

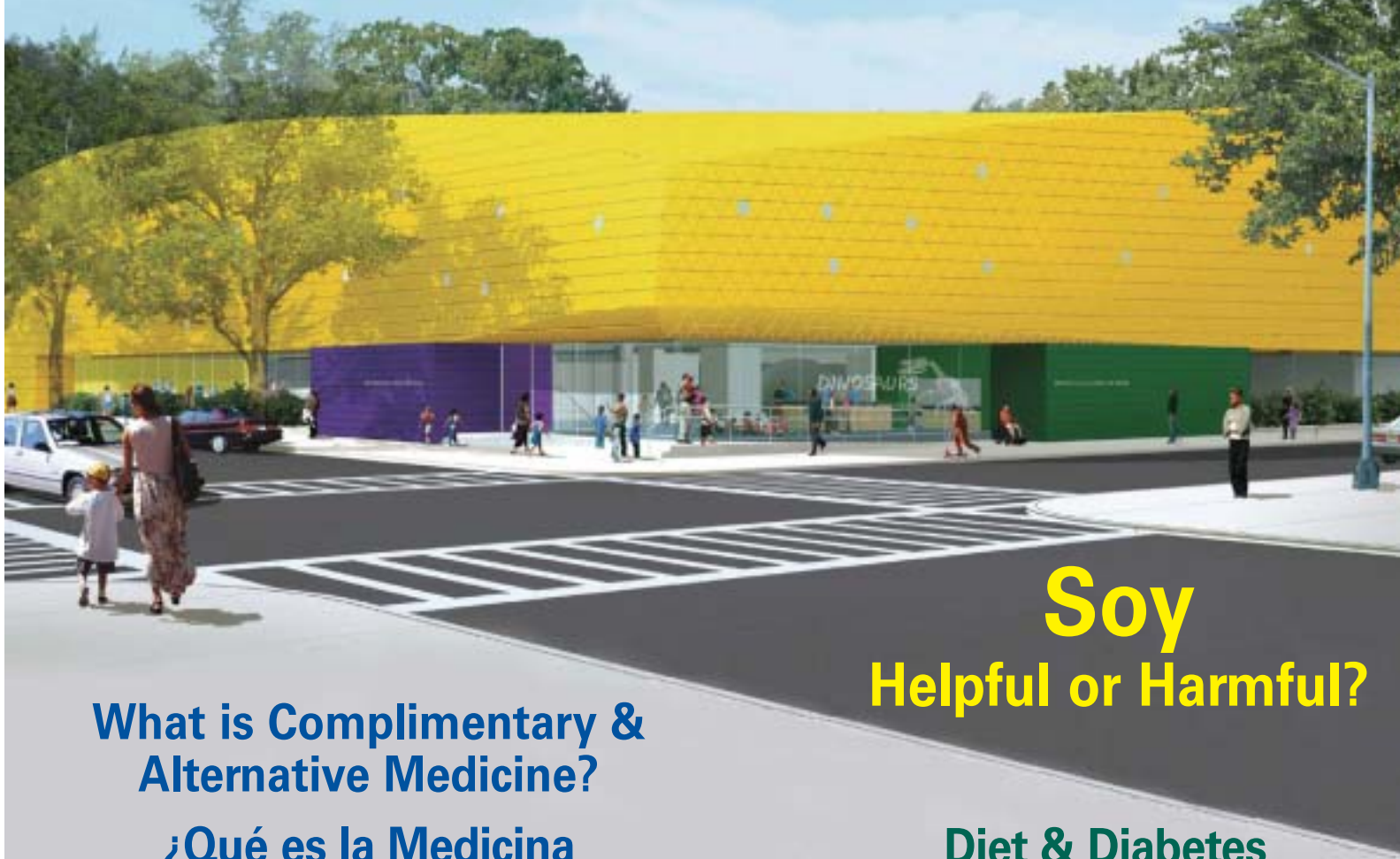
MAY - JUNE 2004

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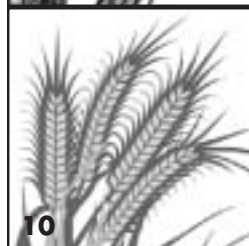
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**B**iodiversity, LLC has now celebrated its one year anniversary, and what a year it has been. We started with this publication in May of 2003 and we continue to grow and expand.

We now produce a website at [www.biodiversityllc.com](http://www.biodiversityllc.com) and invite you to visit us for even more informative articles and information of interest. This website will also be expanded shortly, to include product links for your shopping convenience. Longevity Nutritionals will be one of the companies on our site. Longevity Nutritional, are nutritional products personally formulated by Dr. Patrick Fratellone, the former Director of Cardiology for the Atkins Center, as well as a regular columnist for Biodiversity.

We have also branched out and produced our first Natural Health & Environmental Expo (Biodiversity Expo) which took place at the New York Marriott Hotel at the Brooklyn Bridge on January 31st and February 1st, 2004. The Expo was well received and therefore we have scheduled our next Expo for March 5th and 6th 2005 at the same location. We expect this Expo to be even bigger and better. Continue to browse our magazine issues and view our website for updated Expo information as we move forward.

We at Biodiversity, LLC strive to bring you informative articles on current trends, Complimentary and Alternative medicine, Environmental issues, human interest stories and more. We also welcome your comments. Email us at [biodiversity@verizon.net](mailto:biodiversity@verizon.net)

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CNN interviewed Tinny principal Lydia Leung (left 3) at I.B.S. New York



Life Magazine interviewed Leung (right) in New York



Leung gave training at Madrid, Spain



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Leung (front center) gave training at Cyprus



Leung (left 3) demonstrated at beauty show in Germany



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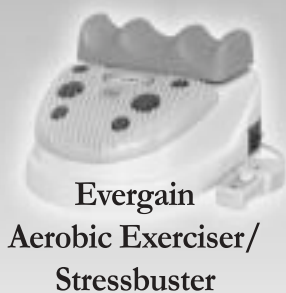


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# Doctors Don't Know Squat

by Jonathan Isbit

**T**hirty-four years ago I happened to pick up a book on yoga and learned something amazing. Among all the strange and difficult postures illustrated there was the simple one pictured above. The caption read, "This is the most natural and healthy way to perform our bodily functions."

It was a shock. But the concept appealed to this 20-year-old's sense of irony and fondness for non-conformity. I immediately adopted the method, and for the next 34 years continued to enjoy its benefits.

The subject was, of course, unmentionable. So, as much as I wanted to help others avoid their daily struggle on the "porcelain throne," I never mentioned my secret to anyone. I had my own life to live and felt resigned to the fact that this ignorance would just have to continue—generation after generation. Little did I know.

28 years after my initial discovery, the thought started coming that "now is the time to share it with the world." As a vehicle for spreading the knowledge, I felt inspired to create a device that would convert a conventional toilet into a squat toilet. I had no experience inventing anything, nor any inclination towards the business world, but I couldn't shake the feeling that I simply had to accomplish this mission.

I didn't find out why it was so important until much later. When I finally started marketing the product, I scoured the Internet and the libraries for all the research that had ever been done on the benefits of squatting. Each day brought a new revelation of the harm caused by the modern commode. Squatting seemed to be the "Rosetta Stone" that solved many mysteries, which for decades had baffled the medical profession. Doctors had been groping in the dark for the cause of all the colon, bladder and prostate disorders which – for some "strange" reason – were



absent in the developing world.

I carefully studied the anatomy, history and epidemiology of each disease. Whether it was something deadly like appendicitis or colon cancer, or something merely annoying, like bladder incontinence or hemorrhoids – the conclusion was unavoidable: Each disease could clearly be traced to the cumulative damage caused by an aberrant method of evacuation.

To take one example, consider the history of appendicitis. Before sitting toilets came into common use in the mid-Nineteenth Century, the disease was unknown. It didn't even have a name until 1886, when a Harvard professor, Reginald Heber Fitz, coined the term "appendicitis." He was also the first one to recommend the immediate removal of an inflamed appendix.

Currently 40,000 appendectomies are performed in the U.S. each year, merely to prevent appendicitis. In spite of that, seven percent of the population will contract the disease. Among squatting populations appendicitis is virtually unknown.

How does the modern commode cause appendicitis? The appendix is attached to a part of the colon that cannot be squeezed empty while sitting. Wastes get lodged in the appendix, where they stagnate and form a breeding-ground for virulent bacteria. The appendix gets infected and inflamed. If it bursts, the result is often fatal.

In a similar way, I analyzed nine other common diseases and came to the same conclusion. They were all due to one of two problems caused by the long-term use of sitting toilets. The first is "fecal stagnation." Wastes cannot be fully expelled in the sitting position, so they stagnate and solidify. The tissues of the colon wall suffocate and become vulnerable to cancer and inflammatory bowel disease.

---

The second problem is damage to the pelvic nerves from chronic straining on the toilet. This injury is responsible for prostate and bladder disorders that have reached epidemic proportions in our society.

As my research progressed, I felt like a prosecutor building a case against the dearest and most trusted friend of every member of the jury. At first glance, the charges seemed preposterous - like some kind of a practical joke. And the subject matter was something that most people don't even want to think about. Breaking this taboo was a daunting challenge, but I took comfort in remembering the words of Justice Louis Brandeis, "A little sunlight is the best disinfectant."

I assembled all the evidence and put it on the website - constantly adding and revising, as more information became available. I contacted hundreds of doctors to tell them the good news. With rare exceptions, their response was absolute silence. One doctor said she was completely convinced - but could never recommend squatting to her patients for fear of losing her medical license.

It became clear to me that millions of people around the world were suffering needlessly and dying prematurely, due to the ignorance of the medical profession. And that my chance discovery 34 years ago was no accident, but was part of the cosmic plan to restore mankind to a natural state of health. ■

---

*Jonathan Isbit lives in Boone, North Carolina. His phone number is (828) 297-7561. His website, [NaturesPlatform.com](http://NaturesPlatform.com), contains over 20 pages of research on the health benefits of squatting and has pictures of Nature's Platform, the device mentioned above.*

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# World Food Prices Rising

## Environmental Neglect Shrinking Harvests in Key Countries

by Lester R. Brown

**T**hen this year's grain harvest begins in May, world grain stocks will be down to 59 days of consumption—the lowest level in 30 years. The last time stocks were this low, in 1972-74, wheat and rice prices doubled. A politics of scarcity emerged with exporting countries, such as the United States, restricting exports and using food for political leverage. Hundreds of thousands of people in food-short countries, including Ethiopia and Bangladesh, died of hunger.

Now, a generation later, a similar scenario is unfolding, but for different reasons. After nearly tripling from 1950 to 1996, growth in the world grain harvest came to a halt. In each of the last four years world grain production has fallen short of consumption, forcing a drawdown of stocks. During this period, expanding deserts, falling water tables, crop-withering temperatures, and other environmental trends have largely offset the positive contributions of advancing technology and additional investment in agriculture.

Prices of basic food and feed commodities are climbing. Wheat futures for May 2004 that traded as low as \$2.90 a bushel within the last year on the Chicago Board of Trade have recently topped \$4 a bushel, a climb of 38 percent. A similar calculation shows the price of corn up by 36 percent, rice up 39 percent, and soybeans doubling from just over \$5 per bushel to over \$10 a bushel. Rises in the price of wheat and rice (the world's two basic food staples) and corn and soybeans (the principal feedstuffs) are contributing to higher food prices worldwide, including in China and the United States, the largest food producers.

In China, where grain prices are 30 percent above those of a year ago, the National Bureau of Statistics reports that retail food prices in March were 7.9 percent higher than in March 2003. The price of vegetable oil is up by 26 percent, meat by 15 percent, and eggs by 19 percent.

All countries are affected by the rising world price of basic food commodities. The American Farm Bureau mar-



ketbasket survey, which monitors U.S. retail prices of 16 basic food products in 32 states, shows a 10.5 percent rise in food prices during the first quarter of 2004 over the like period in 2003.

