

Rockwood Natural Medicine Clinic Newsletter

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Issue: 8

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Greetings!

Welcome to RNMC's August e-newsletter. We will be providing healthy tips, coupons and other important information in a monthly e-newsletter, so be sure to add us as a "safe sender" to your email provider. We look forward to hearing from you with requests for articles, thoughts and ideas. The physicians and staff at RNMC wish all of you a happy and safe summer.

Sincerely,

The Physicians at RNMC

The Not So Sweet Side of Sugar: Understanding America's Drug of Choice and How to Prevent the Downward Spiral

By Shawna Eischens ND

How can one tiny, but popular carbohydrate be responsible for pleasurable euphoria, while creating addictive behavior and systemic detrimental effects? Sugar is necessary for us to think and function, but the trend of increased sweetened beverages and food is destroying our health.



[Read on to discover](#) the sticky truth about sugar and how you can avoid being stuck in the cycle.

Aspartame Being Re-Named as Amino Sweet

Aspartame Being Re-Branded as Amino Sweet.

Aspartame as you may remember is an artificial sweetener used as a sugar substitute in a number of foods and beverages. It is found under the names **NutraSweet** and **Equal**. Studies in laboratory rats during the early 1970s linked saccharin with the development of bladder cancer.

For this reason, Congress mandated that further studies of saccharin be performed and required that all food containing saccharin bear a label stating that "Use of this product may be hazardous to your health. This product contains saccharin, which has been determined to cause cancer in laboratory animals." Aspartame also has been linked to brain cancer and tumors.

Now it has been brought to our attention that the FDA is allowing the product to be reintroduced under this new name, so we wanted to make you aware so you can look for it. Our thanks to Dr Davis Lamson for the tip.

Whats New at RNMC

Dr Kruzel will be speaking at the American Association of Naturopathic Physician's Annual Convention here in Phoenix on the topic of Primary Care in Geriatric Medicine. This years convention will be held from August 6th to the 9th at the Biltmore.

What's New in the Literature

Growing Doubt on Statin Drugs: The Problem of Drug-Lifestyle Interaction - This article published in *Medscape News* is actually from a blog written by a Dr John Mandrola, a cardiac electrophysiologist. In it he questions the use of statins and states that "I'm growing increasingly worried about the irrational exuberance over these drugs, especially when used for prevention of heart disease that is yet to happen." His interest in them began when he removed an elderly patient from the statin they were on and they got better. Not only did the cardiac problem resolve, but her arthritis resolved as well, a condition she had since starting the drug. He goes on to talk about the various studies on statin drugs and the lack of data that show that patients actually receive benefits from their use. He ends the blog by saying; "When you step back and look at medications as chemical modifiers of cellular processes in complex biologic systems like our body, it's easy to understand that health comes not from pills. Not even statins."

Comment: As we have written before, and probably will write about again, the risks far outweigh the benefits of this drug, and as he points out, has not lowered mortality from heart attacks. A recent study looked at patients on statins and their lifestyle patterns. Patients taking statins generally do not exercise, consume higher amounts of carbohydrates and are obese when compared to those who do not. Statins used in low risk patients generally provide no benefit over not using them at all, which is one of the reasons that we conduct additional CAD testing to assess risk factors. It is also being shown that statins increase the risk for development of diabetes in women. increase the risk of

muscle pain and weakness, a decrease in energy and sexual function, and increases the risk of liver and kidney disease. And lastly, statin use in the elderly to lower cholesterol puts them at increased risk for mortality as lower cholesterol levels have been shown to lead to increased death rates.

Tight Glycemic Control More 'Burden' Than Benefit for Many - According to this article in the *JAMA Internal Medicine*, patients with type II diabetes may not benefit from tight glucose control, especially if they are on more than one drug. Using a simulation model, the researchers discovered that for patients with type 2 diabetes who are on metformin and have an HbA1c below 9%, adding other antidiabetic therapies to try to lower glucose further may only confer modest benefits 15 to 20 years later. Many of these drugs such as sulfonylureas, can produce an additional health risk such as weight gain and reduced kidney function while only providing minimal benefit. According to the authors, "What really surprised us was you end up with a reduction of quality of life for many patients, basically those who are a little bit older when they are diagnosed or those who really don't like the treatments."

