



FIRST WORDS

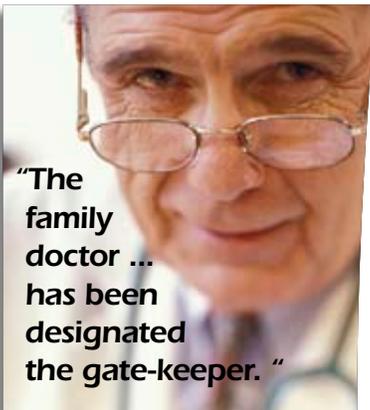
“OPTIMAL HEALTH” is written and produced by staff, associates and friends of Immune System Management Inc.

It is our philosophy that diverse health care modalities can work in conjunction with each other as part of a unified team rather than in competition. Such an integrated approach ultimately will lead to safer and more effective healthcare.

Optimal Health will act as gathering place and forum for comments and articles from medical professionals, educators and researchers from all health care specialties to the ultimate benefit of both the patient and the health care provider. We aim to share up-to-date news, information and diverse views for the growing integrative, alternative and complementary medicine movement, particularly as it applies to cancer and other chronic diseases.

Your comments and article contributions are welcome.

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“The family doctor ... has been designated the gate-keeper.”

The Perfect Storm



Dr. Eoghan B. O'Shea

The family doctor occupies a special position in the Canadian Health System. He or she has been designated the gate-keeper. This is not a good position to have in our under-funded model. Multiple barriers exist for the practitioner in providing proper health delivery under this model.

Despite significant amounts of tax revenues being directed into health care it is difficult to evaluate results. The family physician in effect works in an under-funded pseudo-socialized model where the provincial governments fund essential services. The federal government determines standards but is not always forthcoming in giving back to the provinces appropriate transfer payments.

Regardless of which federal government gets elected the main problem for Canadian patients is lack of numbers of healthcare workers, thus limiting access. Canada now has one of the worst doctor to patient ratios in the G20 nations. University enrollment at medical schools declined by ten percent over ten years ago when governments cut back on funding. The family physician has to deal with an ageing population base, a shortage of specialists to refer to and a relative shortage of diagnostic availability.

Canadians will have to learn to adapt to these logistical issues. Family doctors are

already abandoning styles of practice that they perceive as being too open to litigation (i.e., obstetrics), non remunerative (i.e., in hospital care) or too disruptive to lifestyle and instead looking for niche practices that compensate better and cause less stress. Younger family doctors are not willing to work the long hours that their predecessors put in. The feminization of the profession has led to more female physicians and more issues of maternity leave, childcare etc.

To make the system work better will require a more collaborative approach. Involvement with allied healthcare personnel and integration with alternative and complementary practitioners seems inevitable. Twenty-five percent of all physicians working in Canada graduated overseas. If Canada actively recruits nurses and doctors from overseas it can devastate healthcare systems in third world countries. In short, there is a palpable malaise in the profession. Medical students graduating with enormous student loans, are more likely to pick a specialty rather than family practice. The Canadian taxpayer is often unaware of the financial realities that the medical profession must deal with, especially in family practice. Your family doctor has to pay the rent, pay the secretary, pay medical dues, pay for supplies etc., before drawing any income. He or she has no drug or dental plan, no pension and very little in the way of benefits.

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Think Tank

Is Cancer Reversible?

Editors Note: Cancer treatment can be a controversial topic. Billions of dollars are spent on cancer research in North America every single year.

Immune System Management Inc. in Ottawa recognizes that the malignant behaviour of tumors (i.e. cancer) can be modified. Thus, in their cancer patient advocacy work, they advise nutritional supplementation to render the tumors benign and at the same time to fix the disturbed biochemistry and associated immuno-suppression. Their research, based on a large patient database assembled from clinical information collected for over a decade, focuses on what best reverts malignant tumors to benign and what best rebalances the biochemistry of individuals.

