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An informative, provocative, and essential newsletter...

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The Health Reformer



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Whole Grains Lower Diabetes Risk

“Squeezing some bran into your daily diet or other whole grains can make a huge difference in reducing your risk for type 2 diabetes, a new study finds.

Researchers at Harvard Medical School in Boston studied more than 75,000 women ages 38 to 63 who had neither heart disease nor diabetes when the study began in 1984. The women kept food diaries and their health status was tracked for 10 years.

They found that women who ate the most whole grains had a 38 percent lower risk of developing type 2 diabetes. Women who ate the least whole grains faced a 31 percent greater risk of the disease.

Adding two servings of whole grains to your meals every day -- the equivalent of two slices of bread or a cup of brown rice -- may cut your risk for diabetes by as much as a one-third, researchers report. Whole grains may be so protective against diabetes, they say, because they lower blood sugar and prevent the body from having to produce more insulin to process the food. Type 2 diabetes is a result of the body's inability to properly process insulin.

Type 2 diabetes is a growing threat in the United States. According to the American Diabetes Association, approximately 16 million Americans have diabetes.

This study is published in the September issue of *American Journal of Public Health*.”

Onhealth (September 06, 2000)

Please keep the following in mind: “For use in breadmaking, the superfine white flour is not the best. Its use is neither healthful nor economical. Fine-flour bread is lacking in nutritive elements to be found in bread made from the whole wheat (graham flour). It is a frequent cause of constipation and other unhealthful conditions.” *Counsels on Diet and Foods, p. 320*

Grains are to be used in their natural state.

Why do soft drink manufacturers add caffeine to some sodas?

“In a small study, researchers asked 25 regular cola drinkers if they could distinguish between caffeine-free Coca-Cola and Coke with added caffeine. Only 8 percent were able to detect caffeine in concentrations used in name-brand drinks such as Coke and Pepsi. The rest couldn't ‘taste’ the caffeine until the levels were much higher than those approved by the U.S. Food and Drug Administration (FDA).

‘This study stands in sharp contrast to the claim some

soft drink manufacturers make that they add caffeine purely for taste,’ says Roland Griffiths, Ph.D., of the Johns Hopkins University School of Medicine in Baltimore, Md., who led the research. Griffiths draws a comparison between nicotine and caffeine. ‘Both are psychoactive drugs,’ he explains, ‘and until recently, cigarette companies denied that nicotine is addicting and said it was added merely as a flavor enhancer for cigarettes. The same is being said of caffeine.’

Americans drank 15 billion gallons of soda in 1998, according to the Beverage Digest Company; soft drinks are the largest single source of added sugar in the American diet. If caffeine plays such a relatively minor role as a flavoring agent in colas, the authors surmise, perhaps the high consumption rates of caffeinated cola drinks are due to the mood-altering and dependency effects of the drinks instead.

The researchers note that both adults and children can become physiologically and psychologically dependent on caffeinated sodas, and may experience headache and lethargy – symptoms of withdrawal – when they stop. In addition, children who consume soft drinks only sporadically may exhibit mood changes that could negatively affect behavior. While adults can be informed about and learn to cope with symptoms of caffeine overload or withdrawal, Griffiths is not so sure kids can do the same. ‘Given that sodas are aggressively marketed to kids, manufacturers should say why the caffeine is there ... it's a case of knowing what you're getting and why.’

Results of the new study appear in the August issue of *Archives of Family Medicine*, a journal of the American Medical Association.”

Onhealth (August 15, 2000)

“Researchers at Johns Hopkins University published a startling research that demonstrated that “caffeine has the cardinal features of a prototypic drug of abuse.” In other words, based on its drug effects, caffeine acts much like any classic *addictive drug*. The implications is that habitual caffeine users are as much drug addicts, in the chemical sense of the term, as cocaine addicts, heroin addicts, or nicotine addicts. This thought is repugnant to many of the upstanding American citizens who enjoy their morning cup of coffee (or caffeinated drinks). Nonetheless, many of those who resent the implications of the research are no less hooked on caffeine. The realization that caffeine is an addictive drug has been motivation

(Over, please)

enough for a number of people to break free from this habit as well.” *Proof Positive*, p. 411

Tobacco companies shift to in-store advertising

“Tobacco advertisements and displays in stores are increasingly common and often in areas that are easily viewed by children, according to presentations at the 11th World Conference on Tobacco OR Health, held in Chicago, Illinois.

Dr. Kurt Ribisi of the University of North Carolina, along with colleagues at Stanford University, studied tobacco marketing items in 115 stores in California. The average store had 17 signs, displays and other items showing tobacco brand names.

