

THE BETTER HEALTH NEWS

RHEUMATOID AND BOWEL FLORA

TO YOUR HEALTH

SUNLIGHT AND HEALTH 2

NUTRITION AND SURGERY 4

HEALTH QUESTIONNAIRE 5

MOM'S DIET AFFECTS BABY'S ALLERGIES 6

Research appearing in the *Annals of Rheumatic Diseases* (1993;52:503-510) looked at the relationship between the overgrowth of bowel flora in the small intestine and rheumatoid arthritis. There were 25 subjects with positive rheumatoid factor who were compared to 23 controls; 11 of the control subjects had normal stomach HCl secretion and 12 of them were either achlorhydric or hypochlorhydric (as determined by pentagastrin stimulation). Both the controls and the rheumatoid patients were tested for small intestine bacterial overgrowth. The researchers noticed that a high percentage of the rheumatoid patients had small intestine bacterial overgrowth. Of the subjects with rheumatoid arthritis, 35% of those with normal acid secretion, and half of those with hypochlorhydra or achlorhydra, had bacterial overgrowth. None of the controls with normal acid secretion had small intestine bacterial overgrowth. Also, serum rheumatoid factor was higher in rheumatoid patients with bacterial overgrowth. The authors concluded that small intestinal bacteria overgrowth was found in great frequency in patients with RA and is associated with a high degree of disease activity.

An article appearing in the *Scandinavian Journal of Rheumatology* (1995;6(101):207-

211) discusses the connection between bowel flora and arthritis. Various bacteria can cause reactive arthritis; and patients with inflammatory bowel disease often suffer from joint inflammation. According to the authors of the article, gut flora produce substances that are implicated in the arthritis associated with inflammatory bowel disease. T cells come into contact with these antigens and develop recognition and eventually become involved with joint inflammation. Research has shown vegetarian diets to be beneficial for both inflammatory bowel disease and for arthritis.

A commentary on the benefits of diet therapy on rheumatoid arthritis, appearing in *The Lancet* (1992;339:68-69) points out the patients benefit from a diet high in raw foods, while avoiding dairy and grains. The authors point out the absence of RA in prehistory, and that the differences between ancient diets and the modern diet include grains, dairy and cooking. The authors cited a study where 75% of rheumatoid arthritis patients experienced improvement utilizing such a diet. The authors of this article believe that RA is caused by bacterial peptides crossing the intestinal barrier and creating inflammation.

## SUNLIGHT AND HEALTH

It is dangerous to get a sun burn or have “excessive” exposure to the sun. But the sun is necessary for vitamin D metabolism. The band of radiation between 290 and 315 nm is necessary for the conversion of provitamin D<sub>3</sub> to previtamin D<sub>3</sub>. Eventually the previtamin D<sub>3</sub> is thermally converted in the skin. A sun block rated as low as SPF 8 can stop this process.

Vitamin D deficiency is associated with a risk for osteoporosis, diabetes, high blood pressure, cancer, and auto-immune diseases such as multiple sclerosis. Inadequate vitamin D is also harmful for developing fetuses and is the cause of rickets in children.

One study, in the July-August, 2006 issue of *Anticancer Research*, suggests that sunlight and the production vitamin D may reduce the risk of several cancers. There are many other studies that indicate that vitamin D may protect us from cancer.

Activated vitamin D is a steroid hormone that has an effect on immunity. It reduces inflammatory chemicals (cytokines) and increases the effectiveness of certain white blood cells. It stimulates potent antimicrobial peptides found in white blood cells and in the cells lining the respiratory tract. Research in the British journal, *Epidemiology and Infection* (2006 Dec; 134(6):1129-40) proposed that the reason flu season is in the winter may be because low sunlight and low vitamin D

levels. Cod liver oil, a source of vitamin D, reduces the incidence of viral infections. Treating children with vitamin D also reduced the incidence of respiratory infections.

According to the *Mayo Clinic Proceedings* (December 9, 2003), vitamin D deficiency is one possible cause of persistent and vague musculoskeletal pain. A study of 150 children and adults suffering from vague musculoskeletal pain performed at the University of Minnesota found that 93% of the subjects were vitamin D deficient. In a separate study, conducted in Saudi Arabia, vitamin D deficiency was found in a group of chronic back patients. All the patients were given cholecalciferol for three months, which improved the chronic pain. The subjects were given doses that are considered toxic (5,000 to 10,000 IU, which is between two and three times the toxic dose).

Research appearing in the *Archives of Internal Medicine* (2005;165:1246-1252), suggests that there may be a connection between low levels of vitamin D and calcium, and PMS. Earlier studies have shown that the blood levels of vitamin D and calcium were lower in women with PMS than in women without PMS.