If it is indeed true that malignant tumours can be rendered benign, then targeted supplementation should have the ability to extend the lifespan of individuals diagnosed with cancer.

The following article by Marian Laderoute, PhD, Medical Sciences (Immunology) discusses the concept of the reversibility of cancer:



The fundamental issue is the question as to whether the malignant potential of tumors is genetically determined and thus unalterable, or is a phenotype and potentially subject to pharmacological intervention.

If malignant potential is a permanent feature of cancer cells, then the “slash and burn”, oncolytic viruses or other gene therapy approaches, would be appropriate courses of action.

If on the other hand, malignant potential is a phenotype

and subject to transcriptional regulation, then one should be able to convert malignant tumors to benign by pharmacological agents, for example prescription drugs, nutraceuticals and/or natural products.

The assumption made by most people is that



malignant potential is irreversible. In part this may be due to the fact that tumor promoting genetic abnormalities like the loss or gain of genes, cannot be repaired. However, when this question of the reversibility of cancer is investigated, invariably malignant tumor cells can be reverted to benign irrespective of the number or types of genetic abnormalities (reviewed in 1). Other lines of evidence also support the notion that the malignant potential of tumors reflects a pliable phenotype. For example, the use of anti-hormones, such as anti-estrogens which we know alters the transcription of cellular genes (but does not mutate genes), offers efficacy for breast cancers and possibly many cancer types (interpreted data from 2).

The unified theory of cancer published in 1994 proposes that malignancy promoting proteins are secreted by tumors (for example, alpha-fetoprotein) which have two effects: one is autocrine and the other is paracrine (3). For the autocrine effect, the malignancy promoting protein binds back to its

(Continues next page)

THE MED FILES

Does Sugar “Feed” Cancer?

The concept that sugar feeds cancer is very scary and confusing. First, what is sugar? Sugar is a simple carbohydrate. Examples of sugar include sucrose and glucose. Complex carbohydrates are many simple carbohydrates (sugars) linked together. Both simple (sugar) and complex carbohydrates can be converted into sugar in the body.

So... “Does Sugar Feed Cancer.” The simple answer is “Yes.” Sugar feeds EVERY cell in the whole body. Every cell in your body uses glucose, a simple sugar, for energy. If we know that every cell in the body prefers or needs glucose (sugar) for energy, it is no surprise that “sugar feeds cancer.” Just like other body cells, cancer cells use sugar for energy to grow and multiply.

Does this mean that you should cut every bit of carbohydrate out of your diet, to prevent ‘feeding’ your cancer? The answer is a resounding “No!” But why?

Just as there are ‘good’ and ‘bad’ fats there are ‘good’ and ‘bad’ carbohydrates. Simple sugar can be thought of as ‘bad’. These carbohydrates are not healthy for us. Complex carbohydrates are the ‘good’ ones. These complex carbohydrates are found in foods that are excellent for our health.

Recent research tells us that when it comes to cancer, sugar is not the real problem. However, the hormones our bodies can produce when we eat a lot of sugar may be a BIG problem for individuals living with cancer and for those trying to reduce risk of cancer. These hormones include insulin, insulin-like growth factor, and other hormones that encourage cells to grow. These hormones are the problem, NOT the sugar. Research tells us that high levels of insulin and related hormones may increase cancer cell growth! If avoiding carbohydrates is not the answer, what is?

DECREASE THE INSULIN RESPONSE!! You do not need to avoid carbohydrates to do this. In fact, this would be a BAD idea. Complex carbohydrates actually appear to fight cancer. You DO need to make sure you eat less sugar (simple carbohydrates). Focus on eating only COMPLEX carbohydrates and you will help avoid making your body produce the hormones that may promote cancer cell growth.

