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The goal of every doctor should be to help make his or her patients drug-free/medication-free

The goal of every doctor should be to help make his or her patients drug-free by teaching them to become healthy. Unfortunately, most doctors know only drug-therapy for patients' problems and the result is fat and sick people carrying around bags full of prescriptions – and they are not one speck healthier or happier. (And you wonder why so many doctors complain about the practice of medicine these days. How would you feel if all of your projects ended in failure?)

To make matters worse, well-intentioned doctors are making their prescription decisions based upon fraudulent and incomplete information paid for by pharmaceutical companies – blind to the suffering of their customers; these businesses manipulate the research studies in order to boost sales. You should not be surprised by this, after all, pharmaceutical companies are in the business of profiting from your sickness and, as a result of their efforts, they are considered among the most successful of all businesses worldwide.

Drug companies spend billions of dollars and employ thousands of people to try to demonstrate the slightest benefits from their products. From the beginning, the "investigations" used to sell their products are designed so that the results will turn out favorable – why not? They are paying for the project. And if the results do not turn out as expected, then these companies bury any research findings that weigh negatively upon their products. The US government turns a blind eye to these shenanigans. According to top researchers, we can no longer rely upon the Food and Drug Administration (FDA) for protection from useless and dangerous drugs, since this organization acts essentially as a tool for the pharmaceutical industries.

All this dishonesty is very profitable; \$154.4 billion dollars was spent by consumers in one year (2001) on medications that in many cases do more harm than good – and prescription drug spending rises 15% to 18% per year. All the while, hopeful patients are lulled into believing they will be saved by these miracle potions. If the truth were to be known, more of these same ill people would take matters into their own hands and save themselves with a healthy diet, some exercise, and clean habits, rather than waiting to be saved by "technological breakthroughs." When

was the last miracle drug invented? Penicillin discovered in 1928 by Alexander Fleming? Viagra discovered in 1991 by Nicholas Terrett? Most new drugs released to the marketplace are simply copies of older drugs with minor variations to allow a new patent.

Most Drugs on the Market Are Useless and Harmful

People running the drug companies are aware of the fraudulent nature of their business. According to Allen Roses, Vice President of GlaxoSmithKline, one of the world's leading pharmaceutical companies, "Vast majority of drugs only work in 30 or 50% of people." When he says "work," I assume he is giving credit for even the slightest positive change, and not talking about resolving the patients' illnesses – because essentially 100% of the drugs used to treat chronic diseases fail to cure the patient. Yet, the language used by pharmaceutical companies to promote their products might cause you to think otherwise. They refer to their drugs in ways that suggest their inventions commonly cure chronic diseases, by calling their products, "antihypertensive" and "antidiabetic" – as if these chemicals would eradicate hypertension (high blood pressure) and diabetes – maybe something like antibiotics kill bacteria and cure infections. The truth is, no doctor has ever seen a patient cured of high blood pressure or diabetes with either class of medication, no matter how much they might wish it to be otherwise. By and large, drugs do little, if anything, to improve the well-being and/or longevity of people suffering with chronic diseases, but are undeniably a direct source of death, disability and suffering.

Approximately 2 to 7 % of all hospital admissions are caused by medications prescribed to patients, and approximately 70% of these incidences are judged as preventable. Approximately 28% of all emergency department visits are a result of taking prescription drugs. The drugs most commonly implicated are: NSAIDs, antiplatelets, seizure medications, antidiabetic drugs, antihypertensives (diuretics and beta-blockers), inhaled corticosteroids, and cardiac drugs. *By John McDougall, MD.*

Note: "When you understand physiology in its truest sense, your drug bill will be very much smaller, and finally you will cease to deal out drugs at all. The physician, who depends upon drug medication in his practice, shows that he does not understand the delicate machinery of the human organism. *Medical*

(Over, please)

Workplace Harassment Linked to Drinking Alcohol During or Around Working Hours

An extra beer or glass of wine during a workday lunch or happy hour may seem harmless. But a new Cornell University study shows that when alcohol consumption in and around the workplace increases, so does the risk of harassment of women by male co-workers.

The study, "Harassing Under the Influence: Male Drinking Norms and Behaviors and the Gender Harassment of Female Coworkers," points to the dangers of workplace cultures that tolerate drinking and offers sobering lessons to both workers and employers. The R. Brinkley Smithers Institute for Alcohol-Related Workplace Studies at Cornell's School of Industrial and Labor Relations conducted the study, and the National Institute on Alcoholism and Alcohol Abuse sponsored it.

The researchers examined the possible links between alcohol use and "gender harassment" -- a form of sexual harassment that involves offensive or degrading remarks and actions, usually directed at women by men. While sexual favors are not elicited, such behavior creates a hostile workplace environment for the women and has been deemed unlawful in the courts under current federal statutes.

