

Your Health

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Survey Says ...

Fraser Institute Revisits 1997 CAM Data

In 1997 the Angus Reid Group, on behalf of The Fraser Institute, conducted a national poll on the use of complementary medicine, or CAM, amongst everyday Canadians. Although many similar polls had been conducted in the US, to date there was no significant Canadian data.

The AR poll mirrored much of the US data in terms of use. In both the US and Canada, acupuncture and chiropractic were the most common forms of CAM accessed by patients, most people found their attitude toward CAM had improved with use and education of non-drug therapies, and more than half the population in both countries had accessed CAM for a health condition in the previous year—50% nationally in Canada, 60% in BC, and 42% in the US, not adjusted for region. (US statistics from The Landmark Report on Public Perceptions of Alternative Care, 1998.)

While the 1997 data was groundbreaking, and followed by a comprehensive Fraser Institute report, none of that data has been used to improve or modify federal or provincial health policy.

Was the trend towards increased use of CAM a 1990s fad? That's more or less the question a new Fraser Institute study posed by revisiting the issue this year. A May 2007 report once again engaged Ipsos Reid to analyze the use and trends of CAM amongst Canadians.

Ten years later, the statistics bear out that nearly three-quarters of Canadians (74%) continue to use at

least one alternative therapy sometime in their lives, and usage is greatest in the west, particularly Alberta.

In 2006, more than half (54%) of Canadians reported using at least one alternative therapy in the year prior to the survey, which was a statistically significant 4 percentage point increase over the rate of use in 1997 (50%).

Canadians used alternative therapies an average of 8.6 times during the year previous to the 2006 survey, which was similar to their use in 1996/97 (8.7 times). Most people choosing to use alternative therapies in the 12 months preceding the survey did so to prevent future illness from occurring or to maintain health and vitality. Of those who used alternative medicine in the 12 months prior, 53 percent of respondents in 2006 (down slightly from 56 percent in 1997) had not discussed their use of alternative medicine with their doctor.

The average amount paid out of pocket per user to an alternative health care provider in the year prior to the survey in 2006 was \$173, which was a sizable increase from the \$93 paid out of pocket on average in 1997. Extrapolation for the Canadian population suggests that during the latter half of 2005 and first half of 2006, Canadians spent more than \$5.6 billion out of pocket on visits to providers of alternative medicine, compared to nearly \$2.8 billion in 1997. If the additional money spent on books, medical equipment,

herbs, vitamins, and special diet programs is included, the estimated total out of pocket spending on alternative medicine in Canada increases to an estimated \$7.84 billion in the latter half of 2005 and first half of 2006. This is a considerable increase over the \$5.37 billion estimated to have been spent in the 12 months prior to the 1997 survey.

In 1997 and in 2006, use of CAM was greatest in the west, lowest in the Maritimes. The Fraser Institute postulates, in their report, that a federal program to incorporate complementary medicine into the mainstream will fail because use in BC and Alberta is high but "skepticism" (equated with low use) is higher in the east. Use, however, doesn't necessarily mean or interpret as low demand or skepticism.

For example, none of the Atlantic provinces have an Act for NDs. Although more NDs are in the east today than ten years ago, there are still very few—less than 40 licensed NDs for a population in four provinces

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CAM in Canada cont'd

of about 2.5 million. A more important statistical question might be what impact does legislation have on usage as well as access as well as encouraging development of a profession? If there is easy access and no waiting lists usage should increase, to a point. One Starbucks cannot serve as many clients and 1,000.

Although the poll is remarkable in confirming what has been largely anecdotal—that interest in and use of CAM is pervasive amongst Canadians—it has failed to identify the underlying influences of interest and use. Basic infrastructure allows for a city to develop and commerce to occur. What sort of assumptions can be made about CAM? What the study doesn't indicate is that where there is an Act, use of NDs continues to climb and, conversely, more NDs continue to migrate to practice.

Use of CAM in the west has climbed, particularly in Alberta. But Alberta has also had enormous economic growth as well as an increase of NDs. The statistics don't explain if extended health plans were improved or increased, if greater affluence or disposable income was a factor or if, simply, it's a western trend.