Why eat carbohydrates at all? Complex carbohydrates include vegetables, fruit, whole grains, and legumes (beans). These are the very foods that we know fight cancer. Thousands of research studies tell us this is true! These foods contain hundreds of nutrients, called phytochemicals. Phytochemicals fight cancer. It’s that simple. If you cut these foods out of your diet, you lose all of the great cancer fighting nutrients in these foods.

And, these complex carbohydrates are slow to digest, so they don’t raise blood sugar levels as much as simple sugars. Therefore these foods DON’T raise insulin-type hormones in the body in the same way that simple sugars do.

In addition to this, it is helpful to know that there are 3 things in the diet that can slow the rise in blood sugar (glucose) and insulin-type hormones. These 3 things are protein, fat, and fiber.

And remember, a highly processed, refined food diet is NOT good, for cancer, or any other disease!

Excerpted and adapted from an article by Suzanne Dixon, MPH, MS, RD for Cancer Nutrition Info.

cell surface receptor on the tumor surface (in this case the alpha-fetoprotein receptor), and this abrogates the ability of the tumor cell to respond to normal cell signalling. So, for example, the tumor cell does not die when it is told to, or does not stay attached when told to, and thus, can spread in the body. The paracrine effects of the secreted malignancy promoting factor are equally important. Some normal cells of the host express alpha-fetoprotein receptors, such as immune cells or liver cells. When their ability to respond to signals is blocked, then this sets up immunosuppression for immune cells or disturbs the body's biochemistry by way of its effects on liver cells. So the unified theory of cancer which is first to explain how the malignant potential of the tumor relates to host immunosuppression and biochemical imbalance, predicts that the malignant behaviour of cancer cells can be modified by interfering with the expression

or activity of these malignancy promoting proteins. This can be done by pharmacological agents or in the future by gene therapy(1) and should be feasible irrespective of the genetic and chromatid aberrations present in any given cancer. To speed recovery along, one may also need to rebalance the person's biochemistry such as through supplements.

Marian Laderoute, Ph.D. Medical Sciences (Immunology), voluntary contributor to "Optimal Health".

- 1) Frisch SM & Mymryk JS. Adenovirus-5 E1A: paradox and paradigm. *Nature Reviews in Molecular and Cellular Biology*, 2002; 3: 441-452.
- 2) Fisher B et al, Tamoxifen for prevention of breast cancer: report of the National Surgical Adjuvant Breast and Bowel Project P-1 Study. *J Natl Cancer Inst*. 1998; 90:1371-88.
- 3) Laderoute MP. A new perspective on the nature of the cancer problem: anti-cellular senescence. *Molecular Carcinogenesis* 1994; 10: 125-133.



The Perfect Storm (cont'd)

Your doctor is prohibited from passing on G.S.T. to patients and is expected to absorb this cost .

The solution to these problems will require a new approach to funding, payments, priorities, education and needs of the communities. Other important issues relevant to society in general cannot be ignored either. Child poverty, education road maintenance, sewer infrastructure, policing etc., are equally important. The status quo is clearly not working. Society in general will have to learn to adapt.

- Dr. Eoghan B. O'Shea (CCFP, FCFP) is the Medical Director for ISM and a former family practitioner with close to 20 years clinical experience in Canada.



Natural Perspectives



The first of a series of articles on "Natural Health Care"

Since the 1980's, the concept of "Natural Health Care" has increasingly been considered as a complementary or alternative approach to conventional healing. Various studies have shown that between 30%-50% of cancer patients explore various natural health support modalities. Natural health care is about healing naturally rather than synthetically. Natural healing involves organic supple-

What Is Natural Health Care?

mentation such as herbs, tonics, vitamins, and minerals along with "hands on therapies" such as massage, reflexology, reiki and applied kinesiology. Words and phrases such as "detox", "macrobiotics" and environmental sensitivities are all part of this realm.

As a natural health practitioner, people come to me and ask for help with fibromyalgia, irritable bowel syndrome, cancer, heart disease, diabetes and conditions such as migraine headaches, low energy and allergies. Mothers want answers as to why their children cannot sit still in a classroom. "Can you cure the problem?" is the most commonly asked question. I answer with complete honesty and say, "No, I cannot cure your condition".