Price rises range from a 2 percent rise in the price of milk to a 29-percent rise for eggs. The price of vegetable oil, up 23 percent, is beginning to reflect the doubling of soybean prices. Meat prices are up across the board. A pound of ground chuck climbed from \$2.10 a year ago to \$2.48, up 18 percent. Whole fryers were also up 18 percent. Pork chops were up 10 percent. Bread and potatoes were up 4 and 3 percent,

respectively.

Still higher food prices are likely in the second quarter as soybeans have recently hit 15-year highs and wheat and corn 7-year highs. Prices of livestock products that require large amounts of grain are particularly sensitive to higher grain prices. By contrast, bread prices do not usually rise much because wheat typically accounts for less than one-tenth the cost of a loaf of bread. Even a doubling of wheat prices would not greatly increase bread prices.

Food prices are rising almost everywhere. In Russia, bread shortages pushed the price of bread in February up 38 percent compared with February 2003. This so alarmed the government that it restricted wheat exports by imposing an export tax of 35 euros per ton.

In South Africa, corn futures prices have climbed in early 2004. The price of white maize, the principal food staple, rose by more than half between December 2003 and January 2004. Yellow maize, used mostly for livestock feed, climbed by 30 percent during the same period.

Higher prices reflect sagging production in the face of soaring demand as the world continues to add more than 70 million people a year and as incomes rise, enabling more of the world's people to consume grain-based livestock and poultry products.

Growth in world grain production is lagging behind the growth in demand largely because environmental

trends, such as spreading deserts, falling water tables, and rising temperatures, are shrinking harvests in many countries. Consider, for example, Kazakhstan, the former Soviet Republic that was the site of the Virgin Lands Project launched in the 1950s. To expand grain production, the Soviets plowed an area of virgin grasslands that exceeded the wheat area of Australia and Canada combined. It dramatically boosted production, but by 1980 soil erosion was undermining productivity. During the 24 years since then, half the country's grainland area has been abandoned.

During the late 1980s, Saudi Arabia launched an ambitious plan to become self-sufficient in wheat. By tapping a deep underground aquifer, the Saudi's raised grain output from 300,000 tons in 1980 to 5 million tons in 1994. Unfortunately the aquifer could not sustain large-scale pumping and by 2003 the wheat harvest had fallen to 2.2 million tons. Nearby Israel, faced with dwindling water supplies, is no longer irrigating its small remaining area of wheat, which means that dependence on imported grain, already over 90 percent, will climb still higher.

China is the first major food producer to face reduced harvests partly because of expanding deserts and aquifer depletion. Some 24,000 Chinese villages have either been abandoned or have had their farm economies seriously impaired by invading deserts. In the arid northern half of the country where most of the wheat is grown, tens of thousands of wells go dry each year. These environmental trends, combined with weak grain prices that lower planting incentives, shrank the harvest from its peak of 123 million tons in 1997 to 86 million tons in 2003, a drop of 30 percent.

Perhaps the most pervasive environmental trend that is shrinking grain harvests today is rising temperature. When the U.S. Department of Agriculture released its September 2003 monthly world crop estimates, it reduced the projected world grain harvest by 35 million tons from its August estimate. This drop, equal to half the U.S. wheat harvest, was due almost entirely to the intense August heat wave in Europe, where crop-withering temperatures shrank harvests from France in the west through the Ukraine in the east.

In 2002 record heat and drought combined to shrink harvests in both India and the United States. Record and near-record temperatures in key food-producing countries accounted for a large share of the record world grain shortfalls of 91 million tons in 2002 and 105 million tons in 2003.

The question now is whether farmers can expand the grain harvest this year enough to eliminate the huge deficit of last year. Unfortunately there are no efforts underway that are sufficient to reverse the expansion of deserts, the fall in water tables, or the rise in temperatures that are shrinking harvests in key countries. In the absence of such an effort, food prices are likely to continue rising. ■

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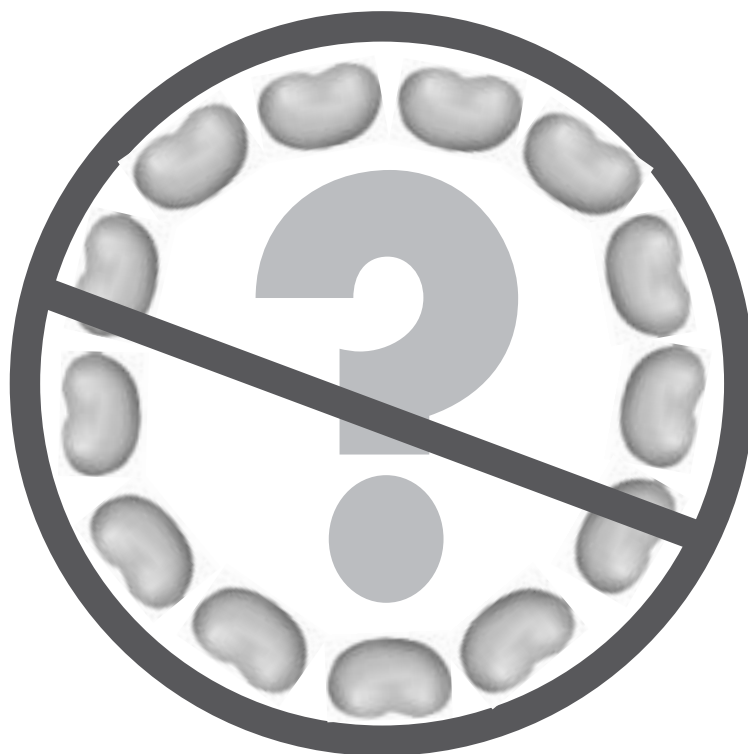
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# THE MANY SIDES OF SOY

(part 2)

## Helpful or Harmful?

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In part 1 of this article, it was noted that although the U.S. has been the major producer of the world's soybeans for over 25 years, it was not until the mid-nineties that soy became a household word. This was due in no small part to the media's portrayal of soy as a crusader against hot flashes, night sweats, osteoporosis, cancer (particularly breast and prostate) and heart disease. The sustained, methodical marketing efforts of the soybean industry have not been in vain; soy foods have become a multi-billion dollar industry. According to vegan author John Robbins, "We are eating soy products today at levels never before seen in history. The number of processed and manufactured foods that contain soy ingredients is astounding".

After years of enjoying the reputation as food panacea, soy has come under fire from numerous researchers and scientists; surprisingly, many have no political or monetary ties to the meat and dairy industry. Concerns include soy's cargo

by Jenny Matthau

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## Soy appears to be a wash for menopausal symptoms.

of enzyme inhibitors, flatulence factors, mineral blockers, thyroid inhibitors and estrogen-like compounds. Additional concerns focus on fermented versus unfermented soy traditional versus highly processed, modern soy foods, and genetically engineered soy foods.

Let's first evaluate the health claims and supporting evidence for soy and in part 3, examine the accusations in an attempt to make sense of the controversy.

Soy is often depicted as a woman's best friend, particularly during menopause.

### Health claim #1:

Phytochemicals in soy known as isoflavones are helpful in reducing the severity and frequency of hot flashes and night sweats. The truth is that most of the studies done have not supported this claim. Since July, 2002, when the Women's Health Initiative trial found that HRT (estrogen/progestin combo) raised the risk of heart attacks, strokes, blood clots and invasive breast cancer, many women have looked to soy as an alternative. Recognizing the opportunity to cash in, the soy industry has worked diligently to perpetuate the myth of soy for menopause. According to University of Wake Forest's Gregory Burke, who has led three large studies on soy and menopausal symptoms, "Most studies have found that soy has no more effect than a placebo." Published studies at MIT, Tufts University, Iowa State University, Wake Forest University and the Mayo Clinic have found no significant benefits from taking soy versus a placebo for menopausal symptoms. At Iowa State University, 69 menopausal women were given either 80 mg daily of isoflavones from soy protein, 4 mg daily of isoflavones from soy protein or a placebo (milk protein). No differences were found among the three groups regarding frequency, duration or severity of hot flashes or night sweats. Soy researcher D. Lee Alekel notes that "The claims about soy isoflavones relieving menopausal symptoms have been blown way out

of proportion to what the research shows."

Such findings are not limited to studies in the U.S. An Australian study carried out at Monash University demonstrated no improvement in menopausal symptoms in 94 postmenopausal women ingest-

ing 188 mg of isoflavones daily compared with those receiving a placebo. A Polish study conducted at Helsinki University Central hospital did not find a difference between breast cancer survivors' menopausal symptoms when given either phytoestrogens or a placebo. In an Italian double-blind study conducted at the University of Milan, participants were given 72mg daily of either soy isoflavones or a placebo. Both groups reported a 40% reduction in the frequency of hot flashes. Furthermore, at the University of Pittsburgh women participating in a similar study over a 6 month period, showed amelioration of hot flashes, night sweats and vaginal dryness in the placebo group, but not in the soy group, who also suffered from more frequent insomnia. Soy appears to be a wash for menopausal symptoms.

### Health claim #2:

Soy increases bone density. The truth is that there is a shortage of long-term studies on the effects of a soy-rich diet on bone. According to Robert Heaney of Creighton University, "the high soy content of the typical Japanese diet does not protect them against osteoporosis. In fact, the Japanese have as much or more osteoporosis than Caucasians in the U.S. Their risk of spinal osteoporosis is 40 to 50% higher than ours." However it should be noted that the Japanese have a lower rate of hip fractures than Caucasian Americans. Heaney attributes the probable cause to "genetic differences in the way their hips are shaped."

Researchers know that natural estrogen stimulates bone growth; studies have not supported the same finding for soy phytoestrogens. According to Gregory Burke, they "have found nothing or a very modest impact." Presently, the U.S. government is funding two large long-



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## Soy's effect on cholesterol levels is "relatively modest."

term studies examining this issue. One study focusing on bone density will be conducted by William Wong of the Baylor College of Medicine; 400 postmenopausal women will consume either 80mg or 120 mg of soy isoflavones in pill form or a placebo daily for two years. The other study will be led by D. Lee Alekel of Iowa State University and will monitor mineral density in the spines of 234 postmenopausal women receiving either 80 mg or 120 mg of soy isoflavones or a placebo daily for three years. These women are either brave or desperate, as the safety of ingesting this level of isoflavones has not been documented. It is considerably higher than that consumed in typical Asian diets where the isoflavones are eaten as part of food, not as a concentrated supplement. At this point in time ingesting soy to prevent or treat osteoporosis is not supported by scientific evidence.

### Health claim #3:

Soy and/or Soy isoflavones prevent breast and prostate cancer. The truth is that evidence from studies is either conflicting or too preliminary. Mark Messina, soy advocate and author of *The Simple Soybean and Your Health*, asserts that of 26 animal studies he perused, 65% of them suggest that soy protects against cancer. This means that 35% of them demonstrated no protective effect. It must also be pointed out that people often respond very differently to all kinds of substances than various species of animals do.

Human studies involving "women's soy consumption and their risk of breast cancer are conflicting" according to Barbour Warren of Cornell University's Program on Breast Cancer and Environmental Risk Factors. He goes on to say that "some studies of Asian women have found a link and other studies have found no association at all". There are two large-scale studies linking consumption of soy foods prior to and during puberty to decreased risk of breast cancer in adult women. Unfortunately, they both rely on the notoriously

unreliable method of self reporting and recollection.

Studies focusing on the effects of consuming soy isoflavones as adults are not clear at this point. Two small studies have caused concern about the consumption by adult women of soy isoflavones and their effect on cancer. The first study was conducted at the University of

California at San Francisco; premenopausal (but not postmenopausal) women consuming 38 grams of soy protein daily for six months exhibited signs of breast cell proliferation, which may raise the risk of breast cancer. A subsequent study conducted in the UK found the same phenomenon in premenopausal women after just two weeks of eating 60 grams of soy protein containing 45 mg of isoflavones. As far as studies go, "no one has reliably demonstrated an increased or decreased risk of breast cancer among women eating soy" asserts Barbour Warren.