According to research printed in the *Journal of Clinical Nutrition*, (2000;130:2648-2652) vitamin D deficiency may be a factor in inflammatory bowel disease (IBD).

### 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

Researchers tested this idea in mice bred to have a tendency for IBD. Vitamin D deficient mice rapidly developed diarrhea and a wasting disease, and died. The mice with adequate vitamin D did not suffer from diarrhea and wasting. Supplementation with vitamin D (1,25-dihydroxycholecalciferol) for as little as two weeks actually blocked the symptoms and gave relief to mice that already had IBD.

Researchers at Penn State and Helen Hayes Hospital in New York conducted a small study that has shown that a daily dose of 1000 IU of vitamin causes changes in blood chemistry that indicate positive effects for multiple sclerosis patients. Also, in the Jan. 13, 2004 issue of *Neurology*, an analysis of data from the Nurse's Health Study indicates that vitamin D may have a protective effect. A dose of 400 IU or more of vitamin D per day reduced the likelihood of developing MS by 40% when compared to subjects who used no supplements. The study involved 187,563 women. Of those, 173 women developed MS during the study. Earlier studies on mice have supported this idea that vitamin D may be a deterrent to MS. Some researchers have linked low vitamin D levels to MS. MS exists mostly in Northern latitudes where there is less sunlight (hence less vitamin D).

# 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.



## NUTRITION AND SURGERY

Supplementation with antioxidants and other nutrients may be beneficial to patients undergoing surgery. A randomized, double-blind, placebo-controlled study, appearing in the journal *Free Radical Biology and Medicine* (2009; 49(5): 599-606) involved men having surgery to repair the anterior cruciate ligament (ACL), in the knee. For the two weeks prior to the surgery the control group received a placebo and the test group took 500 mg of vitamin C and 200 IU of vitamin E twice each day. They continued to take the supplements for 12 weeks after the surgery. The group receiving the supplement had lower levels of a chemical marker indicating inflammation (IL-10, a proinflammatory cytokine). This may possibly mean that supplementation may lead to less inflammation and less muscle atrophy post-surgery.

Other research appearing in *Medical Tribune* (August 6, 1992;25) looked at 85 subjects undergoing abdominal surgery for malignancies in the upper GI tract. They were randomly divided into two groups. One group received a standard enteral diet; the other had the diet supplemented with arginine, omega-3 fatty acids, and RNA. Those receiving the supplementation left the hospital an average of four days earlier, had 70% fewer nosocomial infections and a lower incidence of pneumonia after the surgery.

In the journal, *Heart, Lung and Circulation* (2006; 15(3): 172-81) a study was performed comparing a group of patients receiving cardiac surgery in conjunction with supplementation, physical therapy and mental therapy to another group of surgery patients who received no such therapies. The nutritional therapy before the surgery consisted of 300 mg/day of CoQ10, 300 mg/day of alpha lipoic acid, 1200 mg/day of magnesium orotate and 3g/day of omega-3 fatty acids. They also did some stretching and light exercise as well as stress reduction and relaxation techniques. Questionnaires revealed that the overall quality of life was much higher than patients who did not receive the nutritional and other therapies. The researchers felt that such a program would improve post operative outcomes.

Research appearing in the *American Heart Journal* (June 2003;145(6):1108-1113) found a connection between low serum magnesium and adverse events following cardiac surgery. Low serum magnesium was defined as being less than 1.8 mmol/l in any of the eight days prior to the surgery. Of 957 patients, 12.3% of the patients with low magnesium had an adverse event following surgery compared to only 9.2% of patients with normal magnesium levels. There was also double the incidence of Q-wave myocardial infarction and all-cause mortality rate as long as one year after surgery.

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.

# 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

## **MOM'S DIET AFFECTS BABY'S ALLERGIES**

According to the American Academy of Allergy and Immunology, a child's chance of developing allergies is 25% if one parent has allergies and 66% if both parents have allergies. In research appearing in *Medical Tribune* (July 23, 1992;30), breast feeding mothers were able to reduce the chances that their babies will develop allergies by eating a low-allergen diet. The subjects of the study were 58 mothers from families with a history of allergies, and their babies. The infants in the study were being breast fed and they were divided into two groups. Another group of 62 mothers and babies served as a control. In the test group, the mothers were placed on a hypoallergenic diet. For one year, the mothers in the test group avoided

common allergens like eggs, dairy, fish, nuts, wheat or citrus. Their homes were treated with products to control dust mites.

At the end of the year, 40% of the infants in the control group developed allergies. Only 13% of the infants in the test group developed allergies. The test group also had a lower incidence of asthma, 7% compared to 19% in the control group. The study found that restricting the mother's diet can lead to fewer allergies in children. Parental smoking is a huge risk factor for children to develop allergies.