

HONORING THE AFRICAN HERBALIST / DIABETES

15 Million Diabetics in Africa by 2025

Afrol News
Destination Santé
22 January 2009

The African continent has not escaped the powerful global rise in diabetes. Already hard hit by AIDS and malaria, it now has to deal with a growing number of diabetics - for example in Uganda, which has over a million diabetes sufferers out of a population of 28 million. The spread of Western lifestyle, with its following obesity, is to blame.

In 1972, only 254 Ugandans suffered from diabetes. As the number is now in excess of a million, it is not surprising that the Ministry of Health believes that "the problem is a serious one. People have changed their lifestyle," say the authorities. "They are less physically active. Instead of walking, they take their car."

And just as in the richer countries, one sufferer in two is unaware that he has diabetes. According to a Ugandan specialist, "the only explanation for this virtual epidemic of diabetes is the change of diet and a more sedentary lifestyle."

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What is the African Traditional Herbal Research Clinic?

We can make you healthy and wise

Nakato Lewis
Blackherbals at the Source of the Nile, UG Ltd.

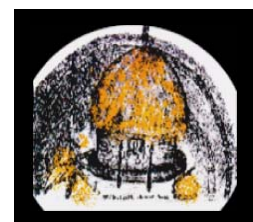
The African Traditional Herbal Research Clinic located in Ntinda, Uganda is a modern clinic facility established to create a model space whereby indigenous herbal practitioners and healers can upgrade and update their skills through training and certification and respond to common diseases using African healing methods and traditions in a modern clinical environment.

Traditional healers are the major health labor resource in Africa as a whole. In Uganda, indigenous traditional healers are the only source of health services for the majority of the population. An estimated 80% of the population receives its health education and health care from practitioners of traditional medicine. They are knowledgeable of the culture, the local languages and local traditions. Our purpose is to raise public awareness and understanding on the value of African traditional herbal medicine and other healing practices in today's world.

The Clinic is open and operational. Some of the services we offer are African herbal medicine, reflexology, acupuncture, hot and cold hydrotherapy, body massage, herbal tonics, patient counseling, blood pressure checks, urine testing (sugar), and nutritional profiles. We believe in spirit, mind and body. Spiritual counseling upon request.

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But is there anything particular about the Ugandan population? Maybe not the Ugandan, but African yes, there may well be. Specialists are referring increasingly to type 1B diabetes, also known as "African diabetes".

But what is this exactly? 1B diabetes is an atypical form of diabetes which particularly affects women and men of sub-Saharan origin. The disease, which initially resembles type I diabetes, gradually develops into the more severe type II diabetes.

According to Professor Jean-François Gautier, a diabetes specialist at the Saint-Louis hospital in France, the continent of Africa "must make diabetes a public health priority in the same way as AIDS, tuberculosis and malaria." And with good reason. As in the developed world, there is an explosion in the number of people who are overweight or obese. The International Diabetes Federation believes that the number of sufferers will increase from 7 million in 2003 to 15 million in 2025.

The problem is that Africa is not ready to take up the challenge this presents to public health. There is a lack of suitable structures in place, a shortage of qualified staff, insufficient means for screening for the disease, etc. Africa is struggling to contain the epidemic. Before one can tackle diabetes, first one need to screen for it.

Only a rapid response to tackling the disease - change in diet, medical treatment - and early cholesterol monitoring will prevent the vascular problems associated with the disease.

Not forgetting, of course, that diabetics need to manage their condition, keeping a close watch on their eyes, and their feet. Diabetes causes vascular complications that can lead to blindness. And it also increases considerably the risk of developing lesions, with serious complications - even requiring amputation. First a foot, then one leg, then the other. Diabetics should be sure their doctor examines their feet at least once a year.

And contrary to received wisdom, diabetics should make physical exercises, especially if they are overweight. Walking, running or gardening - just a little exercise will help to lower the sugar level in your blood. This is a major concern for diabetics because it cannot be regulated by diet alone, however balanced this may be.

If you suffer from type II diabetes, you don't need to take any special precautions - except of course, like everyone, have a medical check-up before you start exercising. For type I diabetics, on the other hand, additional expenditure of energy can pose a problem.

But don't worry! Your doctor will recommend a suitable

diet. This will include complex glucids - pasta, starchy foods - before exercise and simple glucids during exercise, if continuing for any length of time.

When it comes to choosing your sport, there is a wide range available. Swimming, cycling, gym work. Also remember those little things that can make all the difference - for example, leave the car at home, take the stairs not the lift, get off the bus one stop early and walk the rest of the way, and of course make your body a smoking-free zone.

<http://www.afrol.com/articles/23938>



African Americans & Complications

Compared to the general population, African Americans are disproportionately affected by diabetes:

- 3.7 million or 14.7 percent of all African Americans aged 20 years or older have diabetes.
- African Americans are 1.8 times more likely to have diabetes as non Hispanic whites.
- 25 percent of African Americans between the ages of 65 and 74 have diabetes.
- 1 in 4 African American women over 55 years of age has diabetes.

Diabetes is associated with an increased risk for a number of serious, sometimes life-threatening complications, and certain populations experience an even greater threat. Good diabetes management can help reduce your risk; however, many people are not even aware that they have diabetes until they develop one of its complications.

Blindness

African Americans are almost 50 percent as likely to develop diabetic retinopathy as non-Hispanic whites.

Kidney Disease

African Americans are 2.6 to 5.6 times as likely to suffer from kidney disease with more than 4,000 new cases of End Stage Renal Disease (ESRD) each year.

Amputations

African Americans are 2.7 times as likely to suffer from lower-limb amputations.

Amputation rates are 1.4 to 2.7 times higher in men than women with diabetes.

Heart Disease and Stroke - Heart disease and stroke account for about 65 percent of deaths in people with

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AFRIKAN SPIRITUALITY

THE ROLE OF WOMEN IN AFRICAN TRADITIONAL RELIGION

By John Mbiti

INTRODUCTION

A proverb from Ghana declares that: "A woman is a flower in a garden; her husband is the fence around it." (1). That is a beautiful picture of women in African society. In this paper I wish to examine the place and the role of women according to African Religion. The paper focuses on three areas: mythology, proverbs and prayers. In the area of mythology we are confronted with the picture of women in the early state of human existence. This is not history. The myth is broader than history in explaining some aspects of society. It is a language of expressing truths or realities for which history does not supply a full explanation.

Proverbs are expressions of wisdom acquired through reflection, experience, observation and general knowledge. They are intimately related to the culture of a given society. To appreciate, understand and properly apply the proverbs, it is necessary to be part of the culture concerned, or to study it carefully. We are not able in this paper to go into the depth entailed in proverbs, but examining or quoting some of them here will give us a working picture or what the religious wisdom of African peoples says about women.

Prayers take us into the spirituality of those who pray them. They show us among other things, the inner person, the needs of the heart (both joy and sorrow, gratitude and disappointment, expectation and anxiety), as the praying person stands 'naked' before spiritual realities. We want to see what women say in prayer, and thereby to get a glimpse into their spiritual life as that may be nourished by African Religion and as it may in turn contribute to African Religion itself.

The sources of the material used in the paper are given at the end. Only names of authors and pages of their works appear in the text, at the end of a particular quotation or summary of the information so used.

1. WOMEN IN AFRICAN MYTHOLOGY

A large number of myths is to be found in Africa. Every African people (tribe) has its own body of myths, stories, legends and oral history. We want to concentrate here mainly on the myths dealing with the origin of human beings, since women are featured very prominently in these myths.

Managing Editor: Nakato Lewis

PUBLISHER: KIWANUKA LEWIS

Published monthly and freely by BHSN for the ATHR Clinic



The traditional shrine as a symbol of our cultural history

Some myths speak about an original Mother of mankind, from whom all people originated. For example, the Akposso (of Togo) tell that when Uwolowu (God) made men, He first made a woman on the earth and bore with her the first child, the first human being (2). The Ibibio (of Nigeria) say that human beings came from the divinity Obumo, which was the son of the mother-divinity Eka-Abassi (3). It is told in eastern Africa about a virgin woman Ekao, who fell on earth from the sky and bore a son; the son got married to another woman and founded human society (4). Other examples are mentioned by Baumann (5). The main idea here, is to link human life directly with God through the woman. She is created by God, and in turn becomes the instrument of human life. She rightly becomes the one who passes on life. This is beautifully illustrated in a myth of the Tutsi (of Rwanda). They tell that the original pair of human beings was in paradise. But both the man and woman were sterile, they could not bear children. So they begged God to help them. God mixed clay with saliva and formed a small human figure. He instructed the woman to put the figure into a pot and keep it there for nine months. Every day the woman had to pour milk into the pot, mornings and evenings. She was to take out the figure only when it had grown limbs. So she followed these instructions and after nine months she pulled out what had now become a human being. God made other human beings according to this method, and these later increased on the earth (6). The pot is here a symbol of the womb of a mother, in which a baby takes shape and after nine months it is born. The woman shares directly with God in a personal way, the secrets and mysteries of life and birth. This role of the woman in sharing in the mysteries of life started already in the mythological time.

In other myths of man's origin, the woman is always or nearly always mentioned. In many cases

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FEATURED ARTICLES

DIABETES AND HIV

The Well Project Inc.
April 2010

What Is Diabetes?

Diabetes and pre-diabetes are serious conditions in which people have high levels of glucose in their blood. Almost 24 million Americans have diabetes and at least 57 million have pre-diabetes.

Glucose is a type of sugar. It is used as fuel by the body. When you eat, your body converts the food into glucose. The glucose then goes into your bloodstream and is carried throughout the body to provide energy to all of your cells. In order for glucose to get into your cells, you need insulin. Insulin is a hormone made by the pancreas.

If your body has a problem making or using insulin, glucose can't get into your cells. As a result, glucose stays in the blood and the cells do not get enough. A diagnosis of pre-diabetes or diabetes is made when glucose stays at higher than normal levels (also called hyperglycemia).

There are several types of diabetes:

Type 1 Diabetes

- The pancreas no longer makes any insulin
- You must take insulin every day to survive
- Usually begins in childhood or adolescence

Type 2 Diabetes

- Your pancreas makes some insulin (but usually not enough), and the body doesn't respond to the insulin normally
- Some people with type 2 diabetes are able to control it with diet and exercise, many others need diabetes medication, and some need insulin
- Most common form of diabetes, usually occurring after age 45

Gestational Diabetes

- Occurs in some women during pregnancy

Pre-diabetes

- Blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes
- Having pre-diabetes puts you at increased risk for developing type 2 diabetes
- Type 2 diabetes can often be prevented or delayed by making changes to your diet and increasing exercise

Symptoms of Diabetes

Symptoms of diabetes include:

- Extreme thirst
- Need to urinate frequently
- Unexplained weight loss
- Hunger
- Blurry vision
- Irritability
- Tingling or numbness in the hands or feet
- Difficulty healing
- Extreme fatigue

Symptoms typically occur when glucose levels have gotten very high. If you are diagnosed while diabetes is in its early stages, you may not have any symptoms.

Glucose Tests

Since there are not always obvious symptoms of diabetes, it's important to have regular lab tests to check if your glucose levels are high. The most common glucose tests are:

- Fasting glucose test: Measures the glucose in a blood sample taken when you have not had anything to eat or drink (except water) for at least eight hours

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Continued from page 4 – Diabetes and HIV

- Random glucose test: Measures the glucose in a blood sample taken when you have been eating on your usual schedule
- Glucose tolerance test: You take a fasting glucose test and are then given a drink with a measured amount of glucose in it. Several more glucose measurements are taken at specific time intervals after you have had the drink

To find out if you have diabetes or pre-diabetes, it is generally recommended that you have a fasting glucose test. A glucose tolerance test may be ordered to help diagnose diabetes and as a follow-up to a high fasting glucose level.

A diagnosis of diabetes can be made based on any of the following test results, confirmed by retesting on a different day:

- A fasting blood glucose level of 126 milligrams per deciliter (mg/dL) or higher
- A random blood glucose level of 200 mg/dL or higher, along with symptoms of diabetes
- A glucose tolerance test level of 200 mg/dL or higher

In January of 2010, the American Diabetes Association recommended another test called A1C as an additional way to diagnose diabetes and pre-diabetes. The A1C test is already used to monitor blood glucose levels. One advantage of this test is that it doesn't require fasting.

Who Is At Risk For Diabetes?

Anyone can get diabetes. However, certain factors may increase your risk, such as:

- Taking protease inhibitors (PIs)
- Being over 40
- Being overweight or obese
- A family history of the disease
- A poor diet
- Not exercising regularly
- A lot of fat around the belly
- Hepatitis C or liver damage
- High cholesterol
- High blood pressure

What Problems Can Diabetes Cause?

Diabetes can lead to serious illness and even death.

Adults with diabetes are at high risk for heart disease. In fact, at least 65 percent of people with diabetes die from heart disease or stroke.

Some of the other possible complications of diabetes are:

- Blindness
- Kidney failure
- Blood vessel disease that requires an amputation
- Nerve damage (neuropathy)

How are Diabetes and Pre-Diabetes Treated?

Although diabetes can be a very serious disease, it can be treated. It is important to manage diabetes by checking glucose and keeping it under control. Many people control their glucose levels by keeping their weight down, changing their diet, and increasing exercise.

A healthy diet for people with diabetes involves reducing sugar and starchy foods (carbohydrates), such as bread, potatoes, rice, and corn. See a registered dietitian to help you plan your meals. Many AIDS service organizations have registered dietitians on staff who will see you free of charge.

Sometimes, despite diet and exercise, glucose can't be controlled without the help of medications and/or insulin. There are a number of medications available that lower blood glucose levels. Because the medications act in different ways, they may be used together.

Some of the diabetes medications may interact with HIV drugs. To reduce the chance of drug interactions, make sure your health care provider is aware of all the medications you take.

Pre-diabetes

People with pre-diabetes are likely to develop type 2 diabetes within 10 years, unless they take action. The good news is that if you have pre-diabetes, you can do a lot to prevent or delay diabetes.

Studies have shown that people can lower their risk of developing diabetes by losing weight through diet and increased physical activity. One study found that diet and exercise leading to 5 to 7 percent weight loss (about 10 to 14 pounds in a person who weighs 200 pounds) lowered the rate of type 2 diabetes by nearly 60 percent. Study participants lost weight by cutting fat and calories in their diet and by exercising (mostly walking) at least 30 minutes a day, five days a week.

HIV and Diabetes

High glucose levels can be a side effect of HIV drugs. Specifically, the protease inhibitors (PIs) can make it

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DNA and Mitochondrial Time Bombs: Uranium and Mercury

By Mark Sircus Ac., OMD

March 3, 2008

Hyperinsulinemia may promote mammary carcinogenesis. Insulin resistance has been linked to an increased risk of breast cancer and is also characteristic of type 2 diabetes. Diabetes and cancer are both expanding almost exponentially in the world today and can in part be traced to the increasing radiation to which we are all being exposed. Every physician knows that radiation can lead to cancer, but making a connection between radiation and diabetes seems ludicrous at first glance but is anything but. Most medical doctors have never heard of this and neither have they paid attention to the fact that mercury and other toxic chemicals are also primary causes of diabetes. Even though there is little research into the connection between radiation poisoning and diabetes we should not remain blind, deaf and dumb about it.

Diabetes is a fundamental disease that affects the entire colony of cells in a person because it has to do with energy metabolism and the vastly important hormone insulin and its receptor sites.

Thus it comes as no surprise that we find diabetes and cancer intimately linked. About 80% of pancreatic cancer patients have glucose intolerance or frank diabetes. This observation has led medical scientists to believe that pancreatic cancer causes the associated diabetes and also that those conditions associated with diabetes promote the development of pancreatic cancer. A study, published by the American Medical Association in 2005, of more than 1 million South Koreans suggests diabetes can raise the risk of developing and dying from several types of cancer, including digestive-tract tumors. We can thus say with reasonable confidence that whatever is causing diabetes is also, in part, causing cancer.

In their book "Infectious Diabetes", Doug Kaufman and Dr. David Holland describe a significant link between diabetes and cancer, pointing out that when

our immune system is compromised and unable to fight off a fungal invasion and stop the proliferation, that it is not coincidence that diabetics have a 4 times greater rate of liver cancer. Diabetics also have double the risk of pancreatic cancer compared to non-diabetics according to recent studies presented to the Third Annual Frontiers in Cancer Prevention Research Meeting in Seattle in 2004. Fungi feed on the sugar in the blood stream, as well as in the liver where glycogen is stored for the body's energy needs. The Aspergillus mold toxin, aflatoxin B1, inhibits the breakdown of both glucose, or simple sugar, and glycogen.

The strongest hypothesis to explain why diabetes might increase the risk for certain cancers revolves around hyperinsulinemia, the high blood levels of insulin characteristic of diabetes. "From animal studies we know that high insulin levels can directly promote tumor growth," said Frank Hu, M.D., assistant professor of nutrition at the Harvard University School of Public Health, Boston. Hu and colleagues concluded in a 1999 paper based on data from the Nurses' Health Study, that diabetes conferred an increased risk of colorectal cancer in women. Patients with diabetes were 1.43 times more likely to get colorectal cancer, and 2.39 times as likely to die of colorectal cancer.

"Depleted (DU) uranium is highly toxic to humans, both chemically as a heavy metal and radiologically as an alpha particle emitter, which is very dangerous when taken internally," writes Dr. Rosalie Bertell, Canadian Epidemiologist. A new study, conducted by biochemist Dr. Diane Stearns at Northern Arizona University confirms that, separate from any radiation risks, cells exposed to uranium will bond with the metal chemically. Uranium and phosphate have a strong chemical affinity for each other and the DNA and Mitochondria are loaded with phosphate so uranium is a DNA and Mitochondria deep penetration bomb. The

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uranium is attacking on fundamental cellular levels while mercury offers a knock-out punch by attacking the sulfur bonds besides being highly toxic to nerve cells.

Diabetes is often conceptualized as a severe imbalance of the part of the endocrine system that destroys our ability to metabolize food. The imbalance results in elevated levels of insulin, a lack of insulin, or the cell insulin receptor sites becoming insensitive to insulin.

Metals such as iron, mercury, arsenic, lead and possibly aluminum play a role in the actual destruction of beta cells through stimulating an auto-immune reaction to them after they have bonded to these cells in the pancreas. It is well documented in the medical literature that chemicals and drugs can cause temporary or permanent insulin-dependent diabetes.

Both mercury and uranium oxide are floating in the environment like invisible clouds that have spread out everywhere. They are raining down on us, damaging and damning our future.

Simultaneous exposure to mercury and uranium shows markedly increased damage to the kidneys than when exposure is to each metal singly. Insulin has three sulfur-containing cross-linkages and the insulin receptor has a tyrosine kinase-containing sulfur bond, which are the preferred targets for binding by both mercury and lead. Should mercury attach to one of these three sulfur bonds it will interfere with the normal biological function of the insulin molecule. Nephrotoxicity of the kidneys with necrosis of proximal tubules has been seen to increase significantly with dual exposure to both uranium and mercury.

In February, 2007 The Canadian Institute for Health Information (CIHI) reported that the number of new cases of kidney failure jumped 114 per cent. The burden of renal disease is also growing rapidly in India. The mean age of End Stage Renal Disease (ESRD) patients requiring dialysis in India is 32-42 years compared to the 60-63 years in the developed world. Chronic kidney disease (CKD) is a worldwide public health problem.

Doctors fear that within a generation or so, a huge wave of new cases could overwhelm the public health system and engulf growing numbers of the young, creating a city where hospitals are swamped by the disease's handiwork, schools scramble for resources as they accommodate diabetic children, and the work force abounds with the blind (New York Times).

We can expect this pandemic in diabetes to contribute directly to rising cancer rates. Lead and aluminum are other common heavy metals that have also been shown to

dramatically increase the toxicity of mercury. Interesting also is that lead is the final end product of the step by step radioactive decay of uranium. It would not be far fetched to imagine uranium and lead having very similar chemical characteristics though uranium is twice as dense.

Heavy metals are not the only trigger invoking the acceleration of diabetes. Dr. Lisa Landymore-Lim in her book *Poisonous Prescriptions* explains clearly how many drugs used by the unsuspecting public today are involved also in the onset of impaired glucose control and diabetes.

She explains using the example of the drugs streptozocin, and alloxan, both used in diabetes research to make lab rats diabetic and in Vacor, a rat poison known to cause insulin dependent diabetes in humans. Allopathic medicine has to face up to the fact that many drugs, including most surprisingly, the antibiotics including penicillin, as well as an entire host of others, causes changes in the beta cell and/or insulin function (See *Chemical Causes of Diabetes* on the IMVA site).

'Thiol poisons, especially mercury and its compounds, reacting with SH groups of proteins lead to the lowered activity of various enzymes containing sulfhydryl groups. This produces a series of disruptions in the functional activity of many organs and tissues of the organism' - Professor I.M. Trakhtenberg, Russia.

It is through mercury's attack on these sulfide bonds (SH) that mercury is able to change the biological properties of proteins and change important physiological functions.

What few doctors and health officials recognize is that chemicals and radiation combine to act on the very same cellular enzyme pathways. Lead is no slouch in this area either. The interaction of lead with sulfhydryl (SH) sites causes most of its toxic effects, which include impaired heme synthesis, inhibition of erythrocyte Na/K ATPase, diminished RBC glutathione, shortened RBC life span, impaired synthesis of RNA, DNA and protein and impaired metabolism of vitamin D. Lead may also affect the body's ability to utilize the essential elements calcium, magnesium, and zinc.

One type of contamination reinforces and strengthens the other so medical treatments need to simultaneously address both chemical toxicity and radiation poisoning.

Exposure to radiation causes a cascade of free radicals that wreak havoc on the body. Radiation also decimates the body's supply of glutathione, which allows free radicals to run rampant through our tissues and organs. These free radicals are destructive and are one of the most fundamental causes of disease. So we need a broad full spectrum chelator and antioxidant that is certified for

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DIABETES FACTS

World Diabetes Foundation
May 5, 2011

The prevalence of diabetes has reached epidemic proportions.

WHO predicts that developing countries will bear the brunt of this epidemic in the 21st century. Currently, more than 70% of people with diabetes live in low- and middle income countries.

- An estimated 285 million people, corresponding to 6.4% of the world's adult population, will live with diabetes in 2010. The number is expected to grow to 438 million by 2030, corresponding to 7.8% of the adult population.
- While the global prevalence of diabetes is 6.4%, the prevalence varies from 10.2% in the Western Pacific to 3.8% in the African region. However, the African region is expected to experience the highest increase.
- 70% of the current cases of diabetes occur in low- and middle income countries. With an estimated 50.8 million people living with diabetes, India has the world's largest diabetes population, followed by China with 43.2 million.
- The largest age group currently affected by diabetes is between 40-59 years. By 2030 this "record" is expected to move to the 60-79 age group with some 196 million cases.
- Diabetes is one of the major causes of premature illness and death worldwide. Non-communicable diseases including diabetes account for 60% of all deaths worldwide.

Lack of sufficient diagnosis and treatment

- In developing countries, less than half of people with diabetes are diagnosed. Without timely diagnoses and adequate treatment, complications and morbidity from diabetes rise exponentially.

- Type 2 diabetes can remain undetected for many years and the diagnosis is often made from associated complications or incidentally through an abnormal blood or urine glucose test.
- Undiagnosed diabetes accounted for 85% of those with diabetes in studies from South Africa, 80% in Cameroon, 70% in Ghana and over 80% in Tanzania.
- The number of deaths attributable to diabetes in 2010 shows a 5.5% increase over the estimates for the year 2007. This increase is largely due to a 29% increase in the number of deaths due to diabetes in the North America & Caribbean Region, a 12% increase in the South East Asia Region and an 11% increase in the Western Pacific Region.
- Type 2 diabetes is responsible for 85-95% of all diabetes in high-income countries and may account for an even higher percentage in low- and middle-income countries.
- 80% of type 2 diabetes is preventable by changing diet, increasing physical activity and improving the living environment. Yet, without effective prevention and control programmes, the incidence of diabetes is likely to continue rising globally.
- Insulin is vital for the survival of people with type 1 diabetes and often ultimately required by people with type 2 diabetes. Even though insulin's indispensable nature is recognised by its inclusion in the WHO's Essential Medicines List, insulin is still not available on an uninterrupted basis in many parts of the developing world.

Diabetes costs – a burden for families and society

- The financial burden borne by people with diabetes and their families as a result of their

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disease depends on their economic status and the social insurance policies of their countries. In the poorest countries, people with diabetes and their families bear almost the whole cost of the medical care they can afford.

- In Latin America, families pay 40-60% of medical care expenditures from their own pockets. In Mozambique, diabetes care for one person requires 75% of the per capita income; in Mali it amounts to 61%; Vietnam is 51% and Zambia 21%.
- Expressed in International Dollars (ID), which correct for differences in purchasing power, estimated global expenditures on diabetes will be at least ID 418 billion in 2010, and at least ID 561 billion in 2030. An estimated average of ID 878 per person will be spent on diabetes in 2010 globally.
- Besides excess healthcare expenditure, diabetes also imposes large economic burdens in the form of lost productivity and foregone economic growth. The largest economic burden is the monetary value associated with disability and loss of life as a result of the disease itself and its related complications.
- The World Health Organization (WHO) predicted net losses in national income from diabetes and cardiovascular disease of ID 557.7 billion in China, ID 303.2 billion in the Russian Federation, ID 336.6 billion in India, ID 49.2 billion in Brazil and ID 2.5 billion in Tanzania (2005 ID), between 2005 and 2015.
- Unless addressed, the mortality and disease burden from diabetes and other NCDs will continue to increase. WHO projects that globally, deaths caused by these health problems will increase by 17% over the next decade, with the greatest increase in low- and middle-income countries, mainly in the African (27%) and Eastern Mediterranean (25%) regions.

Source: IDF, Diabetes Atlas, 4th edition

<http://www.worlddiabetesfoundation.org/composite-35.htm>



COME BACK TO YOUR ROOTS
THE AFRICAN TRADITIONAL
HERBAL RESEARCH CENTRE

Diabetes Out of Control in Many Countries: Study

By Julie Steenhuysen

March 1, 2011

Reuters

CHICAGO — People with diabetes in the United States and several other countries do not get effective treatment to control their disease, U.S. researchers said on Tuesday, and health insurance, not personal wealth, plays a big role in determining which diabetics get good care.

The findings suggest millions of people with diabetes are undiagnosed or poorly treated, putting them at risk of an early death from heart disease or significant complications of diabetes, such as blindness, chronic kidney disease and foot problems that can require amputations.

"Too many people are not being properly diagnosed with diabetes and related cardiovascular risk factors. Those who are diagnosed aren't being effectively treated," Dr. Stephen Lim of The Institute for Health Metrics and Evaluation at the University of Washington in Seattle said in a statement.

"This is a huge missed opportunity to lower the burden of disease in both rich and poor countries," said Lim, who worked on the study published in the Bulletin of the World Health Organization.

Diabetes is reaching epidemic levels. An estimated 280 million people, or 6.4 percent of the world's population, are suffering from it, according to the researchers.

Overweight people have an increased risk of developing it, and cases are predicted to rise swiftly in coming decades as obesity rates increase.

The research team used data from national health surveys to study diabetes diagnosis and treatment rates in the Colombia, England, Iran, Mexico, Scotland, Thailand and the United States and found widespread rates of undiagnosed and poorly treated diabetes.

In the United States, nearly 90 percent of adult diabetics - or more than 16 million adults aged 35 and older - fail to meet widely accepted targets for healthy levels of blood sugar, blood pressure and cholesterol.

In Mexico, 99 percent of adult diabetics are not meeting those targets.

In Thailand, up to 62 percent or more than 663,000 men surveyed are either undiagnosed or untreated for diabetes.

UNDERTREATED

Of those who had been diagnosed with diabetes, many are not getting the treatment they need, the team found.

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Of diabetics in all the studies, the range of those who met goals for blood sugar, blood pressure and cholesterol ranged from a low of 1 percent in Mexico to a high of 12 percent in the United States.

"The cost of leaving individuals with diabetes untreated in the future will be huge, and a lot of the costs could be averted by better management of the health risks of these individuals," Dr. Emmanuela Gakidou, who led the study, said in a telephone interview.

Surprisingly, personal wealth and education were not a significant factor in the rates of diagnosis and treatment in any of the countries except in Thailand.

But health insurance status played a major role.

"In countries where we had information on health insurance, it actually played a significant role in getting diagnosed and effectively treated for diabetes," Gakidou said.

The effect was the strongest in the United States, where adult diabetics who had insurance were twice as likely to be diagnosed and treated as those who had no insurance.

"That is a big effect in a country with a large population of adults with diabetes," she said.

In October, the U.S. Centers for Disease Control and Prevention projected that up to a third of U.S. adults could have diabetes by 2050 if Americans continue to gain weight and avoid exercise.

SOURCE: <http://bit.ly/gLCpty> Bulletin of the World Health Organization, online February 28, 2011.

<http://www.msnbc.msn.com/id/41855153/ns/health/#.Tk2xomEmaSp>



Global Diabetes Epidemic Balloons to 350 Million

138 million people with condition live in China and India, 36 million in US, Russia

By Kate Kelland and Deena Beasley

June 25, 2011
Reuters

LONDON/SAN DIEGO — The number of adults with diabetes worldwide has more than doubled since 1980 to 347 million, a far larger number than previously thought and one that suggests costs of treating the disease will also balloon.

In a study published in the Lancet journal, an international team of researchers working with The World Health Organization found that rates of diabetes have either risen or at best remained the same in virtually all parts of the world in the past 30 years.

The estimated number of diabetics is markedly higher than previous projections that put the number at 285 million worldwide. This study found that of the 347 million people with diabetes, 138 million live in China and India and another 36 million in the United States and Russia.

The most common type of diabetes, Type 2, is strongly associated with obesity and a sedentary lifestyle. "Diabetes is becoming more common almost everywhere in the world," said Majid Ezzati, from Britain's Imperial College London, who led the study along with Goodarz Danaei from the Harvard School of Public Health in the United States.

"Unless we develop better programs for detecting people with elevated blood sugar and helping them to improve their diet and physical activity and control their weight, diabetes will inevitably continue to impose a major burden on health systems around the world," Danaei added in a joint statement.

People with diabetes have inadequate blood sugar control, which can lead to serious complications like heart disease and stroke, damage to the kidneys or nerves, and to blindness.

Experts say high blood glucose and diabetes cause around 3 million deaths globally each year, a number that will continue to rise as the number of people affected increases. As a result, diabetes is a booming market for drugmakers like Novo Nordisk, Sanofi, Eli Lilly, Merck and Takeda.

Treatments available

Dozens of diabetes treatments, both pills and injections, are on the market. Global sales of the medicines totaled \$35 billion last year and could rise to as much as \$48 billion by 2015, according to drug research firm IMS Health.

New research being presented this weekend at the annual meeting of the American Diabetes Association in San Diego will focus on experimental drugs and ways to combine classes of medicines to better control blood sugar. "This is a chronic, progressive condition," said Dennis Urbaniak, vice president of Sanofi's diabetes division. "What we are most worried about is the number of people out there with diabetes that is not optimally controlled."

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diabetes. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes. The risk for stroke is 2 to 4 times higher and the risk of death from stroke is 2.8 times higher among people with diabetes.

Men

Deaths from heart disease in men with diabetes have decreased by only 13 percent compared to a 36 percent decrease in men without diabetes.

Women

In women with diabetes, deaths from heart disease have increased 23 percent over the past 30 years compared to a 27 percent decrease in women without diabetes.

Nerve Damage - Diabetic neuropathy is a serious complication of diabetes that affects millions of people every day. Nerves damaged by diabetic neuropathy can cause stinging or burning sensations, tingling, pain, numbness or weakness in the hands and feet. Diabetic neuropathy puts you at risk for foot injury, infection, even amputation.

