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Dear Friends,

For the past five years I have been reporting in my medical lectures about the early signs of atherosclerosis that are now appearing in young adults in the U.S. In 1999, researchers reported on their evaluation of arteries in almost 3000 subjects from 15 to 34 years old (male and female, black and white) who died of external causes. They found fatty deposits (called intimal lesions—those occurring in the innermost lining of the arterial wall) in the arteries of all subjects.

Even in the youngest group of 15- to 19-year olds, lesions were present in 50 percent of their right coronary arteries and 100 percent of their aortas, and the extent and severity of the lesions (from fatty streaks to raised lesions) increased with age, right up to the oldest group that they studied.

Now, researchers find that the problem can start even earlier, and it is associated with obesity. In a new report, 100 obese children from 6 to 14 years old were evaluated and compared to 47 normal-weight children. The obese subjects had higher blood pressures and higher cholesterol levels as well as a greater tendency to insulin resistance. Of even greater concern was that subjects as young as seven years old already had thickening of their carotid arteries and greater stiffness of the arterial wall.

Arterial thickening and stiffness is an early warning of developing coronary artery disease, so it should be taken seriously. The obesity itself may be causing the arterial damage in these children, or it may be the lifestyle that leads to obesity, primarily poor dietary choices and lack of exercise.

This is becoming an international problem, as Britain, Italy, and other countries are seeing a rapidly growing incidence of obesity. If this situation persists and worsens, and the evidence suggests that the problem is increasing worldwide, the associated explosion of health care costs that we are already seeing will make health care unaffordable. It is therefore important to encourage the initiatives that are beginning in several school systems to expose children to healthier eating, with more vegetables, fruits, whole grains (being aware of childhood allergies to some grains), higher-fiber diets, and organic foods. San Francisco banned sodas and snacks from cafeterias. New York City and counties in Florida and Washington state are also providing better school food—more organic products and fresh fruit (in Washington they hold down costs by offering only fruit for dessert).

If parents are not happy with the foods being offered at their children's schools, they can make a difference by contacting the school district and asking them to make healthier foods available. This does not mean smaller portions of junk (although that would help also), but availability of better food overall. Some object that kids still want their junk, but improving the food that is available to them will go a long way toward changing their habits and their tastes.

Flu Protection Without Vaccine

The shortage of flu vaccine is all over the news with medical, financial, and even political implications. I have always thought that the vaccine was administered too liberally, so it will be interesting to see whether this shortage has any effect on the incidence of flu (I would not be surprised if there were fewer cases this year).

However, without even the potential protection of the vaccine, you can do many things to help protect yourself, whether you are someone at high risk or not. All of us should take precautions against the flu, not only for our own health but for that of our friends, families, and coworkers. I have never taken a flu shot. Instead, these are the precautions that I take myself.

One of the most effective protections is frequent handwashing and the use of alcohol-based hand sanitizers. These have been shown to be valuable methods to reduce the spread of infections in hospitals, schools, and nursing homes. In the flu season, it is wise to avoid shaking hands and use hand sanitizer when it is unavoidable.

Beware of surfaces that might be contaminated, such as doorknobs, telephone handsets, shared keyboards, and shared party dishes and glassware. Stay away from people with obvious colds and sinus infections, and if you are already ill, stay away from work where you might transmit your illness to others. If sick co-workers insist on coming to work, see if you can work at home.

In addition, it becomes even more important to maintain your immunity through healthful lifestyle practices. Regular exercise boosts immune function, but be sure to dress appropriately if you exercise outdoors. If you exercise indoors, remember the hand sanitizer after using shared machines or equipment.

Repeated changes of temperature, and going in and out of heated buildings with dry air may make your mucous membranes more susceptible to infection. In cold climates, if you can keep your environment humidified it will help protect those membranes from drying out. At the same time make sure you consume enough fluids to maintain hydration.

