

Special Interest Articles:

- Breakfast and the Common Cold
- Name That Food
- Macular Degeneration
- Colds, Flu and Natural Health Care
- Natural Ear Drop
- Expensive Placebos are Best
- Antibiotics and Asthma

Name that food: Cool Whip in an aerosol can

Exercise Helps Prevent Colds

According to research appearing in the October, 2006 issue of the *American Journal of Medicine* (2006;119;937-942), post-menopausal women who exercised regularly for at least one year had a lower incidence of colds than those who did not. The subjects were 115 postmenopausal women who were sedentary and either obese or overweight. They were divided into two groups. For 12 months one group did 45 minutes of moderate exercise, five days per week. The control group did 45 minutes of stretching.

The subjects filled out quarterly questionnaires about upper respiratory infections. The group that exercised had a lesser

risk for catching a cold, which was more pronounced late in the study. In the final three months, the risk for colds in the control group was more than three times that for the group performing the exercise.

Other research, appearing in *Medicine & Science in Sports & Exercise* (2002; 34:1242-1248) evaluated 500 subjects over the course of a year to find how many colds they had and how often they exercised moderately (defined as activity more strenuous than a walk). The most active subjects had 25% fewer colds each year compared to the least active subjects.

Vitamin D Deficiency and Heart Attack Risk

Men with low levels of vitamin D in the blood have a greater risk of heart attack than those with normal levels, according to research appearing in the *Archives of Internal Medicine* (2008 June 9;168(11):1174-80). A nested case-control study was conducted in 18,225 men in the Health Professionals Follow-up Study; the men were aged 40 to 75 years and were free of diagnosed cardiovascular disease

at blood collection. During 10 years of follow-up, 454 men developed nonfatal myocardial infarction or fatal coronary heart disease. It was found that men with serum vitamin D levels below 1.5 ng/ml were 2.42 times more likely to have fatal coronary heart disease or a non fatal heart attack than those with normal vitamin D levels.

Eating Breakfast Helps Prevent Colds

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It is becoming increasingly clear that there is a connection between stress and susceptibility to the common cold. Lifestyle, in general, can have an effect on the immune system. Alcohol consumption, smoking and even skipping breakfast can make you more susceptible to colds and the flu, according to the Economic and Social Research Council (research released March 2002)

A research study performed at the School of Psychology at Cardiff University involved nearly 500 students. The subjects were asked to present themselves within six to 96 hours of contacting an upper respiratory infection. More of the 188 subjects who caught colds were likely to be drinkers or smokers than those who stayed healthy. Stress also seemed to increase the chance of illness.

A second study, involving 100 participants, was performed. It related illness to dietary habits. The subjects

kept a diary for 10 weeks; in it they recorded any problems with memory and attention and any illness. Subjects who had more than one illness during the study were less likely to eat breakfast and more likely to drink alcohol. Those who developed more than one illness also tended to have negative, stressful events over the preceding year.

According to Professor Andrew Smith, author of the studies, the studies demonstrate the effect of upper respiratory infections on performance and mood. They also show that health habits and behavior may be related to the tendency to get colds or the flu. "Further research on the impact of minor illnesses in industry and education is now needed" says Professor Smith, "Awareness of the effects of performing whilst ill should also be increased and possible counter measures considered".

Name That Food

This is a little exercise in label reading. Look at the information taken from the label of a commonly consumed food and see if you can guess what it is:

WATER, CORN SYRUP, HYDROGENATED VEGETABLE OIL (COCONUT AND PALM KERNEL OILS), HIGH FRUCTOSE CORN SYRUP, CONTAINS LESS THAN 2% OF

SODIUM CASEINATE (FROM MILK), NATURAL AND ARTIFICIAL FLAVORS, CARRAGEENAN, POLYSORBATE 60, MONO AND DIGLYCERIDES, SODIUM STEAROYL LACTYLATE, SODIUM POLY PHOSPHATES, BETA CAROTENE (COLOR), NITROUS OXIDE (PROPELLANT).

