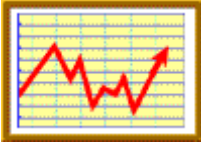


# Healthy Choices Herald

## February 2010



### ***Avoiding a Stroke***

by Judith A. DeCava, CNC, LNC

About 780,000 Americans suffer a stroke every year. It's the third most common cause of death (after heart attack and cancer) and the leading cause of mental and physical impairment. Survivors are often left with partial paralysis, speech impairment, drooping face, memory loss, or other consequence. One of every 5 people who survive a stroke needs institutional care within 3 months. It should be a priority to do all we can to prevent a stroke.

A stroke is a sudden loss a nerve/brain function caused by vascular (blood vessel) damage. Most strokes (more than 4 out 5) are **ischemic**, meaning a blood vessel is *blocked* (often by a piece of plaque broken loose from an artery wall) or *constricted* (by intense spasm) that cuts off the flow of blood to an area of the brain. The other type of stroke is **hemorrhagic** in which there is leakage from blood vessel into the brain. It's less common but more likely to be fatal; up to 52% of victims die within 30 days. So either an area of the brain is deprived of blood (which brings essential nutrients and oxygen) or has blood spewed into it where it doesn't belong. Brain cells in the affected area can't function, and begin to die. Within a minute, almost 2 million brain cells can die; in a 10-hour course, over a billion brain cells may be killed. Yet, if blood flow is slowed down-not completely cut off-less sensitive brain cells can "hold their breath" for about 3 hours and not die of oxygen starvation.

A **TIA** (transient ischemic attack), called a 'mini-stroke,' is technically not a stroke. It's a temporary interruption of blood flow that usually lasts only minutes. Signs and symptoms-similar to, though milder than a full-blown stroke-are gone within 24 hours and don't cause permanent damage. Nevertheless, it signals that something is wrong, that there is an inclination to have an actual stroke. About 30-40% of people who have an ischemic stroke had an earlier TIA. Sometimes it's difficult to tell a TIA from a mild stroke, causing small problems that are dismissed or hardly noticed. But the accumulation of effects can lead to dementia. Underlying causes TIA and stroke are identical.

Here's a **quiz**. Which of the following can help prevent a stroke? 1) Lowering high blood pressure. 2) Lowering cholesterol and eating less fat. 3) Upping nitric oxide. 4) Smoking cessation. 5) Drinking alcohol. 6) Losing excess weight. 7) Improving blood sugar and insulin imbalances. 8) Stopping inflammation. 9)

Physical activity. 10) Taking aspirin. 11) Vitamin C. 12) Vitamins A and E. 13) Lowering homocysteine. 14) Vitamin D. 15) Potassium, magnesium, calcium. 16) Fruits and vegetables. 17) Whole grains. 18) Omega-3 fatty acids. Now **see how you did:**

