



Today's Medicine: A Double Standard

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FIRST WORDS

"OPTIMAL HEALTH"
is written and produced
by staff, associates and
friends of Immune Sys-
tem Management Inc.

It is our philosophy that diverse healthcare 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 acts as a gathering place and forum for comments and articles from medical professionals, educators and researchers from all healthcare specialties to the ultimate benefit of both the patient and the healthcare 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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*S*chopenhauer's three stages of truth summarize the genesis of every pioneering discipline: first, it is ignored; second, it is violently opposed; third, it is accepted as self-evident. Although we could debate at what stage ISM now finds itself, most certainly the concept of complementary medicine and Aminomics has arrived.

Recently, we worked with a patient that had gone through the full extent of oncology treatment and was instructed to "get their affairs in order" since there was little else conventional treatment could offer. This individual approached ISM and underwent 6 months of treatment. The cancer was conquered! During a check-up, the oncologist said, "this is what we call spontaneous remission, a rare but spectacular phenomenon, totally inexplicable!" "Spontaneous remission" is a catch-all expression by many medical practitioners for any healing that is not overtly due to their direct medical treatment. I could accept this comment if it was a one-time occurrence, but it happens to us at ISM time and time again. Why is it that so many highly educated physicians refuse to recognize any healthcare impact from any non-conventional treatment? Where is the benefit in distorting and diminishing the value of a new medical discipline? How can anyone take this position when today's treatments of cancer have relied exclusively on tumor-directed approaches which have offered only limited advantages in survival and quality of life?

There truly appears to be a double-standard being applied. Let's look at a few facts about the current state of Canadian healthcare:

- Under the proposed new "progressive licensing" system cancer patients could be put at risk by new medications that are rushed to market before they are fully studied.
- It can take many years before the real benefits – and potential side effects – of a new drug are revealed by a study. There is a growing trend of cancer studies being halted early, i.e., More than 50% were stopped within the last

3 years. (Annals of Oncology, 2008) Many recent trials have lasted an average of only 30 months. Further, in some cases fewer than 40% of the originally planned number of patients had been enrolled in the studies.

- Hundreds of skin cancer patients in Ottawa were given lower-than-prescribed doses of radiation over 3 years because of a poorly calibrated radiotherapy unit.
- Pathologist indicate that serious quality-control problems have plagued hospital laboratories across Canada for decades, causing an unknown number of patients to be misdiagnosed. (Canadian Society for Medical Laboratory Science, 2008)
- The Canadian Medical Association Journal, 2008 is calling for an overhaul of the system by which working doctors keep abreast of medical developments, saying the reliance on



funding from drug companies distorts medical practice and compromises the ethical underpinnings of the profession. Over 55% of continuing medical education comes from drug or device makers.

- Annually, as many as 24,000 hospital patients die from avoidable deaths. (CMA)
- 1 in 13 adult medical and surgical patients suffered at least one adverse-event. (CMA)
- Despite all this, doctors are instructed never to say "I'm sorry!" (Canadian Patient Safety Institute Guidelines, 2008)

For over a decade, ISM has been working diligently and often independently to help shape and form an innovative approach to aid patients confronted with cancer. It is not enough for research to produce breakthroughs and new treatments. Research should test if treatments perform as well in the

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THE MED FILES

Amino Acid Supplementation is Safe

The *Council for Responsible Nutrition (CRN)* has recently completed a risk assessment analyzing the safe upper levels for supplements of the amino acids taurine, glutamine and arginine. *CRN* is dedicated to helping manufacturers deliver the safest products possible to consumers, and risk assessments

are the best indicators to establish upper limits. Their evidence showed no adverse effects of intakes up to three grams of taurine per day, glutamine at intakes up to 14 g/d and arginine at intakes up to 20 g/d. They also stated that no adverse effects at higher levels have been reported in some studies.

This is consistent with *ISM* research observations about the safety of *ISM's* Aminomics program. *ISM* uses supplemental amino acids in custom compounds.

Source: Regulatory Toxicology and Pharmacology April 2008, Shao & Hathcock

ISM Adds EIS Technology

ISM has recently added an Electro Interstitial Scan (EIS) capability as a conference test to our Aminomics protocols. EIS is now used in major medical centers and research facilities around the world. EIS is an application that uses the body's resistance to electrical impulses flowing through the interstitial fluid of an individual. The interstitial fluid is composed of water and chemicals that exist outside the cells of the body tissues. Low voltage direct current is known to pass through only interstitial fluid in the body. Knowing the composition of the interstitial fluid can help in the interpretation of physiologic and

pathologic conditions of the various organ systems or regions of the human body. An EIS body scan takes less than 3 minutes and has a confidence index of 95%

EIS is a non-invasive technology. A very small electric current is applied to the body through an array of six surface electrodes, and the resultant electric pulse that passes through the body is recorded. A drop in voltage occurs as the current encounters resistance inherent in the fluids and tissues it is passing through. The EIS can measure:

1. Oxidative stress – Free radicals
2. Cerebral neurotransmitters: Acetylcholine, catecholamine, dopamine, serotonin
3. Blood bio-chemistry: Triglycerides, Glucose, Urea
4. Acidosis, alkalosis
5. Minerals: Calcium, iron, sodium, potassium, magnesium, chloride
6. Hormones: Insulin, cortisol, aldosterone, adrenomedullary hormones, TSH, thyroid hormones, testosterone, FSH, DHEA, PTH, ADH, ACTH
7. Body composition

The result is expressed as a 3-D human model with color-coding of the various organs, systems and regions of the body indicating the severity of pathology. The EIS also produces graphs showing the levels in the blood of glucose, triglycerides, urea, creatinine, electrolytes, minerals, free radicals and hormones. It also helps in the estimation of lean and



(Continued from page 1)

real world as they do in carefully crafted clinical trials.

