

**I CURED MY
ARTHRITIS
YOU CAN TOO**

By MARGIE GARRISON

**BONUS HEALTH REPORT #1
“The Margarine Report”**

**BONUS HEALTH REPORT #2
“White Flour”**

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“Cancer Report”**

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BONUS HEALTH REPORT #1

Why a simple table spread is the worst food you can eat!

THE MARGARINE HOAX

--Margarine, Fatty Acids and Your Health-- To maintain good health it is important that we have the correct intake of omega fatty acids in our diets.

Hydrogenated fats like margarine are non-foods with toxic effects and should be avoided at any cost.

HEALTH FOOD LABELS MAY DECEIVE

Have you ever spent extra money to purchase a 'higher-quality' health food or vitamin product, only to discover some time later that it wasn't all it was claimed to be? It has happened in our family more than once. Our most recent experience was with a line of vegetable oils sold in health food stores and co-ops.

The attractively labeled bottles touted their special processing techniques, implying low temperatures and the superior quality of their product. We had used their canola oil for many years when I decided to write the company with some questions and request information on their oils.

We were shocked to find out that the "cold-pressed" and "lightly refined" canola oil was subjected to the same high temperatures (450°-500° Fahrenheit, or 232°-260° Celsius) and most of the chemical processing steps suffered by regular grocery store oils! The main difference was that they didn't use chemical solvents to extract the oil from the seeds or add preservatives or defoamer...

Disappointed, and determined to find a source of healthy oils for my family, I began a search for accurate information on the production of food oils to supplement my scanty knowledge. This article is the culmination of that exploration to date, and will provide you with information you need to make healthier selections of foods and oils for your family.

THE IMPORTANCE OF FATTY ACIDS

Fatty acids are essential for our cells to function normally and stay alive. The cell membranes allow the passage of necessary minerals and molecules in and out of our cells.

Healthy cell membranes discourage dangerous chemicals and organisms like bacteria, viruses, moulds and parasites from entering the cell. These membranes also maintain chemical receptor sites for hormones, the body's crucial messengers. Fatty acids are involved in countless chemical processes in our bodies and are used as building blocks for certain hormones.

Two types of fatty acids (omega-3 and omega-6) cannot be made by our bodies and therefore must be obtained through our diets. They are called "essential fatty acids" (EFAs), and if we

have an adequate supply we can use these EFAs to manufacture the other fatty acids we need.

EFA supplementation has been helpful to many people with allergies, anemia, arthritis, cancer, candida, depression, diabetes, dry skin, eczema, fatigue, heart disease, inflammation, multiple sclerosis, premenstrual syndrome (PMS), psoriasis, sluggish metabolism, viral infections, etc., and in easing the addiction recovery process.

TRANS-FATS AND CONFUSED CHEMISTRY

Naturally occurring fatty acids contain double bonds of a particular configuration, referred to as "cis-" by biochemists.

The cis-causes the molecules to be bent so that the two hydrogen atoms are on the same side of the double bond.

This means the bonds between the molecules are weaker due to their irregular shape, resulting in a lower melting point -In supermarket shopper lingo, they are solid at room temperature. Fats with either trans-double bonds or no bonds ("saturated") are solid at room temperature.

The more solid the longer the shelf life.

Margarine is made by adding hydrogen atoms to the fat molecules to make them more saturated, raising the melting point of the fat so it remains a solid at room temperature, i.e., the margarine won't run all over the table. This process, called "hydrogenation", requires the presence of a metal catalyst and

temperatures of about 500°F (260°C) for the reaction to take place. It causes about half of the cis-bonds to flip over into a trans-configuration.

Hydrogenation became popular in the US because this type of oil doesn't spoil or become rancid as readily as regular oil and therefore has a longer shelf life. You can leave a cube of margarine sitting out for years and it will not be touched by moulds, insects or rodents. Margarine is a non-food! It would appear that only humans are foolish enough to eat it!

Because the fats in margarine are partially hydrogenated (i.e., not fully saturated), the manufacturers can claim it is "polyunsaturated" and market it to us as a healthy food.

Many other fatty chemicals are also created when oils are partially hydrogenated. In "Fats that Heal, Fats that Kill" Udo Erasmus stated: "So many different compounds can be made during partial hydrogenation that they stagger the imagination... Needless to say, the industry is hesitant to fund or publicize thorough and systematic studies on the kinds of chemicals produced and their effects on health." Erasmus also quoted a statement about hydrogenation, made by Herbert Dutton, one of the oldest and most knowledgeable oil chemists in North America. It basically boils down to this: because of the known and unknown health effects of these hydrogenation by-products, government health regulations would not allow the process to be used for making edible products if it were to be introduced today.

Another 'side-effect' of hydrogenation is that a residue of toxic metals, usually nickel and aluminum, is left behind in the finished product. These metals are used as catalysts in the reaction, but they accumulate in our cells and nervous system where they poison enzyme systems and alter cellular functions, endangering health and causing a wide variety of problems.

These toxic metals are difficult to eliminate without special detoxification techniques, and our 'toxic load' increases steadily with small exposures over time. Since they are increasingly found in our air, food and water, the cumulative doses can add up to dangerous levels over time.

Since trans-fats don't occur in nature, our bodies don't know how to deal with them effectively and they act as poisons to crucial cellular reactions. The body tries to use them as it would the cis-form, and they wind up in cell membranes and other places they shouldn't be.

In recent years, measurements of trans-fats in the membranes of human red blood cells have been as high as 20 per cent, when the figure should be zero. While red blood cells were used because they're easy to access, it's safe to assume that most other cell membranes in the body also contain these unnatural fats.

Trans-fatty acids in cell membranes weaken the membrane's protective structure and function. This alters normal transport of minerals and other nutrients across the membrane and allows disease microbes and toxic chemicals to get into the cell more easily. The result: sick, weakened cells, poor organ function and

an exhausted immune system, in short, lowered resistance and increased risk of disease.

Trans-fats can also derail the body's normal mechanisms for eliminating cholesterol. The liver normally puts excess cholesterol in the bile and sends it to the gall bladder, which empties into the small intestine just below the stomach.

Trans-fats block the normal conversion of cholesterol in the liver and contribute to elevated cholesterol levels in the blood. They also cause an increase in the amount of low-density lipoproteins (LDLs), considered to be one of the main instigators of arterial disease (hardening of the arteries).

Meanwhile, trans-fats lower the amount of high-density lipoproteins (HDLs) which help protect the cardiovascular system from the adverse effects of the LDLs. Trans-fats also increase the level of apolipoprotein A, a substance in the blood which is another risk factor for heart disease.

Indeed, trans-fats have now been shown to cause even worse problems than saturated animal fats.

Another adverse effect of trans-fats in the diet is an enhancement of the body's pro-inflammatory hormones (prostaglandin E2) and inhibition of the anti-inflammatory types (prostaglandin E1 and E3). This undesirable influence exerted by trans-fats on prostaglandin balance may render you more vulnerable to inflammatory conditions that you don't. You want to heal!

Prostaglandins also regulate many metabolic functions. Tiny amounts can cause significant changes in allergic reaction, blood pressure, clotting, cholesterol levels, hormone activity, immune function and inflammatory response, to name just a few.

Many of these problems with trans-fats have been known or suspected for 15 to 20 years, but have been largely ignored in the US. In Europe, trans-fats are restricted in food products, and some countries allow no more than 0.1 per cent trans-fatty acid content. In contrast, margarines in the US may contain up to 30 to 50 per cent! Of course, the food industry denies there is any problem with this.

Meanwhile, scientific evidence continues to mount that trans-fats contribute to heart disease and possibly other conditions as well. Even the conservative Harvard Health Letter referred to them as "the new enemy".

VESTED INTERESTS

According to Russell Jaffe, M.D., a noted medical researcher, hog farmers will not feed trans-fats to their animals because the pigs will die if they eat them. When Dr Jaffe contacted the US Department of Agriculture, he found that it knew all about this but was not interested in the possible human effects since this area was not under its jurisdiction. The US Food & Drug Administration (FDA) hasn't done anything about it, either. The fact that the food industry has succeeded in keeping a lid on public awareness of these facts is testimony to the political power it wields in governmental and scientific circles.

The food industry funds a great deal of research. People in the research community know that you can often predict the outcome of a study if you know who is funding it. In that light, it's unwise to accept blindly the press releases on 'the latest research' without considering who paid for it. There are some rather scientific-sounding foundations out there that are basically 'front' organizations for the food industry.

FATS IN OUR DIETS

Margarines aren't the only grocery store item with a significant amount of trans-fats. Any 'food' that lists "hydrogenated" or "partially hydrogenated" on the label contains trans-fats and should be avoided. You may be surprised to discover how many products in your kitchen contain trans-fats. They include most baked goods such as bread and crackers, shortenings like margarine and Crisco, refined vegetable oils and most brands of peanut butter. Most peanut butter brands contain sugar or corn syrup, which stresses the pancreas and is easily converted to fat by the body.