- 1) About 80% of stroke risk is said to be due to **high blood pressure**, though people with normal blood pressure have strokes too. Increased blood pressure does put more stress on blood vessels, and the brain's blood vessels are particularly vulnerable. Some studies indicate that lowering blood pressure can cut the risk of stroke by about 40% (at least in people under age 80). Does salt or sodium play a role? Studies haven't been consistent in showing that either increases stroke incidence. Americans consume too much salt (refined sodium chloride), especially in processed and restaurant foods. But one problem is they don't get enough potassium and other minerals to balance the sodium. Potassium is one of the nutrients that lowers blood pressure and protects against stroke.
- 2) Higher **cholesterol** levels *decrease* risk for hemorrhagic stroke. But if total cholesterol or LDL (so-called "bad") cholesterol is elevated, or if HDL (so-called "good") cholesterol is low, risk for ischemic stroke may increase. But correlation doesn't prove causation! Just because high cholesterol levels appear before an ischemic stroke doesn't prove cholesterol causes stroke. Blood levels of cholesterol go up when there is need for more cholesterol somewhere in the body. In blood vessels cholesterol is used in "patches" (plaque) placed over damaged or weak areas. Cholesterol levels can increase when there is a likelihood of having a stroke as part of the body's effort to prevent it. Elevated cholesterol occurs more in minor strokes; major strokes are more often seen in people with lower cholesterol concentrations. Research hasn't really proved that cholesterol increases or decreases risk. Statin drugs, used to lower cholesterol, block absorption of CoQ10 which helps prevent heart attack and stroke, can cause extreme muscle pain and weakness, and in other ways, raise "some serious concerns." For one, they increase risk for hemorrhagic stroke. Data doesn't justify a diet low in **fat** or animal protein. Evidence consistently links the eating of such foods to an equal or lower risk. Fat and protein protect blood vessels in the brain from damage, helping to prevent dementia after a stroke. The Honolulu Heart Program showed that low-fat diets increase death rates from cancer, stroke and all causes. In Japan, fat intake (from meat, seafood, and milk) increased from 6% to 22% in 35 years (from the 1950s to 1990s). Average cholesterol levels rose from 150 mg/dl to nearly 190 mg/dl. This was accompanied by a "remarkable reduction" in the incidence of stroke and no change in the incidence of heart disease. Participants in the Framingham Heart Study were less likely to suffer a stroke if they ate a higher-fat diet; those who ate the least amount of fat had the highest risk for stroke. A 14-year study with almost 44,000 men found no connection between dietary fat intake, cholesterol levels, and risk for strokes. Another study found that the type

of fats consumed were more important than overall fat intake in reducing risk of death from stroke or heart disease. Fried foods increase risk. In the Diet and Reinfarction Trial, people who reduced their total fat intake and replaced saturated fat with polyunsaturated fat doubled their risk for a fatal stroke. Most polyunsaturated oils nowadays are refined and toxic; they damage blood vessels, resulting in inflammation.

- 3) **Nitric oxide** (NO) relaxes and opens up blood vessels (increasing blood flow), inhibits LDL oxidation (rancidity) and excess plaque formation. The enzyme *eNOS* (nitric oxide synthase) is needed to make NO and is affected by many things. For example, exercise increases eNOS. Stress, insufficient oxygen, altered and refined polyunsaturated fats, inadequate nutrients (vitamins C and E, potassium, selenium and others), and oxidized (rancid) LDL-cholesterol decrease eNOS. The enzyme *Rho* decreases production of eNOS. Long-term inflammation and a magnesium deficiency are among the things that activate Rho to suppress eNOS production. Since the amino acid arginine is made into NO and is also needed to make creatine, another amino acid that protects the brain, it's often given as a separate chemical to prevent stroke. But taking too much of a single amino acid disrupts the delicate balance of other amino acids and nutrients. High doses of isolated L-arginine can cause abdominal cramps, nausea, and diarrhea. It's better to obtain arginine from quality protein foods (especially beans, peas, peanuts) and by keeping your liver healthy since arginine is normally made by the liver as a step in the making urea. Statin drugs lower cholesterol and seem to prevent stroke. Does this mean lowering cholesterol reduces risk for stroke? Not really. Statin drugs don't decrease cholesterol directly; rather, they inhibit production of mevalonate which is used to make many different chemicals besides cholesterol. One of these products activates Rho, lowering eNOS and decreasing NO. By suppressing Rho activation, statins increase levels of eNOS and NO within the blood vessel lining. Because statins increase NO, any protective effect from them may have nothing to do with cholesterol reduction. But why use a toxic drug when there are nutritional supports to up NO levels?
- 4) **Smoking** just about doubles risk for stroke, making blood vessels stiffer and more susceptible to damage, as well as depleting the body of vitamin C complex which is important to blood vessel integrity and flexibility. Even second-hand smoke can dramatically increase the risk of stroke.
- 5) Heavy use of **alcohol** increases your chance of having a stroke, but moderate use (no more than two drinks per day) may help protect against ischemic stroke.

