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THE BETTER HEALTH NEWS

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The role of folic acid and vitamin B_{12} in memory and cognition is pretty well established. Research appearing in the *American Journal of Clinical Nutrition* (2007; 86(5): 1384-1391) looked at 1,648 subjects over the age of 65 over a 10-year period. During the 10-year course of the study cognitive function and vitamin B_{12} levels were tested at least three times. High vitamin B_{12} levels were associated with slower rates of cognitive decline. An earlier study appearing in the *American Journal of Clinical Nutrition* (1996;63:306-14), also found that high levels of B_6 were associated with better memory.

Research appearing in *Clinical Biochemistry* (2007; 40(9-10) 604-608) found a connection between low levels of folic acid and vitamin B_{12}, and depression in 66 subjects over the age of 60. Also, the depressed subjects tended to have higher homocysteine levels.

There is not a lot of research on the connection between niacin and memory. Although in the severe niacin deficiency disease, pellagra, there are mental symptoms. Symptoms in the central nervous system can include memory impairment, disorientation, confusion, and confabulation (excitement, depression, mania and delirium). Some patients may become paranoid.

One study, appearing in the *Journal of Neuroscience* (2008 November 5;28 (45):11500-10) looked at the effect niacinamide (a form of niacin) had on memory in rats. The rats in the study were normal rats and rats specially bred to develop a disease similar to Alzheimer's disease in humans. Over a period of four months rats were either given niacinamide in their water or a placebo. In the rats bred for the Alzheimer's-like disease, there was an increase in proteins used to strengthen brain tissue and there was a decrease in material that could lead to plaquing. The specially bred rats who received the nicacinamide performed as well on memory tests as the normal mice, while the untreated rats demonstrated loss of memory.

REDUCING ASTHMA COSTS

In the decade between 1990 and 2000 the cost of asthma care went up 54%, according to *Family Practice News* (October 1, 2000:5). More focus on diet, lifestyle and supplementation can cut these costs. More attention should also be paid to drug therapy and efforts should be made to reduce drug intake.

Inhaler overuse is an important issue, and can lead to increased hospitalizations and death. An article appearing in *Family Practice News* (April 15, 1993;46) stated that deaths from asthma could be cut by 50% if physicians monitored beta agonist inhaler overuse by patients. An inhaler should last one month, but often prescriptions are given with unlimited refills and the doctor has no idea how often the patient is using the inhaler. Other medications can contribute to asthma attacks. An article in the *Annals of Allergy* (June 1992;68:453-462) stated that drugs may be responsible for as many as 10% of asthma attacks. NSAIDs may be responsible for 2/3 of these drug-induced attacks. Drugs, like muscle relaxants, beta-blockers, or antibiotics can also trigger asthma attacks .

Diet is seldom stressed by the medical establishment, but it plays a role in asthma. Research appearing in the *European Respiratory Journal* (2009; 33:33-41) looked at the dietary habits of 54,672 French women and the association with asthma attacks. Of the subjects, 1,063 currently had asthma with 206 having asthma attacks at least once per week. There was a strong correlation between the frequency of asthma attacks the adherence to a "Western" diet including pizza, cured meats, sweets and other processed foods. Also the types of fats in the diet affect asthma symptoms, according to research appearing in the *European Journal of Clinical Nutrition* (2005; 59(12): 1335-46). It found that omega-3 fatty acids were especially helpful for preventing exercise induced bronchospasm. This was supported by a review article appearing in the *Australian and New Zealand Journal of Medicine* (1994;24:727), which found that a diet low in omega-3 fatty acids and high in omega-6 fatty acids and margarine may be part of the reason that asthma is on the rise. The article notes that asthma is low in Scandinavia and in Mediterranean countries where there is less omega-6 consumption and more consumption of omega-3 and olive oil.

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Clinical and Experimental Allergy (2000;30:615-627) reviewed research about nutrients that may affect asthma. Magnesium supplementation was found to reduce bronchial reactivity; magnesium is a mild bronchodilator. Vitamin C intake has been shown to reduce exercise induced asthma. Vitamin C levels tend to be low in asthmatics. The journal *Thorax* (2009; 64(7): 610-9) also reviewed nutritional studies related to asthma and the intake of antioxidants, namely vitamins A, C and E. The authors concluded that "Relatively low dietary intakes of vitamins A and Care associated with statistically significant increased odds of asthma and wheeze." This was echoed in the *American Journal of Clinical Nutrition* (1995;61 (Suppl.):625S-630S). A study appearing in the journal *Thorax* (May 2006; 61: 388 - 393) looked at 1,030 subjects and found that dietary vitamin C and manganese intake were inversely associated with asthma symptoms.