From an epidemiological perspective, Asians have lower rates of breast, colon and prostate cancer than North Americans and eat considerably more soy than we do. Unlike many of the subjects in studies, they eat unprocessed soy foods, not isolated protein, soy concentrate or isolated isoflavones. They also frequently consume less of the biologically active ingredients in soy, eating these foods in moderation. Many researchers are concerned about the estrogenic effect of soy isoflavones, particularly in women with estrogen-positive breast tumors. It would therefore be wise for women to refrain from ingesting isoflavone supplements or extremely concentrated, processed soy products. Stick to real food!

Very few human studies have been conducted correlating soy isoflavone intake to prostate cancer. In one small study, cancer-free men in their sixties with elevated prostate-specific antigen (PSA) levels were given a soy drink daily containing 69 mg of isoflavones for six weeks. The beverage had no effect on PSA levels. In the second study, men with advanced prostate were given 200mg of soy isoflavones daily for an average of six

months. No placebos were given for ethical reasons, which makes comparison between groups impossible. PSA levels went up, but not as much as they had prior to the onset of treatment. However, another study using rats found that taking isoflavone pills may stimulate the growth of advanced prostate cancer. Yet other rodent studies indicate a protective effect on prostate cancer. For men, eating moderate amounts of high quality traditional soy foods seems to make the most sense.

#### Health claim #4:

Soy can lower blood cholesterol levels and reduce risk of heart disease. The truth is that eating extremely large amounts of soy (25 grams of soy protein) can lower the average person's cholesterol by about 9 points. Soy consumption tends to lower cholesterol levels the most in people with very high cholesterol levels. In October of 1999, the FDA allowed foods that are low in saturated fat and total fat and contain at least 6.25 grams of soy protein per serving to carry the claim. The problem is, to get 25 grams of soy protein from real food, one would have to eat 12 ounces of tofu or drink a quart of soy milk daily. Even soy devotee Mark Messina acknowledges that most Asians don't eat that much soy and that soy's effect on cholesterol levels is "relatively modest." It should be noted that despite the medical establishment's emphasis on the relationship between serum cholesterol and heart disease, the fact remains that 80% of people having heart attacks have normal cholesterol. Simply lowering cholesterol without addressing issues such as underlying inflammation and stress is a simplistic, ineffective approach to heart disease.

In conclusion, while moderate amounts of traditional soy foods such as miso, shoyu, natto, tempeh and tofu can be a healthy addition to many peoples' diet, soy is not the magic bullet that the soy industry so desperately wants us to believe it is. ■

*Jenny Matthau is President of The Natural Gourmet Cookery School/Institute for Food & Health. In addition, she serves as Director of The Natural Gourmet's Chef's Training Program, the only accredited culinary program of its kind. Copyright© 2004 by Jenny Matthau. All Rights Reserved.*

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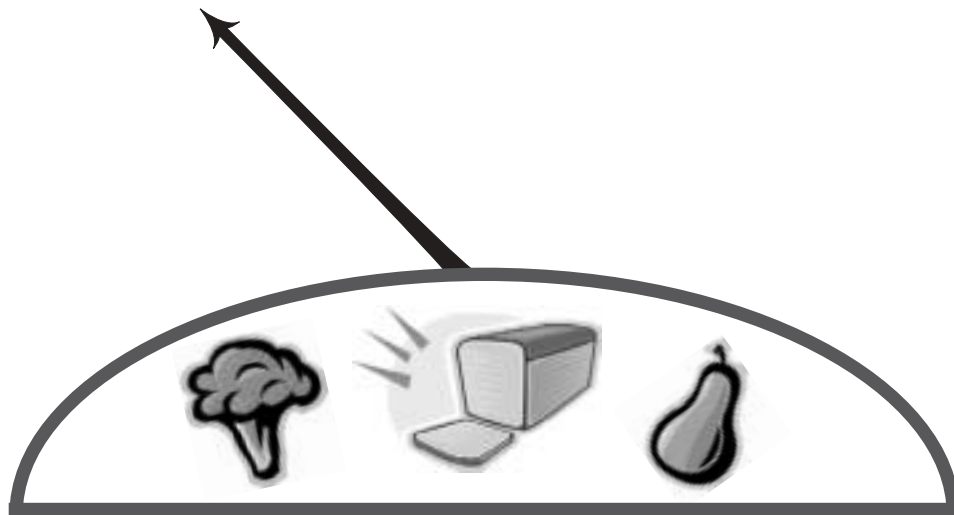
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# Diet and Diabetes

## Nutrición y Diabetes



### Diabetes Basics

In diabetes, the cells of the body cannot get the sugar they need. Glucose, a simple sugar, is the body's main fuel. It is present in the blood, but in diabetics it cannot get into the cells where it is needed. When diabetes starts in childhood (insulin-dependent diabetes), it is due to an inadequate supply of insulin, the hormone which ushers sugar into the cells of the body. Without insulin, the cell membranes keep sugar out. This form of diabetes is also called type 1 or childhood-onset diabetes. When diabetes begins in adulthood (non-insulin-dependent diabetes), it is not due to an inadequate supply of insulin; instead, there is plenty of insulin in the bloodstream, but the cells do not respond readily to it. Sugar cannot easily get into the cells, and it backs up in the bloodstream. This form is also called type 2 or adult-onset diabetes. In the short run, people with diabetes may experience episodes of labored breathing, vomiting, and dehydration. In the long run, diabetics are at risk for heart disease, kidney problems, disorders of vision, and other difficulties.

### Dietary Approaches to Treat Diabetes

The old approach to diabetes was to focus on eliminating refined sugars and foods that turned into sugars-starches, breads, fruits, etc.-from the diet. The rationale was based on the fact that diabetics' urine contains sugar. Unfortunately,

### Fundamentos de la diabetes

En la diabetes, las células del cuerpo no pueden obtener el azúcar que necesitan. La glucosa, un azúcar simple, es el principal combustible del cuerpo. La glucosa se encuentra en la sangre, pero en los diabéticos, no puede ingresar a las células que la necesitan. Cuando la diabetes comienza durante la infancia (diabetes insulina-dependiente) se produce por un inadecuado suministro de insulina, la hormona que conduce el azúcar dentro de las células del cuerpo. Sin insulina, las membranas de las células no dejan pasar el azúcar. Esta forma de diabetes se denomina también de tipo 1 o diabetes juvenil. Cuando la diabetes comienza durante la vida adulta (diabetes no insulina-dependiente) no se debe a un suministro inadecuado de insulina; por el contrario, existe suficiente insulina en el flujo sanguíneo, pero las células no responden rápidamente a ella. El azúcar no puede ingresar con facilidad a las células y regresa al flujo sanguíneo. Esta forma de diabetes se denomina también de tipo 2 o diabetes de edad adulta. En el corto plazo, las personas con diabetes pueden experimentar episodios de respiración dificultosa, vómitos y deshidratación y, en el largo plazo tienen riesgo de contraer enfermedades cardíacas, problemas hepáticos, desórdenes de la visión y otros problemas.

with all of the complex carbohydrates eliminated, fat and protein are all that is left in the diet.

The new approach focuses more attention on fat. Fat is a problem for diabetics. The more fat there is in the diet, the harder time insulin has in getting sugar into the cell. Exactly why this occurs is not clear. But what is clear is that minimizing fat intake and reducing body fat help insulin do its job much better. Modern diabetic treatment programs drastically reduce meats, high-fat dairy products, and oils. At the same time, they increase grains, legumes, and vegetables. One study found that 21 of 23 patients on oral medications and 13 of 17 patients on insulin were able to get off of their medications after 26 days on a near-vegetarian diet and exercise program.<sup>1</sup> During two- and three-year follow-ups, most diabetics treated with this regimen have retained their gains.<sup>2</sup> The dietary changes are simple, but profound, and they work. Low-fat, vegetarian diets are ideal for people with diabetes.

A 1999 study conducted by the Physicians Committee for Responsible Medicine and Georgetown University looked at the health benefits of a low-fat, unrefined, vegan diet (excluding all animal products) in people with type 2 diabetes.<sup>3</sup> Portions of vegetables, grains, and legumes were unlimited. The vegan diet group was compared with a group following a diet based on the American Diabetes Association (ADA) guidelines (higher in fat and cholesterol and lower in fiber). The results of this three-month study

### **Enfoques alimenticios para tratar la diabetes**

El antiguo enfoque para tratar la diabetes consistía en suprimir de la dieta los azúcares refinados así como alimentos que se transforman en azúcares como, los almidones, los panes, las frutas, etc. El criterio se basaba en que la orina de los diabéticos contiene azúcar. Lamentablemente, al eliminar todos los carbohidratos complejos, los únicos componentes que quedan en la dieta son las grasas y las proteínas.

El nuevo enfoque centra más su atención en las grasas. La grasa es un problema para las personas con diabetes. Cuanta mayor grasa haya en la alimentación, mayor dificultad tendrá la insulina para llevar azúcar a las células. Aún no se sabe con certeza la razón por la cual esto sucede, pero sí se sabe que disminuir el consumo de grasas y perder grasa corporal, ayuda a la insulina a hacer un mejor trabajo. Los programas modernos para el tratamiento de la diabetes reducen drásticamente el consumo de carnes, productos lácteos de alto contenido de grasa, y aceites. Por otro lado, incrementan simultáneamente los granos, legumbres y vegetales. Un estudio permitió determinar que 21 de 23 pacientes con medicación oral y 13 de 17 pacientes con tratamiento de insulina fueron capaces de suspender sus medicamentos después de 26 días de seguir una dieta prácticamente vegetariana y realizar un programa de ejercicios.<sup>1</sup> Durante los seguimientos realizados por períodos de dos y tres años,



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were astounding. The vegan group lowered their fasting blood sugars 59 percent more than the group following the ADA diet. Many discontinued their medications, another benefit not enjoyed by the ADA group. The vegan group lost an average of 16 pounds, compared with only about 8 pounds in the ADA group. The vegan group also had more substantial decreases in their cholesterol levels, compared to the ADA group. Although this was a small study, it illustrates that a plant-based diet can dramatically improve the health of people with diabetes.

There is a second essential component to managing diabetes. Through regular exercise, the need for insulin injections can often be reduced, and oral medications often become unnecessary. This holds true not only for people with non-insulin-dependent diabetes, but also to some extent for those with insulin-dependent diabetes. Exercising muscles have a voracious appetite for fuel. When an individual is engaged in regular aerobic exercise, the sugar is able to enter the cells without the need for as much—or perhaps any—insulin.

While people with non-insulin-dependent diabetes can often eliminate medications when their weight is reduced and foods and exercise are better controlled, those with insulin-dependence will always need a source of insulin. The cause of insulin-dependent diabetes remains elusive. Several recent studies have implicated cow's milk consumption as a possible contributor.<sup>4,5</sup> When milk consumption patterns were examined across various nations, there was a very strong correlation with the incidence of insulin-dependent diabetes. It may be that milk proteins cause an autoimmune reaction in which the body mistakenly attacks its own insulin-producing cells. Even so, a good diet and regular exercise can minimize the amount of insulin these diabetics require. This is especially important given their tendency toward complications, heart disease, and other blood vessel problems that are much more common in people with diabetes. So it is doubly important to keep fit and to keep dietary fat to a minimum.

People with diabetes are shortchanged by the diet most doctors give them. The typical ADA diet is still high in fat. The ADA diet limits the amount of butter, eggs, and so forth, but it contains about 300 milligrams of cholesterol per day and about 30 percent fat.

### **Managing your Diabetes with Food**

This new and effective approach to diabetes is remarkably simple. Here are three easy steps to managing your blood sugar with diet.

- Build your diet from fruits, vegetables, legumes, and whole grains. Choose foods that are high in complex carbohydrates, such as whole grains, vegetables, and legumes. They will also help reduce your blood glucose and your need for medication. Many plant foods also contain soluble fiber, which slows the passage of sugar into your blood stream. Because pro-

la mayor parte de pacientes con diabetes que fueron tratados con este régimen pudieron mantener los buenos resultados.<sup>2</sup> Los cambios alimenticios son simples pero profundos, y funcionan. Las dietas vegetarianas bajas en grasas son ideales para las personas con diabetes.