6 & 7) Overweight people have a higher risk for stroke which is linked to high insulin levels (even if it doesn't lead to diabetes). High triglycerides, low HDL, and high blood sugar are signs of high insulin levels (which are difficult to measure). Insulin resistance (impaired insulin sensitivity by cells) is associated with stroke, even if blood sugar is within normal limits. Type 2 **diabetes** greatly increases risk of stroke. A study of over 20,000 men found the risk of stroke was 30% higher in those who were overweight and twice as high in those who were obese as in normal-weight men. High blood triglycerides-which can slow blood flow-are common in people who have a stroke. Consuming excess calories and, in particular, eating nutritionally-empty calories (such as refined flour products, and refined sugars-especially high-fructose corn syrup) are prime causes for triglycerides to rise, even skyrocket. In most cases, high levels are sign of "a lifestyle in desperate need of overhaul." Losing weight can mean better blood sugar processing and reductions in blood pressure.

8) **Inflammation** is accused of altering blood vessel linings, increasing permeability, causing plaques to develop. But inflammation is a result or answer to damage, not the cause. It's now known that most of the plaque in blood vessels (previously thought to be caused by excess cholesterol and other blood fats) is formed as the body's response to inflammation. Plaques serve as patches over weak or injured areas. Inflammation is trying to repair a potential breach. Yet it's blamed for causing the very thing it's trying to fix. Rather than trying to stop it, how about nutritionally supporting the process, giving the body everything it may need to enhance healing? That's why real foods-fruits, vegetables, whole grains, unaltered fats, seeds, nuts, beans, and others-are always shown to be helpers, not harmers. They provide nutrients for the inflammation process, immune function, and tissue repair. Conversely, refined sugars, refined grains, trans fats, other altered or fake fats, fried foods, overly-processed eatables, and other industrialized, messed-with nonfoods impair the function of blood vessels and immune system, contributing to stroke and heart disease. If the body doesn't have all the materials and tools it needs to do a good job of repairing, it will have a less-than-perfect result. Blood vessel walls won't get much stronger or more flexible. Plaques won't be as sturdy and stable as they should be, increasing the change of pieces breaking off and blocking the blood vessel. Odds increase for a blood vessel to leak or go into spasm.

9) A sedentary lifestyle ups your chance for stroke. **Physical activity**, achieving even a moderate amount of aerobic fitness, can reduce risk. People with highest level of fitness are least likely to suffer a stroke compared to those with the lowest-40 to 43% less likely. A large study found that those who were active for at least 4 hours a week had a 54% lower risk of ischemic stroke than those who were sedentary. "Fitness has a protective effect regardless of the presence or absence of other stroke risk factors," says Steven Hooker, PhD.

10) The effect of **aspirin** on stroke is controversial. Some studies found it might reduce strokes by around 25%. Other studies found it has little effect on ischemic stroke with a slight trend toward fewer fatal strokes. Still other studies found no help in risk of fatal stroke. Some studies indicate aspirin may prevent a second ischemic stroke without greatly upping risk for hemorrhagic stroke. But other studies found aspirin increases risk of hemorrhagic stroke as much as 35%. Aspirin causes leaky gut, ulcers, intestinal bleeding kidney and liver problems, among other side effects. Up to 60% of people who regularly take aspirin are “aspirin-resistant”-they’re *more* likely to have a heart attack or stroke. Other non-steroidal anti-inflammatory drugs like Naproxen and COX-2-selective drugs increase stroke risk.

**Nutrition** plays a vital role in preventing stroke. Many people who have a stroke are already malnourished when they arrive at the hospital. Obviously, strengthening blood vessels will reduce risk of breaking and causing hemorrhagic stroke; it will also reduce the need for plaques on blood vessel walls, decreasing ischemic stroke risk. If there is already plaque due to damaged or weak areas, making these patches strong will reduce the chance of a chunk breaking off and blocking the blood vessel. Reducing the tendency for blood vessels to spasm will lower risk too. How can nutrition help?

