shown that television viewing is directly and independently associated with the prevalence of obesity. In the case of children and adolescents, half of the 40,000 ads seen each year are for food, especially sugared cereals and high-calorie snacks. A second study showed that the intake of high-fructose corn syrup increased >1,000% between 1970-1990, greater than any other food group, representing a >40% increase of caloric sweeteners to foods and beverages. This has resulted in caloric over-consumption and also created a major contribution to the "obesity epidemic."

Several studies over the last quarter have (re-)emphasized the need for "good" fats in our diets. And many people have come to realize they need essential fatty acids in their diet. But what the research often leaves out, and people misunderstand, is that the beneficial health effects of essential fatty acids are achieved through a proper balance between omega-3s and omega-6s. The ratio to aim for, experts say, is roughly 4 parts omega-3s to 1 part omega-6s. Most of us, they say, come up dangerously short. It's been noted that the typical North American diet has a ratio of around 20 to 1 (i.e., 20 omega-6s to 1 omega-3). For more information on balancing your diet, increasing "good" fats and achieving a health ratio of essential fatty acids, speak to your naturopathic doctor.

TRENDS

Low Carbs: No Diet Required

We all know how the cost of living has an impact on our lives: Rising fuel prices, a booming real estate market, the tax burden, and so on. But do many of us know what exact impact our lives have on the environment? A new movement dubbed "carbon neutral" is attempting to change that by focusing attention on the "carbon footprint" each of us leaves in our daily wake.

The cars we choose to drive, the modes of transportation we choose to take and the products we choose to buy all have a CO₂ rating, so to speak.

The average Canadian, for example, is responsible for 4½ tonnes of CO₂ emissions a year. Much of that environmental cost may be unavoidable, but the Carbon Neutral Movement wants you to know what that cost is, how you can minimize it, and if you can't how to reconcile it.

CO₂ emissions and the impact on global warming is often presented as a very contentious issue. But even rational predictions show the consequences could be dire. Here in the west, for example, global warming could contribute to radical changes in precipitation leading, in some cases, to severe water rationing and drought.

As Arctic sea ice melts, annual rainfall may drop by as much as 30 per cent from Seattle to Los Angeles, and inland as far as the Rocky Mountains.

As temperatures rise over the next 50 years, the area of Arctic sea ice is predicted to shrink by as much as 50% in some areas during the summer. To find out what this would mean for climate, Jacob Sewall and Lisa Cirbus Sloan from the University of California at Santa Cruz first used a climate model to work out how sea ice cover was likely to change through the rest of the year.

Then they took these values for sea ice cover and the resulting sea surface temperatures, and plugged those into a global climate model to see which areas of the world would be most affected.

While Europe got off quite lightly, they found that the sea ice changes are likely to mean significantly fewer storms will pass over the west coast of the US.

"Winter sea ice acts like an insulating lid," explains Sewall. "When the lid is reduced, more heat can escape from the ocean to warm the atmosphere."

Reducing CO₂ emissions globally may ease the potential negative impact of climate change.

Even Hollywood is getting in on the act. This summer's environmental disaster hit movie, *The Day After Tomorrow*, calculated the total CO₂ emissions the crew created from flying, driving

and cooking. To make up for the 10,000 tonnes of CO₂ expended in the filming, the director budgeted \$200,000 USD on tree planting.

For those of us with smaller budgets, there are myriad ways to combat our personal carbon footprint. In our cars, for instance, idling 10 minutes a day adds up to ¼-tonnes of CO₂ emitted in a year. Switching from an SUV to a smaller car, even a mid-size, will reduce your annual CO₂ output by 2 tonnes.

At home, composting will cut an eighth of a ton from the total greenhouse gases emitted by a family of three annually. And consider this: A single compact-fluorescent light bulb will save 120 kg of CO₂ over its life.

And it may be slower and sometimes more expensive, but taking the train as opposed to the plane produces 40% fewer CO₂ emissions per person.

You can calculate your personal CO₂ emissions using the following equations. At home, multiply the kWhs of power you use by 1 kg to equal CO₂ emissions. In your car, multiply the liters of gas used by 2.4 kgs to equal CO₂ emissions. On a plane, the kms traveled multiplied by .25 kg, divided by the number of passengers on the craft, equals CO₂ emissions.

