

THE BETTER HEALTH NEWS

VITAMIN C DEFICIENCY AND DISEASE

TO YOUR HEALTH

FOOD SENSITIVITY AND MIGRAINE 2

VITAMIN D AND ASTHMA 3

IS IT SCIENCE OR MARKETING? 4

HEALTH QUESTIONNAIRE 5

MELATONIN AND CLUSTER HEADACHES 6

A cross-sectional study appearing in the *American Journal of Epidemiology* (Aug 15; 170 (4):464-71) correlated vitamin C levels and other disease markers in 979 nonsmokers. The subjects of the study were men and women between the ages of 20 and 29 years, who were participating in the Toronto Nutrigenomics and Health Study. Serum ascorbic acid (vitamin C) levels were measured in fasting, morning blood samples. Dietary intake was assessed for one month with a 196 item food frequency questionnaire.

It was determined that 14% of the subjects were deficient in vitamin C, and 33% had suboptimal levels of the nutrient. Low ascorbic acid levels were associated with high C-reactive protein levels. C-reactive protein (CRP) is a globular protein that increases in the serum as a response to injury or inflammation. It turns out to be a good predictor for cardiovascular disease. A study appearing in the *Journal of the*

*American Nutraceutical Association* (2005;8(1):43-44), involving more than 27,000 women, found that CRP was a better predictor of



cardiovascular disease than LDL (bad) cholesterol. High CRP levels are actually associated with increased mortality from all causes. A CRP level greater than

3 mg/L in men was found to increase the likelihood of death by nearly two-fold, according to research appearing in *Clinical Chemistry* (2008 Feb;54(2):335-42). The high CRP levels increased the likelihood of heart attack by a factor of 2.15 and increased the likelihood of cancer by a factor of 1.6.

The vitamin C deficient subjects also tended to have higher waist circumference, body mass index and blood pressure than did subjects with normal vitamin C levels. At least part of the problem was diet; one in seven of the subjects did not consume the recommended daily intake of vitamin C.

## FOOD SENSITIVITY AND MIGRAINE

Finding and eliminating food sensitivities may help some, but not all, patients with migraine headaches. A study that was presented at the International Pediatric Symposium (March, 1991;6/9) looked at 32 migraine patients between the ages of 10 and 20. The patients were allowed to eat an unrestricted diet for three weeks. Afterwards they were placed on a strict elimination diet for an additional three weeks. During the course of the study the 27 subjects who completed the study kept a headache diary. A subject who had reduction of 50% (or better) in the number of days with a headache while on the elimination diet was considered to be a "responder". Seven of the subjects (or just over 25%) were classified as responders. All of the subjects were given *in vivo* and *in vitro* allergy tests, and the tests were negative for all subjects (including the responders). This shows that there is a relationship between food and headaches in at least some patients.

Other research appearing in *Headache* (1989;29(5):315-6) looked at 102 migraine patients. The study had the same parameters, which was three weeks of an unrestricted diet, followed by three weeks of an elimination diet. Of the 74 subjects that completed the study, 38 experienced improvement of symptoms while on the elimination

diet. The researchers were able to trigger 44 migraine attacks in the group by reintroducing specific foods.

A similar result was obtained in a separate study, published in *Cephalgia* (June 1991;Suppl. 11(11):117), with 50% of the subjects experiencing at least a 50% reduction in headache frequency while on an elimination diet. In this study those who responded to the elimination diet were given antihistamines over a period of eight weeks, but the drugs were not effective in preventing migraines. This suggests that the food sensitivity is not related to an immune response.

In an older study, appearing in the *Lancet* (May 5, 1979;966-969), 60 migraine patients were placed on a very strict elimination diet that consisted of only lamb, pears and bottled water for five days. They were then challenged with certain foods to see if the food triggered a migraine attack. Attacks were triggered in 33% of the patients by corn, yeast and cane sugar. Of the foods tested, wheat triggered headaches in the most patients, causing migraine attacks in 78% of the patients. Coffee and tea each triggered attacks in 40% of the patients. Oranges triggered attacks in 65% and eggs triggered attacks in 45% of the patients.

### WholeHealthWeb.com

Whole Health Web is a site designed to teach people about the value of natural health care.

Our goal is to inform you and to help you to start a conversation with your doctor about natural health care.

Most of our articles are about scientific research. We will also provide opinion pieces provided by natural health practitioners.

Visit us often, as we are continually adding new content

## VITAMIN D AND ASTHMA

A cross-sectional, case-control study published in the *Journal of Pediatrics* (Volume 156, Issue 6, June 2010) looked at 113 African American children between six and 20 years of age, and compared vitamin D levels in those with asthma and those without asthma. Vitamin D deficiency was found in 86% of the asthmatic subjects, as compared to 19% in the control group.

The *Journal of Allergy and Clinical Immunology* (Volume 126, Issue 1, Pages 52-58.e5, July 2010) looked at vitamin D levels in 1,024 children with mild to moderate asthma. Vitamin D (25(OH)D) levels were below 30 ng/ml in 35% of the subjects. Also, poor vitamin D status was associated with an increased risk of hospitalization or needing to go to the emergency room.

# Got Health Questions? We've Got Answers!

Now more than ever before, it's important to take an active role in our own health care. But with the masses of information out there, how do you know what you can trust?

Whole Health Web offers free, reliable, scientific-based answers to the top health questions facing Americans today. Our articles and information are based on years of clinical research, experience and the most trusted sources for health information.

So, if you've got questions about your health, then look no further. Whole Health Web is your complete resource for reliable, accurate information.

[Click here](#) to visit [Whole Health Web](#) now to get access to a variety of free resources and information.



