172 Natural Health Herbal Medicine and Traditional Medicine You Did Not Know About ~ When Combine Can Relieve You of Your Sever Pain and Health Problems for EVER.

by Terry D. Clark

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Introduction

This A-Z guide is designed to offer practical advice about the management of the most common symptoms and conditions. It is partly based on pertinent research in the area of natural health. Most importantly, though, it is inspired by clinical research work with real people with real problems. In other words, the information and advice here represents what has been found to be of most value in practice.

Most of the advice here stands alone. For instance, advice here about treating cramp with more magnesium is likely to do the trick. However, some symptoms or conditions can be related to more complex mechanisms, such as food sensitivity, yeast overgrowth, blood sugar instability or weakness in the thyroid or adrenal glands. Where necessary, the advice here refers to relevant underlying processes.

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1. Abdominal Bloating

Abdominal bloating can have several underlying causes, more than one of which can coincide in an individual. One of the most common causes of bloating is overgrowth of the organism Candida albicans. Food sensitivity is also a common factor in bloating. Wheat is often an offender here, but other foods, especially dairy products, can be implicated.

The failure to properly digest the milk sugar ‘lactose’ is another common cause of abdominal bloating (see Lactose Intolerance). Abdominal bloating can also be related to poor digestion, with inadequate chewing, and low levels of stomach acid(hypochlorhydria) and/or digestive enzymes common factors here.

Finally, a more rare, but important cause of abdominal bloating is parasitic infection of the gut. Parasites can be hard to identify, though specialist laboratories that have expertise in this area do exist. If parasites are found to be present, their successful elimination usually leads to a reducing in bloating and an improvement general digestive function.

2. Acne vulgaris (see also Rosacea)

Acne vulgaris is the most common form of acne, and is caused by blockages in the glands responsible for making a skin-waterproofing agent called ‘sebum’. Acne is generally more common in adolescence, when hormonal changes may alter sebum secretion.

In natural medicine, acne is often viewed as a problem of excess toxicity within the body. For this reason, sufferers are often advised to eat as ‘clean’ a diet as possible.

This means avoiding foods which contain significant quantities of fat (particularly what are known as ‘partially hydrogenated’ and ‘trans fatty acid’ found in many margarines and most fast, baked and processed foods). Other food components to avoid include artificial colourings, flavourings, preservatives and sweeteners.

A common factor in acne is overgrowth of the yeast organism Candida albicans.

Identification and successful treatment of this problem almost always leads to a significant improvement in skin condition.

For some women, their acne tends to flare-up before a period (also known as ‘pre-menstrual acne). This sort of acne is often helped by taking 50 mg of vitamin B6 each day. The herb Agnus castus, probably through its hormone-balancing effects, has also been found to be ofbenefit here.

Research has shown that a significant proportion of women with acne have high levels of ‘male’ hormones (androgens) such as testosterone in their systems. One study found that almost two-thirds of women with acne had raised levels of at least one type of male hormone. This study suggests that elevated levels of androgens is a much more common factor in female acne than was previously thought.

High levels of androgens in women are often, but not always, associated with a condition known as ‘polycystic ovarian syndrome’ (PCOS). As its name suggests, PCOS is associated with multiple cysts in one or both

ovaries. Common symptoms of this condition include breast pain, menstrual irregularities, and excess facial and/or body hair.

Certain nutrients may be useful in controlling acne. The mineral zinc has been found to help acne sufferers. One study found that zinc therapy worked as well as antibiotic medication. I generally recommend acne sufferers take 30 mg of zinc, three times a day for 3 – 4 months, after which the dose can be reduced to once or twice daily. Studies do show that zinc therapy takes time to work, with 12 weeks being the amount of time most people seem to need to get good results. My preference is to use a form of zinc, which is readily absorbed by the body such as zinc citrate or zinc picolinate. Because zinc can induce copper deficiency, 1 mg of copper should be taken for every 15 mg of supplemental zinc.