Fluid consumption includes water, sparkling water, diluted fruit juice (very dilute, to avoid

sugar excess), soups, and herb teas, but not wine or beer, coffee, tea, or other caffeinated drinks—their diuretic effect can cause fluid loss.

It also helps to avoid refined sugar in the diet, as this can reduce your defenses. Sugar can reduce the ability of white blood cells to attack viruses and bacteria, leaving you open to a greater risk of infection. Five teaspoons of sugar inhibits the white cells by 25 percent, and the amount in two sodas or a pie and ice cream can knock them down by 90 percent.

Supplements Against Viruses

Vitamin C is still my first choice in a supplement that helps immunity and reducing both the severity and duration of viral infections. In acute illness, intravenous vitamin C has been effective for many patients. Typical oral doses are from 2 to 4 grams twice a day, and even much higher for severe symptoms. Vitamin C enhances interferon production, improves white blood cell function, and has direct antiviral effects.

Supplements of vitamin E (800 IU), zinc (30 mg), and selenium (100 mcg) can reduce infection rates in elderly people. A recent study of echinacea showed reduction of cold virus infections from 82 percent to 58 percent in people inoculated with the virus, but because the study only had 39 subjects, they could not say it was a significant difference. In a study of children, echinacea, propolis, and vitamin C reduced infections by 55 percent. A larger study showed that standardized echinacea supplements reduced symptom severity and duration of colds by 25 percent.

While elderberry extract has a history of use for viral infections and some supportive research, a recent study confirms that flu patients who take it recover an average of four days earlier than those in the placebo control group.

One study of a nutritional mixture including vitamin E, folic acid, B12, and lactobacilli showed increased natural killer activity and improved numbers of white cells in the treated group in response to flu immunization.

Other supportive nutrients include garlic, astragalus, maitake (and other mushrooms), beta-glucan, Asian ginseng, and eleuthero (Siberian ginseng). You are not defenseless against the flu just because immunization is not available.

Vitamin D, Arthritis, and Osteoporosis

A number of studies have shown an association of low vitamin D levels with increases in knee osteoarthritis. A recent report on 221 subjects showed that 50 percent of them were deficient in vitamin D based on blood levels. The researchers studied knee pain, physical function, and muscle strength. They found that low levels of vitamin D were associated with higher levels of pain, disability, and muscle weakness.

Previous studies have shown an association between muscle weakness and low vitamin D, with 100 percent of subjects in a Minnesota study showing this correlation. This muscle weakness may be contributing to the symptoms of osteoarthritis.

At the same time, low vitamin D is associated with falls and hip fractures due to osteoporosis. Muscle weakness related to low vitamin D may also be contributing to these falls.

It is easy to raise serum levels of vitamin D with some exposure of the skin to the sun, and with dietary supplements. Sun exposure is less reliable because elderly people tend to be less efficient in making vitamin D in the skin. Also, in the northern hemisphere and among darker skinned individuals vitamin D manufacture may be inadequate. Typical supplements range from 400 to 2000 IU per day, with some estimates that we need a minimum of 1000 IU to maintain adequate blood levels.

Ask Dr. J

Q. I have a rising PSA level and want to know what to do to protect my prostate?

TL, Connecticut, via email

A. A rising PSA, needs a urological evaluation to find out whether it reflects prostate cancer. PSA (prostate specific antigen) is sometimes elevated on one or two tests but then returns to normal, so any biopsy or treatment should be delayed until the elevation is confirmed. In one report, half of men who had high PSA levels above 4 had normal tests when it was repeated later.

The natural variation in PSA elevation can range from 4 to 10, and it can be high with benign prostate enlargement, prostate inflammation, and after ejaculation, so a high level does not automatically mean cancer, and most prostate

cancers are slow growing, so waiting to confirm the diagnosis is usually not dangerous. While prostate cancer can be aggressive (usually associated with a rapidly rising PSA), most of them grow so slowly that men will have them for many years and then die of some other cause.