 **WholeHealthWeb**<sup>TM</sup>  
Learn to feel better...naturally!

## MIGRAINES AND MAGNESIUM

According to the National Institute of Neurological Disorders and Stroke, migraine headaches affect 28 million Americans, 75% of whom are women. Migraine headaches cost an estimated \$13 billion in missed work and reduced productivity each year. Back in 1991, according to the *Journal of the American Medical Association* (January 1, 1991;267(1):64-69) there were 8.7 million women and 2.6 million men who suffered from moderate to severe migraine headaches. So there has been an increase in the number of Americans suffering from migraines in the last 20 years.

There is a fair amount of research that shows that magnesium supplementation may offer some relief for many migraine sufferers. An article appearing in *Clinical Neuroscience* (1998;5;24-27) pointed out that magnesium affects serotonin receptors as well as the synthesis and release of nitric oxide. One study, appearing in *Cephalgia* (1993;13:94-98) looked at the level of magnesium in the red blood cells of 90 migraine sufferers (30 with aura and 60 without aura) and compared it to 30 healthy, matched controls. During the period between headaches, the magnesium levels in migraine patients were lower than that of the healthy controls. The patients who had migraines with aura tended to have lower magnesium levels than the patients who did not have an aura. An active headache did not change the magnesium levels in the migraine patients. Other research appearing in *Cephalgia* (1992;12:21-7) also found lower serum and salivary magnesium

levels in headache patients when compared to healthy controls.

Research in the journal *Headache* (2001;41:171-177) looked at the effect intravenous magnesium sulfate had in treating acute migraine attacks. The subjects of the single-blind, placebo-controlled study were 24 women and six men who presented to a headache clinic. One gram of intravenous magnesium sulfate was given to 15 of the patients, with the other 15 receiving a placebo. In the group receiving the magnesium, 13 of the 15 subject experienced complete relief of pain, with the other two subjects experiencing a reduction in symptoms. In the placebo group, only one patient experienced a reduction in pain.

Research has also shown that magnesium supplementation may help prevent migraine headaches. A study that appeared in *Cephalgia* (1996;16:257-63) looked at 81 migraine patients experiencing a mean attack frequency of 3.6 migraines per month. They were randomly divided into two groups and given either 600 milligrams of magnesium per day or a placebo for 3 months. In the final month of treatment, the frequency of attacks in the group receiving the magnesium was reduced by over 41%, with the placebo group experiencing only a 15.8% reduction in migraine episodes. The patients receiving the magnesium were also able to reduce the amount of medication taken.

Surgeons must  
be very careful

When they take  
the knife!

Underneath  
their fine  
incisions

Stirs the  
culprit—life!

Emily  
Dickinson,  
poem #108,  
1859

# HOW HEALTHY ARE YOU?

**FINDING OUT IS EASY AS 1, 2, 3!**

Right Now, You Can Take Advantage Of Our Free Online Health Assessment Tool.

**JUST FOLLOW 1, 2, 3!**

1. Visit our website to take the **FREE** online health assessment.
2. Print the results.
3. Bring your results to your natural health practitioner.

**TAKE OUR FREE ONLINE HEALTH ASSESSMENT NOW!**

**Visit: [www.WholeHealthWeb.com](http://www.WholeHealthWeb.com)**  
**And Take Your Free Health Assessment Now!**



WholeHealthWeb.com

Visit often as we are continually adding new content

#### Disclaimer

All content found in this newsletter and on the WholeHealthWeb.com website, including: text, images, audio, or other formats were created for informational purposes only. The Content is not intended to be a substitute for professional medical advice, diagnosis, or treatment.

Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on this website. Links to educational content not created by WholeHealthWeb.com are taken at your own risk.

We are not responsible for the claims of external websites and education companies.

## MELATONIN AND CLUSTER HEADACHES

Cluster headaches are one-sided headaches that occur in cyclical patterns (clusters). Bouts of frequent attacks are called cluster periods; they may last for weeks or even months. The cluster periods are usually followed by periods of remission when the headaches are absent. Remission periods can last for months or even years. Generally the onset of the headache is sudden. The pain is extremely severe, and one-sided, and is usually around the eye. In fact patients often say that it feels like a hot poker being shoved into the eye. There is often redness, swelling and excessive tearing on the affected side. The eyelid may droop and the pupil may be constricted. Often the patient experiences migraine-like symptoms, including nausea, sensitivity to light and sound, and aura.

During a cluster period, headaches typically occur every day, sometimes several times a day. The attacks may between 15 minutes and several hours. They generally occur at the same time of day. During an attack patients appear restless, and may pace or rock back and forth while sitting. The movement helps to soothe the attack. In

contrast to migraine patients, people with cluster headaches generally avoid lying down during an attack because lying down seems to increase the pain.

In patients with cluster headaches there is generally a decrease in nocturnal melatonin levels. A double-blind, placebo-controlled study, appearing in *Cephalgia* (1996;16:494-496) looked at 20 patients with cluster headaches and the effect melatonin supplementation had on symptoms. For two weeks subjects were given either 10 milligrams of melatonin at bedtime or a placebo. The group receiving the melatonin experienced fewer headaches and took less medication than the placebo group. After three to five days of treatment, half of the patients in the treatment group stopped having headaches until the melatonin was discontinued. The journal, *Neurology* (September 2003;61(2 of 2):865-866) cites three cases where melatonin effectively relieved idiopathic stabbing headaches. The article recommends an initial dose of 3 mg at bedtime, increasing by 3 mg every 3-4 nights until there is pain relief, with 24 mg being the upper limit