### THE BETTER HEALTH NEWS

## NUT/RITION AND THE COMMON COLD

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#### BLACK COHOSH And Menopause

Zinc may reduce the severity and length of a cold. Fifty subjects received either zinc lozenges (containing 13.3 mg of zinc acetate) or a placebo at the onset of a cold, according to research published in the Journal of Infectious Disease (2008 March 15;197(6):795-802). The group receiving the supplement had cold symptoms for less time than the placebo group; with the placebo group being symptomatic for over seven days and the supplement group having symptoms for only four days. The zinc supplementation also reduced serum biomarkers indicating inflammation from the cold.

Research appearing in the American Journal of Medicine (1999;106:138-143) looked at the effect Echinacea purpurea had on the common cold. The 109 subjects of the study were given either 4 ml of Echinacea extract or a placebo twice each day for eight weeks. Fewer of the group receiving the Echinacea had a cold or respiratory infection during the course of the study (65% in the Echinacea group vs 75% in the placebo group). The duration of the respiratory infections were less in the group receiving the herb, lasting 4.5 days, compared to 6.5 days for the placebo group.

There is some evidence that vitamin C can help to prevent or alleviate colds. In research appearing in the Journal of Manipulative and Physiologic Therapeutics (1999;22 (8):530-533), 463 students with colds were treated with either 1,000 mg of vitamin C (hourly for the first six hours, then three times per day thereafter) or decongestants and pain medication. The group receiving the vitamin C had an 85% reduction in symptoms compared to the control group. Other research appearing in the European Journal of Clinical Nutrition (2006; 60(1): 9-17) found that supplementation with vitamin C over a period of five years reduced the frequency of the common cold. The 244 subjects were given 50 mg of vitamin C per day or 500 mg of vitamin C per day. The group receiving the 50 mg dose had a total number of 21.3 common colds (per 1000 person-months). The group receiving the higher dose had 17.1 common colds per 1000 personmonths.

## SUNLIGHT, NUTRITION AND EYE HEALTH

Age-related macular degeneration is the leading cause of irreversible blindness in people over the age of 50. Almost 20% of new cases of blindness in the United States each year are due to age-related macular degeneration. A study appearing in the Archives of Ophthalmology (2008 Oct;126(10):1396-403) indicates that protecting the eyes from sunlight and good antioxidant status reduces the risk from macular degeneration. Researchers measured serum antioxidant levels and assessed lifelong sun exposure in 4,400 participants in the European Eye Study. They found that among the subjects with the lowest antioxidant levels, sunlight exposure was strongly associated with an increased risk of developing macular degeneration.

There are a number of studies that demonstrate the value of nutrition in preventing and, to some extent, treating macular degeneration. A study appearing in *Investigative Ophthalmology* (1993;34:1134) looked at the diets of macular degeneration patients aged 55 to 80. Consumption of vitamin C and beta carotene was inversely associated with developing macular degeneration. Research appearing in the American Journal of Ophthalmology (2007; 143(2): 344-6.) shows a connection between high homocysteine levels, low B<sub>12</sub> levels and macular degeneration. Levels 0 f homocysteine, vitamin B<sub>12</sub> and folic acid were measured in 2,335 subjects in the Blue Mountains Eye Study. Subjects with extremely low vitamin B<sub>12</sub> levels and high homocysteine levels could have as high as a four fold risk of developing macular degeneration.

Consumption of fish oil may reduce the risk for macular degeneration. A follow-up to the Age-Related Eye Disease Study appeared in *Family Practice News* (February 1, 2004:28). The study involved 4,753 subjects aged 55-80 years. Those who consumed fish more than 1 time per week had a 36% reduction in risk of age-related macular degeneration. Those who consumed the highest level of DHA (from fish oil) had the lowest risk for developing the disease.

Zinc seems to be a very significant nutrient for preventing macular degeneration. A study appearing in *Geriatric Consultant* (May/June

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1992;23,28) involved 151 subjects who received 100 mg/day of zinc sulfate. After two years the subjects were compared to a control group and it was found that the zinc supplementation had a preventative effect on macular degeneration.

Although more studies should be performed, nutrition is a low-risk, high-gain therapy. It certainly is safe to supplement with zinc, fish oil, B<sub>12</sub> and antioxidants. Supplementation and a good diet may go a long way in preventing macular degeneration.

