

# Your Health

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## Naturopathic Medicine Week: March 24 to 31

A National Celebration Promoting Wellness

Join naturopathic doctors (NDs) across BC this spring as they participate in a national celebration promoting health, prevention and wellness. "Naturopathic Medicine Week is an opportunity to focus on our overall health, not just disease treatment," says Dr. David Wang, BCNA President. "Many health initiatives emphasize a particular disease or disease research. This event is about the patient taking responsibility for their own health. NMW is unique."

One way to support patient wellness is through free medical testing. Many people are unaware that NDs are licenced primary care physicians in BC and that they provide standard diagnostic testing. This program is an opportunity for new patients to find out more about health prevention as well as the patient-focussed care NDs provide.

From March 24 to March 31, naturopathic doctors across the country will celebrate wellness in various ways. In BC, NDs will open their doors for free medical testing. Participating doctors will be providing free blood pressure, urine dip (kidney function) and blood sugar testing. In addition, mayors across the province have proclaimed Naturopathic Medicine Week and many doctors are hosting an open house at their clinic and/or speaking on radio, television and at community events. Participating doctors will also have general information on naturopathic medicine for free distribution. For a list of participating doctors and contact numbers, see the BCNA website at [www.bcna.ca](http://www.bcna.ca)

As NDs are primary care physicians, practicing family medicine, they treat a broad range of conditions ranging from common ailments such as cold and flu, food allergies, chronic fatigue, and childhood illnesses, to chronic degenerative conditions such as arthritis, asthma, heart, immune system, digestive and bowel conditions.

This is the third year BC NDs have joined NMW. It's a perfect opportunity for prospective patients to find out more about doctors in their area, and for existing patients to get more information about the services NDs provide.

"Naturopathic medicine week is about educating the public on the philosophy and treatments of naturopathic medicine. Dissatisfaction with conventional medicine has forced people to seek out valid non-drug therapies. In fact, well over half of BC residents pay out of pocket for complementary and alternative medicine. Naturopathic doctors are the experts in natural healthcare and are licenced and regulated as primary healthcare practitioners."

Dr. Tahira Jiwani, ND

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## A Map to Accessing the ONHP Gazetted Recommendations

The "final" recommendations from the Office of Natural Health Products have been gazetted and appear online. They were published December 22, 2001. **There is 90 days for feedback.** They are somewhat buried in the Health Canada website. Here are some "plain" directions that may help you get there.

This is your destination:  
[http://www.canada.gc.ca/gazette/part1/ascll/g1-13551\\_e.txt](http://www.canada.gc.ca/gazette/part1/ascll/g1-13551_e.txt)

If you have problems getting that link, here is a step-by-step set of directions:

Go to the Health Canada website:  
<http://www.hc-sc.gc.ca>

Choose your language preference (these directions are based on you choosing English).

On the left side of the HC home page you will see a list of options; choose Health Protection.

From the HPB home page you will have a new set of options on the left menu; in fine print choose "Natural Health Products" which is about two-thirds down the page. This link will take you to a new page where you can, at the bottom of the first paragraph, link to the Office of Natural Health Products.

On the ONHP home page you can see on the left "NEW: Proposed Regulations...". When you make this choice you will be given a new page called Proposed Regulations. In the first paragraph of this new page is a link to Canada Gazette Part 1.

When you have linked to the Gazette page you will be given a whole series of choices. Remember you are looking for the December 22 Gazette. When you look at the Gazette text the ONHP info is buried about halfway down. Good luck!

## Regulations May Restrict Product Access

The Office of Natural Health Products has gazetted their final recommendations for the regulation of non-drug products (vitamins, minerals, etc.). These recommendations will have an impact on cultivation, manufacturing, labelling, wholesale, retail and access to virtually all products currently available in health food stores across the country. In some cases the regulations will enhance products—in the sense that manufacturers will have to meet potency criteria (e.g. what's on the label must be inside). But in many other respects the regulations may have a negative impact: High regulatory fees could put small businesses out of business and the market could become dominated by large pharmaceutical companies and multinationals. There are also regulatory issues which raise concern. For example, whether or not an item remains on the health food store shelves or by prescription may be determined by its margin of safety. But who decides what "a narrow margin of safety is"? If you would like to read the ONHP regulations follow the directions at left.