So be sure to read the labels on packaged foods and avoid those with hydrogenated or partially hydrogenated oil! Also avoid products containing cottonseed oil. Cotton is not considered a food crop and is heavily sprayed with highly toxic pesticides, some of which wind up in the oil.

According to Dr Jaffe, cottonseed oil also contains toxic fatty acids similar to those present in grape seed oil about 30 years ago and suspected of causing several deaths before being taken off the market. These fatty acids caused illness when fed to

dogs and pigs. Cottonseed oil is commonly used to fry potato chips, and is found in numerous processed foods.... Currently, the dominant medical opinion is that fats are bad for us and should be restricted in our diets. Given the types of fats usually consumed in America, this is probably a good idea. But several studies have shown that the quantity of fat is not as important as the quality of fat and the balance of the fats in relation to each other. In fact, the essential fatty acids (mentioned earlier) help control the types of cholesterol made by the body and help prevent heart disease. So, reducing saturated fats and unnatural trans-fats in our diets, while increasing the essential fats, would be a more prudent policy. Many scientists are now advocating this shift in emphasis.

Edward Siguel, M.D., Ph.D., is an award-winning researcher who was invited to investigate fatty acids in the Framingham Cardiovascular Offspring Study. He recently authored a book, *Essential Fatty Acids in Health and Disease*.⁴ Dr Siguel has developed a sensitive test to determine the amounts of the various fatty acids found in humans, and has found a definite correlation with trans-fats and heart disease. He has also found that many people with heart disease have low levels of EFAs.

In a presentation at the Second Annual Symposium on Functional Medicine in 1994, he stated that insufficiency of EFA's might underlie many of the chronic diseases prevalent in Western societies. He also cautioned that low-fat diets not based on whole foods might be hazardous: "Individuals who maintain normal or low body-weight by eating low-calorie, low-fat, processed foods, such as supermarket cereals, breads and pasta, are at high risk for EFA insufficiency...compounded by

the use of hydrogenated oils, leading to elevated levels of circulating trans-fatty acids..."

The breast milk of many US mothers also shows an excess of trans-fats and low omega-3 fatty acid content. Dr Donald Rudin, in his co-authored book, *The Omega-3 Phenomenon*, stated: "American mothers produce milk that often has only one-fifth to one-tenth of the omega-3 content of the milk that well-nourished, nut-eating Nigerian mothers provide their infants."⁵ A revealing study was recently published by the Nutrition Research Division of Health Canada. The researchers analyzed the milk of 198 lactating mothers across Canada and found that trans-fatty acids averaged 7.2 per cent of total fatty-acid content, with a range of 0.1 to 17.2 per cent.

Further analysis of these trans-fats showed that their major source was partially hydrogenated vegetable oils (that means margarine). They also noted that elevation of these trans-fats occurred at the expense of the EFAs, thus placing the infant in double jeopardy during a crucial period of development.⁶ Both types of EFAs are necessary for proper development of fetal and infant tissues, especially the nervous system.

According to John Finnegan, in *The Facts About Fats*, the omega-3s in particular affect the parts of the brain that relate to learning ability, anxiety or depression, and auditory and visual perception. They also aid in balancing the immune system.⁷ A 1991 Mayo Clinic study of 19 'normal' pregnant women, eating 'normal' diets, showed that all of them were deficient in the omega-3 fatty acids and, to a lesser extent, the omega-6s. These researchers recommended that the omega-3 fatty acids be

supplemented in every pregnancy, and that women avoid refined and hydrogenated fats during pregnancy.⁸ A study published in the American Journal of Clinical Nutrition showed a dramatic difference between the heart-disease rates of populations in northern and southern India.⁹ The northerners were meat-eaters and had high cholesterol levels. Their main source of dietary fat was ghee (clarified butter). The southerners were vegetarians and had much lower cholesterol levels. Present-day 'wisdom' would predict the vegetarians to have the lower rate of heart disease, but, in fact, the opposite was true.

The vegetarians had 15 times the rate of heart disease when compared to their northern counterparts! What was the reason for this surprising difference? Aside from meat versus vegetables, the major dietary difference was that the southerners had replaced their traditional ghee (a real food) with margarine and refined, polyunsaturated vegetable oils. Twenty years later, the British medical journal the Lancet noted an increase in heart-attack deaths amongst the northern Indians. The northerners had also largely replaced the ghee in their diets with margarine and refined vegetable oils.

One hundred years ago, heart disease was virtually unknown. Today, two-thirds of US citizens develop heart disease. Something has clearly gone wrong with the way we are living, and one of the main factors could indeed be the introduction of over refined, over processed, devitalized oils.

Other studies support this idea. For instance, a study conducted at the Harvard School of Public Health indicated that intake of partially hydrogenated vegetable oils may contribute to the risk

of heart attack. Research by Dr Siguel has also given more weight to the theory that dietary trans-fatty acids are a risk factor for heart disease.

A report by the Danish Nutrition Council said that studies suggest that the consumption of trans-fatty acid from margarine is equally or perhaps more, responsible for the development of arteriosclerosis than saturated fatty acids.

They recommended reducing the trans-fatty acid content in all Danish margarine products to 5 per cent or less (it was then 0 to 30 per cent).

Another study done by the Department of Nutrition at the Harvard School of Public Health in Boston, analyzed the diets of 239 patients admitted to Boston hospitals for their first heart attack, and compared them with the diets of 282 healthy control subjects. After adjusting for several lifestyle variables, they found that margarine intake was significantly associated with the risk of myocardial infarction.

A Harvard Medical School study followed more than 85,000 women over an eight-year period. The researchers compared the diets of those who developed heart disease over that time with those who did not. They found that major dietary sources of trans-fats, such as margarine, were significantly associated with higher risks of coronary heart disease.

PROBLEMS WITH COMMERCIAL PROCESSING

Refined polyunsaturated vegetable oils have been very popular in the US since the anti-cholesterol fad began many years ago and the medical profession began promoting their use. When properly prepared and utilized, some of these oils are healthful sources of EFAs. Unfortunately, the standard commercial refining process destroys the EFAs and creates high levels of trans-fatty acids, while removing important natural constituents and protective agents like minerals and vitamin E.

In *The Facts About Fats and Fats that Heal, Fats that Kill*, John Finnegan and Udo Erasmus describe the usual commercial refining process for vegetable oils. It begins with seeds that may contain high levels of pesticides and herbicides. The seeds are crushed and subjected to a series of chemical treatments at temperatures up to 520°F (271°C).

These treatments include the use of toxic solvents, caustic soda, preservatives and defoamers, and they result in the destruction of essential fatty acids, loss of vitamins and minerals, and the formation of trans-fatty acids and free radicals. This is exactly the opposite of what is desirable. It is all in the name of longer shelf life and consumer acceptance (what's left looks clean and pretty!). This also happens to the oils used in processed foods, which means most everything that comes in a can or a box. Remember to read those labels! According to Finnegan and Erasmus, the "cold-pressed" or "expeller-pressed" oils available at health food stores are no guarantee of quality. Expeller-pressing still generates temperatures up to 200°F (93.3°C), and most of these oils are then refined and deodorized using basically the same nutrient-destroying process used in commercial 'grocery store' oils.

Be wary of claims like "certified organic", as there have been instances of fraudulent misrepresentation in this regard.

Some companies have been caught lying about the source of their seeds and using regular commercial seeds instead of organic ones. There have even been cases of companies simply rebottling regular oil or mayonnaise with a 'health food' label and charging higher prices.

Finnegan mentions two reputable certifying agencies: FVO (Farm Verified Organic), and OCIA (Organic Crop Improvement Association). He reports that only two companies meet his criteria for production of healthful oils: Omega Nutrition in Ferndale, WA (phone 1-800 661 3529), and Flora, Inc. in Lynden, WA (phone 1-800 446 2110 or (360) 354 2110). He also contacted one of the most well-known producers of 'health food' oils in the nation, but they declined to discuss their oil processing methods and refused to allow him to visit their facilities.

Note that light and oxygen, in addition to heat, also cause extensive damage to oils. According to Erasmus, light destroys oil 1,000 times faster than does oxygen, so it is important to purchase unrefined oils in black, lightproof bottles. Oxygen should be removed from the bottle and replaced with an inert gas, such as nitrogen or argon.

Omega Nutrition packages its oils in this fashion. Flora's oils are bottled in dark glass, reducing the amount of light but not eliminating it. While considerably more expensive, they should

be worth the extra money, considering the facts presented in this article.

EFA BALANCE AND OUR HEALTH

The two groups of essential fatty acids, omega-3 and omega-6, are named for their molecular configurations and where the first "unsaturated" bond occurs along the chain of carbon atoms.