The data collected examines therapy by therapy usage amongst Canadians. Again, it's not particularly useful to look at therapies alone versus licensed health professionals. The use of biofeedback is offered by any number of individuals, licensed and otherwise. Further, all the CAM therapies are weighed against whether a patient would or wouldn't see a doctor. The margin of error for therapies is not explained: A patient seeing a naturopathic doctor that receives a physical therapy may think of it as chiropractic, and say they are receiving chiropractic care not naturopathic medicine. The same can be said for homeopathy, clinical nutrition or acupuncture.

The average CAM out-of-pocket expenditure in 2006 was \$173 per person—up from \$93 ten years ago. Of all the money spent on CAM nationally, \$174 million was spent in 2006 specifically on NDs. Again, this excludes patients who saw an ND but called it something different, such as homeopathy, in the survey.

About 4% of Canadians regularly see an ND; so about 1.36 million Canadians see fewer than 1,000 NDs. MB and SK jumped from 3% usage in 1997 to 8% in 2006!

To read the whole report, link to fraserinstitute.ca and search for “Complementary and Alternative Medicine in Canada” by Nadeem Esmail.

The survey data indicate that 54% of Canadians used some form of alternative medicine in 2006, compared to 50% in 1996. This translates into 17.6 million people last year who spend their own money (in addition to their tax dollars) on CAM. And this money is in addition to private and tax-funded modalities such as MDs, drugs, dental care and hospital treatment.

In 1997 5% of respondents had used naturopathic medicine. 16% used it primarily to treat an illness, 53% to maintain wellness, 31% for both. In 2006 14% had used naturopathic medicine, 37% to treat an illness, 24% to maintain wellness, 39% for both.

Focus: NDs

In BC, patient usage of NDs jumped from 14% in 1997 to 16% in 2006. Nationally, in 1997 39% of respondents had seen an ND with an average of 4.9 visits in the last 12 months. In 2006 the figures were 49% of respondents with 5.6 visits.

Respondents' Treatment Preferences when given \$100 for Spending on Health Care for Certain Conditions

	1997	2006
Clogged Arteries:		
Bypass Surgery	\$45	\$46
Chelation Therapy	\$15	\$19
Programs to modify diet/lifestyle	\$40	\$35
Lung Cancer:		
Chemotherapy or radiation	\$53	\$56
Laetrile or herbal therapies	\$17	\$19
Programs to modify diet/lifestyle	\$32	\$26
Lower Back Pain:		
Surgery	\$27	\$31
Chiropractic	\$36	\$30
Massage & Exercise	\$37	\$40



“Any new health problem in an older person should be considered drug induced until proven otherwise.”
Consumer Reports on Health

The immune system represents the body's primary interface with our environment. This interface occurs naturally when a substance contacts surfaces of the lungs, intestines, as well as the skin. Alternately and less naturally, a substance may be encountered by the immune system in the lymphatic or blood system through injection through the skin, cell damage, or an inability of the liver to adequately detoxify. Once an allergy has been established by the immune system, the allergen is targeted for destruction. The autoimmune response is thought to occur when the immune system targets normal body tissues.

Several of the major concerns with autoimmune disease are an excess of circulating antibodies, which may lead to "cross-reactivity" with normal body tissues. Therefore, it's no surprise that many if not all autoimmune conditions have been associated with exposure to some allergen from the environment. This exposure can occur from food toxins, environmental toxins, yeast and bacterial endotoxins, or may occur due to poor liver detoxification. Food allergies and "sensitivities" have been linked to most, if not all types of autoimmune disease. Mercury, a type-1 sensitizing agent found in vaccines and dental amalgams, has been associated with multiple sclerosis, Lou Gehrig's disease (ALS), eczema, and psoriasis, among many others. Colonization of the small intestine with yeast, protozoa, and "unhealthy" bacteria may promote a negative immune response that can cross react with normal cells. The question is, why is the immune system reacting to things that the liver and cells of the gut are supposed to be detoxifying? One answer may be that the major barriers of the body like the "gut" cells may be damaged. Another answer, for many people, may be that the liver and gut detoxification systems are overwhelmed or damaged.

