



“THE MESSAGE”

Health & Fitness Newsletter

MAY 2004

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Information contained within this newsletter and any other related information is intended to help educate those afflicted by movement disorders such as Parkinson's, etc. and their caregivers about their conditions, and to allow them to access useful information about movement disorders on the "Information Highway". It is not intended to provide treatment or replace appropriate medical care by a licensed, qualified physician. If you intend to act on any information found, this should only be done after consultation with your physician.

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WHAT'S NEW WITH FIT FOR YOU?

- Joe will be one of the guest presenters hosting his workshop at the Harrisburg Area Community College Conference for Wellness through Natural Living, held on Saturday May 22, 2004. The workshop will be presented twice, once in the morning and once later in the afternoon.
- The 4th Annual Joe Green Youth Sports Mini Training Camp will be held at Susquehanna Township High School practice field July 12-17, for kids ages 8-14 both boys and girls. The camp will be advertised on the radio and in the local papers. Registration forms are available on Joe's website at www.pyt4u.com or you may call directly at (717) 579-8257 to register. Give your kid the winning competitive edge to succeed in the sport(s) of their choice.
- Many thanks for the recent referrals from Dr. Anna Barrett and Dr. Luppinacci.

FIT FOR YOU “INSIDE TIP”

To determine whether an egg is fresh, immerse it in a pan of cool, salted water. If it sinks it is fresh, but if it rises to the surface, throw it away.

QUICK WEIGHT-LOSS CLAIMS WARNING!

Did you know that as many as 55 percent of weight loss ads have false or unsupported claims? According to an FTC report from last year this alarming statistic is true and there is actually an 18 page reference guide distributed by the FTC targeting ads for over-the-counter pills, patches, creams, wraps and devices that guarantee weight loss without diet or exercise.

Be extremely careful when see claims such as:

- Users can lose two pounds or more a week for a month without dieting or exercise.
- That the product causes permanent weight loss even after the customer stops taking it.
- That the product provides substantial weight loss if rubbed into the skin or worn on the body.
- That everyone who uses this product loses substantial weight.

The FTC has recorded at least 100 lawsuits since 1990 against companies accused of selling phony weight-loss products. Muris announced two \$1 million settlements recently. One was with Universal Nutrition Corp., and they claimed *ThermoSlim* could help users lose 95 pounds in 60 days while still eating French fries and milk shakes.

The other lawsuit was against Harry Siskind, former president of Mark Nutritionals Inc., which claimed its Body Solutions Evening Weight Loss Formula, would cause users to lose weight without diet or exercise. Truly one of my favorite phonies because I always wondered... if this stuff works overnight, what does it do during the day?

A mistake is a mistake and an honest one when you have made a decision without the proper knowledge or whole truth. Well now you've been warned and should know better after reading this article. Bottom line, there is no magic pill, powder or shake and some of these self-proclaiming miracle formulas could even put one at risk of a stroke, heart attack or worse yet a fatal result. Some of these products should never even have a chance in your home because depending on what prescription

medications you may be taking this may be extremely harmful.

Skip the gimmicks and the empty promises. When the smoke clears there is only one way and that's the right way. It may be harder, boring and less glamorous but doing it the right way is the safest way. So please, be careful and stay safe!

HISTORY LESSONS OF LIFE IN THE 1500's

PART I

Q: How did the tradition of carrying a bouquet of flowers start?

A: Most people during the 1500's got married in June because they took their yearly bath in May and were still smelling pretty good by June, however they were starting to smell, so brides carried a bouquet of flowers to hide the odor.

Q: How did we come up the saying "Don't throw the baby out with the bath water?"

A: Baths equaled a big tub filled with hot water. The man of the house had the privilege of the nice clean water, then all of the other men, then the women and finally the children. Last of all the babies, by then the water was so dirty you could actually lose someone in it. Hence the saying, "Don't throw the baby out with the bath water."

Q: The saying "It's raining cats and dogs." How did this come about?

A: Houses back then had thatched roofs and thick straw piled high with not wood underneath and this was the only place for animals to get warm so all of the pets – dogs, cats and other small animals, mice rats, bugs etc. lived in the roof. When it rained, it became slippery and sometimes the animals would slip and fall off the roof, hence the saying "It's raining cats and dogs."

RECIPE OF THE MONTH

Chicken with Onion Marmalade

Makes 6 Servings

6 skinned, boned chicken breast halves (about 6 oz each)
3 tablespoons cream sherry
2 medium size red onions
1/2 cup dry red wine
1 tablespoon each red wine vinegar and honey
Parsley sprigs (optional)
Salt and Pepper

Rinse and drain chicken, then place in a heavy-duty plastic bag and add 2 tablespoons of the sherry. Seal bag; turn to coat chicken with sherry. Refrigerate for at least 30 minutes or up to 6 hours, turning bag over several times.