Omega-6 oils are found primarily in vegetables and seeds.

They are converted to the E1 prostaglandin's (mentioned earlier) via several chemical steps. Most people take in enough of these fatty acids, but some have difficulty converting them to the active prostaglandin's. This blockage is commonly caused by excess trans-fats, anti-inflammatory medications like aspirin or Tylenol, or deficiencies of vitamin B6 or magnesium. An insufficiency of omega-6 EFAs can result in auto immune problems, breast pain and lumpiness, eczema, hyperactivity in children, hypertension, and inflammation. and PMS.

Supplementing with borage, evening primrose or black-currant seed oils will usually bypass the blocked step and provide the necessary precursor to make the desired prostaglandins.

Dr Siguel has found that the omega-3s are the more likely to be deficient in our Western diets. Because of food processing and dietary choices, the average Western diet today contains only one-sixth the amount of omega-3 fatty acids needed for healthy function, compared to a healthy balance 100 years ago.

Evidence indicates that a deficiency of omega-3 fatty acids is associated with arthritis and joint stiffness, irritable bowel

syndrome, PMS, prostate problems, various skin disorders as well as depression, phobias and schizophrenia.

The two main sources of omega-3s are oils from organic flax seeds and from cold-water fish (such as mackerel, sardines, tuna, trout and salmon). These fish should not be fried because of the effect of the high temperatures involved and the resultant free-radical damage. Unlike chicken and turkey, cold-water fish should be eaten with the skin on, as this is where the highest concentration of desirable fats is located.

There is some concern about eating fish frequently, due to the chemical and heavy-metal pollution in the oceans.

Predatory fish concentrate these pollutants in their fatty tissues, but deep-ocean fish are usually less tainted than coastal species. Freshwater fish near agricultural, industrial or mining areas are best avoided due to their high-level intake of toxic chemicals. Farm-raised fish are fed something akin to pet food and should be avoided; they are not as healthy and have insignificant levels of omega-3 fatty acids....When properly processed, organic flax seed oil has the highest concentration of omega-3 fatty acids, at 57 per cent.

Omega-3s are also found in certain other "unrefined" seed oils such as chia, soy and canola, but in much smaller amounts. Flax seed oil is particularly sensitive and must be processed under stringent conditions (cold, without light or oxygen), nitrogen-packed in dark bottles to avoid oxidizing, and shipped and displayed in refrigerated containers.

While all unrefined, unsaturated oils should be processed, packaged and distributed in this way, the vast majority is not. The companies mentioned earlier adhere to these special methods, and you should be able to buy their oils with some assurance that you are getting a healthy product.

We have used oils from both companies for the past few years and have been very happy with them. While more complicated and costly, these methods may someday play an important role in reducing many common degenerative diseases, which are much costlier in the long run especially in terms of human suffering and loss of potential.

The healthiest foods are usually organically grown and should be eaten close to their natural state. Certified organic seeds and grains are available at most food co-ops. Eating organically grown seeds and other foods is strongly recommended for minimizing chemical intake and optimizing nutrient content. When consuming whole foods, we get a complex array of nutrients which naturally work together to fuel the intricate chemistry that keeps our bodies going, but many of these nutrients are normally lost in commercial processing.

Even the most painstaking human efforts to produce healthy packaged foods and oils always fall short of nature's accomplishments. The best oils are provided by nature, neatly packaged to prevent oxidation of their precious contents. Freshly ground organic flax seeds contain fresh oil (protected by the husk), and their fiber is the richest source of certain substances called "lignans", found to have potent anticancer, antibacterial, antifungal and antiviral properties.

Flax fiber has from 100 to 800 times more lignans than other fiber sources. This is an inexpensive and tasty way to ensure adequate intake of omega-3 fatty acids (see directions outlined below). If you prefer, you can purchase quality flax-seed oils in bottles or in capsules. Just make sure you know how they are processed! Flora and Omega Nutrition offer good-quality flax oils in bottles and capsules.

'THE GOOD OIL' ON HEALTHIER ALTERNATIVES

Here are several additional ways to improve your fatty acid balance and avoid the trans-fat trap: €Have some freshly ground flax seeds every day. Pulverize three tablespoons of seeds in a blender or coffee grinder to yield about one tablespoon of oil (mixed in with the powder).

This will approximate the suggested daily amount of omega-3 oil for an average person. It can be mixed with cereal, blended in a smoothie or added to yogurt. You can also mix it with warm (not hot) apple juice, and add some sliced banana or other fruit to make a tasty, nutritious, pudding-like cereal that's filling and will do wonders for bowel function! Be sure to consume the ground flax seeds within 10 to 15 minutes to minimize the damage from oxidation. However, a note of caution: in doing allergy testing, I have seen several people (my wife and myself included) who are allergic to flax seeds, and others who are allergic to psyllium seeds which are commonly used for their fiber content.. Use butter instead of margarine or shortening in cooking.

Butter has some problems, too, such as residual hormones and pesticides, but it is a whole food. Whole foods have fat-mobilizing nutrients to take care of their own fats if eaten in moderation. If you want to use butter, try to get organically produced butter.

An even better alternative is the organic ghee, or clarified butter, mentioned earlier. Ghee is the cooking fat most highly regarded by Indian and French chefs. It has a good aroma and will not burn, smoke or develop toxic compounds when heated.

Organic, unrefined coconut butter is an alternative to regular butter in your diet. Omega Nutrition has this product.

However, most other coconut oil products are hydrogenated.

Coconut oil has been subjected to a smear campaign by commercial vegetable oil producers, but the research studies cited have used hydrogenated coconut oil, which may have skewed the results.

Use olive oil or a 50:50 mixture of ghee and olive oil. Do not fry or sauté with "polyunsaturated" light oils such as safflower, sunflower or corn oils. They oxidize readily into damaging free-radicals at high temperatures. Free radicals are highly reactive molecules that can tear into your cells and start nasty chain reactions that can leave behind extensive damage, including alteration of your genetic code (DNA) and formation of cancer cells. Free radicals are widely considered to play a major role in degenerative disease.

While there are virtually no EFAs in olive oil, it is rich in "mono-unsaturated" fatty acids and is not so easily oxidized.

Use an "extra virgin, cold-pressed, first pressing" olive oil, preferably with a greenish color and some sediment on the bottom, which usually indicates less processing. Most co-ops carry it.

If allergic to milk, you can often substitute a 50:50 mixture of applesauce and organic, unrefined canola, sunflower or safflower oil for margarine or butter in recipes, which we have tried in pie crusts and cakes with great results. We used to substitute canola oil by itself, but the texture was somewhat drier and a little crumbly.

Try non-hydrogenated peanut butter, available in some grocery stores and all food co-ops. The peanut butter will separate, with the oil floating to the top of the container. The best brand is probably Arrowhead Mills. They sun-dry their organic peanuts to avoid growth of a common mould that produces aflatoxin, which is as toxic as the name suggests.

Most commercial peanuts reportedly have aflatoxin as well as pesticide residues. Almond or walnut butters contain healthier fats than peanut butter, without the mould problem.

You can find them at food co-ops and health food stores.

Buy your oil in sealed bottles and avoid the bulk oils in co-ops, since they are usually rancid (free radicals again). An oil that

tastes bitter when you place a drop on your tongue is rancid and should not be consumed.

Always refrigerate your oils after opening. Unrefined oils are best refrigerated as soon as you buy them, to prolong their shelf-life. If they are not in lightproof bottles, keep them out of the light.

The greater your intake of unsaturated fats like vegetable oils and fish oils (EPA/DHA omega-3s), the more you need antioxidant protection against free-radical damage. If you take supplements of fish oil or evening primrose oil, or use polyunsaturated oils, consider taking extra vitamin E. An effective daily dose of vitamin E is about 300 to 400 IU's per day, and "mixed tocopherols" is probably the best general-purpose form to use. Many studies support its effectiveness in reducing risk of heart disease, arthritis and other free-radical-related diseases. Since vitamin C is used to regenerate 'used' vitamin E, supplementing with 500 to 1,000 mg of vitamin C a day would be prudent as well.

The most expensive oils and supplements cannot fully compensate for an unhealthy diet and lifestyle. Use common sense and consult with a nutritionally oriented health professional when you have health concerns. Books by Dean Ornish, M.D. and John McDougall, M.D. offer many excellent ideas regarding diet and lifestyle, and I recommend them for basic dietary information, although their programs tend towards very low fat intake. However, to ensure adequate EFA intake you should have some raw, organic nuts and seeds along with

high-quality oils (such as those mentioned above) to supplement these low-fat diets.

RAISING PUBLIC AWARENESS

There are still holdouts within the 'scientific' community, particularly those employed or funded by the food industry, who claim there is not yet sufficient proof that trans-fats are dangerous, and then cite studies that justify their position.