My role is to educate people about his or her body and help people understand that the human body has within itself, a self-regulating, self-adjusting, homeostatic system. In other words, the body is programmed to continually adjust itself in order to function at optimal levels.

The body is comprised of more than 75

trillion cells with each having a specific job and function to do. How well a cell performs is in direct proportion to the health of the cell. The basic nutrients for good cellular health are carbohydrates, vitamins, minerals, phospholipids (essential fatty acids), water and protein. If the cells are compromised and weak, the body is in a diseased state.

When a patient asks for help, my job is to recognize a cellular dysfunction and recommend how to refuel the cell allowing it to repair itself. Methods used vary but each is designed to help the body restore naturally.

"Natural Health Care" methods have been used for centuries. Today, as then, the approach is non-intrusive and suitable for all ages.

To me, the disease label is not important. Important is how well the body functions as a healing unit.

Susan Mallory (BSc.) is a certified kinesiologist and natural health practitioner operating Natural Health Wellness Centre in Ottawa and a regular guest of health television talk shows.



FOCUS: PROSTATE CANCER

“A disease more common than fatal”

Selenium & Prostate Cancer Prevention

About Prostate Cancer

The prostate is a gland the size of a walnut under the bladder that makes fluid for semen. Prostate cancer is second only to skin cancer in its prevalence among men.

- Lifetime risk of disease of 16 - 18%
- Lifetime risk of death of 3.5 - 4.5%
- 35,000 will die in N.A. this year
- 250,000 will be diagnosed

The causal genetic, molecular, and biological distinctions between prostate tumors with recurrent and indolent clinical behavior remain largely unknown.

Despite significant advances in therapy for early-stage cancer, the prognosis for most advanced-stage tumors remains little changed over the past 50 years. There still is no satisfactory drug for treatment of metastatic prostate cancer.

A study published in the medical journal *Cancer Causes & Control* looked at selenium in the diet and prostate cancer risk. The researchers

prostate cancer as compared to men in the very low dietary selenium group. Second, the researchers found that men with either moderate or low levels of selenium in the diet had approximately 26% lower risk of prostate cancer as compared to men in the very low dietary selenium group. Third, when the researchers used statistics and mathematical techniques to try to control for some of the errors that can occur in this type of meta-analysis study, they found that any intake of selenium above the very low category decreased prostate cancer risk by at least 14%.

What do these results mean?

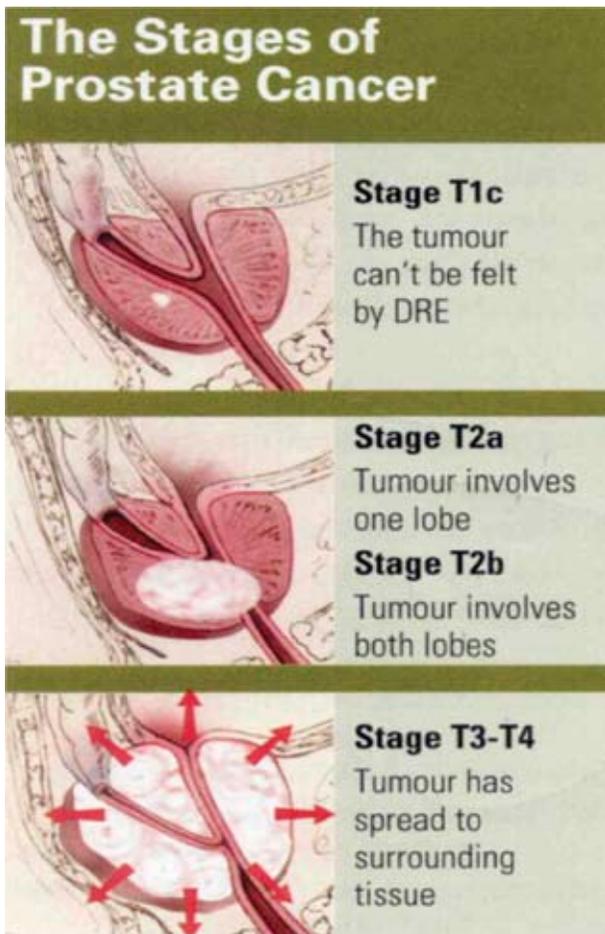
If the men in this study are similar to most men, then this study tells us that having more selenium in the diet may reduce prostate cancer risk. According to this meta-analysis, getting more dietary selenium may reduce prostate cancer risk by at least 14% and may reduce risk by as much as 35%. This research result is consistent with many other studies on this topic that suggest that selenium may reduce prostate cancer risk.

