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THE BETTER HEALTH NEWS

TO YOUR HEALTH

A FEW WORDS ABOUT IODINE

Iodine is necessary to produce thyroid hormone. A review article appearing in the *Lancet* (March 28,1998;351:923-924) pointed out that 1.5 billion people are at risk for brain damage, due to lack of iodine. An article in the *Journal of Clinical Endocrinology and Metabolism* (1993;77(3):587-591) summarized the health problems brought on by iodine deficiency. These include cretinism, goiter, intellectual disability, growth retardation, neonatal hypothyroidism, increased miscarriage, increased perinatal mortality and increased infant mortality.

There may also be a connection between low birth weight and iodine deficiency, according to research appearing in *Pediatrics* (October, 1996;98(4):730-734). Research appearing in *the American Journal of Clinical Nutrition* (2009; 90(5): 1264-71) looked at iodine status and its relationship to brain development. The subjects were 184 children (between the ages of 10 and 13) with mild iodine deficiency. In the randomized, placebo-controlled study, the subjects were given either 150 mcg of iodine or a placebo each day for a period of 28 weeks. Those given the iodine had improved iodine status and improvement on two of four cognitive tests. Research appearing in the *American Journal of Clinical Nutrition* (May, 1996;63(5):782-786) found a connection between low iodine levels in children and slow learning.

Iodine supplementation may be useful in the treatment of fibrocystic breast disease. The *Canadian Journal of Surgery* (October 1993;36:453-460) found that women supplemented with iodine had greater improvement in their symptoms when compared to controls. Earlier animal research appearing in the *Archives of Pathology and Laboratory Medicine* (November, 1979;103:631-634) looked at rats who were given sodium perchlorate. Sodium perchlorate blocks iodine thus the researchers were able to mimic iodine deficiency in the rats, in turn creating fiborcystic breast disease in these animals.

Iodine is an important nutrient. It is especially important in pregnant women and children. Iodine is classified chemically with the halogens--it is similar to fluorine, bromine and chlorine. These other halogens can displace iodine; so drinking water with fluorine and chlorine may increase the need for iodine. Bromine is used in preservatives, like brominated vegetable oil (BVO), and should be avoided. Iodine requirements are 150 mcg per day for adults and 200 mcg per day for pregnant and lactating women. Some physicians believe that these numbers are too low. Too much iodine, however, can create hyperthyroidism.

ADHD

A small pilot study published in the *Journal of Alternative and Complementary Medicine* (2007 Dec;13(10):1091-7) assessed the treatment of 10 subjects with multiple natural therapies, including chelation, nutrition, environmental control, behavioral therapy, speech therapy, physical therapy and educational therapy. The subjects were aged 4-10 and had been diagnosed with both autism spectrum disorder and ADHD. They were treated with a comprehensive program of natural therapies for 3-6 months. The results were judged by doctors, teachers and parents. All ten children demonstrated significant improvement in language skills, writing, behavior and social interaction. Also, urinary lead levels dropped in all of the subjects.

Granted, this was a small study. It was not double-blind or placebo controlled. It does, however bring up the interesting possibility that children with ADHD may respond to a comprehensive program of natural therapies. It makes sense to use a multi-faceted approach and try to develop a safe and natural way to address this complex problem. A larger, objective study would be interesting to see.

Essential fatty acids seem to be of benefit to people with ADHD. There is an association between ADHD and other behavioral disorders and low levels of omega-3 fatty acids. Research appearing in the journal *Prostaglandins, Leukotrienes and Essential Fatty Acids* (Volume 75, Issues 4-5, October-November 2006, Pages 299-308) looked at omega-3 levels in red blood cell and in plasma phospholipids. Symptoms associated with essential fatty acid deficiency include thirst and dry skin. The researchers found that these symptoms were more common in patients newly diagnosed with ADHD (and therefore not on drug therapy) than in healthy controls. The researchers followed up with the willing subjects, testing blood, and urine. They also had the subjects fill out a general health questionnaire and provide dietary intake information. In the subjects with ADHD, the red blood cells and plasma phospholipids had less omega-3 fatty acids than were found in healthy controls. In the ADHD group, consumption of saturated fats was 30% higher than in the control group. The researchers were

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not sure why the omega-3 fatty acid levels were lower in the ADHD group and encouraged further research in this area.