This is the name of the game in modern-day 'science' where egos and money are involved.

However, most studies currently appearing in the literature support the idea that these chemically-altered fats are harmful. In such cases of conflict, I always side with Mother Nature: she is much wiser than we will ever be! Remember that most of this information about trans-fats has been known for many years, but processors have succeeded in keeping the issue out of the public eye; another example of caveat emptor (let the buyer beware) in the food industry.

Now that you are aware of it, the rest is up to you! Good luck, and good health!

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Minnesota. He is committed to helping people learn how to live closer to the Earth, the spirit and their deeper selves....

This article is only for information and does not take the place of medical advice. They mainly give you a starting place to explore what is best for you. I agree with everything in these articles, but it is up to you to make your own decisions.

Thanks and Love Margie.

BONUS HEALTH REPORT #2

Why white flour is an abomination - and is killing you.

“Dangers Of White Flour”

White Flour is Killing Us!!!

[aspartameNM] Shaw: white flour bleach, MSO (excitotoxin), ALS Dec 1998: hypothalamic lesions, obesity 1.18.00

Shaw: white flour bleach, MSO (excitotoxin), ALS Dec 1998: hypothalamic lesions, obesity 1.18.00

Jan 14 2000 Did consumption of flour bleached by the agene process contribute to the incidence of neurological disease?
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The present report proposes the hypothesis that increased levels of neurodegenerative disorders in humans may have arisen due to inclusion in the diet of methionine sulfoximine (MSO), a byproduct of the bleaching of flour by nitrogen trichloride. This method of bleaching, the 'agene process' was in use from early in the century and continued until at least 1949/1950.

Estimates indicate that, at least in the UK, as much as 80% of all flour during this period was produced by this process.

MSO acts directly to inhibit the production of two crucial molecules, glutathione (GSH) and glutamine. Decreases in GSH, a key antioxidant and free radical scavenger, diminish the body's antioxidant defenses and may lead to increased oxidative stress.

Decreases in glutamine synthesis may act to increase free glutamate and give rise to increased levels of ammonia..Cells in the nervous system are particularly sensitive to a decline in either GSH or glutamine. The combined effects of decreases in these molecules, particularly with long-term exposure to MSO in bleached flour, may have had quite drastic effects on neuronal health and survival.

The present hypothesis may provide clues to the etiology of neurological disorders such as Alzheimer's disease (AD), Parkinson's disease (PD) and amyotrophic lateral sclerosis (ALS), suggesting that such disorders may arise in part due to toxic actions of some compounds in processed human foods.
PMID: 10052866, UI: 99160231 Brain Res Brain Res Rev 1997 Dec;25 (3):335-58 Neurodegenerative disorders in humans: the role of glutathione in oxidative stress-mediated neuronal death.
Bains JS, Shaw CA Department of Ophthalmology, The University of British Columbia, Vancouver, Canada.
jbains@unixg.ubc.ca Oxidative stress has been implicated in both normal aging and in various neurodegenerative disorders and may be a common mechanism underlying various forms of cell death including necrosis, apoptosis, and excitotoxicity.

In this review, we develop the hypothesis that oxidative stress-mediated neuronal loss may be initiated by a decline in the antioxidant molecule glutathione (GSH). GSH plays multiple roles in the nervous system including free radical scavenger, redox modulator of ionotropic receptor activity, and possible neurotransmitter. GSH depletion can enhance oxidative stress and may also increase the levels of excitotoxic molecules; both types of action can initiate cell death in distinct neuronal populations.

Evidence for a role of oxidative stress and diminished GSH status is presented for Lou Gehrig's disease (ALS), Parkinson's disease, and Alzheimer's disease..Potential links to the Guamanian variant of these diseases (ALS-PD complex) are discussed. In context to the above, we provide a GSH-depletion model of neurodegenerative disorders, suggest experimental verifications of this model, and propose potential therapeutic approaches for preventing or halting these diseases. PMID: 9495562, UI: 98154950 Can J Physiol Pharmacol 1999 Nov;77(11):871-7 Methionine sulfoximine shows excitotoxic actions in rat cortical slices.

Shaw CA, Bains JS, Pasqualotto BA, Curry K Department of Ophthalmology, The University of British Columbia, Vancouver, Canada. cshaw@interchange.ubc.ca

Methionine sulfoximine (MSO) is a rare amino acid. It occurs in nature or as a by-product of some forms of food processing. A notable example of the latter was a former method for

bleaching wheat flour, using nitrogen trichloride, the "agene process," in use for most of the first 50 years of this century.

"Agenized" flour was found to be responsible for various neurological disorders in animals, and MSO was identified as the toxic factor. The agene process was subsequently discontinued in the United States and the United Kingdom circa 1950.

MSO inhibits the synthesis of both glutathione and glutamine, and it is possible that its actions on the nervous system arise from alterations in the amount or distribution of these molecules. Structurally, MSO resembles glutamate, an observation that has also raised the possibility that it might have more direct glutamate-like actions on neurons.

In the present investigation, we report excitatory and toxic actions of MSO in an in vitro preparation of adult rat cortex.

Field potential recordings in this preparation show that MSO application evokes a sustained depolarization, which can be blocked by the N-methyl-D-aspartate (NMDA) antagonist L-(+)-2-amino-5-phosphonovalerate (AP5). However, competition assays using MSO on [3H]CGP-39653 (DL-(E)-2-amino-4-propyl-1-phosphono-3-pentenoate) binding in rat cortical homogenates show only 20% displacement of total binding, suggesting that MSO is acting indirectly, perhaps by releasing glutamate.

To investigate this possibility, we measured glutamate release during MSO application.

Time course and dose-response experiments with MSO showed significant [3H]glutamate release, which was partially attenuated by AP5. To assess cellular toxicity, we measured lactate dehydrogenase (LDH) release from cortical sections exposed to MSO. MSO treatment led to a rapid increase in LDH activity, which could be blocked by AP5. These data suggest that MSO acts by increasing glutamate release, which then activates NMDA receptors, leading to excitotoxic cell death. These data suggest the possibility that MSO in processed flour had excitotoxic actions that may have been contributing factors to some human neuronal disorders.

Are Loaves and Lou Gehrig's Disease Linked? Researcher blames onetime additive to bleach flour By Nicolle Charbonneau HealthSCOUT Reporter THURSDAY, Jan. 13 (HealthSCOUT) -- White bread may be synonymous with blandness. But if a Canadian researcher's belief that a flour bleaching process may be linked to amyotrophic lateral sclerosis has any merit, the implications would be anything but boring.

Amyotrophic lateral sclerosis, or ALS, attacks the motor nerve cells in the spinal cord. It causes progressive muscle weakness leading to total paralysis. However, the brain is virtually unaffected. It's also known as Lou Gehrig's disease, after the baseball player who died of the illness in 1941.

Roughly 30,000 Americans have the disease, which usually appears between ages 40 and 70. Death from respiratory paralysis normally occurs within five years, and there is no known cure.

As yet, there is no known cause, although there are many theories. The latest came this week, when researchers announced that they had isolated a virus in the motor nerve cells of ALS victims.

But Christopher Shaw, a neuroscientist at the University of British Columbia in Vancouver, suspects that the disease may have another cause, one as prosaic as white bread.

Or, more specifically, white flour.

Bleached flour became popular in Western countries in the early 1900s because it rose more and with greater consistency. The most popular method of bleaching the flour was a process called the agene method, which used nitrogen trichloride gas to whiten the flour. In Britain and North America, this method eventually was used to treat roughly 80 percent of all flour. But by the 1940s, scientists had realized that the agene method produced a byproduct called methionine sulfoximine (MSO), a toxic neurochemical that could induce epilepsy in dogs. MSO stayed in the flour during baking, and was eventually eaten. By 1950, Britain and the United States had banned the agene method.

Two years ago, Shaw was researching a compound called buthionine sulfoximine (BSO) which is sometimes given in combination with chemotherapy drugs. BSO reduces levels of glutathione, which shields cancer cells from chemotherapy but at the same time protects the body from damaging free radicals..Chemical damages nerves In the course of his research on BSO, Shaw discovered 50-year-old reports on MSO, the

parent chemical of BSO. In lab studies, Shaw has shown that along with reducing glutathione levels (and leaving nerve cells vulnerable to free radical damage), it prevents the synthesis of glutamine, an amino acid. Without this synthesis, toxic levels of ammonia can build up around neurons. Finally, MSO locks open the calcium channels on nerve cells, until the cells overload and die. Shaw was stunned to realize that millions of people had essentially been taking a powerful drug for years.

Shaw contacted Christopher Martin, a British neuroepidemiologist who feels that neurodegenerative diseases have become two to four times more common in the last century. According to his research, the incidence of diseases like ALS has actually peaked, and should continue to decline as the generations exposed to MSO age and die.