In Summary

Even with the various problems that can occur in this type of meta-analysis study, this study tells us that it is very likely that selenium in the diet, even in low to moderate amounts, reduces prostate cancer risk. This fits with what we know from many other research studies on this topic. Getting enough selenium in the diet is important for optimal prostate health and for reducing prostate cancer risk.

Immune System Management Inc. includes selenium in their prostate therapeutic protocol.

Source: *Cancer Causes and Control: Review of Cancer Causes Control*. 2005;16(9):1125-31.



pulled together much of the previous research that had been done on this topic to complete the current study. This study found that men who had the most selenium in their diet had up to 35% lower risk of prostate cancer as compared to men with the lowest intake of dietary selenium.

The researchers found that men with the highest levels of selenium in the diet had between 31% and 35% lower risk of



Study Questions Prostate Cancer Screening

Two widely used tests for prostate cancer failed to save lives in a new study, adding to the debate over whether men should be screened for the disease. The study was small—only 1,002 men—and will not be the final word on the issue. But it may hint at what lies ahead when the results of two large studies of prostate cancer screening appear in a few years.

In the study, published in the 2006 Archives of Internal Medicine, the researchers looked at two screening tests that are performed millions of times a year in North America: a blood test that measures prostate specific antigen, or PSA, and a digital rectal exam, the rubber-glove test in which a doctor feels for abnormalities in the prostate through the rectal wall.

The researchers found that the men who were alive were no more likely to have been screened than the men who died of prostate cancer. The findings support an earlier review by the U.S. Preventive Services Task Force. That agency said in 2002 that it found “insufficient evidence” for a recom-

mendation that men be screened.

Study co-author Dr. John Concato, a clinical epidemiologist at the VA Connecticut Healthcare System, said that for now, doctors should tell men that screening tests for prostate cancer are not perfect, and men should

decide for themselves whether to get screened.

Doctors have long known that some cases of prostate cancer can be so slow-growing that they never

cause symptoms, much less death. In addition, surgery and radiation treatment for prostate cancer can cause incontinence and impotence. So for some men, detecting prostate cancer early through screening can do more harm than good.

In addition, the PSA tests can yield ambiguous results. Most men who undergo a biopsy because they have elevated PSA levels do not have prostate cancer. And

some men with low PSA levels do have cancer.

“We should tell patients about the uncertainty,” said Dr. Eoghan O’Shea of Immune System Management Inc.. “PSA screening is known to have a substantial downside, including false alarms, unnecessary biopsies and anxiety. The bottom line is we still don’t know whether PSA testing does more good than harm. Rather than encouraging annual screening of all men starting at age 50, as is commonly done, the limited effectiveness of PSA testing should be explained to patients in the process of obtaining their informed consent to the test.”

Despite the error rate of the PSA test, it is currently the only biomarker for prostate cancer and is vigorously defended by advocacy groups for prostate cancer patients. Advocates of screening argue that mortality has declined in recent years. But Dr. O’Shea said more effective therapies came into use about when PSA testing became available. “That would lead you



to believe mortality should be falling, regardless of screening,” he said.

