

Get Into betterHEALTH!

with Dr. Derek Lee

To join our e-mail list for our **free monthly newsletter**, just send the e-mail links of your friends and family to: drlee@yourbetterhealthguide.com

betterHEALTH clinic
3838 Midland Ave., Suite 103
Toronto, ON, M1V 5K5
416-291-5120

September 2005: In this issue!

- **Dr. Derek Lee is going back to school! New office hours on Wednesdays and Saturdays!**
- **Supplement of the Month, “Mucococinum – Flu & cold remedy”**
- **Arthritis and Physical Activity**
- **What Happens When You Quit Exercising?**
- **Less Fat Cuts Breast Cancer Rate**
- **Effects of a Low-Fat, High-Protein Diet**
- **Weight Management and Plant-Based Diets**
- **Losing Weight Reduces Colon Cancer Risk**
- **Decline in Physical Activity Linked to Weight Gain**
- **Coffee and Heart Health**

● **Dr. Derek Lee is going back to school! New office hours on Wednesdays and Saturdays until January 2006!**

Yep...back to school I go. But it's all for a good reason. I'll be learning the ins and outs of **STRESS**.

The course I'm beginning will investigate the effects of stress on our physical and mental states plus its long-term repercussions on our health. This course will emphasize how to better deal with stress. Check out the long-term results of this program.

Program Results at Four and Eight Months Follow-Up

	<u>At 4 months</u>	<u>At 8 months</u>
Doctor's office visits decrease	22%	53%
Days absent from work decrease	42%	58%
Below target blood pressure	49%	91%
Immunoglobulin A increase	24%	31%
T cell increase	16%	28%
Stress hyper-reactivity down [EMG/GSR]	41%	46%
Stress recovery time down [EMG/GSR]	28%	36%
Ability to relax at will increase [EMG]	17%	31%

We'll also be able to measure certain variables including a real reduction in blood pressure. We'll be able to teach you how to relax instantly. I'm excited. How excited? I'm changing my office hours just to accommodate this program. Whatever I learn, I'll then pass that on to all of you. So, over the coming weeks and months, keep your eye on these monthly newsletters. But for now, sorry for the inconvenience.

Dr. Derek Lee

Office Hours. (Effective September 17, 2005)

betterHEALTH Clinic

Monday, 9:15 - 12:00/2:30 - 7:00
Wednesday 9:15 - 12:00/2:00 – 5:30 new!
Friday 2:30 - 6:00
Saturday 8:00 - 9:30 (every other Saturday beginning September 17th, 2005) new!

Corporate Clinics

Tuesday Kraft Canada
Rogers Simcoe
Thursday Rogers Cable York Mills
Friday Rogers Cable Richmond Hill

416-291-5120 drlee@yourbetterhealthguide.com

Supplement of the Month, “Mucococinum – Flu & cold remedy”

Mucococinum

All Flus and Colds

Mucococinum is an exceptional homeopathic preparation containing various strains of the worse flu epidemics of the 20th century, specifically formulated to help boost immune function, and stimulate the body's own defenses to combat and prevent flus and potent viruses. Serious complications such as bacterial infection or pneumonia can be deadly, especially in individuals with compromised immune systems. Scientists and virologists are greatly concerned that one or more of the new, emerging flu viruses will be lethal and highly contagious, causing epidemics. Mucococinum is indicated for all types of flus, colds and respiratory ailments.

Formula

Influenzinum 200 K
Klebsiella pneumoniae 200 K
Branhamella catarrhalis 200 K
Micrococcus tetragenes 200 K

Recommended Dosage

Adults and Children under 12:

Preventatively: One tablet every two weeks from the beginning of autumn to the end of winter.

Acute: One tablet under the tongue. Repeat, if necessary, every three to four hours for a maximum of three tablets daily.

Arthritis and Physical Activity

Arthritis or joint pain is a leading cause of disability in America today. More than 20 million Americans have arthritis. New arthritis research from Northwestern University found that the most prevalent risk factor predicting decline from arthritis was the lack of regular physical activity, which almost doubled a person's chance for functional decline and eventual disability from arthritis. The study estimated that about 1/3 of all disabilities due to arthritis could be prevented by regular physical activity.

This study included 5,715 men and women over the age of 65 who had arthritis. After 2 years, 14% of the participants experienced a measurable decline in their ability to perform daily activities. The researchers stated, "These findings indicate that older persons with chronic conditions need to be encouraged to participate in physical activities, regardless of their current conditions." Many persons with rheumatoid or osteoarthritis feel they

shouldn't exercise. In fact, more than 60% avoid exercise - but the research shows that those who stay active showed the least decline in their functional ability.