En 1999, el Comité Médico de Medicina Responsable y la Universidad de Georgetown llevaron a cabo un estudio en el que se analizaron los beneficios que representaba para la salud de las personas con diabetes tipo 2 una dieta estrictamente vegetariana (dieta vegan), no refinada y con bajo contenido de grasas (excluyendo todos los productos animales).<sup>3</sup> Las porciones de vegetales, granos y legumbres podían ser ilimitadas. Se comparó al grupo de la dieta vegan con un grupo que siguió una dieta basada en las pautas de la Asociación Americana de Diabetes – ADA, (con mayor contenido de grasas y colesterol, y menor contenido de fibras). Los resultados de este estudio de tres meses fueron increíbles. El grupo vegan redujo la glucemia en ayunas 59% más que el grupo que siguió la dieta de la ADA. Muchos dejaron la medicación, un beneficio que el grupo de la ADA no pudo gozar. El grupo vegan perdió un promedio de 16 libras en comparación con el grupo de la ADA, que sólo perdió aproximadamente 8 libras. El grupo vegan registró también sustanciales disminuciones en sus niveles de colesterol en comparación con el grupo de la ADA. A pesar de la pequeña envergadura de este estudio, se puede deducir que una dieta basada en alimentos vegetales puede mejorar drásticamente la salud de las personas con diabetes.

Existe un segundo componente esencial para tratar la diabetes. Cuando se practica ejercicios de manera regular, la necesidad de inyecciones de insulina puede reducirse con frecuencia y las medicinas orales son muchas veces innecesarias. Esto es cierto no sólo para las personas con diabetes no insulínica, sino también, en cierta medida, para quienes padecen de diabetes insulina dependiente. Los músculos al ser ejercitados tienen un apetito voraz por combustible. Cuando una persona practica ejercicio aeróbico de manera regular, el azúcar es capaz de entrar en las células sin tener la necesidad de mucha —o tal vez ninguna—insulina.

Mientras que las personas con diabetes no insulínica pueden eliminar la medicación cuando reducen de peso, controlan mejor sus alimentos y practican ejercicios, las personas insulina dependientes siempre necesitarán una fuente de insulina. La causa de la diabetes insulina dependiente es aún difícil de determinar. Algunos estudios recientes han relacionado el consumo de la leche de vaca como un posible contribuyente de esta enfermedad.<sup>4,5</sup> Cuando se analizaron los patrones de consumo de leche en varios países, se pudo determinar una correlación muy fuerte de este indicador con la incidencia de diabetes insulina dependiente. Es posible que las proteínas de la leche originen una reacción autoinmune en la cual

cessing often removes fiber and adds sugar or oil, the closer the carbohydrate-rich food is to its natural state, the better.

- Avoid the troublemakers -meats of all kinds, dairy products, and eggs. The best diet avoids meats and other animal products. These foods can encourage insulin resistance, heart problems, and weight gain because they usually contain large amounts of fat, cholesterol, and calories. A better choice is to get your protein from plant foods, such as beans, vegetables, tofu, whole grains, nuts, and seeds, many of which are also high in healthy complex carbohydrates and fiber.

- Keep added fats to a bare minimum. Diets high in fat can impair your insulin sensitivity. In other words, insulin will have a hard time doing its job. This is especially true for saturated fat (the kind found in meat, eggs, and dairy products) as opposed to monounsaturated fat (found in olive and canola oils). Plant foods generally tend to be much lower in fat, particularly saturated fat, compared to animal products, so beans, vegetables, and whole grains are good not just for their complex carbohydrates, but also for their lower fat content. Even nuts and seeds, which are fairly high in fat, contain more unsaturated fats and are much better choices than animal products, such as butter, bacon fat, sour cream, and so on, which are high in saturated fat. Even so, don't overdo it -it's still good to limit the amount of any fatty foods.

*Continued on page 28*

el cuerpo, equivocadamente, ataca sus propias células productoras de insulina. Aún así, una buena dieta y el ejercicio regular pueden minimizar la cantidad de insulina que estos diabéticos necesitan. Esto es particularmente importante debido a su tendencia hacia las complicaciones, las enfermedades cardíacas y otros problemas de vasos sanguíneos que se presentan con mayor incidencia en las personas que padecen diabetes. Por lo tanto, es doblemente importante mantener en forma y mantener al mínimo la grasa en la alimentación.

Se engaña a los pacientes con diabetes con la dieta típica recomendada por los médicos. La dieta estándar de la ADA mantiene aún altos contenidos de grasa. Esta dieta establece límites para las cantidades de mantequilla, huevos y similares, pero contiene cerca de 300 miligramos diarios de colesterol y alrededor de 30% de calorías provenientes de grasas.

Cómo tratar la diabetes por medio de los alimentos Este nuevo y efectivo enfoque hacia la diabetes es increíblemente simple. A continuación presentamos tres pasos sencillos para manejar el azúcar de la sangre solo con la alimentación.

- Siga una dieta basada en frutas, vegetales, legumbres y granos enteros. Seleccione alimentos que tengan un alto

*Continued on page 28*

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# A Children's Museum Goes Green

By Paul Pearson



The children pose around the museum's infamous neon-lit "People Tube" and its flowing stream which leads underground.

In August 29, 2002, a crew of four worked through the night on the grounds of the Brooklyn Children's Museum, carefully monitoring the flow of groundwater from a 340-foot deep test well. At dawn, the pump was opened to full volume. Over the next two hours, the aquifer supplied a steady flow of 57-degree groundwater at a rate of over 300 gallons per minute. The good news quickly spread to everyone involved in the museum's capital expansion project - staff, trustees, the architect, and officials at New York City's cultural and construction agencies. The proposed geothermal heating and cooling system, the key to creating a high performance, certified green building, had found its energy source in the groundwater beneath the museum.

In 1899, the Brooklyn Children's Museum, the world's first museum for children, opened in a





Brooklyn Children's Museum – a fun place for kids of all ages.

Victorian house in a Crown Heights park. The institution's "back yard" and its natural history collection supported an early focus on teaching city children about the natural world. In 1977, the museum opened a new, environmentally themed underground building on the same site.

Today, Brooklyn Children's Museum is positioning itself for the future with an expansion that will double our size and attendance capacity over the next three years. World-renowned architect Rafael Viñoly has designed the 102,000 square foot expansion – an undulating, two-story, daffodil-yellow addition that will wrap around the existing facility.

#### **Conservation Technology**

Increased visibility, visitor amenities, and educational/exhibition space were central goals of the expansion project.

But equally critical to an institution with a mission to "foster children's understanding of science, the environment, and world cultures" were environmental considerations and innovative use of new building technologies.

High-performance features integrated into the expansion design will save an estimated \$100,000 in annual energy costs. The geothermal system will feed water-to-water heat pumps for the building's heating and cooling needs, dramatically reducing on-site burning of nonrenewable fossil fuels and emissions of airborne pollutants. It will also eliminate the need for massive and noisy on-site cooling towers, thereby lowering our acoustic impact on the surrounding residential community. Photovoltaic panels integrated into the exterior fabric of the new building will harness sunlight to provide about 2.5

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# Balancing environmental considerations and economic constraints can pose a significant challenge to tight capital budgets.

percent of the museum's electricity needs.

Computerized climate control systems will further reduce energy use. Sophisticated carbon dioxide and occupancy sensors will monitor the exhibition spaces, automatically adjusting ventilation and lighting to the number of visitors in the space at any given time. Photoelectric cells will be tied to indoor lighting systems that dim when natural lighting provides sufficient illumination, and brighten during cloudy and nighttime conditions.

Selecting energy-conserving and sustainable building materials will add even greater benefits. Low-emissivity glass, coated with a material that keeps the building cooler in summer and warmer in winter, will be used in place of conventional window glass. Structural and finish materials with high levels of renewable or recycled content – including bamboo, cork, rubber and linoleum flooring and recycled carpet – are being used throughout.

## High-performance Design

Brooklyn Children's Museum's new building is on track for certification by the Leadership in Energy and Environmental Design (LEED) program of the U.S. Green Building Council as the first "green" children's museum in the nation. LEED is a points-

based rating system that assesses the environmental sustainability of building designs. Criteria include site development, access to public transportation, water conservation and energy efficiency, materials selection, indoor environmental quality, and building commissioning process.

Balancing environmental considerations and economic constraints can pose a significant challenge to tight capital budgets. To help inform our decisions, our "high-performance design" consultants used sophisticated computer programs to simulate various energy-modeling scenarios. The models showed that green building choices typically translated into slightly higher initial capital costs, but that operational savings would begin to accrue long-term when the more efficient systems went online.

The New York City Department of Design and Construction, which oversees municipal construction projects, alerted our capital project team to new resources available to organizations that are considering "going green": (1) The New York State Energy Research and Development Authority offers cost-shared technical assistance and financial incentives through its New Construction and Green Buildings Programs, and (2) the New York Power Authority's finances energy-efficiency projects for

public buildings statewide through its Energy Services Programs. Both of these agencies have helped the museum fund high-performance components of our expansion project.

### A Teaching Opportunity

For Brooklyn Children's Museum, the decision to "go green" was well aligned with our educational mission and focus on science and the environment. Although many of the high-performance elements of our building would not be visible to the public, we recognized that the project afforded a unique teaching opportunity.

When our expansion is complete in 2006, visiting children and families will be able to investigate the concepts and processes of energy efficiency and environmental conservation through an Energy Exploration interactive exhibition. An outdoor area will demonstrate how the museum harvests its solar power, and children will manipulate materials and systems to engineer their own model buildings using high-performance design. Visitors will also learn about renewable resources like bamboo—chosen for our new flooring because it is one of the world's fastest-growing plants.

For many years, children's museums and science centers have provided innovative programs in environmental education for youth and families. Brooklyn Children's Museum hopes that a successful project will encourage other informal learning centers to invest in sustainable, environmentally friendly design for their new buildings. ■

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Paul Pearson is Vice President of Programs at Brooklyn Children's Museum, Brooklyn, New York. He can be reached at [ppearson@brooklynkids.org](mailto:ppearson@brooklynkids.org).

## Green Design: A Technical Primer continued on the next page

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# Green Design: A Technical Primer

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By Adam Trojanowski

**F**rom its initial planning stages, the Brooklyn Children's Museum project embarked on a comprehensive effort to optimize energy consumption, water conservation, indoor air quality, and utilization of sustainable materials. This was achieved by choosing a building form and plan that is complementary to the site and solar orientation. Mechanical, electrical, and plumbing systems were evaluated in detail to select most appropriate and efficient systems. The new building also incorporates products and materials that are renewable, recyclable and have low gas emissions.

## **Ground-source Heat Pump System**

A new geothermal heating and cooling system provides all the heating, ventilation, and air-conditioning requirements for the museum. The system consists of large custom heat pump air handlers, water-to-water units, and heat-pump console units with groundwater as heat-rejection and heat-source medium. Groundwater is derived from two 340-foot-deep supply wells with submersible pumps, and is returned to ground through two injection wells. One additional set of supply and injection wells provides system redundancy. The system provides significant improvement in energy efficiency compared to traditional chiller and boiler systems, as well as additional benefits like elimination of all rooftop equipment and the associated noise issues; elimination of water treatment

and plume problems for cooling towers; and overall space savings for mechanical equipment.

## **Photovoltaic System**

Photovoltaic systems directly convert solar energy into electrical power. The project incorporates 4,700 square feet of vertical panels and 1,000 square feet of roof-mounted panels that will generate approximately 54,000 kWh per year. This is equivalent to annual electrical consumption of five households. Electricity generated by the PV system will feed directly into the building's electrical system.

## **Water Conservation**

Significant reductions in potable water use will be achieved by careful selection of water-conserving plumbing fixtures, equipment, and fittings. Lavatory faucet flows will not exceed 0.5 gpm and are equipped with auto-shutoff sensors. Waterless urinals are utilized in all toilets. New and existing exterior landscaping maximizes indigenous, drought-tolerant plantings to eliminate need for permanent irrigation system.