What the BCNA has done in this regard: We presented to the initial parliamentary committee that heard concerns regarding over-regulation of health food products. Following the creation of the ONHP we participated in roundtable discussions and workshops on the framework being used by the ONHP. At present, our national association is drafting a response to the proposed regulations. Remember: If you have feedback, the ONHP must receive it by March 22, 2002.

## Meanwhile, Over at Health Canada...

Worse news is what's going on at Health Canada. HC has proposed maximum daily dosages for vitamins. HC would like vitamins and minerals to be sold in what are patently low dosages. Health concerns, safety concerns? Since there's no evidence of health or safety concerns with vitamins (as opposed to adverse drug reactions—see other stories on pages 5 & 8 in this issue) one has to wonder what the HC agenda is.

The proposed Health Canada maximum daily dosages are:

vitamin A: 5000 IU  
vitamin B<sup>1</sup>: 4.5 mg  
vitamin B<sup>2</sup>: 7.5 mg  
niacin and/or niacinamide: 45 mg  
vitamin B<sup>6</sup>: 3 mg  
pantothenic acid: 15 mg  
folic acid: .4 mg  
biotin: 500 mcg  
vitamin B<sup>12</sup>: 14 mcg  
vitamin C: 150 mg  
vitamin D: 400 IU  
vitamin E: 25 IU



## Carbon Copies

### Public Opinion on Provincial Healthcare Policy

...It seems to make imminent sense to me to encourage and support our citizens to take care of their own health and thus not be a drain on the Health Care system. In contrast, the people that smoke, drink excessively, eat badly and live an unhealthy life style are fully covered by Medicare. Those of us that spend a considerable amount on health supplements cannot even deduct this cost from our income tax! Where is the sense of this? Allopathic medicine instead of fighting the tremendous growth in the alternative health movement needs to endorse it forthwith.

As you are well aware in this country there is a crisis in the number of doctors, nurses, hospitals and hospital beds. Atlantic Provinces have some real warning signals for all of us. [There we] find the highest numbers of hospitalisation in Canada. Respiratory problems, heart and stroke condition, tumours of all kinds are the highest in all the country. These are related to life style choices. Here are the people that are the most overweight and the greatest smokers in the country. Canadians are healthier the farther west they are found.

All this being so obvious why does your government not support complementary medicine. Polls show a huge increase in the public growth towards alternative health. Some 81% increase since 1995. The greatest increase some 146% is in the 18 to 25 year olds. One does not have to be a rocket scientist or heaven forbid a brain surgeon to understand what is happening among the enlightened public. Spending on hospitals and doctors may be one of the least effective ways of improving the health of Canadians.

As a blind working person I pride myself on educating myself about the life

style I choose and how it affects my health. I cannot imagine why a government that was elected on being fiscally responsible would choose to cut off coverage for complementary medicine practitioners. Instead of taking this regressive step why is your government not fully covering naturopathic doctors, chiropractors, [etc.]? Why not fully cover the lab costs for these professionals. I am not suggesting that there be blanket policy to deduct all health supplements but rather with the approval of one's own doctor [to] cover chronic conditions.

We spend so much on allopathic medicine, with its emphasis on treating symptoms rather than prevention. We need to turn the paradigm around and better support our citizens to change their life styles and to partake in preventative medicine. Naturopaths perform holistic medicine which in the longer view is not only best for individuals by keeping them well but it is much more economical for all tax payers. Well people are much less of a burden on our medical care than sick people...

The Honourable Gordon Campbell is on record as saying the BC Liberal policies are not aimed at winning the next election but rather that its legacy will be recognised as a fiscally responsible and efficiently run government. Cutting off coverage to complementary medicine runs directly contrary to this espoused goal.

K Hewlett, Vancouver

*The above letter was sent by a constituency member to the Honourable Gary Collins, and copied to the Premier, Ministers of Health and some health agencies, including the BCNA. The letter below appeared in the Vancouver Sun prior to the fall cuts.*

With health care spending in B.C. already a whopping \$400 million over budget in the first quarter of this year, I have yet to read any editorials in your paper that speak of the real danger to our health care system.

When will our medical elite and politicians address the real culprit in our health care crisis? We are wasting money and compromising the safety of all members of society by ignoring the reality of our toxic times.