For those who have arthritis, getting appropriate exercise guidance from a doctor or physical therapist is imperative. It's important to choose the right exercise and to avoid exercises that worsen joint pain. Physical therapists can help people start exercising at a level that won't aggravate their symptoms. Three of the most important steps you can take to improve your odds with arthritis are:

- Maintaining a proper body weight in order to relieve joints of excess pressure
- Choosing moderate exercises, done regularly, to maintain joint function (including strength building exercises, flexibility training, and aerobic exercise)
- Giving aching joints adequate rest (don't over do it)

Another study of arthritis in persons 40-60 years of age found similar results. Researchers instituted a 2 year program of "self-management" in half the study population and the other half continued "normal care." In the self-care group persons were encouraged to become more physically active, lose weight if needed, and learn how to improve their general well-being. After 21 months, the self-care group experienced significant improvement in knee pain while in the "usual care" group the pain level was virtually unchanged. Researchers concluded that self-management that included regular physical activity was an effective treatment for arthritis and they encouraged broader implementation of self-care programs for people with arthritis. Arthritis and other musculoskeletal conditions cost companies and individuals tens of billions of dollars each year in lost wages.

Reference: Your Joints: Use Them or Lose Them. *HealthNews*. August 2005.

● What Happens When You Quit Exercising?

You may be a committed exerciser - walking, biking, running, or swimming several times a week plus regularly including stretching and strengthening exercises. But what happens if you stop exercising due to a cold, travel, or a busy schedule? Here is what happens, according to exercise physiologists, when you remove the stimulus of strength training.

- Within a week or 2, strength begins to decrease. The muscles begin to get smaller. Physical work becomes harder.
- Within 4-12 weeks your strength level returns to pre-training levels. The longer you don't exercise, the longer it will take to get back to your previous fitness levels.
- If you continue to eat the same, the body starts storing fat. As muscle disappears, fat increases, so your weight may not change much. You could gain as much as 1 pound of fat per month unless you cut your calorie intake.

What happens to the heart if you quit your aerobic exercise?

- Two good measures of cardiovascular fitness are resting heart rate and blood pressure. Within a few days the resting heart rate and blood pressure can begin to rise. Within as little as 2-3 weeks, much of the aerobic fitness training effect can be lost. It may take 6 weeks to regain it.
- The decline depends on how long you've been exercising, and is slower in people who have been exercising for years.
- Blood fat levels that are generally decreased with exercise begin to go back up in as little as 2 days with no exercise.

What happens to the brain?

A change in mood is often the first noticeable change after stopping exercise. Physical activity improves the brain chemistry and leads to improved mood and a feeling of well-being. Exercise relieves tension and stress and improves coping ability. Regular exercisers will notice a mood downswing in as little as 2 or 3 days of no exercise. Stopping exercise has a negative effect on emotional health.

If you have a disruption to your exercise program, try downsizing your physical activity rather than not exercising at all. If you normally walk or jog 5 days a week, aim for 2 or 3 days. If you normally do strength training 3 or 4 days a week, try 1 or 2 days. If you can't exercise for 30+ minutes at a time, try for 10-20 minutes. Decrease intensity if you have a cold or you're feeling less than optimal. But even moderate activity done less often can help prevent losing your fitness level. Use this altered program until you are able to get back into your full program. Then ease back gradually.

One of the best ways to guard against quitting is to keep a daily exercise log. Keep track of your progress and set weekly goals. If you see 2 or 3 days with no exercise, be sure to plan an activity as soon as possible. Having an exercise buddy can also help keep you faithful to your goals. Don't let life's interruptions sabotage your daily need for exercise. Regularity in exercise is a key to enhanced strength, cardiovascular health, weight control, and well-being.

Reference: Nutrition and Fitness. *Health News*. August 2005.

● Less Fat Cuts Breast Cancer Rate

For years researchers have been looking for evidence that diet may lower breast cancer risk. Years ago, a low-fat diet was thought to lower breast cancer risk. This was based on early population studies that showed those nations that ate the most fat (usually due to a high intake of animal foods) had more breast cancer.

In the Harvard Nurse Study researchers looked at the fat intake of more than 80,000 nurses over many years and could find no relationship between fat intake and breast cancer.

Now a new study of 2,400 post-menopausal women who had early stage breast cancer shows that following their diet with cancer, those women who ate a low-fat diet (about 20% of calories) reduced their risk of a recurring cancer by 42% compared to women who didn't change their diet (those who ate 29% or more calories as fat). To lower fat, the women cut their intake of meat and high-fat dairy products.

Low Fat Diet and Breast Cancer



When looking at the type of breast cancer, those who were estrogen sensitive (which is the most common kind of breast cancer) saw no benefit from a low-fat diet. Those women whose cancers were not estrogen sensitive had a 42% reduction of recurring breast cancer on a low-fat diet.

Reference: Chlebouoski R. Presentation at the annual meeting of the American Society of Clinical Oncologist. May 16, 2005.

