

# HEALTH BITS & PIECES

By Bill Sardi



◆ **Origin of Brain Plaque.** Much has been said of the plaques that develop in the brain with advancing age. But the origin of these so-called senile plaques, said to be composed of “amyloid,” is nebulous. Researchers

in Australia assert that small hemorrhages occur in the brain, caused by weak capillaries in the cerebral cortex. These capillaries are known to become fragile and thus subject to hemorrhaging with advancing age. The fatty amyloid plaque is then attracted to the site of the hemorrhage. This theory would also explain why memory loss can occur without plaque, simply as an aftermath of blocked or constricted blood flow. The accumulated damage caused by multiple tiny strokes could serve as a model to explain Alzheimer’s-type dementia. [*Medical Hypotheses*, 2008 June 2] Vitamin C and bioflavonoids provided in the rind of citrus peel are known to strengthen capillaries.

◆ **Calcification and Vitamin K2.** More attention should be given to arterial calcifications rather than cholesterol plaque since 50% of arterial plaque is composed of calcium and only 3% of cholesterol. Stiff arteries are better explained by calcifications rather than by soft, waxy cholesterol. The gradual loss of calcium from bones and progressive stiffening of the arteries links both osteoporosis and arteriosclerosis. Vitamin K, particularly K2, has been demonstrated to inhibit calcification, serving to confirm the health benefits of green leafy vegetables that are relatively rich in Vitamin K. Recent studies add to a growing body of evidence proving the health benefits of Vitamin K2. [*Journal Atherosclerosis Thrombosis*, 2007 Dec;14(6):317-24]

◆ **Fish know better than to take statin cholesterol-lowering drugs.** Because more than one-half of all coronary heart disease deaths and two-thirds of sudden cardiac deaths occur among individuals without recognized heart disease (high-serum cholesterol), researchers are beginning to turn their attention to the compelling data surrounding the cardiovascular benefits of Omega-3 oil. Just one-to-two servings of fish weekly, or approximately 250 milligrams of EPA and DHA (two types of Omega-3 oils provided in fish), reduce the risk for coronary heart disease death and sudden cardiac death by 36%, something that cannot be said for statin drugs. Harvard researchers now contend that fish oil should be the first-line treatment for heart disease. [*American Journal Clinical Nutrition*, 2008 Jun; 87(6):1991S-6S]

◆ **Vitamin D: How much?** While Vitamin D is undergoing a renaissance more than eight decades after its discovery, the Food & Drug Administration has done a good job of scaring most people away from so-called “high-dose” Vitamin D because of unfounded concerns over side effects. While the upper safe limit for Vitamin D intake is 2000 I.U.s (50 micrograms, or 1/20<sup>th</sup> of 1 milligram), blood levels don’t measurably rise till 4000 I.U.s (international units) are consumed. Researchers at Winthrop University Hospital in Mineola, New York supplemented the diet of 138 subjects with adjusted doses of Vitamin D over a 6-month period. The mean daily dose was 3440 I.U.s (86 mcg), which raised blood concentrations of Vitamin D to above 75 nanomoles per liter in almost all subjects and no subjects exceeded 220-nanomole blood concentration. The optimal daily dose was found to be 4600 I.U.s. There were no cases of hypercalcemia, a widely-stated but uncommon side effect. A 5000-I.U. daily dosage of supplemental Vitamin D3 would achieve optimal blood concentrations for almost all adults. [*American Journal Clinical Nutrition*, 2008 Jun; 87(6):1952-8]

◆ **Headache: water, water.** Few think of headaches as being caused by dehydration. In a pilot study, researchers gave 18 headache patients (all with migraine-type headaches) a placebo with advice to consume 1.5 liters of water per day for a period of 12 weeks. This practice reduced the total hours of headache by 21 hours in a two-week period. [*European Journal Neurology*, 2005 Sep; 12(9):715-8]