<http://www.diabetes.org/living-with-diabetes/complications/african-americans-and-complications.html>



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difficult for insulin to get glucose into the cells. This is called insulin resistance. It can lead to pre-diabetes and diabetes.

Some studies show that HIV+ women on PIs are three times more likely to develop diabetes than HIV+ women on non-PI drug combinations or HIV-negative women. In fact, up to 6 percent of all people on PIs have diabetes.

If you need to take PIs for your HIV treatment, be aware of this possible side effect. Get monitored at regular medical check ups for glucose. If you have high glucose levels, your health care provider may recommend that you change your HIV drugs. Some studies have shown that switching to a combination that does not include a PI can help bring these levels under control. Switching is not an option for everyone and you should speak to your health care provider before stopping any HIV drugs.

Many women, whether or not they are HIV+, develop gestational diabetes during pregnancy. This is of particular concern to HIV+ women who must take PIs to prevent transmitting HIV to their unborn babies. Women who take PIs during pregnancy should have their glucose levels monitored very closely.

Some HIV+ people experience lipodystrophy. Lipodystrophy includes a number of health problems including high glucose levels as well as unwanted changes in body fat and increases in fat (cholesterol and triglyceride) levels in the blood. These conditions have been linked with diabetes, heart disease, and strokes.

Taking Care of Yourself

Since HIV+ people may already have a number of risk factors for diabetes, as well as heart disease and stroke, it is important to be aware of all of these conditions.

Have regular medical check ups and lab work that includes a glucose test. As well as checking and, if necessary, managing glucose levels, monitor other factors that can contribute to the risk of heart disease and strokes. These include high blood pressure and cholesterol and triglyceride levels.

If you have high blood pressure, make sure it is treated. A healthy diet and exercise can help with high cholesterol and triglyceride levels as well as high glucose. Finally, giving up smoking is one of the best things you can do for your heart and your health.

HIV+ people with diabetes can work with their health care providers to achieve good diabetes control as well as management of HIV and other health concerns. Keeping diabetes under control (or decreasing your risk of getting diabetes) involves lifestyle changes. While this is difficult, it will give you the best chance of good overall health.

http://www.thewellproject.org/en_US/Diseases_and_Conditions/Other_Diseases_and_Conditions/Diabetes.jsp



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both uranium and mercury and a list of other heavy metals and toxins. There are also targeted natural chelation formulas on the market that work well at eliminating uranium in addition to mercury that are not so complete but fit into a total detoxification and chelation program. Importantly, we do not want any medical or healing substance to add its own toxicity to the cesspool of chemicals already present in the body and blood stream.

There are three things that determine the toxicity of radioactive materials:

Chemical effects – Uranium is chemically very toxic.

Radioactive effects (includes half-life and energy released)
- One gram of DU (1/20th of a cubic centimeter) releases 13,000 alpha particles a second. One alpha particle can cause cancer under the right conditions and certainly it has

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the capacity to wreck havoc in beta cells and everywhere else.

Particle size - in the nanoparticle range (diameter of 0.1 microns or smaller) the particulate effect (non-specific catalyst or enzyme) is far more biologically toxic than the first two effects. This is why DU is so devastating (See extensive notes on this in the reference section).

Type Two Diabetes is an increasingly prevalent disease in the world, especially the United States, where the number of new patients grew 49% between 1991 and 2000.

The Chernobyl incident was a major humanitarian disaster, which has resulted in a plethora of health problems that are still far from being fully recognized. Most studies analyzing the medical consequences of this catastrophe have so far focused on diseases such as thyroid cancer, leukemia, immune and autoimmune pathology, even though an increase in the incidence of Type 1 diabetes mellitus, a disorder involving the immune system, was observed within the residential population of Hiroshima among survivors of the atom bomb detonation. Studies have also shown that thymectomy and a sub-lethal dose of gamma radiation induces Type 1 diabetes in rats.

Dr. Chris Busby analyzed bomb crater samples and an air filter from an ambulance used in Beirut in July during the Israeli attack on Lebanon and found not only DU, but also that it was enriched with U235. The US sent the DU bombs to Israel two years ago, which was all over in the US media, and more in July when Israel ran out of them.

Leuren Moret, Livermore Nuclear Weapons Lab whistleblower, predicts that we can expect the use of depleted uranium weaponry by Israel in the recent aggression against Lebanon will continue to add to increasing diabetes in the region as well as globally.

And behold, alarming news is coming in from northern Israel in the wake of their use of depleted uranium in the recent war in Lebanon. In recent months a sharp increase has been noted in the number of new patients suffering from juvenile diabetes in the north. This is reported by the juvenile diabetes department at Ziv Medical Center, Safed.

The staff of this department still has no numerical data on the dramatic increase in the number of new patients, since they continue to arrive at the hospital every day. "The children who have come to us over the past weeks live in Safed and other communities in the Galilee-populations

that have not shown such a high incidence of the disease in the past," said Dr. Orna Dali-Gottfried, director of the department of pediatrics, juvenile diabetes and endocrinology at the hospital. The truth seems to indicate that American depleted uranium munitions nuked both Israel and Lebanon.

Researchers at the Paediatric Hospital A. Meyer, Florence, Italy studied this question by assessing the incidence of the disease in children in Gomel, Belarus, in the years subsequent to the Chernobyl disaster. The results of the study seem to confirm the hypothesis of the influence of environmental pollution subsequent to the Chernobyl accident can cause diabetes.

Mass screening for diabetes mellitus has been conducted on 64,000 - 113,000 atomic bomb survivors resident in Hiroshima City since 1961. From 1971 to 1992 a 2.7-fold increase in the prevalence of diabetes mellitus was observed in males and a 3.2-fold increase in females.

Liquidators of the aftermath of the Chernobyl accident (LCA) who had worked within the 30-km zone for not more than 3 months in 1986, and early in the year 1987, were examined in 1988-1992 and again in 1997-1998. Hyperinsulinemia was recordable in these workers with normal and abnormal body mass index for the space of 3 to 12 years after the accident. Hyperinsulinemia, as the researchers saw it, was related to direct or indirect action of irradiation because those persons with prior acute psychogenic stress and healthy people have been found to be free from hyperinsulinemia. The possibility cannot be ruled out that hyperinsulinemia is a predictor of increased body weight gain and obesity in these workers.

We have a significant and documented increase in the incidence of Type 1 diabetes in children and adolescents after Chernobyl in the radioactively contaminated area of Gomel compared to Minsk (Heinrich Heine, University Dusseldorf, Germany).

Dr Chris Busby, who has extensively researched the low-level radiation threat, and is the scientist who revealed vastly increased radiation levels over England after the last attack on Iraq, has made a link between everyday radiation exposure and a range of modern ailments: "There have been tremendous increases in diseases resulting from the breakdown of the immune system in the last 20 years: diabetes, asthma, AIDS and others which may have an immune-system link, such as MS and ME. A whole spectrum of neurological conditions of unknown origin has developed."

According to Moret, it won't take more than two days for the uranium particles to reach India from Iran. Egypt, the Middle East, Central Asia and Pakistan would also be affected.

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Scientists may be seriously wrong in their idea of just how much increased background radiation the human body can withstand without long term effects. Public health officials across the board tend to grossly underestimate the dangers and medical officials are out there claiming, as usual, that toxic substances are actually good for your children. They say that about mercury and they say that about radiation.

Along with the pancreas, insulin receptor sites are vulnerable to chemical poisoning like any other part of the body. Perhaps these aspects of human physiology are even more sensitive and that is why we are seeing exploding rates of diabetes.

Dr. Herman Muller, who has received a Nobel Prize for his work, has shown how the human race's continuous exposure to so-called 'low-level' radiation is causing a gradual reduction in its ability to survive, as successive generations are genetically damaged. "The spreading and accumulation of even tiny genetic mutations pass through family lines, provoking allergies, asthma, juvenile diabetes, hypertension, arthritis, high blood cholesterol conditions, and muscular and bone defects." A Los Angeles Times front-page report on 16 September 2006 claims that there are more than 41 million Americans with blood glucose abnormalities "that indicate they may soon develop diabetes."

Researchers have even investigated in vivo the effects of a chronic exposure to DU on vitamin D(3) metabolism, a hormone essential in mineral and bone homeostasis. Anything that affects mineral homeostasis is going to be important in setting up conditions for diabetes. This is the first time that DU was seen to depress levels of vitamin D active form and vitamin D receptor expression, and consequently could modulate the expression of vitamin D target genes involved in calcium homeostasis.

This brings up the whole point of toxicity breaking down mineral content, something that is crucial in the process of becoming much more vulnerable to the chemical onslaught.

Mineral content depletion is a basic cause in diabetes and neurological disorders, it leaves the body less able to cope and eliminate toxins on a daily basis. As we shall see in the section on treatment, the depletion of normally high levels of zinc in the pancreas leaves a person more susceptible to beta cell destruction from heavy metals.

This is important to our medical review that concludes that toxic exposure to uranium is dangerous and readily provokes diabetes. In this case, we see that vitamin D

deficiency predisposes individuals to type 1 and type 2 diabetes. Vitamin D deficiency has been shown to impair insulin synthesis and secretion in humans! Furthermore, epidemiological studies suggest a link between vitamin D deficiency in early life and the later onset of type 1 diabetes. In studies on diabetic mice, pharmacological doses of vitamin D have been shown to delay the onset of diabetes, mainly through immune modulation. Vitamin D deficiency is very much involved in cancer and the outcome of treatments so again we are seeing how closely tied together are cancer and diabetes.

According to Moret, depleted uranium is the "Trojan horse of nuclear war. It is the ultimate weapon of mass destruction." The pyrophoric nature of depleted uranium causes it to burn at very low temperatures. This makes it an ideal radioactive gas weapon. "Once it gets vaporized, microscopic particles of uranium oxide remain suspended and form the radioactive component of dust."

That Trojan horse has already come to roost in Great Britain, where radiation levels, weeks after the last war in Iraq started, went up by a factor of eight from normal levels. Dr. Busby calculated that some citizens in different parts of the country would have inhaled about 26 million particles of uranium oxide. Like Troy burning, the blood in Britain's citizens is smoldering. Matt Hunt, science information manager at Diabetes UK, said: "By 2010, we estimate that the number of people with diabetes in the UK will increase by around 30 per cent to three million. Thirty percent in three years is a catastrophe."

Since the military use of DU is barely 15 years old, it is too early to know what the long term cumulative effects might be over the course of a century or more. We do know that uranium oxide particles are here to stay and that the invisible particles are suspended in the air, while some are rained out into the soil, the water, the dust; they become recycled back into the air, pervade the food chain; and often nobody can tell until years after the biological damage has been inflicted that their health or existence has been jeopardized.

On average, three times more mercury is falling from the sky today than before the Industrial Revolution. In some places it is hundreds of times higher.

It's literally raining mercury and the government is still exploding uranium weapons on American soil but the CDC is only concerned about influenza and the bird flu. Because of this they themselves are recklessly adding to our already heavy body burdens of mercury insisting we get our yearly flu shot which has about 3,000 trillion atoms of mercury in it (25 mcgs).

Thanks to the continued promotion of mercury fillings by
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the American Dental Association and conventional dentists, consumers continue to be poisoned by this heavy metal that's intentionally placed into their mouths.

Mercury is a well documented disaster in full progress but uranium is playing catch up ball. Together with lead, arsenic and cadmium, fluoride, pesticides and a list of chemicals that would fill up a book our bodies are in the process of being overwhelmed by a sea of poisons. The tide is coming in fast but public health officials are asleep at the switch offering only red herrings to keep us confused and away from the truth. There are no effective (allopathic) agents available to induce safe excretion of retained uranium (Dr. David Quig).

Dr. Dayna Kowata wrote, "I have noticed an upward trend in uranium toxicity in my pediatric patients and not just those with autism. The effected patients come from the Temecula/Murrieta area of southern CA. One of my autistic patients has had an extremely difficult time chelating this metal. We've had success with all other heavy metals but the uranium remains consistently high. We've used oral DMSA 'and EDTA."

Nobody with any sense is supporting uranium mining and the kind of activities that turns the earth into a toxic waste dump.

Increasing levels of uranium in people's bodies changes the entire picture of chelation (removal of heavy metals from the body) thanks to the widespread use of depleted uranium weapons that are used abroad but tested at home. These are the perfect weapons of mass destruction. We are threatened from many sources of ionizing radiation including x-rays and local contamination from leaking nuclear facilities but the threat from the use of depleted uranium armaments is truly frightening.

Uranium pollution is starting to compete with mercury as a major environmental contaminant. We ignore uranium now at great risk. The vast majority of doctors do not conceive of removing heavy metals as a form of treatment of disease, so the public is in trouble and is being let down by the medical profession. Most doctors do not even do a test for heavy metals and those that do are not yet aware of the looming problem with uranium contamination. Just ask your doctor about diabetes or autism and what is causing these terrible epidemics? The chances are about zero he or she will tell you that both mercury and uranium and some other poisons are at the heart of it.

Medical scientists have struggled to explain rising rates of cancers, childhood brain disorders, diabetes and

neurological conditions in both young and old alike but have fallen short of any kind of understanding that will yield helpful answers. Something about modern living has driven a steady rise of certain maladies, but they have not been able to figure out what.

Uranium levels 54.6 times the U.S. standard were found in water supplies in a village near Icheon, about 25 miles northeast of Osan Air Base, according to a South Korean government environmental report. South Korea's Ministry of Environment said it was not ready last week to release its full uranium survey of 93 sites in South Korea, but it issued a news release on its findings. Uranium levels measured 1,640 micrograms per liter in Janpyeong-ri village near Icheon.

"A recent analysis of my hair ordered by my physician indicated a uranium level that is about five times the maximum reference range. How alarmed should I be with respect to this result? I am not exposed to uranium by occupational hazard, as I'm an office manager in a very clean environment. Past ingestion may have been the result of private well water, but I've not ingested any of this well water for six years now," reports one patient.

Uranium does chelate with DMSA and EDTA chelators but NOT dramatically (Dr. Garry Gordon).

The best approaches to both mercury and uranium detoxification and chelation are natural ones. What is needed today is a radical shift in the community of doctors who do chelation mostly for neurologically damaged children and heart patients. Before even thinking of using anything that would officially bear the title of chelator of heavy metals, we and our doctors need to understand the nature of minerals(magnesium, selenium and zinc) and what they do for us to protect us from harm and what they do for us in helping us get better. The removal of heavy metals is impossible without minerals and without a full house of minerals our cells just cannot deal with the poison.

The very first thing one should do if interested in protecting themselves from the harmful effects of uranium and mercury is to start immediately with full mineralization.

Iodine and magnesium are the best places to start but one should also be thinking of zinc and selenium and of course ALA. When considering children, it is helpful to know that both iodine and magnesium can be easily applied transdermally.

Selenium also is vital and is the perfect antidote for mercury toxicity. Iodine is vital for the protection of our thyroid gland against radiation but in reality, when we supplement properly with this, we are strengthened in ways unimaginable to modern medicine.

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The most important question of our times is: what is the safest most effective way to remove uranium, mercury and an army of other toxins in our and our children's bodies?

Mark A. Sircus Ac., OMD, is director of the International Medical Veritas Association (IMVA) <http://www.imva.info/>.

http://www.blackherbals.com/dna_and_mitochondrial_time_bombs.htm



Prediabetes: The Hidden Health Timebomb

With up to seven million people in the UK carrying the disease, prediabetes ought to be better understood. But why do we know so little?

By Judith Woods

02 November 2009

Prediabetes: if diagnosed early enough, the condition can be completely reversed

It is a "health timebomb" ticking away inside seven million people in Britain. It is a condition that can lead to serious illness, debilitation and even death. Yet prediabetes usually remains undetected – until it's too late.

So how worried should we be about this symptomless epidemic? Is it simply an inevitable precursor of full-blown diabetes, or a distinct condition in its own right? And what treatments are available to prevent prediabetes from developing into something much more serious?

Prediabetes is a blood sugar disorder that can cause long-term damage to the heart and circulatory system. It also makes sufferers up to 15 times more likely to develop type 2 diabetes, which is irreversible and can lead to complications such as heart disease, stroke, kidney failure, amputation and blindness.

Fortunately if prediabetes is diagnosed early enough, the condition can be completely reversed, cutting the risk of major health problems by up to 60 per cent. Moreover, the treatment for prediabetes involves healthy lifestyle changes rather than any drugs regime.

"People with abnormally high sugar levels have a much greater propensity to go on to develop diabetes, but that's not a given," says Professor Naveed Sattar, Professor of Metabolic Medicine at the University of Glasgow and an honorary consultant at the city's Royal Infirmary hospital.

"Factors like lifestyle, genetics and ethnicity play a part, but obesity is a big driver; for someone who is susceptible to getting the disease, putting on excess weight can unleash that potential. Lose that weight however, and the risk goes back down again."

Ninety per cent of people diagnosed with prediabetes are overweight or obese. Excess fat, particularly round the midriff, hinders the regulation of blood sugar, so the level of glucose in circulation rises, which damages the small blood vessels in the body.

New data from GP practices shows that more than 5.2 million or one in ten people over the age of 16 is now registered obese and one in five of us is overweight – which experts claim is causing the alarming surge in undetected prediabetes.

"Identifying and educating people with prediabetes is vital, as it's not too late for them to make lifestyle changes that could safeguard their health," says Douglas Smallwood, chief executive of Diabetes UK, which recently published a report into prediabetes and is campaigning for greater awareness of the condition among the population in general and healthcare professionals in particular.

"Around 15 per cent of the British population has prediabetes that will probably lead to diabetes unless people with the condition lose weight, eat a balanced diet and increase physical activity," says Smallwood. "The seriousness of prediabetes needs to be highlighted along with its potential risks."

People with prediabetes have blood glucose levels higher than normal but not high enough to register as suffering from type 2 diabetes. Up to now, doctors have tended to either give general advice about losing weight or monitor glucose levels until they reach critical point. As a result, patients who could have been helped at a crucial early stage have fallen through the healthcare net.

"I feel full of regret I wasn't warned sooner that I was prediabetic and could do something about it," says management consultant Mike Campbell, who ironically works in the healthcare sector. "I was told by my GP that I was prediabetic four years ago, but I believe I had prediabetes for ten years, because my blood sugar was rising along with my weight and I had increased blood pressure and cholesterol."

"I know I should have lost weight when I was diagnosed and taken better care of my diet, but I didn't because I didn't fully grasp what prediabetes meant and that it could be reversed."

A year ago, Campbell, 54 developed symptoms of

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dizziness, numbness in his extremities and his eyesight rapidly started to fail. At first, he attributed these developments to the onset of old age, but when sores on his legs and feet wouldn't heal properly, he went to his family doctor and was diagnosed with diabetes.

“It seemed inevitable that I would get diabetes, and it was very shocking to discover subsequently that I could have prevented it. There's no point being bitter because I don't think my doctor knew much about prediabetes at the time. But it's a terrible thing that millions of people out there are wandering around with prediabetes, doing damage to their bodies – unless something is done, this will come back to haunt the NHS in years to come.”

More than 145,000 new cases of diabetes, most of them type 2, were diagnosed in the past year, bringing the total number of sufferers to 2.6 million. Medical researchers say figures will rocket if people with prediabetes aren't diagnosed and given targeted health advice.

West Yorkshire GP Brian Karet specialises in the treatment of diabetes, and admits that up to now, doctors have tended to take something of a laissez-faire approach.

“There's been no system in place to provide specific support for people with prediabetes,” says Dr Karet. “Just saying 'Go and lose some weight, you'll feel better' isn't good enough; they need to know that they are at increased risk of heart disease, stroke and other vascular conditions if they don't improve their lifestyle.

“But on the positive side, even modest weight makes a big difference; shedding just a fifth of your body weight – half a stone if you're ten stone, and three-quarters of a stone if you're 15 stone – will have a significant impact on your health. I would advise anyone who feels they might be at risk to visit their GP, lose weight, be more active and eat a healthy diet.”

A waist measurement more than 31.5 inches for a woman or 37 inches for a man would give rise for concern, although not all overweight people automatically have prediabetes.

If you are white and over 40, or Black people or South Asians and over 25, with one or more risk factors, you have a greater chance of developing prediabetes. Risk factors include having a close family member with type 2 diabetes, high blood pressure or have had a heart attack or stroke.

Women who have polycystic ovarian syndrome and are overweight have a higher chance of developing prediabetes, as do those who have had gestational diabetes. Anyone with severe mental health problems also carries an elevated risk.

“I was shocked but not surprised to be told I had prediabetes,” says Jane Carter, aged 61, who was diagnosed six months ago. “I'm several stone overweight and although I eat healthily, I also can't resist treats like cake and biscuits. I'm a classic apple shape and I knew that I might get a smack on the wrist for being unfit, but learning that I was heading for diabetes really shook me to the core.

“My GP offered to refer me to the practice nurse, but I didn't need to see anyone; what would she say that I don't already know? It's all down to me, I need to eat less and exercise more, which isn't exactly rocket science. I'm watching my diet and going to the gym most days and I am confident I'll reverse my prediabetes – I have absolutely no intention of letting it develop into something worse.”

<http://www.telegraph.co.uk/health/6466228/Prediabetes-the-hidden-health-timebomb.html>



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For the Lancet study, the largest of its kind for diabetes, researchers analyzed fasting plasma glucose (FPG) data from 2.7 million participants aged 25 and over across the world, and then used advanced statistical methods to estimate prevalence.

They found that between 1980 and 2008, the number of adults with the disease rose from 153 million to 347 million. Seventy percent of the rise was due to population growth and aging, with the other 30 percent due to higher prevalence, they said. The proportion of adults with diabetes rose to 9.8 percent of men and 9.2 percent of women in 2008, compared with 8.3 percent of men and 7.5 percent of women in 1980.

Diabetes has taken off most dramatically in Pacific Island nations, which now have the highest diabetes levels in the world, the study found. In the Marshall Islands, a third of all women and a quarter of all men have diabetes.

Among wealthy countries, the rise in diabetes was highest in North America and relatively small in Western Europe. Diabetes and glucose levels were highest in United States, Greenland, Malta, New Zealand and Spain, and lowest in the Netherlands, Austria and France. The region with the lowest glucose levels was sub-Saharan Africa, followed by east and Southeast Asia.

<http://www.msnbc.msn.com/id/43536044/ns/health/#.TleBhV3ar>

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FEATURED ARTICLES

The Dirty Secret About Diabetes

By Tariq Sawandi

In the medical establishment, controversy continues over the possible cause of diabetes. The third leading cause of death among Africans in America, diabetes affects one in ten Africans in America, twice the rate of white Americans at all adult age levels. Its incidence is on the rise in the African American community, with the estimated number of diabetics doubling every fifteen years.

Diabetes is a chronic disease characterized by an overabundance of blood sugar due to insufficient insulin production in the pancreas or inability of the body to use insulin. This accumulation of sugar in the blood leads to excessive thirst, excessive urination, fatigue, and other symptoms. Ninety percent of those affected are non-insulin dependent, termed "Type II", adult onset. People with this type of diabetes can make normal amounts of insulin. However, because of the insulin resistance in their bodies, they often require an oral medication to lower blood sugar levels. Another ten percent of the black population are insulin-dependent, called "Type I", juvenile onset. People with this type of diabetes do not make sufficient amounts of insulin and require insulin injections.

Our susceptibility to this disease begins early and increases with age, usually between the ages of forty-five and sixty-five. Diabetes is especially common among older African American women over the age of fifty-five: one out of four has diabetes.

Most of the public knowledge about the cause of this devastating disease has focused on diet and heredity as the main triggers. Physicians tell us that the contributing factor in the high rate of diabetes in blacks, is due to a "genetic mutation" which occurred sometime after their captivity from Africa. Conditions such as blindness, amputation and kidney failure, nerve damage, foot ulcers, and gangrene are among the symptoms common to this disease. At its worst, diabetes can lead to a condition called "lactic acidosis" which can cause death. But the cause of diabetes is far more complex than the medical doctors imply. There is a dirty secret about diabetes

which the medical establishment will not share with you.

Not completely satisfied with the established explanation for why Blacks contract diabetes at a higher rate than other racial groups, I decided to research medical literature which would reveal the first cases that diabetes appeared among slaves in the 1800's. There were few cases. In fact, before 1940, diabetes was relatively rare among African Americans. What changed in the health conditions of African Americans after 1940? Well, the answer to this question was unsuspecting and shocking.

More than fifty years ago, Joe Nichols, a physician and surgeon who founded the Natural Food Associates in Atlanta, Texas, reported that a survey on farms throughout the United States were using a new government-recommended chemical pesticide called "DDT". After 1940, thousands of farmers across the country inaugurated a new era of chemical poisons to rid their crops of an insect called the "Boll Weevil". The book, "Nutrition and the Sol" by Sir Lionel J. Picton, convinced him that the metabolic diseases such as cancer, heart trouble, and diabetes, was indeed the result of chemical poisons dumped on fertile soil.

When Nichols realized what was happening to the country as a result of both chemical fertilization and chemical pesticides, he sought other doctors and scientists who had made the same discoveries. Together they formed the Natural Food Associates, of which Nichols became the first president. Their goal was to start correcting the problem with a nationwide campaign to get the facts before the public, with the logic that only an aroused public opinion could save America from poor food grown on poor soil. As Nichols puts it"

"The truth is that America is the most fed and the worst nourished nation on earth. America today is suffering from a biological blight. We are facing metabolic disaster. We are a nation of sick people. Heart disease is rampaging through America; it is our Public Enemy number one. It is the leading cause of death among Americans. Fifty years ago coronary thrombosis was

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rarely seen by a physician. Today it strikes even the young...Cancer, diabetes, arthritis, dental caries, and other metabolic diseases are rapidly increasing. Even children are falling victim to them."

Almost immediately the agricultural chemical industry and the food processors attempted to discredit the NFA, calling them food "faddists", "quacks", and "charlatans". They were accused of being "unscientific". The initial detractors were soon joined by the U.S. Department of Health, Education and Welfare, operating through the Food and Drug Administration, and even the American Medical Association! University professors, in search of fat grants, supported the claims of the FDA. In other words, a campaign was launched to make Americans believe that what the Natural Food Associates were saying was pure myth. Soon after, newspaper and magazine articles, even entire books, were published in a huge effort to destroy the effect of NFA and its credibility with the public.

To discredit the Natural Food Associates and their public campaign, the American Medical Association and the Food and Drug Administration organized a "Congress on Quackery", which toured the United States, holding seminars on food faddism and quackery. According to Nichols, "They were really after men and women whose espousal of 'natural foods' or 'organic foods', or 'health foods' threatened to lower the profits of the food industry.

To help strengthen the food industries position, the American Medical Association used Dr. Fred Spare and Dr. Jean Mayer, chairman of the Department of Nutrition at Harvard University's Medical School, to stress to the public that to get a proper balanced diet all an American had to do was go into the nearest grocery store and get a variety of the four food groups: fruit and vegetables; milk and dairy products; cereals; meat and eggs. This was an all-out propaganda tool, supported by the U.S. Public Health Department, food processors and chemical trusts that make the poisonous food additives.

It this wasn't enough, the government hired science editors, food editors, and medical editors in the daily newspapers to lend credibility to poisonous food additives and pesticides.

The fact is, DDT is a cancer-producing chemical which also produces other metabolic diseases including diabetes, and heart disease. DDT (Dichlor-Diphenyl-Trichlor) is a colorless, odorless, water-insoluble crystalline insecticide that tends to accumulate in the ecosystems and has toxic effects on humans, animals,

and plants. DDT and other pesticides also go straight to the seed oil of corn, grains, and cotton. Once these chemicals are put into the soil, there is no way to remove them, and they are completely cancer and disease-causing. Research points out that DDT and its derivatives last a long time in the soil, decaying slowly and appearing in plants, and animals that eat it. This is one of the reasons why diabetes can take a long time to develop in some adults.

After a decade of poisoning, the FDA finally banned DDT in the 1970's. but soon after, pressure from agricultural interests caused the FDA to revoke its ban on DDT in milk, and established a legal tolerance for the amount of DDT allowable in milk.

Though DDT was largely banned by the FDA, it was replaced by its successors Dialdrin, Aldrin, and Heptachlore which are equally poisonous, and considered by many experts to be disease-causing. Whatever dangers can be attributed to DDT, can now be attributed to its successors. Cows, steers, hogs, sheep, and chickens are still being fed grains which are infected with poisonous pesticides, singularly and in combination with other drugs which the FDA suspects are carcinogenic when ingested by humans.

The end result of over fifty years of chemical farming is disease. First to the land, then to the plant, then to the animal, then to humans. "Everywhere in the world where chemical farming is practiced the people are sick. The only ones to benefit are the companies that produce the chemicals", says Nichols. Thus, a series of deadly chemicals have been unleashed into the human immune system like a ticking time bomb waiting to mutate and develop into leukemia, diabetes, hepatitis, Hodgkin's disease and other degenerative diseases. Research shows that there is a clear correlation between DDT and diabetes. Let's look at two very interesting studies.

Diabetes and the Milk Connection

In the course of its functioning, our body manufactures approximately 100,000 different chemicals everyday, and performs literally billions of chemical and electrical operations. To do that, it needs 50 or so raw materials each day. Equally important, the body needs to avoid receiving substances that are toxic to its delicate, complex and balanced operations.

Pesticides such as DDT, Dialdrin, Aldrin, and Heptachlore are among the most toxic chemicals known to science, designed to kill living creatures. Along with other industrial fertilizers and chemicals, they run off into our lakes, rivers and oceans, contaminating both water supplies and marine animals. These chemicals become

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more concentrated as they move up the food chain.

Not only farm animals, but fish in fresh water and even in the ocean are gradually being poisoned by a combination of pesticides and herbicides. Yet the DDT which wiped out fish and small game, left its prime target, the boll weevil, alive and kicking.

Farm animals also concentrate in their fat and livers, toxic chemicals in their food. Since these chemicals are in all food now, it is impossible for this concentration not to occur, even in animals that are raised organically. The livers of prime animals are confiscated much of the time because they contain abscesses and toxic substances.

Commercially grown chickens have arsenic and stilbestrol in their bodies and much of it winds up in the liver. The liver is the detoxifying organ of the body, and that's where these poisons go. Today, virtually all livestock now receive heavy doses of antibiotics to counter the diseased conditions associated with chemical pesticides.

These higher chemical concentrations, as we move up the food chain, are confirmed in tests. In a study from 1964 to 1968, for instance, it was found that, compared to the average pesticide residues found in plant foods:

- dairy foods had about three times as much;
- meat, fish and poultry had about six times as much.

In the food chain of life, plants play an essential role, as man cannot ingest essential elements directly from the soil. They must be brought to him through the nourishing elements of living plants, which likewise feed all animals, directly, or indirectly. Through plant and animal our bodies grow out of the soil. However, when toxic chemicals are added to the soil, vegetables, grains, and seeds absorb these toxins, converting them into "mutated pathogens".

Every time the body must devote resources to the attempt to detoxify and expel these toxins, energy is taken away from other and better uses. Sometimes the body simply doesn't have the time or ability to deal with them, and so it stores them away in the tissues, organs, or muscles. This build-up of toxins and poisonous chemicals in the organs is what leads to disease.

In this connection with pesticides, there is a startling relationship between the consumption of milk and dairy proteins and insulin-dependent diabetes. Because of the "legal amount of DDT allowable in milk" established by the Food and Drug Administration, most cow's milk continues to be contaminated by DDT and other pest-

icides. According to a study by the New England Journal of Medicine in 1992, cow's milk and other dairy proteins somehow leads to an autoimmune reaction aimed at the pancreas and ultimately to impairment of the pancreas' ability to produce insulin.

Pesticides concentrate in the milk of both farm animals and humans. A study by the Environmental Defense Fund found widespread pesticide contamination of the human breast milk among 1,400 women in forty-six states. The levels of contamination were twice as high among the meat and dairy-eating women as among vegetarians. There seems to be a growing consensus among scientists and nutritionists that dairy proteins play a major role in the genesis of metabolic disease. This suggests that the milk and animal proteins that people have been ingesting since 1940, is the real reason for diabetes and other metabolic diseases.

