Smart Life Forum

www.smartlifeforum.org

Thursday, January 21 2010, at 7pm

Dave Asprey, BS, MBA

On

How To Live Longer By Avoiding Fungal Toxins

Special Announcements:

Wednesday, January 20 at 7 pm: Ten Bay Area Wellness Groups will meet in the 325 seat Cubberley Theater for the "First Annual Bay Area Wellness Festival" It features Dr. Adiel Tel-Oren, who will cover the following: How Do We Maximize Our Potential For Health and Longevity? How Do We Become Productive and Energetic? How Do We Improve Our Brain Function and Mental Outlook? How Do We Prevent Degenerative and Chronic Diseases including Cancer, Diabetes, Heart Disease, Neurological Disorders and Autoimmune Diseases?

FMBR meets on January 22. Rollin McCraty, PhD, Exec. VP & Dir. of Research of the **Institute of HeartMath** (www.heartmath.org), will speak on the "Global Coherence Initiative, **Heart-Brain Dynamics, and the Earth's Energetic Systems"**. See http://www.fmbr.org for more detail.

Our February meeting will be in Room M4, not H1. Check Cubberley map and use entrance closer to San Antonio Rd. M4 is near the Theater and the Pavillion building.

"The International Salt Secret That Could Save Your Heart —and Save Your Life"

Read all about it on page 7

In This Issue

Short Report: The Finnish Public Health Breakthrough…page 2

Meet Dave Asprey …page 3

Main Presentation: Dave Asprey: How to Live Longer By Avoiding Fungal Toxins …page 4

The International Salt Secret That Could Save Your Heart —and Save Your Life ... page 7

Presentation Location:

Cubberley Community Ctr.

Room H1 (Feb. & March Only, Room M4)

4000 Middlefield Rd.

Palo Alto, CA

Next Main Speaker

Feb 18, 2010 : Steve Blake, ScD (In Room M4)

Preventing and Reversing Heart Disease

Short Report

The Finnish Public Health Breakthrough: Reduction of Heart Attack and Stroke by 65 % in all of Finland

by Phil Jacklin, PhD, past President.

About 20 years ago, the government of Finland launched a public health program to reduce heart attacks and strokes. A report in 1996 showed a reduction of 60 % for all of Finland. This first report spurred compliance with the program by the people of Finland and a 2006 report demonstrates a reduction of 75 to 80%. Jonathan V. Wright, M.D., reports on this surprising success in his December, 2009 newsletter

The Finnish program has two main parts: Part I is a reduction in consumption of transfats and saturated fats. Most saturated fats in Western diets are animal fats in meat and diary. The second part is introduction of a new kind of salt. The new Finnish salt is low in sodium, high in magnesium and potassium and the amino acid, lysine. There is government regulation to insure that table salt has this composition and, more importantly, that processed foods and restaurant foods use only this new 'heart healthy' salt. In Finland, even McDonald's uses the new salt.

The surprising success of this Finnish public health program alerts us to the fact that a tremendous benefit is available at very little monetary cost and no risk of drug effects. Since our government has not undertaken a similar program, we as individuals need to learn how to obtain this same benefit in the absence of government intervention. (Note that we do have government public health programs, for example, to enrich milk with vitamin D, to enrich bread with folic acid and to ban transfats.) So, the question is, What exactly do we need to do now to protect ourselves and our families?

In Jonathan Wright's "Nutritional & Healing" newsletter, he offers for sale "Wright Salt", which has the composition of the Finnish salt. He does this not so much as a commercial venture but as a public service. However, for many of us who don't cook a lot, the availability of Wright salt will not make much difference. Nor does Wright explain the Finnish strategy or any strategy for reduction of animal fats in the diet. The purpose of the short report will be to set forth a private health program for fat consumption and special supplementation that will be equivalent to the Finnish public health program.