Comment: The authors of this article ended by calling for "individualized care vs treat to target" care which essentially means treat the individual rather than the disease. The article focused primarily on drug therapy and did not mention diet and nutritional considerations something often overlooked in the treatment of diabetes. Long-term use of any diabetic drug ultimately disrupts normal physiology and produces morbidity. Multiple drug therapy simply adds to this and leads to a poorer quality of life, especially in older individuals. This is why diet and nutrition is so important in patients with both Type I and II diabetes as tighter glucose control can be maintained without the addition of more medication simply by following a good dietary regimen.

High Protein and Low Glycemic Index Diets Help Keep the Weight Off - In a study that looked at ways to keep weight off after dieting, a large European cohort was subjected to either diets high in protein and low in carbohydrates or one that was low in protein and high in carbohydrate. Each of the 773 participants had previously lost 11 Kg of weight on a calorie-restricted diet. They were then randomized into 2 groups for a period of 26 weeks. The results showed that those patients who consumed high protein and low carbohydrate diets maintained their initial weight loss while those that consumed higher carbohydrate and lower protein diets gained back much of the lost weight. Additionally, those in the high protein group continued to lose additional weight during this period.

The authors also reported that the drop out rate in the high carbohydrate, low protein group was much higher than their counterparts. It was also noted that in the high protein group, not only did they lose weight but family members as well who participated in the diet but were not part of the study.

Comment: When I first went into practice I offered a weight loss program along with another physician. The program was moderately successful in that people lost weight to a point then reached a plateau and didn't progress much further. Eventually it dawned on me that we needed to look at the proportions of carbohydrates, fats and proteins in the diet as well as the amount of fruits and vegetables. Once this issue was addressed, patients began to slowly lose weight as long as they followed the diet. What made the program more effective was when we assigned diets based upon their blood type. If one consumes a

combined protein and vegetables consisting of 60% to 70% of their intake, carbohydrate 10% to 20% and fats 5% to 15 % or 25 to 35 grams of fat a day, they will loose weight and keep it off.

The authors in this study mentioned about the effects of higher protein on the development of heart disease, stating that more studies were needed to answer this question. It has been my experience that higher protein diets do not affect coronary artery disease as long as the proteins are well balanced and based upon blood type parameters.

Summer Bugs & Bites By Thomas Kruzel, N D

Along with summertime activities comes exposure to the many types of insects which are also enjoying summer time activities. This often results in a clashing of lifestyles so to speak as the insect world prepares for the coming winter hibernation. Most bug bites occur on exposed areas of skin, but a number occur under the clothing. A study done at a nudist camp showed that persons who wore no clothing experienced fewer insect



bites than those who did. This suggests that running around in the "buff" will decrease insect bites and the theory has been advanced that bugs like the warm, cozy confines under clothes. Clothes that are left on the floor or lying around in the garage, wood pile or garden are more likely to attract spiders and bugs. However, I think another study should be done to compare the type of clothes that insects prefer. Do they like designer clothes, those from Nordstroms or from resale racks? I certainly wouldn't mind getting a grant from the National Institute of Health to conduct such a study.

One of the more common types of insect bites seen are from the Brown Recluse Spider. From July until September the spiders are found in greater numbers throughout the Southwest. The spider is about the size of a quarter and is characterized by a violin like pattern on its back near the head. Because of this they have been named the Fiddleback Spider. Recluse spiders also have abdomens devoid of any coloration pattern. Their legs lack thickened spines but are covered with fine hairs. They live in crawl spaces, wood piles, attics or anywhere spiders tend to hang out. They are not overly aggressive and tend to shy away from humans. Its bite contains a potentially hemotoxic venom that leaves a red mark which may be mistaken for a flea or bed bug

bite. Initially the wound is sore but may develop into a blister in the next day or two. This is followed by a scab which may take up to a month or two to heal completely. Red marks left by bites have taken up to a year or more to completely disappear. If located in areas where there is a little extra fat, necrosis can occur although development of systemic illness is rare. If necrosis does occur, evaluation by a physician is in order.

