

# THE BETTER HEALTH NEWS

## ASTHMA IS ON THE RISE

TO YOUR HEALTH

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Approximately 20 million Americans have asthma, nine million of whom are under the age of 18. More than 70% of the people with asthma also suffer from allergies with 10 million of them having asthma specifically because of their allergies. The number of asthmatic patients has been growing, with the prevalence of asthma increasing by 75% between 1980 and 1994. Additionally, an increase of 160% in children under the age of five has been observed. In 2003, there were 12.7 million physician office visits and 1.2 million outpatient department visits due to asthma. There were 1.9 million asthma-related visits to emergency departments in 2002, and there are approximately 5,000 deaths from asthma annually. Direct health care costs for asthma in the United States total more than \$11.5 billion annually; indirect costs (lost productivity) add another \$4.6 billion for a total of \$16.1 billion. Prescription drugs represented the largest single direct medical expenditure, over \$5 billion.

The financial cost, the loss of quality of life and productivity, and the actual loss of life make it necessary to come up with effective and natural ways to help asthmatic patients. Something as simple as antioxidant nutrients can help. Research shows the benefits of antioxidants. An article in the *American*

*Journal of Clinical Nutrition* (1995;61 (Suppl.):625S-630S) found that a diet low in vitamin C is a risk factor for asthma. Exposure to oxidants also increases the symptoms of asthma. Low concentration of anti-oxidant nutrients in the plasma is associated with increased severity of asthma ("Plasma concentrations of dietary and nondietary antioxidants are low in severe asthma," Misso NL, Ray S, et al, *Eur Respir J.*, 2005; 26(2): 257-64). Also, low intake of foods containing vitamin C is low in asthmatics when compared to healthy subjects, according to research appearing in the journal *Thorax* ("*Dietary anti-oxidants and symptomatic asthma in adults*," Patel BD, Welch AA, et al, *Thorax*, 2006 Feb). Of course vegetables are an excellent source of antioxidants. Research supports the idea that eating more vegetables can reduce asthma symptoms ("Fruit and vegetable intakes and asthma in the E3N study," Romieu I, Varraso R, et al, *Thorax*, 2006 Jan 5). In general, nutrition can be a valuable tool for bringing asthma under control. Nutrients other than antioxidants that have been shown by research to be useful for asthmatics include: omega-3 fatty acids, selenium, magnesium, CoQ10, and manganese.

## SHOULD YOU AVOID THE SUN?

The sun is dangerous—its rays can give you melanoma and kill you. Beware of the sun! Don't go out on a summer's day without wearing either SPF 97 sun block or a lead-lined flannel shirt. Yep, the sun is right up there with trans-fats, cigarettes, and unprotected sex as a threat to our health; or so we are told.

What is dangerous is getting a sun burn and "excessive" exposure to the sun. Being out in the sun is not necessarily unhealthy. The sun is, after all, necessary for vitamin D metabolism. The band of radiation between 290 and 315 nm is necessary for the conversion of provitamin D<sub>3</sub> to previtamin D<sub>3</sub>. Eventually the previtamin D<sub>3</sub> is thermally converted in the skin. A sun block rated as low as SPF 8 can stop this process. Vitamin D is inherently inactive, and is converted by hydroxylation in the liver and kidney to its active form, 1, 25-dihydroxyvitamin D.

Limiting exposure to the sun, may create other health problems by creating a vitamin D deficiency. Let's take cancer for instance, one study, in the July-August, 2006 issue of *Anticancer Research*, makes the suggestion that sunlight and the

production vitamin D may reduce the risk of several cancers. There are other studies that indicate that vitamin D may protect us from cancer.

Activated vitamin D reduces inflammatory chemicals (cytokines) and increases the effectiveness of certain white blood cells. It stimulates potent anti-microbial peptides found in white blood cells and in the cells lining the respiratory tract.

According to the *Mayo Clinic Proceedings* (December 9, 2003), vitamin D deficiency is one possible cause of persistent and vague musculoskeletal pain. A study of 150 children and adults suffering from vague musculoskeletal pain found that 93% of the subjects were vitamin D deficient. Of the subjects involved with the study, all of the African, African-American, Hispanic and Native Americans were vitamin D deficient, as well as all of the subjects under the age of 30. These are people who have ancestors who lived in areas where there is a lot of exposure to the sun. Dark skinned people living in Northern latitudes tend to be deficient in vitamin D.