To better understand how diabetes develops in the body, we must look at how "pesticide contaminated milk proteins" mutate in the human immune system. Amino acids, the basic units that make up proteins, are the building blocks for all living cells. When normal protein in our food is properly broken down by the digestive system into amino acids, it does no harm to the immune system. However, proteins contaminated with DDT molecules, are absorbed into the blood cells, provoking an immune response. Repeated exposure to these proteins disrupts normal immune function and may eventually lead to diabetes. When we develop disease, it is most often due to immune system damage and dysfunction.

On top of this, cow's milk contains many proteins that are poorly digested and harmful to the immune system. It appears that milk protein such as casein, lactalbumin, and lactoglobulin is the most usual culprit. In addition, many people do not produce enough of the enzyme "lactase" to digest "lactose" (milk sugar). This condition gives rise to a condition known as "lactose intolerance". Black people do not produce enough lactase to sufficiently digest milk products, and therefore, have a high rate of lactose intolerance.

So why is it that black people seem to have one of the highest rates of diabetes than most Americans. Well, people in different parts of the world eat varying amounts of dairy food. What determines whether it becomes a health risk food seems to depend on two things: your innate resistance (how well your body can cope with the proteins, fats, sugars, and chemicals) and how much of it you consume. The milk proteins along with the pesticide chemicals somehow leads to an auto-immune reaction

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aimed at the pancreas and ultimately to impairment of the pancreas' ability to produce insulin.

In the past, I have put some of my diabetic patients on a diet with very low amounts of fat, sugar, and dairy. Usually, in about eight weeks, over 60% of the patients no longer needed insulin! Eventually the figure rose to 70%, and those that still needed insulin, needed much smaller amounts.

Eventually, those patients were given a complete herbal and diet program, and were able to stop using insulin all together.

A diet without dairy products is closer to the African diet. In fact, no animal in the wild consumes milk or dairy products past the period of nursing. Neither did Africans until their enslavement in the Americas. We apparently had no problem with diabetes during the time we consumed mostly a herbivore diet in Africa.

Mounting evidence shows that the onslaught of decades of pesticides and other poisonous chemicals in our food and milk is the real cause of diabetes. If you, or anyone in your family have diabetes and is experiencing health problems and dairy is a part of your diet, it makes sense to completely eliminate the dairy and observe the results.

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COME BACK TO YOUR ROOTS

More Evidence Links Pesticides, Diabetes

Persistent organic pollutants found in fatty foods like dairy products and oily fish

August 17, 2011

NEW YORK — People with relatively high levels of certain pesticides in their blood may have an increased risk of type 2 diabetes — particularly if they are overweight, a new study suggests.

The study, reported in the journal *Diabetes Care*, is not the first to link chemical pollutants to diabetes.

A number of studies have found a connection between diabetes risk and exposure to older pesticides known as organochlorines, PCBs and other chemicals that fall into the category of "persistent organic pollutants."

Organochlorines are now banned or restricted in the U.S. and other developed countries, after research linked them to cancer and other potential health risks. PCBs, which were once used in everything from appliances to fluorescent lighting to insecticides, were banned in the 1970s.

However, as the name suggests, persistent organic pollutants remain in the environment for years and build up in animal and human body fat.

In the U.S., diet is the main potential source of exposure, according to the Centers for Disease Control and Prevention — with fatty foods, like dairy products and oily fish, topping the list.

Lab research has suggested that some persistent organic pollutants impair the body's ability to regulate blood sugar, which could help explain the link to type 2 diabetes.

Some of the compounds also have been shown to promote obesity, which is itself a major risk factor for diabetes, noted Riikka Airaksinen of Finland's National Institute for Health and Welfare, who led the new study.

For the study, Airaksinen's team measured blood levels of several persistent organic pollutants in about 2,000 older adults.

Just over 15 percent had type 2 diabetes. The risk was higher, the researchers found, among people with the highest levels of organochlorine pesticides.

Those with levels in the top 10 percent were about twice as likely to have diabetes as their counterparts in the bottom 10 percent.

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But the link appeared to be limited to people who were overweight or obese.

Though most persistent organic pollutants have been long banned, Jacobs said, "they are generally all around us in fatty tissues of living organisms." Those chemicals are released in various ways, he said, and are being constantly recycled.

Pesticides and other industrial chemicals in use now are safer, in the sense of not being persistent, Jacobs said.

"But," he added, "a chemical that is bad for the health of one life form -- say insects and weeds -- is not likely to be good for humans. We need much better and more thorough safety testing for substances that we use in industry and for pest control."

<http://www.msnbc.msn.com/id/44177372/#.TIlmGVA6Sp>



Diabetics show Higher Risk of Pancreas Disease

But those odds are curbed if patients are taking diabetes drugs, says new study

June 1, 2011

NEW YORK — People with type 2 diabetes may have a heightened risk of a painful condition known as acute pancreatitis, but those odds are curbed in people on diabetes drugs, a new study suggests.

Acute pancreatitis is a sudden inflammation of the pancreas that causes upper abdominal pain — often worse after eating — as well as nausea and vomiting. Mild cases may go away without treatment, but acute pancreatitis can have serious, life-threatening complications like heart, lung or kidney failure. The disease sends about 200,000 Americans to the hospital each year.

In the new study, researchers found that among more than 97,000 Taiwanese adults followed for up to eight years, those with type 2 diabetes had twice the rate of acute pancreatitis — almost 28 cases per 10,000 people each year, versus 14 cases for every 10,000 people without diabetes.

People with diabetes were more likely to have a number of risk factors for acute pancreatitis. Those included gallstones and heavy drinking — two of the most common causes of pancreas inflammation — as well as high triglycerides (a type of blood fat) and a history of the liver infections hepatitis B or C.

But even when those conditions were taken into account, diabetes itself was linked to an 89 percent increase in the risk of acute pancreatitis.

The findings back up earlier studies that have linked type 2 diabetes to acute pancreatitis, according to senior researcher Dr. Pei-Chun Chen, of China Medical University College of Public Health in Taiwan.

But they also add something new, Chen told Reuters Health in an email.

Among people with diabetes, the study found, those on diabetes medications had a lower risk of acute pancreatitis. And the more medications they were using, the lower the risk.

The potential benefit was seen with a range of diabetes drugs, including metformin (Glucophage); sulfonylureas, which include drugs like glimepiride (Amaryl) and glipizide (Glucotrol); thiazolidinediones, including rosiglitazone (Avandia) and pioglitazone (Actos); and alpha-glucosidase inhibitors, like miglitol (Glyset) and acarbose (Precose).

In recent years, certain other diabetes drugs — including the brand names Januvia and Byetta — have been linked to cases of pancreatitis, and warnings are included in the drugs' prescribing information.

However, it has not been clear whether the drugs themselves cause the pancreas inflammation. The medications were not specifically analyzed in the current study.

Chen said that these latest findings cannot prove that any diabetes medication protects against acute pancreatitis. Nor do they prove that diabetes, itself, causes pancreatitis in some people, the researcher said.

It's possible, according to Chen, that something else about people with diabetes — such as high rates of obesity — account for the connection.

The researchers also lacked information on study participants' smoking habits, and smoking is linked to an increased risk of pancreatitis.

More studies are needed, according to Chen's team, to confirm that diabetes does contribute to pancreatitis, and that medications — or at least certain medications — are protective.

For now, Chen advised that people with diabetes be aware of the symptoms of acute pancreatitis, and call their doctor immediately if they experience them. That may be especially important, Chen noted, for diabetics with alcohol problems or hepatitis C infection.

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In this study, alcoholism and hepatitis C were each stronger risk factors than diabetes for pancreatitis. And both appeared to further boost the risk linked to diabetes.

The study was funded by the Taiwanese government and China Medical University. None of the researchers reports any financial conflicts of interest.

<http://www.msnbc.msn.com/id/43238244/ns/health-diabetes/#.TlImnWVA6Sq>



Diabetics more likely to get Cancer

Study: Those with blood sugar disease are 10 percent more likely to have had cancer diagnosis

May 12, 2011

Based on data from a telephone survey of nearly 400,000 adults, researchers found 16 out of every 100 diabetic men and 17 out of every 100 diabetic women said they had cancer.

That compares to just seven per 100 men and 10 per 100 women without diabetes.

"The significant association between cancer and diabetes does not surprise us," said Dr. Chaoyang Li, an epidemiologist at the Centers for Disease Control and Prevention in Atlanta, Georgia, whose findings appear in the journal *Diabetes Care*.

According to the CDC, nine percent of U.S. adults have diabetes.

After taking into account things like age, race, smoking and drinking habits, the researchers concluded that diabetic men and women were 10 percent more likely to have had a cancer diagnosis of any kind.

Li told Reuters Health other studies have also found a link between the two diseases, although there is no proof that one causes the other.

The researchers found that the types of cancers that were more likely among diabetics differed between men and women.

Compared to people without diabetes, diabetic men were more likely to report having colon, pancreas, rectum, urinary bladder, kidney or prostate cancer (the latter only occurs in men). Diabetic women had more cases of breast cancer, leukemia or cancer of the womb.

For men, the greatest increase in risk was for pancreatic

cancer, with 16 per 10,000 cases among diabetics and just two per 10,000 among non-diabetics.

That corresponds to a four-fold difference after taking other factors into account.

Women's risk of leukemia also varied greatly between the two groups. One per 1,000 women without diabetes said they had been diagnosed with the blood cancer, compared to three per 1,000 women with diabetes. This new study is just a snapshot of people's medical history, and does not follow them over time.

Dr. Fred Brancati, a professor at Johns Hopkins University in Baltimore, said he was struck by the findings, because some of the cancers kill people fast, meaning they wouldn't show up in the study.

"It shows there's a substantial pool of American adults who have diabetes and cancer," said Brancati, who was not involved in the study. "The authors rightly point out that these two conditions go together beyond chance alone, so it pays to think about them together."

Brancati's own research has shown that the risk of death from cancer among people with diabetes is about 40 percent higher than among non-diabetics (see Reuters Health report, December 16, 2008).

Li said it's still unclear why diabetes is tied to cancer. High blood sugar levels or excess blood insulin -- a hormone that helps ferry sugar into the cells -- might increase the risk, but that has not been proven. Certain lifestyle choices reduce the risk of both diabetes and cancer, such as maintaining a healthy weight and not smoking.

Li said the findings are an important reminder for people with diabetes and their doctors to meet regular cancer screening guidelines and to discuss any possible cancer risk from anti-diabetic therapy.

<http://www.msnbc.msn.com/id/43011986/ns/health-cancer/#.TlImnmVA6Sq>



New Research: Nitrates and Nitrites May Cause Alzheimer's, Diabetes and Parkinson's Disease

By Sherry Baker

July 7, 2009

(NaturalNews) According to a new study by scientists at Rhode Island Hospital, millions of Americans could be at

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risk of serious and even fatal diseases because of chemicals used to fertilize and to preserve food.

Scientists have found a strong link between increasing levels of nitrates and nitrites in our food supply and increasing death rates from Alzheimer's, diabetes mellitus and Parkinson's disease.

The research, just published in the *Journal of Alzheimer's Disease*, investigated trends in death rates due to diseases associated with advancing age. They found convincing parallels between age adjusted rises in mortality from certain illnesses -- Alzheimer's, Parkinson's, and diabetes -- and the steadily increasing human exposure to nitrates, nitrites and nitrosamines through processed and preserved foods as well as fertilizers.

Suzanne de la Monte, MD, MPH, of Rhode Island Hospital, and her research team suggest that the exposure to these chemicals is playing a direct role in the cause, development and effects of the pandemic of these diseases. "Because of the similar trending in nearly all age groups within each disease category, this indicates that these overall trends are not due to an aging population. This relatively short time interval for such dramatic increases in death rates associated with these diseases is more consistent with exposure-related causes rather than genetic changes," Dr. de la Monte explained in a statement to the media. "Moreover, the strikingly higher and climbing mortality rates in older age brackets suggest that aging and/or longer durations of exposure have greater impacts on progression and severity of these diseases."

Nitrites and nitrates belong to a class of chemicals called nitrosamines that are created by a chemical reaction between nitrites or other proteins. They've long been shown to be harmful to both humans and animals. In fact, more than 90 percent of nitrosamines have been shown in tests to be carcinogens. However, they are allowed to be freely added to the US food supply. In fact, if you pick up a processed food package such as luncheon meat or bacon, certain beers and some cheese products, you are likely to find that they contain these chemicals. In addition, exposure to nitrates and nitrites are widely found in fertilizers, pesticides and cosmetics. Exposure also occurs through the manufacturing and processing of rubber and latex products.

Nitrosamines are problematic because they become reactive at the cellular level and that means they can alter gene expression and cause DNA damage. The new research suggests that the cellular alterations that occur as a result of nitrosamine exposure create a process much

like accelerated aging in the body and that could spur on the development of Alzheimer's, Parkinson's and Type 2 diabetes mellitus. "All of these diseases are associated with increased insulin resistance and DNA damage. Their prevalence rates have all increased radically over the past several decades and show no sign of plateau. Because there has been a relatively short time interval associated with the dramatic shift in disease incidence and prevalence rates, we believe this is due to exposure-related rather than genetic etiologies," Dr. de la Monte stated.

For the study, the researchers graphed and analyzed mortality rates and compared them with increasing age for each disease. Next the scientists looked at the growth of the US population and the annual use and consumption of nitrite-containing fertilizers, annual sales at popular fast food chains (which carry nitrate and nitrate containing foods), sales for a major meat processing company, and consumption of grain (often fertilized with nitrates). For a control, the research team also looked at statistics on the consumption of watermelon and cantaloupe -- foods that not typically associated with nitrate or nitrite exposure.

The results show that while nitrogen-containing fertilizer consumption increased by 230 percent between 1955 and 2005, its usage doubled between 1960 and 1980 -- and that's the time period just before the insulin-resistant epidemics of type 2 diabetes, Alzheimer's and Parkinson's Disease began. What's more, the investigators also found fast food chain and the meat processing company sales increased more than eight fold from 1970 to 2005, and grain consumption increased five-fold. That means the US population has been exposed to dramatic increase in foods loaded with nitrates and nitrites.

Bottom line: the researchers think the increased prevalence rates of Alzheimer's, Parkinson's and diabetes cannot be explained on the basis of gene mutations and, instead, are examples of toxin exposure-related disease. "If this hypothesis is correct, potential solutions include eliminating the use of nitrites and nitrates in food processing, preservation and agriculture; taking steps to prevent the formation of nitrosamines and employing safe and effective measures to detoxify food and water before human consumption," Dr. de la Monte, who is a professor of pathology and lab medicine at The Warren Alpert Medical School of Brown University, said in a press statement.

http://www.naturalnews.com/z026566_disease_nitrates_diabetes.html



Study Shows Vitamin D Deficiency a Major Risk Factor For Developing Diabetes

August 5, 2011

The largest study of its kind found people with higher levels of vitamin D in their blood were less likely to develop type 2 diabetes than those with lower levels. It could lead to at-risk patients using vitamin D supplements along with diet and exercise to stop their development of the potentially deadly condition. The study's co-author Ken Sikaris, a pathologist at Melbourne Pathology in Australia, said the research could have a big impact in slowing increasing rates of diabetes in Australia. "It's hard to underestimate how important this might be," he said.

Between a third and a fifth of the Australian population could be vitamin D deficient and rates were highest in the southern states, which received less sunlight, Dr Sikaris said. The research, which tested the blood of 5200 people, found every increase of 25 nanomoles of vitamin D per liter of blood (nmol/L) equated to a 24 per cent reduced risk of diabetes, another co-author, Zhong Lu, a pathologist at Monash Medical Centre and Melbourne Pathology, said.

People with a level of vitamin D in their blood that is less than 50 nmol/L are deficient, although some experts believe the threshold for deficiency should be set higher.

The study, published in the journal *Diabetes Care* and presented by Dr Lu at a conference of the Australian and New Zealand College of Anaesthetists, retested blood samples taken as part of the major AusDiab study of risk factors for diabetes.

It found vitamin D deficiency was an independent risk factor, even after adjusting for others, such as weight and physical activity. The AusDiab study, which was made between 1999 and 2005 and is the most recent to widely test for diabetes, revealed 7.4 per cent of Australians over 25 had the condition.

Peter Ebeling, the chair of the NorthWest academic centre at the University of Melbourne and Western Health, said that in light of the findings he was conducting a trial to test whether vitamin D supplements could help prevent diabetes. He was attempting to increase the vitamin D concentrations in the blood of a group of 100 people with pre-diabetes to 75 nmol/L. Professor Ebeling said such research had progressed slowly in the past because it had not attracted funding,

particularly from drug companies.

<http://diabetesnews.com/>



Vaccines Found to Cause Diabetes in Children

By David Gutierrez

August 19, 2008

(NaturalNews) Two new studies showing that vaccines increase the risk of diabetes have been published in the *Open Pediatric Medicine Journal*.

In a prior study, published in the journal *Autoimmunity*, Dr. J. Bartholomew Classen of Classen Immunotherapies and David Carey Classen of the University of Utah compared more than 100,000 children who had received between one and four doses of the hemophilus vaccine with more than 100,000 unvaccinated children. The Classens found that after seven years, children in the vaccination group had a 26 percent higher risk of developing diabetes than children in the non-vaccine group. This amounted to an extra 54 cases of diabetes per 100,000 children vaccinated.

The Classens noted that the vaccine itself is only projected to prevent seven deaths and seven to 26 cases of permanent disability per 100,000 children.

"Our results conclusively prove there is a causal relationship between immunization schedules and diabetes," J. Bartholomew Classen said at the time.

In the more recent study, Classen examined data on the same vaccine, this time looking only at children who had a sibling with Type 2 diabetes. He found that the hemophilus vaccine led to an extra case of diabetes in one of every 50 such children, or 2 percent. This is 40 times higher than the already-elevated rate found in the *Autoimmunity* study.

"The recent data shows that common childhood vaccines are especially dangerous to children with a strong family history of diabetes," Classen said. "Parents of a child with a strong family history of insulin-dependent diabetes ... should know that the administration of a full series of vaccines may have a greater than 5 percent chance of causing their child to develop diabetes."

Another study, published in the same issue of the *Open Pediatric Medicine Journal*, demonstrated a connection between the hepatitis B vaccine and Type 2 diabetes.

<http://www.naturalnews.com/z023902.html>



ASPARTAME

By Pat Thomas

August 8, 2005

Aspartame is the most controversial food additive in history. The most recent evidence, linking it to leukaemia and lymphoma, has added substantial fuel to the ongoing protests of doctors, scientists and consumer groups who allege that this artificial sweetener should never have been released onto the market and that allowing it to remain in the food chain is killing us by degrees.

Once upon a time, aspartame was listed by the Pentagon as a biochemical warfare agent. Today it's an integral part of the modern diet. Sold commercially under names like NutraSweet and Canderel, aspartame can be found in more than 5,000 foods, including fizzy drinks, chewing gum, table-top sweeteners, diet and diabetic foods, breakfast cereals, jams, sweets, vitamins, prescription and over-the-counter drugs. This means that there is a good chance that you and your family are among the two thirds of the adult population and 40 per cent of children who regularly ingest this artificial sweetener.

Because it contains no calories, aspartame is considered a boon to health-conscious individuals everywhere; and most of us, if we think about it at all, think it is safe. But independent scientists say aspartame can produce a range of disturbing adverse effects in humans, including headaches, memory loss, mood swings, seizures, multiple sclerosis and Parkinson's-like symptoms, tumours and even death.

Concerns over aspartame's toxicity meant that for eight years, the US Food and Drug Administration (FDA) denied it approval, effectively keeping it off the world market. This caution was based on compelling evidence, brought to light by numerous eminent scientists, litigators and consumer groups, that aspartame contributed to serious central nervous system damage and had been shown to cause cancer in animals. Eventually, however, political muscle, won out over scientific rigour, and aspartame was approved for use in 1981.

The FDA's about-turn opened the floodgates for aspartame's swift approval by more than 70 regulatory authorities around the world. But, as the remarkable history of the sweetener shows, the clean bill of health given to it by government regulators - whose raison d'etre should be to protect the public from harm - is simply not worth the paper it is printed on.

ASPARTAME REACTIONS: A HIDDEN EPIDEMIC

Aspartame has been linked to a host of devastating

central nervous system disorders.

When aspartame was approved for use, Dr HJ Roberts, director of the Palm Beach Institute for Medical Research, had no reason to doubt the FDA's decision. 'But my attitude changed,' he says, 'after repeatedly encountering serious reactions in my patients that seemed justifiably linked to aspartame.' Twenty years on, Roberts has coined the phrase 'aspartame disease' to describe the wide range of adverse effects he has seen among aspartame-guzzling patients.

He estimates: 'Hundreds of thousands of consumers, more likely millions, currently suffer major reactions to products containing aspartame. Today, every physician probably encounters aspartame disease in everyday practice, especially among patients with illnesses that are undiagnosed or difficult to treat.'

As a guide for other doctors, Roberts, a recognised expert in difficult diagnoses, has published a lengthy series of case studies, *Aspartame Disease: an ignored epidemic* (Sunshine Sentinel Press), in which he meticulously details his treatment of 1,200 aspartame-sensitive individuals, or 'reactors', encountered in his own practice. Following accepted medical procedure for detecting sensitivities to foods, Roberts had his patients remove aspartame from their diets. With nearly two thirds of reactors, symptoms began to improve within days of removing aspartame, and improvements were maintained as long as aspartame was kept out of their diet.

Roberts' case studies parallel much of what was revealed in the FDA's report on adverse reactions to aspartame - that toxicity often reveals itself through central nervous system disorders and compromised immunity. His casework shows that aspartame toxicity can mimic the symptoms of and/or worsen several diseases that fall into these broad categories

CONDITIONS MIMICKED BY ASPARTAME TOXICITY

- **Parkinson's disease**
- **Alzheimer's disease**
- **Fibromyalgia**
- **Arthritis**
- **Multiple chemical sensitivity**
- **Chronic fatigue syndrome**
- **Attention deficit disorder**
- **Panic disorder**

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- Depression and other psychological Disorders
- Lupus
- Diabetes and diabetic complications
- Birth defects
- Lymphoma
- Lyme disease
- Hypothyroidism

Case studies, especially a large series like this, address some of the issues surrounding real-world use in a way that laboratory studies never can; and the conclusions that can be drawn from such observations aren't just startling, they are also potentially highly significant. In fact, Roberts believes that one of the major problems with aspartame research has been the continued over-emphasis on laboratory studies. This has meant that the input of concerned independent physicians and other interested persons, especially consumers, is 'reflexively discounted as "anecdotal"'.

Many of the diseases listed by Roberts fall into the category of medicine's 'mystery diseases' - conditions with no clear aetiology and few effective cures. And while no one is suggesting that aspartame is the single cause of such diseases, Roberts' research suggests that some people diagnosed with, for example, multiple sclerosis, Parkinson's or chronic fatigue syndrome may end up on a regimen of potentially harmful drugs that could have been avoided if they simply stopped ingesting aspartame-laced products.

The full report is in the September 2005 issue of the Ecologist magazine

http://www.ecologist.cognita.info/archive_detail.asp?content_id=451



High Fructose Corn Syrup Causes Diabetes

December 17, 2005

Fructose, the sugar found in the corn-syrup sweeteners [High Fructose Corn Syrup is what is shown on food labels] used in many processed foods, may trick the body into thinking it's hungrier than it really is, causing people to eat more and risk becoming obese.

That's the disturbing finding of a group of University of Florida researchers who believe it may help explain why there is a growing obesity epidemic in America Today.

Dr. Richard Johnson and his colleagues identified fructose as part of a biochemical process that leads to weight gain and other precursors of Type 2 diabetes. They also found that fructose causes an increase in blood uric acid that can block the action of insulin, the hormone that regulates how body cells use and store the sugar they need for energy.

If increased uric acid levels occur frequently enough, features of metabolic syndrome--obesity, elevated blood cholesterol levels and high blood pressure - may develop.

[Uric acid also causes gout (gouty arthritis, joint pain). High acidity also causes deterioration of bones (osteoarthritis, osteoporosis).]

The Florida researchers fed rats a high-fructose diet for 10 weeks. All the rats experienced an increase in uric acid in the bloodstream and also went on to develop insulin resistance.

"When we blocked or lowered uric acid, we were able to largely prevent or reverse features of the metabolic syndrome," said Dr. Johnson, professor of nephrology and chief of nephrology, hypertension and transplantation at the university's College of Medicine.

"We were able to significantly reduce weight gain, we were able to significantly reduce the rise in the triglycerides in the blood, the insulin resistance was less and the blood pressure fell."

The research appears in the December issue of the journal Nature Clinical Practice Nephrology and in the online edition of the American Journal of Physiology-Renal Physiology.

<http://www.rense.com/general69/fruc.htm>



Kenya: Why Sugar is the New Health Worry

By Gatonye Gathura

6 May 2011

Nairobi — New evidence implicating sugar for the rise in lifestyle diseases has governments and international agencies scrambling to forestall a future epidemic.

The increased use of sugar -- one of the most popular sweeteners at home and in the use of processed food and drink -- formed part of the discussion this week at an international conference in Russia, which ends on Saturday. And last Thursday, the US government announced sweeping new guidelines that seek to limit

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the advertisement of sugar products aimed at children.

Citing an epidemic of childhood obesity, regulators are taking aim at a range of tactics used to market foods high in sugar, but also fat or salt to children, including the use of cartoon characters.

"It is no exaggeration to describe the situation as an impending disaster; a disaster for health, for society, and most of all for national economies," said WHO Director-General Margaret Chan in a statement after launching the Global status report on non-communicable diseases in Moscow, Russia.

Dr Chan addressing the 191 WHO member countries, called for immediate and aggressive action against tobacco, alcohol, foods rich in salts, fats and yes -- sugar -- to stop what it called "globesity"

The world body is advocating for the lowering intakes of sugar, salt, and saturated fats and limiting the marketing of food to children, and using tax and pricing influence food consumption.

WHO says, for example, that 36 million people died from conditions such as heart disease, strokes, chronic lung diseases, cancers and diabetes in 2008. Most of these, who included about 800,000 Kenyans, are from developing countries and most under the age of 70.

Two weeks ago, Gary Taubes an author and contributor to the New York Times kicked a huge debate with his article, "Is Sugar Toxic." Citing extensive research, he concluded that the excessive consumption of sugar was a cause for many of these killer lifestyle diseases.

Taubes argued that increasing evidence suggests that the granulated sugar we put in our tea or tart on that morning cereal, or corn syrup, much used in the soft drink and confectionary industry are a contributory factor to the increasing incidence of lifestyle diseases.

While the WHO started to develop guidelines on how to reduce sugar in processed foods as early as 2003, evidence adduced in the new global report has galvanised the world into action.

According to the minister for Medical Services, Prof Anyang' Nyong'o, who attended the Moscow meeting, almost half of all hospital beds in the country today are occupied by people suffering from lifestyle diseases, and this is getting worse.

Within the next nine years, he estimated, those seeking medical care for lifestyle diseases will have by far outstripped other ailments in the country's healthcare

system.

The world, he says, is concerned and will meet again in New York in September to draw attention to the grave danger posed by non-communicable diseases.

Every country and individual, says Prof Nyong'o, will be asked to make a lifestyle choice and walk away from risks that could lead to early obesity or heart problems. Such choices include, proper diets that are low in sugar, salt and fat while rich in fruits and vegetables.

The head of the non-communicable diseases unit at Kenya's Ministry of Medical Services, Dr William Maina, says the situation is alarming. More people, he says are consuming unhealthy foods, which are high in salts, fats and added sugars consequently putting their lives at risk of health complications and early death.

Are we consuming too much sugar? According to the US Federal Drug Agency, if one is consuming 18kg of added sugar per year, above what naturally comes from fruits and vegetables, it may be too much.

WHO figures indicate Kenyans per capita sugar consumption has averaged 21kg annually since 1991 -- more than twice as much as Tanzania and Uganda. Affluence seems to determine how much sugar is taken in a particular homestead or country, in Sweden or Australia for example the per capita sugar consumption average 50kg.

Despite growing public pronouncements and awareness that the intake of too much sugar is bad for health, the availability of sugary snacks is on the increase in Kenya.

According to the Kenyan Snack-Foods Market Report released in March by the United States Department of Agriculture, the situation is getting worse but a few people are also changing habits for the better.

"Kenyans increase their snack-food consumption year-over-year at a current rate of growth greater than the growth in population," say the report prepared by Souleymane Diaby.

The trend, it is forecast, is likely to continue as more of them attain middle class status and as retailers increase the variety and accessibility of these highly sugared products.

Diaby says imported snack-foods are growing much faster than those generated locally. The country imports 30 per cent of snack-food products from Europe, 28 per cent from Egypt and 11 per cent from India and about one per cent from the US.

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FEATURED ARTICLES

Aspartame Exposed – GM Bacteria used to create Deadly Sweetener

By Anthony Gucciardi
January 5, 2011

(NaturalNews) The manufacturers of the most prevalent sweetener in the world have a secret, and it's not a sweet one. Aspartame, an artificial sweetener found in thousands of products worldwide, has been found to be created using genetically modified (GM) bacteria. What's even more shocking is how long this information has been known. A 1999 article by The Independent was the first to expose the abominable process in which aspartame was created. Ironically, the discovery was made around the same time as rich leaders around the globe met at the G8 Summit to discuss the safety of GM foods.

The 1999 investigation found that Monsanto, the largest biotech corporation in the world, often used GM bacteria to produce aspartame in their US production plants. The end result is a fusion between two of the largest health hazards to ever hit the food industry -- artificial sweeteners and an array of genetically altered organisms. Both have led to large-scale debate, with aspartame being the subject of multiple congressional hearings and scientific criticism. Scientists and health advocates are not the only ones to speak out against aspartame, however. The FDA received a flurry of complaints from consumers using NutraSweet, a product containing aspartame. Since 1992, the FDA has stopped documenting reports on the subject.

The process in which aspartame is created involves combining an amino acid known as phenylalanine with aspartic acid. First synthesized in 1965, aspartame requires bacteria for the sole purpose of producing phenylalanine. Monsanto discovered that through genetically altering these bacteria, phenylalanine could be created much more quickly. In the report by The Independent, Monsanto openly

admitted that their mutated bacteria are a staple in the creation process of aspartame.

"We have two strains of bacteria - one is traditionally modified and one is genetically modified," said the source from Monsanto. "It's got a modified enzyme. It has one amino acid different."

Multiple studies have been conducted regarding genetic manipulation, with many grim conclusions. One study found that the more GM corn was fed to mice, the fewer babies they had. Another study, published in the International Journal of Biological Sciences, found that the organs that typically respond to chemical food poisoning were the first to encounter problems after subjects consumed GM foods. The same study also states that GM foods should not be commercialized.

"For the first time in the world, we've proven that GMO are neither sufficiently healthy nor proper to be commercialized. [...] Each time, for all three GMOs, the kidneys and liver, which are the main organs that react to a chemical food poisoning, had problems," indicated Gilles-Eric Seralini, an expert member of the Commission for Biotechnology Reevaluation.

Consumer groups are now curious as to whether or not other products secretly contain genetically modified ingredients. Due to the fact that the finished product's DNA does not change when using genetically modified bacteria, it is hard to know for sure. With the FDA ruling against the labeling of GM salmon, it is becoming more of a challenge to determine whether or not a product contains GM ingredients. Consumers are voicing their opposition for GM ingredients going incognito, with the largest growing retail brand being GMO-free products.

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"The public wants to know and the public has a right to know," said Marion Nestle, a professor in the Nutrition, Food Studies and Public Health Department at New York University.

Unveiling the secret process in which aspartame is created acts as yet another reminder to stay away from artificial sweeteners, and one should choose natural alternatives such as palm sugar, xylitol, or stevia.

[Editor's Note: NaturalNews is strongly against the use of all forms of animal testing. We fully support implementation of humane medical experimentation that promotes the health and wellbeing of all living creatures.]