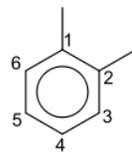
Some systemic effects such as nausea or rarely vomiting and joint pains may be seen. If these occur, a physician should be consulted. Treatment initiated early will save suffering and discomfort later.

A few general rules for the treatment of insect bites will help prevent further spread and discomfort.

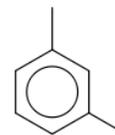
1. Wash the bite thoroughly with soap & water as soon after it has occurred as possible.
2. Ice the bite to decrease swelling and spread of venom.
3. Elevate the extremity to decrease swelling.
4. Observe for the spreading of redness which accompanies a bite; this may signify that the infection is spreading and needs to be evaluated by a physician.
5. An oatmeal poultice will help relieve itching if present.
6. Consider using homeopathic Apis, Urtica or Sulphur for the itching and swelling and Ledum if there is a stinger present in the bite.
7. If all else fails, contact your physician.

Xylene & Metabolites 2 and 3-Methylhippurate

Xylene and its metabolites 2 and 3-Methylhippurate are natural components found in petroleum and coal tar. They are used as motor and aviation fuel additives and so are found with automotive emissions, poor emission-control devices on older vehicles and with poor vehicular maintenance practices. Excess Xylenes are commonly found in waste



1,2-dimethylbenzene
(ortho-xylene)



1,3-dimethylbenzene
(meta-xylene)



1,4-dimethylbenzene
(para-xylene)

and landfill sites, localized industrial discharges and spillage incidents and are associated with tobacco smoke.

Topical contact or inhalation of varnish/polishers, paint, paint thinner, paint remover, shellac, rust preventatives, lacquers, inks, dyes, adhesives, cleaning fluids, degreasing agents, household cleaning products also place one at risk of Xylene exposure.

Xylene is used as a solvent for rubber products, synthetic resins, gums, inks, paint and in fabric and leather treatments. It is also used in the synthesis of plasticizers and in the manufacture of polyester fiber, film, insecticide formulations, and perfumes.

Xylene and its metabolites in high amounts, causes depression of the central nervous system, neuropsychological and neurophysiological dysfunction, anemia, thrombocytopaenia (low platelet count) and kidney damage. Irritation of mucous membranes, dermatitis, nausea, fatigue, headache and anxiety can be warning signs of exposure that can lead to shortness of breath and cyanosis.

Xylene is metabolized in the liver by cytochrome P450-dependent multifunction oxidase enzymes, conjugated principally with glycine and excreted in the urine as methylhippuric acids. Conjugation with sulfate or glucuronic acid represents a minor pathway. Urinary levels of 2, and 3-methylhippurate provide an easy way to monitor exposure. For the most part, Xylene does not accumulate significantly in body tissues.

Screening tests for Xenobiotic and Persistent Organic Pollutants requires a first morning urine which will contain a larger concentration of the metabolite. If present, a detoxification program will help to eliminate the metabolites while an on-going antioxidant regimen will help to keep them from building up from future exposures.

Shop With The Doc

**Overwhelmed by terms like GMO,
organic,
gluten-free, dirty dozen, or natural?**

**Confused about which products are
best, what fads are unhealthy,
and how to keep you and your family
healthy?**



**Call the office to sign up for your guided grocery tour and
receive multiple helpful handouts and get your questions
answered
with Dr. E's undivided attention.**

480-767-7119 or e-mail Joan or Kathleen at nmc9755@gmail.com

Thank you for being a patient with Rockwood Natural Medicine Clinic. We will continue to provide you with safe, effective and affordable healthcare.

Sincerely,

Thomas Kruzel, N.D.

Rockwood Natural Medicine Clinic (RNMC) is a naturopathic family practice facility. RNMC was founded in 1991 as a primary care/family practice clinic with a mission to provide safe, sensible and effective natural medicine for the entire family. The physicians at RNMC are dedicated to educating and training the next generation of healthcare providers. For more information about RNMC, please visit www.rockwoodnaturalmedicine.com.

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If you'd like more information about the topics in this newsletter, or to schedule an appointment with one of the clinic physicians, please call Kathleen or Joan at (480) 767-7119 or e-mail at RNMC9755@gmail.com.

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Offer Expires: August 31, 2014