Many individuals factor out their annual CO₂ footprint, then (using the going rate of \$10 USD per ton) volunteer to reconcile that amount. The Solar Electric Light Fund, a US organization that helps rural Africans switch from dirty kerosene lamps to clean solar power, is one such "carbon neutral" non-profit that takes volunteers.

source: Maclean's June 04



CARBON NEUTRAL WEBSITES OF INTEREST:

www.climatestar.org An anti-global-warming site which includes a "carbon footprint" calculator, as well as plugs from celebs; www.chooseclimate.org A little technical, but does have a calculator for CO₂ emissions for air travel

Other CO₂ emission calculators:

www.climatechange.gc.ca/onetonne/calculatoyr/english and www3.iclei.org/co2/co2calc.htm

FOCUS

Exercise & Supplements

If you feel like your exercise program is draining, as opposed to invigorating, you may not be getting enough nutrition. Consider incorporating the following supplements into a healthy diet:

B vitamins: we cannot produce energy without them, nor will our nervous system function, and hormone production would cease without them. B-vitamins are necessary for helping the body cope with stress, both physical and emotional. B-vitamins can help with the mid-afternoon energy crash so many of us experience. Most of the population is deficient in the majority of the 13 different B vitamins. I recommend taking at least a B 50 compound or a multi containing the equivalent for adults undergoing athletic training.

Calcium: needed for the firing of nerves, muscle contraction, and maintaining bone density. The dose of calcium citrate is 350 mg 2x/day. When taken at night it is better assimilated into your bones.

Magnesium: involved in 300 different reactions in the body. Needed for the relaxation of all body muscle including those in blood vessels, heart, bowel, bladder, uterus, and of course skeletal muscle. It is also necessary for the production of energy along with the B vitamins. It is estimated that 80% of the population does not meet minimum requirements for magnesium of 350 mg per day. Symptoms of deficiency include muscle spasms, twitches, cramps, fatigue, anxiety and insomnia.

MSM: Very safe to take and very effective for any type of tissue repair i.e., muscle, ligaments, tendons, joint cartilage, and nerves. Rather than suppress inflammation, it helps the body repair faster so that the inflammation withdraws from the affected area. *Remember:* Inflammation is the body's response to damage and is its way of sending help for healing. So for best long term results it is best to support the body not suppress its responses. MSM is used in high doses initially at 2000mg 3x/day with meals for 1 week then reduce to 1000mg 3x/day as needed.

Traumeel: An excellent topical first aid ointment for every gym bag. It is very effective for acute and even chronic injuries including bruising, sprains, strains, burns, whiplash and arthritis. Apply every 4 hours to the affected area. Beneficial effect occurs in as little as a couple of hours to 1 week.

By BCNA member Dr. Nicole Dahl
www.drnicoleahl.com

FOCUS

Physical Medicine

Physical therapies are a key component of all naturopathic medical practices. These therapies include acupuncture, Bowen therapy, Craniosacral Therapy, and many other treatments. At the core of all physical therapies is hands-on manipulation.

The history of the manipulation of human articulations, including the spine and extremities, goes back to the time of Hippocrates (640 BC) in the western world.

It is evident throughout Asia in Japan and India; in China a distinct branch of Traditional Chinese Medicine called Tui Na is devoted to manipulative techniques. Documents in China date back to 2700 BC outlining the history and use of manipulative techniques.

Manipulation was also practiced in Egypt, Babylon, Syria, and Tibet. Polynesians, Native American Indians and the natives of Central and South America have used it. Many European countries have a long tradition of "bonesetters."

The first North American professions distinctly devoted to the art of manipulation were the osteopaths. Andrew Taylor Still who formed the first college in 1892 in Missouri introduced it. Chiropractic originated with Daniel David Palmer in 1895—he began the first college in Davenport, Iowa.

Up until 1955, naturopathic and chiropractic medicine were taught in the same colleges and naturopathic students studied chiropractic as part of their education. The presence of a strong program of physical medicine and manipulative therapies still continues in naturopathic colleges today. The study of spinal manipulation is still a requirement for graduation from all naturopathic colleges and for provincial licensure.

By BCNA member Dr. Hal Brown
www.drhalbrown.com

Searching for an ND skilled in physical therapies? Using the BCNA "find a doctor" search engine (www.bcna.ca) try the following keywords: spinal, joint, musculo-skeletal, acupuncture and kinesiology.

Food Additives: Their Impact

Additive side effects are more common than most people realize because they are usually attributed to symptoms of diseases and are treated as such. Listed below are symptoms and the additives that may have been the culprits.

