Therapies . . .

What is Complementary Care?
Ruth M. DeBusk, RD, PhD

Complementary care includes therapies, supplements and botanical medicines that are used as alternatives to, or adjuncts to, conventional medical options and that are not generally available from primary care physicians or hospitals in the U.S. In practice, the term complementary care is used interchangeably with alternative medicine and integrative medicine. Each term has a slightly different connotation but they all share the common intent of providing alternative options in medical care.

The development of a dietetic practice group (DPG) that focuses on complementary care is both timely and visionary on the part of ADA and the Nutrition in Complementary Care (NCC) DPG founders. The trend toward complementary care is strongly consumer-driven and growing rapidly throughout the U.S. As the nutrition expert, consumers expect us to be a reliable, credible source of knowledge about alternative therapies, supplements, and herbs, yet few of us have had formal training in this area. The DPG exists as a forum for providing this needed education.

Just how strong a trend complementary care is can be seen from the landmark study published by David Eisenberg, MD and colleagues at Harvard Medical School. They investigated the use of alternative therapies by consumers in the United States, defined as those therapies that were “neither taught widely in U.S. medical schools nor generally available in U.S. hospitals.” The most frequently used were relaxation techniques, chiropractic, and massage. Of the 1,539 adults...
Message From the Chair . . .

Lisa K. Fieber, MS, RD, LD

I must tell you the interest in the formation of this dietetic practice group (DPG) has been overwhelming. Every avenue of communication from mail, telephone, fax to e-mail was used as dietetics professionals from around the globe endorsed the formation of this group. As a result of the increased interest in alternative and complementary therapies, “Nutrition in Complementary Care” (NCC) was formed. This area of care is so consumer-driven, it is imperative that all dietetics professionals keep abreast of the latest trends/research.

Complementary and alternative therapies are becoming more and more mainstream. This is evidenced by the fact that approximately 70% of the world’s health care is delivered by alternative practitioners.1 In an editorial by Alpert, the following recommendations were made to physicians, which apply to dietetics professionals as well:2

◆ Keep an open mind
◆ Encourage controlled studies of the therapies
◆ Do not ignore or ridicule the potential placebo effect of the modalities
◆ Do not accept all new therapies as efficacious
◆ Avoid arrogant attitudes toward Complementary and Alternative Medicine and its practitioners; thus avoiding potential embarrassment by subsequent demonstration of their clinical efficacy.

The goal of NCC is to provide reliable sources of information to educate dietetics professionals. This will enable us to better communicate with consumers and other health care professionals regarding the safety and efficacy of diet and nutrition therapies delivered. Market forces will continue to give consumers “Alternative and Complementary” therapies. This presents dietetics professionals with many opportunities to expand their horizons and scope of practice. As the most qualified nutrition professional, who better to serve as leaders in the practice of complementary care than the dietetics professional. As NCC makes its debut, the Executive Committee and I will strive to meet the needs and expectations of our members. With your continued input and support, we can strategically map our path to the 21st century and beyond.


Editor’s Notes . . .

Ruth M. DeBusk, RD, PhD

The Nutrition in Complementary Care DPG is committed to providing credible information about various aspects of complementary care and to providing a forum whereby members can exchange ideas and experiences. The newsletter will be a major communication tool for this exchange, and we invite you to actively participate by sending ideas for topics, by suggesting writers, and by contributing your own knowledge and experience.

There will be feature articles on complementary therapies, supplements and herbal medicines; regular columns on functional foods; what’s hot in the media, reviews of credible Web sites and books/journals/scientific papers/teaching tools relating to complementary care, and notification of upcoming meetings and workshops relating to complementary care. Beginning in the next issue we will have a Face Off column, a point/countertop column covering a controversial topic within complementary care, and a ReaDer REPORTS column highlighting case studies and applications of therapies, supplements and herbs to your practice. We will also have articles that provide the opportunity for continuing education credit.

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Annual Meeting Highlights
Check your program for the room location of each event.

Nutrition in Complementary Care DPG

Executive Committee Meeting Sunday, Oct 18 8a - 4p Westin Crown Center
Business Meeting and Breakfast Monday, Oct 19 6:30-7:30a Hyatt Regency
Networking Meeting Monday, Oct 19 2-4p Hyatt Regency
Reception for Founding Members Monday, Oct 19 6-8:30p Hyatt Regency

DPG Showcase Tuesday, Oct 20 9:30-11a Exhibit Hall

Presentations
Monday, Oct 19 4-5:30p Antioxidants: Scientific Status, Consumer Attitudes
Tuesday, Oct 20 10-11:30a Dietary Flavonoids in the Prevention of Heart Disease
Wednesday, Oct 21 2-3:30p Nutrition Science or Science Fiction?
Wednesday, Oct 21 4-5:30p The Healing Power of Holistic Perspectives: Integrating Complementary Medicine in Nutrition Practice

References:
Medicine has grown its research funding from approximately $2 million in 1992 to $20 million in 1998. The King County Natural Medicine Clinic, the nation’s first publicly-funded integrated clinic in Kent, Washington, opened its doors in 1996 to serve individuals who have been traditionally unable to afford alternative medicine therapies. Health care practitioners (which include medical doctors, naturopathic doctors, acupuncturists, dietetics professionals, and other support staff) are collaboratively developing integrated therapeutic protocols which, by utilizing the strengths of both philosophical orientations, are expected to provide the most optimal, cost-effective care for the patient. Also in 1996, the Seattle-King County Board of Health voted to include a naturopathic physician in its membership. At medical schools nationwide, enrollments are increasing at accredited schools of natural medicine, and new educational programs in natural medicine are being developed at conventional medical schools.

As public acceptance and usage of natural medicine increases and the health care system continues to evolve, opportunities to become part of the new team-oriented approach to health care will, in turn, increase for nutritionists and dietetics professionals. No longer will the conventional system of drugs and surgery for disease treatment be considered the only viable option of improving health; consumers are demanding new options for health care and maintaining wellness. In the future, consumers will become more educated about health care issues and will take on more responsibility for their health care needs. The future of medicine will be an integrated approach, one that includes the health care consumer and an array of providers—medical doctor, naturopathic doctor, dietetics professional, counselor, etc. As a result, successful health care providers will be educated in the philosophies and modalities of both conventional and natural medicine.