It is with these thoughts in mind, *ISM* has posted a new section on our web site (www.aminomics.com) focused on our research activities. This web site section will be dynamic and ever-growing and no doubt create some controversy. Research also has a crucial role in constantly challenging the current orthodoxy.

I maintain that complementary cancer care such as *ISM's* Aminomics will be the future

"Doctors are instructed never to say 'I'm sorry'."

standard of all cancer medicine for the following reasons: it has a common-sense potential for mitigating toxicity, it involves a prominent recognition of the patient's natural biochemical needs as a core philosophy, and it provides for enhanced outcomes due to multidimensional treatments with inherent synergisms (i.e., coupling mainstream modalities with selective interventions).

There is a need to dismantle the sacred but imaginary barriers and divisions partitioning various medical and complementary specialties. Today, even practitioners who prefer to stay within the boundaries of conventional medicine have no choice but to respond to the torrent of new research materials being unearthed. All of us need to explore and fit into our treatment protocols this new research.

As new healthcare approaches actually become the medicine of the future, patients confronting cancer can look forward to longer and more fulfilling lives and to ever more humane, compassionate, and scientifically validated treatment. We are embarking on a journey that addresses the needs of patients at every level, from the biochemical and molecular to the spiritual through to conventional medicine practice. If today's practitioners look closely, they may even find that these levels are not so far apart.

*William O'Neill,
CEO & Founder of ISM*

fat mass, the water content of the various body compartments, and suggests ideal weights for individuals.

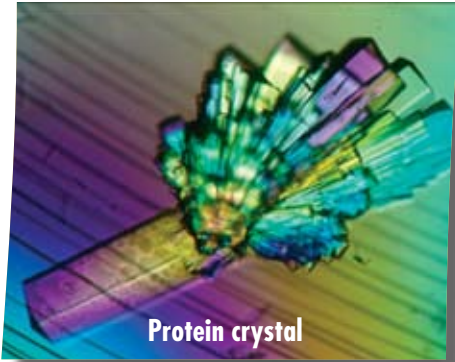
Based on its findings, the EIS will suggest any supplementary conventional or laboratory examinations to be considered. It will also propose, as a guideline, a personalized diet and micro-nutrition for the individual. On follow-up visits, the EIS can compare the latest graphs and readings with previous ones stored in its memory.

Chowdhury Zaman M.B.B.S., M.S.



The Importance of Protein

“Natural Perspectives” is a series of articles on natural healthcare.



Protein crystal

When going through cancer treatment, it is important to eat well. In particular, getting enough protein is critical to the healing process. Protein is a “building block” nutrient. Your body uses protein to build tissue, such as white and red blood cells, other cells in the immune system, skin, hair, and muscle. If we do not get enough protein, our bodies will steal it from our muscles. This is also true when we are ill. We need more protein, but often can’t eat it.

How Much Protein Should a Person Eat Every Day?

The amount of protein in the diet is a contentious issue. As a general guide the Recommended Daily Allowance (RDA) for protein is about 0.4 gram of protein per day for each pound (lb) of body weight.⁽¹⁾ For example, the RDA protein requirement for a 150 pound person is:

$$150 \text{ pounds} \times 0.4 \text{ grams/pound} = 60 \text{ grams daily}$$

The big question is whether the protein RDA is the amount of protein intake needed in order to subsist, or to have optimal, thriving health? It is ISM’s position, that the RDA for protein, while possibly sufficient for sedentary individuals interested in the status quo for health, is simply not sufficient to maintain optimal health.

Other Things That Affect How Much Protein You Need ⁽²⁾

There are other things that affect protein needs.

1. First, men generally need a little more protein each day than women.

To maintain muscle, the body needs protein. Men usually have more muscle mass; therefore, they need more protein.

2. Second, cancer itself and cancer treatments create additional stress on the body. In these cases, a person may need more protein.
3. Third, if you are going to have or are recovering from surgery, your body is under stress. Your body likely needs extra protein to heal properly.

The body does not have a storehouse for protein as it does for carbohydrates and fat. Protein must be continuously ingested in order for the body to maintain optimal health.

An individual who is losing weight during cancer treatment, going into surgery, or recovering from surgery needs to eat about 130 to 160 grams of protein per day. For example, a person consuming 2,000 calories daily should eat at least 150 grams of protein (≈30% of total calories).

