



The Apple Press

Caring For Tomorrow Today

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About the *Apple Press*

The newsletter of Preventive Medicine Group, the private medical practice of:

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The practice emphasizes family care, healthy eating and nutritional supplements, healthy lifestyles, anti-aging medicine, energy medicine, acupuncture and preventive medicine. This complementary and alternative medical practice also offers non-surgical therapy as an option in the treatment of cardiovascular disease.

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Preventive Medicine Group

31 Years of Caring For
Tomorrow Today

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THE SUNSHINE VITAMIN — — GETTING ENOUGH D?

Almost everyone is aware vitamin D plays a vital role in calcium absorption, healthy teeth and bone metabolism. However, most people, especially doctors and other health care practitioners, are unaware of recent research on vitamin D and how it plays a role in disease prevention and health maintenance in more ways than ever before realized. This is extremely important information not only for researchers but for well-informed patient consumers who strive to receive health care at the cutting edge of available knowledge. Scientists are looking at vitamin D's role in the body in a way they have not before explored. What they are finding is full of potential. Says Michael Holick, Ph.D., M.D. of Boston University who is a noted vitamin D researcher, "Scientists have discovered that essentially every cell in the body has receptors for active vitamin D, which wouldn't be there if they didn't have a function." Whereas in the past it was only known that vitamin D receptor sites were in the gut and bone, it is now known that receptors can be found in tissue of the brain, breast, prostate and lymphocytes.

Scientific evidence suggests that higher vitamin D levels in the body boost the immune system and can

reduce risk of diabetes, osteoporosis, osteoarthritis, hypertension, cardiovascular disease, metabolic syndrome, depression, autoimmune diseases and cancers of the breast, prostate and colon. Additional evidence indicates vitamin D may also be beneficial with regard to multiple sclerosis, polycystic ovary syndrome, musculoskeletal pain, migraines and epilepsy.

Does this mean vitamin D is a panacea or a final answer for anyone who suffers from any of the aforementioned conditions? It does not. However, what it does mean is that perhaps every individual and every physician needs to look at vitamin D a little more closely than they have in the past and realize that the vitamin D piece of the health puzzle is one that should not be ignored or go unrecognized. At the very least, it should not be taken for granted that a person living outside the sunbelt is getting enough vitamin D or that a person gets sufficient vitamin D from fortified foods.

We get vitamin D from two sources: sunlight and diet. Vitamin D can be classified as both a vitamin and a pro-hormone. Vitamin D₃ (cholecalciferol) is the form that is produced in the skin from ultraviolet-



THE SUNSHINE VITAMIN (cont'd.)

B (UVB) rays from sunlight exposure and consumed through food. Cholecalciferol is the form used most efficiently by the body and preferred for nutritional supplementation. Sufficient vitamin D from sunlight is difficult to obtain in northeast Ohio and in many other parts of this country above a certain latitude. Sunlight is commonly unavailable on rainy or cloudy days and during the winter months. Many people spend too much time indoors at home or work or are wearing too many clothes when outdoors to develop sufficient D. The use of UVB tanning beds can increase vitamin D levels but most tanning beds emit UVA which does not help produce vitamin D and increases risk of skin cancer. Topical sunscreens block vitamin D production by 97-100%. According to some experts, sunscreens blocking UVB may contribute to skin cancer because no vitamin D is produced and evidence is strong that vitamin D helps to deter cancer. Gradual and repeated exposure to direct sunlight without sunblock and avoiding burning, noonday sun, and large dose weekend exposure, is recommended for D formation.

Vitamin D is either absent or present in non-therapeutic amounts in dietary sources. One of the major dietary sources, cod liver oil, is so high in vitamin A that its long term use in sufficient amounts to benefit from the D is probably not recommended for most people. Older adults and people with dark skin (who synthesize less D) are among those with highest risk for low D in addition to those with little sun exposure. Being overweight contributes to vitamin D deficiency because vitamin D gets stored in the fat cells and cannot get out.

The current Dietary Reference Intake (RDI) for vitamin D is 200-600 IU per day for adults depending

on age. It is expected that these levels will be much higher in years to come when the RDI levels are revisited and reviewed. An increasing number of researchers recognize that the Food and Nutrition Board's previously defined Upper Limit (UL) for safe intake of vitamin D, currently set at 2,000 IU per day is far too low. In fact, some research indicates that the physiologic requirement for vitamin D in adults may be as high as 5,000 IU per day. For some people, it may even be appropriate to take higher doses for a period of time to achieve optimum levels and then to reduce intake in order to maintain optimum levels.