But neither Shaw nor Martin expects that ALS will disappear once MSO disappears. Other chemical toxins may have the same neural effect, or other viral or genetic factors may be at work.

Still, Shaw's research raises the question of why more people haven't developed ALS. Shaw suggests that it's similar to how different people are more or less vulnerable to certain diseases or toxins. "Some people may be able to detoxify molecules in a way that's a lot more successful than others," says Shaw. Or they may be able to carry more of the toxin in their system before an effect is felt.

According to Dr. Peter St. George-Hyslop, director of the Centre for Neurodegenerative Diseases at the University of

Toronto, such a threshold may also explain why exposure earlier in life doesn't have an effect until decades later. "If you are exposed to some toxin that kills, say, 30 percent of the cells, it lowers your reserve," he says.

"It means that you will reach a threshold, or a point where you no longer have enough cells left" to "function normally," he continues. Then, during "normal aging, you lose cells and you reach the minimum threshold earlier." What To Do”

This Health SCOUT story describes a new study that links a virus to ALS. This story looks at a protein that may help fight the symptoms of ALS. For more information, contact the ALS Association, the Muscular Dystrophy Association or the National Institute of Neurological Disorders and Stroke.

Shaw: excitotoxins cause hypothalamic lesions, thus obesity
1.18.00 Jan 18 2000

The basic idea is based on the work of John Olney which you are familiar with. Excitotoxic compounds like MSG, aspartate, cysteine seem to create hypothalamic lesions, particularly in young animals. The reason for the latter is likely the fact that the blood brain barrier closes most slowly (if ever completely) around structures like hypothalamus.

The outcome for such animals (rats) was obesity, severe behavioral changes, etc. Needless to say, any compromise to the bbb can let such compounds gain access in older animals.

Regarding MSO, some studies by one of our colleagues (Dr. Mike Wilkinson, Dalhousie Univ, Halifax) showed that MSO was extremely toxic with hypothalamic damage occurring in new born rat pups. The latter is still an ongoing project.

Regarding the various disorders on the increase: obesity and mood disorders clearly fit with hypothalamic abnormality; as for asthma you are completely right that it is definitely on the increase. My fast impression would be an immune disorder mediated via abnormal HPA axis, although whether this is due to food borne toxin or some airborne junk like gasoline additives MMT or MTBE, or is due to a combination of air and food toxins, may be hard to sort out. Epidemiology is not good at multiple variable/long term toxin effects, especially where the toxic action is chronic rather than acute.

Reference the experiment you propose: I sincerely hope someone tries this ASAP. I have relatively little doubt what the outcome would be.

Also, MRI of hypothalamus of long-term diet soft drink drinkers vs. 'control' (which may be hard to find given the ubiquity of aspartame and other such toxins) would likely be highly informative, and likely quite distressing.

Med Hypotheses 1998 Dec;51(6):477-81 Did consumption of flour bleached by the agene process contribute to the incidence of neurological disease? Shaw CA, Bains JS Christopher A. Shaw Department of Ophthalmology, University of British Columbia, Vancouver, Canada.

cshaw@unixg.ubc.ca 604-822-6612 "The present report proposes the hypothesis that increased levels of neurodegenerative disorders in humans may have arisen due to inclusion in the diet of methionine sulfoximine (MSO), a byproduct of the bleaching of flour by nitrogen trichloride.

This method of bleaching, the 'agene process' was in use from early in the century and continued until at least 1949/1950....etiology of neurological disorders such as Alzheimer's disease (AD), Parkinson's disease (PD) and amyotrophic lateral sclerosis (ALS)..." Brain Res Dev Brain Res 1997 Aug 18;102(1):97-104 Recovery of hypothalamic NMDA-induced c-fos expression following neonatal glutamate (MSG) lesions. Natarajan M, Wilkinson M Department of Obstetrics and Gynaecology, IWK-Grace Health Centre, Halifax, NS, Canada.

The neonatal brain is susceptible to neurotoxic insult. In a previous report we showed that a single neonatal injection of MSG, known to cause damage in the arcuate nucleus (ARC), induces a precocious yet otherwise normal puberty in female rats. We have examined this ability of the medial basal hypothalamus (MBH) to recover from an excitotoxic insult..."

BONUS HEALTH REPORT #3

The latest on cancer alternatives.

CANCER

By Margie Garrison: This report is about cancer. Remember, I am not giving medical advice. You should consult with your doctor. My private feelings are that if the doctor is not amenable to anything but *traditional treatment* you do some looking around. Ask for references from orthomolecular doctors.

The decisions about one's health, especially with cancer, should be made by that person and that person alone. To illustrate this I will let you into my personal world of cancer.

My husband, Warren, had two aunts, a brother and a sister all die of cancer. All used traditional forms of treatment.

Because of this Warren would go to Henry Ford Hospital in Detroit, Michigan once a year for a complete cancer check-up on him.

This hospital is renowned for it's so-called Cancer department.

In Oct. 1992 he did this and had a clean bill of health. He hadn't been feeling his old self but we laid it to some teeth problems and he had the dentist fix this.

In Jan.1993 he went to a hospital in Crystal River, Fl complaining of severe stomach pains. They said it was just his ulcer and sent him home. We went to Key West, Fl. to visit our only granddaughter Holly. Warren simply did not feel well enough to leave our motor home to play with her. We left in 3 days to go to Naples where there was a big hospital.

They checked him in... took numerous tests... said it was something in his throat and asked to do further testing.

When this was done we returned to the doctors office to get the results..

I will remember this to the day I die...

The doctor jauntily walked in and said, "Well, I guess you know it's the worse news." We looked at each other, he continued... you have stomach cancer and have less than 6 months to live...

Just like that... Then he went on... The cancer is 8 inches long in your stomach and if we operate you will have 12 months... we don't you have 6 months. And he stopped.

Now here is the part I feel is most important. No One Should make a decision except the cancer patient. My personal feelings are and will always be... I will not go the traditional route. I will use alternative ways. I have seen too much loss of quality of life destroyed by chemo, etc. And too many positive results from nutritional means. **BUT THIS IS MY DECISION...**

Warren has always known my feelings. We had different opinions.

After more consultations, Warren decided to go traditional.

To make it short... They took out the tumor... gave him \$12,000 worth of drugs in ten days and sent him home.

His oncologist told me privately in the hospital hallway... The cause of his cancer was all the tagamet, zanax and maalox he took over a 30 years period. She said they cause cancers. When I asked if she would put this in writing... she said of course not!!!! (I don't really blame her; she could lose her hospital privileges if she went public.)

In the next 5 months... he had 3 strokes... lost his sight... and died Aug.29, 1993. He was depressed, could not eat. Could barely swallow due to something the doctor's said occurred in the hospital but would not elaborate on.

One day in June, because he could not swallow anything by now... they put a tube in his stomach so I could give him a special liquid food. Cost us over \$1200.00 dollars a month.

On the third day there I walked in to find them trying to get him into a wheelchair to take some tests. I asked the nurse if these tests would help him... she said no, they were for information only.

I got him dressed and out of there... against a barrage of protest.

Went to his oncologist to check his pain medication. HE TOLD WARREN THAT HE COULD NOT GIVE HIM ANYMORE BECAUSE HE MIGHT BECOME ADDICTED.....

I thought Warren was going to hit the man from his wheel chair... We found another doctor who said... "There is no reason for any cancer patient to have pain. We have the ability to keep them pain free."

And he did. I kept him in our motor home (We had been full time RV'ers for over 6 years and loved it) at our daughter Sue's house and between us we cared for him. I was able to give him his medication when needed. I bless this doctor every night for his compassion.

He died with me beside him as he had wished.

There's more to the story and if any one wants the full story email me: margieg@leading.net.

My point is... his quality of life was gone... with alternative methods he might or might not have survived... but the quality of his life would have been free of all the results of what they put him through... and he did not get the year they said he would get by having the operation.

Now... here is a short version of what I would do... and many have done... One of my friends... Louise, was told to have a radical breast surgery for cancer. When she told her doctor no... he became verbally abusive..She proceeded to live by juicing her foods. She would drink up to 2 qts a day of green vegetable

juices... and fruit juices that she would make herself. Within two months the lumps were gone.

However... every time she would add cooked foods to her diet she would get lumps. When only drinking the juices and eating salads... raw fruits they would disappear. She is alive and well after 22 years.

My other friend had lung cancer. They said it was terminal and all through her chest. I brought her my Champion juicer and three times a week I brought her fresh produce. She did the same as Louise. She returned to the hospital for a check up... when they saw the x-rays they said there must be a mistake and took another set... No cancer anywhere.

They could not believe it.

