

From the Kitchen

14 July 2010



SAD, CFS, IBS, ADD, ADHD, ASD, CVD, BCC*, **DVT*** ... some of the acronyms of modern health and its challenges. Are they increasing in prevalence because of changing diets and changes in agricultural practices or are they a passing fad, a fashion?

Having worked for sixteen years for the acronymous **ACNEM***, dedicated to educating **MDs*** and **RNs*** on the prevention and treatment of many of these disorders, and now being associated with **ACMN***, I know that there is much that is real about them.

Some are probably the invention of drug companies looking for new markets. **Oppositional Defiant Disorder¹** used to be simply the propensity of teenagers to revolt against authority. This should be considered a healthy thing, provided there are responsible adults around to keep the boundaries in good repair. Also, some years ago, research was published that potentially fifty million USA women suffer from **Female Sexual Dysfunction²**. This was 'discovered' by a drug company that had just the drug for it, sitting on the shelf.

There are experiences which have been with us for as long as anyone can remember. There have probably always been people whose moods changed with the seasons: up in summer and down in the cold, dark winter. Having officially recognised **Seasonal Affective Disorder** and given it a name, has opened up the possibility of effective help for these people.

Other acronymic conditions are increasing in prevalence and the cause is probably a mixture of changes in diet, lifestyle and medical practice. Increases in such conditions as **Attention Deficit Disorder**, **Attention Deficit Hyperactivity Disorder** and **Autism Spectrum Disorder** may be connected with increased vaccination of children at an increasingly lower age and are very likely connected with the huge increase in the consumption of wheat; highly refined wheat is used in most processed foods, along with sugar. These days it is even hard to find cornflour that is made from maize instead of wheat. Food additives can also play a role. In some places, notably **Western Australia**, there is an over-reliance on drugs such as Ritalin, when changes in diet can often be effective and much safer.³

There is a vigorous debate about the impact of **Genetically Modified Organisms** on our health, with more and more of what we eat containing them; especially processed foods, which often contain genetically modified rapeseed oil (canola), cottonseed oil, maize flour or corn syrup. Like mass vaccination, there has been little good research done to show it is safe.

Irritable Bowel Syndrome and **Chronic Fatigue Syndrome** are other maladies which have a strong connection with the things we eat and the quantities in which we eat them. There are indications that they may also arise from the overuse of antibiotics and the continuing failure of the majority of doctors to recognise the curative role of injected vitamins in megadoses.

I am not critical about the people who end up in a hospital **ER***; this is an area in which modern medicine excels. However, many patients in **ICUs*** may not have ended up there if they had had access to, and encouragement to use, **NEM***. Many degenerative diseases, such as cancer, **Cardio-Vascular Disease**, diabetes, dementia and **Rheumatoid Arthritis** can be

avoided by most people by paying attention to living a healthy lifestyle, including diet, sleep, exercise, nutritional supplementation when needed and dealing appropriately with stress.

Like in orthodox medicine, with its **PPIs*** and **NSAIDs***, the non-orthodox medical field is awash with acronyms for its treatments: **IVC***, **EDTA***, **DMSA***, **ALA***. All medicines legally available in Australia (including nutritional supplements) are controlled by the **TGA***. Doctors may belong to the **AMA***, the **RACGP*** or the **ACRRM*** and keep up to date with their **CPD*** by reading the **JAMA***, the **NEJM*** or the **BMJ***. They may send you to a **NATA*** member for an **FBC*** or to the **RMH*** for a **GTT*** or a **CAT*** scan. Your doctor may carry out an **EEG*** or an **ECG***. You may augment the advice your doctor gives you with information from the **WWW*** or rely on reports published by the **HWT*** or in the **SMH***.

Anti-ageing 'medicine' is another area with spurious remedies and its own acronyms. In Australia, the foremost body is **ASM***. Many doctors use **HGH***, **DHEA*** and other hormones, as well as a raft of cosmetic procedures, in a bid to keep their 'patients' younger-looking. What we need is vigorous ageing, not anti-ageing.

I should be fine for some time, provided I keep my **BMI*** and **BP*** within healthy limits and eat plenty of **FFV*** and avoid too much food with a high **GI***. This way I won't stress my **GIT*** and should not have to concern myself with **PSA*** levels.

1. See for instance: www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Oppositional_defiant_disorder and: <http://aacap.org/page.wv?name=Children+with+Oppositional+Defiant+Disorder§ion=Facts+for+Families>
2. see for instance: [www.mlb.tpius.com/downloads/nrd1636_fs%20\(4\).pdf](http://www.mlb.tpius.com/downloads/nrd1636_fs%20(4).pdf)
3. see for instance: www.upliftprogram.com/article_adhadd.html and: www.smh.com.au/articles/2003/03/12/1047431094426.html

* Basal Cell Carcinoma	National Association of Testing Authorities
Deep Vein Thrombosis	Full Blood Count
Australasian College of Nutritional and Environmental Medicine	Royal Melbourne Hospital
Medical Doctors	Glucose Tolerance Test
Registered Nurses	Computed Axial Tomography
Australasian College of Medical Nutrition	Electro EncephaloGram
Emergency Room	Electro CardioGram
Intensive Care Units	World Wide Web
Nutritional and Environmental Medicine	Herald and Weekly Times
Protein Pump Inhibitors	Sydney Morning Herald
Non-Steroidal Anti-Inflammatory Drugs	Body Mass Index
Intravenous Vitamin C	Blood Pressure
EthyleneDiamineTetraacetic Acid	Fresh Fruit and Vegetables
DiMercaptoSuccinic Acid	Glycaemic Index
Alpha Lipoic Acid	Gastro-Intestinal Tract
Therapeutic Goods Administration	Prostate-Specific Antigens
Australia Medical Association	Austral-Asian Association of Anti-Aging Medicine
Royal Australian College of General Practitioners	Human Growth Hormone
Australian College of Rural and Remote Medicine	DeHydroEpiAndrosterone
Continuing Professional Development	
<i>Journal of the Australian Medical Association</i>	
<i>New England Journal of Medicine</i>	
<i>British Medical Journal</i>	