Under the new health care system, nutritionists and dietetics professionals will work closely and compatibly with naturopathic doctors and other natural health practitioners. In natural medicine, the body's innate capacity for healing can be supported through the informed and principled use of herbs, nutrients, and other bioactive substances. For nutritionists and dietetics professionals, the use of foods in support of healing means acknowledgment of food-as-medicine, and diet as a critical component of healing.

Dietetics professionals and nutritionists may enhance their knowledge of natural medicine through seminars, continuing education courses, and/or obtaining an advanced natural medicine degree from an accredited institution. At Bastyr University, the content of the educational training for naturopathic medicine is very compatible to that of nutrition. Like naturopathic medicine students, nutrition students at Bastyr University embrace the natural medicine tradition of wellness and a whole-person approach to health. They balance a whole, natural foods philosophy with an understanding of human biochemistry and nutrient metabolism. In addition, there is considerable emphasis in the nutrition program on multi-cultural, political, and ecological dimensions of diet and world food supply within an overall context of basic clinical and community nutrition.

The future of health care is integration. Dietetics professionals and nutritionists who expand their knowledge base to include natural medicine will have increased career opportunities and will become an integral part of the new health care team.

Dr. Pizzorno is the President and co-founder of Bastyr University in Seattle, WA and the author of numerous medical texts, journal articles, and books on natural medicine and its clinical applications. Bastyr University is a fully accredited naturopathic university and one of the ten research centers initially established by the Office of Alternative Medicine of the National Institutes of Health. Bastyr also has an ADA-approved dietetic internship program.

In addition to consumers, medical doctors are also becoming more accepting of natural medicine and the efficacy of its modalities. In 1995, 60% of MDs referred patients to alternative practitioners and 50% perceived alternative medicine as moderately effective. Insurance companies are also incorporating natural medicine practitioners into their coverage programs as a cost-effective measure to slow the spiraling costs of health care. As insurance companies recognize the value of implementing wellness programs and increasing payment for prevention and patient education, the rationing of expensive treatments will increase, and utilization of specialists will decrease.

Federal and local governments are following the trend as well. The National Institutes of Health, Office of Alternative and Complementary Health Office of Alternative and Complementary Medicine, the body's innate capacity for healing can be supported through the informed and principled use of herbs, nutrients, and other bioactive substances. For nutritionists and dietetics professionals, the use of foods in support of healing means acknowledgment of food-as-medicine, and diet as a critical component of healing.

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for this activity. The herb appears to elevate the brain neurotransmitters serotonin and norepinephrine, which maintain mood and emotional stability. How it does this is not yet clear. It may act as a monoamine oxidase inhibitor (MAOI), as a serotonin-specific reuptake inhibitor, by a combination of these two actions, or by yet a different mechanism.8,12

It is not clear which compounds are the active ingredients and whether or not St. John's wort is an MAOI. It was originally thought that hypericin and pseudohypericin were the sole active ingredients, but this conclusion is now in doubt. The complete extract of St. John's wort inhibits monoamine oxidase A and B, but pure hypericin does not. If hypericin turns out to be the active ingredient, then MAOI considerations are not important. In the absence of definitive data, the conservative stance is to treat St. John's wort like a mild MAOI inhibitor. Hypericin and pseudohypericin do appear to be solely responsible for the herb's antiviral activity, however.13,16

Forms Available

St. John's wort is available as the chopped herb, a powder, a liquid, and as a solid in tablet and capsule form. If using St. John's wort as an antiviral agent, purified hypericin would be an appropriate product. For neuropsychiatric applications, a product that's an extract standardized to 0.3% hypericin is recommended. The standardized extract, which is the form typically used in Europe, contains a set level of hypericin along with various other key ingredients found in the herb and delivers a controlled and reproducible dose.

Dosage

Typically, one 300 milligram capsule of standardized extract is taken three times a day with meals for at least 3 months. St. John's wort can also be prepared as a tea, with 1-2 cups being consumed daily over 4-6 weeks.

Products are also available that combine standardized extracts of St. John's wort and the anti-anxiety herb kava kava. Look for preparations that contain 300 mg 0.3% hypericin for St. John's wort and 100 mg 70% kavalactones for kava kava. Such preparations are typically taken as one capsule three times a day with meals.

Side Effects

Weight gain, typical of MAO inhibitors, is not seen with St. John's wort. Skin photosensitivity resulting in severe skin irritation and fever has been observed in cattle grazing extensively on St. John's wort and could be expected in people taking large dosages long term, such as people with HIV or AIDS.17 Until more information on phototoxicity is available in humans, people with fair skin should protect themselves against the sun and other sources of ultraviolet light such as tanning booths.

Safety Issues

- Non-pregnant Adults. St. John's wort is safe in the doses typically prescribed.
- Pregnancy and Lactation. No contraindications are listed by the German Commission E during pregnancy and lactation.
- Children. Do not use for children under 2 years. The dosage is reduced to half the adult levels for children 2-12 years.

St. John's wort should not be taken with antidepressant or anti-anxiety prescription medications except under the supervision of a medical professional. Presumably the effects would be additive. Until the issue is resolved, many health care professionals are treating St. John's wort as a mild monoamine oxidase inhibitor and counseling clients to limit tyramine-containing foods and drugs such as L-dopa, 5-hydroxytryptophan, and those with high tyramine-reaction potential such as ephedrine, phenylpropanolamine, pseudoephedrine, and tricyclic antidepressants.18,19

Since popular prescription drugs were banned as weight loss aids, several herbal versions that claim to mimic the effects of these drugs have appeared on the market, some of which include St. John's wort. No studies support the direct role of St. John's wort in weight loss. If, however, weight loss efforts are undermined by mood depression and compulsive eating, St. John's wort may be helpful through its serotonin-enhancing activity.

Reviews/General Readings


continued on page 5

Key References/Recent Studies


What is Complementary Care?

continued from page 1

sampled, 34% had used at least one form of alternative therapy in the past year and had spent $13.7 billion on alternative therapies, 75% of which was paid out-of-pocket.