This story has a sad ending. After about 6 months of great health and no cancer and following the fresh fruits and vegetables and juicing, Aldene's family... who had not been supportive... nagged and ridiculed her into adding her old diet foods... fried foods...cooked foods... lots of pop... Within 2 months the cancer was back. Aldene told me it was just too hard to fight her large family who believed only in traditional ways... She went back to her old diet of cooked foods, lots of greasy meats, coffee, and pop.

She died 4 months later. The cancer came back and killed her. Rather, her family and her inability to fight killed her.

The decision has to be made by the patient... Why?... because it is their life... nothing is 100% neither traditional or alternative... and the patient has to live or die with that decision.

It broke my heart to lose Warren. We had 33 years and I treasure them... In this report you will see some alternatives. Some people combine traditional and alternative ways... do your research and look into your heart.

To you... I send my best wishes on your new journey.

The Health Jackpot Cut Cancer Risks

Cut your cancer risk as much as 90% starting today.

The evidence is here. Whether you get cancer or not is largely in “YOUR” control.

Even if your genes predispose you to the disease, how you live your life has more influence on your odds of cancer striking than your DNA.

2/3rds of deaths from cancer each year are the result of smoking and poor diet... according to The American Cancer Society.

Excess sun exposure, environmental pollutants and a sedentary lifestyle also contribute significantly.

Are you doing what it takes to beat Cancer?

Answer these 10 crucial questions—the answers you give can save your life.

1. Have you quit smoking?

Benefits... stop smoking by age 30 and you slash your risk for lung cancer by 90%

Quit at 50, and your risk drops to 77%.

2. Are you pro veggie?

Closes to 200 studies confirm that fruits and vegetables are powerful protectors.

They product a star-studded list of antioxidants—like vit.c, carotenoids and flavonoids—and folic acids.

These compounds can repair the cell damage that can lead to cancer and may aid the immune system in destroying “early” cancer cells...

Nearly every fruit and vegetable has its own cancer-zapping ingredients, so shoot for variety.

Fill your grocery cart with colors.

The benefits... If you only make one change to eating 5 servings of fruits and vegetables a day, you would lower your odds of getting cancer by 20%.

3. Is your diet packed with Power Foods?

Eat these foods and be rewarded with Fantastic Health...

They protect against cancer.

Cruciferous vegetables... like broccoli & cabbage.

Journal Of Nutrition, from the National Cancer Institute found these hotshot foods help the body eliminate carcinogens before they have the chance to cause damage to your cells.

Green tea. A few cups a day is the cheapest and easiest ways to prevent cancer...says Mitchell Gaynor, M.D., medical director of the Cornell Center for Complementary and Integrative Medicine of New York City.

Green tea contains polyphenols, antioxidants that may be even more potent than Vit. C.

Red and orange foods.

Garlic... Garlic lovers are armed against stomach and colon; cancer, according to researchers at the University of North Carolina, Chapel Hill.

4. Do you shun the sun?

The glow you get after a day at the beach is really your body's way of saying it's sick.

A tan may look good, but spending too much time in the sun is responsible for 90% of basal-and squamous-cell carcinomas... two major types of skin cancer.

Avoid the sun between 10 a.m. and 2 p.m.

5. Are you “fat” savvy?

Pigging out on hamburgers and juicy red meats might double your chances for colon cancers.

But if most of the fat you eat is monounsaturated..found in olive oil, avocados, and nuts...you could be fighting the disease.

Olive oil, according to Oxford University in England, said olive oil...cold pressed, virgin olive oil, contains cell-protecting compounds called polyphenols..

Be sure to eat only unprocessed nuts. Not salted. The best place to buy nuts is a health food store that stores them in a refrigerator.

Almonds are among the best.

They also found the omega-3 fatty acids in fish (especially salmon and mackerel) might protect against cancers of the digestive tracts.

6. Do you take the right supplements?

7. Are you thin and fit?

Being overweight can double your risk of breast and colon cancer.

Get 4 hours of aerobic activity a week and reduce your risk of breast cancer by 30%.

This will also lower your odds for colon cancer by 40%.

8. Are you environmentally correct?

Overall, pesticides and other chemicals are a very small piece of the cancer-risk pie.

Secondhand smoke, and high levels of radon, are the biggest cancer threats in the home. According to Lynn Goldman, M.D. who teaches at Johns Hopkins School of Public Health in Baltimore.

Don't use chemical bug killers in the home or garden, unless you are absolutely must, and have the radon levels tested.

9. Have you been screened for cancer?

Be careful here. Check it out carefully.

(Personal note) I am still looking for more proof that mammography is dangerous.

What I know “now” says...there is more chance of cancer for those who have these tests than those who don't. Something about the pressure used. I'll write more when I get more.

(Personal Note) My husband, Warren, who died of stomach cancer, had a family history of cancer. Two aunts, one sister and one brother died of cancer.

So he had regular yearly cancer check ups at the Henry Ford Hospital in Detroit, Mi.

His last one was in November. 1992. Then in January, 1993 he felt funny and got another cancer check up in Crystal River, Fl. Each time being told he had no signs of cancer.

Feb. 1993 he really felt ill and checked into the best (?) hospital in Naples, Fl., Where he was told he had an 8 inch stomach cancer. Did this grow in weeks?

They said operate and live 1 year or don't operate and die in 6 months. Those were the exact words. They operated..his hospital records showed over \$12,000 in drugs given in the 10 days in the hospital. In the next 5 months, he had three strokes, and wed.

Six months and 16 days from the diagnosis, he died. In our motor home, with myself and our daughter Sue.

He was at peace with himself and his God.

Sue and I took total care of him. Although Hospice was given credit for his care, they only came once a week to take his blood pressures.

I give thanks to his last oncologist...He let me give Warren all the morphine he needed to stay pain free.

The oncologist before that told Warren that he could not give him anymore because he might become addicted!!!

I thought Warren was going to hit him. He is being told he will be dead in 2 months and the doctor is afraid of him becoming addicted. We quit him fast.

As I have said before, the oncologist who diagnosed him, said, and I quote..(the Maalox and all the ulcer medication on the market... that he had taken for 30 years caused his cancer.)

My point? He got check ups. He did what the doctors said to do.

He would not listen to the health experts..Cabbage juice gets rid of ulcers.

He ate his big hamburger and quart of milk a day and his bag of his favorite cookies every day..and little else. Very seldom ate fruits or raw vegetable. I had to cook his vegetable till they were soggy.

He felt that since he was taking one helping of Barley Green a day that he was home free.

I tried to tell him different. But what husband listens to their wife?

He was 73 and I miss him every day since he died 8 years ago.

Please, you are the only one who puts anything in your mouth. You are responsible for your health. Take the Garden Trio in the manner prescribed and be healthy.

Give your cells what they need to make your immune system work as God intended it to work.

10. Take charge of your life. Take responsibility for it. Doctor's would like to cure everybody. But, really they need your active help.

Love Margie Garrison -

Using the AIM Healthy Cell Concept to promote wellness

LIVING WELL---what does it mean? To us at AIM, it means taking care of your physical, intellectual, and spiritual needs. Each of these components must be healthy for you as a whole person to be healthy.

Living well is being able to pursue the lifestyle that you wish... whether this means playing with your children or grandchildren or great grandchildren, visiting with friends and family, or

having the ability to climb mountains, sing in a choir, or participate in competitive sports.

The Living Well philosophy is simple. It is a willingness to acknowledge that the most important factor in your health is YOU --- that you can change your health through lifestyle choices.

With a true understanding of AIM's dynamic Healthy Cell concept and a basic understanding of the body systems, you will have the means to make the best choices to achieve optimum health... No matter what you age.

Thanks and Love Margie

To some readers... this section might not come through completely. If not go to <http://www.healthfree.com> This one I know lots about and have heard no negative reports.

It is well worth looking into.

Remember

IF IT IS TO BE IT IS UP TO ME

Welcome to Health Freedom Resources, Inc.. Practical Knowledge in Holistic Health, Alternative Medicine, Natural Healing, Nutrition and Herbs "People should have independent knowledge and control of their own health.

Healing is most effectively accomplished through a combination of the self knowledge and involvement of the individual, and the competent skills of a truly caring health professional."

Nutritional Solutions & Herbal Remedies for Strong Natural Health Natural health Programs for preventing illness. Powerful Herbal Medicinal Formulas for healing. Lots of "inside information" about practices, which rob consumers and patients of the benefits they seek from Natural Health methods. Includes the famous HFR Incurables Rescue Program.

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The following report is only to give you an idea of what is out there. I know nothing about it. You're best bet is to go to www.google.com and put the words, cancer, alternatives, and search and you will find hundreds of articles. Do your homework....Make up your own mind..

The purpose of this site is to offer the most effective innovated cancer treatments to all patients. Few cancer patients are able to afford the \$5000 a week bill of the cancer clinics of Mexico and Europe. For many patients these alternative cancer therapies are prohibited due to financial considerations and travel restrictions.