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Anthony Gucciardi is a health activist and wellness researcher, whose goal is centered around educating the general public as to how they may obtain optimum health

http://www.naturalnews.com/030918_aspartame_GM_bacteria.html



Ritalin-Aspartame- Chromosome Damage - Killing Kids for Money

Dr. Betty Martini, D.Hum.

July 4, 2005

What they should know about the aspartame connection:

1. Before the approval of aspartame (NutraSweet /Equal /Spoonful, E951, Canderel) there was no epidemic of Ritalin use or epidemic of learning disorders and behavioral problems. Renowned neuroscientist, Dr. John Olney, predicted what would happen to the brains of our children if aspartame was approved, especially in combination with MSG. He founded the field of neuroscience called excitotoxicity when he did studies on aspartic acid, (40% of aspartame) and found it caused lesions in the brains of mice. Aspartic acid is an excitotoxin, that stimulates the neurons of the brain to death causing brain damage.

Neurosurgeon Russell Blaylock, M.D., wrote the book on it, "Excitotoxins: The Taste That Kills".

www.russellblaylockmd.com

Dr. Olney's report to the Board of Inquiry of the FDA explaining what would happen to the brains of our kids can be gotten on CD from Bob Flint, Mission Possible Maine, greatfalls@gwi.net

It also has the Board of Inquiry report of the FDA that revoked approval of aspartame. Learn how it finally got approved by seeing the film Sweet Misery: A Poisoned World, www.docworkers.com. On the film Washington Attorney James Turner explains how Don Rumsfeld then CEO of G. D. Searle Co. called in his markers to get approval of a deadly neurotoxic drug masquerading as an additive. Mr. Turner along with Dr. John Olney tried to prevent approval.

2. Aspartame interacts with all anti-depressants and psychiatric medication including Ritalin, of course. Our children are medicated instead of educated. And aspartame triggers behavioral and psychiatric problems to begin with. The 50% phenylalanine as an isolate is neurotoxic and goes directly into the brain lowering the seizure threshold and depleting serotonin. Lowered serotonin triggers manic depression or bipolar, suicidal tendencies, mood swings, panic attacks - all types of behavioral and psychiatric problems. Aspartame knows no age. Time Magazine ran an article some years ago with bipolar on the cover. An epidemic of children have bipolar and why does this point to aspartame? Because children don't get bipolar, its an adult disease.

Psychiatrist and medical director of the Safe Harbor Behavioral Health Center in Erie, Pennsylvania, Ralph Walton, M.D. has been concerned about the bipolar and aspartame connection for years and actually did a study on aspartame which can be found on <http://www.wnho.net>.

He was concerned if aspartame triggers depression what will it do to those already compromised with these types of problems. Monsanto who owned NutraSweet at the time told Dr. Walton they would supply the aspartame but changed their mind because they could not control the study, no doubt.

In the study one subject suffered a retinal detachment while another had conjunctival bleeding. Many from the compromised group said they felt they were being poisoned. The institution stopped the study. Read Dr. Walton's research on scientific peer reviewed studies and funding. 92% of independent, unbiased research showed the problems, yet industry "controlled and financed studies" always said it was safe. This was discussed on 60 Minutes by Dr. Walton when Dr. Olney made world news about the aspartame/brain tumor association in 1996. We are now taking aspartame brain tumor cases from New York, Madison County, Illinois, New Jersey and Mississippi for litigation. *Continued on page 30*

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Aspartame breaks down to a brain tumor agent, diketopiperazine. You have only to read the Secret Trade Information, last paragraph on <http://www.dorway.com> to know the manufacturer knew it would do this and wanted it approved anyway. They mentioned they had to consider almost conversion to DKP and if they told the FDA they wouldn't get it approved.

To check this out in humans, Searle sacrificed people in poor villages in 6 countries. The studies showed that aspartame destroys the brain and central nervous system, and hardens the synovial fluids, according the horrific joint pain aspartame victims suffer. Some developed brain tumors and others seizures. Searle did not publish the findings but we have the sworn affidavit from the translator.

3. The July 2005 First For Women has the issue of aspartame and anxiety and irritability on the cover as an alert. On page 24 and 25 Dr. Walton is quoted as saying: "Just a sip of diet soda can bring on symptoms like headaches, sluggishness, anxiety, depression and irritability" Lorena Murray, our Mission Possible Hickory, N.C. is being interviewed and she can be seen in the movie, Sweet Misery. What the article didn't go into is that Lorena used aspartame during pregnancy and has aspartame affected children with learning and behavioral problems. This neurotoxin almost destroyed her life and family.

4. How can aspartame destroy families? Because of damage of the hypothalamus and mitochondria this neurotoxin triggers male sexual dysfunction and ruins female response. Being an endocrine disrupting drug it stimulates prolactin, changes the menses and causes infertility. This is discussed in detail in the medical text, Aspartame Disease: An Ignored Epidemic, by H. J. Roberts, M.D., www.sunsentpress.com.

There is also a report by biochemist, Dr. Madelon Price, who worked with Dr. John Olney for 30 years, and it can be found on <http://www.dorway.com>.

A Japanese study some years ago also showed aspartame can cause infertility in the male, and the DNA damage. If a woman gets off aspartame and does get pregnant aspartame is an abortifacient, the reason for so many miscarriages. It is also a teratogen and triggers birth defects and mental retardation. And even if a live child is born it may have heinously damaged DNA for generations to come.

5. Has it been proven that aspartame causes these problems in children. Absolutely! Go to the Safe Harbor

web site and read Miracle in Wisconsin . The ADD folks sponsored a program for the worst school in Wisconsin. All vending and soda pop machines were removed and the children were given nutritional food. At the end of the program this was the best school in Wisconsin with zero learning and behavioral problems. In September the ADD people, Feingold, banned aspartame.

Normally nobody would do a study on aspartame and children because after a quarter of a century we know without a shadow of a doubt how this aspartame destroys brains. In fact, some years ago a Norway University did a study and found aspartame destroys the brain, especially in the area of learning.

However, a study was accidentally done in children by Dr. Baret of the Dominican Republic. Knowing that small children drinking milk could trigger diabetes, Dr. Baret changed their diet to replace milk with aspartame laced juice. It affected immediately almost all 360 children with anxiety, irritability, etc. Knowing the only thing he did was add aspartame to their diet he called. He then removed the aspartame laced juice and within 4 days all the children went back to normal. More information about this is in Dr. Roberts medical text, Aspartame Disease: An Ignored Epidemic.

6. Has DNA damage been proven? Beyond a shadow of a doubt. Dr. Russell Blaylock discussed the Trocho Study done in 1998 in Barcelona to the Minneapolis Neuropathy Association in 1999. He said: "A recent study by Trocho, Pardo and co-workers, have demonstrated that following aspartame ingestion, significant amounts of formaldehyde accumulate in the tissues. Formaldehyde is known to bind strongly to proteins and nucleic acids, forming adducts that are extremely difficult to eliminate through normal metabolic pathways.

"In this study, they demonstrated that labeled methanol (as formaldehyde) accumulated in high concentrations in the liver (50%) and in lower, but substantial, concentrations in the kidney, adipose tissue, brain and retina. Within the cell, they found large amounts located within the DNA. It was interesting to note that these doses were lower than that used in toxicity studies. Previous studies have shown that very high doses of aspartame may not cause acute symptomatology. This study indicates the damage may necessitate longer periods of time to manifest itself and that the eventual effects can be quite deleterious."

Having spoken to many people in the media who have tried to interview the researchers in Barcelona, I can tell you they won't be doing more studies on aspartame and they won't talk. They have been threatened. This is one of

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the damning scientific peer reviewed studies done on aspartame. When you damage DNA you can destroy humanity.

7. Why do not all physicians and consumers know the above information? Because of the most wicked propaganda. There are many front groups on the Internet like the Calorie Control Council who had the audacity to write the Miami Herald and with full knowledge push aspartame on pregnant women. See Dr. Blaylock's letter to the Miami Herald on <http://www.wnho.net>.

Does the Miami Herald know aspartame is a deadly neurotoxin? Absolutely. They picked up propaganda from another front group two years earlier. They were written by physicians like Dr. Roberts and overwhelmed with aspartame victims' testimonies. And since the front group was writing about me I sent them proof they were wrong. This had to do with lecturing for the World Environmental Conference and I even sent them my invitation to speak. In both cases the Miami Herald printed none of the letters nor did they write a retraction.

They refused to tell me which reporter published the propaganda. Obviously since they were writing about me in the first place they should have contacted me, so intent was made clear. One caller reported a woman reading the propaganda in the Miami Herald got back on aspartame, had a grand mal seizure and died. Professional organizations also push the manufacturer's propaganda because they receive their funding. You could write a book on the propaganda mills and the lobbyists. Dr. Louis Elsas, Pediatric Professor, Genetics, testified before Congress about what aspartame and birth defects. His excellent testimony is <http://www.wnho.net>.

8. What you can do to help save the children. What is most important at the present time is that the Alabama Board of Education on July 12 will vote on a health plan for the Alabama schools to deal with obesity. And there are some that want to allow caffeinated diet drinks in the schools for 2005/06 school year. Keep in mind it's the diet drinks that cause obesity because of the aspartame and a new study has proven it.

<http://my.webmd.com/content/article/107/108476.htm>

Also read Dr. Sandra Cabot's paper on <http://www.dorway.com> Aspartame Makes You Fatter and Dr. Ralph Walton's paper on Aspartame and Depression and Obesity. It also can precipitate diabetes, simulates and aggravates diabetic retinopathy and neuropathy and interacts with insulin as diabetic specialist H. J. Roberts, M.D., discusses in his medical text, Aspartame Disease: An Ignored Epidemic. The soft

drink industry in Alabama is lobbying hard. We need everyone's help to stop them.

http://www.blackherbals.com/ritalin-aspartame-chromosome_damage.htm



Soy and Soy Products linked to Type-1 Diabetes and Erectile Dysfunction

by Shona Botes

April 20, 2011

(NaturalNews) Over the past few years, soy has been hailed as a miracle health food. Unfortunately, the complete opposite is true. Soy has been linked to a myriad of health conditions such as infantile leukaemia, various forms of cancer, type-1 diabetes, malnutrition, thyroid dysfunction and even erectile dysfunction.

Research has shown that babies who have been fed soy-based formulas were at higher risk for developing type-1 diabetes and thyroid disease later in life. Soy-based formulas also contain up to 1000 times more aluminum than non soy-based formulas.

Soy contains a large amount of anti-nutrients (otherwise known as toxins). One of these is what is referred to as enzyme inhibitors. Enzyme inhibitors block the action of the enzymes which are required to digest proteins. Even cooking the soy at high temperatures does not break down these inhibitors. As a result, consuming soy and soy products can lead to conditions such as reduced protein digestion, excessive bloating, a deficiency of essential amino acids, abnormal thyroid functions, a higher risk of breast cancer in women who have had ovaries removed and abnormal blood clotting. Mineral deficiencies of calcium, magnesium, copper and zinc have also been reported.

Soy isoflavones are another form of soy product which is found in almost all so-called diet products like protein shakes and 'health bars.' People who are trying to fall pregnant, those who have difficulty urinating under normal circumstances, breastfeeding moms, those with kidney problems and prostate cancer and anyone suffering from peanut allergies should avoid this ingredient.

The consumption of soy products is especially harmful for men as it has been known to cause them to form breasts, and it is also reported to lower or even destroy their sex drive. Studies also showed that it causes men to lose arm, chest and leg hair.

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The amount of oestrogen contained in 100 grams of soy protein is equivalent to that of one high-dose birth control pill. In women, this can be responsible for the onset of early menopause, hot flushes, PMS and many other hormone-related issues.

Soy contains a high number of phytoestrogens. These are an oestrogen-like chemical which is produced by plants. A study estimated that babies who are being fed a soy-based formula are being fed the equivalent of around five birth control pills worth of oestrogen every day. This amount of oestrogen is thought to be responsible for the increased amount of learning disabilities and cases of ADD/ADHD. It is also thought to be responsible for the fact that girls are now going through puberty from as young as eight or nine years old.

That being said, the only safe forms of soy to consume are those which have been properly fermented, such as Japanese natto and properly prepared Chinese tofu.

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Shona Botes is a budding blogger, as well as a fabulous frugalist. Her spare time is spent engaged in blogging, cycling, photography, as well as green living and natural healing and remedies.

http://www.naturalnews.com/032141_soy_products_diabetes.html



Scientists Say Monsanto's Genetically Engineered Corn May Cause Diabetes

June 14, 2006

New Zealand's governmental food standards board may approve a genetically altered type of corn used for animal feed. The Monsanto Corporation produces the new corn called High-Lysine Corn LY038. Monsanto scientists have altered the corn to contain higher levels of the amino acid lysine than is found in other corn varieties.

While lysine itself isn't a health risk, if the LY038 variety is cooked with sugars also found in the corn, compounds called AGE's are produced which are implicated in causing Alzheimer's disease, diabetes, and several other health conditions.

Even though Monsanto states that LY038 is intended only for animal feed, they made application for approval as a human food so they do not have to keep the altered corn separate from edible corn.

The real problem is the government's food agency made no effort to test what the health impact would be if the LY038 were to enter the human food supply. Numerous ways animal feed either can accidentally or deliberately end up eaten by humans is a serious risk.

There are many countries with diabetes epidemics, including New Zealand and the United States. Risking our food supply is not worth the risk of potentially increasing the sugar content of food in a diabetic diet or everyday foods.

Proposed change to food code not grounded on best available science

The Centre for Research in Biosafety (INBI) is urging the food standards agency to reconsider its draft recommendation to approve a new type of GM corn.

INBI has recommended that Food Standards Australia New Zealand (FSANZ) should not approve Monsanto's genetically modified high-lysine LY038 corn until further safety studies have been conducted.

FSANZ is the agency responsible for protecting the safety and integrity of food sold in Australia and New Zealand. Monsanto has applied to FSANZ for LY038 to be permitted in the food supply, but has declared that its intention is to market LY038 as animal feed.

INBI believes LY038 is the first genetically modified crop plant substantially different in its nutritional profile to be considered for approval as a human food. INBI recommends that safety studies be conducted using GM corn that has been cooked and processed as it is in human food.

"The key difference between the use of corn as an animal feed and a human food is cooking and processing, and FSANZ has made no attempt to assess food hazards resulting from cooking or processing of LY038," said INBI Director and University of Canterbury Associate Professor Jack Heinemann.

He said LY038 corn was substantially different to conventional corn in that it has high concentrations of compounds that are known to produce food hazards when heated with the sugars found in corn.

"We've carefully examined the risk assessment done by FSANZ and its supporting materials, and we can't understand why FSANZ does not ask for the obvious scientific studies that would establish the safety of this

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product when it is cooked and processed, the way people - and not chickens - eat it," Heinemann said.

While the FSANZ assessment assumes that LY038 would enter the food supply only in small amounts and inadvertently, the INBI submission identifies a number of realistic pathways, both deliberate and inadvertent, through which the amounts of LY038 in the food supply could be much more significant.

In its submission to FSANZ, INBI makes over 90 major recommendations, most of which identify deficiencies in the supporting scientific studies and in the analysis conducted by FSANZ. INBI also notes ways in which the FSANZ standards deviate from those recommended by international food safety bodies such as Codex Alimentarius and the World Health Organisation.

"FSANZ is obligated to use the best scientific evidence available and conduct a case-by-case assessment. From our point of view, it hasn't consistently done either," said Heinemann. INBI has called on FSANZ to explain how it weighs competing costs and benefits when coming to its decisions.

"FSANZ is charged with maintaining public confidence in the quality and safety of food," said Billie Moore, an INBI researcher. "This is impossible without public confidence in FSANZ and its decision-making processes, which must therefore be transparent and open to public scrutiny and evaluation. It cannot expect the public to have confidence in unsubstantiated assertions and unexplained reasoning." For the INBI submission, please go to:

<http://www.inbi.canterbury.ac.nz/Documents/submissions/submissionDARA549.pdf>

<http://diabeticnews.com/2006/06/14/genetically-altered-corn-may-cause-diabetes/>

<http://www.scoop.co.nz/stories/SC0606/S00022.htm>



THE GM INJECTION

By Jo-Ann Goodwin

Daily Mail
August 29, 2002

Tainted crops in our fields. Superweeds that can't be killed. Fears over mutant cattle, fish and pigs. Recent weeks have brought alarming revelations over GM technology.

Jonathon was 19 years old when he died. Tall and strongly built, he was a keen all-round sportsman with a

particular passion for football. He had chosen to study law after leaving school, and quickly settled in at Southampton University. On the last night of his life, Jonathon shared a curry with his flatmate, Ben. Exams were looming, and the two students spent a while revising before going to bed. Next morning Jonathon failed to turn up for football practice. His body was discovered later that day. He had died in bed some time in the early hours of April 23, 1995.

To this day, his mother Cheryl is haunted by memories of the police arriving at the door of her Midlands home to break the news. But what haunts her even more is the terrible possibility that Jonathon was killed by the very medication he was taking to keep himself alive.

He had been diagnosed as diabetic just before his 17th birthday. And like almost all sufferers in recent years, he had been prescribed genetically engineered 'human' insulin, commonly - and rather misleadingly - referred to as 'human' insulin.

Diabetics need insulin to prevent their blood sugar levels spiralling out of control. But in Jonathon's case, something went catastrophically wrong. The cause of his death was officially recorded as hypoglycaemia - meaning that the level of glucose in his blood had plunged so low that his body effectively ran out of fuel.

'Hypos' of varying severity are a constant hazard for diabetics, but in the months before his death Jonathon had suffered them with increasing frequency. They would strike without warning, leaving him disoriented and on the brink of collapse.

His mother now believes that there was a simple and deeply disturbing explanation: Jonathan's body was unable to cope with genetically engineered insulin. 'He was put straight on it as soon as he was diagnosed, she says. 'No one told us there was any alternative. It was only afterwards - when it was too late - that I found out that things could be different.'

Indeed, as Jonathon's mother has discovered, his death is part of a far wider story.

Since its introduction 20 years ago this summer, genetically engineered insulin has been linked not only to an increasing number of unexplained deaths but to a range of side-effects that some patients say have destroyed their lives. These range from unexpected hypos to massive weight gain, violent mood swings, memory loss, joint pains, mental confusion and crippling exhaustion.

Complaints have been voiced by thousands of diabetics

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around the world. But they have failed to stop human insulin almost completely replacing insulin derived from pigs and cattle - although the animal insulin doesn't seem to have the same effects. In a striking echo of the MMR controversy, those who dare to question official policy have been vilified as alarmists. Tony Blair, for one, has hailed human insulin as a shining example of the benefits of GM technology.

Now, according to campaigners against human insulin, the need to challenge such complacency has never been greater. They fear that recent developments in the pharmaceutical industry could soon choke off all remaining supplies of alternative medication. They speak of feeling 'the noose tightening around our necks', and warn that more tragedies like Jonathon's are inevitable unless urgent action is taken. Now their campaign has received a major boost with the publication of a damning report on research into the new insulin. It challenges the reliability of trials that supposedly gave the product a clean bill of health.

Concerns over GM technology tend to concentrate on the crops in our fields and food on our plates. But insulin is a substance that thousands of diabetics inject directly into their bodies every day. For the drug companies involved, millions of pounds in profits are at stake. And as the unsettling saga shows, profits can sometimes seem to be more important than the interests of patients.

At the beginning of the 1980s, two corporate giants were engaged in a breakneck race. Eli Lilly and Novo - later to become Novo Nordisk - were vying for control of the lucrative worldwide insulin market.

Previously, all diabetics had relied on animal insulin extracted from the pancreases of pigs and cattle. But the bright new dawn of biotechnology had arrived, and Eli Lilly had succeeded in cloning a synthetic form of the insulin molecules found in the human body. It was an astonishing breakthrough - but Novo already held 40 per cent of the UK insulin market and had no intention of losing it to Eli Lilly. Concentrating resources, it quickly caught up with its rival.

By 1981, Novo had its own genetically modified product. Although described as 'human' insulin - a public relations masterstroke, that helped ensure its acceptance by diabetics - it was, in fact, synthetic. Today it is manufactured from yeast cells or E coli bacteria.

The insulin was put before the Medicines Control Agency, a government body which checks the safety of drugs before licensing them for sale. Novo was desperate to get its product on the market before Lilly's, and found

the MCA officials extremely co-operative. 'It was cutting-edge science and very glamorous,' says Dr Laurence Gerlis, who was then Novo's director of medical research but is now an outspoken critic. 'The MCA were keen to be seen encouraging biotechnology.'

Opponents of human insulin now suggest that the MCA failed to demand sufficiently rigorous clinical trials for what was the first genetically produced drug to be licensed in Britain.

The first research using human insulin had been carried out in 1980 using just 17 people - none of them diabetic, and all of them men - and it seems that the pre-licensing trials were carried out on a group of only 300. Nowadays, trials generally involve groups of 1,000 to 1,500. But back in the 1980s, according to Dr Gerlis, standards were not so demanding. 'We just had to prove that this really was insulin,' he says.

To market the new drug, Novo's intention was to employ a 'substitution strategy'. If the company could persuade its existing animal-insulin users to switch over to the human version, it could effectively clean up before Eli Lilly's launch in September 1982. The medical justification for this strategy depended on the new product having an identical effect on the human body to insulin from pigs. But when Novo's medical advisory committee met in Copenhagen in April 1982, Dr Gerlis told the marketing men the bad news: animal and human insulin were not the same.

Pork insulin is less soluble than human insulin and has different amino acids. Crucially, says Dr Gerlis, human insulin is faster and more aggressive in its effect on blood sugar levels. As far as Dr Gerlis was concerned:

'We were asking for a licence to market human insulin, not for permission to entirely replace the existing pork insulin. There is an important difference.' He and his committee advised that the substitution plan should be abandoned.

At the launch two months later, however, Novo announced that 'human insulin supersedes porcine insulin'. The company signalled its intention of gradually withdrawing pork insulin from the market.

The marketing men had over-ruled the medics - and the vast majority of British diabetics subsequently followed their consultants' advice and switched to the new product. Some were simply handed the new insulin when they presented their prescription at the pharmacy, without realising anything had changed.

Most patients appeared to adapt without problems and it should be stressed that this continues to be the case.

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But by the mid to late Eighties, reports began to surface suggesting that a sizeable minority were suffering difficulties. They spoke of finding themselves 'operating on automatic pilot', feeling confused, tired and ill, or undergoing such severe personality changes that relatives felt they were 'no longer the same person'.

Then there were the mysterious deaths. Often the victim was young - in their teens or twenties - and living alone. They went to bed in apparently perfect health and never woke up. It was dubbed 'adult cot death' or 'dead in bed syndrome'. Such sudden tragedies had happened before among diabetics, but usually there was evidence of convulsions prior to death. With these cases the bed was entirely undisturbed. The victim had died without trauma or struggle and without apparent cause.

The stories are heartbreaking. In April of this year, 15-year-old Selina Trapp from Derby spent the evening at a friend's house and was home promptly for 9.30 pm, just as she'd promised her parents. She had supper, chatted with her mother, watched a little TV and went up to bed. She was a healthy, lively girl, whose diabetes didn't prevent her enjoying a full and active life.

She was found by her mother at just before 7 o'clock the following morning. She was lying face down on the bed, and wouldn't respond to efforts to wake her. Her father gave the kiss of life but it was too late. The verdict at the inquest was 'death due to hypoglycaemia'.

One of the youngest victims was eight-year-old Zoe Burbridge from Northampton, who died in her sleep in 1994. Her mother, Deborah, is convinced that human insulin was to blame.

It seems that in a significant minority of patients - perhaps around five per cent - human insulin blocks the body's warning signals when blood sugar levels become dangerously low. Such undetected hypos can swiftly lead to coma and death.

In normal circumstances, the diabetic is alerted to the onset of hypos (even when asleep) by sweating, shaking and feelings of faintness. These worrying signals allow the diabetic to swallow a chocolate bar or fizzy drink, replenishing their blood sugar so that all is well again. But mounting evidence suggests that in some cases genetically engineered insulin entirely masks the onset of hypos, allowing the patient to slip into coma without warning. Increased frequency of hypos may also cause damage to the nerves that control the heart.

By the late 1980s more than 80 per cent of British

diabetics were injecting human insulin and concerns were increasing. In the space of two years, the British Diabetic Association received more than 3,000 letters of complaint. In 1990, it announced it was setting up a research project directed by Dr Natasha Posner to investigate. Dr Posner submitted her report the following year, but the BDA - which receives roughly one third of its annual income from pharmaceutical companies - announced that it would not be publishing the findings as they were felt to be 'too alarmist'.

Substantive evidence about the safety of human insulin remains hard to come by. One Liverpool University study reported in the *Lancet*, which found no difference between human and animal insulin, studied just seven patients. As Jenny Hirst of the Insulin Dependent Diabetes Trust, a patients' pressure group, points out: 'If adverse reactions occur in around five per cent of diabetic users, how do you judge five per cent of seven patients?'

Dr Laurence Gerlis, the former Novo Nordisk research director, is equally skeptical about tests purporting to give human insulin a clean bill of health. 'It is very difficult to prove a negative in clinical trials,' he says. 'The same problem comes up with the MMR vaccine. How do you prove MMR doesn't cause autism? The trouble is that the effect may be there, but your tests have failed to show it.'

This cuts both ways. In the absence of research studies, defenders of human insulin feel able to dismiss stories of harmful side-effects as mere 'anecdotal evidence'. But as Dr Gerlis explains, there is a long history of such anecdotal reports being accepted as grounds for concern.

It's simply a matter of listening to the people who actually use the drug in question.

'If a drug appears to be showing adverse effects, then we take it off the market. Eli Lilly's Opren drug for arthritis is an example. But in this case we have failed to listen to what patients have told us.'

By 1991 disillusionment had set in and 400 UK diabetics joined together to take legal action against Novo Nordisk. More than 30 lawyers were involved, and strategy committees were set up in England and Scotland. Solicitor George Hann sat on the Scottish committee and was charged with responsibility for securing expert medical witnesses to support the case against human insulin. A respected legal figure and himself a diabetic, he remains astonished by what happened next.

Mr Hann wrote to over 20 diabetologists asking if they would be prepared to help. He got only one response, which was negative. Otherwise there were no replies.

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When he investigated, he says, he discovered that all the consultants were now receiving research grants or consultancy fees from Novo Nordisk. Although there is no suggestion of impropriety, this clearly torpedoed any chance of them giving evidence for the dissident patients. 'Novo Nordisk were very quick off the mark,' says Mr Hann. 'They had bought up every diabetologist in Scotland. Without medical opinion we couldn't take it any further. The action was effectively stymied.'

Another Edinburgh solicitor confirms this extraordinary story. 'As I recall,' he says, 'every single diabetic specialist seemed to be a paid official consultant to Novo Nordisk. That created a potential conflict of interest that prevented them from being used as witnesses. It very effectively pulled the rug from under us.'

Novo Nordisk denies any attempt to silence the consultants, but it was sufficiently troubled by the threat of litigation to have appointed a PR firm, Key communications, with a brief to 'defend the safety profile of genetically engineered human insulin'.

When the English legal action collapsed, because patients were unable to obtain legal aid, Key Communications was triumphant, 'Novo's reputation remained intact among patients, health professionals and media' the company boasted.

The rebel patients remain unconvinced. Much of the case centred on so-called 'double blind, trials -in which neither the doctors nor the patients know which type of insulin is being administered. But some diabetics who had already reacted badly to genetically engineered insulin had refused to take part, because they were so scared of its effects.

Critics also point out that one of the crucial trials, conducted at King's Hospital in London, involved just 17 patients and gave them only two months to see if they reacted badly to the new insulin [other evidence suggests adverse symptoms may appear only after a year or more]. The trial was directly funded by Novo Nordisk. The company's medical director, Dr Alan McDougall, insists that the work was totally independent. 'It doesn't mean in any way that research is biased because we funded it,' he says.

Novo's promotion of human insulin has also been aggressively supported by the British Diabetic Association.

In 1996 Lawrence Gerlis and Dr Matthew Kiln - a GP and critic of human insulin - each received a letter from Professor Harry Keen of the BDA in which he accused

them of 'professional misconduct' because their critical stance would frighten the majority of diabetics happy with human insulin. Dr Gerlis says both he and Dr Kiln were put under 'tremendous pressure, especially by the BDA'. In 1997, the BDA placed a number of advertisements in Sunday newspapers to denounce Dr Kiln as 'irresponsible'. 'Why,' asks Dr Gerlis, 'should a charity that raises money from patients take such a role?'

The charity, now renamed Diabetes UK, is unrepentant. It agrees that there 'was a concern' about the safety of human insulin, but insists 'there is no evidence to back it up'.

Now, however, a report from the Cochrane Collaboration - a respected organisation that reviews medical research - has attacked the 'poor methodology quality' of most of the trials. The report found that 'patient-orientated outcomes' - meaning quality of life to death rates were not investigated with sufficient rigour. It also found no proof that the new insulin was superior to its animal-based predecessors.

Concerns about the new insulin are not confined to the UK, however. Canada has recorded 121 instances of human insulin causing seizures, convulsions and extreme hypos, whilst the American Food and Drug Administration says it has received 'thousands' of similar reports.

'There are individual cases you can't explain,' concedes Dr McDougall of Novo Nordisk. 'No one knows why these young people are dying.'

As well as Novo Nordisk, which has by far the largest market share, genetically engineered insulin is now supplied in the UK by Eli Lilly and a third company, Aventis pharmaceuticals.

For the critics, the central issue is choice. Many doctors fail to inform patients that alternatives to human insulin are available, or that some diabetics seem to react badly to it. New patients are invariably put straight onto human insulin without explanation. Yet many of those who experience unpleasant side-effects report almost miraculous improvements once they switch back to pork or beef.

Shirley Stone, 59, from Hertfordshire, spent eight years suffering from 'horrendous symptoms' - palpitations, painful joints, aggression and constant fungal infections - after being switched to human insulin without consultation. The symptoms stopped 'overnight' when she returned to animal insulin.

Beverly Freeman, 31, from Northampton, underwent a similar transformation. After being put on human insulin

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at the age of 12, her weight ballooned to 15stone and she suffered from constant exhaustion. 'It was like having really bad PMT three weeks a month,' she says. 'In effect, I lost my teenage years. I was so unwell that I was forced to drop out of school and my education was totally disrupted.' Switching to animal insulin at the age of 23 changed her life. 'I felt better within four weeks,' she says. She now has a degree, a family, and a job campaigning for the Insulin Dependent Diabetes Trust.

But Beverly and Shirley, like many others, are haunted by the fear of having to return to genetically engineered insulin if alternative supplies are not maintained. Although Novo Nordisk still produces a limited amount of animal insulin, the company intends to discontinue it over the next few years. The company insists it would not leave people 'high and dry', adding that 'if we withdraw animal insulin in the UK we would give a minimum 18 months' notice'. But this does little to reassure people like Beverly and Shirley.

Animal insulin is no longer on offer from Novo Nordisk in France, Germany, Belgium, Holland, Canada and Australia. Although it remains available in Britain through a small independent company, CP pharmaceuticals, there are many who fear for the future.

These fears have risen since last December, when Novo Nordisk bought up a Brazilian company called Biobras which is the world's main supplier of the raw materials needed to make animal insulin. Two months ago, Novo chairman Viggo Birch wrote to assure Jenny Hirst, of the Insulin Dependent Diabetes Trust, that 'in the short term' the company had no plans to terminate the production of animal insulin at Biobras. Developments in the 'long term', however, would 'be in line with our strategy to discontinue production of unmodified animal insulin'.

'There are a lot of people living in fear of animal insulin being withdrawn,' says Shirley Stone. 'If it is, they're going to be in terrible trouble.'

Once again, it seems, the voice of the patient is going unheard.