Overwhelming the liver and gut detoxification pathways with drugs, environmental toxins and food components has been well researched. Studies show that unhealthy detoxification can increase the risk of diseases, such as cancer, SLE and Parkinson's Disease, most likely through "free radical" damage to DNA, RNA, fats and proteins. The first part of detoxification generally involves production of free radicals in the form of epoxides, peroxides and aldehydes, while the second phase of detoxification neutralizes these toxic chemicals into harmless water-soluble compounds.

Autoimmunity is one of the most complex topics known to modern medicine. While advancements in the

characterization of autoimmune conditions has occurred, failure to identify a foundational cause remains a mystery. There have been many researched mechanisms as to how the immune system begins to attack "normal" body tissues. These mechanisms primarily involve damage to the body by external or environmental influences, which may lead to the breakdown of homeostatic balance in a susceptible person. Gut cell integrity and optimal liver function are the body's essential defense against environmental damage. Sulfur containing antioxidants are key nutrients required by the body to reduce cellular damage by free radicals and heavy metal toxicity. Therefore, a reduction in sulfur containing antioxidants and other phase II detoxification nutrients, damage to gut cells and heavy metal immune sensitization and cellular damage may be the trigger for immune dysfunction and require adequate attention to reverse the autoimmune process.

This article by Dr. Brian Davies. Dr. Davies practices in North Vancouver. This is a short excerpt of a research paper originally published in the journal *NDNR*. For a full version, with citations, e-mail the BCNA at bcna@bcna.ca with "Autoimmunity Article" in the subject line.



Naturopathic physicians diagnose and treat allergies in a number of different ways, dependent on a patient's age, health history and other factors. The diagnostic methods and treatment protocols may be drawn from standard laboratory work-ups as well as homeopathy, traditional Chinese medicine, botanical medicine and clinical nutrition. The importance of detoxification, to not only reduce disease symptoms but prevent reoccurrence and new ailments, is a focus of all NDs.

Spa Treatments in a Clinical Setting

The “spa concept” has had a global impact. Health, travel and business periodicals all point to the growing trend toward spa treatments. In fact, many people plan their vacation based on spa facilities in hotels, on cruise ships or as part of a cleansing retreat. While the “pampering” aspect of the spa experience draws some clientele, many clients approach spa therapy for a rejuvenating wellness experience. And many of the medical rejuvenation techniques available at spas have been practiced by naturopathic doctors for over a century. Below we’ve listed some of the common therapies on offer at spas. You might consider receiving these therapies from an ND instead. If you have extended health benefits, there will be a reimbursement. But more importantly, you can be assured that the treatment is provided or supervised by a licensed health professional.

Balneotherapy: This is a therapy that employs the medicinal use of thermal waters. It can be paired with gas, mud and heat therapies, and is commonly used to relieve rheumatoid arthritis and back pain. In Richmond, BCNA member Dr. Jim Chan employs balneotherapy with cancer patients. As he explains it, peat contains fulvic acid, an organic acid with the ability to neutralize a specific toxic chemical that adversely affects the body’s P53 protein. It is this protein that helps prevent cancer by repairing genetic faults. If the P53 protein mechanism isn’t working, then the body’s ability to repair damaged (precancerous) genes is hindered. Many NDs, while not providing balneotherapy on site, provide patients with sterilized peat products to be used in the home for therapeutic purposes.

Craniosacral therapy: This is a subtle therapy using gentle, cradling movements to adjust cerebrospinal fluid and release emotion. Dr. Dierdre O’Neill of Duncan finds craniosacral therapy especially useful when treating children. She notes, “It’s a gentle, effective form of physical medicine that is

particularly well suited for infants and young children. It’s a wonderful complement to standard naturopathic modalities.” Dozens of NDs have advanced training in craniosacral therapy. Link to bcna.ca for more information.