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Consider this when dealing with chronic pain that seems to resist other treatment. The worst vitamin D deficiencies were found in women of child-bearing age.

According to the Nov. 12, 2003 edition of the *Pain Management* issue of the *Journal of the American Medical Association*, the cost of treating pain unsuccessfully is \$61.2 billion per year. This study shows that there may be, at least in some patients, a very simple answer for this common problem.

Vitamin D deficiency is associated with a risk for osteoporosis, diabetes, high blood pressure, cancer, and auto-immune diseases such as multiple sclerosis. Inadequate vitamin D is also harmful for developing fetuses, and is the cause rickets of in children.

# Got Health Questions? We've Got Answers!

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## LOW TESTOSTERONE

In men, testosterone levels decline around the age of 30 and by age 80 may be down to 20% of someone in their 20s. Men with low testosterone tend to have less stamina, reduced muscle mass and reduced libido. They can also have cognitive problems as well as depression and anxiety. The thing you really notice in men with low testosterone levels is a lack of initiative—they fit the stay-at-home, couch potato stereotype. They may say things like, “I used to like to work on the car (go on a hike, go dancing, work around the yard, etc.), but I really don’t feel like doing that anymore.”

Low testosterone can lead to more serious health problems. It is linked to obesity (and increased abdominal fat), diabetes and heart disease. In the journal, *Circulation* (2007;116:2694-2701), a study examined the prospective relationship between endogenous testosterone concentrations and mortality due to all causes, cardiovascular disease, and cancer in a nested case-control study based on 11, 606 men aged 40 to 79 years. The researchers concluded that endogenous testosterone concentrations are inversely related to mortality due to cardiovascular disease and all causes. Low testosterone may be a predictive marker for those at high risk of cardiovascular disease. Other research

(*Circulation* 1999;100:1690-1696) showed that short-term intracoronary administration of testosterone, at physiological concentrations, induces coronary artery dilatation and increases coronary blood flow in men with established coronary artery disease.

Women can have low testosterone as well. Levels decline between the ages of 20 and 40. An article appearing in the journal, *Clinical Geriatric Medicine* (2003;19:605-616) reviewed the changes a woman goes through when testosterone levels decrease. When a woman receives estrogen for hormone replacement therapy after menopause, there is an increase in sex hormone-binding globulin. The sex hormone-binding globulin binds to testosterone, further decreasing levels. Low testosterone is linked to a decrease in libido, as well as a decrease in muscle mass, fatigue, irritability, sleep disturbances, poor memory and cognition, headaches, and even depression.

There are herbal products that contain 750 mg of Peruvian Maca root and 50 mg of Velvet Deer Antler (from live American elk), designed to enhance testosterone levels. In women, pituitary support is also helpful.

**If we knew what  
we were doing,  
we wouldn't call  
it "research"—**

*Einstein*

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## MS AND VITAMIN D

Researchers at Penn State and Helen Hayes Hospital in New York conducted a small study that has shown that a daily dose of 1000 IU of vitamin D causes changes in blood chemistry that indicate positive effects for multiple sclerosis patients. Also, in the Jan. 13, 2004 issue of *Neurology*, an analysis of data from the Nurse's Health Study indicates that vitamin D may have a protective effect against multiple sclerosis (MS). Women without MS symptoms completed questionnaires on diet and use of multivitamin supplements. A dose of 400 IU or more of vitamin D per day reduced the likelihood of developing MS by 40% when compared to subjects who used no supplements. The study involved 187,563 women, 173 women developed MS during the study. Earlier studies on mice have supported this idea that vitamin D may be a deterrent to MS. Some researchers have linked low vitamin D levels to MS. MS exists mostly in Northern

latitudes where there is less sunlight (hence less vitamin D).

Another case-control study, appearing in the *International Journal of Preventative Medicine* (2010 Summer; 1(3): 195-201) involved 50 patients (42 females, 8 males) with multiple sclerosis and 50 matched controls. The study was conducted in an area of Iran with medium-to-high risk of MS despite high sun exposure, mean serum levels of 25(OH)D were significantly lower in patients with MS (48 nmol/L), as compared to controls (62 nmol/L). Furthermore, higher rates of vitamin D deficiency and insufficiency, and lower rates of having normal vitamin D levels were found in patients with MS as compared to controls. The authors state, "We found the same results as those studies carried out in Europe and North America; i.e., lower serum vitamin D level in MS patients than that in normal population, in spite of sufficient sun exposure in Isfahan region."