Asthma: Acacia; acetal; allyl sulphide; benzoic acid; potassium nitrate; propyl gallate; sodium nitrite; sodium, potassium and calcium benzoate; sodium sulphite (and all other sulphites); tartazine (or other azo or "coal tar" dyes)

Blurred Vision: Tartrazine (or other azo dyes)

Constipation: Aluminum hydroxide

Depression: Benzaldehyde; benyl alcohol; calcium disodium EDTA; mannitol; monopotassium glutamate; potassium bromate; sorbitol syrup

Diarrhea: Benzaldehyde; benzyl alcohol; butyl acetate

Dizziness: MSG; sodium and other nitrates

Flatulence & Bloating: Agar; guar gum; pectin; sorbitol; sorbitol syrup

Hay fever: Cornstarch; tartrazine (or other azo dyes)

Headaches: Glycerol; MSG; sodium nitrite and other nitrites; sodium propionate

Heart Problems: Acetal; calcium chloride; calcium gluconate; coconut oil; sodium carbonate; sodium sulphate

High Blood Pressure: Acetal; Indigo Carmine (or other coal tar" dyes); MSG

Inflamed/ulcerated colon: Carrageenan

Liver Problems: Allyl sulfide; ammonium chloride; propyl gallate (and all alkyl gallates)

Nausea: Ammonium and potassium chloride; biphenyl (diphenyl); glycerol; guar gum; mannitol; monopotassium glutamate; MSG; sodium and other nitrites; synthetic "coal tar" or azo dyes

Raised Cholesterol Levels: BHA; BHT

Sensitivity to Light: Angelica; bergamot; cedar leaf oil; clover; erythrosine (a "coal tar" or azo dyes)

Skin Rashes: Acacia; acetic acid; alkyl sulphates; benzoic acid; benzoyl peroxide; cinnamon bark extract and oil; polyoxyethylene stearates; sodium metabisulphite (and other sulphites); sorbic acid; tartrazine (or other azo or "coal tar" dyes)

As you can see the list above demonstrates the importance of reading labels. For more information on additives and their impact on your health, purchase or borrow a copy of *Hard to Swallow: The Truth About Food Additives*, by Doris Sarjeant.

Excerpted from BCNA member Dr. Marguerite Johnson's website
www.drmljohnson.net

Q: Is life worth living?
A: It depends on the liver.

The Liver & Detox

The liver is the major detoxification organ in the body. One of the many roles the liver plays is to eliminate toxins such as: environmental pollutants, medications and other drugs (alcohol etc.), hormones, as well as toxins that are produced in the body due to everyday processes. Keeping the liver in peak condition is important in maintaining good health and is especially helpful in cases of PMS, menopause, cancers, and skin conditions (acne, psoriasis) to name a few. Many foods are beneficial to the liver especially those that are bitter in quality and colorful. These foods include: dark green vegetables (broccoli, asparagus, artichokes, dandelion greens), red and orange vegetables (carrots, beets, red and yellow peppers). Organic produce is preferred as pesticide residues on foods will add to the load of toxins the liver has to eliminate. This is especially important with things like dandelion greens as they tend to concentrate toxins. Some simple things to do to support the liver are: including the above mentioned foods in your diet (try adding grated raw beets or carrots to salads, as an accompaniment to hot food items, or eat them with a squeeze of lemon and a bit of flax oil), drink plenty of pure water (with fresh lemon), and try to reduce stress in your life (yoga, meditation, exercise etc.).

By BCNA member Dr. Elizabeth Stimson
www.ets-nd.com

Every naturopathic doctor recognizes the importance of liver function in respect to overall health. Many NDs have published articles and conduct lectures on the topic. Two BCNA members have published books detailing the importance of liver function and general detoxification in regard to overall health. For more information on this topic we recommend:

The 7-Day Detox Miracle: Revitalize Your Mind and Body with This Safe and Effective Life-Enhancing Program, by Peter Bennett & Stephen Barrie. (Dr. Bennett practices in Langley.)

Eating Alive: Prevention Through Good Digestion, by Dr. Jonn Matsen. (Dr. Matsen practices in North Vancouver.)

Further to our article on physical medicine at left, you might be interested in obtaining BCNA member Dr. Karen Jensen's book, co-authored with John Winterdyk, *The Complete Athlete: Integrating Fitness, Nutrition and Natural Health*. (Dr. Jensen practices in Vancouver's Kitsilano neighbourhood.)