But keep in mind that even though protein is important, a person must eat plenty of calories (energy) too. If a person is not getting enough calories to maintain their weight, then the extra protein will not help much. Use the common sense approach. If you are losing weight during cancer or any medical treatment, your body is telling you that you need more protein and more calories!

When is Protein Too Much of a Good Thing?

As with all things, too much protein can be a negative as well. While many people need more protein during cancer treat-

ment, some people need less. Diseases and conditions such as kidney disease, kidney failure, or liver disease can make it harder for your body to process and use protein. If you have one of these conditions or diseases, you may need to follow a lower protein diet.

The Bottom Line

As you can see, determining how much protein a person needs can be complicated. If you are heading into surgery, recovering



from surgery, or you are in cancer treatment and losing weight, you need more protein.

When choosing protein-rich foods, pay attention to what comes along with the protein. Vegetable sources of protein include beans, nuts, and whole grains and they offer fiber, vitamins and minerals. Animal protein choices are fish, poultry and red meat, although it is wise to stick with leaner cuts and choose moderate portion sizes. Remember, eat everything in moderation and nothing in excess.

Watch for further newsletter articles on ISM recommended high-protein diets.

⁽¹⁾ Food and Nutrition Board, Institute of Medicine

⁽²⁾ Suzanne Dixon, MPH, MS, RD, Cancer Nutrition Info

Typical Sources of Protein

- Meat, poultry and fish: ≈7 grams per ounce
- Beans, dried peas, lentils: 7 grams per 1/2 cup cooked
- One large egg: 7 grams
- Milk: 8 grams per cup
- Bread: 4 grams per slice
- Cereal: 4 grams per 1/2 cup
- Vegetables: 2 grams per 1/2 cup



“What about carcinogens in my home?”

In our last ‘Carcinogen Culture’ article we mentioned there are over 667 chemical substances known to cause human cancer. We tend to think of our homes as a refuge, but they’re apparently not a sanctuary from pollutants. Most people are likely to have the greatest contact with potentially toxic pollutants not outside but inside the places they usually consider to be essentially unpolluted... including their homes, cars and offices. (1)

Actually, this is not ‘news’. Many studies of indoor air quality were done in the 1980s. And the results were consistent: Because indoor air pollutants are not as easily dispersed or diluted as outdoor pollutants, concentrations of toxic chemicals are often much higher, with peak concentrations of twenty toxic compounds – some linked with cancer and birth defects – 200 to 500 times greater inside than outdoors. If outdoor lev-



stances. Nor are they provided with protective clothing and may be exposed up to 24 hours a day.” (2)

The main sources of home pollution are right under your nose. This includes “moth repellents, pesticides, solvents, deodorizers, cleansers, dry-cleaned clothes, dusty carpets, paint, particleboard, adhesives, and fumes from cooking and heating, to name a few.”

There are many companies that are committed to safe and environmentally-responsible products for a healthy home. Products are available in many natural products stores across Canada and even in your own grocery store. Here are just a few websites to help you get started making an informed choice for your home:

- www.seventhgeneration.com
- www.naturecleanliving.com

A final thought: “If truckloads of dust with the same concentration of toxic chemicals as is found in most carpets were deposited outside, they would be considered hazardous-waste dumps.”

REFERENCES:

1. *‘Everyday Exposure to Toxic Pollutants’, Scientific American, February 1998.*
2. *David Steinman and Samuel Epstein, The Safe Shopper’s Bible: A Consumer’s Guide to Nontoxic Household Products, Cosmetics and Food, 1995, MacMillan, New York.*

“The main sources of ‘home’ pollution are right under your nose.”

els were as high as those found indoors, there would be a loud and sustained cry for tougher air quality standards.

Given our colder climate, Canadians are even more at risk since we spend more time indoors.

The disturbing irony is that workers employed in manufacturing toxic product are “usually healthy, receive training in the handling of hazardous chemicals, are provided with protective clothing, and are exposed for eight hours or less each day. Women who stay home, and their children, on the other hand, receive no warning about hazardous ingredients or training in the handling of products containing hazardous sub-



An internist, a surgeon and a pathologist went duck hunting together. Early one morning they were sitting in their duck blind waiting for some ducks. Pretty soon a bird appeared on the horizon. The doctors watched as it flew towards them.

“Do you think that’s a duck?” asked the internist.

“Could be,” answered the pathologist.

“It’s quacking,” observed the internist.

“Yup, and it’s got webbed feet.” added the pathologist.

“We should probably give it some more time, though.” commented the internist.

“No sense in acting impulsively.” agreed the pathologist.

They continued in this way until the duck had passed overhead and flown out of sight. The surgeon just sighed and went back to watching the horizon. It wasn’t long before another bird appeared. Just as it flapped into range, the surgeon leaped to his feet, raised his gun and-

BLAM! ... BLAM! ... BLAM!

-the bird exploded into bloody pieces overhead and rained down around the group. The surgeon turned to the pathologist and said,

“Say, when you have a minute or two, would you mind lettin’ me know if that was a duck?”



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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YOU READ IT HERE: One year ago in this newsletter we alerted you to the dangers of BPA plastics. (Optimal Health, January 2007). It is interesting to note that the Canadian Government has finally released a warning on these plastics.