The study was actually conducted in 1990, eight years ago, before complementary care really began to take hold in the U.S. In addition to the cost of provider visits, spending for a wide variety of dietary supplements is growing rapidly. Frost and Sullivan, an international consulting firm that monitors the medical industry for market trends, found that by the end of 1997 consumers had spent $5.8 billion on homeopathic medicines, herbal supplements, and vitamins and other dietary supplements. This segment of the market alone is expected to reach $9.9 billion by 2003.

The Eisenberg study further found that of those who used alternative providers, only 20% told their medical doctors about these visits. A 1998 study by John Astin, PhD of Stanford University Medical School’s Center for Research in Disease Prevention looked at the underlying reasons why consumers are using alternative options.2 This survey broadened the definition of alternative medicine to include supplements and herbs in addition to therapies. Dr. Astin found that the typical user of alternative health care was well-educated and had taken an holistic approach. These consumers felt alternative options more closely matched their personal values, beliefs, and philosophies than did conventional medicine options.

Of particular interest to us as health care practitioners is consumers feeling that they can’t talk to their conventional providers. Are we fostering an environment where clients feel comfortable sharing their health goals with us? Can we listen objectively, without personal bias? Are we knowledgeable enough about the various options, particularly the nutrition implications, to work in partnership with our clients?

A recent study examined the knowledge of complementary therapies by registered dietitians and found RDs were more knowledgeable about, and comfortable with, traditional therapies. The majority felt that RDs should know more about complementary therapies, suggesting a need for educational opportunities in this area. The NCC dietetic practice group is an important forum for providing this much-needed information and will explore a wide variety of topics within complementary care.


Dr. Ruth DeBusk is a nutritional geneticist focusing on genetic risk analysis and complementary nutritional approaches. She is also the co-author of Integrative Medicine: Your Quick Reference Guide, and the Editor for the NCC newsletter. Dr. DeBusk can be reached at RDDeBuskRD@aol.com.
Lipoic Acid: Nature’s Antioxidant

Beth Colberg, RD

Lipoic acid is an antioxidant that has recently garnered attention from the popular press. Scientists know it as alpha-lipoate, alpha-lipoic acid, thioctic acid, 1,2 dithiolane-3-pentanoic acid, 3-valeric acid, or 6,8-thioctic acid. Scientists and the interested public respect it as the most versatile antioxidant identified to date.

Metabolic Activity and Scientific Interest

Lipoic acid is a small eight-carbon chain with two sulfur atoms joined to one another in a double bond and attached respectively to carbons 6 and 8. It may be chemically bound (coenzyme, cofactor) to the active sites of enzyme complexes to function in the decarboxylation of alpha-keto acids in many reactions in intermediary metabolism. It is essential in the conversion of foodstuffs to energy as ATP.

Lipoic acid has an additional and unique role in maintaining a healthy state when it is in its free form, i.e., not attached to an enzyme. Its small, carboxylic acid-containing structure is both water- and lipid-soluble. Its amphoteric structure makes it one of only a handful of antioxidants known to be effective at both the lipid-rich cell membrane and within the aqueous intracellular space. The reduced form is called dihydrolipoic acid (DHLA). DHLA, an even more effective antioxidant than lipoic acid, is then secreted back into the bloodstream. Lipoic acid and DHLA have demonstrated significant ability to scavenge hydroxyl radicals, hydrogen peroxide, hypochlorous acid, and singlet oxygen. They can also chelate free metals such as iron and copper, thus minimizing the potential oxidative damage of the free metal radicals. In addition, there is evidence that lipoic acid may assist in the repair of oxidatively injured proteins in the body.

Does the news end there? No. In the course of antioxidant activity, DHLA can actually recycle other antioxidants such as Vitamins C and E. How? Once the antioxidants themselves have been oxidized and lose further antioxidant ability, DHLA can directly reduce Vitamin C, which in turn can reduce Vitamin E. These antioxidants then become available for antioxidant activity once again.

In Germany, lipoic acid is successfully used to treat diabetic neuropathy. For medical conditions such as diabetes, ischemic injury, or cataracts where reductive stress is thought to cause long-term damage, lipoic acid may reduce this stress. The mechanism? It’s the high NAD(P)H:NAD(P) ratio that’s suspected of causing injury. Lipoic acid is reduced by NAD(P)H, thereby sparing other critical targets and reducing the levels of the stressor NAD(P)H and, thus, the NAD(P)H:NAD(P) ratio.

Another topic that is generating interest is the oxidation-reduction sensitive transcription and expression of genes. The onset and progression of AIDS in people with HIV may be affected by a redox-sensitive transcription factor, NF-kappaB. Research is quite new in this area.

The Popular Press

Web sites, magazine ads, and health food stores abound with information about lipoic acid. Who is the most accurate? We have to read the scientific literature, including the information from Germany, to know for sure. Here are some Web sites that provide particularly broad, unreferenced claims:

http://www.ctdoctors.com/webvits/alpha.htm

http://www.lifeservices.com/newsmay2.htm
http://www.lifeservices.com/newsjun2.htm
http://packer.berkeley.edu/GROUPS/LA/NATURAL
http://www.healthy.net/library/articles/passwater/packer.htm
http://www.healthy.net/library/articles/passwater/clark.htm

Of the well-versed Web sites above, the first one is the Web site of Lester Packer, PhD, one of the leading researchers of lipoic acid. The next two sites are interviews with Dr. Packer or one of his colleagues, Jim Clark, PhD. These sites are recommended reading.

Given the scientific and popular interest in this topic, what is the overall response? Enthusiastic, it seems. Research, as noted above, is ongoing and broad-based. Human clinical trials are needed, and the German trials and clinical experience have given us good reason to pursue these avenues.

Therapeutic vs. Harmful Amounts

Intake of 50 mg of lipoic acid daily has not been related to side effects. However, 100 to 600 mg daily, even for a few weeks to six months, has shown some evidence of toxicity. In doses of more than 500 mg daily, there is evidence of a blood glucose lowering effect, which should make people with poor glycemic control cautious about using lipoic acid without medical supervision. Moreover, at the higher dosages there have been reports of skin reactions.