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### EAT YOUR WAY OUT OF PAIN

To a large extent, the amount of suffering from pain is a function of what you eat. Just as you can take a pill to suppress inflammation, you can make a different kind of chemical change by wisely choosing what you eat.

We experience pain because of our nervous systems, of course, but there is also a chemical component to pain. The body produces chemicals that create inflammation in response to injury. Inflammation irritates the nerves and we experience pain. This is why people take anti-inflammatory drugs to get rid of pain.

We take a chemical substance (antiinflammatory drug) to control inflammation, but few people realize that inflammation is also controlled by our diets. The tendency to have a strong inflammatory response (more pain) or a lower inflammatory response (less pain) is controlled by what you eat.

Let's take a look at some foods and the effect they have on pain and inflammation:

• Water: Adequate water intake does two good things to help relieve pain; it enables you to eliminate waste easier. Your body can more efficiently dilute and eliminate the chemicals that cause inflammation. Drink water, not coffee, tea or colas. Adequate hydration is necessary to keep the ligaments and discs healthy. If you do not drink enough water, you are more prone to injury—especially back injury.

• **Oil:** Carefully choose the fats and oils that you consume. Essential fatty acids produce substances called prostaglandins. Some of these prostaglandins cause inflammation, others suppress it. Strictly avoid hydrogenated and partially hydrogenated oils—avoid trans fats. Also animal fats are pro-inflammatory.

You can eat meat, but eat lean cuts, skinless chicken and turkey. Fish is excellent because it contains omega-3 fatty acid, which is very anti-inflammatory. You may even consider taking an omega-3 fatty acid supplement. Also flax seed contains omega-3 fatty acids. Buy some flax seeds and sprinkle them on salads and other dishes.

• Avoid refined sugar and white flour: Insulin is very pro-inflammatory and eating sugar and refined starch causes you to produce insulin. Soda pop, cookies, candy and other goodies will help to keep you in pain.

• **Eat brightly colored produce:** The bright colors in fruits and vegetables are from bioflavonoids—these are wonderful antioxidants. They protect the cells of the plant from sun and from photosynthesis (which involves oxidation). When we eat them they protect our cells. There is a lot of research that demonstrates that antioxidants help to reduce pain and inflammation.

• **Eat raw food:** If that produce you are eating is raw, so much the better. Raw food contains enzymes and enzymes help your body to chemically clean up inflammation.

One other thing that you should realize is that pain medications do not correct anything. Actually, in the long term, they make matters worse. Pain medications help you to bear the pain, but they actually destroy cartilage, some of them slow down bone healing. and they cause oxidation. Techniques such as chiropractic, acupuncture, and naturopathy can be very helpful, without the side-effects of drugs. Many herbs can also help to mitigate pain. Natural health care is far superior when it comes to long-term relief.

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## **BLACK COHOSH AND MENOPAUSE**

There is some research that supports the safety and efficacy of using black cohosh (*Cimicifuga racemosa*) extract to relieve menopausal symptoms like hot flashes and night sweats. The substance has been used in Germany for the past 50 years for menopausal symptoms, and even for menstrual symptoms. A 12-week long, doubleblind, randomized, multi-center study involving 304 women with menopausal symptoms appeared in the journal *Obstetrics and Gynecology* (2005; 105(5 Pt 1): 1074-83). Subjects were given 40 mg of black cohosh extract (standardized 5 mg isopropanolic extract) each day.

According to scores on the Menopause Rating Scale, the group receiving the standardized black cohosh extract fared much better than the placebo group. The extract seemed especially effective in treating hot flashes. There were no adverse effects to the supplementation.

Research appearing in the *Journal of Women's Health* (1998;7(5):525-529) compared black

cohosh extract to conjugated estrogen as well as placebo. The group receiving the black cohosh had a notable increase in the proliferation of vaginal epithelium—even outperforming the conjugated estrogen. Black cohosh has been used to reduce genital pain. The group receiving the black cohosh also had improved scores in the Menopausal Index and the Hamilton Anxiety Scale score.

A combination of black cohosh and St. John's Wort was used in research appearing in Obstetrics and Gynecology (2006; 107(2 Part 1): 247-55). In a randomized, double-blind placebo controlled study, 301 women with depression, as well as menopausal symptoms utilized the Menopause Rating Scale. There was a 50% reduction of symptoms in the treatment group, compared to just under 20% in the placebo group. The treatment group had a 41.8% reduction in the Depression Rating Hamilton Scale score compared to 12.7% in the placebo group.