It strikes me as being somewhat laughable when The Sun writes such serious stories and editorials about the out-of-control costs for health care and fails to mention the underlying issue: People are becoming ill from their daily encounters with the chemicals that overwhelm our environment. Serve your readers properly and start informing them of the actual cause of too many illnesses and soaring health care costs.

L Ringma  
Seton Portage

## Organic vs. Conventional: Nutritional Benefits & Exposure Impact

Government data in both the UK and US shows that the vitamin and mineral content of fruits and vegetables has declined over the last 60 years.

Virginia Worthington, a PhD working with the US Department of Agriculture conducted a study that looked at the published comparisons of organic and conventional crops. The results showed that organic crops had, on average, up to 30% more vitamin C, iron, magnesium and phosphorous and significantly less nitrates. Trends also showed higher levels of nutritionally significant minerals in the organic produce as well as lower levels of toxic heavy metals and better protein composition.

Worthington notes: "Conventional fertilizers supply plants with very large quantities of nitrogen, potassium and/or phosphorous usually all at once. Plants respond to these large amounts in several ways. They may take up a lot of one nutrient supplied by the fertilizer at the expense of other nutrients. For example, when conventional potassium fertilizer is applied, plants absorb a lot of potassium but less magnesium and calcium. Plants may also respond to the large amounts by adjusting their metabolism to handle the excess. Extra nitrogen is handled in this manner... Also, conventional fertilizers sometimes come from industrial and mining wastes that contain toxic heavy metals. These toxic metals can be absorbed by crops. If contaminated fertilizers are applied year after year, both the soil and the crops become increasingly contaminated."

Pesticides and herbicides also impact upon the nutritional quality of conventional crops. Herbicides kill weeds by reducing the production of carotenoids, tocopherols and amino acids, all of which have nutritional significance.

Organic produce also has an impact on overall human health: Cleaner water and an absence of pesticide residues are environmental benefits. Furthermore, organic composts constituting aged plant and animal wastes have been shown to actually break down pesticide and other toxic chemicals in the environment. In this sense, organic farming may even have a "wetland" attribute.

source: *Clinical Pearls News*, January 2002

Pesticide levels in conventional farming have a hugely negative health impact on farm workers. The leading health problems amongst adults are asthma, central nervous system disorders and diabetes.

Children and adolescents, who are 20-25% of the total US migrant farm worker population are at especially high risk for exposure through breast-feeding, aerial spraying beyond fields and carry-home contamination from their parents. Pesticide exposure amongst children most commonly leads to gastro-intestinal problems, infections of the ear, respiratory tract and kidney problems as well as asthma.

Source: *Family Practice News*,  
July 2001



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## No Eulogy For MSP

The BC Liberals cut optometry services in November 2001 then, less than a month later, cut the entire "supplementary" benefits program (i.e., NDs, DCs, RMTs, PTs and podiatrists). The action was swift, unanticipated and without prior consultation.

There are many facets to this issue that haven't been reported widely in the press. One important consideration was that for successive NDP health ministers and with the Liberals, a combined effort (naturopathic doctors, chiropractors, podiatrists and massage therapists) worked proactively to resolve budget issues. Our group conducted polls, met with politicians and bureaucrats and showed how moderate changes in budget distribution could fully fund our services. Instead, the government has cut all the services. The MSP savings to the government for the naturopathic portion are less than \$2 million annually.

If there is a benefit to anyone, it's that individuals with extended health plans will now receive immediate reimbursement on consultations with an ND. However, those insurers have increased benefit payments, as high as 20% in some cases. In reality, we're paying the same old health taxes, the same old MSP premiums, and more in EHP payments, without any increase in coverage. The MSP cuts simply shifted responsibility off the government's back. The "books" will look better, if nothing else...

## Doubt Amongst the "Experts"

"As a simple family doc I have always been concerned that my knowledge in the area of Adverse Drug Reactions was not adequate. Often, when I prescribe a drug and the patient returns with a rash, for example, I don't know if it's a drug reaction or related to the disease I'm treating. Once in a while I have tried to report what I think is an adverse reaction but found it such a cumbersome and time consuming process that I have given up. I bet that there are lots of GP's like me and I expect that the database for adverse reactions is not very accurate and probably does not reflect the actual occurrence at a clinical level."

