THE BETTER HEALTH NEWS

ANX/IETY AND

Choline is grouped with the B vitamins, although in the strictest sense of the word, it is not a vitamin because humans can manufacture small amounts of it. Dietary consumption of choline is necessary because we cannot synthesize enough to maintain optimal health. Most of the choline in the body is found in phospholipids, the most common of which is lecithin, or phosphtidylcholine.

Choline is important for the integrity of the cell membranes (which are partially made of phosphlipids). It is also important for cell signaling, which is communication among individual cells so as to coordinate their behavior to benefit the organism as a whole. It is important for fat metabolism, and without adequate choline, fat can accumulate around the liver. Choline is necessary for the production of acetylcholine, which is an important neurotransmitter.

A study appearing in the American Journal of Clinical Nutrition (2009, 90(4): 1056-60) looked at anxiety and its relationship to the amount of choline in the blood. The two groups of subjects in the cross-sectional study were between the ages of 46 and 49 or 70 and 74. The Hospital Anxiety and Depression Scale was used to evaluate the 5,918 subjects. It was found that there was an inverse relationship between plasma choline and anxiety. The relationship did not extend to depression and no relationship between choline levels and depression was found.

Choline functions with inositol as a basic constituent of lecithin. It is in egg yolk, liver, brewer's yeast and wheat germ. It is associated with the utilization of fats and cholesterol in the body. It prevents fats from accumulating in the liver and facilitates the movement of fats into the cells. Choline is also essential for the health of the myelin sheaths of the nerves. It also helps to regulate and improve liver and gallbladder function and aids in the prevention of gallstones.

Choline deficiency is associated with fatty deposits in the liver and may be related to cirrhosis of the liver, atherosclerosis and high blood pressure.

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ANTIOXIDANTS AND GRAVES DISEASE

Graves' disease is an autoimmune condition; it is due to the immune system attacking the thyroid. This causes an overproduction of thyroid hormone. Graves' disease is the most common cause of hyperthyroidism. Symptoms may include irritability, anxiety, trouble sleeping, rapid heartbeat, weight loss, increased perspiration, sensitivity to heat, a fine tremor in the hands or fingers and weight loss. The patient may also experience more frequent bowel movements, women may notice a change in the menstrual cycle and the thyroid gland may become enlarged.

One common symptom is exopthalmos, or a "bulging" of the eyes. It is also known as Graves' ophthalmopathy. It is possible for the eyes to be dry, there may be a sensation of "grit" in the eyes, the eyes may become red or inflamed and sensitive to light, and may also become watery. If the condition becomes severe ulcers may form on the cornea, eye movements may become limited and vision may be affected (blurred, double vision or reduced vision). Smokers are much more likely to develop Graves' ophthalmopathy than non smokers.

Research appearing in IUBMB Life (2001;51:105-109) looked at the effect supplementing with antioxidants had on Graves' disease. The subjects were 56 patients between the ages of 22 and 66, with hyperthyroidism. They were randomly divided into three groups and received either methimazole (antithyroid medication) alone, with an antioxidant supplement (200 mg vitamin E, 3 mg beta carotene, 250 mg vitamin C, 7.5 mg zinc, 7.5 mg manganese, 1 mg copper and 15 mcg selenium), or a combination of the drug and antioxidant. The antioxidant alone did not affect thyroid hormone levels. It was, however, noted that hyperthyroid patients had indicators of oxidative stress (need for antioxidants); malondialdehyde is increased and superoxide dismutase (SOD) and catalase activity is decreased when compared to healthy controls. The authors of the study concluded that antioxidants may be a valuable adjunct to help relieve some of the symptoms of Graves' disease. Other research appearing in Pharmazie (2005; 60(9): 696-700) looked at DNA damage to peripheral

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lymphocytes (white blood cells) in patients with Graves' disease. Treatment with antioxidants reduced the cellular damage.

Of course this is not a "cure". It is just a way to improve the health of these patients. There are natural approaches to Graves' disease, but that is a lengthy subject. Harry Eidenier, PhD has put together a protocol that, in some cases, will get hyperthyroidism under control. Hyperthyroidism is dangerous and must be gotten under control quickly, so if natural methods do not work, make the appropriate referral—and do it quickly. Hyperthyroidism can be life-threatening. The suggestion for antioxidants is just to give some symptomatic relief, no matter where the patient is with his or her therapy.