A large clinical study, due to be complete in two years may add further evidence regarding the value of PSA testing.

“PSA screening is known to have a substantial downside, including false alarms, unnecessary biopsies and anxiety.”



ISM Releases New Research Into Prostate Cancer

This scientific abstract was presented at the IN-CAM SYMPOSIUM: CAM Research in Canada; Sharing Successes and Challenges November 12th & 13th, 2005, Toronto. -ED

TITLE:

The Therapeutic Effect of Amino Acids in Prostate Cancer Patients

AUTHORS:

- (1) Dr. Eoghan B. O'Shea CCFP, FCFP
- (2) Dr. Ken Lin, B. Pharm., Ph.D. Biochemistry

BACKGROUND:

Changes in plasma amino acid patterns reflect changes in protein metabolism that occur with different pathological conditions. Many cancer symptoms may be the repercussion of a disturbance/irregularity in protein. Prostate cancer patients demonstrate imbalances in blood plasma amino acid composition. Over a seven-year period in a clinical setting, hundreds of cancer patients have been administered patient-specific orthomolecular supplementation.

OBJECTIVES:

To identify blood plasma amino acid patterns in prostate cancer patients in comparison to standardized optimal norms, administer a patient-specific orthomolecular therapeutic and observe the symptomatic and biochemical impact of the intervention.

METHODS:

Through HPLC analysis, blood plasma concentrations of 28 amino acids were profiled in fifty Stage III and Stage IV cancer patients. Individual profiles were referenced to optimal norms and patient-specific amino acid supplementation algorithms reflecting individual circumstances were developed and administered. To standardize nutritional variables,

subjects were uniformly administered a highly bio-available, pharmaceutical grade nutritional supplement. This therapeutic cycle was repeated for each subject while cancer and collateral medical symptoms were qualitatively and quantitatively monitored through



multiple case studies.

The case series clinical research evidence was correlated with a systematic review of cancer literature regarding metabolic and therapeutic aspects of amino acids.

RESULTS:

Post-intervention, the following observations were made in 95% of the subjects:

- (1) plasma amino acid profiles demonstrate correlative movement with intervention
- (2) subjects demonstrate significant positive response rates in disease remission, stabilization, and

improvement in quality of life without side effect or adverse events

(3) there is beneficial management of collateral damage from radiotherapy and chemotherapy

CONCLUSIONS:

Prostate cancer symptoms correlate with disturbances in the host's protein metabolism. Normalization of imbalanced plasma amino acid profiles by the administration of patient-specific amino acid formulas can positively influence the clinical management of the cancer.

ABOUT THE AUTHORS:

Dr. Eoghan B. O'Shea, CCFP, FCFP,

- *20 years in a variety of convergent medical applications including general medicine, surgery and orthomolecular medicine in both hospital and community care*
- *Medical Director for ISM*
- *Interest in Continuing Education, emergency medicine, natural medicines*
- *Member: CPSO, CMA, OMA*

Dr. Ken Lin, Lab Director (B.Pharm, PhD Chemistry)

- *43 yrs. experience in clinical/ laboratory settings in N.A. within university hospitals.*
- *Extensive background in chemical and metabolic analysis of immune system structure and function. Currently Lab Director for ISM.*
- *Member: Ontario College of Pharmacists (licensed), American Society of Clinical Pathologist, Registered Medical Technologist*

WHAT IS INTEGRATIVE MEDICINE?

Mainstream Meets Alternative Medicine

Today there is an increasing trend in society to look outside the conventional role of medicine to find answers for one's healthcare problems and those of their family members. Alternative medicine uses unconventional therapies that are used in place of conventional medicine for the prevention and treatment of chronic disease and other conditions. Complementary medicine is another option; using unconventional therapies as a supplement to



conventional medicine. Many of these unconventional therapies are now being recognized and integrated with conventional healthcare services.