How much lipoic acid is “needed”? We don’t know the answer. Logically, one might conclude that people who are subject to more free radical injury would have a higher need. This would include people with chronic inflammatory illness or those who have higher exposure to toxic agents such as sunshine or tobacco smoke. There is evidence that lipoic acid is absorbed intact from the intestinal tract in animal studies. Human trials continued on page 7.
have not quantified the amount absorbed. A question remains as to whether people who limit red meat in their diets or vegetarians may be limiting their intake of lipoic acid.

At present, lipoic acid is available over-the-counter in this country and subject to the provisions of the Dietary Supplement Health and Education Act of 1994.

References

Beth Colberg, RD is a clinical nutritionist in pediatrics at Children’s Hospital in Richmond, VA. Her primary interest is in failure to thrive. She serves as clinical faculty for dietetic interns at the Medical College of Virginia Hospitals in Richmond. Beth can be reached at bcolberg@erols.com.

Functional Foods . . .

What Are Functional Foods?

Rosalyn Franta Kulik, MS, RD, LDN, FADA

At the June 1996 international meeting in Banff, Canada “Nutrition Across the Borders,” some colleagues and I planted the seeds of what became an informal “Functional Foods Interest Group.” Through the following months, the group grew. The article, “Evolution of a Revolution: Functional Foods Capture Consumer Interest” in the August 1997 issue of the Journal of the American Dietetic Association (97(8):843-4) stimulated the greatest response. At the 1997 Annual Meeting and Exhibition (AME) in Boston, I was thrilled by the number of sessions relating to functional foods. This was in stark contrast to their disappointing absence the previous year. At all three meetings, I hosted mealtime networking sessions for those who were interested in the topic. Between the 1996 and 1997 AMEs, discussions about complementary care came out of the closet. Members began expressing interest and concern over the ADA’s leadership role in these unconventional topics of discussion. Articles appeared in newsletters of numerous dietetic practice groups. Members sought facts regarding the broader role foods can play in maintaining health and preventing disease. Functional foods fit perfectly into this milieu.

In Boston and at local dietetic meetings, when I mentioned “functional foods” to fellow members, I saw plenty of blank stares. The courageous asked, “What are functional foods?” I was naïve to think that everyone already knew! Perhaps the well-attended session at AME, “Are Consumers Ready for Functional Foods?” should have been more appropriately named, “Are Dietitians Ready for Functional Foods?”

Although there is no legal definition for “functional foods,” “nutraceuticals,” “phytochemicals,” or related terms, each person has his/her favorites. Some try to make fine distinctions among them in an effort to educate others. Definitions were included in the ADA’s 1995 position on phytochemicals and functional foods (JADA 95(4):493-6). Over time, the definitions evolved. My personal favorite working definition for functional foods comes from Lisa Katic, RD, representing the International Food Information Council: “Foods that may provide health benefits beyond basic nutrition.”

In the months and years to come, perhaps you’ll be seeing more frequent references to functional foods. As a case in point, “nutraceutical and functional foods” was listed among the world’s top ten food and beverage trends in the January 1998 issue of Food Processing (59(1):60-63). What an opportunity we have as professionals to be responsible trendsetters!

Watch this column in future issues for in-depth discussions of various aspects of functional foods.

Rosalyn Franta Kulik, MS, RD, LDN, FADA works with executives in the food industry in business development. She leverages her education in nutrition and food science, her understanding of the regulatory process, and her 25 years experience to help her clients position products in markets around the world. Using science as a foundation, she is called upon to make the nutritional benefits of foods “come alive” for consumers. Rosalyn can be reached at Kulik@compuserve.com.

REMINDER
Be sure to send in the enclosed nominating form by OCTOBER 14TH
Therapies . . .

Working with Clients and Practitioners of Integrative Medicine

Carol M. Coughlin, RD

Both clients and practitioners of integrative medicine want nutrition care and prefer credentialed providers, but many think that dietetics professionals are not informed about, or interested in, this area of practice. Actually, the combination of the RD credential and an understanding of integrative medicine is a winning combination.

When you offer services to an integrative medical practitioner the typical response is, "I have been looking for someone like you for years." Yes, some practitioners will say they do their own nutrition counseling, or that their clients do not need dietetics services but, more often than not, the response is positive. Integrative health care practitioners want to provide nutrition counseling for their clients and want a credentialed provider who is knowledgeable in integrative medicine—one that can speak their language.

Working with Consumers of Integrative Medicine

According to the National Institutes of Health, only about 10 to 30 percent of health care worldwide is delivered by conventional, biomedically-oriented practitioners. The remaining 70 to 90 percent ranges from self-care according to folk principles to care given in an organized health care system based on an alternative tradition or practice.

Clients who use integrative therapies:

• are very interested in nutrition,
• are willing to make changes in diet and lifestyle and work with a nutrition professional,
• want nutrition therapy as a first line of treatment, instead of a fall-back to be used only if there is not a drug or a surgical technique available, and
• are well-read even if sometimes misinformed. It is wonderfully rewarding to be able to do in-depth nutrition counseling.

In short, they are very enjoyable clients!

In order to work with the consumers of integrative medicine:

• We have to understand them. Many feel disenfranchised by allopathic medicine. They may have had a bad experience. They are scared, hurt, and distrustful. Some people are drawn to the alternative, but, quite frankly, others were pushed.
• They want to be heard. So we must learn to listen. The #1 complaint seems to be "health professionals do not listen to me, do not hear me."
• They want to be respected as autonomous adults. Paternalism is out.
• They want to be partners in their health care. Personal responsibility is in.
• They deserve excellent nutrition therapy. If we do not reach out beyond the traditional allopathic health care system into the world of the natural and alternative, then we have forced the occupants of that world to turn to the untrained and less qualified. Dietetics is a service profession. If we do not deliver services consumers want, someone else will.
• Focus on diversity. You need to keep an open mind. All dietetics professionals must be able to work within the belief systems of their clients. You need not share in every belief. There is no scientific basis to religious food beliefs, yet we plan our dietary advice so it does not conflict with those beliefs. These same techniques apply to clients seeking to follow an Ayurvedic or macrobiotic diet. You educate yourself as to their culture and beliefs, then use that knowledge to help them achieve optimal nutritional status.
• Help clients separate the hope from the hype, to sort out what is proven, what is unproven, what has been disproven.
• Update your counseling skills. Learn new up-to-date counseling skills for today's demanding consumer. Clients want a dietetics professional who will listen, take time, and build a one-on-one personal relationship. Successful nutrition therapists can establish rapport with all types of people. These are techniques that integrative practitioners use successfully. They have honed these skills and we need to also.
• Learn the language. We all had to take a course in medical terminology. Integrative medicine has a vocabulary as well, and you need to learn it. You don't need to be fluent, you just need to know enough to get the dialogue going.