No sector of the workforce is immune, as shown by recent news stories about gender harassment claims within the U.S. Air Force Academy. The end result can be stiff fines for an organization, disciplinary action or firing of employees engaged in such behavior, and lost productivity and even the job resignation of those being harassed.

"The survey's findings have important implications for the prevention of sexual harassment in the workplace," said study co-author Samuel Bacharach, McKelvey-Grant professor and director of the Smithers Institute at Cornell's ILR School. "They suggest that sexual harassment prevention policies may be less effective in work contexts characterized by a strong and permissive drinking culture. In such environments, it may be more useful to focus prevention efforts on changing employee perceptions about the acceptability of drinking during or around working hours."

The researchers surveyed 1,353 blue-collar and service workers (including 236 women) employed in 52 work units and represented by seven different unions in the manufacturing, service and construction sectors. The study's findings showed that women were at greater risk of gender harassment when they worked in places where heavy drinking, particularly on the part of their male colleagues, was tolerated.

Specifically, the study found a more-than-twofold increase in the incidence of gender harassment experienced by women for every additional alcoholic drink consumed by the men in their work units during or around working hours.

This link between the gender harassment of women and the drinking behavior of men remained even when controlling for a variety of other factors, such as demographic characteristics or the proportion of women in the work unit. ©2004 About, Inc. Note: "Houses of prostitution, dens of vice, criminal courts, prisons, almshouses, insane asylums, hospitals, all are, to a great degree, filled as a result of the liquor seller's work."

The Ministry of Healing, p. 338

Eat whole grains foods, gain less weight

It cuts your risk of heart disease and helps control your diabetes -- and helps you weigh less. Is it a new miracle drug?

Not by a long shot. It's whole-grain food.

It's clear that hearty, whole-grain foods are good for you. They seem, well, too heavy to be a diet food. But in the long term, those who eat lots of whole grains weigh less than those who avoid these fiber-rich foods.

The finding comes from a huge study of health professionals at the Harvard School of Public Health in Boston. Researchers Pauline Koh-Banerjee, ScD, and colleagues analyzed diet and health records from more than 27,000 of these 40- to 75-year-old men.

The bottom line: Eating 40 grams of whole grains a day cuts middle-age weight gain by as much as 3.5 pounds. The report appears in the November issue of the American Journal of Clinical Nutrition.

"All it takes is about 1 cup of oatmeal, or 3/4 cup of brown rice, or several slices of brown bread each day," Koh-Banerjee tells WebMD. "With all the popularity of low-carb diets, people think that all carbs are bad. But there are good carbs that not only protect your health but reduce your waistline."

Previous studies have shown that eating whole grains cuts men's and women's risk of heart disease and diabetes. But this is the first study to link whole grains with lower weight.

"Men who increase their consumption of whole grains gain less weight than other men," says Koh-Banerjee, now an assistant professor at the University of Tennessee Health Science Center in Memphis. "It did not stop them from gaining weight, but protected against overweight."

Whole grains have three parts: bran, germ, and the starchy endosperm. Refined grains are stripped of bran and germ. This takes away nearly all the fiber and nutrients and leaves behind nearly all the calories.

Somehow, all three parts of whole grains work together. "The whole grain is greater than the sum of its parts," Koh-Banerjee says.

Nutritionist Leslie Bonci (BAWN-see), MPH, RD, says that there are good reasons weight watchers should love whole grains. Bonci is director of sports nutrition at the University of Pittsburgh Medical Center and serves as nutritional consultant to professional and college sports teams and to dancers in the Pittsburgh Ballet Theatre company.

"Whole grains are high in fiber. Fiber is important for gastrointestinal function -- and it makes you more full, so you don't eat as much," Bonci tells WebMD. "The human body uses more calories to break down high-fiber foods. And whole grains are a little bit higher in protein, a little higher in fat content. People worry about the fat, but this extra protein and extra fat also contribute to that feeling of being full."

Koh-Banerjee says researchers are just beginning to learn why whole grains are so good for you.

"What the science is finding is it is not just the bran, not just the fiber," she says. "We are finding more and more nutrients in the whole grain. This is why it is so important to consume the whole grain. There is so much in it. We are still uncovering just what many of those benefits are."

Dark breads may come to mind when you think of whole grains. Most breads don't contain as much whole grain as brown rice, toasted wheat cereals, or oatmeal. But even foods with lower whole-grain content add up to good nutrition -- and lower weight.

"Some of the really rich sources of whole grain are brown rice, oatmeal, toasted wheat cereals, even popcorn," Koh-Banerjee says. "But as long as you are consuming whole

grains, you will get healthful effects."