## **Exterior envelope**

The building's exterior envelope has been optimized to provide a high level of thermal and solar protection. All glazing is specified with a U-value of 0.29 and shading coefficient of 0.49. The exterior walls

and roof utilize R-20 and R-30 insulation, respectively. In addition, the architectural tile wall and roof exterior reflect a high percentage of the sun's radiant energy, resulting in lower cooling load.

### **Sustainable Materials**

The new building utilizes large amounts of sustainable materials that reduce depletion of finite raw materials and contribute to improved indoor air quality. The extensively used bamboo flooring is an example of a rapidly renewable material. Adhesives, paints, carpets, and composite wood products and materials were selected to minimize off-gassing of odorous or potentially irritating air contaminants. ■

Adam Trojanowski is an engineer of ARUP Associates, a provider of technical and design advice for the new Brooklyn Children's Museum building.

For more information on "green design" and LEED certification, visit the U.S. Green Buildings Council web site: [www.usgbc.org](http://www.usgbc.org).

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Continued from page 21

### Further Reading

For more information on diet and diabetes, please see *Healthy Eating for Life to Prevent and Treat Diabetes* by the Physicians Committee for Responsible Medicine with Patricia Bertron, R.D. A sample recipe from the book follows.

### Tropical Freeze Makes 3 1-cup servings

Pureed frozen fruit makes a wonderful dessert, without the fat or refined sugar of ice cream. Look for frozen mango pieces in your supermarket, or you can make your own using fresh mangoes. To freeze bananas, peel, break into chunks, and place loosely in a covered container in the freezer.

- 1 orange (preferably navel), peeled
- 1 cup frozen banana chunks
- 1 cup frozen mango chunks
- 1/2 to 1 cup fortified soy milk or rice milk

Cut orange in half and remove any seeds. Place in a blender with banana, mango, and soy- or rice milk. Blend until thick and very smooth, 2 to 3 minutes. Serve immediately.

Per 1-cup serving: 130 calories; 3 g protein; 28 g carbohydrate; 2 g fat; 4 g fiber; 12 mg sodium; calories from protein: 10%; calories from carbohydrates: 78%; calories from fats: 12%

This fact sheet is not intended as a comprehensive program for diabetes. If you have diabetes, consult your doctor and tailor a program for your needs. But it is important to recognize that, for many, diabetes is a disease that need never occur. In most cases, people with diabetes can manage their disease much better with a food plan that gets most of its calories from complex carbohydrates while minimizing fats. At the same time, regular, vigorous exercise helps insulin work optimally.

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Continued from page 21

contenido de carbohidratos complejos, tales como los granos enteros, los vegetales y las legumbres, lo cual ayudará también a reducir la glucosa de la sangre y su necesidad de medicación. Muchos alimentos vegetales también contienen fibra soluble que hace más lento el paso del azúcar al flujo sanguíneo. Teniendo en cuenta que el procesamiento de los alimentos elimina frecuentemente fibra y agrega azúcares o aceites, será mucho mejor que los alimentos ricos en carbohidratos se consuman en el estado más natural posible.

- Evite los alimentos que causan problemas— carnes de todo tipo, productos lácteos y huevos. La mejor dieta evita las carnes y otros productos animales. Estos alimentos pueden estimular la resistencia a la insulina, los problemas cardíacos y el incremento de peso puesto que en general, contienen grandes cantidades de grasa, colesterol y calorías. Una mejor elección es obtener las proteínas de alimentos vegetales, tales como frijoles, vegetales, tofu, granos enteros, nueces y semillas, muchas de las cuales también tienen un alto contenido de carbohidratos complejos y fibra saludables.
- Mantenga las grasas agregadas en niveles estrictamente necesarios. Las dietas con alto contenido de grasas pueden perjudicar su sensibilidad a la insulina. En otras palabras, a la insulina le costará mucho hacer su trabajo. Esto es particularmente cierto para el caso de las grasas saturadas (el tipo de grasa que se encuentra en la carne, los huevos y los productos lácteos) a diferencia de las grasas monoinsaturadas (que se encuentran en los aceites de oliva y canola). Generalmente, los alimentos vegetales tienden a ser más bajos en grasas, especialmente la grasa saturada, a diferencia de los productos animales, por lo que los frijoles, los vegetales y los granos enteros son buenos no sólo por sus carbohidratos complejos sino también por su menor contenido de grasa. Aún las nueces y las semillas, cuyo contenido de grasa es relativamente alto, contienen más grasas insaturadas y son una mejor elección que los productos animales tales como la manteca, la grasa del tocino, la crema agria y productos similares con alto contenido de grasas saturadas. Aún así, no exagere—pero siempre es bueno limitar la cantidad de cualquier alimento grasoso.

### Lecturas adicionales

Para mayor información sobre nutrición y diabetes, consulte el libro preparado por el Comité Médico de Medicina Responsable y la Dra. Patricia Bertron “*Healthy Eating for Life to Prevent and Treat Diabetes*” [Alimentación saludable para toda la vida para prevenir y tratar la diabetes]. A manera de ejemplo, a continuación se presenta una receta del libro.

### Helado Tropical Rinde 3 porciones de 1 taza

La fruta congelada en forma de puré es un postre maravilloso que no contiene la grasa o el azúcar refinada de los helados. Compre trozos de mango congelado en el supermercado o prepare usted su propia fruta congelada utilizando mangos frescos.

Continued on page 37

# INVITATION

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# What is Complementary & Alternative Medicine (CAM)?

## ¿Qué es la Medicina Complementaria y Alternativa?



### In this article:

- What is complementary and alternative medicine?
- Are complementary medicine and alternative medicine different from each other?
- What is integrative medicine?
- What are the major types of complementary and alternative medicine?
- What is NCCAM's role in the field of complementary and alternative medicine?
- Dictionary of Terms
- Resources

**T**here are many terms used to describe approaches to health care that are outside the realm of conventional medicine as practiced in the United States. This fact sheet explains how the National Center for Complementary and Alternative Medicine (NCCAM), a component of the National Institutes of Health, defines some of the key

### En esta página:

- ¿Qué es la medicina complementaria y alternativa?
- ¿Es la medicina complementaria diferente de la medicina alternativa?
- ¿Qué es la medicina integrativa?
- ¿Cuáles son los principales tipos de medicina complementaria y alternativa?
- ¿Cuál es la función de NCCAM en el campo de la medicina complementaria y alternativa?
- Diccionario de términos
- Recursos

**S**e utilizan muchos términos para describir enfoques a la atención de la salud que escapan al reino de la medicina convencional según se practica en los Estados Unidos. La presente hoja informativa explica la manera en que el Centro Nacional de Medicina Complementaria y Alternativa (NCCAM, siglas en inglés), una dependencia de los Institutos



terms used in the field of complementary and alternative medicine (CAM). A dictionary of terms that are underlined in the text can be found at the end of this fact sheet.

### What is complementary and alternative medicine?

Complementary and alternative medicine, as defined by NCCAM, is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.<sup>1,2</sup> While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies--questions such as whether they are safe and whether they work for the diseases or medical conditions for which they are used.

The list of what is considered to be CAM changes continually, as those therapies that are proven to be safe and effective become adopted into conventional health care and as new approaches to health care emerge.

Nacionales de la Salud, define algunos de los términos fundamentales utilizados en el campo de la medicina complementaria y alternativa. Al final de esta hoja informativa se incluye un glosario de términos que aparecen subrayados en el texto.

### ¿Qué es la medicina complementaria y alternativa?

La medicina complementaria y alternativa, según la define NCCAM, es un conjunto diverso de sistemas, prácticas y productos médicos y de atención de la salud que no se considera actualmente parte de la medicina convencional.<sup>1,2</sup> Si bien existen algunos datos científicos contundentes sobre las terapias de la medicina complementaria y alternativa, en general se trata de preguntas esenciales que aún deben responderse mediante estudios científicos bien diseñados--preguntas por ejemplo sobre la seguridad y eficacia de estos medicamentos en relación a las enfermedades y condiciones médicas para las cuales se utilizan.

La lista de lo que se considera medicina complementaria y alternativa cambia continuamente, ya que una vez se comprueba que una terapia determinada es eficaz e inocua, esta se

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## Are complementary medicine and alternative medicine different from each other?

Yes, they are different.

- Complementary medicine is used together with conventional medicine. An example of a complementary therapy is using aromatherapy to help lessen a patient's discomfort following surgery.
- Alternative medicine is used in place of conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor.

## What is integrative medicine?

Integrative medicine, as defined by NCCAM, combines mainstream medical therapies and CAM therapies for which there is some high-quality scientific evidence of safety and effectiveness.

## What are the major types of complementary and alternative medicine?

NCCAM classifies CAM therapies into five categories, or domains:

### 1. Alternative Medical Systems

Alternative medical systems are built upon complete systems of theory and practice. Often, these systems have evolved apart from and earlier than the conventional medical approach used in the United States. Examples of alternative medical systems that have developed in Western cultures include homeopathic medicine and naturopathic medicine. Examples of systems that have developed in non-Western cultures include traditional Chinese medicine and Ayurveda.

### 2. Mind-Body Interventions

Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some techniques that were considered CAM in the past have become mainstream (for example, patient support groups and cognitive-behavioral therapy). Other mind-body techniques are still considered CAM, including meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance.

### 3. Biologically Based Therapies

Biologically based therapies in CAM use substances

incorpora al tratamiento convencional de la salud al igual que cuando surgen enfoques nuevos para la atención sanitaria.

## ¿Es la medicina complementaria diferente de la medicina alternativa?

Sí, son diferentes.

- La medicina complementaria se utiliza conjuntamente con la medicina convencional. Un ejemplo de terapia complementaria es el uso de aromaterapia para ayudar a mitigar la falta de comodidad del paciente después de la cirugía.
- La medicina alternativa se utiliza en lugar de la medicina convencional. Un ejemplo de una terapia alternativa es el empleo de una dieta especial para el tratamiento del cáncer en lugar de la cirugía, la radiación o la quimioterapia recomendados por un médico convencional.

## ¿Qué es la medicina integrativa?

La medicina integrativa, según la definición de NCCAM, combina terapias médicas formales y terapias de la medicina complementaria y alternativa para las cuales existen datos contundentes científicos de alta calidad sobre su seguridad y eficacia.

## ¿Cuáles son los principales tipos de medicina complementaria y alternativa?

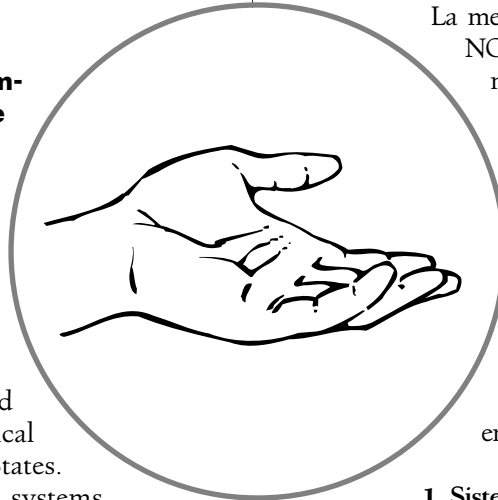
NCCAM clasifica las terapias de la medicina complementaria y alternativa en cinco categorías o dominios:

### 1. Sistemas médicos alternativos

Los sistemas médicos alternativos se construyen en torno a sistemas completos de teoría y práctica. A menudo, estos sistemas han evolucionado de manera separada y antes del enfoque médico convencional utilizado en los Estados Unidos. Ejemplos de sistemas médicos alternativos que se han desarrollado en culturas occidentales incluyen la medicina homeopática y la medicina naturopática. Ejemplos de sistemas que se han formulado en culturas no occidentales incluyen la medicina china tradicional y Ayurveda.