We are affiliated with Bioscan, a cancer research organization offering the latest sophisticated equipment for immunological cancer treatments. Recently a cancer patient was given just 2 days to live after taking conventional treatments. Bioscan immediately started their unique efficacious procedure, and in less than 2 weeks the patient was well enough to leave the hospital. (See testimonial page). The press release of this occurrence brought several inquiries as it has been unheard of for a cancer treatment to reverse a death sentence in this short of time. We specialize in breast and prostate cancer and utilize a new generation soy concentrate which specifically addresses hormone-related cancers.

The breast and prostate cancer incidence in soy consuming Asia is one tenth of America. Our soy information page is extremely informative and answers all your questions about hormone-related cancers and soy products. Bioscan's new approach to breast and prostate cancer is non-evasive and a welcomed alternative to surgery and the lingering side effects of the scalpel.

We receive more recommendations from the breast and prostate cancer support groups than any other cancer. The new breast and prostate cancer patients are thankful to their friends who introduced them to these new treatments. We are one of the few

Alternative cancer therapies sites that use substances that have drug approval in other countries..Agaricus has been approved as a cancer drug in Asia in March 2000. Ganoderma Spores has been used in Asia for many years.

Our treatment can be sent to you anywhere in the World, or we can do all the arrangement for Bioscan. We answer their inquiries during evenings, weekends, and holidays. If you or a love one is in stage 4; there is hope; our treatments are effective against all cancers, and the life extending effect of our specially cultivated Ganoderma spores stops the matasisis dead in its tracts, rejuvenates the patient by detoxifying the liver, kidneys, and enhancing the working of all bodily systems. Ganoderma spores are considered the most effective complimentary cancer treatment for liver cancer, and we have an 80 year old Patient that they have given only 2 months to live, now he is alive and his condition is improved a year and a half later.

As a recovered bladder cancer patient using these natural therapies myself I know what it is to have cancer and we are the only cancer treatment site that you can call and speak to a live person 7 days a week. Working with Bioscan we might have one of the highest remission rates in the cancer field.

Our patients have called us after only one day to tell of a strange feeling of well being, not to mention immediate improvement in blood work. Although we take great pride in our remissions rate in all cancer types and categories. We refuse to rest on our laurels. The most comprehensive testing in the cancer field occurs every week at Bioscan and our protocol is always

updated to insure that the cancer patient gets the latest up to the minute treatment.

Our low fees bring a renewed hope to the dying who prayed to be able to afford a World class cancer clinic, but finances wouldn't allow them. As we discover vital information weekly, please don't accept a death sentence until you check with us first. Two days to live didn't give us much time, but we did it, didn't we! You don't have to go to the clinic, all the resources of the clinic can be yours with our at home liaison orientation (monitor testing kit sent overnight to Bioscan). If you don't feel better with improved testing results with in 4 days send back our package. Agaricus - Haelan - Ganoderma - Testimonials For additional information please E-Mail us 239 Orchard Street, Westbury, N.Y. 11590

Hormones Can Raise Breast Cancer Risk Further evidence that hormone-replacement therapy can increase a woman's risk of breast cancer was reported yesterday by Seattle scientists.

Researchers at the Fred Hutchinson Cancer Research Center studied 537 Seattle-area women at least 50 years old who had breast cancer from 1988 to 1990. They were compared with 492 women who had not had the disease.

And lastly... here is a retreat I have been to and if or when I get cancer I will go at once... Or any other life threatening disease. I am 74 years young... take no medications... except pain pills for structural damage to my spine due to an accident. I have had two spinal operations.

First one failed. Second one May 31, 2000 was 80% successful...

Creative Health 918 Union City Rd Union City Mi 49094 517-278-6260 Owner Donald Haugney. Donald and I were both speakers on alternative health in Costa Rica in 1982.

There were over 150 millionaires there from all over the world. We both spoke twice in the week we were there and held joint seminars. It was a blast.

Enjoy your journey to Health.

Love Margie.

BONUS HEALTH REPORT #4

How some diabetics - with their doctors permission - throw away their insulin.

DIABETES

Definition: A disorder caused by decreased production of insulin, or by decreased ability to use insulin. Insulin is a hormone produced by the pancreas that is necessary for cells to be able to use blood sugar.

Causes, incidence, and risk factors.

The cause of diabetes mellitus is unknown, but heredity and diet are believed to play a role in its development. Diabetes results when the pancreas produces insufficient amounts of insulin to meet the body's needs. It can also result when the pancreas produces insulin, but the cells are unable to efficiently use it (insulin resistance). Insulin is necessary for blood sugar (glucose) to go from the blood to the inside of the cells, and unless the sugar gets into the cells, the body cannot use it.

The excess sugar remains in the blood and is then removed by the kidneys. Symptoms of excessive thirst, frequent urination, and hunger develop. The (metabolism) of carbohydrates, fats, and proteins is altered.

Diabetes occurs in several forms. The most common types are: Type I, or insulin-dependent diabetes mellitus (IDDM); Type II, or noninsulin-dependent diabetes mellitus (NIDDM); and Gestational Diabetes Mellitus.

Insulin-dependent diabetes mellitus (IDDM or Type I) usually occurs in people before the age of 30 requires insulin injections to live. Risk factors for IDDM include autoimmune disease, viral infections, and a family history of diabetes.

Noninsulin-dependent diabetes mellitus (NIDDM or Type II) usually occurs in severely overweight (obese) adults and rarely requires insulin treatment. Treatment includes diet for diabetics and exercise. Risk factors for Type II are obesity, physiological or emotional stress, pregnancy, certain medications, age over 40, and family history.

Gestational diabetes starts or is first recognized during pregnancy. It usually becomes apparent during the 24th to 28th weeks of pregnancy. In many cases, the blood-glucose level returns to normal after delivery. Risk factors for gestational diabetes are maternal age over 25 years, family history of diabetes, obesity, birth weight over 9 pounds in a previous infant, unexplained death in a previous infant or newborn, congenital malformation in a previous child, and recurrent infections.

Diabetes mellitus affects up to 5% of the population in the US, almost 14 million people.

Prevention Controlling body weight in individuals at risk may prevent the onset of Type II diabetes.

There may be no symptoms early in the course of the disease.

Symptoms:

- ◆ increased thirst
- ◆ increased urination
- ◆ weight loss in spite of increased appetite
- ◆ fatigue
- ◆ nausea
- ◆ vomiting...frequent infections including bladder, vaginal, and skin
- ◆ blurred vision
- ◆ impotence in men
- ◆ breath odor
- ◆ cessation of menses
- ◆ poor skin turgor Additional symptoms that may be associated with this disease: gums, bleeding ear noise/buzzing... diarrhea... depression.confusion
- ◆ urinalysis showing glucose and ketone bodies in the urine
- ◆ glucose tolerance test
- ◆ fasting blood glucose
- ◆ glycosylated hemoglobin (hemoglobin A1C) level.

This disease may also alter the results of the following tests:

- ◆ visual field
- ◆ urine 24h volume
- ◆ uric acid
- ◆ ophthalmoscopy

- ◆ ketones - urine
- ◆ serum ketones
- ◆ insulin test
- ◆ glucose - urine
- ◆ euglobulin lysis time
- ◆ CSF total protein
- ◆ CSF collection
- ◆ cholesterol test
- ◆ ACE levels.

Treatment. The immediate goals of treatment are to stabilize the metabolism, restore normal body weight, and eliminate the symptoms of high blood-glucose. The long-term goals of treatment are to prolong life, improve the quality of life, relieve symptoms, and prevent long-term complications through education, careful dietary management and weight control, medication, physical activity, self testing, and foot care.

EDUCATION Diabetes education is an important part of a treatment plan. Diabetes educators and health care providers are available in many areas to teach essential skills needed after initial diagnosis of the disease.

Appropriate education teaches people with diabetes how to incorporate the management principles of the disease into their daily lives and minimize dependence upon the health care provider.

Basic principles, called survival skills, include:

- ◆ how to recognize and treat low and high blood sugar

- ◆ how to select the kinds of food to eat and when to eat them
- ◆ how to administer insulin or how to take oral hypoglycemic agents
- ◆ how to test and record blood-glucose and urine ketones
- ◆ how to adjust insulin, food intake, or both for changes in the usual exercise and eating habits
- ◆ how to handle sick days
- ◆ where to buy diabetes supplies and how to store them.

After the patient learns the basic principles of diabetes care and a routine has been established (several months), an education program is helpful to learn more about the disease process, how to control and live with diabetes, and intermediate and long-term complications of the disease.

Annual review of diabetes information is strongly recommended. Continually updating personal knowledge of diabetes is advised, because new research and new and improved ways to treat the disease are constantly being developed.

DIET Meal planning includes choosing healthy foods, eating the right amount of food, and eating meals at the right time.

