THE BETTER HEALTH NEWS

VITAMIN D: PROTECT FROM Cancer, MS

According to an article published in the Annals of the New York Academy of Science (1999;889:107-119). Areas of the world that do not get a lot of sun in the winter (due to air pollution or winter cloud cover), tend to have more colon cancer than areas that get a lot of sun. Death from colon cancer in the United States is less prevalent in the South than in the Northeast. Colon cancer also tends to occur in areas that had high rates of rickets-caused by a deficiency of vitamin D. The combination of latitude, climate, and air pollution in the Northeast reduces exposure to the sun, preventing any synthesis of vitamin D during five months of winter.

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TO YOUR HEALTH

ANTIOXIDANTS AND 2 Omega-3 fatty

ACIDS FOR ASTHMA

NITRIC OXIDE

QUESTIONNAIRE

HYPOTHYROIDISM

AND MISCARRIAGE

HEALTH

Colon cancer incidence rates also have been shown to be inversely proportional to intake of calcium. Breast cancer death rates in white women also increase with distance from the equator and are highest in areas with long winters.

Colon cancer rates also have been shown to be inversely proportional to the intake of calcium. These findings, consistent with laboratory results, show that most cases of colon cancer may be prevented with regular intake of approximately 1,800 mg per day of calcium and 800 IU per day (20 micrograms) of vitamin D3. (In women, an intake of approximately 1,000 mg of calcium per 1,000 calories eaten with 800 IU of vitamin D would be sufficient. In addition to lower mortality rates from colon cancer, epidemiological data suggest that intake of 800 IU/day of vitamin D may be associated with enhanced survival rates among breast cancer cases.

According to an analysis of data from the Nurse's Health Study published in the Jan. 13, 2004 issue of Neurology, vitamin D may have a protective effect against multiple sclerosis (MS). Women without MS symptoms completed questionnaires on diet and use of multivitamin supplements. Of 187.563 women, 173 women developed MS during the study. Women who took 400 IU or more of vitamin D per day from vitamin supplements were 40% less likely to develop MS than those who used no There have been supplements. earlier studies on mice supporting this idea. Also, some researchers have linked low vitamin D levels to MS.

Periods of exacerbation in MS patients have been linked to periods of low vitamin D levels and periods of remission have been linked to high vitamin D levels. Because the incidence of MS increases as you get farther from the equator, some scientists think that sunlight exposure and high levels of vitamin D may reduce the risk of MS.

ANTIOXIDANTS AND OMEGA-3 Fatty acids for Asthma

The type of fats and oils consumed in the diet may have an influence on asthma symptoms. Fatty acids are the precursors to prostaglandins and other chemicals that are involved with inflammation. Some fatty acids produce substances that increase inflammation and others produce anti-inflammatory substances.

Omega-3 fatty acids, like those found in fish oil, act to reduce inflammation. There is some scientific evidence that the consumption of fish and fish oils may be beneficial to asthma patients. One article ("Increased Consumption of Polyunsaturated Oils May Be a Cause of Increased Prevalence of Childhood Asthma", Hodge, L., et al, Australian New Journal Zealand of Medicine, 1994;24:727) state that the increase in the occurrence of asthma parallels the increase in consumption of omega-6 fatty acids in comparison to the consumption of omega-3 fatty acids. Omeag-6 fatty acids can produce the anti-inflammatory substance, prostaglandin 1, but trans fats, sugar and other substances in the diet can cause them to produce the proinflammatory prostaglandin 2. The authors note that the prevalence of asthma is low in countries on the Mediterranean In these countries, there is a high consumption of olive oil, which is low in omega-6 fatty acids. Scandinavian countries also have a low incidence of asthma: in those countries there is a high consumption of oily fish, which are high in omega-3 fatty acids. They also state that respiratory function improved in asthmatics supplemented with fish oil for nine months.

The idea that omega-3 fatty acids may be beneficial to asthmatics is echoed in another journal article ("Diet and Asthma: Has the Role of Dietary Lipids Been Overlooked in the Management of Asthma?" Spector SL, Surette ME, Ann Allergy Asthma Immunol, April 2003;90:371-377.). The authors state that inflammatory substances like leukotrienes can be reduced by omega-3 fatty acid supplementation. Leukotrienes are made from arachadonic acid, which is a fatty acid found in meat.

Omega-3 fatty acid supplementation also seems to benefit those who suffer from exercise induced asthma. One journal article ("Dietary polyunsaturated fatty acids in asthma- and exercise-induced bronchoconstriction," Mickleborough TD, Rundell KW, Eur J Clin Nutr., 2005; 59 (12): 1335-46) states that one reason for the increase of asthma in Western society is the fact that omega-6 fatty acid consumption exceeds omega-3 fatty acid consumption by 20-25 fold. This imbalance in oil consumption produces pro-inflammatory substances that contribute to asthma. The author suggests omega-3 supplementation for exercise induced asthma.

