

TO YOUR HEALTH

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LEARNING AND ESSENTIAL FATTY ACIDS

We grew up hearing that fish was "brain food". It turns out that the omega-3 fatty acids found in fish may be very beneficial to the brain. Taking omega-3 fatty acids may have a beneficial effect on cognition, mood, learning, child development and even ADHD.

Research that appeared in the *Journal*

*of Child Health Care* (e-published ahead of print Aug 9, 2011 doi: 10.1177/1367493511403953) measured omega-3 fatty acid levels in children with ADHD and in children with ADHD coupled with a learning disability. Researchers found that children with learning difficulties tended to have lower DHA (an omega-3 fatty acid) levels than children without a learning

difficulties. Students with high levels of DHA (measured in the red blood cells) tended to have less anxiety and better word recall than children with higher levels of omega-6 fatty acids. High omega-3 fatty

acid levels also correlated with better reading and spelling ability.

Other research looked at the omega-3 fatty acid levels of 96 boys between the

ages of six and 12 and the relationship between learning and behavior. The study appeared in *Psychology and Behavior* (1996;59 (4-5):915-920). It found a relationship between low omega-3 fatty acid levels and problems with learning, behavior, and with health problems in general. Interestingly, more colds and antibiotic use was noted in children with low omega-6 fatty acid levels.



## ARE YOU READY FOR FLU SEASON?

You have already heard about washing your hands, getting plenty of rest, vitamin C and Echinacea, but there are some other things you can do that may not be as familiar. These include:

- **Probiotics:** A double-blind, placebo-controlled study appearing in the journal *Pediatrics* (2009; 124(2): e172-9) analyzed the effect of supplementation on immune response in a group of children between the ages of three and five. The 110 subjects were given either a placebo, *Lactobacillus acidophilus* NCFM (a single probiotic), or a combination of probiotics. Taking the probiotics provided the test group with a 53% lower incidence of fever (for the single strain) and 73% reduction for the group taking the combination probiotic. Probiotics also reduced other cold and flu symptoms including coughing and runny nose. The group taking the supplement also missed fewer days from day care, 32% fewer days missed for those taking the single strain and 28% fewer days missed for the combination product. Antibiotic use was also less; 68% less in the single strain group and 84% less in the combination group, when compared to controls. These are significant reductions and the authors concluded that daily probiotic supplementation for 6 months (fall/winter) was an effective

way to reduce fever and other cold symptoms, and could lower antibiotic use and reduce the number of school days missed.

- **Eat breakfast:** In a study involving 100 subjects, illness was correlated to dietary habits. The subjects kept a diary for 10 weeks; in it they recorded any problems with memory and attention as well as any illness. Subjects who had more than one illness during the study were less likely to eat breakfast and more likely to drink alcohol. Those who developed more than one illness also tended to have negative, stressful events over the preceding year.

- **Vitamin D:** Seldom thought of as an immune vitamin, some scientists think that part of the reason for flu season is the short days—less sunlight and vitamin D.

- **Watch your diet:** Diet is very important. Sugar and refined flour products stress the immune system. Similarly, hydrogenated oils and deep-fried foods should be avoided. Fresh, brightly colored produce will help to boost your immune system. Fresh produce is high in vitamin C. The bright color in plant foods is from carotenes and bioflavonoids. These are powerful antioxidants that will help to protect your cells. The carotenes are precursors to vitamin A.

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**Get your stress levels under control:** Stress really puts a strain on the immune system and can increase your chances of getting sick. Reports from the University of Florida and the University of Iowa, published in the *Journal of Psychosomatic Medicine* (May, 2001). According to the article, those who reported having a lot of pain and stress were more likely to become sick than those who claimed to have only a little pain and stress. It is reasonable to expect that other stressful events may hamper immune function.

The idea behind vaccines is to confer immunity to a specific virus. Why not take additional steps to improve general immunity? We hear that half of Europe died during the Bubonic Plague in the 14<sup>th</sup> century. That means that the other half didn't die—better immunity. We use language like, "I caught a cold," or "I caught the flu". It makes it sound like the virus has moves like LeBron James. It fakes left, spins right and slam dunks into you. But we know that even in a pandemic, not everyone gets sick. So you want to enhance your immune system as much as possible.