Meanwhile, thinly slice onions; wrap several slices airtight and refrigerate for up to six hours. Combine remaining onion slices, wine, vinegar, and honey in a wide frying pan. Cook over medium-high heat, stirring often, until liquid evaporates. (At this point, you may cover and set aside for up to 6 hours; reheat over medium-high heat, stirring, before proceeding.) Remove from heat and stir in remaining 1 tablespoon sherry. Remove chicken from bag; arrange in a 9x12 inch baking pan. Bake, uncovered, in a 450 degree oven just until meat in thickest part is no longer pink; cut to test (about 12 minutes). With a slotted spoon, transfer chicken to a warm platter. Spoon onion mixture over chicken. Garnish with reserved onion slices and, if desired, parsley sprigs. Season to taste with salt and pepper.

Serving Size: 6 – Calories: 235 (9% fat, 13% carbs, 78% protein), Protein: 40g, Carbohydrates: 7g, Total Fat: 2g (1g. sat.), Sodium: 115mg, Cholesterol: 99mg.

RESEARCH & REPORT CORNER

THIS MAY-BEE WORTH CONSIDERING FOR MS SUFFERERS

Many people with multiple sclerosis (MS) have taken an interest in bee venom, and some even arrange to be stung in an effort to treat their symptoms. People who practice apitherapy or the medical use of honeybee products, believe that bee venom can be used to treat MS, as well as arthritis, inflammation from injuries and other conditions. Its popularity has led to the proliferation of journals devoted to bee venom, alternative medicine practitioners and beekeepers offering bee venom injections or simply a hive of bees, and companies selling bee venom products. Yet little research has been conducted in the United States, and experts caution that its safety and effectiveness have not been established.

Joseph A. Bellanti, MD, a professor of pediatrics and microbiology-immunology and director of the International Center for Interdisciplinary Studies of Immunology at Georgetown University Medical Center in Washington, DC, has just concluded the first Phase I study of the safety of honey-bee venom extract as a possible treatment for patients with progressive forms of multiple sclerosis. Below, Dr. Bellanti discusses the future of bee venom therapy for this debilitating autoimmune disorder.

Do you know where the idea of using bee venom as a therapy came from?

The use of bee venom goes back to antiquity, to the time of the ancient Greeks. And bee venom has been advocated not only for multiple sclerosis but also for rheumatoid arthritis. There may be some products of the immune system that are produced by the stinging insect or by the injection of these venoms that ameliorates these diseases. It's all anecdotal, and it's never been studied critically. I think ours is the only study that attempted to use the scientific method to critically examine the question.

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Why you did you decide to study bee venom extract in people with MS?

There have been a lot of anecdotal reports suggesting that bee venom may be an effective treatment for multiple sclerosis. So there's been a lot of media exposure and a large underground movement of patients who go to zealous lay practitioners who subject multiple sclerosis patients to multiple and repeated bee stings. Since we felt that this practice entailed a real risk of possible allergic reactions, some of which could be fatal, as well as the emotional and economic burdens of chasing false hopes, we felt properly conducted studies of safety and efficacy were needed.

What did your study involve?

With funding from the Multiple Sclerosis Association of America (MSAA) and the collaboration of my Georgetown colleagues, neurologist Dr. John Richert, and my fellows, we treated a group of patients with multiple sclerosis with a commercially available and prepared extract that had a definable concentration of bee venom. We could then do a very carefully controlled dose-related response study, starting with very small doses and gradually increasing. Our main concern, of course, was to maintain safety.

One of the entry criteria was that the diagnosis be primary or secondary progressive multiple sclerosis. There are various types of multiple sclerosis, some of which occur in peaks and waves, and others that have a steadier progressive course. The reason that we chose the stable progressive patients was to try to eliminate the variations in disease expression that could be unrelated to the treatment. Another requirement was that they not be receiving any other immunomodulatory treatment such as steroids or interferon.

The patients were given a diary card to record any symptoms experienced, the dates of the onset of these symptoms and any other pertinent information. We also performed blood counts, urinalyses and chemical tests, to make sure that there were no adverse effects that were resulting from the treatment.

We ended the study with nine patients, among whom the mean age was about 45 years of age and the mean duration of the disease was about 14

years. It was a safety study, primarily, and our one-year results indicated that there were no serious adverse effects observed during the study. There were some minor localized reactions because the injections were given at multiple injection sites twice a week.

Four patients had to drop out of the study because of exacerbations of their disease or because of possible progression of the disease. We didn't think that this was related to the bee venom but, to be on the safe side, we discontinued their treatment at the first sign of neurological worsening. Three of the remaining five improved, which would be 60 percent, but the numbers are too small to draw any definitive conclusions about whether this is an effective treatment. We certainly would not recommend this as a form of treatment yet, but it's an encouraging study and it opens up the possibility for some additional studies that could be performed at multiple centers.

What symptoms were relieved?

Many of them had pain and stiffness or tingling or weakness of their extremities. The participants who improved felt that this form of treatment increased strength or decreased pain. One woman thought that there was improvement in pain and swelling of her joints and in her muscles around her joints. We, however, could not objectively quantify improvements in symptoms such as pain and tingling.

How might bee venom improve MS symptoms?

We really don't know. We think that the pathogenesis of multiple sclerosis is related to the demyelination of the coverings of the nerves. If you view a nerve as an electrical cord that conducts an electrical current, the myelin is the insulation. In this disease, there is a stripping away of the covering of the electrical wire so that the current that's passed in the nerve is short-circuited and that contributes to the symptoms of the disease.