3. Age Spots

In the body, energy is generated through reactions in which food is 'burnt' with oxygen. These reactions result in the manufacture of waste products called 'free radicals' which have damaging and destructive effects on the body. The damage caused by free radicals forms debris called 'lipofuscin'. Lipofuscin may accumulate in the skin, where it can give rise to brown spots (usually on the face and back of hands) which are commonly referred to as 'age spots'. The number and severity of age spots is thought to be an indication of the amount of free radical damage in the body as a whole.

Free radicals in the body are neutralised by substances known as 'antioxidants', which include the vitamins A, C, and E, and the mineral selenium. To help prevent age spots, it is therefore wise to take a good quality antioxidant supplement each day. A good example of such a supplement is NutriGuard Forte which is available from VitaTech -- 1 – 2 capsules of NutriGuard Forte should be taken each day. In addition, it can be helpful to rub a vitamin C-containing cream into the affected areas twice a day. The direct antioxidant effect this may have in the skin can help break down the lipofuscin in time. One suitable such cream is Derma-C cream (also available from VitaTech).

4. Alcoholism

Alcoholism, like other chemical addictions, is generally viewed as a psychological problem. However, addictions generally have a biochemical and physiological component too, and addressing this usually makes overcoming any psychological component easier. As with perhaps all health issues, a holistic approach is usually the most successful.

From a biochemical standpoint, there is some thought that alcohol craving can be associated with fluctuations in blood sugar. When blood sugar levels drop, the body tends to crave foodstuffs that replenish sugar quickly in the body. For some people that might be chocolate or biscuits, but for others it is alcohol. I have seen many patients successfully reduce their alcohol consumption by taking steps to balance their blood sugar.

Alcoholism may respond to supplementation with certain nutrients. Alcoholics are very often nutrient deficient, and studies in animals suggest that nutritional deficiency, particularly in the B vitamins, can increase the desire to drink alcohol.

More importantly, work in alcoholics has shown that nutrient supplementation does have the ability to reduce alcohol consumption. Individuals wanting to stop or reduce their alcohol consumption might do well to take a good quality multivitamin and mineral, combined with a B-complex supplement which provides 25 – 50 mg of vitamins B1, B2, B3, B5, and B6 each day.

Other nutrients, which might be deficient in alcoholism, are the essential fatty acids (EFAs). One of the final breakdown products of EFAs is a hormone-like molecule known as ‘prostaglandin E1’ (PGE1). PGE1 is believed to have mood enhancing and antidepressant action in the brain. Short-term alcohol consumption appears to increase PGE1 levels, while longer-term drinking appears to have the opposite effect. It has been theorised that alcohol craving is sometimes related to low PGE1 levels.

Studies do suggest that supplementation with EFAs can be beneficial in terms of reducing alcohol intake and preventing symptoms of withdrawal.

Because of its high EFA content, taking evening primrose oil (1 g, three times a day), might help to control drinking in the long term.

One other nutrient, which appears to help reduce alcohol craving, is the amino acid glutamine. In one study, 9 out of 10 alcoholics thought that glutamine at a dose of 1 g per day reduced their desire for alcohol. In this study, glutamine was also found to help reduce nervousness and improve sleep.

5. Alzheimer's Disease

Alzheimer's disease is caused by the gradual destruction of nerve cells in the brain, which ultimately leads to senility and dementia. The condition is characterised by a reduction in mental function, loss of short-term memory, and mood problems such as irritability or childish behaviour. Alzheimer's disease can occur at any age but is most common after the age of 50.

What causes Alzheimer's disease is not known, but there is at least some evidence that a proportion of cases are linked to the toxic effects of the metal aluminium.

More than one study has found accumulations of aluminium in the part of the brain affected by the disease. In one study, using aluminium-containing deodorants appeared to increase risk of Alzheimer's disease by 60% . However, some studies have not found a link between aluminium and Alzheimer's disease.