-A family MD in British Columbia

"It makes no more sense to monitor drug safety without knowing the extent of serious injuries than to have a National Highway Transportation Safety Administration without information about automobile accidents or a Federal Aviation Administration without knowing how many airplane crashes have occurred."

T. Moore, B. Patsy & C. Furgerg. "Time to Act on Drug Safety", *JAMA*, 1998; 279(19): 1571-3

Adverse drug reactions run as high as 23% of patients taking prescription medicine. There is too another, hidden issue: ADRs increase overall healthcare costs by increasing the length of stay in a hospital and/or the cost of additional laboratory testing to determine the cause of reaction/death.

source: [www.uspharmacist.com](http://www.uspharmacist.com)

In 1998 we reported on a minor article that appeared in The Journal of the American Medical Association on the incidence of adverse drug reactions (or ADRs) in hospitalized patients. In this article the authors (an MD/PhD, a PhD and an MSc) showed that 2,216,000 hospitalized (US) patients in 1994 had serious ADRs and another 106,000 died from ADRs. They noted that death from ADRs was pervasive and shockingly high. On this page we revisit the issue from a Canadian perspective.

### Focus: Adverse Drug Reactions

In Canada, around 1400 deaths from adverse drug reactions were reported between 1984 and 1994. This is likely to be 20% or less of the true number, based on estimates from studies carried out in hospitals. David Kessler, ex-Commissioner of the U.S Food and Drug Administration, estimates that only about 1% of adverse drug reactions are reported in the U.S.

If as many as 98% of deaths due to adverse drug reactions are not identified as such, what about harmful reactions seen in doctors' offices? A study among family doctors in France compared the number of reported adverse drug reactions during a period of intense monitoring to the number normally reported over the same time period. They found that when doctors were looking for them, they reported suspected serious harmful reactions 4,500 times more often than usual!

## Integrity With a Price

Maclean's reports that Dr. Nancy Olivieri, the doctor who spoke out against a potentially dangerous new drug, has been vindicated. A new report commissioned by the Canadian Association of University Teachers has supported Dr. Nancy Olivieri's controversial decision to publish negative findings on a drug she was testing. "Dr. Olivieri fulfilled her ethical obligations to inform patients and others," said Jon Thompson, one of three professors who studied her case for two years. Thompson also recommends that the University of Toronto and the Hospital for Sick Children, where Olivieri is a senior scientist with the research institute, provide her redress for "the unfair treatment she has received." In 1998, Olivieri went public with her work on deferiprone—a proposed blood-disorder drug—against the wishes of the manufacturer, Apotex Inc. which partly funded the trials. Hospital administration did not support her and tried twice to fire her.

### Trial and Error...

One of the leading patient advocacy groups in Canada is DES Action Canada. DES (diethylstilbestrol) was one of Canada's worst drug disasters. Between 200,000 and 400,000 pregnant women and their children were exposed to DES. Many women and men are still living with the effects of this unnecessary exposure to a harmful medicine.

Canadian Drug Reaction Information Sourced From DES Action Canada  
([www.web.net~desact](http://www.web.net~desact))



## Common Deceptions

In Canada labeling on food, nutritional and cosmetic products clearly outlines each ingredient with its actual name. Many "alternative" medical companies even show the source of their product ingredients. Not so in Europe. Labelling in Europe is coded; don't know the codes, don't know the product. Some imported cosmetic products come with European labeling. If you purchase EEC products, or if you're planning a holiday this year, you might want to clip and save the following abbreviations list.

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When reading product labels in Canada a couple of red flags include sodium lauryl sulfate or SLS (which is used in garage floor cleaner, engine degreasers and car wash soaps) as well as propylene glycol (used in anti-freeze, brake and hydraulic fluids, paints, floor wax, etc). Propylene glycol can damage kidneys, cause liver abnormalities and inhibit skin cell growth. SLS can cause skin irritation among other damaging side effects.

For more on this issue you may want to buy Judi Vance's book *Beauty to Die For*, available from the Health Action Network ([www.hans.org](http://www.hans.org)), a registered charity that archives information on alternative medicine.