Why this happens we're not entirely sure, but it appears to be related to a viral infection, and in a genetically susceptible host, his or her immune response is being directed against his or her own tissues;

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in this case, against the nerves. If this treatment works, it is somehow preventing that attack. One of the proteins in bee venom has been shown to increase nerve conduction velocity, and this could be how it works.

Why is it dangerous to receive bee venom therapy outside of a controlled study?

We would not advocate the use of whole bee venom of stinging insects. I think the dosing is very erratic and potentially dangerous. When you're giving this material through stinging insects, you don't know how much venom is being administered. We knew exactly how much we were giving.

But even with this type of study, there is a potential danger whenever you administer a protein such as venom extract to a patient. Allergists treat patients with allergic disease with extracts all the time. They safeguard against any adverse reactions by using very small doses and then gradually increasing them and watching the patient very carefully after every injection for a period of about 20 or 30 minutes. The one danger that we worry about most is an allergic reaction called anaphylaxis, in which there is a swelling of the tissues. Swelling could lead to low blood pressure, respiratory failure and shock. Fortunately, we didn't encounter this, but there is that potential danger.

What is your advice to people with MS who are interested in bee venom therapy?

I would encourage them to be followed by their physician or their neurologist and use the appropriate standard treatments, which are basically interferon and other preparations that influence the immune system, such as steroids and immunosuppressive drugs. I would not recommend this form of therapy until we accumulate more data.

Our hope is that we can continue to do research at academic centers exploring these new techniques and new procedures. But these studies should be done, as best we can, using the scientific method of carefully conducting careful research, where we can draw proper conclusions.

RESEARCH & REPORT CORNER CONTINUED...

THE EFFECTS OF OBESITY – AT RISK FOR DISEASE!

People who are obese probably already know that they're more likely than lean people to develop heart disease and diabetes. But they may not realize that they are also at increased risk for a range of gastrointestinal (GI) diseases, including fatty liver disease, gastroesophageal reflux disease (GERD), gallbladder disease, severe pancreatitis and some GI cancers.

"Having excess body fat means not just having excess fat inside fat tissue, but also having excess fat in organs, including the gastrointestinal organs, particularly the liver," says Samuel Klein, MD, director for the Center for Human Nutrition at Washington University in St. Louis. "Having excess fat in the liver causes liver dysfunction and even can lead to serious long-term liver disease. For example, if you're obese and have diabetes and hypertension, you have about a 75 percent chance of having fatty liver disease."

Normally, nutrient-rich blood passing from the stomach and intestines through the liver is converted into energy when carbohydrates, protein, fats and minerals are processed. But the metabolism of excess fat and the subsequent increase in fatty acids can damage the liver, impairing its functions such as regulating blood sugar levels by storing glucose for later use. Fat in the liver can begin as non-alcoholic fatty liver disease, which resembles the damage to the liver done by alcohol abuse, and progress to cirrhosis of the liver, in which liver cells are replaced by scar tissue. As a result, liver disease due to obesity is a leading cause of liver transplantation in the United States.

Obesity is also a risk factor for GERD, a condition that affects the lower esophageal sphincter, which is a muscle that acts as valve between the esophagus and stomach. In GERD, this valve doesn't close, so contents from the stomach slip back up into the esophagus, causing heartburn and acid indigestion. Losing weight, especially if people improve their diets in the process, can ease GERD symptoms.

The relationship between weight and gallbladder disease is a more complex one. Gallbladder disease is characterized by the development of gallstones, which are balls of solid material—usually mostly cholesterol—that form in the gallbladder when it cannot dissolve all of the cholesterol in bile, or when the gallbladder is not emptying properly.

"People who are obese, particularly obese women, have a much higher risk of gallstones than non-obese women," Dr. Klein says. "But losing weight initially increases your risk of having gallstones because weight loss itself changes the composition of bile." Gradual weight loss, as well as exercise, is thought to result in lower gallstone risk. And after someone has maintained weight loss, his or her risk of gallstones goes down.

While obese people are not more likely to get pancreatitis, or inflammation of the pancreas, they are more likely to have a severe form of it. "The reason for that is unknown," Dr. Klein says. "It might be due to excess fat around the pancreas that gets digested by leaky pancreatic enzyme releasing fatty acids and toxic products around the pancreas."

Additionally, colon and rectal cancer have been found to occur more often in people who are obese than in leaner people. And a recent study found a link between liver cancer and obesity. Although it's not understood how obesity increases cancer risk, it's thought to be due to a genetic predisposition combined with a poor diet.

Dr. Klein recommends screening for GI conditions for all people who are obese, particularly if they also have high cholesterol, high blood pressure and/or diabetes. "I think it's important to recognize that, in addition to the diseases we associate with obesity—diabetes, hypertension and heart disease—being overweight can also increase risk of GI disease. These diseases need to be on the radar screen."

Joe Only Recommends the Best - To Meet Your Home Fitness Equipment & Cycling Needs...

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PEP TALK

***“Anger is the wind that blows out
the lamp of the mind.”***

- Anonymous