

TAKE BACK YOUR HEALTH

PENNSYLVANIA ASSOCIATION OF NATUROPATHIC PHYSICIANS

Do Toxins Really Make You Fat?

Carrie Louise Daenell, ND
LiveWell Center

I recently developed Healing the Aging Metabolism – my unique “intellectual property” so to speak, scientifically resolving the “weight gain with age” issue that so many of us battle. Now I have incorporated that

protocol into a broader protocol, Age-Smart Weight Loss, designed to deliver “once and for all” weight loss so that participants don’t have to spend the rest of their lives yo-yo dieting. As you read this, I have just returned from London, to present that science to my international colleagues at Anti-Aging Conference London 2011.

One of the several pivotal pieces to my work is genomic reprogramming. What?! That is where you can take the DNA (genes) you were born with and adjust the way they do or do not express health or disease for you. Wow! Even 20 years ago, no one knew that was possible. We used to think that “you get what you get and your fate is sealed.” Not so.

The world of genomics is exploding and the possibilities for hope and health are endless.



In our little world of weight loss, however, it is all very specific and goes something like this: When you carry toxins—excess stress hormone and inflammation—your body seeks to protect you from that. The older you get, the greater load you have accumulated over time. You reach a threshold, at some point, where your biochemistry begins to drive toward fat production as a protective mechanism against those noxious accumulations. Now... where to

put it? It has to be somewhere safe, where you won’t burn it during every day activity. The belly. Perfect.

See how that works? Belly fat with age isn’t hormone, *per se*. It isn’t even age... exactly. It is the fat produced to protect us from the toxins we accumulate with age. When you think about it, it is simple and obvious.

What we didn’t used to know—but now do—is this: the presence of toxins can reprogram your DNA to change your biochemistry to produce fat. On the flip side—the elimination of toxins—can also drive DNA reprogramming back to normal and away from fat production.

That is why one of the pivotal aspects of my permanent weight loss program, Age-Smart Weight Loss, is to use meaningful doses of well-absorbed, bio-active, “best” forms of detoxifying nutrients, especially those methylated nutrients, in order to fully support the body’s own natural detoxifying biochemistry. This makes for healthier patients and better results!



FALL 2011 LEGISLATIVE UPDATE

The Pennsylvania Association of Naturopathic Physicians (PANP) is actively pursuing licensure for naturopathic doctors in the State of Pennsylvania. Representative Mark Mustio serves as the Prime Sponsor of our bill HB 1717. Passage of this bill would allow qualified naturopathic doctors to practice in Pennsylvania. The Chairman of the House Professional Licensure Committee, Julie Harhart, has requested a fall hearing regarding HB 1717 to be held in October in Harrisburg. Licensure of naturopathic physicians would fill an obvious void in the medical community. Naturopathic physicians must complete a four-year, graduate level medical school program and pass medical boards as well as a Naturopathic Physician Licensure Exam. Naturopathic doctors are highly trained specialists in the areas of nutrition, herbal medicine, homeopathy, and naturopaths are the only group of medical providers trained in herb-drug and herb-nutraceutical interactions.

The licensure of naturopaths would open the door to integrative medicine by educated, licensed professionals; most currently there are 16 States that license naturopaths. In these states, naturopaths have hospital privileges and can in some cases prescribe prescription drugs. They work along with medical doctors to provide integrative care and consult with MDs on drug-herb interactions and natural alternatives at the patient’s request, or when conventional medicine fails.

Pennsylvania naturopaths would like their hard earned doctorates to be recognized in this great state.

WWW.PANP.ORG



Naturopathic Doctors Reducing HPSAs

By Karen Howard, AANP Executive Director

There is a natural solution to the urgent need states have for primary care practitioners. Naturopathic doctors offer the training and skills to provide the essential health-care services required to support our public health needs today.



- Both the Department of Education and the Carnegie Institute classify the ND degree as a First-Professional Degree under Doctorate-Professional (Clinical), on par with MD and DO.
- Education and training requirements for all licensed physicians require successful completion at one of five four-year, graduate-level naturopathic medical schools.
- All naturopathic medical schools are accredited by the Council of Naturopathic Medical Education (CNME), a programmatic accrediting agency recognized by the U.S. Department of Education. Each of the schools is also accredited by the regional accrediting authorities recognized by the Department.
- Trained as primary care providers, NDs are experts in the prevention and treatment of chronic disease, and immediately available to address the nation's critical public health shortage.

NDs' ROLE IN STATE HEALTH-CARE SYSTEMS

In 2005, researchers from Sam Houston University conducted a study to determine what impact designating naturopathic doctors as primary care providers would have on the number of health professional shortage areas (HPSAs). In the seven states selected, three of the 93 counties lost HPSA status. In extrapolating the data across all 50 states, the authors concluded that 33 to 142 counties could lose HPSA status entirely.¹ In the words of the authors, "the impact of a fully diffused profession could dramatically reduce the number of HPSAs should the Bureau of Health Profession count NDs on par with medical doctors MDs."²

1. Donald Patrick Albert, Ferry Butar Butar, "Estimating the de-designation of single-county HPSAs in the United States by counting naturopathic physicians as medical doctors" *Journal of Applied Geography*, Volume 25, Elsevier 2005 pp. 271-285.

2. Ibid.



Q&A BREAST CANCER SCREENING

By Lise Alschuler, ND, FABNO

Q/ When should women begin receiving annual screening mammograms?

A/ The American Cancer Society recommends an annual mammogram beginning at age 40. Although a 2009 report by the U.S. Preventive Task Force Women recommends deferring annual screening until age 50, subsequent research by the American Society of Breast Surgeons hold that the benefits of screening starting at age 40 outweigh potential harm. Women with a strong family history should talk with their doctor about getting an MRI in addition to a mammogram.

Q/ Are there acceptable alternatives to mammograms?

A/ There are no proven alternatives to mammograms. Younger women and women with dense breast tissue may require a supplementary breast ultrasound or breast MRI because mammography is not as sensitive in dense tissue. Breast thermography is not a substitute for mammograms, but with the future implementation of thermography certification and national guidelines, it may develop a supportive role in screening.

Q/ Should women be concerned about the radiation exposure from mammograms?

A/ Increased exposure to low-dose radiation from regular mammograms has been shown to result in an insignificant increase in breast cancer risk compared to no exposure. However the increased radiation exposure poses a greater risk in high-risk younger women. These women should talk with their health-care provider about alternatives. Additionally naturopathic doctors can recommend selected antioxidant nutrients to help protect cells from damaging effects.

DID YOU KNOW?

Preventing Uterine Fibroids

By Holly Lucille, ND, RN

Uterine fibroids are extremely common, affecting more than one in four women by the age of 40. It may be surprising to learn that uterine fibroids are not actually fibrous, but mostly consist of muscle, the smooth muscle cells that make up the uterus itself. This "fibroid," or outpouching of the uterine wall, is thought to be stimulated by estrogen, as estrogen is the hormone that tells cells to grow and multiply. There are many sources of estrogen contributing to this problem: the estrogen our body makes, estrogen "mimickers" in the environment, and estrogen used in oral contraceptives and hormone therapy. You can cut down on the incidence of fibroids and other estrogen-dominant health issues by following a few simple tips:

- Maintain a healthy weight, as obesity can lead to higher estrogen effects.
- Avoid estrogen-only medications.
- Avoid chronic stressors that leads to lack of ovulation.
- Reduce exposure to environmental estrogens by eating more organically and visiting www.ewg.org for more information.
- Take control by practicing good nutritional habits with a diet high in fiber and "whole" foods, and low in saturated fat and sugar.