<http://www.iddt.org/wp-content/uploads/2009/10/30-year-report-oct-2007.pdf>

Further info from Insulin Dependent Diabetes Trust at: <http://www.iddtinternational.org/gmvsanimalinsulin/index.htm>

<http://www.gmwatch.org/archive2.asp?arcid=5225>



Sugar Addicts Guide to Overcoming Sugar Addiction



Sugar addicts unite! The time has come for overcoming sugar addiction and exposing the sneaky sugar supplier's seductive tactics.

How does the sugar industry create sugar addicts? First of all, by denying that "sugar addiction" even exists. And secondly, by hiding sugar's increasing existence in just about everything we eat. Sugar, by any other name, still addicts the same. And even though overcoming sugar addiction can be as difficult as giving up smoking or even cocaine, it's essential to your health and fitness!

The 7-Step Sugar Addicts Guide to Overcoming Sugar Addiction

1. Admit that you're a sugar addict. Just like with any addiction, the first step in overcoming sugar addiction is to accept that you're an addict and understand the consequences. Sugar addiction can cause:

- Weight gain from eating more fattening food to get your sugar-fix.
- High triglycerides, increasing your risk of heart disease.
- Tooth decay from excessive bacterial growth.
- Metabolic syndrome, leading to diabetes.
- Poor nutrition from empty calories.
- Lack of immunity to disease.
- Periods of depression.

2. Know the benefits of a sugar-free life. Besides reversing all the drawbacks listed above, overcoming sugar addiction helps you lose weight, greatly improve your health, energy and endurance – both now and in the future – and makes you look and feel younger and healthier.

3. Become a "hidden sugar" detective. Sugar is hiding everywhere. Don't stick your head in the sugar bowl or get blind-sided by sweet temptation. Know all the

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FEATURED ARTICLES

For People of African, Mediterranean, or Southeast Asian Heritage: Important Information about Diabetes Blood Tests

If you are of African, Mediterranean, or Southeast Asian heritage, you could have a variant form of [hemoglobin](#) in your red blood cells that affects your diabetes care. Hemoglobin in red blood cells gives blood its red color and carries oxygen from your lungs to all parts of your body. Some forms of hemoglobin can cause false results for a diabetes blood test called the A1C test. If the A1C test gives a false result, your doctor may think your blood glucose level is higher or lower than it really is.

What are some common hemoglobin variants?

Most people have only one kind of hemoglobin called hemoglobin A. Some people have both hemoglobin A and another kind such as hemoglobin S, C, or E. These less common forms of hemoglobin are called hemoglobin variants. You can have a hemoglobin variant but not know it because you might not have any symptoms of blood disease. Having a variant without symptoms of the disease is also called having the trait or being a carrier.

Many people have heard of sickle cell trait, which occurs most often in people of African heritage. Again, having the trait means you inherited a gene for a hemoglobin variant from one parent. Genes carry information about which characteristics are passed down from parents to children. People with sickle cell trait usually have no symptoms. (Inheriting genes from both parents for the variant hemoglobin "S," however, results in sickle cell disease, which is painful. You would know if you had sickle cell disease.)

People of Mediterranean or Southeast Asian heritage also can inherit hemoglobin variants. Some of these variants cause no symptoms; others cause some health problems. Variant hemoglobin does not increase your risk for diabetes.

What is the A1C test?

The A1C blood test, also called the hemoglobin A1C test

or [glycohemoglobin](#), provides information about your average blood glucose levels for the past 2 to 3 months. People with diabetes should have the A1C test at least twice a year. Your doctor uses the results of your A1C tests to see whether you need changes in your diabetes medicine, meal plan, or physical activity routine to keep your diabetes under control.

How do hemoglobin variants affect the A1C test and my diabetes care?

A variant form of hemoglobin in your blood can give you false A1C test results. If your test result is falsely high, your doctor might change your diabetes medicine or make other changes in how you take care of your diabetes. These changes could cause low blood glucose, or [hypoglycemia](#). If your test result is falsely low, your doctor might make changes in your treatment that could cause your blood glucose to stay too high, increasing your risk for diabetes problems in your eyes, nerves, and kidneys. Not all A1C tests are affected by variant hemoglobin. Your doctor can take steps to make sure you get accurate results from your A1C test.

How will I know whether I have a hemoglobin variant?

Many people with hemoglobin variants have no symptoms. You might be at risk for having a hemoglobin variant if

- you are of African, Mediterranean, or Southeast Asian heritage
- members of your family have sickle cell trait or sickle cell anemia
- the results of your self blood glucose monitoring don't match the results of your A1C test

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Common Types of Hemoglobinopathies

Table 1 summarizes the affected populations, prevalence, and outcomes of common hemoglobinopathies. These hemoglobinopathies may either falsely raise or lower A1C results, depending on the variant and the assay method.

People who are heterozygous for a variant are said to have a trait or to be carriers and are usually asymptomatic. Those who are homozygous generally have a disease condition. Hemoglobin SC (HbSC) is a compound heterozygous condition, meaning that the patient has inherited genes for two variants: HbS from one parent and HbC from the other.

Table 1. Common Hemoglobinopathies: Populations Affected, Prevalence, and Outcomes

Hemoglobin (Hb) Variant	Populations Affected	Prevalence (in the United States unless otherwise noted)	Outcome with One Abnormal Gene and One Normal Gene (Heterozygous State)	Outcome with Two Abnormal Genes (Homozygous State)
Hemoglobin S (HbS)	African Americans Hispanic Americans/Latinos Also found in East India, the Mediterranean, and the Middle East	About one in 12 African Americans has sickle cell trait ¹ About one in 100 Hispanic Americans/Latinos has sickle cell trait ² Sickle cell anemia occurs in one of every 500 African American births ¹ Sickle cell anemia occurs in one of every 1,000 to 1,400 Hispanic American/Latino births ¹	Sickle cell trait (also called HbAS): usually asymptomatic	Sickle cell anemia (also called HbSS disease): sickled red blood cells that interfere with circulation and decrease life span of red blood cells; can result in hemolytic, splenic sequestration, and aplastic crises and multiple complications
Hemoglobin C (HbC)	African Americans People of West African descent	About 2.3 percent of African Americans have HbC trait ³	HbC trait (also called HbAC): asymptomatic	HbC disease (also called HbCC disease): mild hemolytic anemia, mild to moderate enlargement of the spleen
Hemoglobin E (HbE)	Asian Americans, especially those of Southeast Asian descent	Prevalence of HbE may be 30 percent in Southeast Asia ³	HbE trait (also called HbAE): asymptomatic	HbE disease (also called HbEE disease): mild hemolytic anemia, microcytosis, and mild enlargement

	Common in Cambodia, Indonesia, Laos, Malaysia, Thailand, and Vietnam. Also seen in southern China, India, the Philippines, and Turkey			of the spleen
Hemoglobin SC (HbSC)	African Americans and people of West African descent Also found in East India, the Mediterranean, and the Middle East		N/A	HbSC disease (also called sickle-hemoglobin C disease): mild hemolytic anemia and moderate enlargement of the spleen; may have blocking of blood vessels as in sickle cell anemia but milder symptoms
Hemoglobin F (HbF) elevated	Occurs in patients with hereditary persistence of fetal hemoglobin, sickle cell anemia, severe anemias, leukemia, and other conditions	About 1.5 percent have more than 2 percent HbF but some groups may have concentrations as high as 12 percent ³	N/A	Those with elevated HbF and sickle cell anemia may have a milder form of sickle cell anemia

¹ National Heart, Lung, and Blood Institute, NIH. Sickle cell anemia. Available at: www.nhlbi.nih.gov/health/dci/Diseases/Sca/SCA_All.html.

² National Human Genome Research Institute, NIH. Learning about sickle cell disease. Available at: www.genome.gov/10001219.

³ Bry L, Chen PC, Sacks DB. Effects of hemoglobin variants and chemically modified derivatives on assays for glycohemoglobin. *Clinical Chemistry*. 2001;47(2):153-163.

Hemoglobin S and C -African Americans have an increased risk of inheriting sickle cell trait, the condition in which people have both hemoglobin A (HbA), the usual form of hemoglobin, and hemoglobin S (HbS), a variant. They also are at risk for having hemoglobin C (HbC), another variant. About one in 12 African Americans has sickle cell trait. About 14.7 percent of African Americans aged 20 years or older have diabetes.¹ Therefore, many African Americans have both diabetes and sickle cell trait.

Hemoglobin E - People of Southeast Asian descent are at risk for having hemoglobin E (HbE), another hemoglobin variant. Prevalence of diabetes in Asian Americans varies among subpopulations. Studies have shown that some groups of Asian Americans in the United States are 1.5 to 2 times as likely to have diabetes as Caucasians of similar age.¹

¹ National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health (NIH). National diabetes statistics, 2007. Available at: www.diabetes.niddk.nih.gov/dm/pubs/statistics/index.htm.

<http://diabetes.niddk.nih.gov/dm/pubs/hemovari-A1C/>



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- your A1C result is different than expected
- your A1C result is high-more than 15 percent
- your most recent A1C result is very different from your last A1C result

Laboratory tests can confirm whether you have a hemoglobin variant.

Where can my doctor find more information about hemoglobin variants and the A1C test?

The fact sheet *Sickle Cell Trait and Other Hemoglobinopathies and Diabetes: Important Information for Physicians* provides information online at www.diabetes.niddk.nih.gov/dm/pubs/hemovari-A1C.

How can I know if my diabetes is well-controlled if I have a hemoglobin variant?

Some A1C tests give accurate results in people with a hemoglobin variant. Your doctor can arrange for your A1C test to be done at a laboratory that gives accurate results for people with a hemoglobin variant. Your daily blood glucose tests can also show how well-controlled your diabetes is, but each blood glucose test gives information at only one point in time.

Points to Remember

- If you are of African, Mediterranean, or Southeast Asian heritage, you are at risk for having a hemoglobin variant.
- You can have a variant form of hemoglobin but not know it.
- Hemoglobin variants don't cause diabetes but they can affect diabetes test results.
- If you have a variant form of hemoglobin, the results of your A1C test might not be accurate. The results might show that your average blood glucose level is higher or lower than the actual level.
- Your doctor needs accurate results from your A1C test in order to plan how best to control your diabetes.
- Your doctor can read more about hemoglobin variants and the A1C test in [Sickle Cell Trait and Other Hemoglobinopathies and Diabetes: Important Information for Physicians](http://www.diabetes.niddk.nih.gov/dm/pubs/traitA1C/), a fact sheet available from the National Diabetes Information Clearinghouse.

<http://diabetes.niddk.nih.gov/dm/pubs/traitA1C/>



Diabetes, High Blood Pressure and Kidney Disease

If you or someone in your family has diabetes, high blood pressure or a history of kidney disease, you could be at risk for developing kidney disease.

The silent partnership

Diabetes and high blood pressure are sometimes called “silent killers,” because many people don’t know they have these diseases; therefore they are not getting treatment. Uncontrolled diabetes and/or uncontrolled high blood pressure can lead to chronic kidney disease (CKD). Below are facts to note:

- 6 percent of the U.S. population has diabetes, the number one cause of kidney disease
- 1 in 4 Americans has high blood pressure, the second leading cause of kidney disease
- Anyone with diabetes, high blood pressure or a family history of these conditions is at risk for kidney disease
- 20 million Americans, 1 in 9 adults, have kidney disease
- 20 million more Americans are at risk for kidney disease but don’t know it
- African Americans, Latinos, Hispanics, Pacific Islanders, Native Americans and seniors (those 65 and over) are at increased risk of developing kidney disease

Preventing and delaying chronic kidney disease

Together, diabetes and high blood pressure account for two-thirds of all cases of chronic kidney disease (CKD). CKD develops when the kidneys lose most of their ability to remove waste and maintain fluid and chemical balances in the body. CKD can progress quickly or take many years to develop.

Anyone with diabetes and/or high blood pressure can take steps to try and prevent kidney disease, and those who already have CKD can try and slow down the process. Early detection, keeping blood sugar levels and blood pressure under control, living a healthy lifestyle and education may help prevent or delay kidney disease from progressing to kidney failure.

<http://www.davita.com/kidney-disease/causes/assessing-your-risk/diabetes.-high-blood-pressure-and-kidney-disease/e/5005>



Blackherbals at the Source of the Nile UG LTD.

Diabetes May Increase Tuberculosis Risk

By Peter M Crosta

15 July 2008
Medical News Today

A new paper published in the open-access journal PLoS Medicine finds that people with diabetes mellitus are at increased risk of developing active tuberculosis (TB). Diabetes mellitus is characterized by abnormally high blood sugar level due to insufficient amounts of the insulin hormone, and TB is an infectious disease that usually attacks the lungs.

This conclusion comes from a meta-analysis conducted by Christie Jeon and Megan Murray of the Harvard School of Public Health. The researchers identified 13 studies from the last 40 years that contained enough data to assess the relationship between diabetes and TB. These studies consisted of over 1.7 million participants who had 17,698 cases of TB. The aggregated data revealed a three-fold increase in risk of active TB for patients with diabetes.

According to the authors, a risk increase of this magnitude could mean that diabetes is a factor driving over 10% of TB cases in India and China. Replication of these findings in other countries would provide public health professionals with a reason to place some focus on diabetes sufferer when identifying and treating latent (asymptomatic) TB. TB kills about 1.6 million people every year, a number that may decrease if diagnosis and treatment of diabetes can interrupt TB as well.

"Our findings suggest that TB controls programs should consider targeting patients with diabetes for interventions such as active case finding and the treatment of latent TB and, conversely, that efforts to diagnose, detect, and treat DM [diabetes mellitus] may have a beneficial impact on TB control. We also recommend further studies investigating how TB risk varies by type, duration, and severity of DM, for a more thorough understanding of the association that could be translated to a clear public health message," conclude the authors.

Diabetes mellitus increases the risk of active tuberculosis: A systematic review of 13 observational studies

Jeon CY, Murray MB.
PLoS Medicine (2008). 5(7): e152.;
doi:10.1371/journal.pmed.0050152.
<http://www.medicalnewstoday.com/articles/114765.php>



Diabetes Drug Dangers

By David Mendosa

April 19, 2009

A single research report that found risks in one of the medications that we take to control our diabetes would warrant our attention. But when three separate studies find serious side effects from all our major drugs, the time is right for us to reconsider how we control our blood glucose levels.

Most of us think of our diabetes drugs, diet, and exercise as the three basic ways we do that. But drugs come first. Maybe they should come last, at least for all of us with type 2 diabetes, who unlike type 1s, have choices.

Since March 10, studies have called into question the side effects of metformin, the glitazones, insulin, and the sulfonylureas.

First, came a report in the Proceedings of the National Academy of Sciences. The study suggested that when the elderly use metformin alone they might eventually get Alzheimer's disease. This is bad news, because metformin is by far the most commonly prescribed medication and is otherwise extremely safe.

The study found that taking insulin along with metformin counteracted that effect. But few people take that combination. And they found the effect only in the elderly, but with luck we will all be elderly some day. And these results are certainly preliminary. There are based on a study of rat's brains, and with luck our brains work differently.

Next, came a study in the April issue of the American Journal of Ophthalmology of the glitazones -- Actos and Avandia. A study of about 170,000 people with diabetes found that taking one of the glitazones is "modestly associated" with macular edema. If untreated, it can lead to blindness.

But the researchers hadn't yet finished finding problems with our diabetes medications. The April 15 issue of JAMA: The Journal of the American Medical Association reported that older people are more likely to have dementia after they had experienced one or more episodes of severe hypoglycemia. These findings came from a long-term study of more than 16,000 people.

The study found that compared with people taking insulin were more likely to have severe hypos than those on other drugs. But the sulfonylureas and the

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rarely prescribed Prandin can also cause hypos.

Except for Byetta, this just about covers the medications that most of us rely on to control our diabetes. While in 2007 the Food and Drug Administration [found](#) 30 reports of pancreatitis among people taking Byetta, that is a very small percentage of those people taking it. And in fact it is a smaller percentage than found among people with diabetes in general. Full disclosure: I own some stock in Amylin, the company that developed Byetta.

Because every drug has its side effects, it's no wonder that more and more people ask me about natural treatments for diabetes.

Because my A1C is 6.8, my doctor wants to put me on metformin," a woman just wrote. "I'm scared."

"I noticed that you do not have anything on natural products for the control of diabetes," one young man wrote me last week. "Do you not believe in them?"

Earlier, a correspondent wrote that she doesn't want any medications that "shake down" her pancreas. She wanted to use alternative herbs instead.

"But complementary and alternative medicine *is* a medication," Dr. Laura Shane McWhorter replied when I passed on that comment. She is a professor at the University of Utah's College of Pharmacy and the author of *Complementary & Alternative Medicine (CAM) Supplement Use in People with Diabetes: A Clinician's Guide*.

"Many people believe that these products are not drugs," she told me, "but they have pharmacological ingredients." She added that, for example, we got both metformin and aspirin originally from herbs.

Those alternative herbs haven't been tested nearly as much as prescription medicine. They generally aren't standardized either.

But we do have one natural choice that's well tested and has no side effects. It is a very low-carbohydrate diet. Regular readers will remember that I have written many articles here about the reasons for and advantages of this means of controlling our diabetes.

I don't recommend that you or anyone with type 2 diabetes stop taking their prescribed diabetes medication when your A1C level is above 6.0 or 7.0. Especially now in light of these three new studies, the only medication that I can comfortably recommend to bring your A1C level within that range is Byetta.

But then carefully consider that you can totally relying

on a low-carb diet -- as well as exercise. After years of taking many different diabetes drugs, I know from my own experience that a very low-carb diet combined with regular exercise is both the safest and the most effective way to control my blood glucose level.

<http://www.healthcentral.com/diabetes/c/17/67852/diabetes-dangers/2>



Type 2 Diabetes Mellitus and Increased Risk for Malaria Infection

By Ina Danquah, George Bedu-Addo, and Frank P. Mockenhaupt

Emerging Infectious Diseases, [Volume 16, Number 10–October 2010](#)

Abstract

A case-control study of 1,466 urban adults in Ghana found that patients with type 2 diabetes mellitus had a 46% increased risk for infection with *Plasmodium falciparum*. Increase in diabetes mellitus prevalence may put more persons at risk for malaria infection.

In sub-Saharan Africa, infectious diseases remain the predominant cause of illness and death. *Plasmodium falciparum* malaria alone causes an estimated 1 million deaths annually. At the same time, sub-Saharan Africa faces the world's highest increase in type 2 diabetes mellitus; adaptation to Western lifestyles and genetic predispositions may accelerate this trend. A decade ago, type 2 diabetes mellitus prevalence in urban Ghana was 6.3%. By 2030, »20 million affected persons may live in sub-Saharan Africa. Type 2 diabetes mellitus increases susceptibility to common infections. In sub-Saharan Africa, the emerging co-occurrence of type 2 diabetes mellitus and tropical infectious diseases thus may have substantial implications. We describe prevalence of malaria infection in adults with and without type 2 diabetes mellitus residing in Kumasi, Ghana. Malaria transmission in Kumasi is low but patchy; mosquito breeding sites also occur in urban agricultural areas.

Conclusions

This study provides evidence for increased risk for *P. falciparum* infection in patients with type 2 diabetes mellitus. Most infections were detected by PCR exclusively, and all were asymptomatic.

An increased risk for *P. falciparum* infection in persons with diabetes mellitus might become clinically relevant (and microscopically detectable) under several conditions.

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conditions. The impact of semi-immunity on controlling parasitemia may weaken with advancing type 2 diabetes mellitus and immune dysfunction, as suggested by the observed risk increase with increasing glucose concentration. Conversely, children who lack semi-immunity but have more severe type 1 diabetes mellitus may be particularly prone to malaria. Such vulnerability is also conceivable for women with gestational diabetes whose immune systems are relatively naive with regard to pregnancy-specific *P. falciparum*. Moreover, low-level infections in patients with type 2 diabetes mellitus may constitute an unrecognized infectious reservoir in areas where malaria is endemic.

Although the actual reasons for the increase of *P. falciparum* infection are unclear, the risk increase with rising glucose concentration is a sign of biologic plausibility. Such risk could result from impaired defense against liver and/or blood-stage parasites and from prolonged persistence. In type 2 diabetes mellitus, decreased T cell-mediated immunity but limited impact on humoral responses is discussed. Mechanistically, increased glucose availability may feed *P. falciparum* growth as seen in vitro. Also, patients with diabetes might receive more infectious mosquito bites: olfactory signals mediate mosquito attraction, and these, including expiration, are subtly altered in patients with type 2 diabetes mellitus.

The rapid proliferation of type 2 diabetes mellitus in sub-Saharan Africa may put an increasing number of persons at risk for Plasmodium infection and malaria. Thus, the magnitude of both diabetes mellitus and malaria in sub-Saharan Africa warrants further investigation into the relevance and causes of our finding.

<http://cdc.gov/eid/content/16/10/1601.htm>



Pre-Existing Problems and Malaria

Diabetes Mellitus: Severe *P. falciparum* malaria can cause hypoglycemia and this fact should be borne in mind in diabetics receiving insulin and/or oral hypoglycemic agents. Suitable dosage adjustments may be needed. Quinine has stimulatory effects on the pancreatic beta cells and is known to cause severe hypoglycemia. Thereby it may potentiate the effects of sulfonylureas. In normal patients and in normal doses chloroquine does not appear to cause increased pancreatic secretion of insulin and has no effect on plasma glucose concentrations. Some studies suggest that in non-insulin

-dependent diabetes mellitus chloroquine may improve glucose tolerance, possibly by decreased metabolic degradation of insulin rather than increased pancreatic secretion. There is very limited evidence that doxycycline occasionally increases the hypoglycemic effects of insulin and sulphonylureas. Although there is no need to avoid concomitant use, patients must be aware of signs of hypoglycemia and, if needed, the dose of hypoglycemic agent should be adjusted. It is unknown whether mefloquine interacts with oral antidiabetic agents. Treatment doses of mefloquine have caused hypoglycemia especially in children and pregnant women, but mefloquine apparently does not stimulate the release of insulin. Patients should be made aware of the possibility and should be able to reduce the hypoglycemic dose if necessary. The impact of the above on the control of diabetes is unknown; it is therefore suggested that blood glucose be monitored even more closely and that medication adjustments are made as required.

http://www.malariasite.com/malaria/pre_existing_illness.htm#Diabetes%20Mellitus



Continued from page 27 - Kenya: Why Sugar is the New Health Worry

The snack-foods considered in the report include: chocolate confectionery; sugar confectionery; gum; and, sweet and savoury snacks (fruit snacks, chips/crisps, extruded snacks, tortilla/corn chips, popcorn, pretzels, nuts, and other sweet & savoury snacks).

According to Euromonitor International market data, the retail sales for snack-foods in Kenya increased at an average annual growth rate of eight per cent, rising from \$34.2 million in 2005, to \$44.4 million last year.

Chocolate, according to Euromonitor report, remained the largest segment of the snack-food being marketed in Kenya in the last five years.

But on a positive note, the Euromonitor market report says Kenyan consumers are increasingly becoming more aware of the link between obesity and sugar, which is slowly being reflected in selecting their preferred soft drinks.

"Although it has not yet impacted on volume sale of carbonates, it shows a greater awareness of the health risks between soda and obesity," says the Euromonitor brief.

Last year, the market report says, fresh juice registered high growth as well as bottled water as consumers

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turned to drinks deemed healthier for them.

Also noted is a trend where more consumers last year preferred to buy fruits and vegetables and blend the juices at home. It was also a good period for fruit kiosks, which blend fresh juices to sell.

James Wambire who vends nuts, sweets and all sorts of snacks, at South C shopping centre in Nairobi says the business had been doing well until November when the Mututho alcohol Bill drastically reduced drinking hours. This has correspondingly reduced the number of hours Wambire can interact with his customers.

Describing how sugar turns into a "poison" Taubes wrote: "In animals, or at least in laboratory rats and mice, it's clear that if the fructose hits the liver in sufficient quantity and with sufficient speed, the liver will convert much of it to fat."

This, he says, apparently induces a condition known as insulin resistance, which is now considered the fundamental problem in obesity, and the underlying defect in heart disease and in the type of diabetes, type 2, that is common to obese and overweight individuals. It might also be the underlying defect in many cancers.

Taubes' article was based on a lecture "Sugar: The Bitter Truth," by Robert Lustig, an expert on paediatric hormone disorders and posted on the YouTube two years ago. It has since been visited by almost a million viewers.

Dr Lustig concludes that excessive consumption of sugar is the primary reason that the numbers of obese and diabetic people has skyrocketed in the past 30 years.

Kenyans have cause to be interested in this debate considering that Dr Maina estimates that non-communicable diseases are responsible for almost a third of all deaths in the country. Citing World Health Organisation statistics, Dr Maina says NCDs contribute over half of the top 20 causes of illness and death in Kenya.

He attributes this to a change in lifestyle. He says as Kenyans move to urban areas they change to some unhealthy diets, are likely to spend more time sitting in a car, office or just watching television.

Now he says the government is planning to orientate its health workers on the handling of non-communicable diseases and redeploy them where they may be needed most. There are also plans to improve facilities at medical centres but stressing prevention through public

awareness.

<http://allafrica.com/stories/201105090141.html>



Diabetes and Hispanic Americans: More than just Genetics

By Jessica Fraser

June 27, 2005

Roughly 41.3 million people in the United States today are Hispanic. That breaks down to one in every seven people. Hispanic Americans represent the second-largest and fastest-growing minority group in the United States. And all of that growth comes with a staggering rate of diabetes.

According to the 2003 U.S. Centers for Disease Control and Prevention report, more than 1.5 million Hispanic Americans had diabetes, up from less than 1.2 million in 1997. As high as the rate of diabetes appears among Hispanics, it doesn't include undiagnosed cases.

Disease Prevention and Treatment by the Life Extension Foundation states that roughly 5.4 million people in the United States have diabetes and are unaware of it. "Minorities are at particular risk. Compared with Caucasians, blacks have a 60 percent higher risk of developing diabetes and Hispanics have a 90 percent increased risk." According to the National Diabetes Information Clearinghouse (NDIC), Hispanics are 1.9 times more likely to have diabetes than whites.

Obesity is a major contributor to the onset of type 2 diabetes. According to the NDIC, minority ethnic groups in the United States that have high rates of obesity are on the rise, especially Hispanic Americans. The problem isn't just owing to the adults within those groups. Food Politics author Marion Nestle writes, "Obesity rates are rising among children and adolescents, especially those who are African-American or Hispanic. In the early 1990s, for example, 23 percent of white girls aged six to 11 were overweight, compared to 29 percent of Mexican-American girls ... Pediatricians report seeing children with high levels of serum cholesterol, high blood pressure, and "adult" onset diabetes (type 2) at earlier and earlier ages -- all consequences of excessive caloric intake. Because obesity tends to persist into adulthood, this condition may well predispose overweight and obese children to cardiovascular and other chronic disease risks later in life."

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The next generation of obese Hispanic-Americans is becoming diabetic progressively earlier. But these kids aren't becoming obese entirely of their own accord. Saturated Fat May Save Your Life author Bruce Fife writes, "Children with type 2 diabetes look a lot like their adult counterparts. Most are black or Hispanic, with a particularly high rate found among children of Mexican descent." The NDIC reports that Mexican Americans make up the largest percentage of the Hispanic population in the United States; they also represent the largest percentage of Hispanic Americans with diabetes. Although Mexican Americans seem even more disposed toward developing diabetes, all Hispanic Americans run a high risk.

Most people realize that a good way to avoid obesity is to exercise. Diet along with exercise is best, but exercise alone can help prevent obesity, a common trigger for type 2 diabetes. The Third National Health and Nutrition Examination Survey conducted from 1988-94 found that 65 percent of Mexican-American men and 74 percent of Mexican-American women reported that they participated in little or no leisure-time physical activity.

Lack of physical activity is an obvious factor contributing to the high rates of diabetes among Mexican Americans. How can someone avoid becoming overweight or obese if they never or only rarely exercise? While much blame for the high rates of diabetes is placed on genetics, even those statistics supportive of such an argument can be explained to a certain extent. Consider the children of obese, inactive Hispanic-American parents. The parents have passed along -- however unknowingly -- behaviors and eating habits that contribute to obesity. Why would their children be expected to lead a different, healthier, more active lifestyle unless they have an example to follow?

But why are Hispanics at such a high risk compared to the non-Hispanic population? Hispanics certainly aren't the only Americans who suffer from obesity, which is a major factor in developing diabetes. A number of risk factors apart from obesity, such as genetics, can push the number of diabetes incidents higher. According to the NDIC, "The prevalence of diabetes among Mexican Americans who have first degree relatives (e.g., parents) with diabetes was twice as great as for those with no family history of diabetes."

According to Dr. Zorba Paster, author of *The Longevity Code*, the prevalence of diabetes in Hispanics is largely because of social injustices for minorities. "Racial minorities are disproportionately poor and under-

educated, and according to the National Center for Health Statistics, the poor and undereducated die younger and suffer more health problems than people with higher wealth and education." Paster says that non-whites in America live an average of five fewer years than whites, and diabetes is a major contributor to that statistic.

The answer to this situation appears to lie in education and in proper health care. Hispanic Americans must become knowledgeable of diabetes from several different angles: What the disease is, what it does to their bodies, how to prevent it and how to treat or reverse it if they already have it. Once that is accomplished, the burden lies on them to act on what they know in order to halt the escalating rate of Hispanics being diagnosed with diabetes.

http://www.naturalnews.com/008951_diabetes_hispanics.html



Continued from page 37 –Sugar Addicts Guide

different [sugar names](#) and choose healthy [low glycemic foods](#) from the [glycemic foods index](#) to keep blood sugar stable.

4. Extract your sweet tooth – cold turkey. Sugar is too addictive to wean yourself slowly. Plan ahead, clean out your pantry and take some time off for withdrawal symptoms to pass. Look for new ways to comfort yourself – like a warm bath and good book.

5. Learn to love nature's natural sweeteners. Once you get through the first few days, fruits and other natural foods will start tasting sweeter. Stevia, a naturally sweet herb, can help sweeten food and drinks, but don't go overboard.

6. Make friends with naturally sweet people. Make friends who support your sugar-free lifestyle. When eating out, break whole grain bread with wholesome people and choose tasty sugar-free foods.

7. Clean sugar out of your body and mind. It takes 3 to 7 days to overcome the physical addiction. But overcoming emotional attachments to sweet comfort foods could take longer. Here are some guidelines.

- Use the [low glycemic diet](#) and [list of glycemic foods](#) to help you choose healthier, more appropriate comfort foods to sooth cravings.
- Eat smaller meals 5 or 6 times a day. Don't get hungry. Have [protein](#) with every meal or snack to keep your blood sugar stable.
- Drink plenty of water to help wash out sugar and toxins.

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FEATURED ARTICLES

Is Diabetes an Epidemic in Black America? The Growing Number of Cases Indicates the Problem has reached a New Level

By Kelvin Chappell

Ebony, March 2007

Nearly 21 million people in the United States, or 7 percent of the population, have diabetes. And another 54 million people are believed to have the beginning stages of diabetes. Every minute of every day, another American develops type 2 diabetes.

Among African-Americans, the numbers are even more daunting. One in 7 Blacks has the disease, and African-Americans are twice as likely as Whites to develop diabetes. At the rate that diabetes is progressing, it is predicted that for every two African-American children born today, one will develop diabetes--type 2 diabetes, which used to be called "adult onset diabetes." But with more Black children than ever before being diagnosed with diabetes, medical professionals are rethinking their entire approach to the disease--and raising the question: Has diabetes become an epidemic in Black America?

"We're seeing shortening of life spans, people are dying earlier from heart disease, strokes," says Dr. Duane Smoot, chair of the medical department at the Howard University Hospital. "There are just so many problems associated with diabetes. It causes aging of your blood vessels, so hardening of the arteries occurs more frequently. It causes people to have more problems with aging. We talk about aging gracefully, but with this disease, it makes it more difficult to have a good quality of life. We have very firm data that tells us that diabetes itself had reached epidemic proportions in this nation as a whole, but more specifically in the African-American community."