Hydrotherapy: This term may refer to any number of therapies, such as spa and hot tubs, immersion baths, poultices, foot baths, etc. An ancient method of health promotion and disease treatment, naturopathic doctors have been using the therapeutic use of water longer than any other licensed health professional. See inset at right by Dr. Aliya Kabani for a primer on the uses of hydrotherapy.

Infrared Sauna: A number of NDs in BC are now using the low-level infrared saunas as a medical complement in their clinics. “I have been using infrared saunas at my clinic for several years at my clinic,” notes BCNA member Dr. Michael Lederman, of Vancouver. “Infrared saunas are an excellent medical complement when employing detoxification protocols with my patients. The natural radiant heat helps release toxins in a safe, gentle, and very comfortable temperature compared to traditional saunas.” Patients love the way they feel after each treatment.

Massage along energy meridians, breathing and movement exercises and acupuncture are just some of the areas where TCM is employed by NDs. The use of plants is also a substantial element of TCM. Below are a few samples of a TCM dispensary.

Huang Bo Luo Guo: A fruit which can heal lesions when applied topically; taken internally it can cure diarrhea, dysentery and vaginitis.

Cang Er Zi: The fruit of the cocklebur plant, it helps open nasal passages when added to tea; applied topically it eases arthritis and eczema.

Da Zao: This Chinese herb, when boiled, soothes the digestive system, nourishes the blood, and quiets agitation.

Ji Xue Ten: Also known as Chicken Blood Vine, this herb is made into a tea to remedy circulatory and gynaecological problems.

Gua Lou: A dried fruit used to make a tea that expels phlegm.



Mesotherapy: Often seen advertised as part of anti-aging protocols, mesotherapy has many health benefits. Dozens of NDs across the province are certified to provide mesotherapy. “A major focus of my practice is disease prevention,” says BCNA member Dr. Galina Bogatch of White Rock. “While some patients come to me when very sick, many patients seek out my expertise in respect to better overall health. An adjunct therapy I employ as a preventive tool is mesotherapy. This therapy can reduce cellulite, promote weight loss and improve sagging skin. It has both medical and cosmetic benefits. And, it’s very safe.”

TCM or Traditional Chinese Medicine: TCM is an ancient medical science employed by various health professionals. All NDs are educated, trained and examined in TCM. Many are certified to use acupuncture and/or acupressure, therapies which link pressure to specific organs or other parts of the body. TCM as a whole is focussed on *chi*, the body’s life force, and involves not only acupuncture, but herbal remedies and consultation with a physician who detects imbalances via the pulse. One of the benefits of receiving TCM from a licensed naturopathic doctor is that the appropriate use of complementary therapies, diagnostic testing and other modalities can be combined for the most effective protocol. See inset on TCM plant medicines.

The Power of Hydrotherapy:

Water is not only beneficial on the inside but used appropriately on the external surface of the body, can be seen as a powerful healing tool for those suffering with pain, inflammation, and



skin problems. For centuries now, naturopathic doctors have used hydrotherapy, coined “the water cure,” to treat many different health ailments. It began with the founding fathers of naturopathic medicine and was refined by Dr. O.G. Carroll, where he treated his own rheumatic fever and juvenile arthritis with the treatment. Since that time, another great pioneer of naturopathic hydrotherapy, Dr. Harold Dick, has spread the knowledge and use of this wonderful, safe, and gentle treatment all over the world. “Hydrotherapy” is an umbrella term describing many modes of treatment, such as sitzbaths, saunas, steambaths, full immersion baths, and constitutional hydrotherapy treatments, using wet hot and cold towels on the chest and back.