### Colours

- E100—churchman – used in flour and margarine
- E101—riboflavin
- E102—The notorious tartrazine, used to heighten the orange colour of soft drinks and blamed by many for 'driving hyperactive kids barmy'
- E104—quinoline yellow – used to colour smoked fish
- E150—caramel
- E153—vegetable carbon – used in liquorice
- E162—beetroot red (betanin) – used in ice cream
- E171—titanium oxide – used in sweets
- E174—silver (yes, the metal !) – used in cake decorations

### Antioxidants

- E300—l-ascorbic acid – used in fruit drinks and bread
- E307—synthetic alpha-tocopherol – used in baby foods
- E310—propyl gallate – chewing gum, vegetable
- E320—butylated hydroxytoluene – soup mixes, cheese spreads

### Preservatives

- E200—sorbic acid – soft drinks, yogurt, cheese slices
- E201—sodium sorbate
- E202—potassium sorbate
- E203—calcium sorbate – frozen pizzas cakes, buns
- E210—benzoic acid
- E221—sodium sulphite
- E227—calcium bisulphite – dried fruit and vegetables, fruit juices, sausages, dairy desserts, cider, beer and wine
- E252—potassium nitrate – used for curing ham, bacon, corned beef, some cheese

### Emulsifiers and stabilisers

- E322—lecithin – chocolate and low fat spreads
- E400—alginate acid – ice cream, soft cheese
- E407—carrageenan – milk shakes, jellies
- E410—carob gum – salad cream
- E412—guar gum – packet soups
- E414—gum arabic – confectionery
- E440—pectin – jams and preserve
- E465—ethylmethylcellulose – used in gateaux

### Others

- E420—sorbitol – diabetic jams and confectionery
- E170—calcium carbonate
- E260—ascetic acid
- E290—carbon dioxide – carbonates fizzy drinks
- E330—citric acid
- E334—tartaric acid
- E338—orthophosphoric acid – flavourings

Be warned that non-E numbers on packaging include potentially harmful agents: 507 (hydrochloric acid), 513 (sulfuric acid), 536 (potassium ferrocyanide), 925 (chlorine). The frequently criticized flavor enhancer monosodium glutamate or MSG sometimes hides behind its code number, 621.

## Green Tea Kills Cancer Cells, Researchers Discover reprinted from Pamela Fayerman's column in the Vancouver Sun

Various plant compounds in green tea not only kill oral cancer cells but also prevent their growth, according to the authors of a study to be published in the journal *General Dentistry*.

The results of research at the Medical College of Georgia in Augusta showed compounds in green tea selectively induced cell death only in oral cancer cells while ignoring normal cells.

The authors of the study conclude the tea could inhibit, delay or even reverse cancer.

"Green tea appears to be chemopreventative, both before the onset of malignancy and following cancer treatment," states the study, *Chemoprevention of Oral Cancer by Green Tea*, an advance copy of which was obtained by *The Vancouver Sun*. The study will be published in the March/April issue of the journal, which is published by the *Academy of General Dentistry*.

Although the research must be duplicated before green tea is labelled as a public health strategy and a bona fide anti-cancer agent, lead study author/cell biologist Stephen Hsu said:

"The evidence of benefits appear to be sound, but we need a lot of different groups to agree on this and there is research going on in various places that will help answer that," he said, referring to a human trial at the University of Texas M.D. Anderson Cancer Centre involving green tea and oral cancer.

Hsu, whose research was funded by his academic institution, not the tea industry, said while further trials are being conducted, there is no reason why people shouldn't indulge in green tea.

"There are a lot of different brands, but that doesn't appear to make a difference. What does matter is that people choose a high quality tea that is without additives and has not been processed, because the fermentation process reduces the concentration of polyphenols and their beneficial effects.

In North America, only 20 percent of tea drinkers prefer green leaves over black. People who don't favour green tea often fault it for its grassy taste. For those people, swishing it around their mouth several times a day will reap the same benefits, Hsu contends.

Those who do enjoy green tea should drink four to six cups a day to get the maximum benefit. Green tea should come in both caffeinated and decaffeinated forms.

In China, oral cancer rates are half that of North America, even though smoking rates—a known risk factor for oral cancer—are three times higher in China.

At the B.C. Cancer Agency, Dr. Peter Stevenson-Moore said he's intrigued by the research. "If it's true, it's exciting".

Dr. Eric Shapira, a spokesman for the dentistry academy, which is based in Chicago said oral cancer cells multiply rapidly because "the mouth's oxygen rich environment connects to many blood vessels that provide the perfect habitat to house cancer cells."