Clearly, this is a controversial area, but it does seem prudent for people to do what they can to avoid aluminium exposure. In general, aluminium-containing antacid medication, and food packaged in aluminium cartons or cooked in aluminium pans should be avoided. The use of aluminium-free deodorants is another wise precaution, and these can usually be found in health food stores.

There does seem to be some important links between diet and Alzheimer's disease.

A high fat diet seems to increase the risk of the condition, while a diet rich in oily fish (salmon, trout, tuna, mackerel, herring) and other 'omega-3 fatty acids' such as flaxseed oil seem to protect against the disease. A high level of monounsaturated fats (extra virgin olive oil) has also been found to slow brain function decline. A diet rich in cereals and grain also appears to be protective.

There has been a lot of recent interest in the role of damaging molecules called 'free radicals' in Alzheimer's disease. Interestingly, vitamin E (an important 'antioxidant' nutrient which can help reduce damage due to free radicals) at a dose of 2000 IU per day has been shown to help protect against Alzheimer's disease. High levels of the blood chemical 'homocysteine' have also been found in Alzheimer's disease sufferers, and there is potential for reducing this with vitamins B6 and B12 and folic acid. A raised homocysteine (as ascertained by a blood test) can often be successfully treated with supplements of vitamin B6 (at least 10 mg per day), vitamin B12 (at least 50 mcg per day) and folic acid (at least 400 mcg per day).

There are a few natural treatment options for Alzheimer's disease, one of which is acetyl-L-carnitine. This substance can increase the production of the important brain chemical acetylcholine. Acetyl-L-carnitine has been shown to improve memory, and slow progression of the disease. The normal recommended dose is 500 – 1,000 mg, three times a day.

Another natural substance that can be very effective in improving mental function is the herb Ginkgo biloba. This can improve circulation to the brain, and appears to enhance memory and quality of life. Four double-blind studies have found Ginkgo biloba to be of benefit in the early stages of Alzheimer's disease. The normal recommended dose is 40 - 80 mg of standardised extract, three times a day.

6. Anaemia - iron deficiency (see also Anaemia - Pernicious)

Oxygen is transported throughout the body by the red blood cells. The substance in the red blood cells responsible for carrying oxygen is called ‘haemoglobin’. Iron is essential for the manufacture of haemoglobin, and any lack of iron (either through blood loss or inadequate intake) may lead to anaemia. Common symptoms of anaemia include physical fatigue, mental sluggishness and low mood. While anaemia is a relatively common cause of fatigue, it should be borne in mind that fatigue is not always caused by anaemia, and anaemia is not always caused by iron deficiency. See Fatigue for more information on the common causes of fatigue.

To complicate things further, it is possible that despite not being anaemic, individuals can be fatigued as a result of iron deficiency and may respond to iron supplementation. Other symptoms of iron deficiency include itching of the skin, ‘spooning’ (concavity) of the fingernails and, in women, diffuse thinning of the hair.

Pregnant women and those who experience heavy periods are especially prone to iron deficiency. Other individuals at increased risk of this condition include vegetarians (their intake of iron is generally lower than that of meat-eaters), and those taking long-term painkillers such as aspirin or non-steroidal anti-inflammatory drugs (these can induce bleeding in the gut).

While an individual’s symptoms can point to low iron as a problem, iron does need to be handled with some care. Iron is what is known as an ‘oxidising agent’, having quite the opposite effect of ‘antioxidant’ nutrients such as vitamins C and E which protect against disease. Some research suggests that high doses of iron induce changes, which, at least theoretically, would increase the risk of heart disease. One study found that men with high levels of iron in their bodies have an increased risk of heart disease. Also, a small percentage of the population suffer from a condition known as ‘haemochromatosis’ in which iron tends to accumulate in the body, depositing itself in various organs. More common in men than women, haemochromatosis can lead to problems with diabetes, cirrhosis of the liver, and heart rhythm abnormalities.

Probably the best way to determine iron levels in the body is with a blood test. The most commonly used test is known as the ‘serum iron’, which essentially measures the level of iron in the blood stream. However, a better test for assessing the overall level of iron in the body is something