11) Without enough **vitamin C complex**, blood vessels become weak, easily injured, and less flexible. A 2-year study found that, among 21,000 people over the age 40, those who ate the most fruits and vegetables had the highest blood levels of vitamin C and the lowest incidence of stroke. In a review of studies involving more than 110,000 people, those with the highest intake of vitamin C suffered the fewest deaths from stroke. Middle-aged men with high blood pressure who had the lowest vitamin C levels had more than a 2-fold increased risk for stroke. Of the more than 5,000 people (average age 68) in a dietary study, those with the lowest amount of vitamin C in their diets were 34% more likely to have a stroke than those with the highest intake. In another study, people with the most vitamin C concentrations in their blood had a 42% lower risk of stroke than those with the lowest levels. Researchers note that the use of ascorbic acid supplements in clinical trials doesn’t reduce stroke risk. Contrary to benefits of foods rich in vitamin C complex, separated synthetic ascorbic acid sometimes appears to *increase* risk. Many researchers recommend eating fresh fruits and vegetables to raise vitamin C levels. Vitamin C in natural foods is “a balanced mixture” of various agents that provide protection which doesn’t exist in “high-dose supplementation of single micro-nutrients.” Phyto Myint, MD, says that other components found naturally in fruit and vegetables, like sterols and flavonoids, probably play important complementary roles in stroke prevention. Flavonoids (including quercetin and epicatechin) can increase NO status, improving the function and opening of blood vessel walls. Cooper is essential to the formation and repair of elastic tissue like blood vessels. It helps blood vessels remain flexible to prevent problems that would arise if they become hardened or stiffened.

Vitamin C-rich foods contain tyrosinase, a copper-containing enzyme. Several studies link periodontitis-which causes bleeding and deterioration of the gums and roots of teeth-to stroke. Periodontitis involves a serious deficiency of vitamin C complex. You put it together.

12) People with signs of having had an ischemic stroke who had a high amount of **vitamin A** in their blood suffered only minor strokes or TIAs with little or no resulting disability. They recovered quickly. People with lower vitamin A levels had full-blown strokes; some died within the first 21 days; others had severe disability and took a lot longer to recover than those with high vitamin A levels. **Vitamin E** complex helps to prevent constriction of blood vessels and supports their integrity and flexibility. It allows blood to flow more easily and is important for getting needed oxygen transported properly. Vitamin E from foods has a protective effect against death from stroke. Low amounts of vitamins A and E, lycopene, and beta-carotene were linked to excess plaque build-up in the carotid arteries.

13) Several studies found that depression can predict a stroke. Are feelings of hopelessness, inability to cope with stress, and other signs of depression causing strokes? Maybe they contribute, increasing blood pressure, for instance. But it's unlikely they're the only reason. Depression alters brain, gland, and immune activity. This can add to the risk. Nutritional deficiencies which contribute to depression also contribute to stroke. Deficits of vitamin B complex, C complex, calcium, magnesium, potassium, and other nutrients can lead to both. Low blood levels of vitamin B12 and folate can cause a 2-fold increase in risk of ischemic stroke. Getting plenty of folate from foods like leafy greens, citrus fruits, whole grains and dried beans reduces risk. People who consumed at least 300 micrograms of folate a day had a 20% lower risk of stroke than those who ate less. Yet folate in foods comes with an array of other supportive nutrients, including other B vitamins. Stroke victims are deficient in riboflavin (B2) and other B vitamins when they're tested for them. It's just that high **homocysteine** is associated with stroke and heart attacks, so studies focus more on folate, B12, and B6. These vitamins do help lower homocysteine. But when people are given folic acid, B6 and B12 in separated, high-potency, synthetic forms, there's no difference in risk of stroke or heart disease, even after 7 years. In fact, 12 clinical trials found no evidence that such imitation B-vitamin supplements really reduce risk, despite lowering homocysteine levels. Since lowering homocysteine hasn't been helpful, some scientists wonder if it really contributes to cardiovascular problems or if it's just "an innocent bystander".