Working with Integrative Health Care Providers

In order to serve these clients we must learn how to work with their integrative medicine practitioners. The wonderful thing about integrative medicine practitioners is that they understand the importance of nutrition. They will tell you there is no good health without good nutrition. They just need to understand that dietetics professionals are the professionals to do it.

We already know how to work with health care providers. To network with a naturopathic doctor (ND), doctor of osteopathy (DO), or doctor of chiropractic (DC), use the same techniques and strategies that you used to network with the MD.

Integrative health care providers need to know:

• What you know. What are your qualifications? What did it take to become an RD? They may not know. Some may think you were only trained in foodservice. ADA has great materials explaining the RD credential and what our qualifications are. Many state dietetic associations do too. Tell integrative health care providers about any additional training or experience in integrative medicine that you have. They want to know if you are on the same wavelength.
• What you do. What happens during a counseling session? What are you going to tell their clients?
• What is your style? In addition, do you also offer cooking classes, lectures, client education materials, or in-service education for their staff?
• How you can help their clients. Present a portfolio of letters from health care providers and satisfied clients detailing and continued on page 9
recommending your services. Or, ask integrative health care professionals to describe a hypothetical client and then you describe what you would do to help that client. What do you offer that no one else can, or how do you do it better?

- How you can enhance their practice. Nutrition therapy is very time-consuming. The average physician, whether allopathic, naturopathic, or chiropractic, does not have the time. You do. Show them how working with a dietetics professional will enhance their practice and make them more productive.

Locating Integrative Practitioners

Many traditional health care providers are learning about integrative medicine. It’s possible that many of the MDs and other health care providers you already work with are integrative medicine providers. Again, we see the “don’t ask, don’t tell” situation.

Many states license practitioners of acupuncture, naturopathic medicine, herbal medicine, homeopathic medicine, and massage therapy. You may be able to obtain a list of practitioners from your state licensing board.

There are many national organizations. Remember, these organizations are not regulatory agencies but can serve as a referral service for their members.

Once you have identified a practitioner, ask to speak to some of his or her clients. This can reveal the scope of practice and usual recommendations. Then, talk to the practitioner. Inquire about education, additional training, continuing education, licenses, and certifications. Ask about specific case studies. Find out how the practitioner sees the problem, and what recommendations would be given. Our clients will receive optimal dietetics services if we are able to have an open dialogue with all health care providers used by our clients.

Some integrative practitioners are just starting out, or may have a “day job.” They may not be in the Yellow Pages. You find them by word of mouth, holistic health guides, and local tabloid newspapers catering to the holistic health population. Will you find some people you do not want to associate with? Of course. But you will also discover some gems.

The idea of integrative medicine is exciting. It holds the promise of delivering the best of health care systems from around the world. What is most encouraging about many integrative health care systems is that they feel the place of nutrition is not in the kitchen, in the basement, but front and center. Let’s be sure that dietetics professionals are kept front and center too.

Carol M Coughlin, RD has worked in integrative medicine since 1987. She has shared her expertise in this area with the ADA House of Delegates and many groups of dietetics professionals. In 1996 Carol was named a Recognized Young Dietitian of the Year and was honored with the Outstanding Nutrition Entrepreneur Award by the Nutrition Entrepreneur Dietetic Practice Group. This material was excerpted from Integrative Medicine: Your Quick Reference Guide with permission from Integrative Medicine, Inc. © 1998. She can be reached at IntMedInc@aol.com.
Resources . . .

Library List

Books

Peer-reviewed Journals
Alternative Medicine Review. A Journal of Clinical Therapeutics. Sandpoint, ID: Thorne Research, Inc.; Editor: Timothy Birdsall, ND; published bimonthly, $85/yr for individuals, 208/263-1337; e-mail: altmedreview@thorne.com.
Alternative Therapies in Health and Medicine. Also Viejo, CA: InnoVision Communications; Editor: Larry Dossey, MD; published bimonthly, $51/yr for individuals; 800/899-1712; www.healthonline.com/altthe.htm.

Publications
HerbalGram. Austin, TX: joint effort of the American Botanical Council and the Herb Research Foundation; $25/yr; published quarterly; 800/373-7105; www.herbalgram.org.

Recent Studies

Functional Foods

Dietary Supplements

Herbs

Therapies
Resources . . .

Complementary Care Info on the Internet

Cathy Kapica, PhD, RD

There's a great deal of information dealing with complementary care on the Internet, from bona fide dietary advice to weird ideas like urine therapy. Some of it is credible, much of it is hype or outright misinformation. Before you foray into the Internet jungle, you need to be able to recognize the difference.

Criteria for evaluating Internet information

Your goal is to find an authoritative source that supplies accurate, current, referenced, and unbiased information. To determine accuracy, you need to establish the credibility of the information source. Who is the author? What are her/his credentials, such as training, education and/or experience? If the author is unknown, is the source a credible organization? Questions made by an organization that requires a peer review process may show more evidence of quality control. This generally implies that organizational Web sites may be more credible than Web pages of individuals. Some general indicators of questionable credibility include:

- Unbalanced arguments
- Paranoia
- Intemperate tone or language
- Overclaims (such as, "Thousands die from processed foods.")
- Sweeping statements of excessive significance (such as, "This is the most important dietary supplement discovered!")

Check the Web site to see when the information was last updated. If it wasn’t changed recently, the information may be outdated. Be critical of outdated documents. Be wary of unreferenced scientific information, especially statistics. Also check the references to insure that they are recent.

Question the objectivity of the information. Indicators of biased information may include:

- Highly emotional writing that attempts to manipulate (this is often evidenced by the frequent use of capital and bold letters, and numerous exclamation points).
- Conflict of interest, where the benefit is either financial or political.