Ribisi reported that stores that received incentive payments from tobacco companies displayed significantly more items. The incentive payments averaged more than \$2,000 per year. Tobacco companies ‘spend more money on retail outlets than in any other setting,’ Ribisi said.

The recent legal settlement with states ended tobacco billboard advertising in the United States, but the companies just re-directed their spending, according to Leslie Zellers of the Technical Legal Assistance Center in Oakland, California.

‘In California and other states, after the settlement agreement went into place and billboards came down, the tobacco companies started shifting all their resources to inside the store,’ she said.

Many of the tobacco displays are placed near candy or less than 3 feet from the floor, where anti-tobacco activists say they are most easily viewed by children. Susan Walters of the Vista Community Clinic studied an effort in Oceanside, California to get retailers to voluntarily remove these tobacco displays and signs. In return, cooperative retailers received positive publicity in ads at movie theaters, public service announcements and brochures. However, of 30 stores approached, only 12 agreed to participate, and by the end of the 18-month intervention, Walters said, only 9 stores were still in compliance.”

Thriveonline (August 14, 2000)

Isn’t it sad to know that so many storeowners are bought by the tobacco companies? They (and those behind the tobacco business) seem to love money more than they love their fellow men. So many of them are not willing to the right thing! The following statement is certainly very true: “The greatest want of the world is the want of men, -- men who will not be bought or sold; men who in their inmost souls are true and honest; men who do not fear to call sin by its right name; men whose conscience is as true to duty as the needle to the pole; men who will stand for the right though the heavens fall.” *Education*, p. 57

Study Shows Link between Alcohol and Nicotine

“New research presented at the World Conference on Tobacco or Health found that nicotine dependence could put some people at risk for also becoming alcohol-dependent, Reuters reported Aug. 8.

The study of 6,200 identical twins was conducted by Dr. Andrew C. Heath, director of the Missouri Alcoholism Research Center at Washington University in St. Louis, Mo. The results showed a link between alcohol dependence and nicotine dependence that is only partially explained by history of depression, childhood behavior problems, and socio-demographic risk factors.

‘If we look at people who are nicotine-dependent, there may be some causal link there,’ Heath said. ‘If we look at identical twin pairs, where only one is nicotine-dependent and only one is alcohol-dependent; it’s three times as likely that the nicotine-dependent one is also alcohol-dependent. Now those pairs are matched for genetic risk, they are matched for family background risk factors, so it must be something about nicotine dependency itself that is associated with the increased risk of alcohol dependence.’ *JTO Direct (8/17/00)*

We should never forget this: “By the use of tea and coffee an appetite is formed for tobacco, and this encourages the appetite for liquors.” *Temperance*, p. 80

The alcohol industry gets a free pass from policymakers

“The 1999 National Household Survey reports some good news and has some great new features, and federal officials are using new smoking data to hammer the tobacco industry for marketing to kids. But the alcohol industry escapes (unharmful) despite even higher levels of youth alcohol use.

... Federal officials are to be commended for including new information in the survey about young smokers’ brand preferences; not surprisingly, the brands that are the most heavily advertised – Marlboro for white and Hispanic kids, Newport for black youth – were the most popular. Department of Health and Human Services Secretary Donna Shalala came down hard on the tobacco industry, calling on parents, teachers, the government and the media to ‘help our young people see through the tobacco companies’ smokescreen of deceit.’

One wonders, however, where the comparable data on (and outrage over) youth alcohol brand preferences is. Indeed, while government officials continue to make illicit drug use ... their top priority, and have now turned up the rhetorical heat on tobacco companies, the alcoholic beverage industry still gets a virtual free pass from policymakers.

If Shalala and others are willing to make the connection between brand advertising and the fact that about one in six kids under 17 smoke, for example, then the same logic should be used to chasten (restrain) the alcohol industry for the fact that even more kids are drinking – fully one-third of those under age 21. Or the fact that 21 is the age of peak prevalence for current alcohol use, binge drinking and heavy alcohol use. Or for the fact that an estimated 45 million people – 20 percent of Americans – engage in binge drinking.” *JTO Direct (09/04/00)*

“The liquor interest is a power in the world. It has on its side the combined strength of money, habit, appetite. Its power is felt even in the church. Men whose money has been made, directly or indirectly, in the liquor traffic, are members of churches, ‘in good and regular standing.’

... (The liquor dealer’s) ... money is stained with blood. A curse is upon it.” *The Ministry of Healing*, p. 340

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