● Effects of a Low-Fat, High-Protein Diet

With the current high interest in obesity and weight loss, many people are focusing on the best way to lose weight. Some people promote high-protein diets and others push high-carbohydrate diets. Which is best for weight loss? Which is best for preserving lean body mass and bone health with weight loss? Which is best for lowering coronary risk factors? These are some of the questions asked in a recent nutritional study of 100 obese women in Australia.

All of the women followed a calorie controlled (1337 cal) eating plan for 12 weeks. Half of the women were randomly assigned to a diet high in protein but low in saturated fat, and the other half followed a diet high in carbohydrate and low in fat. The calorie content was the same.

After 12 weeks researchers looked at weight loss, blood lipids, markers of bone turnover, etc., to see if there were any differences. Here is what they found:

- Women on the high-protein diet (34% protein, 20% fat, 46% carbohydrate) lost an average of 16.7 pounds. Women on the high carbohydrate diet (17% protein, 20% from fat, 64% carbohydrate) lost an average of 15.2 pounds. The difference in total pounds lost was not significant. However, the high-protein group lost twice as much fat from the midriff area compared to the high-carbohydrate diet.
- Cardiovascular disease markers (blood lipids) decreased similarly with both diets except for those women with high triglycerides. For these women the high-protein diet produced a 28% decrease in triglycerides. In the high-carbohydrate diet there was only a 10% decrease in triglycerides.
- C-reactive protein (CRP) levels fell by 19% in both groups.
- Both diets saw a trend toward increased bone loss but there was no difference between the groups.
- Neither diet had any adverse effect on kidney function.
- Both groups saw a reduction in urinary calcium loss. This was probably due to the fact that both diets encouraged a high intake of vegetables.

Conclusion: Both the high-protein diet (104g protein daily) and the high-carbohydrate diet (58g protein daily) resulted in significant improvement in markers of cardiovascular disease risk and weight loss. The bottom line is that calories are most important in determining weight loss and as long as calories are limited, the composition of the diet may vary considerably in macronutrients with similar outcomes.

Reference: Noakes M et al. Effect of a low-fat, high-protein diet. *Am J ClinNut.* 2005; 81:1298-1306.

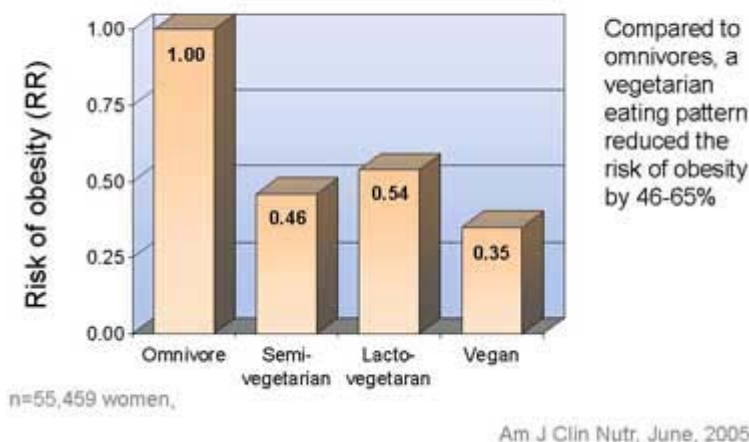
● Weight Management and Plant-Based Diets

There is a critical need to control the obesity epidemic in the United States. Developing eating patterns that help people weigh less naturally (without dieting) can be very helpful. A large population study in Sweden looked at the eating patterns of 55,459 healthy women. They were divided into 4 groups based on eating pattern and then were compared for body weights and BMIs. The 4 dietary patterns were:

- Omnivores - eat all foods (n=54,257)
- Semi-vegetarians - mostly lacto-vegetarian but also those who eat a few eggs or fish occasionally (n=960)
- Lactovegetarians - eat plant foods and dairy but no meat, fish, or eggs (n=159)
- Vegans - eat only plant based foods (n=83)

Results: Researchers found that 40% of the omnivores were overweight or obese, 29% of the semi-vegetarians and vegans were overweight or obese, and the rate was 25% among lactovegetarians. After controlling for other possible confounders (educational level, etc.), vegans had the lowest body weight and prevalence of obesity. Vegans were 65% less likely to be overweight than omnivores. Lactovegetarians and semi-vegetarians were about half as likely to be overweight or obese as omnivores.

Eating Pattern and Risk of Obesity



In this study:

- Women who ate primarily a plant based diet were only 1/2 to 1/3 as likely to be overweight or obese as omnivores.
- Vegetarians were leaner despite their higher intake of total carbohydrates.
- A high-carbohydrate diet may be protective against obesity if the carbohydrates come from fiber-rich foods such as fruit, vegetables, legumes, and whole grains.