About 4,000 cases of oral cancer will be diagnosed in Canada this year, 420 of them in B.C.

## Drug Firms Form Vitamin Cartel

On page 2 we mentioned that new ONHP regulations might better serve multinationals and pharmaceutical giants than small, independent vitamin and mineral manufacturers. If "natural health products" end up largely manufactured by multinationals, we could expect to pay through the nose with price-fixing and artificially high values put on (as we noted also on page 2) low dosage product.

An Associated Press story in late November reported on a record setting \$752 million-US fine against eight chemical and drug companies by the European Union. What was the fine for? Fixing vitamin prices.

An investigation, which began in 1999, confirmed that the firms had colluded to eliminate fair competition for vitamin pills as well as to overcharge consumers.

The single largest fine was levied against F Hoffmann-La Roche AG of Switzerland: \$406 million. Next was Germany's BASF AG, the world's number 2 vitamin maker, which was fined \$260 million.

Antitrust chief Mario Monti noted: "The companies' collusive behaviour enabled them to charge higher prices than if the full force's of competition had been at play, damaging consumers and allowing the companies to pocket illicit profits."

It's worth noting that Roche has been fined for the same price-fixing practices in the US, Canada and Australia and, wait for it, set aside \$1.46 billion-US in 1999 to cover fines!

source: The Province,  
November 22, 2001

## Drugs That Deplete Vitamins

In this issue we focused on the adverse reactions to prescription medications. While it's common knowledge that potent pharmaceuticals can have an adverse, sometimes fatal effect, even drugs without an ADR can have a negative impact on the body. Long-term use or frequently prescribed medications can diminish or deplete a body's store of vitamins, minerals and other essential nutrients. As the proverb states, medicines are not meat to live by. If you are on a drug regime you may want to speak with your naturopathic physician regarding supplementation (e.g., dosage, frequency, etc.).

Below is an abbreviated list of some commonly prescribed (and over-the-counter) drugs that sap the body of important nutrients.

Type of Drug	Examples (i.e., name brands)	Nutrients Depleted
Antacids	Pepcid, Tagamet, Zantac	Vitamin B <sup>12</sup> , folic acid, vitamin D, calcium, iron, zinc
Antibiotics	Amoxicillin, Erythromycin, Penicillin, Tetracycline	beneficial intestinal bacteria
Antidepressants	Adapin, Aventyl, Elavil, Tofranil	Vitamin B <sup>2</sup> , coenzyme Q10
Antidiabetic drugs	Dymelor, Micronase, Tolinase	Coenzyme Q10
	Glucophage	Vitamin B <sup>12</sup>
Anti-inflammatories	Aspirin	Vitamin C, folic acid, iron, potassium
	Advil, Aleve, Dolobid, Feldene, Indocin, Lodine, Motrin, Nalfon, Naprosyn, Orudis, Relafen, Voltaren	Folic acid
	Betamethasone, Budesonide, Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone	Vitamin C, vitamin D, folic acid, calcium, magnesium, potassium, selenium, zinc
Blood pressure-lowering drugs	Apresoline	Vitamin B <sup>6</sup> , conenzyme Q10
	Bumex, Edecrin, Lasix	Vitamin B <sup>1</sup> , vitamin B <sup>6</sup> , vitamin C, magnesium, calcium, potassium, zinc
Cholesterol-lowering drugs	Baycol, Lescol, Lipitor, Mevacor, Zocor	Coenzyme Q10
	Colestid, Questran	Vitamin A, beta-carotene, vitamin B <sup>12</sup> , vitamin D, vitamin E, vitamin K, folic acid, iron
Hormone Replacement Therapy	Evista, Prempro, Premarin, Estratab	Vitamin B <sup>2</sup> , vitamin B <sup>6</sup> , vitamin B <sup>12</sup> , folic acid, vitamin C, magnesium, zinc

source: *Drug-Induced Nutrient Depletion Handbook*

*Your Health* is published 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 distributed free to BCNA members.

The BCNA offers patients, across the province, referrals to NDs in their area, as well as student information to persons interested in the profession. It is the BCNA's purpose to advance the scientific, educational and professional aspects of naturopathic medicine.

The public is welcome and encouraged

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

Contact us online at [www.bcna.ca](http://www.bcna.ca) or write to 2238 Pine St, Vancouver, BC, V6J 5G4.