
EAT-RITE NEWS

Fall 2017

Health Screening & Blood Testing, Oct. 2nd & 3rd

Space is limited so sign up early to reserve your time.

Health Partners of Oklahoma City will be here October 2nd and 3rd to do blood work and health screening. This is a great opportunity for you to have your blood work done at a very good price, without a doctor visit, and the other expenses that you go through in order to have blood work done through your physician. The laboratory is a certified lab that conducts blood analysis for major hospitals in the Oklahoma City area. The testing that is available to you is:

1. Heart Disease Risk, diabetes, Liver and kidney disease, including homocysteine body chemistry profile, and complete lipid analysis.
2. Prostate cancer (PSA)
3. CA-125 (ovarian cancer)
4. Vitamin D level
5. Free Testosterone
6. CRP (Creactive protein level for inflammation)
7. Thyroid disease
8. Hgb-A1c (90 day glucose average)
9. Hormone profile (estradiol, progesterone, testosterone)
10. Progesterone level
11. Estrogen
12. VAP extended lipid test

This is the tenth time that Health Ministries Association has come to Eat-Rite to offer these services. It is a fantastic opportunity to have quality blood work done at an inexpensive price. Homocysteine measurements alone can cost \$200 to \$300 alone. Prices subject to change.

All blood testing is done by appointment only.

Call 353-7476 for your appointment today!!!

Allergy Help

Allergies refer to an abnormal immune response that can produce a wide range of symptoms (e.g. hives, asthma, anaphylactic shock and death). The most common allergic condition is hay fever (seasonal allergic rhinitis), which is an allergic reaction of the nasal passages and airways to windborne pollens. Ragweed pollen accounts for about 75% of all hay fever cases in the United States. Other significant pollens that induce hay fever include various grass and tree pollens.

If hay fever develops in the spring, it's usually due to tree pollens; if it develops in the summer, grass and weed pollens are usually the culprits. If hay fever symptoms persist year-round, this is known as perennial allergic rhinitis. This form of hay fever may or may not be due to pollens.

An estimated 50 million Americans have allergies to airborne triggers that cause symptoms of hay fever. While many Americans reach for prescription and over-the-counter (OTC) antihistamines to treat their condition, natural medicines can offer significant advantages. Keep in mind that popular antihistamine drugs, whether they're prescription or OTC, offer only symptomatic relief — they don't solve the problem. The drug companies love these antihistamine drugs because they only suppress symptoms, they don't effect a cure; they create dependence, and most important to the drug companies, they're expensive, so they offer tremendous profits.

Before you go reaching for OTC medications, try these natural preventives and treatments instead.

1. Try quercetin. Quercetin consistently demonstrated the greatest antiallergy effects among the flavonoids studied in experimental models. Recently, a highly bioavailable, enzymatically modified form of isoquercitrin (EMIQ) has been developed. This form has shown significant effects in improving some of the symptoms of hay fever in double blind clinical studies. The dose of EMIQ is 100 mg twice per day.
2. Stress B Complex. Helps to clear histamines from the blood stream and support the Adrenal Gland.
3. Thym-Adren. Helps to regulate the immune response and stop the immune systems response to the antigen.
4. Xlear nasal wash. Wash your nose as often as you wash your hands in order to prevent the pollen from entering the nasal passageway.

Getting The Skinny on Fats!!!

Revisiting dietary fat guidelines? (PURE)

Researchers here at ESC Congress¹ are calling for a reconsideration of global dietary guidelines in light of new data presented today on fat intake and cardiovascular risk and mortality.

Findings from more than 135,000 individuals from 18 low, middle and high-income countries in the Prospective Urban-Rural Epidemiology (PURE) study show that high carbohydrate intake is linked to worse total mortality and non-cardiovascular (CV) mortality outcomes, while high fat intake is associated with lower risk.

"Our findings do not support the current recommendation to limit total fat intake to less than 30% of energy and saturated fat intake to less than 10% of energy," said study investigator Dr Mahshid Dehghan, PhD, from the Population Health Research Institute, McMaster University, in Hamilton, Ontario, Canada.

"Limiting total fat consumption is unlikely to improve health in populations, and a total fat intake of about 35% of energy with concomitant lowering of carbohydrate intake may lower risk of total mortality. In fact, individuals with high carbohydrate intake, above 60% of energy, may benefit from a reduction in carbohydrate intake and increase in the consumption of fats."

PURE documented diet in 135,335 individuals, aged 35 to 70 years, from countries in North America and Europe, South America, the Middle East, South Asia, China, South East Asia and Africa.

For this analysis, consumption of carbohydrate, total fat and types of fat were recorded using country-specific, validated food frequency questionnaires, and associations were assessed with CV disease and mortality.

Among the 5,796 deaths and 4,784 major CV events over a median follow-up of 7.4 years, the researchers noted that carbohydrate intake in the highest versus lowest quintile was associated with a significant 28% increased risk of total mortality (hazard ratio [HR] 1.28; 95% CI 1.12-1.46, highest vs lowest quintile category, $P < 0.0001$) but not CVD risk.

Conversely, total fat intake in the highest versus lowest quartile was associated with a significant 23% reduction of total mortality risk, an 18% reduced risk of stroke, and a 30% reduced risk of non-CVD mortality.

Each type of fat was associated with significantly reduced mortality risk: 14% lower for saturated fat, 19% for mono-unsaturated fat, and 20% for polyunsaturated fat. Higher saturated fat intake was also associated with a 21% decrease in stroke risk.

The researchers also examined the impact of fats and carbohydrates on blood lipids in the same PURE study participants.

Consistent with other reports from Western countries, they found that while LDL (so-called "bad" cholesterol) increases with higher intakes of saturated fat, HDL ("good" cholesterol) also increases - so the net effect is a decrease in the total cholesterol/HDL ratio.

They found that LDL cholesterol (the basis of many dietary guidelines) is not reliable in predicting effects of saturated fat on future cardiovascular events. Instead, ApoB/ApoA1 provides the best overall indication of effect of saturated fat on cardiovascular risk among the markers tested.

"Focusing on a single lipid marker such as LDL-C alone does not capture the net clinical impact of nutrients on cardiovascular risk," said Dr. Dehghan.

"For decades, dietary guidelines have focused on reducing total fat and saturated fatty acid (SFA) intake based on the presumption that replacing SFA with carbohydrate and unsaturated fats will lower LDL-C and should therefore reduce CVD events."

But she said much of the evidence behind this approach has been from studies of Western populations where nutritional excess is a reality.

The Moral of the story is that its not the naturally occurring fats that are the problem, it's the simple carbohydrates, processed foods, and simple sugars that are to blame. More information is available at Eat-Rite.