Dr. Wayman Wendell Cheatham, medical director at the Medstar Research Institute in Washington, D.C., agrees. "We should be very, very concerned. I am terribly concerned," Cheatham says. "Diabetes is a major killer. It doesn't only cause people to lose their vision, lose their kidneys, lose their limbs, diabetes

reduces life expectancy significantly. People die of heart attacks and strokes because of diabetes. It is one of the more underlisted causes of death of all causes ... With the trend line that we're on, it's a terrible epidemic."

Dr. James Gavin, past president of the American Diabetes Association, defines an epidemic as a disease that spreads "beyond a local population, lasting a long time and reaching people in a wider geographical area," he says. "Many classify diseases as a pandemic once the disease reaches worldwide proportions."

So what caused this explosion of diabetes in the Black community?

Gavin and others believe that genetics have played a large role. However, given that the population gene pool shifts very slowly overtime, the current epidemic of diabetes can't solely be attributed to genes. Many health professionals are attributing a large part of the problem to the drastic slowing of active lifestyles, and the drastic shift in diet to one that now consists largely of processed foods.

The result: Black children and adults, particularly females, are more overweight now than ever before. One study on physical activity found that, by the age of 18, Black girls have a decline in physical activity twice that of White girls the same age.

"Obesity and diabetes go hand in hand," says Dr. Joyce Richey, diabetes researcher and assistant professor at the Keck School of Medicine at University of Southern California. "The obesity issue is the trigger, and we have a genetic background that sets off that trigger. The result is a diabetes epidemic ... When you become obese, you become less responsive to the insulin that your body is putting out. Then your body realizes that you are becoming resistant, and starts putting out more insulin. Diabetes occurs when

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your beta cells become so impaired that you are not able to compensate for that resistance that you have."

Richey and other researchers are working feverishly to unravel the mystery of fat, particularly what is it about

fat, or in fat, that triggers diabetes. "What we are finding out is that we've always thought of fat as being dormant, taking up space for sure, but not much else," she says. "But what we are finding out [now] is that fat is like an organ that is secreting things into our system. Fat is not good, especially belly fat. That's the fat that is very unhealthy."

Richey says eating healthy and increasing physical activity are keys to stemming the diabetes epidemic. Catching the disease in its earliest stage is also key. When the disease is in its "pre-diabetes" stage, actions can be taken to prolong, if not prevent, its onset. A landmark study sponsored by the National Institutes of Health indicated that people with pre-diabetes lowered their risk of developing type 2 diabetes by more than half by losing 5 to 7 percent of their body weight, getting at least 30 minutes of physical activity five days a week and eating healthier.

In addition to lifestyle changes, researchers are also developing new classes of drugs that decrease the rate of developing diabetes if taken early in the disease's progression. Other drugs restore the ability of the pancreas to make insulin more normally and release it more normally.

But presently, nothing can replace the self-determination of a person to keep his or her diabetes in check. Just ask Regina Barrett. The Washington, D.C., native has battled diabetes for five years. And so far, she's winning the fight. "The changes that I have made are lifestyle changes," says the 51-year-old. "They are not temporary. They are things that, if I want to continue to feel good, if I want to do the best that I can, I have to do. I want to know that I have done all that I possibly can to fight the disease. Right now, I feel healthy, even having diabetes."

DIABETES By The Numbers

* **DEATHS:** Diabetes was the sixth leading cause of death listed on U.S. death certificates in 2002. This ranking is based on the 73,249 death certificates in which diabetes was listed as the underlying cause of death. According to death certificate reports, diabetes contributed to a total of 224,092 deaths. Diabetes is likely to be underreported as a cause of death. Studies have found that only about 35 percent to 40 percent of decedents with diabetes had it listed anywhere on the

death certificate and only about 10 percent to 15 percent had it listed as the underlying cause of death. Overall, the death rate among people with diabetes is about twice that of people without diabetes of similar age.

* **HEART DISEASE AND STROKE:** Heart disease and stroke account for about 65 percent of deaths in people with diabetes. Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes. The risk for stroke is 2 to 4 times higher among people with diabetes.

* **HIGH BLOOD PRESSURE:** About 73 percent of adults with diabetes have blood pressure greater than or equal to 130/80 millimeters of mercury (mm Hg) or use prescription medications for hypertension.

* **BLINDNESS:** Diabetes is the leading cause of new cases of blindness among adults aged 20 to 74 years. Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year.

* **KIDNEY DISEASE:** Diabetes is the leading cause of kidney failure, accounting for 44 percent of new cases in 2002. In 2002, 44,400 people with diabetes began treatment for end-stage kidney disease. In 2002, a total of 153,730 people with end-stage kidney disease due to diabetes were living on chronic dialysis or with a kidney transplant.

* **NERVOUS SYSTEM DISEASE:** About 60 percent to 70 percent of people with diabetes have mild to severe forms of nervous system damage. The results of such damage include impaired sensation or pain in the feet or hands, slowed digestion of food in the stomach, carpal tunnel syndrome, and other nerve problems. Almost 30 percent of people with diabetes aged 40 years or older have impaired sensation in the feet (i.e., at least one area that lacks feeling). Severe forms of diabetic nerve disease are a major contributing cause of lower-extremity amputations.

* **AMPUTATIONS:** More than 60 percent of nontraumatic lower-limb amputations occur in people with diabetes. In 2002, about 82,000 nontraumatic lower-limb amputations were performed in people with diabetes.

* **ESTIMATED COSTS OF DIABETES IN THE UNITED STATES:** \$132 billion, with \$92 billion in direct medical costs and \$40 billion in indirect costs (disability, work loss, premature mortality).

* **TYPE 1 AND TYPE 2 DIABETES:** Type 1 diabetes (also known as juvenile-onset diabetes) accounts for 5 percent to 10 percent of all people with diabetes. Type

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2 diabetes accounts for the majority of people with diabetes--90 percent to 95 percent.

How DIABETES Is Ravaging The African-American Community

*Thirteen percent (3.2 million) of all African-Americans aged 20 years or older have diabetes.

*Twenty-five percent of African-Americans between the ages of 65 and 74 have diabetes.

*African-Americans are 1.8 times more likely than Whites to have diabetes.

*One in 4 African-American women over 55 years of age has diabetes.

*African-Americans are almost twice as likely as Whites to develop diabetic retinopathy (blindness).

*African-Americans are as much as 5.6 times more likely than Whites to suffer from kidney disease as a result of diabetes complications.

*African-Americans are 2.7 times more likely than Whites to suffer from lower-limb amputations.

Source: American Diabetes Association

http://findarticles.com/p/articles/mi_m1077/is_5_62/



New Drug Target in Obesity: Fat Cells Make Lots of Melanin

October 30, 2008
ScienceDaily

As millions of Americans gear up for the Thanksgiving holiday, a new research report published online in The FASEB Journal, may provide some relief for those leery of having a second helping. In the report, researchers describe a discovery that may allow some obese people avoid common obesity-related metabolic problems without actually losing weight: they make a common antioxidant, melanin, in excess.

Even more promising is that some of the antioxidant drugs that can mimic the melanin effect are FDA-approved and available. This availability would greatly speed the development of new treatments, should they prove effective in clinical trials.

The researchers made the unexpected discovery--fat cells in obese people produce melanin in excess--when they

were comparing fat cells of obese people to those of people with normal weight. After the comparison, they found that the gene responsible for making melanin was working in "overdrive" in the fat cells of obese people. The finding was then confirmed using additional laboratory tests. Melanin is a common antioxidant responsible for skin and eye color.

Ancha Baranova, one of the study's researchers from George Mason University and INOVA Fairfax Hospital says, "Most scientific efforts aim at making obese individuals lose weight, but this has proven difficult. Hopefully, this study will lead to a drug that keeps obese individuals healthy, reducing the cost-burden to society as well as some of the stigma associated with this condition."

According to the U.S. Centers for Disease Control and Prevention, the prevalence of obesity in 2005-2006 was about 1 in 3 for men and women. Obesity increases the risk of diseases and health conditions, such as high blood pressure, osteoarthritis, dyslipidemia, Type 2 diabetes, coronary heart disease, stroke, gallbladder disease, sleep apnea and respiratory problems, and some cancers.

"No pill can replace a healthy diet and exercise, yet," said Gerald Weissmann, MD, Editor-in-Chief of The FASEB Journal, "but this could be a major advance for physicians looking for a safe drug target in their search to keep obese patients healthy while their weight becomes normal."

This research report will appear in the March 2009 print issue of The FASEB Journal: Manpreet Randhawa, Tom Huff, Julio C. Valencia, Zobair Younossi, Vikas Chandhoke, Vincent J. Hearing, and Ancha Baranova. Evidence for the ectopic synthesis of melanin in human adipose tissue. FASEB J., Online October 29, 2008, In print March 2009 DOI: 10.1096/fj.08-116327

<http://www.sciencedaily.com/releases/2008/10/081029121812.htm>



Melanin's 'Trick' for Maintaining Radioprotection Studied

ScienceDaily (Aug. 23, 2011) — Sunbathers have long known that melanin in their skin cells provides protection from the damage caused by visible and ultraviolet light.

More recent studies have shown that melanin, which is produced by multitudes of the planet's life forms, also gives some species protection from ionizing radiation. In certain microbes, in particular some organisms from near

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the former nuclear reactor facilities in Chernobyl, melanin has even been linked to increased growth in the presence of ionizing radiation.

Research at the U.S. Department of Energy's Savannah River National Laboratory, in collaboration with the Albert Einstein College of Medicine, has provided insights into the electrochemical mechanism that gives the complex polymer known as melanin its long-term radioprotective properties, with a goal of using that knowledge to develop materials that mimic those natural properties.

A recent article in the journal *Bioelectrochemistry* relates how the researchers established that ionizing radiation interacts with melanin to alter its oxidation-reduction potential, resulting in electric current production.

Radiation causes damage by stripping away electrons from its target. "Over time, as melanin is bombarded with radiation and electrons are knocked away, you would expect to see the melanin become oxidized, or bleached out, and lose its ability to provide protection," said Dr. Charles Turick, Science Fellow with SRNL, "but that's not what we're seeing. Instead, the melanin continuously restores itself."

The team's research took them one step closer to understanding that self-restoration mechanism. They demonstrated that melanin can receive electrons, countering the oxidizing effects of the gamma radiation. The work showed, for the first time, that constant exposure of melanin to gamma radiation results in electric current production.

Mimicking that ability would be useful, for example, in the space industry, where satellites and other equipment are exposed to high levels of radiation for long spans of time.

"Looking at materials, a constantly gamma radiation-oxidized electrode consisting in part of melanin would continuously accept electrons, thereby resulting in a current response," Turick said. "If we could understand how that works, we could keep that equipment working for a very long time."

Story Source:

The above story is reprinted (with editorial adaptations by ScienceDaily staff) from materials provided by [DOE/Savannah River National Laboratory](#), via [EurekAlert!](#), a service of AAAS.

Journal Reference:

Charles E. Turick, Amy A. Ekechukwu, Charles E.

Milliken, Arturo Casadevall, Ekaterina Dadachova. **Gamma radiation interacts with melanin to alter its oxidation–reduction potential and results in electric current production.** *Bioelectrochemistry*, 2011; 82 (1): 69 DOI: [10.1016/j.bioelechem.2011.04.009](https://doi.org/10.1016/j.bioelechem.2011.04.009)

<http://www.sciencedaily.com/releases/2011/08/110823165352.htm#>



Uganda: Diabetes on Rise among Pregnant Women

By Conan Businge

17 July 2011
New Vision

Diabetes is on the rise among pregnant women, posing serious health problems for mothers-to-be and their unborn children. According to medical experts, the rate of type 1 or type 2 diabetes among expectant mothers more than doubled in the last few years, Prof. Marcel Otim, a specialist in chronic infections, says. In fact, it is at times referred to as gestational diabetes.

Much as diabetes is an ignored silent killer, with no clear national figures captured as of today, doctors at Mulago and other diabetes clinics, say the number of diabetic pregnant women is shooting up.

But, a research "Maternal and Foetal Outcome of Gestational Diabetes Mellitus in Mulago Hospital Uganda" in 2004 showed that depending on the type of population and diagnostic criteria used, gestational diabetes is said to complicate 1% to 16% of all pregnancies. But this percentage has more than doubled over time.

Diabetes raises the risk of miscarriages, stillbirths and birth defects. Otim says all females in the child-bearing age, whether pregnant or not, must test their blood sugar levels. "Once pregnant, testing for blood sugar should become mandatory. It is not a choice any more," he warns.

Diabetes can also lead to bigger babies and children who are at risk of developing diabetes and obesity later in life, Dr. Agatha Nambuya, a senior consultant and physician, says.

Diabetes is a chronic health condition where the body is unable to produce insulin to break down sugar in the blood, leading to increasing sugar levels. As a result, glucose builds up in the blood stream, leading to blindness, nerve, kidney and heart disorders.

The rise in diabetes in pregnant women is a big problem

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FEATURED ARTICLES

Most Effective Diabetes Herbs

By Mama Mawusi

Master Herbalist and Guardian Director of The Body Temple Institute

17 July 2011

Diabetes is a serious balancing act that requires your full attention while most doctors immediately prescribe medications to help control diabetes; many sufferers are investigating alternative means to control their blood sugar. To step out on your own responsibility you should keep a journal of what you took and how it affected your sugar levels - keeping a careful record of that too. Proper diet and exercise are recommendations commonly made to patients with diabetes, this too is important to consistently keep up and journal. Certain herbs have shown some success in controlling blood sugar levels in patients although medical personnel cannot officially recommend them. Four such diabetes herbs are ginseng, fenugreek, cinnamon and chromium. This article will briefly discuss each of these herbs as well as their benefits in treating diabetes.

Chromium: There are several studies that provide evidence of chromium's success as an herb for controlling diabetes. A daily dosage of 400 - 600 micrograms can significantly lower blood sugar levels while posing no health risk to the patient. Chromium is a trace mineral that assists with burning carbohydrates and fat. It helps provide blood sugar to cells and may increase sensitivity to insulin, potentially helping to curb cravings for sweets and carbohydrates.

Fenugreek: Fenugreek seeds have long been noted as one of the best diabetes herbs in folk medicine for diabetes, and has also been clinically studied for its effectiveness. One study performed in Europe in the 1990s showed that patients with Type 1 diabetes who took two doses of fenugreek on a daily basis had lower blood sugar levels than the patients who were given a placebo.

Cinnamon: A study performed recently showed that taking a small amount of cinnamon extract daily can lower blood sugar by an average of 10% and is suspected to also lower cholesterol. This offers much hope to patients suffering from Type 2 diabetes since

controlling blood sugar and cholesterol significantly reduces the risk of heart disease for these individuals. However it is important to remember use the cinnamon extract, which is readily available to the system and is available in many health stores.

Ginseng: Some research done on ginseng has shown a lowering of blood sugar levels in patients after taking this one of the diabetes herbs over those taking a placebo. In fact, the patients taking ginseng had blood sugar levels roughly nine percent lower than the ones who weren't taking the herb for diabetes. Research was done on American Ginseng.

Whenever considering the use of an herb or supplement, it is advisable to consult your doctor and inform him or her of your plans.

(Work together with your physician and herbalist to combine your diabetes herbs supplements with the medical recommendations of your doctor for the most successful treatment of your diabetes.)

***Indian herbs to cure diabetes? - Yahoo! Answers - Some of the major diabetes herbs are: Pterocarpus marsupium (Indian Kino, Malabar Kino, Pitasara, Venga) Bitter Melon (Momordica charantia).**

Also **GYMNEMA SYLVESTRE**, an Ayurvedic herb, came to be known as "destroyer of sugar" because, in ancient times, Ayurvedic physicians observed that chewing a few leaves of *Gymnema sylvestre* suppressed the taste of sugar. The herb's active ingredient, gymnemic acid, is extracted from leaves and roots, and helps to lower and balance blood sugar levels. The unique shape of gymnemic acid molecules are similar to that of glucose, allowing it to fill cell receptors in the lining the intestines, thereby preventing uptake of sugar molecules.

<http://thebodytemple.ning.com>



Continued from page 50 – Uganda: Diabetics on the rise among Pregnant Women

because it is probably a nationwide trend occurring hand-in-hand with obesity, which also carries other risk factors for birth complications.

Otim, who was attending the First East African Diabetes Conference in Kampala, last week, explained that diabetes apart, obese women often develop high blood pressure, which can lead to pregnancy complications and birth defects, such as neural tube defects, in which the brain or spinal fail to develop normally.

He explains that diabetes affects the foetus, and the pregnancy also deteriorates the situation of an already diabetic women. "If a woman has diabetes and later gets pregnant, it complicates the effects of the disease," Otim adds.

"Due to the high sugar levels in the blood of the mothers, the baby's lungs fail to mature well," he explains, "meaning that children are at risk of getting a hyaline membrane disease which causes death in some newly-born babies."

Children born in such a situation, therefore, need to be given glucose. "The children having lived in the ambience of high sugar in the uterus, their bitter cells in the pancreas are always enlarged, which is a defect."

Diabetes silently killing women

One of the reasons why the country still has a high rate of maternal mortality is because chronic diseases like diabetes have not been offered the attention they deserve in the country's health system, according to experts.

Of the 8,200 Ugandans who die of diabetes annually, about 5,000 of them are women and children. Nambuya says most of the pregnant women, who die are diabetic.

Women who are obese should not gain weight during pregnancy. However, women attempting to limit their weight gain during pregnancy should only do so under strict medical supervision to ensure they are getting adequate nutrition for themselves and the foetus.

"Without treatment, most women are ignorantly dying." To make matters worse, some of these newly-born babies end up growing with diabetes, complicating the costs involved in treating the mothers and children.

"We want the Government to pay attention to the prevention and treatment chronic diseases. If this is not done, more billions of money will be lost, as the mortality rate arising from chronic diseases shoots up," warns the chair (African Region) of International Diabetes Foundation, Dr. Silver Bahendeka.

Prof. Jean Claude Mbanya, the President of International

Diabetes Foundation, says: "Diabetes is a threat to public health and development that we have to address as a matter of extreme urgency," he adds.

Diabetes Foundation, says: "Diabetes is a threat to public health and development that we have to address as a matter of extreme urgency," he adds.

Way forward

Women can reduce the risk of developing gestational diabetes by maintaining a healthy balanced diet and doing regular exercise to maintain a proportionate weight as per their height. Women should also make healthy lifestyle choices, such as eating a balanced diet.

Although the situation is worrying, it is not insurmountable. Different stakeholders in Uganda's health sector are working to address the situation. Several international organisations have come in to help.

Novo Nordisk, in 2008 started a five-year project, which offers access to diabetes care for children living with type 1 diabetes in the world's poorest countries, Uganda being one of them. The project looks at infrastructural development, training and education of health care professionals, provision of free-of-charge insulin for children and patient education.

<http://allafrica.com/stories/201107191112.html>



Continued from page 46 – Sugar Addicts Guide

- Make overcoming sugar addiction your main focus. Don't start a new diet or exercise program while still going through sugar withdrawal. Weight loss is usually a natural result of giving up sugar.
- If you slip up, forgive yourself, have some protein to stabilize your blood sugar, brush your teeth, drink a cup of mint tea, take a walk or do whatever it takes to get back on track in a sugar-free groove.

Articles you may also enjoy:

[Fruits List with Fruit Nutritional Value](#)

[List of Sugar Names and Sugar Facts](#)

[The Glycemic Diet of Low Glycemic Foods](#)

http://commonsensehealth.com/Diet-and-Nutrition/Sugar_Addicts_Guide_to_Overcoming_Sugar_Addiction.shtml



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COME BACK TO YOUR ROOTS

New Research Finds Diabetes Can Be Reversed

By Mark Hyman, MD

August 09, 2011

Reversing Diabetes

I have recently spent more time in drug stores than I would like helping my sister on her journey through (and hopefully to the other side of) cancer. Rite Aid, CVS and Walgreens all had large diabetes sections offering support for a “diabetes lifestyle”—glucose monitors, lancets, blood pressure cuffs, medications, supplements and pharmacy magazines heavily supported by pharmaceutical advertising.

Patients are encouraged to get their eye check ups, monitor their blood pressure, track their blood sugars, have foot exams and see their doctor’s regularly for better management of their blood sugars—all apparently sensible advice for diabetics.

But what if type-2 diabetes could be completely reversed? What if it wasn’t, as we believe, an inexorable, progressive disease that has to be better “managed” by our health care system with better drugs, surgery and coordination of care? What if intensive lifestyle and dietary changes could completely reverse diabetes?

A ground breaking new study in *Diabetologia* proved that, indeed, type 2 diabetes can be reversed through diet changes, and, the study showed, this can happen quickly: in 1 to 8 weeks. That turns our perspective on diabetes upside down. Diabetes is not a one-way street.

If we have a known cure, a proven way to reverse this disease, shouldn’t we be focused on implementing programs to scale this cure?

We used to believe that once cells in your pancreas that make insulin (beta cells) poop out there was no reviving them and your only hope was more medication or insulin. We now know that is not so.

Continuing misconceptions about what causes diabetes and our unwillingness to embrace methods known to reverse it have led to a catastrophic increase in the illness. Today one in four Americans over 60 years old has type 2 diabetes. By 2020, one in two Americans will have pre-diabetes or diabetes. Tragically, physicians will miss the diagnosis for ninety percent with pre-diabetes or diabetes. (Below I tell you exactly what tests to ask your doctor to perform and how to interpret them).

From 1983 to 2008, worldwide diabetes incidence has increased 7 fold from 35 to 240 million. Remarkably, in

just the last 3 years from 2008 to 2011, we have added another 110 million to the diabetes roll call. And increasingly small children as young as eight are being diagnosed with type 2 diabetes (formerly called adult onset diabetes). They are having strokes at 15 years old and needing cardiac bypasses at 25 year old. The economic burden of caring for these people with pre-diabetes and diabetes will be \$3.5 trillion over 10 years.

If we have a known cure, a proven way to reverse this disease, shouldn’t we be focused on implementing programs to scale this cure? Unfortunately despite this extraordinary new research, the findings will likely be pushed aside in favor of the latest greatest pill or surgical technique because behavior and lifestyle change is “hard.” In fact, with the right conditions and support, lifestyle diet and lifestyle change is very achievable.

What did research show?

Reversing Diabetes: Can it Be Done in a Week?

The study, entitled [Reversal of type 2 diabetes: normalization of beta cell function in association with decrease pancreas and liver triglycerides](#) [2], was exquisitely done. The bottom line: A dramatic diet change (protein shake, low glycemic load, plant-based low-calorie diet but no exercise) in diabetics reversed most features of diabetes within one week and all features by eight weeks. That’s right, diabetes was *reversed* in one week. That’s more powerful than any drug known to modern science.

We know from gastric bypass patients that with rapid changes in diet right after surgery, within just a few days, without significant weight loss, diabetes goes away—fatty livers heal, cholesterol levels plummet. Some theorized it was because of changes in the stomach hormones related to the gastric surgery. Others, including the researchers of this new study surmised that maybe it was just the drastic change in diet. So they went about studying just the diet change without surgery.

They studied 11 people with diabetes and compared them to a control group. Through very sophisticated techniques including MRI imaging, they measured their blood sugar and insulin responses, cholesterol levels and fat in the pancreas and liver (some of the hallmarks of diabetes) before and after diet changes at 1, 4 and 8 weeks.

What they found was revolutionary. The beta cells—the pancreas’ insulin producing cells—woke up, and the fat deposits in the pancreas and liver went away.

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Continued from page 53 – New Research Finds Diabetes can be Reversed

Blood sugars normalized in just one week, triglycerides dropped in half in one week and reduced 10-fold in eight weeks. The body's cells became more insulin sensitive and essentially, in just 8 weeks, all evidence of diabetes was gone and the diabetic patients looked just like the normal controls on all the testing.

While this may be surprising to most, it is something I see regularly in my medical practice. With focused, strategic, scientifically based nutritional intervention, combined with exercise, stress management and sugar and insulin balancing nutritional supplements, many of my patients completely reverse their diabetes. And the side effects—more energy, better sleep, improved sexual function and weight loss—are all good.

What most don't realize is that pre-diabetes and diabetes exist on a continuum and both dramatically increase the risk of heart attacks, stroke, cancer, infertility, sexual dysfunction, depression and dementia. You don't have to get diabetes to be at risk for all those problems. That is why it is so important to get your doctor to diagnose pre-diabetes early and implement an intensive lifestyle program to help you reserve it.

You may be at risk if you have extra belly fat, have a family history of diabetes, gestational diabetes, are in at risk ethnic group (Asian, Hispanic, African American, Native American, Middle Eastern), have high triglycerides (> 150 mg/dl) or a low HDL (< 50 mg/dl) or have high blood pressure.

If any of these apply to you or you have other cause for concern, here is what to do.

How to Reverse Your Diabetes

First, get your doctor to test the following:

1. A 75-gram glucose tolerance test measuring BOTH glucose and insulin fasting and 1 and 2 hours later. Your fasting blood sugar should be less than 100 mg/dl and your 1 and 2 hour sugar levels should be less than 130 mg/dl. Your fasting insulin should be less than 10, and your 1 and 2 hour levels should be less than 35.
2. Triglycerides should be less than 150 mg/dl and HDL (good cholesterol) should be over 50 mg/dl, and the triglyceride to HDL ratio should be less than 4. These ranges are meaningful only if you are on no medication.
3. [Newer cholesterol tests](#) [3] measure the size of your cholesterol particles and is very effective in diagnosing problems with pre-diabetes early. In fact, this is the

only cholesterol test we should be performing.

And here's the program I use for my patients to reverse diabetes:

1. Eat a low glycemic load, high fiber, plant-based diet of vegetables, beans, nuts, limited whole grains, fruit and lean animal protein
2. Vigorous exercise (fast walking, running, biking, etc.) 30 minutes 4-5 times a week and strength training 20 minutes 3 times a week
3. Take a good multivitamin, fish oil, vitamin D and blood sugar and insulin balancing nutrients (including chromium and alpha lipoic acid)

Remember, pre-diabetes and diabetes is not a one-way street and the solution is not at the bottom of a pill bottle or the end of an insulin syringe, it is at the end of your fork and in the shoes on your feet!

<http://www.healthiertalk.com/4447>



Tanzania: Survey - 59 Percent of Locals Believe in Mwasapila 'Cure'

Polycarp Machira

4 August 2011
The Citizen

Dar es Salaam — More than half of Tanzanians believe in the herbal medicine offered by retired pastor Ambilikile Mwasapila in Loliondo, Arusha Region, a new poll has shown.

Recently released Synnovate polls show that at least 59 per cent of the people interviewed approve of the 'miraculous' cup of herbs while 29 per cent have no belief in what the Rev Mwasapila is doing, with 11 per cent saying they did not know.

About 1,176 of the 1,994 respondents in the poll, carried out between May 2 and 19 this year, showed that some 578 disapproved of the herb while 219 people said they did not know.

About 78 per cent of those who had sought treatment claimed that they were cured from their diseases after taking a cup of the herb from Babu, as the former pastor is popularly known.

On the contrary, seven per cent said they were not cured while 15 per cent did not know whether they were cured or not.

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Some 83 per cent of the Tanzanians who were polled disagreed with the statement that: "It is easy to access Babu wa Loliondo's Kikombe (cup)." "Only 17 per cent of the respondents are in agreement that it is easy to access Babu wa Loliondo's Kikombe and this may be attributed to their proximity to Loliondo," reads the report.

Diabetes tops the list of diseases that people mainly seek treatment for with a 24 per cent score, blood pressure (22 per cent), HIV Aids (13 per cent) and cancer (12 per cent).

Others include ulcers, asthma at seven and five per cent respectively while epilepsy, pneumonia and foot ache tie at four per cent each. Tuberculosis and stomachache also tie at three per cent as spinal cord and chest problems score a distant two per cent each.

Eye infections are represented by one per cent, while diseases not mentioned by the respondents score 25 per cent. This constitutes part of the wider 49 per cent of Tanzanians who would visit a herbalist when sick.

At least 21 per cent of those interviewed would visit a witchdoctor if they felt sick but an overwhelming 75 per cent of Tanzanians would not see witchdoctors due to health problems.

This, according to the polls, indicates that a majority of Tanzanians recognise and accept herbalists, as opposed to witchdoctors. A key observation was that herbalists and witchdoctors are viewed as two different sources of health solutions, with the former having some level of acceptability and tolerance.

On the other hand 85 per cent of Tanzanians think that herbalists should be regulated, while only 12 per cent think that the government shouldn't regulate herbalists.

<http://allafrica.com/stories/201108041170.html>



Africa: Just How Safe Are Herbal Medicines?

By Gabriel Ewepu

20 July 2011
Leadership

From the beginning of time, traditional medicines have been used for both the prevention and cure of ailments that affect human health. They are sourced from leaves, the bark, seeds, sap and other parts of trees and weeds.

Traditional medicines have been used to cure deadly ailments such as diabetes, cancer and ulcer. Most traditional medicines are consumed in their raw and semi-processed forms by Asians, Africans and Latin Americans. But over the years, countries like China and India have been able to refine and develop traditional drugs and are exporting them to Europe, America, Asia and Africa. Some of them make claims of being able to cure infertility, menstrual cramps, irregular cycles, ovarian cysts, uterine fibroids, hot flashes, arthritis, weak digestion and endometriosis.

There is, however, growing global concern about the safety of traditional medicines, as there have been several cases of complications caused by some of the traditional medicines exported to Europe and America. For this reason and the fact that people tend to use herbal medicines indiscriminately, regulatory bodies in countries like Britain and America have stopped the importation of some traditional drugs from China and India.

"Research we conducted last year found a significant proportion of people believed 'herbal' means 'benign'," says Richard Woodfield, Head of Herbal Policy at the Medicines and Health Care Products Regulatory Agency (MHRA). "That means people are more liable to self-medicate, and to neglect to inform their doctors, even though there's a risk that the herbal remedy will react with any prescription drugs. They're also more vulnerable to fraudulent, even criminal operators who put products out which are heavily adulterated with dangerous pharmaceuticals."

Last year, scientists at Boston University found that a fifth of Ayurvedic medicines - popular traditional Indian herbal remedies - bought over the internet contained dangerous levels of lead, mercury or arsenic, which could cause stomach pains, vomiting or liver problems.

Menopause remedies also came under fire after a study reported in the *Drugs and Therapeutics Bulletin*, a journal that reviews medical treatment, found no evidence they actually worked. Gynaecologist Heather Curry of the British Menopause Society says, "Our feeling is that there isn't enough scientific evidence either on effectiveness or safety."

For example, a German study last year found the "herbal antidepressant" St John's Wort to be as effective as standard antidepressants such as Prozac.

However, side effects such as dry mouth, dizziness and stomach pains have been widely reported and it

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interacts strongly with some prescription drugs such as Warfarin and oral contraceptives. And in April, an MHRA investigation into Jia Ji Jian, sometimes marketed as 'herbal Viagra', revealed it contained up to four times the level of pharmaceuticals found in legally prescribed anti-obesity and anti-erectile dysfunction medicinal products, which can cause serious side effects including heart and blood pressure problems. As a herbal remedy it should not contain any pharmaceuticals at all.

In Nigeria, the business of traditional medicines is a very lucrative one. People say they are affordable, accessible and they work. Of recent, some traditional medicine practitioners have gone into aggressive media advertisement to register their products and presence in major towns like Abuja, Lagos, Port Harcourt, Aba and others, all in a bid to promote their products and woo more customers. It is not uncommon to hear their claims of how one traditional medicine can cure over 10 different health problems. One wonders how that is possible. There are even those who have claimed that they have the cure for HIV/AIDS.

The nation's regulatory body for drugs, the National Agency for Food Drugs Administration and Control (NAFDAC), has tested and approved some of these traditional medicines as being safe for use. But many still have their doubts about them. In spite of NAFDAC's efforts, it is worrisome to see all manner of people venturing into the business. With the poor regulation and monitoring strategies, the health of Nigerians in this regard stands at great risk.