The FDA says foods can be labeled "whole grain" if they contain 51% whole grain by weight. Looking for this label is a good way to find healthy foods -- but foods with at least 25% whole grain are also linked to lower weight, Koh-Banerjee says.

Koh-Banerjee says she and her colleagues are working to have food labeled with the gram amount of whole grains they contain. *By Daniel DeNoon, WebMD Medical News*

Got Fruit? Bones Need More Than Milk

Milk builds strong bones, but fruit does, too, new research shows.

It's the first study showing that eating an abundance of fruit affects bone mineral density (a measure of bone strength), writes researcher Claire P. McGartland, PhD, with the Northern Ireland Center for Food and Health at the University of Ulster.

Her study appears in the latest issue of the American Journal of Clinical Nutrition.

While diet is known to affect bone strength, relatively little attention has been given to one aspect of bone health. Specifically, it's the influence that diet has on the body's acidity. Most people eat a diet that generates acids, she explains. This increase in acid levels is thought to reduce bone strength.

Eating foods that buffer the acidic foods builds strong bones, McGartland suggests. Many fruits and vegetables have this neutralizing capacity. "Nutrients found in fruits and vegetables may be protective for bone health" for this reason, she writes.

To evaluate this, McGartland and her colleagues evaluated the nutritional habits and bone health of 1,345 Irish teens (aged 12 to 15). Nutritionists conducted intensive interviews with each child, getting detailed information about each meal and the foods they typically ate, including serving size.

The kids' height, puberty status, smoking, social status, alcohol intake, supplement use, and physical activity were all factored into the study. Bone density of their heel bones was also measured.

The teenage girls who ate a large amount of fruit had the strongest bones.

The findings are based on a large number of healthy adolescents, making the finding reliable, she writes. Also, the integration of other factors known to affect bone health -- such as body weight, physical activity, and smoking -- were all taken into consideration in the final result.

This is the first study to link fruit intake and strong bones, McGartland writes.

Although veggies did not show up as an important factor, it has in other studies, she notes. Kids in her study didn't eat many vegetables, she notes. "Our finding is not surprising, because on average, U.K. children eat less than one-half of the suggested target intakes for fruits and vegetables," she writes.

She advises women and young girls to eat plenty of fruit -- as "a cost-effective means" of building strong bones.

By Jeanie Lerche Davis, WebMD Medical News

Emergency room doctors can do more than just sew up cuts or put on casts and send patients on their way

....Dr. D'Onofrio, an associate professor at the Yale School of Medicine, is among a growing number of health experts who think that emergency room doctors can do more than just sew up cuts or put on casts and send patients on their way. An

emergency room visit, they say, is also an opportunity — a "teachable moment," as some put it — to identify people with alcohol problems and steer them toward the help they need.

And so these doctors are routinely asking almost everyone involved in car crashes about their drinking habits. In fact, many say the practice should not be limited to automobile cases. Patients who end up in an emergency room, then, should not be surprised, for example, if doctors now ask not only whether there is a family history of high blood pressure but also how much they drink.

Advocates for this kind of screening offer a number of arguments. To begin with, they say, it may be one of the few chances doctors have to reach people who are at risk.

"It's a prime opportunity," said Dr. D'Onofrio, who recently gave a presentation on the issue to a conference of the American College of Emergency Physicians. "Many of the people are young adults, and they don't use primary care, and they don't have insurance."

Beyond that, emergency rooms have a way of attracting people with alcohol problems. Estimates vary, but by some counts perhaps a quarter of the people who end up in emergency rooms with some kind of trauma are intoxicated. Even for those who are sober, a disproportionate number are found on further evaluation to have drinking problems.

"I can make the case that a two-minute screen for alcohol-use disorder" can help doctors discover other medical problems patients may be at risk for, said Dr. Jeffrey W. Runge, the administrator of the National Highway Traffic Safety Administration and a former emergency room doctor. "Not to mention the risk of motor vehicle injuries, the risk of spousal abuse, for falls, for other types of injuries."

And, of course, tighter screening might reduce the number of alcohol-related car crashes.... *By ERIC NAGOURNEY, nytimes.com*
NOTE: "Many come under the physician's care who are ruining soul and body by the use of tobacco or intoxicating drink. The physician who is true to his responsibility must point out to these patients the cause of their suffering. But if he himself is a user of tobacco or intoxicants, what weight will be given to his words? With the consciousness of his own indulgence before him, will he not hesitate to point out the plague spot in the life of his patient? While using these things himself, how can he convince the youth of their injurious effects?"

"Houses of prostitution, dens of vice, criminal courts, prisons, almshouses, insane asylums, hospitals, all are, to a great degree, filled as a result of the liquor seller's work."

The Ministry of Healing, pp. 134, 338




