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Dear Friends,

A recent Wall Street Journal article said some doctors were increasingly reluctant to recommend many drugs, both prescription and over the counter, based on their lack of benefit, potential risks, and fear of antibiotic resistance. They appear to be doing this in spite of patients' desire to receive treatments that they have heard about on TV or read about in other media. The doctors have good reason to resist patient pressure to prescribe drugs for their everyday illnesses, and especially childhood ailments.

The article noted that doctors are offering other options for cough and congestion, headaches, constipation, and infections. Although interest in alternative medicine is increasing, the report on conventional doctors shying away from drugs was a pleasant surprise. I was not so encouraged when I saw the chart of "alternatives" to pain pills, decongestants, cough medicines, and others.

They included "steam showers and fluids" for congestion, "hot tea with lemon and honey" for coughs, "cut back on caffeine and chocolate" for headaches, "increase fiber and fluids" for constipation, and "wait and see..." for infections. While these are not bad recommendations, they are either inadequate (except for the fiber and fluids), or they ignore all of the natural remedies that are available. (Although most infections are viral, "wait and see" is

insufficient for patient satisfaction, and ignores all the natural treatments that help infections.)

Here are some examples of natural remedies: N-acetyl L-cysteine (NAC) is useful for congestion. It helps loosen secretions and enhances the ability to clear mucus from the lungs, ears, and sinuses. Vitamin C is valuable for immune support, and as an anti-inflammatory, and you can also add echinacea, vitamin E, beta 1,3 glucan, and elderberry extract, shown to fight viruses, including flu. I have reported on zinc lozenges to help manage viral sore throats and shorten infections.

For headaches, elimination of caffeine and chocolate are sound recommendations, but in addition, other food allergies or alcohol might be precipitants of migraines, and dietary sugar may be one of the culprits. Supplements of riboflavin or standardized feverfew can prevent migraines. Ginkgo biloba may help, as can 5-hydroxy tryptophan (5-HTP), as well as stress management and biofeedback.

It is good that highly-promoted and expensive drugs are getting a reappraisal, as well as older, inexpensive drugs such as aspirin. The new ones are frequently ineffective, and no better than older, less expensive drugs for the same conditions. With effective natural remedies available, the drugs are often unnecessary. I am hoping that these doctors who are realizing the shortcomings of their current treatments will investigate further into alternatives, and take some of the courses in this field, such as those offered by the American College for Advancement in Medicine (ACAM).

Expensive Urine??

“Taking dietary supplements is useless and costly, and it only creates expensive urine.” It is incredibly frequent that I hear this criticism of taking vitamins and other dietary supplements. It is a meaningless comment from a scientific perspective for a number of reasons.

The assumption behind this statement is that if you take supplements of nutrients that are only needed in extremely small quantities, they will be mostly excreted, and therefore not of value in promoting health and preventing or treating disease. This is not simply naive; it reveals a profound ignorance of the medical literature on the value of supplements, or a biased agenda on the part of supplement antagonists.

It is true that a percentage of some high-dose supplements is excreted in the urine. It is also true that not all of the vitamins that you take get absorbed into the bloodstream. This does not at all mean that they are not useful. It is not so important whether you excrete some of the various nutrients; what is important is what they do on their way through the body (or on their way through the digestive tract if they do not get completely absorbed).

One way to look at this is by comparison with water. Of course you excrete all of the water that you consume (otherwise you would blow up like a water balloon). You excrete some through the urine, some through the intestines, some through sweat, and some as moisture vapor in the breath. But the fact that you excrete it does not mean that you do not need to drink the water!

Nutrients have benefits through their effects on cellular metabolism, through antioxidant activity, and through detoxification of harmful chemicals and metabolites. They may pass through cells, but they help those cells on the way.

Vitamin C is a good example. If you take above about 200 mg per day, you will probably excrete some in the urine. This does not mean that your maximum need is 200 mg. Linus Pauling had the following interpretation:

Your body expends energy to conserve vitamin C in the kidneys, a waste of energy if you don't need that much (wasted energy leads to evolutionary failure of a species). Above 200 mg, your body

recognizes that you have met the minimum for the day, and after that if some is lost in the urine it is not so critical. Pauling concluded that about 200 mg is the minimum that your body wants, not the most it can use.

Specific Supplements in Urine

Aside from the theoretical analysis, numerous studies show that vitamin C supplements are beneficial for prevention and treatment of illness, even in doses higher than 200 mg. For example, 2000 mg of vitamin C can prevent exercise induced asthma in young adults (20 patients were studied, and 9 of them had significantly reduced symptoms). Vitamin C is the major antioxidant substance in the lining of the lungs.

Similar doses of vitamin C have been shown to reduce the frequency of colds and reduce symptoms in those who do become ill. With doses of 1000 mg, the subjects in the active group also recovered faster than those on placebo.

In another trial in 1977, 500 mg of vitamin C weekly and 1500 mg at the start of a cold reduced the severity and days lost to illness, but not the frequency of colds. The authors noted that higher doses were unnecessary to achieve the reduction in symptoms, but they did not consider that higher doses might also have reduced cold frequency and helped to further alleviate symptoms.

Vitamin B2 (riboflavin) is another example of a high dose vitamin having benefit, despite urinary excretion. In a randomized, double-blind study of 55 migraine sufferers, a daily dose of 400 mg of riboflavin significantly reduced the incidence of headaches. It is clear that this dose leads to some B2 excretion (turning the urine a bright yellow), but it still has therapeutic value.