### 2. Enfoque sobre la mente y el cuerpo

La medicina de la mente y el cuerpo utiliza una variedad de técnicas diseñadas con el fin de afianzar la capacidad de la mente para afectar la función y los síntomas corporales. Algunas técnicas que se consideraron medicina complementaria y alternativa anteriormente se han formalizado (por ejemplo, grupos de apoyo a pacientes y terapia cognitiva y conductual). Otras técnicas para la mente y el cuerpo aún se consideran medicina complementaria y alternativa, incluida la



found in nature, such as herbs, foods, and vitamins. Some examples include dietary supplements,<sup>3</sup> herbal products, and the use of other so-called "natural" but as yet scientifically unproven therapies (for example, using shark cartilage to treat cancer).

#### 4. Manipulative and Body-Based Methods

Manipulative and body-based methods in CAM are based on manipulation and/or movement of one or more parts of the body. Some examples include chiropractic or osteopathic manipulation, and massage.

#### 5. Energy Therapies

Energy therapies involve the use of energy fields. They are of two types:

- Biofield therapies are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, these fields. Examples include qi gong, Reiki, and Therapeutic Touch.
- Bioelectromagnetic-based therapies involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating current or direct current fields.

#### What is NCCAM's role in the field of complementary and alternative medicine?

NCCAM is the Federal Government's lead agency for scientific research on complementary and alternative medicine. NCCAM's mission is to explore complementary and alternative healing practices in the context of rigorous science, to train CAM researchers, and to inform the public and health professionals about the results of CAM research studies.

#### Notes

<sup>1</sup> Conventional medicine is medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses. Other terms for conventional medicine include allopathy; Western, mainstream, orthodox, and

meditación, la oración, la curación mental y las terapias que emplean soluciones creativas como el arte, la música o la danza.

#### 3. Terapias biológicas

Las terapias biológicas en la medicina complementaria y alternativa emplean sustancias que se encuentran en la naturaleza, como hierbas, alimentos y vitaminas. Algunos ejemplos incluyen complementos dietéticos<sup>3</sup>, productos de herboristería, y el uso de otras terapias denominadas "naturales" aunque aún no probadas desde el punto de vista científico (por ejemplo, el uso de cartílago de tiburón en el tratamiento del cáncer).

#### 4. Métodos de manipulación y basados en el cuerpo

Los métodos de manipulación y basados en el cuerpo en la medicina complementaria y alternativa hacen énfasis en la manipulación o en el movimiento de una o más partes del cuerpo. Algunos ejemplos incluyen manipulación quiropráctica u osteopática y masajes.

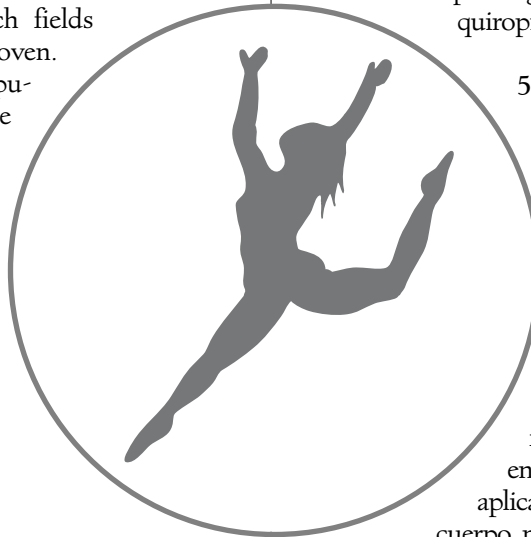
#### 5. Terapias sobre la base de la energía

Las terapias sobre la base de la energía incluyen el empleo de campos de energía y comprenden dos tipos:

- Terapias del biocampo procuran afectar los campos de energía que supuestamente rodean y penetran el cuerpo humano. La existencia de tales campos no ha sido probada científicamente aún. Algunas formas de terapias sobre la base de la energía manipulan biocampos mediante la aplicación de presión o la manipulación del cuerpo mediante la colocación de las manos en o a través de estos campos. Los ejemplos incluyen qi gong, Reiki, y toque terapéutico.
- Terapias bioelectromagnéticas implican el uso no convencional de campos electromagnéticos, tales como campos de impulsos, campos magnéticos o campos de corriente alterna o directa.

#### ¿Cuál es la función de NCCAM en el campo de la medicina complementaria y alternativa?

NCCAM es el organismo líder del Gobierno Federal para la investigación científica sobre medicina complementaria y alternativa. La misión de NCCAM es explorar prácticas para la curación complementaria y alternativa en el contexto de la ciencia rigurosa, capacitar a investigadores en medicina complementaria y alternativa e informar al público en general y los profesionales sanitarios sobre los resultados de estudios de investigación en medicina complementaria y alternativa.



regular medicine; and biomedicine. Some conventional medical practitioners are also practitioners of CAM.

2 Other terms for complementary and alternative medicine include unconventional, non-conventional, unproven, and irregular medicine or health care.

3 Some uses of dietary supplements have been incorporated into conventional medicine. For example, scientists have found that folic acid prevents certain birth defects, and a regimen of vitamins and zinc can slow the progression of an eye disease called age-related macular degeneration (AMD).

## Dictionary of Terms

**Aromatherapy** ("ah-roam-uh-THER-ah-py"): Aromatherapy involves the use of essential oils (extracts or essences) from flowers, herbs, and trees to promote health and well-being.

**Ayurveda** ("ah-yur-VAY-dah") is a CAM alternative medical system that has been practiced primarily in the Indian sub-continent for 5,000 years. Ayurveda includes diet and herbal remedies and emphasizes the use of body, mind, and spirit in disease prevention and treatment.

**Chiropractic** ("ki-roh-PRAC-tic") is a CAM alternative medical system. It focuses on the relationship between bodily structure (primarily that of the spine) and function, and how that relationship affects the preservation and restoration of health. Chiropractors use manipulative therapy as an integral treatment tool.

**Dietary supplements:** Congress defined the term "dietary supplement" in the Dietary Supplement Health and Education Act (DSHEA) of 1994. A dietary supplement is a product (other than tobacco) taken by mouth that contains a "dietary ingredient" intended to supplement the diet. Dietary ingredients may include vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, and metabolites. Dietary supplements come in many forms, including extracts, concentrates, tablets, capsules, gelcaps, liquids, and powders. They have special requirements for labeling. Under DSHEA, dietary supplements are considered foods, not drugs.

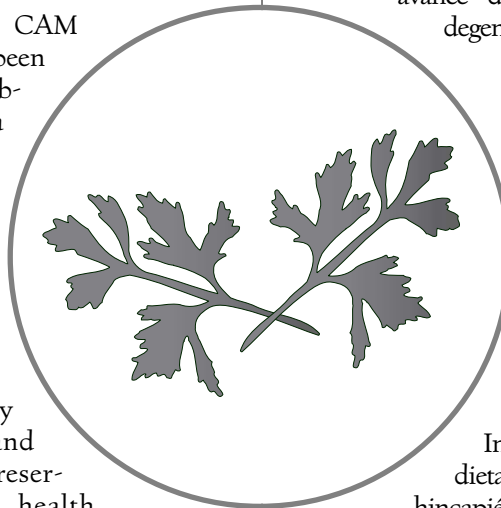
**Electromagnetic fields:** Electromagnetic fields (EMFs, also called electric and magnetic fields) are invisible lines of

## Notas

1 La medicina convencional es la medicina según la practican aquellas personas que tienen títulos de M.D. (doctor en medicina) o D.O. (doctor en osteopatía) y sus profesionales asociados de la salud, como terapeutas físicos, psicólogos y enfermeras tituladas. Otros términos para la medicina convencional incluyen alopátia; medicina occidental, formal, ortodoxa y ordinaria y biomedicina. Algunos profesionales médicos convencionales son también profesionales de medicina complementaria y alternativa.

2 Otros términos para medicina complementaria y alternativa incluyen medicina o atención de la salud no tradicional, no convencional, no probada aún e irregular.

3 Algunos usos de los complementos dietéticos se han incorporado a la medicina convencional. Por ejemplo, los científicos han descubierto que el ácido fólico evita ciertos defectos congénitos y un régimen de vitaminas y zinc puede retardar el avance de una enfermedad ocular denominada degeneración macular relacionada con la edad.



## Diccionario de términos

**Aromaterapia:** La aromaterapia comprende la utilización de aceites esenciales (extractos o esencias) de flores, hierbas y árboles para promover la salud y el bienestar.

**Ayurveda** es un sistema médico alternativo de la medicina complementaria y alternativa que se ha practicado principalmente en el subcontinente de la India durante 5,000 años. Ayurveda incluye dieta y medicamentos de herboristería y hace hincapié en el uso del cuerpo, la mente y el espíritu en la prevención y el tratamiento de enfermedades.

**Campos electromagnéticos:** Los campos electromagnéticos (también denominados campos eléctricos y magnéticos) son líneas invisibles de fuerza que rodean todos los dispositivos eléctricos. La Tierra también produce campos electromagnéticos, los cuales se generan cuando hay actividad de tormenta eléctrica. Se considera que los campos magnéticos son producidos por corrientes eléctricas que fluyen en el centro de la Tierra.

**Los fisioterapeutas manipulan** tejido muscular y conjuntivo para ampliar la función de esos tejidos y promover la relación y el bienestar.

**La medicina homeopática** es un sistema médico alternativo de la medicina complementaria y alternativa. En la medicina homeopática, existe una creencia que "ley de la similitud": lo que significa es que cantidades pequeñas, altamente diluidas

force that surround all electrical devices. The Earth also produces EMFs; electric fields are produced when there is thunderstorm activity, and magnetic fields are believed to be produced by electric currents flowing at the Earth's core.

**Homeopathic** ("home-ee-oh-PATH-ic") medicine is a CAM alternative medical system. In homeopathic medicine, there is a belief that "like cures like" meaning that small, highly diluted quantities of medicinal substances are given to cure symptoms, when the same substances given at higher or more concentrated doses would actually cause those symptoms.

**Massage** ("muh-SAHJ") therapists manipulate muscle and connective tissue to enhance function of those tissues and promote relaxation and well-being.

**Naturopathic** ("nay-chur-o-PATH-ic") medicine is a CAM alternative medical system in which practitioners work with natural healing forces within the body, with a goal of helping the body heal from disease and attain better health. Practices may include dietary modifications, massage, exercise, acupuncture, minor surgery, and various other interventions.

**Osteopathic** ("ahs-tee-oh-PATH-ic") medicine is a form of conventional medicine that, in part, emphasizes diseases arising in the musculoskeletal system. There is an underlying belief that all of the body's systems work together, and disturbances in one system may affect function elsewhere in the body. Some osteopathic physicians practice osteopathic manipulation, a full-body system of hands-on techniques to alleviate pain, restore function, and promote health and well-being.

**Qi gong** ("chee-GUNG") is a component of traditional Chinese medicine that combines movement, meditation, and regulation of breathing to enhance the flow of qi (an ancient term given to what is believed to be vital energy) in the body, improve blood circulation, and enhance immune function.

**Reiki** ("RAY-kee") is a Japanese word representing Universal Life Energy. Reiki is based on the belief that when spiritual energy is channeled through a reiki practi-

de sustancias medicinales se administran para curar síntomas, cuando las mismas sustancias administradas a dosis más altas o más concentradas producirán en realidad esos síntomas.

**La medicina naturopática** es un sistema médico alternativo de la medicina complementaria y alternativa en el cual, quienes lo practican trabajan con fuerzas de curación naturales en el cuerpo, con la meta de ayudar al cuerpo a curar la enfermedad y lograr mejor salud. Las prácticas pueden incluir modificaciones a la dieta, masajes, ejercicios, acupuntura, cirugía menor y muchas otras intervenciones.

**La medicina osteopática** es una forma de medicina convencional que, parcialmente, hace hincapié en enfermedades que se presentan en el aparato locomotor. La convicción fundamental es que todos los sistemas del cuerpo trabajan conjuntamente, y los trastornos en un sistema pueden afectar el funcionamiento en otras partes del cuerpo.