14) Low levels of **vitamin D** can predict fatal strokes. Getting more vitamin D may be "a promising approach in the prevention of strokes." People recovering from a stroke have less vitamin D in the bodies than do healthy peers. Participants in a Harvard study who had vitamin D deficiencies were twice as likely to have heart attacks, strokes, or other cardiovascular events as those with normal vitamin D levels. Just 15 minutes in the sun each day can

give you what you need. Vitamin D and vitamin K (found in green vegetation) have beneficial effects on the elastic properties of artery walls.

15) People who consume the most **potassium** and **magnesium** in their diets have a much lower risk of stroke. Lower potassium levels as a result of taking diuretics (fluid pills) increases risk for stroke. People who don't get enough potassium in their food are 1 1/2 to 2 1/2 times more likely to have a stroke. Magnesium helps prevent blood vessel spasm, reducing stroke risk-by 34% in one study. Food sources may also protect brain/nerve cells from damage. But intravenous magnesium sulphate-an inorganic chemical compound-doesn't have much benefit even when given within 12 hours of a stroke. Dietary intake of **calcium**, such as in dairy products, has been linked to a reduced incidence of stroke. People who have an ischemic stroke and have a high blood calcium level will experience less damage than those with lower levels. The more calcium in the blood, the better the outcome.

16) Studies consistently show that high consumption of **fruits** and **vegetables** is vital to prevent stroke. Analysis of 8 studies that included nearly 260,000 people followed for an average of 13 years found that those who ate more than 5 servings of fruits and vegetables a day had a 26% lower risk of stroke, compared to those who ate 3 or fewer. Data from studies of more than 75,000 women and 38,000 men showed that those who consumed the most servings of fruits and vegetables (average 5 to 6 a day) had a 30% lower risk of stroke than those who consumed less than 3 servings a day. Cruciferous veggies (cabbage, broccoli, Brussels sprouts, etc.) and leafy green vegetables (spinach, kale, lettuce, etc) were most protective. Another study added citrus fruits to the most-protective list. A Danish study found that people who ate the most fruit (almost a pound a day, on average) had a 40% lower risk of ischemic stroke, compared to those who ate little fruit. Fruit is a good source of vitamin C complex which includes flavonoids (like catechins in apples) which help prevent arterial plaque and clot formation as well as keep arteries relaxed and open. In a study of 9,208 people, those who ate 2 apples a day decreased the risk of ischemic stroke by 40%. Quercetin is another powerful flavonoid found in apples and other raw fruits and vegetables. Enzymes in raw foods have a beneficial effect on blood vessels too. Researchers admit that the protective effect of fruit and vegetables "may not be due exclusively to their antioxidant properties." Numerous ingredients in real foods work together.

17) Eating **whole grain** foods lowers the risk of ischemic stroke, but refined flour products give no protection. Whole-grain foods contain many nutrients and fiber that are low or missing in refined-grain products. A 12-year study of 75,000 women found that "even" when saturated fats and trans-fatty acids were eaten; those who ate more whole grains had fewer strokes than those who ate refined flours and white rice. Nuts and seeds also help reduce risk of stroke and heart disease.