Some residents in Abuja lay bare their minds on the safety of traditional medicines. Mr. Chukwuma Ikeagwani, a financial expert spoke on the challenges and ways to improve traditional medicines. "Herbal drugs no doubt have been successfully used in treating various ailments. They have also helped to bring relief to some patients where orthodox drugs could not do anything, reducing complications that could have led to death. Whether they are all safe though is doubtful. The business is considered by some to be very lucrative, so there is infiltration by quacks, because there are cases of fake herbal drugs on the market. Most of these traditional drugs don't have regulated doses, as some of them are not scientifically manufactured.

"Another issue is the environment where they are being produced. Most of these places are nothing to write home about. The instruments are mostly not sterilised or kept clean. Also some of the substances they use are

dangerous to human health. Well, traditional drugs can be improved if the government through its research institutes, can collaborate with the Federal Ministry of Health in partnering with development partners. Traditional medicine practitioners will then produce safe herbal drugs. Also, the government should regulate their activities."

Israel Okosun, a graduate of philosophy gave his view about traditional medicine practitioners and the safety of traditional medicines. "Traditional medicines were used by our forefathers and were effective, but not now, as most traditional medicine practitioners are not genuine and as dependable as in the olden days. Most of them are quacks just out to deceive and make money from unsuspecting customers. Some of them use magic in the name of traditional medicine practice, to induce people to patronise them to the detriment of their health. People now prefer to go to hospital and use orthodox drugs, since traditional medicines are not reliable. I am not condemning all of them. Some are genuine and have positively contributed to the health care of Nigerians.

My advice to NAFDAC is that a unit or department should be established, which will dedicatedly monitor and control the activities of traditional medicine practitioners to ensure the safety of traditional medicines and weed out quacks," Okosun said.

Bioko Ezekiel, a political analyst said, "Actually, traditional medicine is as old as man and the society then heavily depended on it to tackle different health problems. The use of traditional medicines can enhance longevity. Countries like China and India majorly depend on them. Some of these traditional drugs can cure a lot of ailments, which I have witnessed.

People condemn traditional medicines because Britain came with orthodox drugs to convince us against our traditional medicines. This has made some of us throw away our traditional heritage, which traditional drugs are a part of. I mean we are fast losing our cultural heritage to orthodox drugs, which are mostly chemical-based. I see traditional medicines as safe for human consumption. Therefore, the government should revive its practice and usage. Government is simply not committed to developing traditional medicines, because it does not have regard for what its own produce, which are natural and good for human health. If there is more political will by the government in developing traditional medicine, most people will be able to afford it."

Richard Woodfield of the MHRA agrees. "Avoid

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unlicensed herbal remedies, particularly those sold on the internet and steer clear of anything claiming to be '100% safe' or 'safe because it's natural'. Like any other drugs, herbs can have side effects. Look for the THR or PL standard on the label and consult with your doctor if taking any prescription medicine."

<http://allafrica.com/stories/201107201055.html>



Uganda: The Healthy Side of Coffee

By Viqué-Ocean Kahinju

15 August 2011

COFFEE is popular for its great aroma and feared for its high caffeine content. Many people shun it for its negative effects on the nervous system and how it can increase anxiety, stress and food cravings, in addition to inhibiting sleep.

But studies have shown that coffee may actually have some significant medical benefits.

Edwin Mbabazi, a naturopathic and herbal researcher in Kampala, says: "Coffee is rich in anti-cancer properties because of its caffeine content.

According to research, people who drink coffee are 50% not likely to suffer from breast, colon, prostate gland and rectal cancers."

Decaffeinated (with most or all of the caffeine removed) coffee may also have the same benefits as caffeinated or regular coffee. But the accuracy of the anti-disease substances in coffee tend to deteriorate in the filtered (decaffeinated) coffee drinks, explains Guma Ruhinda, a diet coach clarifies.

Recently Australian researchers looked at 18 studies of nearly 458,000 people and found a 7% drop in the odds of having type 2 diabetes for every additional cup of coffee drunk daily. There were similar risk reductions for decaffeinated coffee drinkers.

Heavy coffee drinkers may be half as likely to get diabetes as light drinkers or nondrinkers. Coffee may contain chemicals that lower blood sugar, increasing one's resting metabolism rate, which could help keep diabetes at bay.

Coffee reportedly increases cardiovascular diseases, but Mbabazi says: "Cardiovascular effects could be a mixture of various health complications, but coffee has

the capacity to reduce the complications remarkably."

The kahweol and cafestol substances imbedded in coffee beans are known to raise cholesterol levels, but caffeine acts as a paper filter that arrests them before they destroy one's body, explains Ruhinda. There is, therefore, a link between cholesterol increase and decaffeinated coffee, he adds.

He says coffee helps reduce erectile dysfunctions because it maintains a steady blood circulation. It also helps reduce memory loss by keeping the mind alert.

Coffee is rich in minerals such as magnesium and chromium, which help the body to utilise the hormone insulin, controlling blood sugar (glucose).

And when someone suffers from type 2 diabetes, the body loses its ability to use insulin and regulate blood sugar effectively thus the need to drink coffee or chew coffee beans. The oxidants in coffee regulate unnecessary rise in blood sugar, putting diabetes in check, he adds.

"Coffee helps avert stroke because strokes are nipped in the bud. Thus it keeps one's blood circulating sufficiently," Ruhinda says.

However, he cautions that one should avoid coffee if advised by a physician because it can affect people suffering from heart diseases, pregnant and lactating women, the elderly and people on medication.

Frank Hu, an epidemiology professor at the Harvard School of Public Health, says coffee is strong on antioxidants that help prevent tissue damage.

He concludes that it is probably not the caffeine, as based on studies, that boosts health but a combination of other factors such as exercise and protective genes.

<http://allafrica.com/stories/201108170967.html>



Nigeria: Herbal Drug - Also a Health Booster

By Gbenga Ajayi

29 June 2011

Daily Independent

Production Editor — Even though any time general hospital doctors' engage in a face-off with the government, millions of their patients' headache worsens, their temperature boil, their blood pressure shoots high and their heartbeats become abnormal; it however turns a blessing to their 'friends,' the herbal

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medicine practitioners, who see it as the appropriate opportunity to advertise their local trade.

Lagos State, despite being the most industrialised and socially viable in Nigeria, herbal medicine men have boldly come out from the cocoons of their simple 'clinics' and to now gain street limelight by promoting many products, which gained new heights in patronage by people of different ages, gender, education and income levels.

At Mushin, Agege, Ojo, Badagry and Mile 12, areas which Daily Independent has visited, scores of herbal drug traders daily display processed and semi-processed medicines which they claim could cure pile, hypertension, diabetes, malaria, hernia, diarrhoea, gonorrhoea, infertility and many other ailments.

Sanusi Mainasara, indigene of Tsafe, Zamfara State, who has been marketing herbal drugs in Lagos since 2000, in a discussion with Daily Independent boasted the power of his herbs to cure all ailments. According to the 30-year-old herbalist, who said he gained knowledge about traditional medicine from his grandfather, "herbal medicines can cure irregular menstruation, ovarian cysts, tooth ache, deafness, skin diseases, fibroids and barrenness." Confidently, he spoke: "I can use the root of plantain, extracts from cabbage leaves and bitter leaf to treat obesity and diabetes."

No one among the herbal medicine sellers fails to advertise bottles filled with pieces of wood and medicinal powder which they stated if blended with water, lime, lemon juice, citrus or strong spirit become therapeutic wonder.

A co-trader, whose shop is at the popular Mile 12 Market, is Ibrahim Muhammed from Borno State, who explained that the bark, wood and latex of Iroko, a popular tree in the rain forest of Nigeria, can be used for the treatment of hernia while its powdered bark is used as antiseptic or for wound or dressing. Bark of oak, teak, acacia, bramble, nim, shea butter and rubber trees are said to be raw materials for health-giving drugs.

At Ajangbadi, Ojo, Lagos, a fortnight ago Daily Independent accosted middle-aged Rose Nwanko holding a jar of herbal drug called 'Akiika' bought from one of the local drug producers. The mother of four disclosed that her ailment was painful monthly periods which western medicine could not correct satisfactorily. "But since I started taking this herb about two months

ago, I have been enjoy comfort and peace whenever my 'visitor' arrives," she said.

But Olabisi Adenusi's medical challenge is not related with body pain, but infertility, an emotional trauma, especially in a society such as ours that cherishes children and considers infertile women almost second-class citizens. Even though the 38-year-old, who lives at Ojuelegba, Lagos, had bought a herbal drug, she confided in the reporter that she just wanted to experiment or test its efficacy because doctors had tried their best possible to improve her health in the past eight years, but no positive result yet. "I have been married for eight years now, but I have never been able to conceive despite visiting many hospitals and doing many tests which have proved that my general condition was satisfactory, my pelvic examination normal; even my husband's semen analysis showed no abnormality," she sadly told Daily Independent.

Not only trado-medical practitioners believe that herbs can correct infertility in a woman, but men of God quote Ezekiel 47:12, Genesis 1:29 and Revelation 22:2, verses of the holy book that attest that plant are created for sustenance and improving health. In his book on the efficacy of herbs in healing entitled Nature Power, Reverend Father Anselm Adodo stated that kola pods, raw eggs, juice of lime, water and honey can be used to produce herbal remedy for infertility. Some herbalists have also claimed that the seed of cherry can be useful in curing impotence.

Though doctors believe in the curative potential of herbs, nephrologists advise Nigerians to be wary of abuse of herbal medicine because it can result in kidney damage. According to them, management of kidney disease attracts huge financial burden. For example dialysis costs about N100,000 per week and kidney transplant costs about N10 million.

They also warned that many herbal medicines abused or blended with strong alcohol are toxic and could lead to heart failure or seizure, lower breathing rate and ultimately cause death.

Two out of the six men, patrons of herbal medicine traders Daily Independent interviewed, said they suffer from relapsing typhoid fever and acute dysentery. They complained that the cost of hospital treatment of their cases was exorbitant. But piles, which are expanded blood vessels in the anus, were the remaining four men's health challenges. Also called hemorrhoids, piles are caused by excessive pressure in the rectum. The four men, who have lost hope in western medicine as a solution to their ailments, prefer anti-piles herbs which

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cost almost N2,000 per bottle. One of them, Sesan Adelowo, a motor mechanic, said the drug is an aphrodisiac because it corrects erectile dysfunction or impotence, a widely believed consequence of chronic piles. Adelowo confirmed: "herbal medicine is more effective for piles' treatment than western medicine." He confessed spending a fortune in hospitals without improvement or cure to his health. Another piles sufferer, Sylvester Ikoku, corroborated Adelowo, saying "the disease makes manhood turgid during sexual relations."

These men's reasons could have informed why those who trade in piles-treating herbal drugs in the metropolis - at roadsides, on train and public buses, local markets and bus stops - lace their advertisement messages with lewd phrases and sensuous images that evoke erotic feelings.

Although no woman was seen buying piles herbs, but Bello Hammed, a street herbal products seller at Ipaja Road, Agege, said some women also buy from women herbalists. "But these are very few."

It is however doubtful if herbal medicine is totally safe because in the past few years, there have been numerous traditional medicine practitioners making all-cure products, which have sent many of its users to early graves or made them permanently unhealthy because of adulterated active ingredients, abuse or misuse by buyers. Moreover many charlatans or impostors, who consider the trade more a money spinner instead of a life-saver, craftily defraud about 80 per cent of Nigerians who depend on herbs to cure simple ailments.

The National Agency for Food and Drug Administration and Control (NAFDAC) has the responsibility to regulate quackery in herbal medicine practice, but it is doubtful if it can control the large population of herbal practitioners currently selling unlisted or certified drugs.

However in Lagos State, a law governing traditional medicine practice came into being in 2000. The law which is part of Lagos State 'Health Reform Bill,' and enforced by the Traditional Medicine Board, states that a practitioner must be registered, but flouting this rule attracts three months in prison or an option of fine to the tune of N25,000. It is however doubtful if the law is well executed because many itinerant herbal drug sellers still sell in many streets and public places paraga, the concocted herbals, already banned in the state because it is heavily laced with strong alcohol.

"A drug," according to Christopher Oyesile, a pharma-

cist, "is any substance that in small amount produces significant changes in the body mind or both. If properly used, it can improve health and the quality of lives, but misused, it can be unsafe" This definition, because it fails to adequately and clearly distinguish drugs from some foods and fruits therefore makes garlic, ginger and grape, which have been discovered to have powerful antibiotic, antiviral and antifungal characteristics, to be regarded as drugs. Small wonder, most herbal drug sellers also advertise onions, lemon, palm kernel, pear, African cucumber, honey and aloe vera because of their medicinal properties and curative potentials.

Oyesile however explained that the difference between a therapeutic drug and a poison is hazy. "All drugs become poison in high enough doses, and many poisons are useful drugs in low doses," the pharmacist explained.

Health care is a serious issue determining the wealth of nations and well-being of men, but because incessant doctors' strikes and cash and carry health care system of the nation drive many to the herbal drugs market, users of drug plants or herbal medicine must understand that drugs are neither good or bad, but powerful substances that can be put to good or bad uses. Therefore, they need to come to terms with their current fascination for herbal drugs.

<http://allafrica.com/stories/201106300675.html>



Uganda: Please Do Not Disturb the Ghosts of Mabira Forest

By Karoli Ssemogerere

18 August 2011

The Monitor

Opinion

Many areas in Uganda are at different stages of early and intermediate warnings of prolonged dry spells this year. Disruption of rainfall systems around Lake Victoria early this year brought the spectre of famine close to the capital region. Part of the inflationary spiral that has wreaked havoc on Uganda's relative stability has been the indirect support Uganda's abundant food supply offers Uganda's price index.

Come the fuel crisis- the global sliding of the dollar caused by systemic problems in the global economy

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that has increased in nominal terms, the price of every commodity where the US dollar is the medium of exchange. It is easy to understand why the mandarins of our financial system are in a panic.

Countries that are heavily weighed towards imports and consumption are in trouble; while countries anchored by exports like China and Germany are enjoying robust growth.

The global price of sugar has been rising now for several reasons. First is the competition green energy policies like those promoting the use of ethanol have imposed on sugar substitutes like fructose and saccharides. Many soft drink manufacturers entering the sweetened juice industry require more sugar-based additives supplying products that never existed even a decade ago like commercial fruit-sourced juices.

The rise in sugar consumption is also a product of affluence, rising numbers of populations moving from absolute poverty. Sugar, like cooking oil, is the third grail of Genetically Modified Food. GMO foods are known for being flavourless, lacking in natural sugars requiring "moderated tastes" supplied by cooking oil and sugar.

GMO food in countries like the United States is notoriously blamed for child and adult obesity and diabetes caused by the fact that most processed food now requires doses of sugar to be palatable. Even the hogs don't do well without sugar; they require sugar to increase the amount of saliva they produce to attain desired dead weights.

In Uganda, the problem of sugar seems to be one of short-term supply constraints. The sugar millers in Kinyara, Lugazi and Jinja have articulated reasons why they have short-term supply constraints. Millers like Kinyara have capacity to expand production in virgin land in Bunyoro at little or no environmental cost. So does Madhvani in Kinyara. Reasonable capitalism in Uganda cannot ignore local entrepreneurs or farmers being paid a fair price for the fruits of their labour.

There are already enough reasons for moving too fast. On Bugala Island in Kalangala District, cutting down 10,000 hectares of virgin forest has interrupted an important rainfall catchment zone for the central region. Adding another 7,100 hectares from Mabira Forest may cause a tipping point. Uganda, after setting up a model forest resources management agency- the National Forestry Authority, has worked to frustrate its goals at a political level. Cabinet directives or presi-

dential directives have already wreaked enough havoc each time they are instituted.

Dr Gilbert Baalibaseka Bukenya is already sweating with one of such Cabinet directives that has him now firmly in the dock facing the prospect of a lengthy prison sentence. Each time government attempts to override a carefully established administrative regulatory scheme, the national interest is impaired.

The President should find out if there are reasons why Mehta cannot submit an application to de-gazette Mabira to NFA and the Minister responsible for the Environment. One must also find out why Mehta cannot be scored on an Environmental Impact Assessment Report that all small entrepreneurs are subjected to.

One must also find out why, if we are sending fishermen home for illegal fishing, one player can be allowed to introduce effluents from fertilizers used in commercial agriculture into Lake Victoria.

Mabira is not only an ecological home; it is also a spiritual home to the natives of the Kingdom of Buganda. We are disturbing too much too fast. Many of the traditional spirits reside in the beautiful trees, undergrowth, aerial roots. So do cures of ailments of the present and the future in tree bark, roots, and tubers.

So are the birds singing from the tree tops and the net carbon output that Mabira absorbs. Some of these activities may not always feature on profit loss statements or financials or pitch books but are part of the national heritage.

A stale argument about replanting elsewhere may be made by Environment Minister - the former court inspector - Flavia Munaaba Nabugere, but replanting loses ecological diversity.

Replanting also takes scores of years to recapture the natural cover that is lost. A short trip to Brazil's Amazonia Basin where Brazil has finally begun applying brakes to development in the Amazon may resolve any doubt in Minister Munaaba's mind.

Mr Ssemogerere, an attorney and social entrepreneur, practices law in New York

<http://allafrica.com/stories/201108222398.html>



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African Mango: Weight Loss and Other Health Benefits

Jessica Chambers

September 14, 2010

The African mango is becoming popular as a food considered to help weight-loss. This fruit, also known as *irvingia gabonensis*, wild mango, or bush mango, is grown in Africa and Southeast Asia. Theseeds of the African mango are the parts used most often.

There have been some recent studies involving the African mango. A notable one, published in May 2005 in the journal *Lipids in Health and Disease*, evaluated the effectiveness of *irvingia gabonensis* seeds in the treatment of obesity. This research, by Ngondi, Oben, and Minka, involved 40 obese subjects, 19 to 55 years old, over a one-month period.

Twenty-eight of the subjects took a 350 mg capsule of *irvingia gabonensis* seed extract a half hour before meals, three times daily. The other twelve subjects had a placebo capsule of oat bran, which they took at the same intervals as the first group. All 40 subjects followed a low fat, 1800 Kcal diet.

The subjects taking *irvingia gabonensis* lost an average of 5.26 kilos (11.5 pounds), while the placebo group only lost an average 1.32 kilos (2.9 pounds). Besides losing weight, the *irvingia gabonensis* group also significantly decreased their levels of total cholesterol, LDL-cholesterol, triglycerides, and systolic blood pressure. Additionally, their good HDL-cholesterol levels increased. The placebo group showed no changes in their cholesterol levels.

A second study, conducted by the same research group, was published in March 2008. This study involved 120 subjects. Subjects were again separated into two groups, one taking 150 mg of *irvingia gabonensis* extract twice daily, and the other taking a placebo. Cholesterol levels in the *irvingia gabonensis* group decreased by 27%, body fat decreased by 6.3%, and they lost 12.8 kg (28.1 pounds). In the placebo group, cholesterol levels decreased 4.8%, body fat dropped 1.9%, and weight decreased 0.7 kg (1.5 pounds).

African mango appears to be beneficial to overall health. It is a natural stimulant free product, which aids in weight loss and improves heart health. However, only two main studies on its weight loss potential have been published, both being done by the same group of researchers. Before acclaiming African mango as the next "miracle weight loss food", more research needs to

be conducted.

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Mangoes Health Benefits

Improves Digestion

Mangoes are very much beneficial for people suffering from acidity and its enzymes helps to relieve indigestion problems. The Bio-active elements such as Esters, Terpenes and Aldehydes present in mango aids to easy digestion.

Lowers Cholesterol

High level of soluble dietary fiber, pectin and vitamin C present in mangoes helps to lower serum cholesterol levels specifically Low-Density Lipoprotein (LDL) cholesterol.

For Better Sex

The vitamin E which is abundantly present in mangoes helps to regulate sex hormones and boosts sex drive. In many varieties of mango there is about 2.3 to 3 mg of Vitamin E per mango.

Improves Concentration and Memory Power

Mangoes are useful to children who lack concentration in studies as it contains Glutamine acid which is good to boost memory and keep cells active.

For Treating Acne

Mango helps in clearing clogged pores that causes acne. Just slice the mango into very thin pieces and keep it on your face for 10 to 15 min and then take bath or wash your face. Use warm water for washing your face.

High Iron for Women

It's a known fact that Mango is rich in iron. People who suffer from anemia can regularly take mango along with their dinner. Generally women after menopause become weak and they should take mangoes and other fruits rich in iron. Pregnant ladies can also take mangoes occasionally as their body needs iron and calcium during that time. Too much consumption of mangoes should be avoided during pregnancy. If you have generally taken lots of mangoes right from your childhood then you can consume mangoes when you

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FEATURED ARTICLES

AFRICAN YOGA FOR DIABETICS

By Pablo Imani

Afrikan Yoga "Reconnect to the source"

Diabetes Mellitus or commonly named Diabetes is a rising condition, particularly in communities of African descent all over the world. In Africa it is a quiet and gradual epidemic. The International Diabetes Federation estimated from the year 2000 7.5 million people have been diagnosed. In 2011 this figure must be higher. The World Health Organisation as done various studies and the IDF (International Diabetes Federation) estimate that the diabetes population will double in Africa over the next twenty five years to a figure of 18,234,000.

In 2000, according to the World Health Organization, at least 171 million people worldwide suffer from diabetes. Its incidence is increasing rapidly, and it is estimated that by 2030, this number will almost double. Diabetes mellitus occurs throughout the world, but is more common (especially type 2) in the more developed countries. The greatest increase in prevalence is, however, expected to occur in Asia and Africa, where most patients will probably be found by 2030. The increase in incidence of diabetes in developing countries follows the trend of urbanization and lifestyle changes, perhaps most importantly a "Western-style" – diet.

For at least 20 years, diabetes rates in North America have been increasing substantially. In 2010 nearly 26 million people have diabetes in the United States alone, from those 7 million people remain undiagnosed. Another 57 million people are estimated to have pre-diabetes.

Diabetes is a dysfunction of the body to regulate the blood sugar levels, a disease of the pancreas. The body has enough sugar yet does not acknowledge it.

Other glands and organs are effected such as the kidneys, the liver the brain and the heart.

Type 1 Diabetes results from the body's failure to produce insulin, and presently requires the person to inject insulin. Type 2 Diabetes results from insulin

resistance a condition in which cells fail to use insulin properly, sometimes combined with an absolute insulin deficiency.

Diabetes is mostly caused by white sugar, bleached white flour which is a concentrated drug. A concentrated drug is an isolated substance taken from nature, white sugar is concentrated from sugar cane or sugar beets. The nutrients from the natural food that the body needs are taken out in the process of getting white sugar. Some of these are; Glutamine (controls behaviour), Taurine (controls temper tantrums), Tyrosine (deals with stress), vitamin B6 (Also used for stress, and carpal-tunnel syndrome) Phenylalanine (for cravings and depression), Melatonin (for growth and development and resting the body), Lysine (for infection and rhythmicity of the body), Glycine (for anti-anxiety).

Without these nutrients the body is placed in a crisis condition, making the body and the mind fearful causing mood and thought disorders. This can also cause children to have nightmares at night.

Other forms of acceleration of diabetes are: fast burning processed carbohydrates, fried food creating elevated cholesterol, smoking, high blood pressure, obesity, and lack of regular exercise.

A high sugar and fat diet will also cause nerve damage, stress the arteries, hardening them which will lead to stroke and heart attacks, kidney disease, obesity, reproductive and vision problems.

If you are reading this and have been diagnosed with diabetes or know someone who has diabetes, artificial sweeteners or white sugar substitutes are dangerous such as Nutrisweet (Aspartme) and Sweet n' low (Aspartme) and is found to be carcinogenic meaning cancer causing. The management of diabetes would be, to keep the blood sugar levels as close to normal as possible, without causing hypoglycemia. This can be

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achieved through diet, exercise, medications such as insulin, oral medications and herbal treatment.

Herbal remedies include: Bilberry, wild Yam, Kelp, Horse Radish, Licorice, Milk thistle, and Stevia.

Afrikan Yoga Sanuyaat for Diabetics

Hudu



The first phase of this hudu movement is to stand upright with the legs wide apart and outstretch one arm further than the other. Twist the body side to side throwing one arm behind you and as you twist around lean back.

Once you have done this a few times using deep breathing, begin to sweep the floor lightly with both hands still twisting the torso in rhythmic movement building momentum.

The second phase is to continue sweeping the floor and now to rise up after each sweep twisting the torso, leaning back and throwing your arms back over your shoulder. This is an enactment of an Afrikan story of planting and harvesting where as you sweep you are picking vegetation and placing it in the basket on your back.

Hudu heats up the body bringing sekhemic energy the life force to the fore stimulating the bodies healing power. <http://youtu.be/DzFWiOIrBQ>

Neck rolls

Humans carry a lot of tension in their necks, shoulders and upper back. Applying neck rolls before beginning Sayunaat/postures will help release the tension and blocked energy trapped in the neck, shoulders and upper back. You may do this either sitting in easy pose or standing erect where the body's weight is evenly distributed. <http://youtu.be/9U5XpCiJwgo>

Geb/Spinal Twist



This sanuy is another wonderful posture that works the entire spine.

Begin by sitting on the mat legs outstretched in front of you, feet together. Bend or double up the right leg and bring your feet alongside your left knee, let the anklebone touch the outside of the knee. The right foot is flat on the ground and parallel with the left leg. Now place the right arm back and lean back slightly (only a touch) with the right hand flat on the floor fingers spread wide apart. Allow the hand to take your weight. Now draw your body up towards your thigh, as your back should be upright as much as possible. Now place your left arm across your torso and lever it around the right knee making it parallel with the outstretched left leg. Now with this outstretched arm, turn the palm facing upwards.

The left arm is inducing the shoulders to turn and therefore create the twist in the spine without offering any resistance. The head now turns looking over the right shoulder at the same time stretching the neck completing 'Geb spinal twist'. Hold for 9 breaths.

The Sanuy is also practised on the other leg where the left leg is bent and the left arm and hand is placed on the floor etc.

Concentrate on the relaxation of the spinal structure and the shoulders and follow mentally the twist from the sacrum up to the skull.

The benefits of this sanuy include:

1. Stretches and lengthens the spine and all the muscles and ligaments in the spinal vertebrae.
2. Tones up the muscles in the back through the rush of blood flow.
3. Tones up the entire organism of the body as it works the nerves of the spinal chord
4. Stimulate and has a great effect on the nervous system commonly called the immune system which is strengthened by the spinal twist

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5. Increases the flexibility of the spine
6. Removes and relieves muscular problems in the back
7. Massages the abdominals
8. Positively effects on the spleen, gall bladder, kidneys, liver and bowels
8. Develops the sekhemic energy
9. Promotes peace of mind and stability.

Sitting Nut/Forward Bend



Sit with legs extended. Inhale and press your hands down into the floor to lengthen your spine, bring your lower back in and upward making the back tall.

Inhale and bring your arms over head. Exhale, bend forward and grasp your toes or alternatively grasp your big toes with your index and middle fingers.

Inhale and extend your belly up through to the top of your head. Tilt your pelvis forward and draw your lower back in. Anchor your thighs down and exhale widening your elbows out and draw your torso forward towards your feet. Keep the legs engaged and straight. Bend the waist like a hinge and lead with the heart, bring the head forward moving towards the feet.

Repeat this stretch 3 times and hold each time for 9 breaths 19 for the more advance.

The benefits of this sanuy include:

7. Stretches the spine, hamstring and calves,
8. Improves digestion
9. Stimulates the lymph and reproductive systems,
10. Helps relieve menstrual and menopause discomfort,
11. Improves liver, kidney and colon function
12. Massages the abdominal organs.
13. Increases elasticity in the joints.
14. Alleviates high blood pressure and infertility

1. Keeps you youthful.
2. Reduces fatigue and insomnia
3. Soothes the nervous system
4. Relieves stress, anxiety and mild depression
5. Develops concentration and sekhem energy
6. Assists in meditation.

Contra-indication

Lower back injury, asthma

Pregnancy (use variations).

Khepri/ Dub/scarab



Sit on your heels with your shoulders nice and even. Bow forward and gently place your torso and upper body on your thighs, bring your arms forward and lengthen the arm reaching forward. Stretch the sides of your body from your hips to your shoulders.

Now allow the arms to go limp and relax palms facing down.

As an option you may draw the arms back towards your feet and let the shoulders widen turn the palms upward alongside your feet.

The benefits of this sanuy include:

Physically

1. Alleviates the head, neck and chest
2. Opens the pelvis hips and lower back
3. Stretches the ankles knees and hips
4. Opens up the upperback relieving tension in the shoulder

Mentally

1. Calms the mind
2. Reduces stress and lessens fatigue

Do not do this if you have an ankle, knee or hip injury

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If pregnant keep the knees apart and do not put too much pressure on your abdominals. A cushion or thick layer of blankets can be used between the abdominal region and thighs for support.

Asar/Karast (Mummy)



Lie flat on your back, eyes closed, legs slightly apart, with hands by your sides, palms facing upwards. Stay in this position for a minute or two. Concentrate on the breath. Take a long slow inhalation inviting the breath into your lungs and filling the upper body by applying mid and lower breathing. Hold the breath for a count of 3; as you count pull the sekhem in to every cell of your being. Exhale with complete control nice and slow.

Continue with this line of breathing upto 9 breaths expanding the ribs cage and pushing the stomach up towards the ceiling. You can continue to breathe deeply but as normally as you can for a complete 10 min. This sanuy intergrates the benefits of your yoga practise and allows the body to gather energy. The focus is on nurturing and centering yourself. You do this so that you may continue to nurture others in the world, sharing your peace, tranquillity and calm.

The benefits of the sanuy include:

Physically

1. Increases lung capacity
2. Increases internal muscle control
3. Oxygeneates the blood
4. Alkalises the body
5. Detoxifies the body
6. Lowers blood pressure
7. Reduces fatigue
8. Triggers relaxation throughout the entire nervous system

Mentally

1. Calms the mind
2. Promotes tranquillity and ease
3. Produces a feeling of being nurtured
4. Rejuvenates the mind

Hotep.

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www.afrikanyoga.com
www.myspace.com/afrikanyoga
<http://www.facebook.com/pages/Afrikan-Yoga/189970027715004>

Afrikan Yoga Group
Afrikan Yoga Fan Club
Afrikan Yoga Literacy Project

<http://twitter.com/pabloimani>



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are pregnant as it won't affect your body.

For Diabetes

Mango is slowly gaining new acclaim as diabetes fighter. Earlier there was a myth that people with diabetes should not eat mangoes but that's not true.

Not only the fruit the leaves also fight against [diabetes](#). Before going to bed put some 10 or 15 mango leaves in warm water and close it with lid. Next day morning filter the water and drink it in empty stomach. Do this regularly.

Prevents Cancer and Heart diseases

High amount of antioxidants are present in mangoes.

So mango when consumed regularly fights against cancer and other heart diseases. As mentioned earlier it also lowers cholesterol.

<http://www.healthmango.com/health-benefits-of-mango.html>



Broccoli cuts Diabetic Risk of Heart Disease

By Lyndsay Moss

07 August 2008

NOW there is another good reason to eat your greens. Broccoli, the superfood already credited with the potential to fight cancer, cataracts and stomach ulcers, has been found to aid diabetics.

Researchers believe a compound in the vegetable could reverse the negative effects of diabetes on the heart.

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Continued from page 65 – Broccoli cuts Diabetic Risk of Heart Disease

While studies are at an early stage, scientists believe broccoli could be a significant weapon in the battle against heart disease.

Diabetes raises the likelihood of developing cardiovascular disease five-fold.

A team from the University of Warwick found that the compound sulforaphane, found in broccoli, can encourage the body to produce enzymes that protect the blood vessels. It also reduces levels of the molecules which cause significant cell damage.

Previous research has shown that a diet rich in vegetables, particularly brassica vegetables like broccoli, is linked to a reduced risk of heart disease and stroke.