◆ **Shortage of iron linked to restless leg, attention deficit.** It makes sense. A shortage of iron, less commonly due to dietary deficiency, or more commonly due to malabsorption (caused by intestinal parasites or a lack of stomach acid, or lack of Vitamin C) could, via red blood cell count, reduce delivery of oxygen to the brain or legs, resulting in symptoms of attention deficit disorder or restless leg syndrome during sleep, often among youngsters. [*Medical Hypotheses*, 2008; 70(6):1128-32] In fact, children with attention deficit disorder are known to more likely to experience restless leg syndrome. [*Tohoku Journal Experimental Medicine*, 2007 Nov; 213(3):269-76] It has been found that men who regularly donate blood, and therefore deplete iron, are more likely to experience restless leg syndrome. [*Sleep Medicine*, 2007 Nov; 8(7-8):716-22]

Of course, the real cause of wavering mental function among growing children is likely to occur when red blood

cell production can't keep up with growth spurts. In fact, the provision of 80 milligrams of supplemental iron among 23 non-anemic children, aged 5-8 years, produced dramatic improvement in an attention-deficit rating scale after 12 weeks of supplementation. [*Pediatric Neurology*, 2008 January; 38(1):20-6] Iron supplementation produced results comparable to stimulant drugs (like Ritalin) and more appropriately addresses the cause of the disorder.

Provision of iron supplements may present side effects, particularly nausea. Understanding the origin of iron deficiency may lead to a better understanding of how to resolve these commonly-experienced syndromes. Rather than reach for iron pills, one study showed that the provision of supplemental Vitamin C among iron-deficient individuals increased iron absorption by 270%. [*American Journal Clinical Nutrition*, 2008 Apr; 87(4):881-6] Vitamin C as ascorbic acid is much better tolerated and less problematic than iron pills. When anemia occurs, think of Vitamin C before iron pills.

◆ **SID and crib mattresses.** Sudden infant death is devastating. Its origins are elusive. Yet, researchers in Great Britain have conclusively shown that polyurethane foam mattresses used in infant cribs can accumulate proteins, probably from urine or spilled liquids, which then facilitate the growth of toxic bacteria. Waterproof mattress covers may be of benefit in the crib room. [*Journal Applied Microbiology*, 2008 Feb; 104(2):526-33]

◆ **Beware of heartburn medications that deplete magnesium.** It is estimated that 4 in 10 Americans are deficient in magnesium. This mineral shortage may be exacerbated by the use of heartburn medications – the so-called designer anti-acids (proton pump inhibitors like Losec, Prilosec, Nexium, Protonix, and Aciphex). [*Clinical Endocrinology (Oxf)*, 2008 Jan 23] The use of such drugs should be avoided, particularly because they are known to induce a rebound heartburn effect that makes individuals even more dependent upon the drug.

◆ **Effectiveness of OTC poison-oak/ivy remedies.** Poison oak and poison ivy release a very toxic oil known as urushiol. The tiniest amount can incapacitate an entire battalion of army troops navigating through dense woods. Soaps that dissolve the oil are helpful, but only if used immediately after exposure. Expensive remedies available in the drug store (Tecnu, Zanfel at \$20-30 per tube) were found to be only marginally better than Dial soap or Goop, which are far less costly. The high-priced poison-oak/ivy remedies cost 18 times more than plain soap. [*International Journal Dermatology*, 2000 Jul; 39(7):515-8] It is more important to lather up immediately after skin exposure, and to throw clothing into the washing machine, than to wait till an expensive remedy can be purchased from the drug store.

◆ **Let them die.** “Modern” medicine’s antagonism toward antioxidant supplements costs many people their lives. Profound oxidative stress occurs following severe injuries resulting in depletion of antioxidants such as Vitamin C, Vitamin E, and selenium. Supplemental antioxidants may reduce infection and organ dysfunction following injury or hemorrhage. Researchers put antioxidant supplementation to the test, providing high-dose intravenous antioxidants for seven days to patients admitted to a trauma center. Length of hospital stay and mortality (8.5% to 6.1%, a relative 28% reduction) were dramatically reduced. [*Journal Parenteral Enteral Nutrition*, 2008 Jul-Aug; 32(4):384-8] When will doctors order the administration of an intravenous bottle chock-full of antioxidants even before the patient reaches the hospital?

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—Soviet Leader Nikita Khrushchev, 1959