Hydrotherapy works by increasing the circulation and quality of the nutrients throughout the body at a given time. It re-establishes the balance in the body and enhances the body’s innate ability to heal itself. In addition, it helps the body eliminate certain waste products and toxins in the body by improving the blood flow through those eliminatory organs. In so doing, it helps with all types of health ailments ranging from arthritis to headaches, to Crohn’s, to IBS, to nervousness and anxiety. The powerful healing properties of this treatment involve stimulating the immune system, normalizing the circulation, increasing the metabolic rate, improving digestion, encouraging blood flow, and decreasing pain sensitivity. It can also be used as an anti-aging treatment since it takes the nutrients from the body and disperses them throughout, thereby providing vital nutrients and antioxidants to all the organs of the body. It’s no wonder that naturopathic doctors use hydrotherapy as an important part of their treatment regime, after all, *water is* the most common, pure and natural substance out there!

This profile by Dr. Aliya Kabani. Dr. Kabani practices on Vancouver’s East Side near the Commercial Skytrain station.

How to find a naturopathic doctor offering a specific therapy: Link to www.bcna.ca In the search engine at left, type in a keyword (e.g., acupuncture or hydrotherapy). Doctors across the province offering the keywords typed will be listed alphabetically. Click on a doctor’s name for more details, photos, and links.

Omega-3 Fatty Acids ♦ Calcium Supplements & Diet

A simple change in diet can prevent disease which, in some cases, can lead to blindness.

Omega-3 polyunsaturated fatty acids protect against the development and progression of retinopathy, a deterioration of the retina, in mice. This is the major finding of a study that appears in the July 2007 issue of the journal *Nature Medicine*.

The researchers studied the effect of the omega-3 fatty acids EPA and DHA, derived from fish, and the omega-6 fatty acid arachidonic acid on the loss of blood vessels, the re-growth of healthy vessels, and the growth of destructive abnormal vessels in a mouse model of oxygen-induced retinopathy.

The retinopathy in the mouse shares many characteristics with retinopathy of prematurity (ROP) in humans. ROP is a disease of the eyes of prematurely born infants in which the retinal blood vessels increase in number and branch excessively, sometimes leading to bleeding or scarring. Infants who progress to a severe form of ROP are in danger of becoming permanently blind. There are also aspects of the disease process that may apply to diabetic retinopathy and age-related macular degeneration (AMD), a disease of the macula, the part of the retina responsible for central vision, and a leading cause of vision loss in Americans 60 years of age and older.

The researchers found that increasing omega-3 fatty acids and decreasing omega-6 fatty acids in the diet reduced the area of vessel loss that ultimately causes the growth of the abnormal vessels and blindness. Omega-6 fatty acid contributes to the growth of abnormal blood vessels in the retina.

Omega-3 fatty acids create chemical compounds known as bioactive mediators, which protect against the growth of abnormal blood vessels, a condition that characterizes some forms of retinopathy. "The retina has one of the highest concentrations of omega-3 fatty acids in the body," said lead author Kip M. Connor. "Given this, it is remarkable that with only a two percent change in dietary omega-3 intake, we observed an approximate 40-50 percent decrease in retinopathy severity."

source: www.nih.gov

Over the last quarter, vitamin D has been in the headlines. The controversy has focussed on how much vitamin D people need and the best way to get it. In respect to that issue, you might find BCNA member Dr. Ingrid Pincott's article "Feeling The Need for D," posted at drpincott.com, of interest.

But while D was in the spotlight, there was also an interesting published study on calcium that slipped under the radar.

Most women know that calcium is critical in preventing osteoporosis, the disease of progressive bone loss and fractures that affects millions of North Americans.

But which source is better—calcium-rich foods or supplements? A preliminary study by researchers at Washington University School of Medicine suggests dietary calcium may be better at protecting bone health.

Though not definitive, the study found that women who get most of their daily calcium from food have healthier bones and higher bone density than women whose calcium comes mainly from supplemental tablets.

That was true even though the supplement-takers had higher average levels of calcium.

Calcium from dietary sources is generally better absorbed than that from supplements, which could help explain the difference, said the study's lead author, Dr. Reina Armamento-Villareal.

Those getting calcium from foods also had more estrogen in their bodies; the hormone is needed to maintain bone mineral density. Researchers can't yet explain the food-estrogen connection.

The women were divided into three groups: those who got at least 70 per cent of their daily calcium from supplements, those who got the same amount from dairy products and other food, and those whose calcium-source percentages fell somewhere in between.