Diet is a simple and inexpensive way to improve asthma symptoms. Omega-3 fatty acids, magnesium, manganese and antioxidant supplementation (especially vitamin C) can be of value to these patients. Unfortunately diet and supplementation are seldom recommended in medical offices.

SCIENTISTS AND BUMBLE BEE WATCHERS

In the 1960s we were told that it was impossible for a bumble bee to fly, according to all of the knowledge available in aerodynamics at the time. When you measured the size of the bumble bee's wings, computed the speed of the wings and weighed the bumble bee, mathematically it was impossible for the creature to fly.

An old saying says that there two kinds of people in the world, researchers and bumble bee watchers. There was an old chiropractor, who know that research stated that he could not make asthmatics better. Yet his office was full of asthmatics that had gotten better. He would say, "I don't pay much attention to research; I watch bumble bees."

It turns out that after some advances in high speed photography new calculations were able to be made. Scientists were able to see that the wings of the bumble bee fill up like a parachute on the down stroke—greatly increasing the surface area of the wing. They were able to plug the new surface area into the calculations and declared that the bumble bee could indeed fly—much to the relief of bumble bees all around the planet.

Working in natural health care is an exercise in following research and looking at bumble bees. In asthma, for example, there is a fair amount of research that shows that a good diet, antioxidants, magnesium and omega-3 fatty acids can all help improve symptoms. Many of us are getting results with giving betaine HCl, improving digestion, adrenal support and chiropractic adjustments, even though there is not a lot of research to support it.

People who are locked into the medical model are fond of saying things like, "The research just isn't there; you really need to be more scientific." The implication being that natural health care is unscientific. That is not the case. In many ways, natural health care is more scientific than standard Western medicine.

Most of the medical journals sell ads to drug companies, so you are not going to see a lot of research that says natural health care is good and drugs are dangerous. Take statins, for example. Statin medication is a $25 billion per year industry. Yet if you look at the research, the drugs really don't do a lot to prevent heart attacks. In most studies, the death rate in the placebo group and the statin group is about the same. One interesting development is the dramatic increase in the number of people developing heart failure. The drugs destroy coenzyme Q 10, and we know that low coenzyme Q 10 levels are related to heart failure. We also know that one of the side-effects of statins is muscle destruction. Since the heart is a muscle, it is obvious to the bumble bee watcher that the medication is at least contributing to this problem. The researchers just haven't gotten there yet; it may be unfair to say that the presence of statin ads in the journals keep this from happening.

There is a difference between science and research. Anecdotal information, clinical observations, statistics and other information are part of science. Science forms theories based on earlier observations. If you know that research shows a strong correlation between oxidative stress and asthma symptoms, and you know that poor digestion leads to oxidative stress, it is not much of a stretch to expect that improving digestion will get your asthma patients better. Research is a way of focusing on a single thing and determining if your observations mean anything. Science incorporates lots of sources of information, including (but not limited to) research. Truth is truth, whether the research has caught up or not. Bumble bees flew long before we could prove it was possible.

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INFLAMMATION AND VITAMIN E

An article printed in the journal *Arthritis and Rheumatism* (September 1991;34(9):1205) discussed the anti-inflammatory role of vitamin E. The article cites a study where vitamin E was used in a placebo in a study examining the anti-inflammatory effects of fish oil in patients with rheumatoid arthritis. In that study, the group receiving the placebo also enjoyed a decrease in pain and inflammation; c-reactive protein (a substance found in the blood that indicates the presence of inflammation) was reduced by 1/3 in the placebo group. Another small study where osteoarthritis patients were given either 600 mg/ day of vitamin E or a placebo found that a significant portion of the group receiving the supplement experienced improvement in symptoms.

A recent study done on mice appeared in the journal *Experimental Physiology* (2008 Dec;93 (12):1263-72). The mice were injected with a substance from bacteria that produces inflammation (*E. coli* lipopolysaccharide). Three days prior to the injection they were divided into two groups, with one group receiving a vitamin E injection and the other receiving a placebo. Chemical markers indicating inflammation were measured after the injection (specifically cytokines, interleukin-1-beta and interleukin-6). The cytokine levels were much lower in the mice that received the vitamin E.