Sunlight, Nutrition and Macular Degeneration

Age-related macular degeneration is the leading cause of irreversible blindness in people over the age of 50. Almost 20% of new cases of blindness in the United States each year are due to age-related macular degeneration. A study appearing in the *Archives of Ophthalmology* (2008 Oct;126(10):1396-403) indicates that protecting the eyes from sunlight and good antioxidant status reduces the risk from macular degeneration. Researchers measured serum antioxidant levels and assessed lifelong sun exposure in 4,400 participants in the European Eye Study. They found that among the subjects with the lowest antioxidant levels, sunlight exposure was strongly associated with an increased risk of developing macular degeneration.

There are a number of studies that demonstrate the value of nutrition in preventing and, to some extent, treating macular degeneration. A study appearing in *Investigative Ophthalmology* (1993;34:1134) looked at the diets of macular degeneration patients aged 55 to 80. Consumption of vitamin C and beta carotene was inversely associated with developing macular degeneration.

Research appearing in the *American Journal of Ophthalmology* (2007; 143(2): 344-6.) shows a connection between high homocysteine levels, low B₁₂ levels and macular degeneration. Levels of homocysteine, vitamin B₁₂ and folic acid were measured in 2,335 subjects in the Blue Mountains Eye

Study. Subjects with extremely low vitamin B₁₂ levels and high homocysteine levels could have as high as a four fold risk of developing macular degeneration.

Consumption of fish oil may reduce the risk for macular degeneration. A follow-up to the Age-Related Eye Disease Study appeared in *Family Practice News* (February 1, 2004:28). The study involved 4,753 subjects aged 55-80 years. Those who consumed fish more than 1 time per week had a 36% reduction in risk of age-related macular degeneration. Those who consumed the highest level of DHA (from fish oil) had the lowest risk for developing the disease.

Zinc seems to be a very significant nutrient for preventing macular degeneration. Research appearing in *Geriatric Consultant* (May/June 1992;23,28). The study involved 151 subjects who received 100 mg/day of zinc sulfate. After two years the subjects were compared to a control group and it was found that the zinc supplementation had a preventative effect on macular degeneration.

Although more studies should be performed, nutrition is a low-risk, high-gain therapy. It certainly is safe to supplement with zinc, fish oil, B₁₂ and antioxidants. Supplementation and a good diet may go a long way in preventing macular degeneration.

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Colds, Flu and Natural Health Care

Zinc may reduce the severity and length of a cold. Fifty subjects received either zinc lozenges (containing 13.3 mg of zinc acetate) or a placebo at the onset of a cold, according to research published in the *Journal of Infectious Disease* (2008 March 15;197(6):795-802). The group receiving the supplement had cold symptoms for less time than the placebo group; with the placebo group being symptomatic for over seven days and the supplement group having symptoms for only four days. The zinc supplementation also reduced serum biomarkers indicating inflammation from the cold.

Research appearing in the *American Journal of Medicine* (1999;106:138-143) looked at the effect *Echinacea purpurea* had on the common cold. The 109 subjects of the study were given either 4 ml of *Echinacea* extract or a placebo twice each day for eight weeks. Fewer of the group receiving the *Echinacea* had a cold or respiratory infection during the course of the study (65% in the *Echinacea* group vs 75% in the placebo group). The duration of the respiratory infections were less in the group receiving the herb, lasting 4.5 days, compared to 6.5 days for the placebo group.

There is some evidence that vitamin C can help to prevent or alleviate colds. In research appearing in the *Journal of Manipulative and Physiologic Therapeutics* (1999;22(8):530-533), 463 students with colds were treated with either 1,000 mg of vitamin C (hourly for the first six hours, then three times per day thereafter) or decongestants and pain medication. The group receiving the vitamin C had an 85% reduction in symptoms compared to the control group. Other research appearing in the *European Journal of Clinical Nutrition* (2006; 60(1):

9-17) found that supplementation with vitamin C over a period of five years reduced the frequency of the common cold. The 244 subjects were given 50 mg of vitamin C per day or 500 mg of vitamin C per day. The group receiving the 50 mg dose had a total number of 21.3 common colds (per 1000 person-months). The group receiving the higher dose had 17.1 common colds per 1000 person-months.