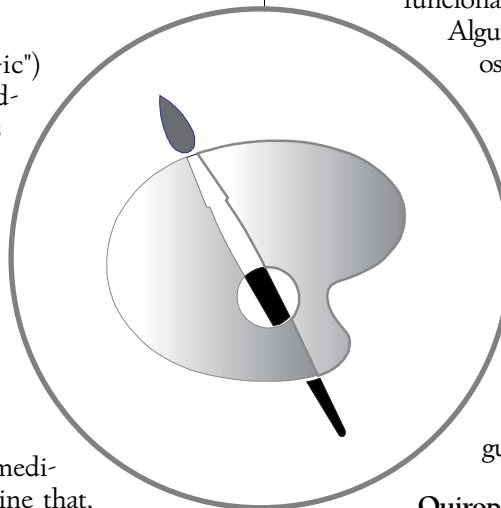
Algunos osteópatas practican la manipulación osteopática, un sistema para todo el cuerpo de técnicas prácticas para aliviar el dolor, restaurar funciones y promover la salud y el bienestar.

**Qi gong** es un componente de la medicina china tradicional que combina el movimiento, la meditación y la regulación de la respiración para ampliar el flujo de qi (un término antiguo utilizado para lo que se cree es energía vital) en el cuerpo, mejorar la circulación sanguínea y afianzar la función inmune.

**Quiropráctica** es un sistema médico alternativo de la medicina complementaria y alternativa. Se centra en la relación entre la estructura (principalmente de la médula espinal) y la función corporal y la manera en que dicha relación afecta la preservación y la restauración de la salud. Los quiroprácticos utilizan terapia de manipulación como una herramienta para el tratamiento integral.

**Reiki** es una palabra japonesa que representa Energía de la Vida Universal. Reiki se basa en la convicción que cuando la energía espiritual se canaliza por medio de un profesional de Reiki, el espíritu del paciente se cura, lo cual a su vez cura el cuerpo físico.

**Suplementos dietéticos:** El Congreso de los Estados Unidos definió el término "suplemento dietético" en la Ley de Salud y Educación sobre Suplementos Dietéticos (DSHEA, por su sigla en inglés) de 1994. Un suplemento dietético es un producto (sin incluir el tabaco) administrado oralmente que contiene un "ingrediente dietético" a fin de complementar la dieta.



tioner, the patient's spirit is healed, which in turn heals the physical body.

**Therapeutic Touch** is derived from an ancient technique called laying-on of hands. It is based on the premise that it is the healing force of the therapist that affects the patient's recovery; healing is promoted when the body's energies are in balance; and, by passing their hands over the patient, healers can identify energy imbalances.

## Resources

**For more information on CAM or NCCAM, contact**

NCCAM Clearinghouse

Toll-free in the U.S.: 1-888-644-6226

International: 301-519-3153

TTY (for deaf or hard-of-hearing callers):

1-866-464-3615

E-mail: [info@nccam.nih.gov](mailto:info@nccam.nih.gov)

NCCAM Web site: [nccam.nih.gov](http://nccam.nih.gov)

Address: NCCAM Clearinghouse,  
P.O. Box 7923, Gaithersburg, MD  
20898-7923

Fax: 1-866-464-3616

Fax-on-Demand service:

1-888-644-6226

**For more information on dietary supplements, contact**

Office of Dietary Supplements

National Institutes of Health

Web site: [ods.od.nih.gov](http://ods.od.nih.gov)

Center for Food Safety  
and Nutrition

U.S. Food and Drug Administration

5100 Paint Branch Parkway

College Park, MD 20740-3835

Web site: [vm.cfsan.fda.gov](http://vm.cfsan.fda.gov)

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NCCAM has provided this material for your information. It is not intended to substitute for the medical expertise and advice of your primary health care provider. We encourage you to discuss any decisions about treatment or care with your health care provider. The mention of any product, service, or therapy in this information is not an endorsement by NCCAM.

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Los ingredientes dietéticos pueden incluir vitaminas, minerales, hierbas u otros elementos botánicos, aminoácidos y sustancias como enzimas, tejidos orgánicos y metabolitos. **Los suplementos dietéticos** vienen en diferentes formas, tales como extractos, concentrados, píldoras, comprimidos, cápsulas, líquidos y polvos. Comprenden requisitos especiales para el etiquetado. Según DSHEA, los suplementos dietéticos se consideran alimentos, no medicamentos.

**Toque terapéutico** se deriva de una técnica antigua denominada aplicación de las manos. Se basa en la premisa que la fuerza de curación del terapeuta repercute en la recuperación del paciente; se facilita la curación cuando las energías del cuerpo están en equilibrio; y, al pasar las manos sobre el paciente, los curanderos, pueden identificar desequilibrios de energía.

## Recursos

**Para obtener información adicional sobre la Medicina Complementaria y Alternativa o NCCAM, comuníquese con:**

NCCAM Clearinghouse

Número para llamada sin costo:

1-888-644-6226

Internacional: 301-519-3153

TTY (para personas sordas y con problemas de audición):

1-866-464-3615

Correo electrónico:

[info@nccam.nih.gov](mailto:info@nccam.nih.gov)

Sitio Web de NCCAM: [nccam.nih.gov](http://nccam.nih.gov)

Dirección: NCCAM Clearinghouse,

P.O. Box 7923, Gaithersburg, MD 20898-7923

Fax: 1-866-464-3616

Servicio de fax a pedido: 1-888-644-6226

NCCAM Clearinghouse ofrece información sobre medicina complementaria y alternativa y el NCCAM.

**Para obtener información adicional sobre suplementos dietéticos, favor de comunicarse con:**

Oficina de Suplementos Dietéticos

Institutos Nacionales de la Salud

Sitio Web: [ods.od.nih.gov](http://ods.od.nih.gov)

Centro de Seguridad de Alimentos y Nutrición Aplicada  
Administración de Drogas y Alimentos

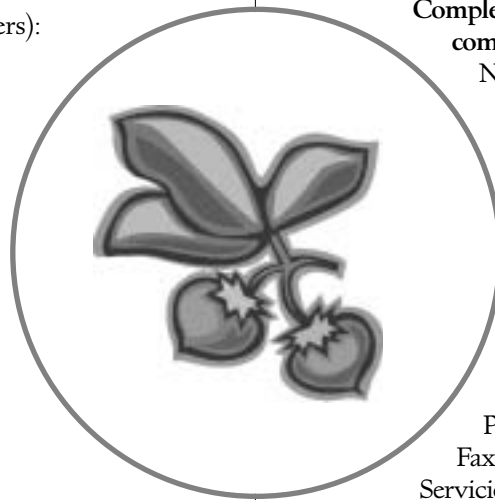
5100 Paint Branch Parkway

College Park, MD 20740-3835. Sitio Web: [vm.cfsan.fda.gov](http://vm.cfsan.fda.gov)

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Cláusula de exención de responsabilidad sobre la información y la orientación médica

NCCAM le provee este material con el único objetivo de informarle. El presente material no pretende substituir los consejos o recomendaciones de su médico general, de hecho, le estimulamos a que consulte con su médico cualquier tópico relacionado con su tratamiento o atención médica. Cuando mencionamos aquí un producto, terapia o servicio específico, de ninguna forma significa que este cuenta con el endoso o aprobación de NCCAM.



## Forty and Fabulous...Sivananda Yoga Vedanta Center reaches another milestone

Turning forty was once a reason to forget about your birthday. But things have changed for the better and forty is now a great reason to celebrate. This holds true for Manhattanites and it's institutions.

In 1957, an itinerant Indian yogi arrived in New York City, with little more than the clothes on his back and a great mission, Swami Vishnu-devanandaji, disciple of Swami Sivananda, persevered and eventually succeeded in establishing New York City's first yoga center in Chelsea. In 1964, a year after the passing of his Guru, the eponymous Sivananda Yoga Vedanta Center was born.

This year, 2004, marks that anniversary and a Yogic Renaissance. Yet, Sivananda is still humble and true to its roots. It has indeed brought Yoga to "the West," as Swami Sivananda envisioned.

Once upon a time, almost all of the teachers in New York's burgeoning Yoga studios sent their teachers to Sivananda Teacher Training courses in the Catskill Mountains Ashram. They were assured of graduates replete in their knowledge of Yogic tradition, philosophy, and excellent, authentic Raja and Hatha yoga techniques. Now many of those trendier counterparts are tremendously successful commercial enterprises. Yet Sivananda holds firm as the place to find a refuge from the celebrity sanctioned haunts, and trendier-than-thou hipsters. The staff are sweet and the yoga is – well, just that – prop-free, pop free and pure, YOGA. It really offers a pleasant alternative to the competitive and fashionable forms of "workout" style yoga that have

proliferated in recent years.

The center has undergone some subtle transformations: installed a new Director from London, quietly renovated its Asana rooms, replaced its flooring in favor of gleaming natural wood hues, and a spacious new bookshop and boutique. And as it did back in 1964, Sivananda still offers some of the best classes in town, for the lowest rates. Every month the center sees a full three-hour schedule offering new yoginis an informative and compelling lecture, a demonstration of the 12 staple postures, a free class and delectable Indian lunch. Each month their bright yellow notices crop up all over town signaling the event. Besides, **FIRST CLASSES** are **ALWAYS** free at Sivananda. The next "Open House" is on Saturday May 8th. According to Director Swami Sadasivananda, a charming young Londoner, "something bigger is planned for September" in honor of the big 4-0. Just call 212. 255.4560, or log onto [www.Sivananda.org/newyork](http://www.Sivananda.org/newyork) for more information.

Forty is a milestone for most of us mere mortals but for the Sivananda Yoga Vedanta Center it is a reminder of what can be accomplished, internationally and cross culturally, when ones mission is simply to serve, give, and love with a pure heart. It is still a place to find a little peace, to balance and harmonize the body mind and soul. Let's drink a carrot juice to that! Happy Birthday Sivananda! ■



*continued from page 28*

Para congelar plátanos: pelar los plátanos, cortar en trozos, colocar holgadamente en un recipiente, tapar y congelar.

- 1 naranja (de preferencia de ombligo) pelada
- 1 taza de plátano congelado en trozos
- 1 taza de mango congelado en trozos
- 1/2 a 1 taza de leche de soya fortalecida o de leche de arroz

Corte la naranja por la mitad y retire las semillas. Coloque en la licuadora conjuntamente con el plátano, mango y la leche de soya o arroz. Licue de 2 a 3 minutos hasta obtener una mezcla suave y esponjosa. Sirva inmediatamente.

1 porción de 1 taza equivale a 130 calorías; 3 g de proteína; 28 g de carbohidratos; 2 g de grasa; 4 g de fibra; 12 mg de sodio; calorías de proteínas: 10%; calorías de carbohidratos: 78%; calorías de grasas: 12%

Este resumen no está diseñado como un programa integral para el tratamiento de la diabetes. Si usted tiene diabetes, consulte con su médico y prepare un programa de acuerdo con sus necesidades. Sin embargo, es importante reconocer que, para muchos, la diabetes es una enfermedad que no debe suceder jamás. En la mayoría de casos, las personas con diabetes pueden manejar su enfermedad mucho mejor con un programa alimenticio en el que obtengan la mayor parte de sus calorías de carbohidratos complejos mientras reducen el consumo de

grasas. Al mismo tiempo, un programa de ejercicios vigorosos y regulares ayudarán a la insulina a hacer mejor su trabajo.

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# Can We Protect Ourselves from So-called 'Smart Microbes'

**W**e live in a sea of disease-causing microorganisms, or microbes, which are constantly mutating in response to the widespread and overuse of antibiotics. Recently, even the US Poultry Farmers Association agreed to curb the indiscriminate use of antibiotics. This action will seem to many like shutting the barn door after the horse has gone as much of the damage has already been done. Hence, we are all subject to strains of disease resistant microbes that are constantly mutating to survive.

Viruses, Bacteria, Fungi, Yeasts, Molds, Chlamydiae, Protozoa, Helminths (worms), Rickettsiae and Algae have more resistant offspring today. The human body has to combat these on a daily basis.