Also determine the intended audience and purpose of the information. Is the audience school children or health professionals? Is it meant to sell or inform? Does the audience and purpose fit your needs?

Common sense is also an appropriate evaluation tool. Most truths, like the variety, moderation and balance approach to a healthy eating style, are ordinary. So, if a claim sounds too good to be true, it probably is not true. If the information is not readily believable, you need to confirm it with reliable sources. Seek corroborations and substantiation.

Using the above criteria, check out the site on urine therapy at http://utopia.knoware.nl/users/cvtk/urinetherapy/index.html. What do you think?

For credible information on complementary care, check out the following:

All sites have the prefix http://
- NIH Office of Alternative Medicine
  - altmed.od.nih.gov
- National Library of Medicine (MEDLINE)
  - www.nlm.nih.gov
- FDA monitoring of product adverse reactions
  - www.fda.gov/medwatch
- Centers for Disease Control and Prevention
  - www.cdc.gov
- Herb Research Foundation
  - www.herbs.org
- Quackwatch
  - www.quackwatch.com
- American Music Therapy Association
  - www.musictherapy.org
- Alternative Therapies in Health and Medicine (journal)
  - www.healthonline.com/alther.htm
  - Cathy Kapica, PhD, RD, LD is Assistant Professor of Nutrition and Clinical Dietetics at Finch University of Health Sciences/Th e Chicago Medical School, where she teaches, via the Internet, in their distance learning Master of Science program. Courses she teaches include Alternative Health Therapies, Health Promotion, Professional Communication, and Other Dietary Bioactive Substances. Dr. Kapica can be reached at Kapicac@finchcms.edu

Library List

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Supplements . . .

Chitosan

Sally Steele, RD

Dietary fiber is important in human nutrition and has been shown to protect against disorders such as diverticulitis, atherosclerosis, and colon cancer. One fiber, chitosan, is promoted through consumer channels as having significant cholesterol-lowering benefits. Although this application has a foundation in the scientific literature, consumer use is limited by a lack of dosing information and of human studies conducted in the hypercholesterolemic population. Consumers using chitosan should be encouraged to include a vitamin and mineral supplement in their diets to counter potential micronutrient imbalances.1-4

Background

Chitin is a polysaccharide found in a wide range of natural sources such as crustaceans, insects, annelids, and mollusks. Chitin from crustaceans is readily available as a byproduct of food processing. When the acetyl group of chitin is removed, the resulting polysaccharide is called chitosan. Chitosan cannot be hydrolyzed by human digestive enzymes and is believed to be non-toxic.5-7

The chemical structure of chitosan is similar to commercial anion exchange resins such as cholestyramine and to viscous fibers such as guar gum and pectin, all of which have demonstrated cholesterol-lowering properties in many tested species.8,9 It is suggested that chitosan conjugates fat in the gastrointestinal tract, thereby inhibiting its absorption and increasing its excretion, with a net reduction in serum cholesterol.

Scientific Support

Rats fed a high cholesterol diet followed by 2-5% chitosan experienced a 25-30% reduction in plasma cholesterol.10 Rats fed a cholesterol-free diet to which 0.5% chitosan was added had higher HDL levels and lower LDL levels than controls.10 Chitosan lowered cholesterol levels in rats and chickens comparably to cholestyramine.7,11-14

The data in humans are limited but are similar to those obtained with animal models. In one small study, cholesterol levels decreased and HDL levels increased when chitosan was consumed and returned to pre-test levels when chitosan was stopped.15 Obese hyperlipidemic adults who consumed chitosan and a hypocaloric diet had a statistically significant reduction in body weight, triglycerides, total cholesterol and LDL-cholesterol and an increase in HDL-cholesterol compared to the placebo group.16

These studies suggest that chitosan has the ability to reduce serum cholesterol levels and to increase HDL-cholesterol levels. While its role in managing cardiovascular disease is yet unproven, the underlying premise for its use appears to be valid.

Biological Effects of Consumption

Chitosan appears to adversely affect the utilization of several micronutrients. In rats, whole body retention of calcium was significantly decreased on a 5% chitosan diet compared to a cellulose diet, with urinary calcium excretion being significantly greater in the chitosan group.17 The absorption of calcium, iron and magnesium was unaffected in cellulose-fed rats and decreased in all chitosan-fed rats.18 Overall, calcium absorption in the chitosan group was 60-70% lower than the cellulose group and was accompanied by a decrease in bone mineral content. Chitosan ingestion also resulted in reductions in vitamin A, vitamin E, and vitamin K status.

Based on these animal studies, the continuous intake of chitosan appears to have negative implications for vitamin and mineral status. Studies are needed to determine whether similar effects hold true for humans, but it would be prudent at this point in our knowledge to suggest the addition of a vitamin and mineral supplement with continuous use of chitosan.

Web site Activity

An Internet search turned up over 3,000 Web sites referencing chitosan. Most are supported by providers of chitosan supplements and are intended to stimulate sales. Chitosan is being recommended for a variety of applications, but the most common is for lowering cholesterol and losing weight. At many sites, chitosan is referred to as the “Fat Zapper”, the “Fat Magnet” and the “Fat Trap.”

Despite the unprofessional terminology used at many sites, the basic premise for chitosan is accurately explained. One Web site, from The Natural Health and Longevity Resource Center (www.all-natural.com) demonstrates the extreme in chitosan “information.” Chitosan is described as magnetically attracted to lipids. Once dissolved in the stomach it converts to a gel that traps fat, a “grease ball” that doesn’t dissolve. Other Web sites, such as Vitamin Research Products, Inc, (www.vrp.com) provide a more professional and reference-supported description of chitosan’s effect on the absorption of lipids. Very few of the Web sites acknowledge the potential influence of chitosan on vitamin and mineral absorption.

The overall information presented on the chitosan Web sites presents acceptable rationales for the use of chitosan. The risk to the consumer is the lack of information relating the proposed influence of chitosan on micronutrient nutrition as well as a lack of human dosing recommendations.

References

Resources . . .

Surfing the Web

Carol M. Coughlin, RD

When looking for information in a lightning fast field such as complementary health care, electronic media is the way to go. From your desktop you can access the world. Our clients are getting health care info on the Web, so we have to keep up.