Today more and more menopausal and perimenopausal women are seeking safer alternatives to HRT, the standard treatment for menopause symptoms, particularly now with the recent findings of a long-term controlled clinic trial recently published in the *Journal of the American Medical Association (JAMA)*. Researchers found the combined drugs, estrogen and progestin, increased the risk of invasive breast cancer by 26%, a 41% increase in strokes, a 29% increase in heart attacks, and doubled rates of blood clots in the legs and lungs. This is not the first study to show increased risks, but it is the first one the scientific community is listening to.

Further, how many women on the birth control pill or women on HRT realize that the development of abnormal blood clots is the most common serious side effect of the use of estrogens, particularly during bed rest? Women are generally not advised to stop taking estrogens for at least three to four weeks before surgery, two weeks after surgery or when there is a need for prolonged bed rest—and very few women of any age are told of the incredibly high risk of cardiovascular disease that comes with combining smoking and estrogens.

While doing the research for my menopause book, *No More HRT: Menopause, Treat the Cause*, I found that the risks associated with estrogen use increase even more if the general health status is poor. Before using any hormones the CPS (the reference manual for Canadian pharmacists on risks of drugs,) recommends that all patients should undergo the following medical tests: blood calcium levels, blood glucose levels, endometrial biopsy, Pap test, lipid panel (HDL, LDL, triglycerides and total cholesterol), liver function and thyroid tests, hormone levels and a complete physical examination including blood pressure, breast and pelvic exams. And, that the tests should be repeated every 6 months if the woman is taking hormones. In my clinical practice I find that few, if any women, have had these tests recommended before or after they are prescribed HRT.

In Canada HRT is the third most prescribed drug with over 12 million prescriptions written in 2001 and in the U.S. over 22 million prescriptions were written in 2000.

Menopause is not a disease requiring decades of drug therapy (HRT), but rather it is a natural process every woman will experience eventually. Many women experience unwanted symptoms related to the ovaries taking a well-deserved holiday during this hormonal transition. During perimenopause and menopause the ovaries start to decrease the production of estrogens and progesterone and other organs of the hormonal system are meant to buffer this transition. Many women today are so physically drained and nutritionally compromised that the support organs cannot respond to the extra demands and as a result, they experience different, often unpleasant symptoms.

Some of the common symptoms blamed on menopause are: night sweats, hot flashes, insomnia, fatigue, weight gain, decreased libido, brain fog and emotional changes. As a naturopathic physician I would treat the cause of the individual symptoms and most often, from the physical perspective, imbalances in the adrenal glands, thyroid, liver or the intestines are the cause of most menopausal related symptoms.

In current times, there also many environmental influences that have a negative effect on the hormone systems of men, women and children. Literally thousands of chemicals found in the environment—PCBs, pesticides, polycarbons used in many plastics, chlorine-containing compounds (yes, chlorine in drinking water) and synthetic estrogen metabolites that enter the water supply via the urine of women taking synthetic estrogens... all resemble the human hormone estrogen. These estrogen impostors are called xenoestrogens.

There is protection available from these estrogen-like impostors. Plant foods contain phytoestrogens in one form or another and they are considered hormone balancers since they exert very mild estrogenic effects and antiestrogenic activity. These weaker plant hormones compete with more potent steroidal (made by ovaries) and xenoestrogens for the parking spots in the body. By taking up more of the estrogen parking spots, the phytoestrogens reduce the overall activity level of the more potent estrogens. Foods sources of phytoestrogens include: flax seeds, soy foods, lentils and chick-peas.

The liver and the intestines play a very important role in the successful elimination of the excess potent estrogen impostors. The liver is responsible for the conjugation (coupling) of the excess hormones to other agents and these couples are then excreted through the bile and eventually end up in the intestines. If the intestinal milieu is healthy, these couples stay together for the long journey out of the body. However, if the microbial milieu is out of balance, these couples become separated and the hormones re-enter the bloodstream and keep recycling. There are effective liver support remedies such as dandelion, milk thistle, curcumin and indol-3-carbinol that can help detoxify the excess hormones from the liver and something as simple as adding probiotics to the program for the intestines, would be very beneficial.

For those women who are currently taking HRT and would like to “switch”, it’s generally recommended that you wean off the hormones gradually and support the transition under the advice of a qualified health professional. I do offer a protocol in my book. Above all, the food we choose to eat, physical exercises and spiritual exercises are the most important aspects of good hormonal health.

This is an abbreviated version of an article by BCNA member Dr. Karen Jensen. Read the entire article online at www.drkarenjensen.com