18) Fish, fish oils, flaxseeds, walnuts, dark green leafy vegetables and other foods rich in **omega-3** fatty acids have stroke-preventive benefits. Oily fish like salmon, mackerel, or tuna are the best fish sources. Tuna oil helps blood vessel function. Native Alaskans, who eat a huge amount of fish, suffer almost not strokes. A study of people aged 65 and older found that those who ate baked or broiled fish high in omega-3s at least 3 times a week had a nearly 26% lower risk of having brain lesions that can cause stroke and dementia, compared with people who don't eat fish regularly. Omega-3 ALA (alpha-linolenic acid) in plant foods can be converted by most people into needed DHA (docohexanoic acid) and EPA (eicosapentaenoic acid). For every 0.13% increase in ALA in the blood, risk of stroke drops 37%. A study with almost 80,000 women (aged 34 to 59) showed that those who ate more fish had a reduced risk of stroke. Although it's thought that fish and omega-3s reduce clotting capacity enough to cause excessive bleeding, studies don't show any increase in risk of or damage from hemorrhagic stroke. A survey in Britain linked higher intake of fish in childhood with a higher risk of stroke with aging. Strange? Not when you learn that the fish was deep fried (rancid toxic oils). A study of older people found a 27 to 30% lower risk of stroke with fish intake of 1 to 5 times per week compared with less than once a month. But fried fish sandwich consumption upped risk of stroke by 44% when eaten more than once a week.

Research on singled-out nutrients, often synthetic, hasn't been very positive. Studies on the effects of ascorbic acid (a synthetic vitamin C part), d-alpha tocopherol (a separated E fraction), beta-carotene (a manufactured imitation of only one carotene), other separate "antioxidants," and other chemical isolates don't seem to produce a protective effect. Some slightly *increase* risk for stroke. For example, taking a lot of d-alpha tocopherol causes imbalances that affect vitamin K metabolism, creating a higher tendency for bleeding. Conversely, real nutrients in real foods are integrated synergistic assemblies that have protective and healing effects. More scientists, such as Paolo M. Suter, MD, are recognizing this. "In view of the complex mixture of nutrients and protective agents" in foods, "it is impossible to identify a single 'miracle' nutrient for protection from certain diseases." Instead, it's "most likely the 'natural' mix of chemicals that elicits protection and present evidence suggests that this natural mix of chemicals is more important than any one nutrient that can be added to the diet in the form of a supplement." Dr. Alberto Acherio agrees. A lower risk of stroke is consistently found among people who eat a diet rich in fruits, vegetables, and other natural foods, but "the specific nutrients responsible for this effect remain elusive." It's the **whole** food, not a particular little piece. It's the **whole** diet, a healthy lifestyle, and not a single food or herb.

To supplement a diet of real, wholesome foods in aiding stroke prevention, consider:

Just Before Two Meals:

2 Cataplex C – chew or break in mouth  
1 Cyruta-Plus – chew or break in mouth  
2 Cataplex B – chew or break in mouth  
1 Cataplex G – chew or break in mouth

After Two Meals:

2 SP GreenFood  
1 Wheat germ Oil  
1 Tuna Omega-3 Oil

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- Saturday, December 5, 2009
- 10:00 AM – 6:00 PM
- \$115 adult (includes manual) **Course #103438**
- \$40 ages 12 – 18 (additional manual may be purchased for \$15 if parent already enrolled and receiving manual.) **Course #103439**
- Sign up at [www.PlanoParks.org](http://www.PlanoParks.org) or call The Tom Muehlenbeck Center at 972-769-4404
- Don't live in Dallas-Ft. Worth? Find your BodyTalk Access class at [www.bodytalksystem.com](http://www.bodytalksystem.com)

**Seating is limited so don't delay!**

## **Power Food Habits\***

### **Section V. Beverages**

#### **1. Water**

##### **Tap Water**

Avoid using tap water (i.e., water out of your faucet) for drinking, cooking or showering. Studies show that common tap water may contain over 2,000 known contaminants, including parasites, bacteria, pesticides, solvents, heavy metals and even radioactivity.

##### **Water Factory**

The best solution is to insure adequate water purity with a Water Factory water purification unit installed at your kitchen sink to purify all your water for drinking or cooking.

##### **Arrowhead Spring Drinking Water**

If you are not yet able to install your own water purifier or while you are on the road, use Arrowhead Spring Drinking Water for drinking/cooking. When we tested many brands of store-bought drinking water, they still contained unacceptable levels of contamination (plastic residues, solvents, even tap water and other chemicals). In Midwestern states, Ozarka ozonated drinking water is an excellent choice.