This column will be a regular feature of this newsletter. Please send me your favorite Web sites, with a short description of how you use the information you find there and why you like the site. Send it, via e-mail of course, to IntMedInc@aol.com


This is the Web site for PubMed. PubMed is the free way to research Medline. Full instructions are at the site. Did you read an article where a supposed expert was quoted? Do an author search on PubMed to see what (if anything) the person has published in the past five years. See an article in a newspaper on the latest research? Go there and read the abstract. There is also an opportunity for you to get full text of the articles for a fee. When presented with a query by a client, go here first and find the latest research. I do a PubMed search, then head over to the medical library with a list of articles I want to get. What a time saver!

http://www.nlm.nih.gov/

National Library of Medicine Web site.

Want to see the latest press release on the new DRIs? Or order your own copy right online? This is the place. Contains information on NLM publications, audiovisuals, and software, fact sheets, newsletters, and special information programs. Also links to HIV/AIDS Resources, National Information Center on Health Services Research and Health Care, Technology (NICHSR) and Toxicology and Environmental Health Information Program.

http://altmed.od.nih.gov

This is the site for the Office of Alternative Medicine at the National Institutes of Health. It has general information and a description of the major study sites that this office funds. I give this site and the entire NIH Web site a ringing endorsement. From grant information to information you can use with your clients, your tax dollars were well spent on this site. Bookmark it and check it often.

http://www.holisticmed.com/

This site isn’t necessarily scientifically factual but, as a window to the world of the alternative, it can’t be beat. It links to nearly 1,000 Web sites. If you want to see three different aromatherapy sites, or know what your clients are reading, here is one-stop shopping.

Carol Coughlin, RD is the co-author of Integrative Medicine: Your Quick Reference Guide. Carol can be reached at IntMedInc@aol.com.

Resources . . .

Surfing the Web

Carol M. Coughlin, RD

When looking for information in a lightning fast field such as complementary health care, electronic media is the way to go. From your desktop you can access the world. Our clients are getting health care info on the Web, so we have to keep up.

This column will be a regular feature of this newsletter. Please send me your favorite Web sites, with a short description of how you use the information you find there and why you like the site. Send it, via e-mail of course, to IntMedInc@aol.com


This is the Web site for PubMed. PubMed is the free way to research Medline. Full instructions are at the site. Did you read an article where a supposed expert was quoted? Do an author search on PubMed to see what (if anything) the person has published in the past five years. See an article in a newspaper on the latest research? Go here and read the abstract. There is also an opportunity for you to get full text of the articles for a fee. When presented with a query by a client, go here first and find the latest research. I do a PubMed search, then head over to the medical library with a list of articles I want to get. What a time saver!

http://www.nlm.nih.gov/

National Library of Medicine Web site.

Want to see the latest press release on the new DRIs? Or order your own copy right online? This is the place. Contains information on NLM publications, audiovisuals, and software, fact sheets, newsletters, and special information programs. Also links to HIV/AIDS Resources, National Information Center on Health Services Research and Health Care, Technology (NICHSR) and Toxicology and Environmental Health Information Program.

http://altmed.od.nih.gov

This is the site for the Office of Alternative Medicine at the National Institutes of Health. It has general information and a description of the major study sites that this office funds. I give this site and the entire NIH Web site a ringing endorsement. From grant information to information you can use with your clients, your tax dollars were well spent on this site. Bookmark it and check it often.

http://www.holisticmed.com/

This site isn’t necessarily scientifically factual but, as a window to the world of the alternative, it can’t be beat. It links to nearly 1,000 Web sites. If you want to see three different aromatherapy sites, or know what your clients are reading, here is one-stop shopping.

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For those of you who would like to join these leaders in pledging your support for the DPG, it’s not too late. Just return the registration form included in this newsletter.
Traditional Chinese Medicine: The Theory of Yin-Yang

continued from page 1

patient’s headaches in one medical department, her menstrual pains in another, and her insomnia in a third, would seem to them extraordinary, since there must be a common root.

As TCM views the human body as a reflection of the natural world—the part containing the whole—the TCM doctor’s diagnosis is based on analogies with nature. The flows of energy and fluids in the body are spoken of as channels and rivers, seas and reservoirs. Chinese traditional diagnosis might describe the body in terms of elements—wind, heat, cold, dryness, dampness. Despite the poetic language, TCM is not a folk medicine but a sophisticated professional discipline, based on an alternative, complete system of thought.

The logic underlying Chinese medical theory has its roots in Taoist thought that explains relationships, patterns, and change in terms of Yin-Yang theory.

Yin-Yang

The concept of Yin-Yang is probably the single most important and distinctive theory of Chinese medicine. The principle of Yin and Yang was developed more than three thousand years ago by great sages and scholars and is radically different from any Western philosophical idea. Western logic is fundamentally based on the opposition of contraries, according to the Aristotelian theory. According to this logic, contraries (such as “The table is square” and “The table is not square”) cannot both be true. Yin and Yang, in contrast, represent opposite but complementary qualities. Each thing or phenomenon could be itself and its contrary. Yin contains the seed of Yang and vice versa, so that contrary to Aristotelian logic, A can also be non-A.

For better understanding, picture yourself Yin and Yang as two opposite components of one integrated whole. These two opposing forces are totally interdependent, interacting constantly so as to maintain normality and integrity of the whole. Each in turn tends to dominate over the other, but no total dominance is permanent. No matter how dominating one side appears, eventually the other will take its turn as the dominant force. This interplay of opposing forces establishes the basis of all existence and all change.

The law of Yin and Yang describes the innately dynamic, cyclical, bipolar, pulsing, rhythmic nature of everything in the universe. The universe expands and contracts, light and sound move in waves that are pulsing. The earth turns on its axis, resulting in a multitude of rhythmic manifestations here on earth. Human sleep/wake cycles, seasonal changes and the millions of microscopic cycles that support these daily and seasonal changes are the result of the larger (macroscopic) cycles in our solar system, galaxy and super-galactic systems.