Integrative medicine combines the best ideas and practices of mainstream and alternative medicine. It neither rejects mainstream medicine nor uncritically promotes alternative practices, but integrates the most appropriate from both. It delivers treatments that address a person's biochemical individuality and stimulates one's natural healing powers.

Integrative medicine is often used for:

- Managing symptoms associated with cancer and other diseases.
- Increasing wellness (quality of life and sense of well-being).
- Improving the effectiveness of conventional treatment.
- The treatment of pain.

Excerpted and adapted from Ron Ciccone, M.D. Our Lady of Lourdes Medical Center.



SMOOTHIES CAN HELP WITH ISM PROGRAM COMPLIANCE

When taking your ISM products, it is critical for your health that you follow the ISM Program Protocol, that is, you must ensure that you faithfully take the requisite dosages as recommended. Why? The body requires that all of the essential nutrients be available when building new protein in your body. For example, if there is an imbalance of amino acid types, certain proteins cannot be formed.

Often our ISM clients tell us that it difficult to consume their protein and milk/water supplement every single day. This is only natural! So don't be shy... become experimental. Try the ISM Protein supplement (Pro-Custom or Pro-Complete) as a part of a smoothie for added taste and health benefits.

Smoothie Making Made Easy

1. **NEVER** use raw eggs in a smoothie.
2. If your mouth is sore, skip fruit that contains small seeds, such as strawberries, blueberries or blackberries. Instead use another fruit such as a banana, or peaches, or pears without their skins (peel first).
3. Thoroughly wash all raw fruit and vegetables before using them in a smoothie. If your white blood cell count is low (you are immune-compromised), be sure to check with your medical care team that it is OK to eat fresh fruit and vegetables.
4. Clean, peel and prepare the smoothie ingredients and place in the blender.
5. Blend all of the ingredients together to your desired consistency. Add additional liquid if needed to thin out and blend ingredients. Depending on the "strength" of your blender, you may need more or less liquid to make the mixture blend.
6. If fresh fruit is not available, you can use frozen fruit instead. Frozen fruit will make a thicker smoothie than fresh, so you may need more liquid if you are using frozen fruit.
7. If you can't finish the whole smoothie at once, you can store the unused portion in

the refrigerator or freezer. You can re-blend the smoothie later that same day by adding a little more liquid. Do not store any unused portion of the smoothie in the refrigerator for more than one day.

8. In any smoothie recipe using ISM protein supplements, you can use any liquid you like provided it is NOT a citrus-based juice (i.e., orange, grapefruit, lemon, lime). The acid from citrus juices can destroy the protein structure. Examples of liquids that work well for making smoothies include soy milk, rice milk, almond milk, oat milk, or regular non-fat milk.

9. A common complaint during cancer treatment is that many foods taste too sweet. If food tastes too sweet to you during your cancer treatment, try substituting frozen cranberries for some of the other fruit in a shake or smoothie recipe. This will give you a tart, less-sweet shake.

Here's one to try! Check the ISM web site (www.aminomics.com) for more smoothie recipes.

CINNAMON-PEACH SMOOTHIE

Ingredients:

- 1 cup diced peaches (fresh, frozen or canned)
- ½ cup low-fat plain organic yogurt
- ½ any liquid (milk, soy milk, rice milk) – use more than ½ cup if needed to blend.
- 1 Tablespoon honey
- Cinnamon to taste (1/4 teaspoon is a good place to start)
- 10 g of ISM protein powder

Instructions:

1. Clean, peel and prepare the fruit and other solid ingredients.
2. Place these ingredients in the blender.
3. Add liquid ingredients to blender.
4. Blend all of the ingredients together.
5. Add additional liquid to the blender if needed to thin out consistency for better blending.

Makes 1 serving.