Even nutrients that are excreted have value on their way through the kidneys, bladder and urethra. Magnesium and vitamin B6 help to reduce the formation of kidney stones. Vitamin C helps prevent inflammation, infection, and cancer. In one study, high doses of vitamins A, C, E, and B6 cut the recurrence rate of bladder cancer in half. Those on the supplements had double the average survival time.

Have no concern about biased and unscientific comments when deciding on what nutrients to take. “Expensive urine” is good !

Ask Dr. J

Q. Can I take silymarin for my liver continuously, or do I need to take breaks as with some other herbs? EJM, England, via Email

A. Silymarin is an extract of milk thistle, and it is valuable as protection for the liver under the stress of alcohol damage, hepatitis, and toxic chemical exposure. It comprises several potent antioxidant flavonoids, and supplements help to regenerate damaged liver cells. (It appears that much of the damage to the liver in disease states is due to oxidative stress.)

Silymarin also helps immune function by protecting the white blood cells (lymphocytes) from toxins, and increasing their production. Cirrhosis patients may have altered immune function, and this immune enhancement may be one of its mechanisms of action. Silymarin also appears to help as a topical antioxidant to protect against UV and oxidative damage (along with other topical antioxidants, vitamins C and E, selenium, zinc, and others).

I have seen no evidence that silymarin causes any side effects or loses value with regular use, even if taken consistently for the long term. In fact, it is likely that for someone with hepatitis, cirrhosis, or toxic exposures, it might be a good idea to take silymarin indefinitely. The usual dose of standardized milk thistle (80 percent silymarin extract) is 500 to 1000 mg.

Ask Dr. J

Q. How should I alter my supplements for my upcoming surgery? JM, Lexington, MA, via Email

A. I wrote about nutrients for healing from trauma and surgery last month, but several readers asked me to translate that into practical guidelines before and after surgery. (Herbs also help.)

For about 7 to 10 days before surgery, I suggest eliminating supplements of ginkgo biloba, garlic, and more than 400 IU of vitamin E because of antiplatelet effects, delaying blood clotting. After surgery, add back the extra vitamin E.

For promotion of the healing process, it depends somewhat on the specific operation and organs involved, but in general, for the week before the procedure, I recommend increasing vitamin C intake to 8-10 gms daily, plus 2-3 gms of mixed bioflavonoids. Take L-arginine and L-glutamine

(4-8 gms of each) to promote repair and wound healing, continuing after the operation for several weeks, or more if the surgery is extensive.

Increase coenzyme Q10 for its antioxidant value and immune support. Usually 200 mg is enough, but it depends on the surgery. Curcumin (600-1200 mg) and silymarin (500 mg) are antioxidants and anti-inflammatory (and silymarin helps the liver detoxify the anesthetic.) Bromelain (pineapple enzyme) hastens tissue repair (10,000 -20,000 MCU) before and after surgery.

Make sure your multi has zinc (30-50 mg), selenium (200 mcg), manganese (10-20 mg), and other trace elements as antioxidant cofactors, and for immunity and tissue repair.

Before and after serious surgery, such as on the heart: increase coQ10 to 400-800 mg, add L-carnitine (3-6 gms), N-acetyl cysteine (1-2 gms), lipoic acid (300-600 mg), and proanthocyanidins (100-200 mg), all to protect the heart and brain, and D-ribose (10-30 gms), a small sugar molecule that is important for heart muscle energy.

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In the Health News

- A new study shows that menopausal women who smoke cigarettes or are obese (body mass index (BMI) over 30) are much more likely to have moderate or severe hot flashes than women who have a normal BMI (under 25) and are non-smokers (Whiteman MK, et al., Smoking, body mass, and hot flashes in midlife women. *Obstet Gynecol* 2003 Feb;101(2):264-72.) Women who never smoked had about half the risk of hot flashes compared to women who were current smokers. The statistics were similar for obesity. High BMI doubled the risk of hot flashes. Supplements can help relieve hot flashes, and some women need natural hormones, but losing weight and stopping smoking are risk free and inexpensive, and may make a big difference.

Diet and Disease

- Sadly, only 16 percent of Americans eat the recommended five to nine servings of fruits and vegetables per day. A survey done in Minnesota (DeBoer SW, et al., Dietary intake of fruits, vegetables, and fat in Olmsted County, Minnesota. *Mayo Clin Proc* 2003 Feb;78(2):161-6.) showed that the vast majority eat too much fat and far too few healthy fruits and vegetables. Education, especially through setting a good example, is one way the medical community can help improve public health.
- The above statistic is particularly important in light of a recent review of the value of phytochemicals from vegetables, fruits, whole grains, beans, nuts, and seeds, and both flax and olive oils. (Kris-Etherton PM, et al., Bioactive compounds in foods: their role in the prevention of cardiovascular disease and cancer. *Am J Med* 2002 Dec 30;113 Suppl 9B:71-88.) These beneficial compounds provide important protection against heart disease and cancer, and they reduce excessive blood clotting and inflammation, preventing other diseases as well.

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Curried Potatoes (with eggs)

I love curry dishes for their flavor as well as health value. This is a simple and quick meal or snack. Boil, bake (or, optionally, microwave) potatoes for as many servings as you want. Slice them open in a crisscross pattern and drizzle some flaxseed or olive oil into the crevices. Sprinkle in curry powder and thyme to taste (I use a lot, and I also add extra cayenne). You can then spread chopped cilantro over the top, and other herbs if you like (fresh dill is also excellent). You can serve this with some sliced tomatoes and cucumbers. I also poach some *organic* eggs (not just free range, as these may only see the outdoor light for 10 minutes per day!), lay them on top of the potatoes, and slice them to mix with all the other flavors.

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