Future Speakers:

March 18, 2009
(in Room M4)
Ron Rothenberg, MD on
Hormone Myths

May 20,2009
(in Room H1)
Gary Taubes, on
Good Calories, Bad
Calories

About Smart Life Forum

Smart Life Forum, Inc. is a 501(c)(3) California nonprofit corporation whose primary mission is to provide credible health education to the public with an emphasis on optimal wellness, anti-aging medicine, and longevity.

Annual memberships in Smart Life Forum, Inc. and charitable donations are tax deductible to the extent allowed by law. For information on how to join or make a donation, please visit our website: www.smartlifeforum.org.

For questions, please contact Mike Korek at (650) 941-3058.

Meet David Asprey

David Asprey (BS, MBA) is Chairman and President of Smart Life Forum. His writing has been published by The New York Times and Salon.com, and large companies like Cisco Systems have invited him to speak to their employees about health and nutrition. In the late 90s, Dave used complex problem solving techniques from his experience as a Silicon Valley high tech entrepreneur to solve his own health problems, losing 100 pounds, and becoming an expert in nutrition. Dave is in the late stages of authoring "The Better Baby Book," a 100,000-word book with 700 scientific references, describing how to have the healthiest, smartest, autism-free baby possible, using diet, environment, and toxin-avoidance. More info at www.betterbabybook.com. He holds an MBA from Wharton and a BS from Cal State.

Dave, this month's main speaker, will review a small amount of the total evidence available linking mycotoxins to a whole host of health problems, and focus specifically on actions to take to avoid foods most likely to contain the toxins, and how to remove these toxins from your body and reverse their negative health effects.

He will share how these techniques have helped him and fellow SLF member Stan Field overcome lifelong health problems that were caused by mycotoxins. Most notably, Dave was able to lose 100 pounds and keep it off for more than 10 years, reverse cognitive decline and, over the course of several years, move from being at high risk of diabetes, stroke and heart disease at a young age to having near zero risk.

Stan Field, a biochemical researcher and longtime member of Smart Life Forum who has presented at SLF meetings many times, has also overcome significant health problems caused by mycotoxins and fungal infection. He will be on hand for the Q&A portion at the end of the presentation to answer questions and share his extensive knowledge of mycotoxins.

How to Live Longer and Better by Avoiding Fungal Toxins

by Dave Asprey, BS, MBA

Main Presentation

Commonly occurring fungi in foods and the environment can produce toxins known as mycotoxins, which cause a large variety of health problems in humans and animals, ranging from allergic response to immuno-suppression, cancer, endocrine disruption, thyroid over or under activity, atherosclerosis, Crohn's Disease/IBD, and diabetes. Some act by interfering with protein synthesis, while others are neurotoxins that may cause trembling at low doses, but brain damage at higher doses. Some affect DNA replication.

Mycotoxins are secondary metabolites that fungi create to prevent other fungi, bacteria, or animals from eating the fungi's food source. Our immune systems cannot detect these mycotoxins (which are small molecules) under normal circumstances, although the fungi themselves are often allergic triggers.

Fungi are masters at producing a wide array of biologically active substances which serve the producing fungus extremely well. These biological metabolites are anti-predatory, i.e. territory-protective, and exist to ensure that the fungus will survive as long as possible in this quite hostile world. These metabolites are anti-viral, anti-bacterial, anti-protozoan, anti-insect, anti-animal and, of course, anti-human. These metabolites, "mycotoxins", are derived from the Greek mykes, meaning fungus, and toxicum, meaning toxin or poison. While fungi are potentially our enemies, some of their mycotoxins, such as penicillin, have proven to be beneficial to humans who suffer from bacterial infections or other diseases.

Sources of Mycotoxins

The trend toward processed corn and grain-based foods which are susceptible to mycotoxin formation in storage, and the fact that mycotoxins have been studied for only about 25 years, combine to create a situation where it's hard to avoid getting exposed to trace amounts of these toxins. Unfortunately, trace amounts of these toxins (many measured in parts per billion) are all it takes to cause health problems. The most famous mycotoxins are antibiotics, which are almost universally derived from molds or fungi. Unfortunately, there are other more common sources of mycotoxins in our diet.

