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THE BETTER HEALTH NEWS

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EAR "INFECTIONS"

The common treatments for ear infections: antibiotics and tympanostomy ("ear tubes") have been brought into question. According to *Family Practice News* (October 15, 1998:30), doctors in the Netherlands do not use antibiotics for otitis media, they use decongestants. Antibiotics are only used as a last resort.

In this country, some physicians believe that antibiotics are overused. An article appearing in *Family Practice News* (June 15, 1996;43) blame the overuse of antibiotics on otitis media for the increase in drug-resistant strains of bacteria. The article notes that resistant strains of *Streptococcus pneumoniae* have increased from 6% to 20% between 1992 and 1995. In 1994 otitis media was responsible for 29.6 visits to the doctor and 85% of the patients received prescription antibiotics.

The Dutch may be onto something with their use of decongestants. Allergies have been implicated in many cases of otitis media. Research appearing in *Otolaryngolgy—Head and Neck Surgery* (May-June 1981;89:427-431) found that in 119 patients with a history of otitis media in the previous six months, and fluid present in the ear, 93.3% had allergies that were verified by positive RAST tests. The one-year success rate for the patients tested and treated for allergy was 91.6%. This success rate was much better than the 52.2% success rate enjoyed by a group of patients treated surgically. Other research in appearing in *Otolaryngology—Head and Neck Surgery* (1996;114:531-544) found that in a sampling of 103 patients with either otitis media, fluid effusion or both, 89% had allergy symptoms.

Patients with otitis media have responded to natural therapy. A study appearing in the *Annals of Otology, Rhinology, and Laryngology* (July 2002;111(7 Part 1):642-652) looked at supplementation in 44 children with low levels of eicosapentaenoic acid (EPA—found in fish oil), vitamin A and selenium. Seven of the children were given cod liver oil (containing EPA and vitamin A) and a selenium supplement. Five of the children did not have any ear infections while being supplemented and overall the supplemented group had 12% fewer days where they required antibiotics for otitis media.

The use of "ear tubes" has long been questioned in *Family Practice News* (December 15-31, 1990;20(24):1,30). The article points out that the tubes can lead to hearing loss. There are studies that have looked at subjects who have had a tube placed in one ear but not the other. The benefits of the tube last about six months or less. One study looked at 98 children who had one tube placed in a single ear. In a five year follow-up, it was found that there was a 21% higher incidence of deafness in the treated ear.

In the United States the approach to otitis media consists of antibiotics and following up with tube placement if the child suffers from repeated "infections". It is becoming clear that automatically prescribing antibiotics for a child with otitis media may not be a good idea. Antibiotics are only effective in about 14% of the cases and the practice of placing tubes may not be wise.

A PARADIGM THAT IS NOT WORTH 20 CENTS

Health care costs in the United States exceed $2 trillion per year; this is more than 15% of our GDP. Most industrialized nations only spend about 10% of their GDP on health care. The US ranks 15th out of 19 nations with regard to preventable deaths. It is estimated that 115 per 100,000 people die who would have survived if timely and appropriate medical care was administered. France scored highest in this category, with only 75 deaths per 100,000. The US ranks last in infant mortality, with 7 deaths per 1,000 births. The top three countries have 2.7 deaths per 1,000 births—less than half our number. We are at the bottom of the list in life expectancy. American children miss more school for illness than the children from the other industrialized nations. Fewer than half of American adults receive the recommended screening tests appropriate for their age and sex. Preventable hospital admissions for chronically ill patients (e.g. those with asthma or diabetes) were twice as high compared to the nations at the top of the list. The rate of readmission of Medicare patients ranges from 14-22%.

We spend more and get much less than other industrialized nations. More use of natural health care would reduce this bill. For example, there are a number of studies that demonstrate that asthmatics will have fewer attacks and fewer hospitalizations if they eat a diet that is high in fresh produce and essential fatty acids. Studies have also shown that supplementation with antioxidants, omega-3 fatty acids and magnesium have all benefited patients with asthma. Such recommendations are not given in medical offices. The reasons given for ignoring natural health care include, “the studies are too small and inconclusive” and "vitamins don't cure disease".

Treatments for diseases are usually singular: we give Ritalin to children with ADD and ADHD--not essential fatty acids, exercise, or a diet that is free of sugar and additives. We don't even augment the drug therapy with natural approaches that are researched and show promise. Large follow-up studies are usually not performed to "prove" the efficacy of the natural treatments. Even though natural health care treatments are low-risk and high-gain, doctors tend to want them to be proven by large studies.