Antioxidants can protect the airways of asthmatics .Research does indeed show the benefits of antioxidants. In the *American Journal of Clinical Nutrition* (1995;61(Suppl.):625S-630S) found that a diet low in vitamin C is a risk factor for asthma. Exposure to oxidants also increases the symptoms of asthma. The article reviewed 11 research studies between 1973 and 1995 that looked at vitamin C supplementation for asthma patients. Seven of the studies showed improvement in pulmonary function tests with supplementation of 1 – 2 grams of vitamin C.

Low concentration of anti-oxidant nutrients in the plasma is associated with increased severity of asthma ("Plasma concentrations of dietary and nondietary

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antioxidants are low in severe asthma," Misso NL, Ray S, et al, *Eur Respir J.*, 2005; 26(2): 257-64). Also, low intake of foods containing vitamin C is low in asthmatics when compared to healthy subjects, according to research appearing in the journal *Thorax* (*"Dietary anti-oxidants and symptomatic asthma in adults," Patel BD, Welch AA, et al, Thorax*, 2006 Feb).

Of course vegetables are an excellent source of antioxidants. Research supports the idea that eating more vegetables can reduce asthma symptoms ("Fruit and vegetable intakes and asthma in the E3N study," Romieu I, Varraso R, et al, *Thorax*, 2006 Jan 5). In general, nutrition can be a valuable tool for bringing asthma under control. Nutrients other than antioxidants that have been shown by research to be useful for asthmatics include: omega-3 fatty acids, selenium, magnesium, CoQ10, and manganese.

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NITRIC OXIDE

Nitric oxide, not to be confused with laughing gas (which is nitrous oxide), is important for the health of the cardiovascular system, the joints, the lungs, the nervous system, the immune system and may even

be useful in preventing erectile dysfunction. It is synthesized in the body from L-arginine.

In the journal Arthritis and Rheumatism (August 1993;36 (8):1036-1044), an article appeared that reviewed the role nitric oxide plays in joint health.

Chondrocytes are one

type of cell that produce a form of nitric oxide synthase, which forms nitric oxide.

The vascular endothelium produces nitric oxide, which acts to relax blood vessels, improving blood flow. It acts on the autonomic nervous system, through efferent nerves, and can suppress the initial formation of atherosclerosis lesions. inhibits lt platelet adhesion and aggregation, suppressing thrombosis. according to an article appearing in The New England Journal of Medicine (July 27, 1995;333(4):251-253). A separate article in The Lancet (Sept 27, 1997;350:901902) stated that in patients with high cholesterol, supplementation with L-arginine improves the health of the endothelium. That article also stated that nitric oxide is a powerful

vasodilator and inhibits plaque formation.

Also in The New England Journal of Medicine (July 27, 1995;333 (4):214-221) is study that а looked at nitric oxide synthase the lung in endothelia of

22 patients with plexogenic pulmonary arteiopathy, and 24 patients with secondary pulmonary hypertension and compared these subjects to 22 controls. The study found that pulmonary hypertension is associated with low nitric oxide synthase activity. L -arginine supplementation has been shown to reduce pulmonary pressure in patients with pulmonary hypertension. Another article in the same issue states that earlier animal studies on pulmonary hypertension have shown that supplementing with L-arginine improves vasodilation.

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HYPOTHYROIDISM AND MISCARRIAGE

According to an article published in the November 22, 2000 issue of *Medical Screening* (a specialty publication of the *British Medical Journal*), a pregnant woman with hypothyroidism is four times more likely to miscarry in the second trimester than a woman with normal thyroid function. The study involved over 9,000 women. In slightly over 2% of the women the TSH levels were 6 or greater.

In the group with TSH levels more than 6 (hypothyroid), miscarriages occurred in 3.8% of the pregnancies. In the normal thyroid group miscarriages occurred in only 0.9% of the pregnancies. Also, as the TSH levels went up, so did the instance of miscarriages. Women who had TSH levels higher than 10, had a miscarriage rate of 8.1%.

The researchers state that routine thyroid screening should be part of every prenatal exam. According to the study, six of every 10 miscarriages can be attributed to hypothyroidism. Other studies among pregnant women with hypothyroidism possible have suggest а connection between placental abruption, premature birth, miscarriage, low birth weight, and hypertension during pregnancy. These other studies were limited to women attending high-risk or specialty clinics and might not have reflected the findings in the general population-there needs to be more research.

About one woman in 50 is thyroid deficient during pregnancy. Nearly 27 Americans are hypothyroid (not all of them pregnant), and half of them are undiagnosed. Hypothyroidism becomes even more prevalent with age; by the age of 60, 1 in 5 women will suffer from a thyroid deficiency. This can cause fatigue, depression, loss of sex drive, and, in general, a poor quality of life. If left untreated, thyroid disease can lead to serious long-term complications such as high cholesterol, heart disease, infertility, impaired IQ in offspring, and now potentially, late miscarriage.