There is overwhelming evidence that brewer's and baker's yeast create byproducts that cause degenerative disease in humans. Recent epidemiological studies indicated that bread was a potential cause of breast cancer in Japan and atherosclerosis in the US. Baker's yeast was shown to be atherogenic in rats, and dried yeast causes atherosclerotic lesions in rabbits. Baker's yeast is also documented to have an inhibitory effect on liver detoxing functions. Other fungal derived processes, including bread, beer, wine, cheese, tobacco, and curing of meat are all linked to significant degenerative health problems.

A recent survey of animal feed showed that American animal food was approximately twice as contaminated with mycotoxins as European feed - approximately 64% of American feed had detectable levels. Most mycotoxins accumulate in the fat of animals that eat them. Animal ranchers worldwide collaborate online to determine exactly how much mycotoxins they can feed their animals without losing money. They routinely feed more expensive low mycotoxin feed to animals that are pregnant,

then shift to high mycotoxin cheaper feed while fattening animals that will then be eaten. Mycotoxins also pass through into milk.

Animal feed contamination directly impacts human health because mycotoxins are stored in the fat of animals that eat them, and mycotoxins do not break down significantly during digestion. Like other toxins such as mercury, mycotoxins tend to remain in the food chain in meat and dairy products. Even temperature treatments, such as cooking and freezing, do not destroy most mycotoxins. Some countries have regulations regarding mycotoxins in the feed industry, mostly covering 13 types of mycotoxins. There are many problems with regulations – they often allow high levels of mycotoxin, they ignore many of the newly discovered more potent mycotoxins, – and testing and enforcement is haphazard. Even worse, contamination can happen after inspection – all it takes is a small change in atmospheric humidity during storage for mold to grow.

The FDA's first rules about mycotoxins in foods and feed industries came in 1985. Today, the main focus is on aflatoxin only, and samples are taken from food products including peanuts and peanut products, tree nuts, corn and corn products, cottonseed, and milk.

Main Types of Toxic Mold

While there are approximately 200 varieties of highly toxic molds, there are three main types associated with food production. They are Aspergillus, Fusarium, and Penicillium, which create a variety of mycotoxins.

The most damaging mycotoxins in food are fumonisins, aflatoxins, ochratoxin A, trichothecenes, and zearalenone. Of these toxins, aflatoxin is the most well-known and legally regulated. Aflatoxin kills thousands of people year but mostly in undeveloped countries. Of the other important mycotoxins, very few are tested for in our food supply. Ochratoxin A causes cancer, especially in the urinary tract, and damages kidneys. Fumonisins, which are surprisingly present in the US, are links to esophageal cancer. Two other mycotoxins which are commonly found with fumonisin are zearalenone and trichothecene. Zearalenone is a very potent synthetic estrogen, and is introduced to cattle specifically to cause fat marbling in meat. The trichothecenes are highly immunosuppressive.

Imagine what happens to your health if you eat a piece of corn fed beef or chicken fed contaminated corn that contains a combination of fumonisin, zearalenone, and trichothecene. Without knowing it, you'd be suppressing your immune function, disrupting your endocrine system, and upping your risks of cancer. Even worse, when you suppress your immune function, you make yourself susceptible to a large variety of low grade fungal infections which can also create mycotoxins inside your body, forming a vicious cycle. The most well-known fungal infection is probably Candida, but there are many others linked to a huge variety of health problems with hard to identify symptoms system wide.

Atherosclerosis appears to be linked to VLDL cholesterol. What is not commonly known is that the liver makes VLDL as a protective mechanism to bind mycotoxins in order to reduce their cytotoxicity. VLDL is also antimicrobial. It is actually a protective host response to microbial invasion. Most people have heard of statin drugs to lower cholesterol. Few people know the first statin drug is nystatin, a very common antifungal. Every single other statin drug is an antifungal substance. Is it any wonder that they lower cholesterol? They do like homocysteine are linked to mycotoxins. Homocysteine is known to be elevated by cyclosporine (a mycotoxin), and homocysteine inhibits aflatoxin toxicity and prevents Aspergillus from producing ochratoxin.

