

THE BETTER HEALTH NEWS

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According to research appearing in the *European Journal of Medical Research*, (2003; 8(8):355-7), consuming trans fatty acids increases the risk of cardiovascular disease. Consuming them can cause a decrease in HDL cholesterol (commonly called by lay people, the “good” cholesterol). Increasing consumption of trans fats to 10% of caloric energy decreased HDL by 21%. Consumption of trans fatty acid also impaired dilation of the coronary arteries.

Also, it has been found that consumption of certain fats increases production of pro-inflammatory chemicals known as cytokines. It had been shown that dietary fat intake affects cytokine levels in healthy patients, and research appearing in the *Journal of Cardiac Failure* (2005; 11 (8):613-8) suggests that the type of fat consumed by patients suffering from heart failure affects their cytokine levels, adversely affecting their condition.

In the *Journal of Nutrition*, (2005; 135 (3):562-6), research showed that the consumption of trans fatty acids could

adversely affect the cells lining the blood vessels—possibly leading to plaquing. This may explain why the connection between trans fat consumption and heart disease goes beyond the adverse effect it has on cholesterol levels.

We need to recognize that the cell membrane is basically a fat sandwich and that the types of fats in your diet eventually end up in your cell membranes. This is why we advise our patients to “change their oil”. They should not only avoid deep-fried food, and trans fats, they should increase consumption of monounsaturated oil, like olive oil, and take an omega-3 fatty acid supplement.

When taking a fish oil (omega-3) supplement, the quality of the supplement matters a great deal. Fish oil can contain dioxins, mercury and other contaminants. For this reason, it is vital that you keep your patients from taking bargain-basement fish oil supplements.

ADHD: START WITH NUTRITION

Various nutritional approaches may help ADHD. Nutrition remains controversial because scientific studies, by their very nature, look at a single constituent. The paradigm in medicine is to try to find a “cure”, one thing that fixes the symptom. There is an inherent flaw in this way of thinking because it assumes that any health problem has one cause. If the problem, as some research suggests, is due to a lack of serotonin, then many factors can come into play. You need protein and the amino acid tryptophan to make serotonin. You also need folic acid, vitamin B₆, vitamin C and other nutrients to make serotonin. Exercise helps us to produce serotonin. Essential fatty acids are necessary for the integrity of the nerve cell membranes. Many factors are involved. If someone with ADHD is not producing enough serotonin due to a lack of tryptophan, giving them folic acid in a study may not produce results. If the person is folic acid deficient, then giving B₆ may not help and so on.

Serotonin is only one neurotransmitter—what if GABA is involved? Obviously, other nutrients will come into play. Sugar and the chemical reactions of the Krebs

Cycle begin to matter. What if a heavy metal or a chemical toxin is interfering with those reactions?

When you think of ADHD that way, the inherent problem with debating whether or not B₆ (or any other nutrient) should be used to treat ADHD becomes obvious. B₆ fixes a B₆ deficiency, not ADHD.

With that in mind, there are some studies that show the benefit of nutrient supplementation for patients with ADHD. Omega-3 fatty acids are pretty well researched. So much so, that it is safe to say that you should supplement ADHD patients with them (along with having them avoid trans fats). One study appearing in *Prostaglandins, Leukotrienes and Essential Fatty Acids* (2005; Nov 25 e-pub ahead of print) found that supplementing with flax oil and vitamin C improved levels of RBC membrane fatty acids and reduced total hyperactivity scores. Another small pilot study published in *Nutrition Journal* (2007; 6(1): 16) found that a high daily dose of EPA/DHA was significantly improved behavior over eight weeks.