## The best way to counter these 'Smart Microbes':

Oleuropein:

Olive Leaf Extract (OLE or Oleuropein) is one of the few natural compounds that effectively fights nearly all forms of microbes, like viruses, bacteria, fungi and parasites.

<b>Viruses</b>	Effective against
<b>Bacteria</b>	Effective against
<b>Fungi</b>	Effective against
<b>Parasites</b>	Effective against

## How Oleuropein works:

Oleuropein acts in the following ways:

- By critical interference at the amino-acids level. These amino acids are necessary for the vitality of microbes.
- By inactivating viruses, preventing their shedding, budding or assembly, at the cell membrane.
- By directly penetrating infected host cells and causing irreversible inhibition of microbial replication.

## Judicious Fighters:

The Yogurt experiment of Dr. John Voorhees, a Naturopath from Nevada, proved that Oleuropein spared the friendly bacteria and attacked only the pathogens. In addition, the yogurt tasted better too!

## Non-Toxicity of OLE

Researchers, who checked for Oleuropein toxicity, safely tried doses as high as 1 g/kg of body weight for 7 days in experiments with mice. That would be the equivalent of a 200-lb. man eating 1/5 of a lb. of OLE every day for 7 days!

## Recommended dosage:

Four 500 mg capsules a day or one every six hours. Healthy individuals-only one or two capsules a day. The key is to find a product that has 20% Oleuropein. Many products sold in the US have only 6% or 12%. Olive Leaf Extract is often best taken on an empty stomach unless there are medical reasons for not doing so.

The HIV 1 virus and OLIVE LEAF EXTRACT (OLE) A recent 'en-vitro' experiment studying OLE's effects on the HIV virus is worth noting. Research results from Dr. Sylvia Huang et. al, August 2003 indicate that OLE:

1. Fights the HIV-1 virus by:-
  - a. Inhibiting cell to cell transmission and replication.
  - b. Reversing HIV-1 infection-associated changes.
  - c. Affecting the performance of various cellular enzymes and proteins.
2. Helps Build Immunity:
  - a. Compounds found in OLE have direct microbicidal activity against bacteria, mycobacteria, and fungi.
  - b. OLE affects macrophage function and modulates the inflammatory response. This may also contribute to activity against infectious agents. The micro-array results indicate that OLE may modulate the host response to infection
3. Gently promotes Health:
  - a. OLE is non toxic to uninfected cells.
  - b. OLE has also been noted to lower blood pressure and inhibit lipid oxidation.
  - c. OLE has demonstrated anti-oxidant and anti-inflammatory properties.

## What is the future?

Patients continue to use OLE for a variety of reasons:

- Strengthening the immune system.
- Relieving chronic fatigue
- Boosting the effects of anti-HIV medications
- Treating HIV-associated Kaposi's sarcoma and HSV infections ■

*Note: These statements have not been evaluated by the FDA. Please check with your doctor before taking any supplements, especially if you have a health condition you are being treated for.*

*For more information please go to [www.vitimanahealth.com](http://www.vitimanahealth.com) or call 888-466-8638.*



# Most Potent Anti-Fatigue and Immune Modulator Ever Discovered



**F**atigue is an epidemic problem today. In its milder forms it prevents people from being as productive as they'd like, or takes some of the joy out of life. For people with serious diseases such as cancer or chronic fatigue syndrome, fatigue can be debilitating to the point of leaving them bedridden and unable to care for themselves.

A group of researchers developing drugs to help the body's own immune system fight cancer have discovered a natural homeopathic compound that significantly decreases fatigue — not only in cancer patients, but for people with other health conditions and for those in otherwise normal health. In various studies conducted by doctors from the University of Maryland, the University of New Mexico, and clinicians across the country, in individual clinical trials 90% of subjects suffering from cancer, hepatitis C or chronic fatigue syndrome reported an average fatigue reduction of over 50%. Data from informal trials by people in normal health who experienced only mild fatigue reported complete resolution of fatigue in a short period of time.

This substance — called COBAT, which is short for its chemical name, “carbobenzoxy beta-alanine-aurine” — possesses some truly amazing properties. It is unbelievably powerful yet extremely safe. And the mechanism of its anti-fatigue action is absolutely unique.

Most anti-fatigue remedies are almost always some type of stimulant, working by elevating heart rate, increasing blood sugar levels or altering brain chemistry. COBAT, however, works by modulating the immune system. What does the immune system have to do with fatigue? Fatigue can seem to result from many causes: blood sugar disorders, adrenal exhaustion caused by stress, chronic infections, allergies and toxicity. All of these affect, or are affected by chemicals produced by the various types of white blood cells that make up our immune system. These chemicals are called cytokines. Cytokines are proteins that act as messengers between the cells, so that they can act in concert. Cytokines also stimulate cells to produce other cytokines, generating “cytokine cascades.” Cancer researchers studying the immune system have long known that an increase in certain cytokines can cause a “cytokine syndrome” of fatigue, fever, brain fog, muscle pain and depression.

Thomas M. Dunn, M.D., at the Department of Cell Biology and Molecular Genetics at the University of Maryland, studied the effects of COBAT on the immune system. He found that COBAT increased the production of some cytokines and decreased others, and this altered existing cytokine patterns that apparently were a major cause of fatigue. Floyd Taub, M.D., one of the chief investigators of COBAT, described it as having a “Goldilocks” effect: not too much, not too little, but

just the right balance of cytokines.

Another outstanding property of COBAT is that it is remarkably potent. The therapeutic dosage is administered in billionths of a gram. It has been described as a “nano” drug, from the world of nanotechnology (nano means “one billionth”).

This is one reason why COBAT is considered to be nontoxic and extraordinarily safe. Animal studies conducted at the University of New Mexico found no signs of toxicity, no increase in mortality and no abnormal findings when COBAT was administered at many thousands and millions time the prescribed dosage.

Because of its infinitesimal dosages, COBAT is considered an oral homeopathic medicine. As such it is available to the public from Allergy Research Group, under the brand name “Taurox SB.” It is prepared as a classic homeopathic preparation, via a series of six ten-fold dilution steps — “6X” in homeopathic nomenclature. It is administered sublingually, usually with 12 drops held under the tongue for 15 seconds or more.

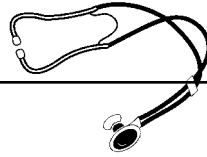
In March of 2001, 39 volunteers completed the first homeopathic proving trial for COBAT. The study was conducted by David Riley, M.D., associate clinical professor at the University of New Mexico Medical School, editor-in-chief of the peer reviewed medical journal *Alternative Therapies in Health and Medicine* and co-founder of the Integrative Medicine Institute. In this double-blind trial, 92% of the patients given COBAT reported significant physiological effects, versus a 26% response of the patients given a placebo. Said Dr. Riley, “Of all the homeopathic provings I have been involved with [35 trials], COBAT produced the strongest effects.”

Reduced fatigue was not the only benefit found in the homeopathic trial. Sixty percent of those patients who suffered from allergies showed a decrease in allergies by a reported average of 71%. Other symptoms that showed improvement included appetite abnormalities, coughs and colds, headaches, digestive problems, headaches and muscle aches, neurological problems and premenstrual syndrome (PMS).

Normally, we should experience fatigue only as a sign that it's time to go to sleep, or after extraordinary physical or mental exertion — or when we are sick. These days, however, fatigue is a problem that affects most of us, even when we seem to be in otherwise good health. Everyone wants more energy, and COBAT appears to be unequalled in its effectiveness, safety and ancillary benefits. ■

For more information about COBAT (TauroxSB) contact Allergy Research Group at 800-545-9960. Or visit their website at: [www.allergyresearchgroup.com](http://www.allergyresearchgroup.com) or [www.nutricology.com](http://www.nutricology.com).

# HOUSE CALLS



by Patrick Fratellone, MD



**D**r. Fratellone is the Executive Medical Director of the Fratellone Group for Integrative Cardiology and Medicine. He is an attending cardiologist at St. Lukes-Roosevelt Hospitals. Previously he was the Chief of Medicine and Director of Cardiology for the Atkins Center in New York City with Robert Atkins, MD.

**Question** *My husband had a heart attack in 1999. We both have eaten healthy for greater than 30 years. I am now experiencing signs that might point to a heart attack I have nausea and vomiting and pain in my jaw. Are these signs of a heart attack and what would I do?*  
Caroline, Bronx, New York

**Answer** There is a high probability that with these signs and symptoms it could be related to the heart, you may be experiencing a progression of disease in your coronary arteries. However there are less invasive tests than an angiogram that can diagnose his probably blockages. Today there is the use on non-invasive angiograms (CT angiogram) where an intravenous is placed and dye is injected and CT scans are taken. There are no catheters involved. This test, which I utilize in my practice, can delineate the types of blockage whether hard or soft plaque and even the percentage of blockage. There is treatment available both conventional and alterative. From your question I understand that you do not want an invasive treatment as a stent or even a bypass operation. We offer an approved treatment for coronary artery disease called EECF (Enhanced External Counterpulsation). This is a daily treatment for 1 hour/day for 35 sessions where blood pressure cuffs are applied to the lower extremities. These cuffs squeeze the legs bringing more blood up to the heart and creating collateral vessels to bypass the blockage. In addition we utilize Chelation therapy and plaquex therapy.

**Question** *I have been experiencing "ringing in my ears" I have had an evaluation by a conventional ears, nose and throat specialist without finding the cause. Do you have any suggestions or comments?*  
Michael, Riverdale, New York

**Answer** I am happy that you sought a conventional opinion as to a possible cause to your ringing in the ears. There are some conventional medications as diuretics and antibiotics that can help this. In addition there is a possibility of heavy metal intoxication that can cause ringing in the ears, especially mercury. In order to find out if you have mercury toxicity you will need a provocative urine test for mercury using a chelator as DMSA. Depending on the toxic levels you will need treatment.

**Question** *I am 46 years old male. My total cholesterol is 268 and my bad cholesterol is 170. I know my good cholesterol is 52. I do not want to take lipitor so I learned from you in a past article that I can take policosinol. How much do I take and are there more supplements to take?*  
Eric, New Orleans, Louisiana

**Answer** I am glad that you started taking policosinol. The dose should be between 20 - 40 mg / day. In addition recent studies have evaluated the effects of green and black tea for lowering the bad cholesterol. The study recommended drinking 20 - 24 cups of tea per day. There are now commercially available capsules containing high doses of both green and black tea.

You are at risk for cardiovascular disease - both stroke and heart attack. You can lower your total and bad cholesterol by exercising and eating healthier. Although there many different statin drugs to lower your cholesterol each have side effects which include muscle aches/pains, hair loss and elevated liver enzymes.

**Question** *Does one 75mg dose of Plavix seem excessive. I just had a coronary artery stent placed?*  
Mary, New York City

**Answer** The medication Plavix is used to thin the blood through the platelet mechanism. The recommended dose is 75 mg. There are some cardiologists who in addition to the 75mg dose of Plavix will add an aspirin at 81mg or 325 mg. For your information there are vitamins and herbs which also exert its effect through the platelet mechanism. These include the herb, ginkgo biloba, Vitamin E, and essential oils as Omega 3,3, and DHA oils. ■

*To have your questions answered please write to "Your Healthy Heart Column" c/o Rick Byrd 24 West 57th Street Suite 701 NYC, NY 10019 or email: rbyrd@thefratellongroup.com.*

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In 1991 Dr. Lane reported to the Retinal Vascular Disease session of the Association for Research in Vision & Ophthalmology the stunning differences in dietary and environmental risk factors between the three most common forms of macular degeneration. (By 1999: No more leakage threat! The leakage process customarily is stopped within two weeks **without laser or visudyne treatments!**)

Dr. Lane has lectured to the World Congress of Ophthalmologists at Sydney, Australia in April 2002, and recently in Moscow, Amsterdam, Copenhagen and Reykjavik. In November he chaired the Metabolic Ophthalmology Symposium and presented a major lecture on cataract reversal at the 12th Afro-Asian Congress of Ophthalmology in China, and two major lectures in June to the European Congress of Ophthalmology in Istanbul, Turkey.

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