The "diet group" took in the least calcium, an average of 830 milligrams per day. Yet, the group had higher bone density in their spines and hip bones than women in the "supplement group," who consumed 1,030 milligrams per day.

Of special note though, is that women in the "diet plus supplement group" tended to have the highest bone mineral density as well as the highest calcium intake at 1,620 milligrams per day.

An analysis showed that women in the "diet group" and the "diet plus supplement group" had higher levels of estrogen, needed for bone mineral density.

For information on how to obtain higher calcium intake in your diet, consult your naturopathic physician.

Source:
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Georgia Straight Nails Health Care Havoc

Focusing our health-care system on treating problems before they arise makes medical and financial sense. So why aren't we doing it?

Imagine if it were possible to prevent vast amounts of human suffering in BC while saving the provincial treasury hundreds of millions of dollars each year.

The possibility exists, but it requires rethinking what we mean by "health care." It means shifting our efforts toward disease prevention rather than focusing on crisis management. On that front, we have a long way to go.

...In fact, doctors are not typically allowed to bill the Medical Services Plan for helping their patients deal with poor diet, lack of exercise, or excessive drinking—all of which result in very expensive burdens on the health-care system. Fully 25 percent of all direct medical costs in Canada—\$9.7 billion—result from a very short list of risk factors such as smoking, obesity, poor nutrition, and lack of exercise.

A major part of good health care should be offering proven, cost-effective means of reducing these risks to people who come to see health professionals.

Look no further than the health-care budget to see where our priorities lie. Health care is the biggest thing that government does. It consumes almost 40 percent of the provincial budget—more than \$13 billion for the current fiscal year. Given that kind of money, one would hope that we are not making major mistakes in how it is spent.

Yet primary care garners a mere seven percent of provincial health-care resources. Proven clinical prevention...has even less support: less than 0.5 percent of the health-care budget.

Besides politics, another obstacle to improving preventive health care in BC appears to be the payment scheme for doctors. British Columbia uses a "fee for service" funding model for about 80 percent of the province's physicians. Simply put, this means that most doctors are paid for units of health care provided: the number of patient visits, prescriptions written, referrals made, et cetera. Ever wonder why when you go into a walk-in clinic your actual time with the doctor is about five minutes or less? Our fee-for-service model is largely to blame.

Basically, if a doctor does want to do more preventive health care, she is likely forced by our billing system to do so out of the goodness of her heart—and pocketbook.

An article in The Seattle Times on July 14 reports that Group Health Cooperative and Bastyr University have begun a new partnership to bridge the divide between conventional and alternative medicine. According to the article, students in their final year at Bastyr University's naturopathic medicine program will have the chance to shadow Group Health doctors and nurses during patient visits. Link to Sonia Krishnan's article at seattletimes.com

Other jurisdictions have invested in a more population-based billing model that pays doctors per patient, not ailment, and with impressive results.

When English doctors got paid to prevent disease rather than just treat it, practices changed fast. ...Practices reorganized, they hired additional staff, identified the subpopulations within the practices and called them in for appropriate follow-ups, both for various disease conditions and risk conditions.

Paying doctors to keep their patients healthy rather than only when they get sick seems like a no-brainer, but we have a long way to go. In a recent international survey, only 13 percent of Canadian doctors reported any financial incentives for enhanced prevention of disease. In the United Kingdom, that figure was 72 percent. Not surprisingly, in the UK 97 percent of patients regularly receive reminders of preventive and follow-up care, versus only 28 percent in Canada.

There is also mounting evidence that a team-based prevention model involving other health-care providers saves money, provides better care, and is far more efficient.

Not only is the multidisciplinary model more efficient, it also makes for happier doctors. A survey in the 2005 BCMA report found that 96 percent of BC physicians working in a team said that they planned to stick with multidisciplinary practice for the next five years. This was in spite of the fact that they were likely making less than their fee-for-service colleagues.