Other studies have shown different nutrients to be of value. One study that appeared in the *Journal of Child and Adolescent Psychopharmacology* (2007; 17(6): 791-802) found that acetyl-L-carnitine may be of value for children with the "inattentive" type of ADHD. Another small study appearing in *Prostaglandins, Leukotreines and Essential Fatty Acids* (2002;67(1):33-38) found that supplementation with L-carnitine helped improve behavior in ADHD patients.

ARTHRITIS AND BOWEL FLORA

Reactive arthritis, following bouts of diarrhea, bowel infection or bowel inflammation is well-documented. Several species of bacteria have been associated with reactive arthritis including *Vibrio cholerae, Salmonella, Shigella, Yersinia and Campylobacter.* Between 10-20% of patients with Crohn's disease develop reactive arthritis. More information about this is found in "Antigens, the Gastrointestinal Tract and Arthritis", Inman, Robert D., M.D., *Rheumatic Disease Clinics of North America* (May 1991;17(2):309-321).

Food, in some instances, can produce the symptoms of rheumatoid arthritis. One small study examined 16 patients with rheumatoid arthritis (RA) who reportedly had arthritis related to food consumption. Of the 16, three of the patients demonstrated subjective and objective changes after a blind controlled food challenge. They were also asymptomatic when not exposed to the offending food. It is possible that elimination diets may work for some RA patients. According to the journal article, "Intestinal Flora, Bacteria and Arthritis: Why the Joint", [Hazenberg, M.P., *Scandinavian Journal of Rheumatology* (1995;24(Suppl. 101):207-211)], by products from bowel bacteria may be implicated in certain cases of arthritis.

In another study, "Small Intestinal Bacterial Overgrowth in Patients With Rheumatoid Arthritis", Henriksson, A.E.K., et al, *Annals of Rheumatic Diseases* (1993;52:503-510) 25 patients who tested positive for RA were studied. Eight of the 25 (32%) were either hypochlorhidric (low stomach acid) or achlorhydric (no stomach acid). They were compared to achlorhydric controls as well as controls with normal stomach acid production, who did not test for rheumatoid factor. Of the subjects with inadequate hydrochloric acid production, half of the controls and half of the RA patients had small intestine bacterial overgrowth. Of the subjects with normal stomach acid production, none of the controls had bacterial overgrowth in the small intestine, but 35% of the RA patients had bacterial overgrowth in the small intestine. The authors conclude that there is a connection between bacterial overgrowth and the disease and that hydrochloric acid production is connected to bacterial overgrowth.

A diet that works to balance the bowel flora, like an elimination diet or a vegan diet may be beneficial to patients with RA. Improving the diet is a safe, inexpensive way to address the disease. Finding and eliminating food sensitivities may also be useful in treating RA. Eating vegetables helps to balance the bowel flora. Adequate enzyme and hydrochloric acid production also helps to keep the bowel flora in balance. These are small studies and observations, but may be significant. It should be noted that Alexander Fleming's discovery of a substance produced by mold that inhibited bacterial growth was not from a large clinical study, and did not get much attention at first. Earlier observers noted that mold suppressed bacterial growth, but thought nothing of it. But these minor observations set the stage for the development of penicillin.

As I see it every day you do one of two things: build health or produce disease in yourself.

Adelle Davis

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B VITAMINS AND ADHD

A study published in the *Journal of Learning Disabilites* (May, 1982;15(5):258-264) looked at B vitamin supplementation and hyperactivity or cerebral dysfunction. The subjects of the study were 100 children who were either hyperactive or had cerebral dysfunction. They were given 100 mg of thiamin qid, calcium pantothenate (source of B_5) twice daily, 50 mg of B_6 twice daily or a placebo for three days. If the subjects responded to the vitamin therapy, they were given the supplements a second time, this time for one week. Then were alternated between supplementation and placebo. Those who did not respond well to the initial vitamin therapy were given large doses of B complex, niacinamide or put on an elimination diet.

Hyperkinetic cerebral dysfunction exists for many and varied reasons. Different subjects responded to different aspects of the therapy. Eight of the children in the initial sampling responded to the high-dose thiamin, with four of them needing continued doses of thiamin. Nine of the children responded to the B_6, with five more responding to an even higher dose of vitamin B_6. Eight of the children responded to a hypoallergenic diet (the Feingold diet). The point is that different children respond to different therapies and there is no “one size fits all” solution for this particular health issue.