According to the *Journal of the American Medical Association* (June 19, 2002;287:3096-3102, 3103-3109, 3133-3135), fewer doctors are prescribing antibiotics to children and teens than in 1990. This is an attempt to halt the rise in antibiotic resistant infections. Overuse of antibiotics in the past has created antibiotic resistant strains of bacteria. Doctors gave only 30 million prescriptions for antibiotics between 1999 and 2000 to children under the age of 15. Between 1989 and 1990 the same age group was given 45 million antibiotic prescriptions. This is according to the Centers for Disease Control and Prevention in Atlanta. The number of office visits was the same for the two periods of time.

The authors of the JAMA article believe that the reduction in the number of antibiotic prescriptions was due to awareness that giving unnecessary antibiotics helps to create bacteria that are resistant to antibiotics. The article's findings were formed from surveys conducted with over 2,500 physicians. The surveys were conducted from 1989 to 1990, and then later from 1999 to 2000. The physicians reported on their use of antibiotics in as many as 13,600 office visits with patients under the age of 15.

Natural Ear Drops Perform Well

In a double-blind, placebo controlled study, appearing in the journal *Pediatrics*, (May 2003;111(5):e574-e579), the efficacy of herbal ear drops were tested in 171 children with ear pain due to middle ear infection. The children were between the ages of five and 18. They were given herbal ear drops (five drops, three times daily) containing allium sativum, verbascum thapsus, calendula flores, hypericum perforatum, lavender and vitamin E in olive oil. The drops were given alone or together with a topical anesthetic

(amethocaine and phenazone in glycerin) or oral amoxicillin at 80 mg/kg/day, with a maximum 500 mg-dose, divided into 3 doses. The group taking the drug took it with either the herbal ear drops, or the topical anesthetic.

The subjects, who were given the herbal ear drops alone, did better than the subjects who were given the ear drops along with the antibiotic. Antibiotics, when given alone, did not improve treatment outcome.

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Expensive Placebos are Best

When someone takes a sugar pill, believing it is medicine and experiences results similar to a patient taking actual medicine; that is the placebo effect. A study appearing in the *Journal of the American Medical Association* (Vol. 299 No. 9, March 5, 2008) shows that the cost of the sugar pill may make a difference in the placebo effect.

The subjects of the study were given a light electric shock. The 82 subjects were then given a sugar pill and told it was pain medication. The subjects were given a brochure describing the pain medication. Half of the brochures stated that the

“medication” cost \$2.50 per pill, and the other half stated the pills were 10 cents each. When given a shock, 85% of those receiving the \$2.50 pill said they felt less pain, compared to only 61% of those who received the 10 cent pill.

Dan Ariely, one of the authors of the study said that the placebo effect is “one of the most fascinating, least harnessed forces in the universe.” He went on to say, “How do we give people cheaper medication, or a generic, without them thinking it won’t work?”

Antibiotics Linked to Allergies and Asthma

Walking is man's
best medicine.—
Hippocrates

A study conducted at Henry Ford Hospital in Detroit, Michigan shows that children given antibiotics in their first six months of life have an increased risk of allergies to ragweed, pets, grass, and dust mites. They also have an increased risk of asthma. Christine Cole Johnson, Ph.D., is the study's lead author and senior research epidemiologist for Henry Ford's Department of Biostatistics & Research Epidemiology. She says that she is not against children receiving antibiotics, but believes that prudence is necessary before prescribing them for children at such an early age. Many antibiotics have been prescribed unnecessarily, especially for viral infections like colds and the flu when they would have no effect anyway. Dr. Johnson postulates that the antibiotics may alter the immune system by affecting the GI tract.

Data was collected on 448 children from before birth until seven years of age. Almost half (49%) of the children received antibiotics within the first six months of life. Children given antibiotics once in the first six months of life were 1.5 times more likely to suffer from allergies and 2.5 times more likely to have asthma than children who were not given antibiotics. If the mother had a history of allergies, the children given antibiotics were twice as likely to develop allergies as the non-antibiotic group. If the child was breast-fed and given antibiotics, the chance of developing allergies was four times greater than the non-antibiotic group. Breast feeding did not increase the incidence of asthma.