Summary: This study showed inverse relations between vegetarian eating patterns and obesity or being overweight. The advice to consume more plant foods and less animal products may help individuals control their weight.

Other studies have shown similar results. In the EPIC-Oxford study of 38,000 people, researchers found that a high-protein intake and a low-fiber intake were most strongly associated with increased body weight and BMI. It appears that the best eating pattern for naturally preventing weight gain and obesity is to consume primarily a plant-based diet. Add to this regular physical activity and you have the best combination for preventing obesity and maintaining a healthy weight.

Reference: Newby PH et al. Risk of overweight and obesity among semivegetarian, lactovegetarian, and vegan women. *Am J ClinNut.* 2005; 81:1267-74, June 2005.

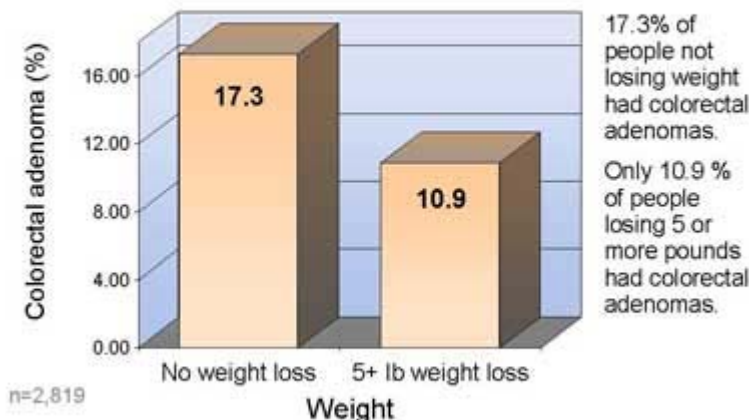
● Losing Weight Reduces Colon Cancer Risk

Excess weight is a major risk factor for colon cancer, which is a leading cause of cancer death. The question posed by researchers at the University of Tokyo was: *If you lose weight, does the risk of colon cancer go down?* It seems logical but no one had demonstrated this until the University of Tokyo study.

Their study population included 8,788 asymptomatic patients who had a colonoscopy exam. Of the group screened, 1,817 were found to have colorectal adenomas (early stage of cancer). Persons who were overweight had significantly more adenomas than healthy weight persons.

Next, researchers screened 2,819 of the original 8,788 people 1 year later to evaluate the effect of weight loss on colorectal adenoma development. In those who lost 5 pounds or more, the incidence of colorectal adenoma was 10.9% compared to 17.3% for those who hadn't lost weight. People who lost weight reduced their risk by 63%.

Weight Loss and Colon Cancer Risk



1

© 2005 Webpage, Inc. All rights reserved.

Digestive Disease Week Conference, May 17, 2005

Bottom line: These results show that obesity is positively associated with increased risk of colorectal adenoma, and that weight loss (even 5 pounds) significantly reduces risk for developing colon cancer.

Reference: Presentation by University of Tokyo at Digestive Disease Week Conference. May 17, 2005.

● Decline in Physical Activity Linked to Weight Gain

A new 10-year observational study on obesity found that girls who were inactive during adolescence gained an average of 10-15 pounds more than active girls. Activity level seemed to be a better predictor of obesity in young girls than caloric intake. Calorie intake was not linked to weight gain.

This study gives evidence that the steep decline in physical activity in children, especially girls, is directly linked with increased fat. This study included more than 2,000 girls followed from age 9-19. Skinfold tests measured fat levels. Girls who remained inactive during the study had increases of 20-40% in skinfold thickness compared to active girls. The researchers suggested that preventing the decline in physical activity currently seen among adolescent girls might be enough to prevent obesity in many young women.

Reference: NIH News Release. July 13, 2005.

● Coffee and Heart Health

A new study from Athens University links coffee consumption to increased risk for heart problems. Researchers studied coffee consumption in 228 healthy subjects for a year. People were divided into 4 groups: non-coffee drinkers, light users (1 cup/day or less), moderate users (2-3 cups/day), and heavy users (4+ cups/day). The researchers tracked aortic stiffness and wave reflection, 2 new important prognosticators of cardiovascular risk. They found a linear relation between coffee consumption and aortic stiffness as well as an increase in wave reflections, which may increase the risk of cardiovascular disease.

Coffee is also a stimulant to the nervous system and increases stress hormones in the body. If you drink coffee, limit your intake. For a good stimulant in the morning, try a brisk walk or jog in the cool morning air. It's caffeine-free and has been shown to be effective in improving heart health and is a natural mood lifter. Beware, however - it may be addictive!

Reference: Vlachopoulos C et al. Chronic coffee consumption has a detrimental effect on aortic stiffness and wave reflections. *Am J ClinNut.* 2005; 81:1307-12.