#### **2. Drink Water Often**

Drink purified water often, throughout the day. Water is the body's master solvent, helping to dissolve solutes (hormones, enzymes, neurotransmitters, etc.) to carry them to other parts of the body, as well as suspending toxins to be carried out of the body.

Chronic lack of fluids in the body (from not taking in enough water) can create an emergency state in the body, forcing the body to reroute and conserve water, using it minimally for only the most important tasks, which deprives the body of full scale operation. Drinking coffee, tea or juices does NOT replace drinking water. In fact, drinking coffee and tea can create further unwanted physiological imbalances.

#### **3. Beverages**

##### **Daily beverages which are acceptable are:**

- 1) Purified water.
- 2) Fresh, homemade vegetable juices such as 50/50 raw carrot/celery juice.  
Avoid using commercially grown produce from grocery store or you may be drinking concentrated pesticides. Use naturally grown produce from your garden or from a natural grower at your local farmer's market.

- 3) Herb Teas. Only certain herbal teas are recommended, such as Premier Green Tea, Premier Pau d'Arco, Premier Cinnamon and Premier Noni. We strictly scrutinize herbal teas since the majority of them, even “natural” teas, now contain “natural flavors” – a nice –sounding name for the toxic chemical MSG, a known harmful brain neurotoxin.
- 4) Organic tomato juice made fresh or from Quantum Tomato Powder.
- 5) Broth made from grade 10, organic foods, such as vegetable broth.
- 6) Organic Kombucha Tea.

### **Drinks Which Are Not Recommended**

- 1) Fruit juice. Avoid fruit juice if you are chronically ill. Its high sugar content jacks your blood sugar through highs and lows. The flood of increased glucose levels after drinking fruit juices helps to encourage and feed infections.
  - 2) Black tea. Black tea contains high amounts of caffeine, an adrenal stressor.
  - 3) Commercial milk. Commercial milk contains high amounts of pesticide and antibiotic residues. In addition, BST a synthetic hormone injected into cows may be found in commercial milk.
  - 4) Soft drinks (colas, etc.) Soft drinks contain numerous toxic chemicals such as MSG (called “natural flavors”), artificial flavoring and additives which create liver and immune system stress.
  - 5) Carbonated water. Carbonated water is a buffering agent which in large quantities can inhibit or interfere with digestion.
  - 6) Drinks with aspartame (such as NutraSweet). Aspartame is a harmful excitotoxin, like MSG, and is linked to brain damage and neurological diseases.
  - 7) Coffee, including decaffeinated coffee.
4. **Coffee**  
Discontinue coffee (including decaffeinated coffee), but do this in a systematic way. Coffee contains burned oils, caffeine and other chemicals which kick your adrenals into greater output, later leaving you more and more deficient. Get off this life-depleting, addictive drug.
5. **Alcohol**  
If you are recovering from a chronic illness or infection, alcohol is not recommended. Avoid alcohol in general. Studies document dangerous levels of urethane in certain types of wine and liquor. Urethane, a colorless, odorless substance, forms naturally during the manufacture of certain alcoholic beverages. It causes cancer in animals.

### **Wine**

Most American wines contain sulfites (a toxic, allergy-provoking chemical) and are loaded with neurotoxic pesticides. Some organically grown wines are available, but difficult to find.

**Hard Liquor**

Avoid hard liquor as tequila, whiskey, scotch, gin, rum, vodka, etc. Many contain dangerous amounts of the cancer-causing chemical, urethane, as well as creating toxic stress to your liver and digestive organs.

**Beer**

American beers may contain formaldehyde and other dangerous preserving agents (not listed on the label). A less toxic beer is Corona beer which comes in glass bottles. Avoid drinking alcohol on a regular basis.

Courtesy of Healthline – [www.Healthline.cc](http://www.Healthline.cc)

**Food For Thought...**