# Got Health Questions? We've Got Answers!

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## CONGESTIVE HEART FAILURE

Congestive heart failure (CHF) exists when the heart cannot pump enough blood to meet the body's needs. There are 4.8 million cases of heart failure in the United States, with an estimated 400,000 new cases being reported each year (according to the National Heart, Lung and Blood Institute).

Causes of CHF include diabetes, high blood pressure and coronary artery disease. There may be an additional cause--prescription medication, especially the drugs we use to lower cholesterol and the drugs we use to treat heart failure.

Statins work by inhibiting the enzyme 3-hydroxy-3-methyl-glutaryl-CoA (HMG-CoA) reductase. They prevent the production of mevalonate from HMG-CoA. The body converts mevalonate to cholesterol and a variety of other products. One of the things that mevalonate produces is Coenzyme Q 10; thus these drugs ultimately prevent the production of coenzyme Q 10. Patients taking these drugs commonly experience exercise intolerance, myalgia and myoglobinuria. Studies show that these drugs have the potential to cause myopathies and rhabdomyolysis with renal failure. The FDA has warned about liver failure in conjunction with these drugs. These serious side effects occur in 1% of the population taking the drugs.

The heart contains high levels of coenzyme Q 10 and these levels are found to be lower in people suffering

from congestive heart failure. According to an article appearing in *The Lancet* (1998;352(Suppl. 1):39-41) notes that the incidence of heart failure has dramatically increased in the last three or four decades. The prevalence of heart failure has increased by 70% between 1990 and 2000. This corresponds with the increase in the use of statins.

Drugs that are used by heart patients may also deplete magnesium. Research appearing in *Magnesium Bulletin* (1994;16 (3):98-100) demonstrated that treatment with ACE inhibitors deplete magnesium. Patients with congestive heart failure seem to benefit from magnesium supplementation. A double-blind, placebo-controlled study appearing in the *International Journal of Cardiology* (2009; 134(1): 145-7) involved 79 patients with severe congestive heart failure. The subjects were randomly selected to receive either magnesium orotate or a placebo for one year. The survival rate was higher in the magnesium group (75.7% compared to 51.6% in the placebo group). Also, symptoms improved in 38.5% of the patients receiving magnesium. In 56.3% of the placebo group symptoms became more severe. Patients on the diuretic furosemide (sold under the brand name Lasix) tend to be deficient in both magnesium and B<sub>1</sub>.

It may be that the drug therapy directed at heart patients may be causing CHF. Fortunately, the damage from the drugs may be offset by nutritional supplementation.

**Happiness is  
nothing more  
than good  
health and a  
bad memory.**

*Albert  
Schweitzer*



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## **THIAMIN AND HEART FAILURE**

Patients on the diuretic furosemide (sold under the brand name Lasix) tend to be deficient in thiamin. A study appearing in *The American Journal of Medicine* (1991;151-155) measured thiamin status in 23 patients with congestive heart failure, and who were taking furosemide. A high thiamin pyrophosphate effect, which indicates thiamin deficiency, was found in 21 of the 23 subjects. Thiamin deficiency was only found in two out of 16 controls. This result was confirmed by other research appearing in the *Journal of the American College of Cardiology* (2006; 47: 354-61), which found that 33% of 100 hospitalized patients with congestive heart failure were thiamin deficient. Only 12% of healthy controls were found to be thiamin deficient.

Beriberi is the disease of thiamin deficiency. Wet beriberi affects the cardiovascular system and is characterized by an enlarged heart, and congestive heart failure. There is some research that indicates supplementation with thiamin may be of benefit to patients with congestive heart failure. A study appearing in *The American Journal of Medicine* (May 1995;98:485-490) looked at 30 patients with severe congestive heart failure who were also taking furosemide. In the double-blind study, the patients were given either IV thiamin (200 milligrams per day) or a placebo. The thiamin group experienced improvement in left ventricular ejection fraction--increasing by 22% in 27 patients who completed the full seven-week therapy. The authors of the study concluded that thiamin supplementation would be a beneficial addition to conventional therapy for congestive heart failure.