Does this mean you should increase dietary intake and supplement vitamin D? Probably. Well balanced sources from even the conventional medical world currently suggest 1,000 to 2,000 IU of vitamin D daily from a combination of diet, supplements and sunlight. Food sources of D include fatty fish, fortified milk, egg yolk, liver, butter, fortified orange juice, fortified yogurt and fortified cereal. Lesser amounts are also found in oatmeal, sweet potatoes, parsley and dandelion greens. Although most fortified foods are fortified with vitamin D3, some are fortified with vitamin D2 which is not as beneficial.

You may want to have your vitamin D levels tested. However, be aware that laboratories do not report optimal levels as described in this article and as supported by the most recent research. They use a reference range for normal range that is based on the standard understanding of vitamin D up until now. A physician unaware of the latest research on vitamin D would probably look at test results and say "everything is fine" if the results fall within the normal reference range on the test result. It takes a

physician up on the very latest information on vitamin D to interpret the numbers in light of what is unofficially being looked at as optimal levels by those in the know. The physicians at Preventive Medicine Group are just such nutritionally oriented physicians.

What is known about vitamin D toxicity is changing. What has been considered a toxic level in the past may possibly not be a toxic level in the future. It remains to be seen what adjustments will be made as more evidence and knowledge emerges. Also, what has been considered vitamin D toxicity may actually be calcium toxicity due to calcium dysregulation by the body associated with vitamin D intake in some sensitive individuals. Testing serum calcium levels along with vitamin D levels is recommended. People with certain inflammatory diseases including lupus, rheumatoid arthritis and sarcoidosis, to name a few, may have certain complications regarding how the body converts the inactive vitamin D2 form to active D3. In such cases, the physician may recommend testing for toxicity levels of both the inactive and active forms of D. Speaking generally outside of these scenarios, vitamin D toxicity rarely occurs unless someone has an accidental or industrial exposure in massive amounts or would be taking upwards of 40,000 IU daily for a prolonged period of time.

Would you like information on physician's services to monitor vitamin D and other nutrients? Call Preventive Medicine Group at (440) 835-0104 or go to www.prevmedgroup.co

The Book Worm

🐛 **Annie Berthold-Bond** is the author of **The Complete Guide to Nontoxic and Environmentally Safe Housekeeping** which details 485 ways to clean, polish, disinfect, deodorize, launder, remove stains and even wax your car without harming yourself or the environment. Recipes for cleaning solutions are based on harmless, nonpolluting, renewable ingredients. ISBN 1-886101-01-9.

🐛 **An Encyclopedia of Services, Products, Programs & Charitable Organizations That Foster Reuse** by Nikki & David Golbeck shows ingenious ways individuals, businesses & charitable organizations can profit from reuse. ISBN 0-9606138-6-2. Both books are available from Ceres Press at www.CeresPress.com or (845) 679-5573.

Tip Top Tips

According to research published in the *Journal of the American College of Cardiology*, a meal high in saturated fat, such as a cheeseburger with milkshake and apple pie, results in an immediate profound effect on arteries that lasts for several hours. Three hours after a high saturated fat meal, HDL cholesterol, which normally is protective, was deprived of all of its anti-inflammatory benefits. These benefits normally allow the arteries to be less prone to becoming narrowed by saturated fat and less able to provide binding sites for cholesterol. Arteries became stiffer than usual. Six hours after the meal, the potential harmful markers were even more pronounced. It is thought that this accounts for many sudden deaths of middle-aged and older people that occur a few hours after a "heavy meal." It is concluded that for people with atherosclerosis, the effects of just one meal rich in saturated fat could trigger a heart attack.

The Wise Old Apple

**Nobody has measured,
even the poets,
how much a heart can hold.**
(ZELDA FITZGERALD)

*After the verb "to love,"
"to help" is the most beautiful
verb in the world.*
(BERTHA VON SUTTNER)

**Character contributes to beauty.
A mode of conduct, a standard
of courage, discipline, fortitude
and integrity can do a great deal
to make a woman beautiful.**
(JACQUELINE BISSETT)

*Far away there in the sunshine are
my highest aspirations. I may not
reach them but I can look up and
see their beauty, believe in them,
and try to follow them.*
(LOUISA MAY ALCOTT)

**Whatever women do
they must do twice as well
as men to be thought
half as good.
Luckily, this is not difficult.**
(CHARLOTTE WHITTON)

The Recipe Corner

& COOKING by Mark Bittman

Adapted from *FISH—THE COMPLETE GUIDE TO BUYING*

GRILLED SALMON KABOBS

1/3 c. low sodium soy sauce or tamari	1 t. grated lemon rind	1/4 c. fresh lemon juice
2 T. olive oil	2 cloves garlic, minced	2 t. Dijon mustard
2 t. sesame oil	1 T. minced fresh herbs: parsley, basil, rosemary, thyme	

2 pounds salmon fillets from the middle of the fillet, skin on
Assorted vegetables for grilling such as red or green bell pepper, red onion, zucchini, mushrooms, etc.