HEALTH Watch **Your Mother Was Right!**

A study published in the Journal of Clinical Oncology looked at how eating a healthy diet, as measured by the presence of specific nutrients in the blood, may affect the risk of breast cancer recurrence in women with a history of this disease. The researchers collected blood samples and measured the levels of several carotenoids in each person's blood. Carotenoids, or carotenes, are a group of nutrients that are found in vegetables and fruit. Research shows that levels of carotenoids in a person's blood are a very

good indication of how many vegetables and fruit that person eats on a regular basis. This study found that women who had the highest levels of carotenoids in their blood had 43% lower risk of breast cancer recurrence as compared to women who had the lowest levels of carotenoids in their blood. In other words, women with a history of breast cancer who eat plenty of vegetables and fruit everyday, as shown by the high levels of carotenoids in their blood, have a significantly reduced risk of being diagnosed with breast cancer again.

Review of J Clin Oncol. 2005; 23 (27): 6631-38



ISM Friends

Purity Professionals

Purity Professionals is the distributor of ISM products and services to the medical professional market in Canada.



Purity Professionals supplies therapeutic natural health products to Canada's integrative healthcare

professionals. Purity Professionals represents over 400 different products from internationally acclaimed manufacturers of dietary supplements, homeopathic and anthroposophical remedies.

Purity Professionals is a business division of Purity Life Health Products of Acton, ON.

In 1984, David and Elyse Chapman, partners in life and in work, combined their formidable entrepreneurial instincts and business savvy to create a unique company servicing the Canadian healthy industry. The model for Purity Life was based on David's vision of "empowering people to create well-being in their lives." Over the last twenty years, this vision has helped guide Purity Life to become Canada's number one supplier of natural health products, directly servicing over 5,000 health food, pharmacy and practitioner accounts across Canada through its office in Acton Ontario.

Purity Life was a founder of the Canadian College of Naturopathic Medicine and the Boucher Institute of Naturopathic Medicine. Purity Life is also a founding member of the Canadian Health Food Association.

David Chapman, the President and Owner of Purity Life Health Products has a passion for natural health. For the past twenty years, this passion has been the driving force behind Purity Life's success. David is a well-respected member of the Canadian health industry community. He has been a director on the supplier/manufacturers committee for the Canadian Health Food Association and is an active lobbyist with the Canadian government for regulatory changes in the natural products industry. David and his wife and business partner Elyse live in Acton Ontario where they also own a 200-acre certified organic farm.



ABOUT IMMUNE SYSTEM MANAGEMENT INC.

Immune System Management Inc. (ISM®) is a clinical biotechnology company with research, development and application expertise in diagnostics and therapeutics focused upon immunological disorders.

ISM® has been a pioneer and leader in the development of orthomolecular therapeutics for cancer patients. Every element of the ISM approach is based upon extensive and evolving laboratory and applied evidence. Contemporary scientific and medical knowledge and evidence has been integrated with laboratory and clinical ex-



perience to analyze and interpret data from thousands of ISM patient profiles.

ISM® products are designed to restore the natural defense mechanisms of the immune system, extending the patient's life or, at minimum, significantly improving quality of life. This bolsters the patient's own self-healing metabolic and immune system capacity

while avoiding the toxic side effects that often accompany conventional medical treatment (i.e., cancer radiation).



Moments

A Short History of Medicine

2000 B.C. "Here, eat this root."

1000 B.C. "That root is heathen, say this prayer."

1850 A.D. "That prayer is superstition, drink this potion."

1940 A.D. "That potion is snake oil, swallow this pill."

1985 A.D. "That pill is ineffective, take this antibiotic."

2005 A.D. "That antibiotic is artificial. Here, eat this root."

"The foundations of medicine are reason and observation."

Duro Armeno Bagliavi, 1668-1707



End Words

OPTIMAL HEALTH is published by Immune System Management Inc. It is intended for educational purposes and is in no way intended for self-diagnosis or self-treatment. For health problems, consult a qualified health practitioner.

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