



Healthy for Life Newsletter

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June 2004 Vol. 1 No. 5

What's In The News

This newsletter will focus on what is making it into the news media when it comes to advances and concerns in the medical literature. These are articles that should be a concern to each and every one of us. I will share the news story with you along with my personal comments regarding my perspective about each article. It is critical to understand that most physicians do not share my perspective. Most physicians and researchers are focused on the pharmaceutical approach to disease and the prevention of disease. What most of you have learned is the fact that our bodies are the best defense against developing any infectious disease or chronic degenerative disease. If you desire any additional information in regards to any of these stories or studies, the reference is provided for your personal research.

Overweight children numbers in Arkansas sign of national concern
The Daily Republic Newspaper, Mitchell SD
Friday, June 4, 2004 Page 12

Results were released Thursday in Williamsburg, VA at an obesity summit that showed 40% of public school children in Arkansas are overweight. These findings were noted during a recent comprehensive look at children's weights, which was required by a new state law. This cross-sectional study has given us some of our best numbers to truly ascertain the seriousness of obesity in children.

*It seems like every time I see a new study about childhood obesity the numbers keep getting worse and worse. When I did the research for my newest book, **Releasing Fat**, the numbers were over 25%. Then while speaking in Toronto, Canada last year a study was released that showed 33% of the children in the Toronto schools were either overweight or obese. Now we have this newest study showing that 40% of the children in Arkansas are now overweight. It has become a national crisis and no one seems to know how to change this epidemic. Well, the answer is in developing permanent healthy lifestyles as detailed in my new book, **Releasing Fat**. Children respond beautifully to these principles; however, parental support is critical.*

Don't Shun Calcium for Kidney Stones
Archives of Internal Medicine
April 2004

A study released in Archives of Internal Medicine is just another study that is showing us that the higher your calcium intake (including supplements) the less your risk of developing kidney stones. This goes against the common recommendation by physicians for their patients who suffer from kidney stones. This study followed over 90,000 women for over 8 years. Those individuals who had the highest intake of calcium actually had the lowest incidence of kidney stones. These researchers actually recommended increasing the amount of daily calcium intake and supplementing with calcium was also a good idea.

The most common kidney stones are calcium oxalate stones. It has been felt that by reducing the amount of calcium in your diet the less calcium there was available to produce kidney stones. However, we are now beginning to realize that calcium actually binds to oxalate in the intestinal tract. Oxalate is the important substance that needs to be reduced and calcium intake in your diet along with calcium supplements will actually lower, not increase, your risk of future kidney stones. This study also showed us another key to decreasing the number of kidney stones was to drink plenty of purified water.

Meigs, JB, et al. “Biomarkers of Endothelial Dysfunction and Risk of Type 2 Diabetes Mellitus”, Journal of the American Medical Association (JAMA); April 28, 2004—Vol. 291, No, 16

Inflammation of your arteries appears to be the key in both the development of heart disease and diabetes. Researchers at the Women’s Hospital in Boston evaluated the blood samples of over 32,000 nurses for inflammatory products. They found that those nurses that had the greatest amount of inflammation in their bodies had a 5 times greater risk of developing type 2 diabetes mellitus. It was felt that inflammation of the blood vessels causes constriction and thickening of the artery wall. This makes it more difficult for insulin to pass through the vessel wall and get to the cell where it is needed to transport glucose into the cell. This leads to insulin resistance and the Metabolic Syndrome. Inflammation is also known to increase the risk of heart disease. This may help explain why 80% of our diabetics die from a cardiovascular disease.

This is just another study that shows the danger of too much inflammation in our body. Inflammation is at the root of heart disease, stroke, diabetes, cancer, and host of other

degenerative diseases. What most physicians and researchers do not appreciate is the fact that oxidative stress is what causes the inflammation in the first place. In my book, What Your Doctor Doesn’t Know About Nutritional Medicine May Be Killing You, I detail how these excessive free radicals can cause this inflammation and lead to all of these chronic degenerative diseases. The use of healthy lifestyles that includes a healthy diet, modest exercise, and cellular nutrition can eliminate or significantly decrease all the causes of the harmful inflammation within the body. You are going to be hearing more and more about how you can take a drug to reduce your inflammation. However, isn’t it wiser to prevent the inflammation from occurring in the first place?

Thompson, IM et al. “Prevalence of Prostate Cancer among Men with a Prostate-Specific Antigen (PSA) level less than 4.0 ng per milliliter”, New England Journal of Medicine, May 27, 2004, 350;22

Researchers looked at men who had normal PSA results to see if they had any evidence of prostate cancer. A PSA level less than 4.0 has always been considered normal. After biopsies in these individuals it was noted that over 15% had prostate cancer. This brings up the concern that many men are not being diagnosed of their prostate cancer. Further studies need to be done to see if increasing the number of biopsies in men would decrease the deaths due to prostate cancer. However, the researchers also pointed out the fact that this approach would tend to lead to over treatment of this disease.

The risk of a man dying from prostate cancer is about 3 to 4 %. However, nearly 17% of the men will end up having prostate cancer. This leaves a significant number of prostate cancers that are essentially not that serious and will not lead to a man's death. I would not run in and have a biopsy of my prostate if my PSA was less than 4.0. I feel that it will lead to a significant number of patients being over treated. However, if your PSA is increasing, even if it is less than 4.0, or if you have a prostate nodule noted on physical exam, I would encourage you to have a biopsy. I have used these guidelines for years in my private practice and have felt it was both a conservative approach and an effective approach. Further studies will be needed to define the proper approach; however, until then common sense needs to rule.