In the current study, published in the journal *Diabetes*, Professor Paul Thornalley and colleagues tested the effects of sulforaphane in the lab on blood vessel cells damaged by high glucose levels – hyperglycaemia.

They found that adding the compound reversed the increase in molecules in the body called reactive oxygen species (ROS) by 73 per cent. Hyperglycaemia – a serious problem among diabetes – can cause ROS levels to increase threefold and such high levels can damage human cells.

The researchers also found sulforaphane activated a protein in the body which protects cells and tissues from damage.

Prof Thornalley said: "Our study suggests compounds such as sulforaphane may help counter processes linked to the development of vascular disease in diabetes. "It will be important to test if a diet rich in brassica vegetables has health benefits for diabetic patients. We expect it will."

The finding could be welcome news for the almost 200,000 people in Scotland with diabetes.

Dr Iain Frame, director of research at Diabetes UK, pointed out that the current research had focused on cells grown in a lab, some way from real life. "However," he said, "it is encouraging to see that Prof Thornalley and his team have identified a potentially important substance that may protect and repair blood vessels from the damaging effects of diabetes.

"It also may add some scientific weight to the argument that eating broccoli is good for you."

<http://news.scotsman.com/uk/Broccoli-cuts-diabetic-risk-of.4365496.jp>



Report: 164 Million Obese Adults by 2030

By Salynn Boyles

August 25, 2011

Half of U.S. adults will be obese by 2030 if current trends continue, a new report shows.

About one in three adults in the U.S. are obese today. That figure will rise to half of American adults by 2030 if little is done to address the obesity epidemic, Columbia University researcher Claire Wang, PhD, said today at a news briefing in London.

With those numbers will likely come higher rates of chronic diseases including diabetes, heart disease, arthritis, and some types of cancer.

"Our projections find that rising obesity is going to result in increases in many of these chronic diseases which are disabling and expensive to treat," Wang said. "We have to act fast."

The briefing highlighted a special obesity edition of the *The Lancet*, published online today.

Impact of Increase in Obesity

Wang says expenditures to treat obesity-related diseases will cost the U.S. health care system up to an extra \$66 billion each year by 2030, if the projections become reality.

Wang and colleagues from Columbia University and England's University of Oxford constructed a mathematical model to project obesity rates in the U.S. and U.K. over the next two decades.

If, as they predict, 164 million Americans are obese by 2030, Wang says the health care burden will include:

- An additional 8 million cases diabetes
- 6.8 million additional cases of heart disease and stroke
- Over 0.5 million cases of cancer

Stopping the Trend

Those predictions don't have to come true. Even very modest weight reductions at the population level could have a dramatic -- and positive -- effect, Wang says.

For instance, the researchers calculate that just a 1% reduction in body mass index (BMI) at the population level would prevent as many as 2.4 million cases of diabetes and 1.7 million cases of heart disease and stroke.

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Another report, from experts at the Harvard School of Public Health, shows that even though obesity has been rising globally for decades, efforts to address the problem have been lacking.

Researcher Steven L. Gortmaker, PhD, says a coordinated effort that includes the private sector is needed, but national governments must lead the effort, just as they have with tobacco control.

Cigarette taxes led to dramatic declines in smoking. Gortmaker and colleagues contend that taxing unhealthy foods -- especially sugar-sweetened beverages -- could have a big impact.

In an interview with WebMD, Gortmaker conceded that most Americans might not favor such a tax.

"No single government has really taken the lead on this issue and certainly in the United States an excise tax on sugar-sweetened beverages might not be particularly popular," he says "But it could have a big impact on obesity rates and on the overall health of the population."

SOURCES:

Wang, C. The Lancet, published online Aug. 27, 2011.

Steven L. Gortmaker, MD, Harvard School of Public Health, Boston.

Y. Claire Wang, PhD, epidemiologist, Mailman School of Public Health, Columbia University, New York.

News release, The Lancet.

<http://www.medscape.com/viewarticle/748645>



Ceresse/Cerasee



MOMORDICA CHARANTIA

Bitter melon (*Momordica charantia* L.) also known as bitter gourd, African or wild cucumber, is known in Hindi as karela, as ampalaya in the Philippines, in the West African country of Togo as guingbe, and in the Caribbean as cerasse/cerasee.

Cerasee is native to Africa, the Middle East and the

Mediterranean area. It was introduced to Brazil by African slaves and from there it spread to the rest of Latin America and the West Indies. Today it reaches as far north as Texas and Florida, where it grows wild.

Bitter melon fruit and leaves also have a time-honored use as a medicine throughout India, Asia, Africa and South America. Cerasee also grows wild in Asia where it is used medicinally, and as a vegetable. The fruits, leaves, seeds and roots have also been used for a range of conditions. Bitter melon is used to treat diabetes, intestinal colic, peptic ulcers, worms, malaria, constipation, dysmenorrhea, eczema, gout, jaundice, kidney stone, leprosy, leucorrhoea, piles, pneumonia, psoriasis, rheumatism, chickenpox, measles and scabies. Externally, bitter melon is used for the rapid healing of wounds.

A tea made of the vine is used for diabetes, hypertension, worms, dysentery and malaria, and as a general tonic and blood purifier. It is also very effective to relieve constipation and colds and fevers in children.

In Curacao and Aruba, the tea is used to lower blood pressure. In the Philippines, bitter melon is cultivated as a vegetable and cooked like other leafy vegetables.

In Cuba, cerasee tea is used as a remedy for colitis, liver complaints, fever and as a skin lotion. A tea of the root is used to expel kidney stones. In India, the green, unripe fruits are soaked in water and cooked in curry and other dishes. The juice of the ripe fruit, which contains valuable enzymes and minerals, is taken for diabetes.

Active constituents in bitter melon include glycosides, saponins, alkaloids, fixed oils, triterpenes, proteins and steroids. The hypoglycemic constituents are a mixture of steroidal saponins known as charantins, insulin-like peptides and alkaloids. These constituents are concentrated in the fruits which have also been shown to have the most pronounced hypoglycemic activity compared to other plant parts. Several other phytochemicals including momorcharins, momordenol, momordicins, cucurbitins, cucurbitacins have been isolated from the bitter melon. It also contains HIV inhibitory proteins code named MRK29 as well as trypsin, elastase and gyanlylate cyclase inhibitors and lectins.

Alloxan-induced Diabetes

Diabetes mellitus can be induced in animals by partial pancreatectomy or by the administration of diabetogenic drugs such as alloxan, streptozotocin, ditizona and anti-insulin serum. These agents selectively destroy the β - cells of the Langerhans islet.

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Continued from page 3 – The Role of Women in African Traditional Religion

even the name of the first woman is given in the myths, and some myths mention only the name of the woman and not of the man. A lot of the myths say that the first human pair was lowered by God from the sky to the ground (earth), such as the myths of the Akamba, Turkana, Luo, Luhya and others in Kenya; these of the Baganda and Banyoro in Uganda; these of the Tutsi in Rwanda; of the Bomba and Ila in Zambia; these of the Yoruba and Ibo in Nigeria, and many others.

In a few myths, it is told that the woman was made by God out of the man's body, or after the man had been made. Perhaps behind these myths is the wish and practice on the part of males (men) to dominate women. For example, the Kwotto (of Nigeria) say that God made the first human beings out of the earth (soil). God made (created) first the husband, and when He had become tired, he then made the wife (woman) who turned out to be weaker than her husband (7).

Fire is an important element in human life. In some myths it is the women who either invented or discovered fire. Women are also credited with inventing or discovering foodstuffs and their preparations. Thus the cooking skills of the woman are attributed to her from mythological times. She is thus not only the bearer of human beings, but also their cook who provides them with nourishment.

The life of the first human beings is generally depicted as having been in a form of paradise. God provided for them, in some cases they lived in the sky (heaven) with Him or lie was on earth with them; God gave them one of three important gifts: immortality, resurrection (if they died) or rejuvenation (if they grew old). However, this paradise got lost, the earth and heaven separated, God went to live up in heaven while men lived on the earth, the three gifts got lost and in their place there came diseases, suffering and death. There are many myths which address themselves to this change of human fortune. Some speak about a message which God sent to people, but which either did not reach them or was changed by the messenger on the way, or the messenger arrived just too late to find that a faster messenger from God had brought another message.

Myths of the lost or changed or later arrived message are very widespread in eastern, southern and parts of western Africa. The carrier of this message (generally one of immortality, resurrection or rejuvenation) is often the chameleon; while the carrier of the contra message is often the lizard, the hare, the weaver bird or the frog.

In some cases the myths speak of a test which God put

to the original people. They failed. So the misfortunes of death and suffering, of God's separation from men came about. Other myths explain that this occurred as a result of jealousies and quarrels within human families.

Still in other myths, the cause originated from animals, like the hyena which, being (always) hungry sought and ate the leather rope that had united heaven (sky) and earth (8).

There are, however, considerable myths which put the blame on the women. Thus, for example, it was a woman who in Ashanti myths (of Ghana), while pounding fufu (national food) went on knocking against God Who lived in the sky. So God decided to go higher up. The good woman instructed her children to construct a tower by piling up the mortars one on top or another. The tower almost reached God, leaving a gap which could be filled with only one mortar; Since the children had used up all the mortars, their mother advised them to take the bottom-most mortar and fill the gap. As they removed this mortar, the whole tower tumbled down and killed many people. In one of the Pygmy (Bambutu) myths, it is told that God gave the first people one rule: they could eat the fruits of all the trees, except from one tree. The people observed this rule, until a pregnant woman was overcome by desire and persistently urged her husband to get the forbidden fruit for her. Finally he crept secretly into the forest, plucked the fruit and brought it to her. However, the moon was watching all this and went and reported it to God. God became so angry that he sent death to the people as punishment.

While the woman is in these and some other myths blamed for the misfortune that befell the first human beings, she is clearly not the main nor the only culprit. Indeed the myths that put the blame on her are proportionally few. They indicate that she shares in the cause and effect of suffering, misfortune and death in the world. She is a human being like men and children. She is also raced with the mysteries of life at the other end -- just as she shares in the mysteries of life's beginning, so she shares in life's end.

Through the myths of origin, we get a picture of the woman as someone placed by God in a special position. She shares with Him the creative process of life. In some ways her position and her role in these myths eclipses the position of the husband (male). She is in a real sense the mother of human beings, the dispenser of life, howbeit as an agent of God. At the same time the woman shares in the misfortunes, suffering and death which in various ways came into the world.

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We shall now consider the woman as seen and depicted in African wisdom, in the proverbs of the ages.

2. WOMEN IN AFRICAN PROVERBS

Proverbs are infinitely more numerous than myths. We find them by the hundreds and thousands in every African people (tribe). They address themselves to many themes and areas of life and knowledge. They are very concentrated in the sense that they put a lot of thoughts, ideas, reflections, experiences, observations, knowledge and even world views, into a few words. We shall here quote only a few proverbs and try to capture what they intend to put in a few words.

a) Women are extremely valuable in the sight of society. Not only do they bear life, but they nurse, they cherish, they give warmth, they care for life since all human life passes through their own bodies. The following proverbs bring these points out clearly.

"Wives and oxen have no friends" (9). This indicates that a wife is so valuable that she cannot be given over to even the best friends of her husband. For that reason, another proverb reminds us that: "A woman must not be killed" (10). She is the mother of life, and to kill the woman is to kill children, to kill humanity itself. The woman should be handled with respect and not be treated as if she were a slave. So another proverb asks the husband: "Did you buy me with elephant tusks?" (11), if the husband is ill-treating her. She reminds him that he really cannot buy her, she is not a commodity for sale like elephant tusks or slaves.

Even an aged woman is a blessing to men. So another proverb says: "It is better to be married to an old lady than to remain unmarried" (12). There are areas of human life which only the woman can fulfil. The unmarried man is lacking something, as one proverb explains: "It is at five that man succeeds" (13). The Maasai who use this proverb explain that a successful life needs "a wife, a cow, a sheep, a goat, and a donkey". This would mean, that even if one is rich, one is not successful as long as one lacks a wife.

The value of the woman begins already when she is born and not when she gets married. So it is stated: "A baby girl means beautiful cows" (14). Already at birth the woman is destined to be married. In traditional African society this entails a bride-exchange in form of cattle, services, foodstuffs, family ties, or other expressions of the marriage contract. Furthermore, the woman will bear children and thus enrich her husband and the wider circle of relatives from both sides. So the Tsonga and Shanga people of South Africa (Azania) say: "To

beget a woman is to beget a man" (15). This saying carries with it the hope and expectation, that after marriage, the wife will bear both girls and boys.

b) The woman who is not married has practically no role in society, in African traditional world-view. It is expected that all women get married. So a proverb states: "an ugly girl does not become old at home" (16), which means that the looks of a girl should not stop her from getting married. Otherwise this would deny her the role of womanhood.

This thought is bound up with the value of bearing children. The childless woman goes through deep sorrows in African society. So it is said, for example: "The woman who has children does not desert her home" (17). This means that bearing children gives the woman the security and joy of a family, of being taken care of in her old age, of being respected by the husband and the wider society. So "the woman whose sons have died is richer than a barren woman" (18), is intended to say that people will excuse a woman for losing her children through death, but the one who does not bear is hardly 'excused'. Consequently people say:

"A barren wire never gives thanks" (19) - nothing else is as valuable as children. If a woman has everything else, except children, she would have no cause or joy to give thanks. The sentiment is expressed in African societies, that the more children one has the better. So the Ghanaians say: "A serviceable wife is often blessed with the birth of a tenth child" (20). Parental blessings often run along the lines of: "May you bear children like bees! May you bear children like calabash seeds!"

Today's economic and educational pressure will force a change in these sentiments, where parents feel the need to reduce the number of children they can support and educate adequately. Nevertheless, African society is carried away by the proverb which says: "The satiety of a pregnant woman is off-spring" (21). This means that motherhood is a woman's fulfillment.

c) The mother or wife is probably the most important member of the family, the centre of familyhood. So it is said by the Akamba of Kenya for example: "he who has not traveled thinks that his mother is the best cook in the world." This proverb, while attacking a narrow horizon in life, shows how central the person of the mother is. This sentiment is aired in another proverb from the Gikuyu of Kenya: "The baby that refuses its mother's breast, will never be full" (22). Other people may feed the baby or the person, but their food would never satisfy as well as that provided by the mother.

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The place of the mother is further indicated by *comparing* her with other women or wives, whether she is alive or dead. The Swahili of East Africa say categorically: "The step mother is not a real mother" (23). This sentiment is shared by other peoples and is expressed in various ways. For example: "Somebody else's mother, however good to you she may be, she can never be better than your own mother", or "Your step mother is not your mother", or "A sheep does not lament the death of a goat's kid" (24), all from the Acholi of Uganda. Their neighbours the Lugbara put it this way:

"There are no two mothers", or "There is not another mother" (25). From southern Africa we hear: "The mother's breast cannot get leprosy" (26). All these and many other proverbs are indications that the mother's role cannot be one hundred percent duplicated: she provides (or should provide) the best love and tenderness, warmth, care, bodily and emotional nourishment, and much more. All this begins already, when the person is inside the mother's womb and lasts (or should last) until the mother has died or indeed, it continues when she dies and becomes a spirit, a living dead. It also means that the love, the care and tenderness should be reciprocated by everyone towards his or her own mother, since everyone has a mother. So we hear proverbs like: "A child does not laugh at the ugliness of his mother" (27), from the Lugbara of Uganda; or "The mother of the big he-goat has no horns" (28), from the Akamba of Kenya. This last proverb indicates that all the "big" men (like artists, generals, presidents, bishops, doctors, professors, inventors, singers, scientists and so on) are each born of a woman, of a mother who may not herself be regarded as a "big" person in society. She may not "have horns", but she gives birth to a "big" person in society.

d) Women are human beings and as such they also have their weaknesses. African society knows those weaknesses and speaks about them. One of them is jealousy, especially when several wives live in a polygamous family. Three proverbs from the Lugbara of Uganda illustrate this weakness: "The tongue of co-wives is bitter", "The tongue of co-wives is pointed" (which means that the co-wives can sting each other with their talking), and "A co-wife is the owner of jealousy" (29). Such domestic problems can affect the husband who has the task of pleasing each wife. So a Uhanajan proverb says: "Polygamy makes a husband a double-tongued man" (30). The husband's role is not easy if the co-wives do not get on well with each other. He may be seen to favour one more than the others. In this case

he could be rebuked with a proverb like: "This polygamist ploughs one field only" (31). This could indicate that in fact the husband provokes the co-wives to show jealousy, when they realise that he favours one more than the others.

The fact that jealousy may arise in polygamous families is not basis enough to condemn polygamy as such. There are many happy polygamous families just as there are even more unhappy monogamous families.

Indeed, there are proverbs that show and urge respect for polygamous families. For example: "Uncriticised, are you the senior wife?" (32), used by the Lugbara, to remind people that the senior wife is the focus of highest respect in the family, but she too is not perfect and if need be can also be criticised. In any case she has more respect by being a co-wife than she would have if she were the only wife (in a monogamous family). It is said in Kenya: "Axes carried in the same bag cannot avoid rattling", to mean among other things, that it is not so terrible if co-wives "rattle" with each other.

Indeed, a proverb from the Tsonga of southern Africa can be applied to support the "value" or "necessity" of co-wives: "A pole is strengthened by another pole" (33). If women in African society would have found polygamy to be unbearable, the custom would have died long ago. One proverb reminds us that in such families there are mutual support and love and care: "The way to overcome cold is to warm each other" (34).

e) There are also prejudices shown to women in African societies. It is amazing, that similar prejudices are found in other societies of the world. I give here some examples of proverbs of prejudice or judgement towards women. Among the Tsonga-Shangana people of southern Africa, some women earn the remark: "This woman is fire", or "This woman is a deceitful and ferocious crocodile" (35). Even the beauty of women may earn them remarks like: "Do not desire a woman with beautiful breast, if you have no money!" (36), to mean that beautiful women are expensive to win and maintain. The Gikuyu in Kenya say: "Women, like the weather, are unpredictable", and "Women have no secure gourds, but only leaking upside down ones" (37). The second of these means that "women are given to letting out secrets. You can't trust women with secrets". In a beautiful expression the same point is made using the proverb: "Woman, remember that the mouth is sometimes covered with a branch" (38), to mean that she cannot keep a secret.

It is thought that women ruin men. So the Maasai

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remind us: "The prostitute can make you useless" (39), of course without saying what men do to women!

The Maasai also accuse the women of being short-sighted by saying that: "A woman cannot see her palm" (40). In Uganda the Acholi complain that: "Women have no chiefs" (41), to mean that "women cannot allow another woman to be superior. In another sense, a chief is not a chief to his own wife or wives, or even to other women".

Naturally, when the men occupy so many of the superior positions in society, what more is left for women? The woman is often blamed for disputes in a marriage. So there are proverbs in Tanzania for example, which say:

"A lazy wife does not miss going to her parents frequently", or "The good wife at her husband's home, the other one is at her parents' home" (42). But what happens to lazy men, or do they not exist? Women are also accused of domineering their husbands (whatever the realities may actually be): "No man is a hero to his wife" (43).

Men complain that they cannot understand women. So the Ghanaians say: "When women increase in wealth, they are silent. But when they fall into trouble, the whole world gets to know." In another saying we hear that: "In a town where there are no men, even women praise a hunch back for being the fastest runner" (44)

There are men (and women) who fear women, considering them to be dangerous. So we hear proverbs like: "To marry is to put a snake in one's handbag", and even to take up contact with women is an evasive undertaking: "One does not follow the footprints in the water" (45), which means that "following a woman is like footprints in water", because "the way soon vanishes". It is even claimed that words of women have no legal value, they are not reliable: "Women have no court" (46). They even ruin men: "Marriage roasts (hardens)" (47), is said to mean that a man's heart hardens after marriage, because of his wife. Even beautiful women get a share of prejudice: "Beautiful from behind, ugly in front" (48), a proverb which warns that a person may look attractive or say nice words at first, but after marriage turns out to be really ugly.

f) In spite of these and other prejudices, there are many beautiful things said about women. Some of these we have already encountered. Men will fight over women - to show how much they value the women concerned. So in Ghana we hear that: "Two bosom friends that vie one and the same lady have chosen a common thread to be

each other's enemy" (49). Compared to a man, the woman is more precious: "The woman is a banana tree (which multiplies itself); the man however, is a cornstalk (which stands alone)" (50). It is also from Ghana where we have the beautiful comparison and mutual complement between the wife and the husband:

"Woman is a flower in a garden; her husband, the fence around it" (51). So the women need all the protection that men can give them. For this reason the Lugbara say: "The man dies in the wind, the woman in the house" (52). The woman and the man belong together, can and do love each other, they need each other. In Lugbara proverb we are told: "The woman is the rib of man" (53), a statement which is parallel to the Biblical creation story in Genesis 2, 21-22. The Akamba warn against the danger of remaining unmarried: "He who eats alone, dies alone" -- he leaves neither wife nor posterity to remember him in the world of the living.

3. WOMEN AND PRAYERS

In traditional African life women play a significant role in the religious activities of society. One of the areas where this role is prominent, is in offering prayers for their families in particular and their communities in general. In many areas there were (and still are) women priests (priestesses); almost everywhere in Africa the mediums (who are so important in traditional medical practice) are nearly always women; those who experience spirit possession are in most cases also women. Traditional healing is a profession of both men and women and it is more often the women practitioners who handle children's and other women's medical needs. In this paper we have space for only a few prayers which illustrate how actively involved are the women in the spirituality of African Religion. The examples are cited out of my own book (54), so that there is no need to indicate the source each time.

A women's morning prayer runs: "Morning has risen; God, take away from us every pain, every ill, every mishap; God, let us come safely home" (55). In this prayer the woman brings before God her family and hands it over to God, believing that He will keep away all evil. It is a Pygmy prayer.

A litany for a sick child is offered by women, addressing it especially to the departed members of the family who are thought to exercise healing power especially by conveying the request to God. It comes from the Aro of Sierra Leone. Mother prays: "O spirits of the past, this little one I hold is my child; she is your child also, therefore, be gracious unto her". The other women chant:

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" She has come into a world of trouble: sickness is in the world, and cold and pain; the pain you knew, the sickness with which you were familiar". The mother prays on: "Let her sleep in peace, for there is healing insleep. Let none among you be angry with me or with my child".

The women take up their chanting: "Let her grow, let her become strong. Let her become full-grown. Then will she offer such a sacrifice to you that will delight your heart" (56). In this prayer we see how close the women feel to the spirit-world. They enter into it, they solicit help from it. The physical and spiritual world mingle here in a harmony of 'going' and 'coming'. The women depict here a deep sensitivity towards the invisible and spiritual realities.

A woman whose husband is away fighting in war, prays for his protection and safe return. She prays not just for him alone, but for others who are with him. Like all similar prayers, it is a on-sided prayer, favouring one side. It comes from the Banyarwanda. "Let him be saved with those who went with him! Let him stand firm with them. Let him return from the battle with them..." (57).

In this way the women participate in fighting on the side of their husbands. The husbands would certainly feel encouraged to get this form of spiritual support from their wives.

Recognising that menstruation is intimately linked to the passing on of life, many African peoples perform a ceremony in Ghana, the Ashanti mother of the concerned girl prays that she may grow to full maturity and bear children. This is the wish of every mother for her children. "Nyankonpon Tweaduapon Nyame (God) upon whom men lean and do not fall, receive this wine and drink. Earth Goddess, whose day of worship is a Thursday, receive this wine and drink. Spirit of our ancestors, receive this wine and drink. This girl child whom God has given to me, today the Bara state has come upon her... Do not come and take her away, and do not have permitted her to menstruate only to die" (58).

In many parts of Africa it does not always rain enough. Rainmaking ceremonies are performed, at which sacrifices, offering and prayers are made to God, beseeching Him to give more rain or to let it rain. Here is one such prayer made by Maasai women (Kenya. and Tanzania). The woman leader intones one part, while other people present for the occasion sing or recite the other:

Leader: "We need herbs on the earth's back!"

Others: Hie! Wae! Almighty God.

Leader: "The father of Nasira has conquered, has conquered."

Others: The highlands and also the lowlands of our vast country which belongs to thee, O God.

Leader: "May this be our year, ours in plenty (when you grant us rain!)"

Others: "O messenger of Mbatian's son" (59).

This prayer is for the welfare of people, animals and nature at large, since all depend on water for their survival.

Women express gratitude to God, after childbirth. Then they know that life comes ultimately from Him and is sustained by Him. The following prayer is said by Pygmy women in a ceremony of dedicating a baby to God. The mother and father lift the baby towards the sky and pray: "To Thee, the Creator, to Thee, the Powerful, I offer this fresh bud, new fruit of the ancient tree. Thou art the Master, we thy children. To Thee, the Creator, to Thee, the Powerful: Khmvoum (God), Khmvoum, I offer this new plant" (60).

The sorrows of being childless go very deep in the wife. There are many prayers for help in such situations. From an affected woman of the Barundi, we feel with her the agony of her spirit, when she prays: "O Imana (God) of Urundi, if only you would help me! O Imana of pity, Imana of my father's home, if only you would help me!... O Imana, if only you would give me a homestead and children! I prostrate myself before you, Imana of Urundi. I cry to you: Give me off-spring, give me as you give to others! Imana, what shall I do, where shall I go? I am in distress: where is there room for me? O Merciful, O Imana of mercy, help this once!" (61).

Death also brings with it its own sorrows and problems, and many prayers are offered in such times. The following prayer pours out desperation with the same forcefulness as the previous prayer: "My husband, you have abandoned me. My master is gone and will never return. I am lost. I have no hope. For you used to fetch water and collect firewood for me. You used, to clothe and feed me with good things... Where shall I go?" (62).

It is clear, that women both participate in the religious activities of society and make their own contributions for the spiritual welfare of their lives, their families and of society at large. The prayers are small window that opens into their spirituality which indeed is the spirituality of all human beings. As they share with

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God in the great mysteries of passing on life, so they share also in giving human life a spiritual orientation. They are truly flowers in the garden. They give life beauty, scent and seed.

<http://afrikaworld.net/afrel/atr-women.htm>



Continued from page – Cerasee/Cerese

Alloxan, an oxidized product of uric acid, is one of the most commonly used models of experimental diabetes.

Antihyperglycaemic activity

The antihyperglycaemic activity of bitter melon is the most studied and most significant. This activity of the fruit, seed, leaf and whole plant has been confirmed in animal studies.

A study examining the hypoglycemic effects of the thirty most popular anti-diabetic Indian herbs found *Coccinia indica*, *Tragia involucrata*, *Gymnema sylvestre*, *Pterocarpus marsupium*, *Trigonella foenum-graecum* (fenugreek), *Moringa oleifera*, *Eugenia jambolana*, *Tinospora cordifolia*, *Swertia chirayita* and *Momordica charantia* (bitter melon) to be the most potent. A water extract of the fruit was found to be the most effective in diabetic induced rats and similar to that of glibenclamide.

1. *Rashan Abdul Hakim, Basic Herbs and Healing, 1989.*
2. *"Bitter Melon, Diabetics in Asia have used this tropical fruit for centuries." Allen Price Natural Health May/June 2003*
3. *"Bitter Melon – A Bitter Remedy for a Sweet Problem", <http://www.herbresearch.com.au/research-articles/monographs/bitter-melon/download.html>. <http://www.blackherbals.com/cerasee.htm>*



Continued from page 74 - CINNAMON

Cautions: Avoid if pregnant, use with care in feverish conditions, can be toxic if taken in excess, do not take the oil internally. It can help in the prevention and resolution of common flu and colds; it can also help treat catarrh and other types of infections. Fevers affecting the person can also be treated using the cinnamon which helps in reducing elevated temperatures in the body.

The medicinal use of cinnamon gaining the most attention these days concerns blood sugar stabilization. Cinnamon contains a compound called cinnamtannin B1 that helps to combat Type 2 diabetes.

In one London study of 58 Type 2 diabetics, some patients were given regular pharmaceutical blood sugar controlling drugs, and another group was given two

grams of cinnamon daily. After 12 weeks, the cinnamon group showed a significantly lower fasting glucose level than the drug group. The cinnamon group also showed reduced body fat overall compared with the drug group. The authors, who reported the study in the *Journal of Diabetic Medicine*, recommended cinnamon supplementation in cases of Type 2 diabetes.

Another British review of eight human studies on the use of cinnamon for Type 2 diabetes found that cinnamon supplementation reduced fasting blood glucose, and reduced blood sugar levels after eating. Cinnamon supplementation may play a role in reducing overall complications arising from Type 2 diabetes.

In a study of 22 U.S. diabetics, fasting blood sugar was reduced by cinnamon supplementation, and markers of significant antioxidant protection were also observed in the cinnamon group.

In another human study, cinnamon helped to maintain a lower fasting glucose level, and improved overall insulin response to blood glucose. These benefits were lost when cinnamon supplementation was discontinued.

In yet one more study of cinnamon and its effects on blood glucose, 22 subjects were monitored for blood sugar and body fat. Cinnamon supplementation reduced fasting blood sugar, and also reduced overall body fat percentage, while improving lean muscle mass. These results support the use of cinnamon supplementation in cases of blood sugar disorders.

Cinnamon should not be considered a cure, but one of several effective controlling agents. The ideal course of action in cases of Type 2 diabetes is to shed excess pounds, eat a very healthy diet rich in natural fibers and absent of refined sugars and industrial fats, and to exercise every single day without fail. But most people will not do this. A half teaspoon of cinnamon spice twice daily in water, or cinnamon essential oil capsules, will help to stabilize blood sugar, and help to lower the risk of complications associated with Type 2 diabetes.

Source

- <http://www.foxnews.com/health/2010/11/23/cinnamons-medicinal-properties/>
- <http://www.blackherbals.com>



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Mission Statement

Our aim at **The African Traditional Herbal Research Clinic** is to propagate and promote the awareness in Afrikan peoples at home and abroad of their health, biodiversity, history and cultural richness. We gather pertinent information on these issues and disseminate these freely to our people in Uganda, the rest of the continent, and anywhere in the Diaspora where Afrikans are located.... One of the main ingredients for increasing poverty, sickness, exploitation and domination is ignorance of one's self, and the environment in which we live. Knowledge is power and the forces that control our lives don't want to lose control, so they won't stop at anything to keep certain knowledge from the people. Therefore, we are expecting a fight and opposition to our mission. However, we will endeavor to carry forward this work in *grace and perfect ways*.

“Where there is no God, there is no culture. Where there is no culture, there is no indigenous knowledge. Where there is no indigenous knowledge, there is no history. Where there is no history, there is no science or technology. The existing nature is made by our past. Let us protect and conserve our indigenous knowledge.”



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Herbs of the Month



CINNAMON (CINNAMOMUM ZEYLANICUM)

Cinnamon was used in ancient Egypt for embalming. In ancient times it was added to food to prevent spoiling. During the Bubonic Plague, sponges were soaked in cinnamon and cloves and placed in sickrooms. It was the most sought after spice during explorations of the 15th and 16th centuries. It has also been burned as an incense.

The smell of cinnamon is pleasant, stimulates the senses, and yet calms the nerves. Its smell is reputed to attract customers to a place of business. Cinnamon's unique healing abilities come from three basic types of components in the essential oils found in its bark. These oils contain active components called cinnamaldehyde, cinnamyl acetate, and cinnamyl alcohol, plus a wide range of other volatile substances. Cinnamon has a long history of medicinal use and is one of the world's more important spices. It is one of the oldest tonic plants in the world. Traditionally it is taken for colds, flu, and digestive problems and is still used in much the same way today. It is used as an antiseptic, astringent, aids digesting, antispasmodic, antibacterial, antifungal, antiviral, anti-nausea, anti-flatulence, anti-diarrhea, antimicrobial, anti-inflammatory, anti-clotting, carminative, hypoglycemic, promotes sweating, uterine stimulant, warming stimulant, expectorant and immuno-stimulant.

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