The earliest origin of Yin-Yang phenomena must have derived from peasants’ observations of the cyclical alternation of day and night. Thus day corresponds to Yang, and, by extension, activity corresponds to Yang and rest to Yin. Every phenomenon alternates between two cyclical poles, one corresponding to Yang: light, sun, brightness and activity. the other to Yin: darkness, moon, shade and rest. Thus Yin and Yang are two stages of a cyclical movement, one constantly changing into the other, such as the day giving way to night and vice versa.

Within our bodies, our hearts beat, our lungs inhale and exhale, our glands secrete hormones, and our bowels and bladders excrete waste rhythmically. Our eyes each dominate for several minutes at a time, rhythmically. Virtually every human function follows rhythmic patterns. These rhythms are described and explained by the law of Yin and Yang.

In medicine Yin-Yang describes and distinguishes patterns of disharmony. Health is dependent upon the maintenance of the correct balance of Yin and Yang forces in the body and psyche. Neither Yin nor Yang should increase nor decrease beyond normal limits. In distinguishing illness patterns, weakness suggests Yin, strength Yang: fast, sudden onset suggests Yang; slow and lingering conditions are Yin; overactivity is Yang, underactivity is Yin.

Under normal circumstances, the interaction of the two forces will remain within well-defined limits. Yin provides sustenance for the Yang and the Yang protects the Yin.

The interdependence of Yin and Yang is demonstrated in the famous symbol, where the light grows out of the dark, and the dark grows out of the light.

Yang has its root in Yin
Yin has its root in Yang
Without Yin, Yang cannot arise.
Without Yang, Yin cannot be born.
Yin alone cannot arise; Yang alone cannot grow.
Yin and Yang are divisible but inseparable.

— Nei Jing

References
Klava Cousin, L.Ac., R.D. is Chair-elect of NCC. She has a Master’s degree from Emperor’s college of TCM. She works as a licensed acupuncturist, herbalist in her private practice in Santa Monica, CA. She has developed an “Herb Support” manual, a practical application of Chinese herbal formulas and nutrition supplements for common health challenges. Klava can be reached at KCousin664@aol.com.
Heads Up! . . .
What consumers are reading and asking about

Deralee Scanlon, RD

◆ The June 15, 1998 issue of *Newsweek* contains an article, “Memory,” about America’s latest health obsession. Why? Baby boomers are concerned about memory loss and mental fitness in a world bombarded with information, stress, and the need for rapid reaction. Health experts suggest a lifestyle that includes a balanced diet, regular activity and the use of dietary supplements such as *Ginkgo biloba*. This botanical is the most popular purported memory aid. It may help increase oxygen and nutrient flow to the brain and may relieve mild dementia.

◆ The June 17, 1998 edition of *The American Medical Association (JAMA)*, reported to the Associated Press Wire Service, showed that no benefit was obtained in the consumption of steam-distilled garlic oil in the reduction of cholesterol levels. The Council for Responsible Nutrition (CRN) states that the preponderance of evidence is positive for the use of garlic in the reduction of cholesterol levels. Dried garlic is considered to be more potent than steam-distilled garlic.

◆ The June 17, 1998 edition of *Primetime Live KABC-TV* presented a balanced and positive story on kava kava as being positioned to become a natural, non-addictive method to relieve the stress and anxiety associated with everyday life. A number of health experts were interviewed for this story including herbal researcher Chris Kilham, noted psychiatrist and author Dr. Harold Bloomfield, and Dr. Steven Hyman, Director of the National Institutes of Mental Health. In the story the dosage levels of kava extract standardized for kavalactones (active constituents) were stated as between 200 mg and 360 mg. This is in agreement with current scientific findings of effectiveness at daily levels between 200 mg and 400 mg kavalactones. On May 19, 1998 *Dateline NBC-TV* also covered a story on kava in which medical correspondent Dr. Bob Arnot examined the benefits kava may provide for stressed-out Americans. Dateline quoted trendwatchers that say kava may do for stress what St. John’s wort has done for depression.

◆ In *Prevention* magazine’s July 1998 ‘Nutrition News’ column, *alpha-lipoic acid* is described as the hot new super-antioxidant for helping your body combat the effects of damaging free radicals. According to researchers, the best food source of alpha-lipoic acid is spinach. Unfortunately, statistics from the U.S. Department of Agriculture show the average American consumes only 1.9 pounds of spinach a year. Yet, in a year we eat 23 pounds of iceberg lettuce, which provides little nutritional value. In a May 1998 issue of *Total Health* magazine, an article entitled ‘The Real Power of Antioxidants’ lists alpha-lipoic acid among the top antioxidants. This powerful antioxidant is both a fat- and water-soluble free radical scavenger. This unique property allows alpha-lipoic acid to be easily absorbed and transported across cell membranes, providing antioxidant protection both inside and outside our cells.

◆ Redbook magazine’s April 1998 edition reported that the widespread use of botanicals, including *St. John’s wort, echinacea, feverfew, ginseng, and kava*, is gaining greater acceptance and has led to their being available at pharmacies and supermarkets. A growing number of Americans are investigating the options of natural remedies. *St. John’s wort* is suggested for treatment of mild-to-moderate symptoms associated with depression. In an earlier *Newsweek* article *St. John’s wort* is described as an “all-star” in the herbal marketplace as a popular natural alternative for treating mild to moderate depression. *St. John’s wort* is an herb that has enjoyed attention in many research studies both in the U.S. and Germany.

Deralee Scanlon, RD is an author, weekly radio show co-host, and national magazine columnist. She is manager of media reconnaiss ance at Leiner Health Products in Carson, CA and is also the Assistant Editor of the NCC newsletter. Deralee can be reached at Dscanlon@leiner.com.

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The Office of Alternative Medicine (OAM) originally established and funded 10 Complementary and Alternative (CAM) clinical centers to investigate the effectiveness of CAM therapies. The focus of the centers has been: HIV/AIDS; cancer; women’s health issues; general medical conditions; pain; stroke and neurological conditions; addictions; aging; and asthma, allergy and immunology. Recently an 11th center has been funded: the Center for Chiropractic Research. This center is unique. Rather than focusing on a medical condition, this center will be the only one that will focus on a specific therapeutic approach: chiropractic.

For more information: see the altmed.od.nih.gov/oam/newsevents/press-releases/030398.shtml Web Site.
NCC’s Executive Committee . . .

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