Other studies have shown different nutrients to be of value. One study

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that appeared in the *Journal of Child and Adolescent Psychopharmacology* (2007; 17(6): 791-802) found that acetyly-L-carnitine may be of value for children with the “inattentive” type of ADHD. Another small study appearing in *Prostaglandins, Leukotrienes and Essential Fatty Acids* (2002;67(1):33-38) found that supplementation with L-carnitine helped improve behavior in ADHD patients. Magnesium and B₆ supplementation also improved symptoms in a study involving 40 ADHD patients that was published in *Magnesium Research* (2006; 19(1): 46-52). Other research, published in *Magnesium Research* (1997;10(2):143-148) found magnesium deficiency in 95% of the subjects with documented ADHD. Dietary changes may also be of benefit to children with ADHD. A number of studies have shown the benefits of the removal of refined sugar and additives to a number of ADHD patients.

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BETTER MEMORY, IMPROVED LEARNING, BETTER GRADES

The Appleton Central Alternative High School in Appleton, Wisconsin was established in 1996 for “problem” students that did not fit well into a traditional high school setting. Students were described as “rude, obnoxious, and ill-mannered” by their own dean of students. Problems with discipline were severe enough that a policeman had to be on campus at all times. There were even weapons violations.

In 1997 a new nutrition program was implemented. Machines selling soda pop were eliminated. The program was developed by Paul Stitt (biochemist and owner of Natural Ovens of Manitowoc) and Barbara Reed Stitt, PhD. Dr. Stitt is the author of *Food and Behavior*. She also developed a nutrition program while working as a probation officer that decreased the number of repeat offenders among her charges.

Natural Ovens donated over \$100,000 to hire cooks and set up food service. Nutritious meals were served to the students for breakfast and lunch (the students were only in school for those two meals). Soda pop, candy, chips and chemically laden foods were prohibited.

Since improving the food fed to the students, for the last three years there have been no dropouts, no expulsions, no drug or weapons problems, and no

suicides. Students say they have more focus and physical stamina. The results of this program are nothing short of amazing.

Docosahexaenoic acid (DHA) is an essential fatty acid that is found in fish oil. Research appearing in *Alzheimer's & Dementia* (2010 Apr 29; [Epub ahead of print]) looked at the effect DHA supplementation had on memory. The subjects of the double-blind, placebo-controlled study were 485 patients over the age of 55 with age-related cognitive decline (ARCD). Other than the memory problem, the subjects were healthy. They were randomly divided into two groups and for 24 weeks and were given either a placebo or 900 mg of DHA per day. The group receiving the supplementation scored better on tests evaluating visual spatial learning, episodic memory and verbal recognition.

Another double-blind, placebo-controlled study involving 49 women between the ages of 60 and 80 appeared in *Nutritional Neuroscience* (2008; 11(2): 75-83). It found that supplementing with a combination of DHA and lutein may improve cognition.

By eating many fruits and vegetables in place of fast food and junk food, people could avoid obesity.

David H. Murdock

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ANTIBIOTICS LINKED TO ASTHMA AND ALLERGIES

A study conducted at Henry Ford Hospital in Detroit, Michigan demonstrated that children given antibiotics in their first six months of life have an increased risk of allergies to ragweed, pets, grass, and dust mites. They also have an increased risk of asthma. Christine Cole Johnson, Ph.D., was the study's lead author and senior research epidemiologist for Henry Ford's Department of Biostatistics & Research Epidemiology. She said that she is not against children receiving antibiotics, but believes that prudence is necessary before prescribing them for children at such an early age. Many antibiotics are prescribed unnecessarily, especially for viral infections like colds and the flu where they aren't effective. Additionally, antibiotics may alter the immune system by affecting the GI tract.

Data collected on 448 children from before birth until seven years of age, reported almost half (49%) of the children received antibiotics within the first six months of life. Children given antibiotics once in the first six months of life were 1.5 times more likely to suffer from allergies and 2.5 times more likely to have asthma than children who were not given antibiotics. If the mother had a history of allergies, the children given antibiotics were twice as likely to develop allergies as the non-antibiotic group. A breast-fed child who was given antibiotics, had a four-fold greater chance for developing allergies than children in the non-antibiotic group. Breast feeding, however, did not increase the incidence of asthma.