Some of the same treatments for benign enlargement also help prostate cancer. Symptoms of prostate enlargement include frequent urination, urgency to urinate, nighttime urination, difficulty starting or stopping, and weak urine flow. Helpful supplements include saw palmetto (320 mg of standardized extract), pygeum (100-200 mg, standardized), nettle (250 mg), zinc (30-50 mg), and essential fatty acids such as pumpkin seed oil.

The carotenoid lycopene (6 to 10 mg), found mainly in tomatoes, helps to prevent prostate cancer. Higher doses (10 to 30 mg) are associated with reduced cancer aggression. Soy isoflavones, coenzyme Q10, vitamins C and E, selenium, and melatonin are also protective supplements.

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Vitamin D and Osteoarthritis

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In the Health News

- Metabolic syndrome includes high blood pressure, blood sugar, cholesterol, and insulin, low HDL, and abdominal obesity. It is also referred to as insulin resistance or syndrome X, and is associated with an increased risk of type 2 diabetes and heart disease. A study of 6436 subjects from 1988 to 1994, and 1677 from 1999-2000 showed that the condition is rising in the United States. A small increase of 2.2 percent was observed in men, but in women the rise was 23.5 percent. (Ford ES, et al., Increasing prevalence of the metabolic syndrome among u.s. Adults. *Diabetes Care*. 2004 Oct;27(10):2444-9.) Weight control, exercise, and high fiber diets are essential to prevent the otherwise likely rise in diabetes and heart disease.

Diet and Disease

- A high intake of folic acid reduces the risk of birth defects and cancer. It now appears also to reduce the risk of high blood pressure. Daily consumption of 800 mcg of folate compared to 200 mcg was associated with a 29 percent lower risk of hypertension among younger women and a 13 percent reduction among older women. When supplements alone were considered, the reduction was 48 and 40 percent in the two groups respectively. (American Heart Assoc. Meeting Report, 10/11/2004). Folate is found in beans, leafy greens, whole grains, and supplements.
- In patients with ulcerative colitis, consumption of higher levels of red meat or alcohol increases the likelihood of relapses. In a study of 191 patients, the highest consumption of red meat increased the odds of a relapse by 3-fold, and processed meats by 5-fold. Alcohol consumption raised the risk by 2.7 fold. (Jowett SL, et al., Influence of dietary factors on the clinical course of ulcerative colitis: a prospective cohort study. *Gut*. 2004 Oct;53(10):1479-84.)

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Soba Noodle Vegetable Soup

Noodle soup is comforting in flu season, and soba (buckwheat) noodles are my favorite (I use Sobaya organic brand). In a large soup pot, sauté diced onions, crushed garlic, a minced fresh hot pepper, sliced carrots and celery, and grated fresh ginger in a small amount of olive oil (I use 2-3 onions, six cloves of garlic, 4 stalks of celery, 2 carrots, and one pepper in an 8 quart pot). Add chunks of soft tofu, and sliced mushrooms, and cook lightly, then add about 5 quarts of water. When this is boiling briskly, add about two handfuls of the noodles broken in half and boil this for about eight minutes. Near the end of this time add two bunches of chopped greens, (spinach, escarole, or green chard all work well), soy sauce and cider vinegar to taste. Add some fresh, chopped cilantro at the end. You can stir in a small amount of miso when served.

From June to October, I see patients in Arlington, MA, and Amherst, NH. For appointments during this time, call **603-878-2256**. I also do phone consults.

From November to May, I see patients in New Smyrna Beach, Florida. Call **386-409-7747**.

My newest book is *The User's Guide to Heart Healthy Supplements*. You can order it from **QCI Nutritionals** at **888-922-4848**. *Dr. Janson's New Vitamin Revolution* and my other books are also available from QCI Nutritionals or health food stores. You can visit the QCI Nutritionals website at **www.qcinutritionals.com** for quality supplements at reasonable prices.

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