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The drug companies buy ads in the medical research journals, they also endow medical schools with money and they sponsor post-graduate education for doctors. They don't necessarily have to suppress any research (although that has been done in the past). What they have been able to do is create this single treatment paradigm--it is an approach that favors drug therapies. Doctors don't give vitamin C and fish oil to asthmatics; even though it would improve the health of these patients. It is not a "cure", but it does improve symptoms and reduce hospitalizations. They have been taught not to do this--their entire education, from medical school to the grave, is influenced by the drug companies. CoQ10 can help prevent heart attacks, there are supplements that can speed recovery from surgery and shorten hospital stays, and there are many other natural health approaches that can cut our medical costs. Unfortunately they are largely ignored by the medical community. Supplementation does not fit their paradigm.

ERECTILE DYSFUNCTION

Erectile dysfunction is often a problem with circulation. Because it is an early indicator of problems with blood flow, the presence of erectile dysfunction may forewarn future cardiac problems. Various herbs and nutrients have been studied. The *Asian Journal of Andrology* (2007; 9(2): 241-4) studied the effect of Korean red ginseng in a double-blind, placebo-controlled study involving 60 subjects with erectile dysfunction. At the end of the 12 week study, the group receiving 1000 mg of Korean Red Ginseng 3x per day had improvement of symptoms according to the five item version of the International Index of Erectile Function (IIEF-5). Those taking placebo did not experience a significant improvement.

Another herb, *Lepidium meyenii* (Maca) was tested on subjects with mild erectile dysfunction. The double-blind, placebo-controlled study appeared in *Andrologia* (2009; 41(2): 95-9). There were 50 subjects who were randomly divided and given either 2400 mg of Maca extract per day or a placebo. The supplemented group had improvements in the IIEF-5 scores and improvement in the Satisfaction Profile questionnaires.

A high proportion of men with metabolic syndrome also have erectile dysfunction. A study appearing in *Diabetes Care* (May 2005;28(5):1201-1203) looked at 100 men with metabolic syndrome and compared them to matched, healthy, controls. The men with metabolic syndrome had more than double the incidence of erectile dysfunction, compared to the controls (26.7% vs 13% respectively)

Lifestyle, the same thing that reduces the chances for a heart attack, can improve erectile dysfunction. Research appearing in the *Journal of the American Medical Association* (June 23/30, 2004;291(24):2978-2984) looked at 110 obese men (without diabetes, high cholesterol or high blood pressure) with erectile dysfunction were randomly divided into two groups. The intervention group was educated on how to lose 10% or more of their body weight through diet and exercise. The control group was given general information about nutrition and exercise. At the end of two years, the body mass index decreased in the intervention group, from a mean of 36.9 to 31.2 (a reduction of 5.7), compared to a reduction of 0.7 in the control group. Blood markers for inflammation also were reduced in the intervention group. The mean score of the International Index of Erectile Function also improved in the intervention group.

While some studies do show benefit from herbal therapies, it is wise to take a comprehensive approach. The research supports lifestyle change as a way to bring this problem under control. It is always wiser to view your symptoms as a message from your body–telling you that something is wrong--rather than simply treating symptoms.

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DEPRESSION AND OMEGA-3 FATTY ACIDS

A small, double-blind, placebo-controlled study, published in the *American Journal of Psychiatry* (2006; 163(6): 1098-100), looked at supplementation with omega-3 fatty acids and its effect on childhood depression. The subjects of the study were 20 children between the ages of six and 12 suffering with depression. They were randomly assigned to receive either an omega-3 fatty acid supplement or a placebo. The children were evaluated using the Children's Depression Rating Scale, the Children's Depression Inventory and the Clinical Global Impression. Evaluations were taken at the beginning of the study and at weeks 2, 4, 8, 12 and 16. At the end of the study, 70% of the supplemented children showed at least a 50% reduction in depression scores.

Another double-blind study appeared in *Brain Behavior, and Immunity* (epublished ahead of print July 19, 2011 doi:10.1016/j.bbi.2011.07.229); it looked at omega-3 fatty acid consumption, its effect on the production of inflammatory chemicals known as cytokines and its effect on depression. The subjects of the 12 week study were 68 medical students who were given either a placebo or an omega-3 fatty acid supplement containing EPA (2085 mg/day) and DHA (348 mg/day). Blood samples were taken regularly during periods of low stress as well as on days before an exam. The student who received the omega-3 supplement produced lower levels of the chemicals associated with inflammation. Compared to controls, those students who received the supplement had a 14% decrease in lipopolysaccharide (LPS) stimulated interleukin 6 (IL-6) production (a chemical that indicates the presence of inflammation) and a 20% reduction in anxiety symptoms, without significant change in depressive symptoms.

Because people vary in their ability to absorb essential fatty acids, blood tests were performed to look at the ratio between omega-3 fatty acids and omega-6 fatty acids in the blood. A higher ratio of omega-3 to omega-6 fatty acids was associated with decreased tumor necrosis factor alpha, another chemical that indicates the presence of inflammation.