The bright side, if there is one, is that there exists an enormous potential for improving health care in BC. However, it will require rethinking what we mean by health care and wellness. From eliminating carcinogens in the environment to reducing homelessness, from improving diet and exercise to reducing well-known risk factors such as smoking, we have a tremendous opportunity to make B.C. a healthier and happier place.

Looking Good & Feeling Bad

Poisonous Cocktail in Everyday Sundries

Women who use make-up on a daily basis are absorbing almost 5lb of chemicals a year into their bodies, states a recent headline in the UK's Daily Telegraph.

Many women use more than 20 different beauty products a day striving to look their best while nine out of 10 apply make-up which is past its use by date. But it's not only women and make-up, it's all sorts of skin care, shaving products, shampoos and sundries.

Dependence on cosmetics and toiletries means that a cocktail of 4lb 6oz of chemicals a year is absorbed into the body through the skin.

Some synthetic compounds involved have been linked to side effects ranging from skin irritation to premature ageing and cancer.

Richard Bence, a biochemist who has spent three years researching conventional products, said: "We really need to start questioning the products we are putting on our skin and not just assume that the chemicals in them are safe. We have no idea what these chemicals do when they are mixed together, the effect could be much greater than the sum of the individual parts." Mr Bence, an advocate of organic beauty products, believes that absorbing chemicals through the skin is more dangerous than swallowing them.

Bence notes, "If lipstick gets into your mouth it is broken down by the enzymes in saliva and in the stomach. But chemicals get straight

Phthalates are common plastic softeners and solvents in many consumer products, such as toys, building materials and cosmetics. They are in nail polish, hair spray, deodorants, perfumes and lotions. Phthalates are known carcinogens. They can be found in many name brand products such as Arrid, Degree, Nivea and Aqua Net. They are in perfumes such as Poison, Escape, Eternity and White Diamonds.

into your bloodstream, there is no protection."

Among chemicals under scrutiny are parabens (parahydroxybenzoic acids) which are preservatives used in products including soap, shampoo, deodorant and baby lotion. Traces of parabens have been found in breast tumour samples, although its link to the

development of the cancer is disputed.

Sodium lauryl sulphate, used to help create lather in soaps, shampoo, shaving foam, toothpaste and bubble bath, can cause skin irritation.

In the US, a 2004 report from the Environmental Working Group showed that most ingredients in personal care products have never been assessed for safety or toxicity.

In a separate test commissioned by the EWG, it was found that women's blood or urine was contaminated with an average of 35 consumer product ingredients, including flame retardants, plasticizers, and stain-proof coatings. These mixtures of compounds found in furniture, cosmetics, fabrics, and other consumer goods, have never been tested for safety. Worse, they are passed on from mother to daughter through the womb.

For example, PFOS, a chemical found in Scotchguard, can be passed from mother to daughter in utero. It can then take up to 60 years for that chemical to pass through the child.

Link to our Redesigned & Updated Website

www.bcna.ca

sources:
telegraph.co.uk and
ewg.org

PHYSICIAN REFERRALS * NATUROPATHIC MEDICAL INFORMATION * STUDENT LINKS

Your Health is published quarterly by the British Columbia Naturopathic Association, the professional association for naturopathic physicians in the province. It is compiled and edited by Glenn Cassie. The information provided herein is for educational and reference purposes only; it is not intended as a substitute for consultation and diagnosis nor treatment from a qualified doctor.

Your Health is provided free to BCNA members.

The BCNA offers patients, across the province, referrals to licenced naturopathic doctors (NDs) in their area, as well as student information to persons interested in the profession. It is the BCNA's purpose

to advance the scientific, educational and professional aspects of naturopathic medicine.

The public is welcome and encouraged to join the BCNA. An annual membership fee of \$25 assists the BCNA in its efforts to increase government recognition and heighten the profession's profile. Membership entitles you to a one-year subscription to Your Health and other news and information bulletins.

Contact us online at www.bcna.ca, e-mail us at bcna@bcna.ca, call us at 604/736-6646 or 1-800/277-1128 or write to us at 2238 Pine St, Vancouver, BC, Canada, V6J 5G4.