The American Diabetes Association and the American Dietetic Association developed 6 food exchange lists for the purpose of meal planning for people with diabetes. The 6 lists are starch or bread, meat and substitutes, vegetables, fruits, milk or dairy, and fat. Every food on the list has approximately the same amount of carbohydrate, fat, protein, and calories for the amount given.

Any food on the list can be exchanged for any other food on the same list.

The food exchange lists also show the number of food choices that can be eaten at each meal and snack. Using the foods on the exchange list (along with a personal meal plan designed by a registered dietitian or nutritional counselor) will control the distribution of calories throughout the day so that food and insulin will be balanced.

Meal plans differ depending on the type of diabetes. With insulin-dependent diabetes (Type I), consistency in the time meals are eaten and the amounts and types of food eaten is very important to allow food and insulin to work together to regulate blood-glucose levels. If meals and insulin are out of balance, extreme variations in blood glucose can occur. In noninsulin-dependent diabetes, weight control is the most important principle in addition to a well-balanced diet..

Consultation with a registered dietitian or nutrition counselor is an invaluable tool for planning meals and controlling diet for persons with diabetes.

MEDICATION Insulin: Insulin lowers blood sugar by allowing it to leave the blood stream and enter the cell.

Everyone needs insulin. People with type I diabetes cannot make their own insulin and must take insulin injections every day to survive. People with Type II diabetes make insulin, but are not able to use it effectively. They can survive without insulin injections, but many may take insulin shots to more

effectively control blood-glucose levels. Insulin must be injected under the skin using a needle and syringe, or in some cases, an insulin pump. Insulin is not available in an oral form.

There are several types of insulin preparations that differ in how fast they start to work and how long they work. Choice of the insulin type to use is made by a health care professional based on the patient's blood-glucose measurements. Sometimes the types of insulin will be mixed together to provide the best control of blood glucose. Insulin injections are usually needed from 1 to 4 times per day.

People needing insulin are taught to give themselves their injections by their health care providers or diabetes educators referred by their providers.

Medications: Medications (oral hypoglycemic agents) to control blood sugar are pills usually taken once or twice per day. These medications work by preventing the body from sending sugar into the bloodstream when insulin is not working properly, releasing more insulin into the bloodstream, and helping the body's own insulin move glucose from the bloodstream into the cells. Some people need insulin in addition to oral medications. Some people no longer need medication if they lose weight because their own insulin works better without the extra weight, fat, and sugar.

Oral medications are not insulin and will not help a person who needs insulin.

PHYSICAL ACTIVITY Regular exercise is especially important for the person with diabetes. It helps control the amount of sugar in the blood and helps burn excess calories and fat to achieve optimal weight. Exercise improves overall health by improving blood flow and blood pressure. Exercise also increases the energy level, lowers tension, and improves the ability to handle stress.

Before people with diabetes begin any exercise program, they should obtain medical approval.

Exercise considerations: Choose an enjoyable physical activity that is appropriate for the current fitness level. Exercise every day and at the same time of day if possible. Monitor blood-glucose levels by home testing before and after exercise. Carry food that contains sugar in case blood-glucose levels get too low during or after exercise. Carry a diabetes identification card and change for a phone call in case of an emergency.

Drink extra fluids that do not contain sugar during and after exercise. Changes in exercise intensity or duration may require diet or medication modification to keep blood glucose levels within an appropriate range. **SELF-TESTING** Blood-sugar testing or self monitoring of blood glucose is done by checking the glucose content of a small drop of blood. The testing is done on a regular basis and will inform the person with diabetes how well diet, medication, and exercise are working together to control diabetes. The results can be used to adjust meals, activity, or medications to keep blood-sugar levels within an appropriate range. It will provide valuable information for the health care provider to suggest changes to improve care and

treatment. Testing will identify high and low blood-sugar levels before serious problems develop.

There are two methods of testing blood-glucose measurements at home. One method is a visual comparison with small plastic strips. A small drop of blood is placed on the pad of a strip, and the color change is matched with the color code on the test-strip bottle. The results are accurate if small changes in shades of color can be determined. The results are given in a range rather than a specific number.

The second method is a meter test that provides a more exact reading of blood glucose. A test strip is used and placed in a meter to read the result.

Testing is easy to do. A health care provider or diabetes educator will help set an appropriate testing schedule. Tests are usually done before meals and at bedtime. More frequent testing may be indicated during illness or stress.

Accurate record keeping of the test results will make the testing more useful for planning the care of the diabetic person.

Ketone testing is a second test that is used more frequently in Type I diabetes but is also used in Type II diabetes during stress, illness, or complications. The test is done on a urine sample. Ketones (the end products of fat metabolism) build up in the blood and spill over into the urine when sugar is not available as a fuel for the body, and fat is burned as an alternative fuel source. High levels of blood ketones may result in a serious

condition called ketoacidosis. Ketone testing is usually done in the following circumstances:

- ◆ when the blood sugar is over 240 mg/dL illness
- ◆ nausea or vomiting, ketoacidosis, extreme stress
- ◆ pregnancy

FOOT CARE People with diabetes are prone to foot problems because of complications caused by damage to large and small blood vessels, damage to nerves, and decreased ability to fight infection. Blood flow to the feet may become compromised, and damage to the nerves may cause a foot injury to go unnoticed until infection develops.

Death of skin and other tissue can occur necessitating their removal.

To prevent injury to the feet, diabetics should adopt a daily routine of checking and caring for the feet as follows:

- ◆ Check the feet every day and report sores or changes and signs of infection.
- ◆ Wash the feet every day with lukewarm water and mild soap, and dry them thoroughly.
- ◆ Soften dry skin with lotion or petroleum jelly.
- ◆ Protect the feet with comfortable, well-fitting shoes.
- ◆ Exercise daily to promote good circulation.
- ◆ See a podiatrist for foot problems or to have corns or calluses removed.
- ◆ Remove shoes and socks during a visit to the health care provider to remind them to examine the feet.

- ◆ Discontinue smoking because it worsens blood flow to the feet..

Support Groups. The stress of illness can often be helped by joining a support group where members share common experiences and problems. See diabetes - support group.

Expectations (prognosis) The outcome for diabetes mellitus is variable. Good control of blood-glucose levels reduces complications of diabetes. Usually Type I diabetes mellitus is more severe, and the potential for developing complications is greater. Even with good control by diet and medication of both types of diabetes, complications may result. In gestational diabetes, blood-glucose may return to normal after the delivery; however, the risk of developing diabetes in the future is greater. Maintaining normal body weight is critical in reducing the risk of diabetes for the future.

Complications Emergency complications:

- ◆ diabetic ketoacidosis
- ◆ hypoglycemic coma
- ◆ hyperglycemic hyperosmolar coma

Other complications:

- ◆ complications of insulin therapy
- ◆ eye complications (diabetic retinopathy, diabetic cataracts, glaucoma)
- ◆ diabetic nephropathy
- ◆ diabetic neuropathy
- ◆ gangrene of the feet

- ◆ skin and mucous membrane complications
- ◆ hyperlipidemia, hypertension, atherosclerosis, and coronary artery disease

Calling your health care provider: Go to the emergency room or call the local emergency number (such as 911) if symptoms of ketoacidosis are present:

- ◆ increased thirst and urination
- ◆ nausea
- ◆ deep and rapid breathing
- ◆ abdominal pain
- ◆ sweet smelling breath
- ◆ loss of consciousness

Note: This may occur in insulin-dependent diabetics when a dose of insulin is missed or if infection is present.

Go to the emergency room or call the local emergency number (such as 911) if symptoms of hypoglycemic coma or insulin reaction are present:

- ◆ weakness
- ◆ drowsiness
- ◆ headache
- ◆ confusion
- ◆ dizziness
- ◆ double vision
- ◆ lack of coordination
- ◆ convulsions or
- ◆ unconsciousness may follow.

From personal experience...Since I have studied how to improve ones health through natural methods I have found diabetes is like any other disease.

You can make a difference. It is so important that diet be taken care of. Because of my book, "I Cured My Arthritis You Can Too" I get letters about how it has helped to eliminate their arthritis pain and also other ailments, such as high blood pressure, high cholesterol and diabetes.

By taking Barley Green, which is a natural and organically grown barley made into caplets or powder by a method that does not use heat, they have gone from taking three shots of insulin a day to none. (With their doctor's approval) And of how their lives have changed.

Each person's results vary but all have the same theme, how now after taking Barley Green they have improved their health and their life styles.

One person really sticks out. I met him at a Barley Green convention. I have been with them for over 12 years.

This man was from Nova Scotia and had been very sick and giving himself 3 shots a day of insulin. It took about 6 months but he was able to stop all insulin of any kind. He was also now able to eat a more varied diet. He still was careful but he ate a very liberal diet.

Please, if you have questions or feedback let me know.

Margie