Whisk together all ingredients except fish and veggies. Cut salmon into 1 1/2" –2 " cubes. Skewer fish and chunked vegetables. Marinate for 1 hour. Grill in basket 8-10 minutes over high heat. Some longer cooking vegetables may need to be precooked or cooked separately. Fish and veggies may be on separate skewers. If wooden skewers are used, soak them first in water for 1-2 hours.



GUIDELINES FOR WEIGHT LOSS

Know what a serving size is and how many servings to have a day. Divide food over three meals and 1-2 planned snacks at planned times. Do not skip meals. (If you need information on what is a serving, send a self-addressed stamped envelope to THE APPLE.)

Have a large breakfast, a large lunch and a smaller dinner. Consume 2/3 or more of daily calories by 4:00 p.m.

As much as possible, avoid snacking. If you do snack, decide in advance what you are going to have and when you are going to have it. Be prepared so that you are not making a poor snack decisions in a weak moment. Do not snack between breakfast and lunch. Hungry mid-morning? Have a larger breakfast. Good snack times are about 4:00 pm. and 8: pm for people who follow a typical daily schedule. The stretch from lunch to dinner is the longest waking stretch without eating. For most people, by 4:00 p.m. we have 8 hours of activity and due to our body's natural rhythms experience an internal slowdown. By having a planned snack around that time, a low is bridged preventing overeating before and during dinner. By 8:00 p.m., we are not starving if we had 3 meals and an afternoon snack. Evening eating is usually entertainment eating. Good evening snacks include air-popped popcorn, hot herbal tea, a piece of fruit, yogurt, cut up vegetables or a cup of dry whole grain cereal. Do not allow yourself to eat before or after set snack times.

Drink 8-10 glasses of water daily. Often, when we think we are hungry we are really thirsty. "Water" includes water, water and lemon or lime, herb tea hot or iced or naturally flavored, unsweetened carbonated water. Avoid caffeinated beverages, soft drinks, artificially sweetened beverages, fruit juices, or sugared beverages. Besides keeping you hydrated, water gives you a feeling of fullness.

Have 1 –2 good fat servings daily. Reduce your overall fat intake. Employ low-fat / non-fat cooking techniques. Against this backdrop, plan into your dietary selections 1-2 good fat servings daily. For weight loss purposes, a fat serving consists of ¼ to 1/3 cup of raw nuts or seeds or dry roasted peanuts, 2 tablespoons nut butter, 2 teaspoons olive oil or canola oil or other oil, 2 teaspoons better butter blend (blend half butter and half oil), or 1/8 avocado. By including some portion control good fat at a meal, you will have a feeling of fullness that lasts longer.

Exercise 5-6 times a week of 40-50 minutes duration. Any exercise and increased physical activity are beneficial both for good health and calorie burning and should be pursued. For specific weight loss it takes 40-50 minutes of aerobic quality 5-6 times per week for maximum burn-off of

those fat stores. Adding in strength training is also recommended for building muscle. Increased muscle helps with body tone and burning more calories.

Remember "The Rule of 220 x 16." There are 3500 calories to a pound. That is 218.75 calories to ounce. Round that off to 220. If you eat 220 calories less and/or burn 220 calories extra 16 times, you will lose a pound. If you eat 220 calories extra 16 times you will gain a pound. That is easily done. If you look at food product labels, you will see that a serving size is often in the area of 200-220 calories. Little tidbits we think do not amount to much quickly add up.

Keep a food journal. However simple or complex, write down what you eat and when you eat it. Write down whether or not you exercise. Keep tabs on your water intake. Record good choices and record bad choices. Indicate how you feel before and after eating. Recognize why you eat what you are eat. Is it mealtime and you are alleviating hunger or are you eating out of boredom or for emotional reasons or some other reason than alleviating hunger?

Recognize the difference between physiological hunger and appetite. Physiological hunger is your body talking back to you and sending physical signals that indicate your need for food. Appetite is "I see it or think about it, I want it, I eat it." Eat only to alleviate hunger. Once your hunger is satiated, stop eating even if there is food left on your plate. You can have that food later.

**Nothing
tastes
as good
as
thin feels!**