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MAGNESIUM AND DYSMENORRHEA

Dysmenorrhea is severe pain associated with the menstrual cycle. Dysmenorrhea is considered to be primary when there is other pathology no affecting the reproductive system. It is considered secondary if it is due to pathology, like endometriosis. The pain in primary dysmeorrhea is believed to be caused by the uterus contracting and from lack of oxygen in the area. Pain is usually perceived as cramps, but may be a dull, constant ache. Symptoms usually begin shortly before or during menses (bleeding), and may include nausea, diarrhea, frequent urination, depression or mood swings, or breast tenderness.

A study appearing in Zentralblatt für Gynäkologie (1989;111:755-760) looked at 50 women with primary dysmenorrhea. The women were randomly divided and received either magnesium supplementation or a placebo for six months. At the end of the study, 21 of the 25 supplemented women demonstrated a reduction in symptoms. Magnesium reduce the production may of prostaglandin F2a, a substance which may be responsible for the symptoms of dysmenorrhea. The subjects receiving the magnesium had 45% less prostaglandin F2a in the menstrual blood. Other research appearing in the German medical journal. Schweizerische Rundschau für Medizin Praxis (April 17, 1990;79(16):491-494) looked at the effect magnesium supplementation had on dysmenorrhea. The subjects in the double-blind trial were 32 patients suffering with dysmenorrhea, between the ages of 16 and 42. The women were randomly divided to receive either a placebo or a dose of magnesium for three days, beginning on the day before menstruation. There was little difference in symptomatology between the two groups on the first day. On the second and third day, however, the magnesium group experienced less back pain, lower back pain or other symptoms.

An article appearing in *Clinical Obstetrics* and Gynecology (1978;21(1):139-145) discusses the role og prostaglandin F2a and how it increases the amplitude and frequency of uterine contractionscreating cramping. This is demonstrated by the fact that when injected, prostaglandin F2a can produce uterine cramping. The author of the study recommends а combination of magnesium and vitamin B₆ to treat dysmenrrhea. He notes that when B₆ is given alone, it can increase the magnesium content of red blood cells, because B₆ increases the influx of into the cell. The magnesium combination of these two nutrients can reduce the intensity and duration of menstrual cramps.

Quit worrying about your health—it will go away.

Robert Orben

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STRESS DURING PREGNANCY & BIRTH Defects

According to research appearing in the September, 2000 issue of The Lancet, women who are under stress during the first trimester of their pregnancy are more likely to give birth to a child with birth defects than women who are not under stress. The researchers reviewed the medical records of women and looked for sources of extreme stress-like severe illness of a partner or child or death of a loved one. The stress occurred during the pregnancy or up to 16 months before the pregnancy. The researchers identified 3,560 women who had such stress and compared them to over 20,000 pregnancies where the women did not have extreme stress.

There were 42 women in the stress group who gave birth to a child with birth defects; this constitutes 1.18% of those pregnancies resulting in a birth defect. In the control group, only 0.65% of the pregnancies resulted in a birth defect. This represents an 80% increase in risk. If the death of an older child occurred during the pregnancy,

it created a five-fold increase. If that death was unexpected, it created an eight-fold increase in the likelihood of producing a birth defect.

Interestingly, stress can affect fertility. A study published in the *Medical Tribune* (December 1, 1994;16) studied 150 couples and found that the stress of a death in the family had a negative effect on the quality of sperm. Stress caused by a divorce or separation also had a negative effect on sperm. Interestingly, stress from work had no effect on sperm. Considering what stress can do to the fetus, this may be a blessing in disguise.

Exercise is one easy, inexpensive way to get stress under control. Research appearing in the November 1999 issue of the *Annals of Behavioral Medicine* demonstrates the value exercise has for reducing stress. The subjects of the study were 135 college students. The study found that those who exercised regularly coped with stress better and had 37% fewer physical symptoms than those who did not exercise regularly. Sedentary students had 21% more anxiety than the students who exercised regularly.