See some great references below:

Diseases Influenced by Fungi (source: Stan Field)

Alzheimer's	Cirrhosis of the Liver	Lupus
Anorexia	Diabetes	Multiple Sclerosis
Asthma	Headaches	Obesity
Atherosclerosis	Hearing Loss	Parkinson's
Attention Deficit Hyperactivity Disorder (ADHD)	Heart Failure	Psoriasis
Autism (neural repetitive behavior)	Hypertension	Rheumatoid Arthritis
Cancers (all cancers)	Inflammatory Bowel Disease	Scleroderma
Candida	Kidney Stones and Kidney Inflammation	Vaginal and Scrotal Itching

Diseases directly linked to mycotoxins which can be treated with pharmaceutical antifungals. (source: "Fungalbionics" series by A.V. Costantini, M.D.)

Arthritis – gouty, sarcoid, rheumatoid	Hyperactivity Syndrome	Oxalate Nephrolithopathy
Athersclerosis	Hyperlipidemia	Precocious Puberty in Boys
Breast and Ovarian Cancer	Idiopathic Female Infertility	Prostate Cancer
Casein Induced Amyloidosis	Idiopathic Respiratory Distress Syndrome (newborns)	Psoriasis
Chronic Lymphocytic Leukemai	Inflammatory Bowel Disease	Raynaud's Syndrome
Cushing's Disease	Leucocytoclastic Vasculitis	Systemic Sclerosis
Disseminated Vascular Coagulation	Multiple Sclerosis	

Other Substances that Help Against Mycotoxins

B6 & B12	Choline	Selenium, Chromium, Vanadium, Copper
Bee Propolis	Garlinase (aged garlic)	Thiamine
Biotin	Nicotinic Acid	Undecylenic Acid
Calcium, Magnesium, Zinc	Oil of Oregano	Vitamins A, D, C, E, K
Caprylic Acid	Pantothenic Acid	Probiotics
Chlorella	Riboflavin	Arteminisin, pau d'arco, clove oil, black walnut, grapefruit seed, garlic

From Jonathan V. Wright's Newsletter, Nutrition and Healing, Dec.2009 Issue

"The International Salt Secret That Could Save Your Heart —and Save Your Life"

"Can you imagine deaths from stroke and heart disease plummeting by 60 percent throughout an entire country?

It would be a "public health" dream! And, yet, it's absolutely for real…Just not here in these United States. At least, not yet. So where did this remarkable decrease in deaths from heart disease and stroke occur? Botswana? Kyrgyzstan? Some other obscure "Third World" country? No. It happened in a major industrialized European country—Finland!

Why hasn't this amazing "public health" feat been publicized? Well, if I had to guess, I'd say it's because the amazing improvement had very little to do with any sort of patent medication. In fact, 85 to 90 percent of this dramatic reduction in deaths is due entirely to simple diet changes—reduction of saturated/unsaturated fat ratio and, according to the study on this phenomenon, a nationwide "…replacement of common salt by a novel sodium-reduced, potassium, magnesium-, and l-lysine HCI-enriched salt, both in home kitchens and in the food industry."1 According to this same 1996 report: "Adherence to anti-hypertensive drug therapy has been quite good. However, the drug treatment does not seem to account for more than 5-6 percent of the observed fall of blood pressure, and 10-15 percent of the decrease in deaths from strokes and ischemic heart disease." The report went on to note that during the same time period "…marked increases in the intake of alcohol, obesity among men, and smoking among women have been observed."

Wow! While male obesity, female smoking, and alcohol intake all increased to a "marked" degree, the death rate from heart disease and stroke still declined by 60 percent—and only 10-15 percent of the over-all decline could be attributed in any way to patent medicines. If that situation was reversed, and patent medications were responsible for such a positive change, you can bet we'd be overrun with publicity about how they "save lives."

So maybe the lack of attention this breakthrough received means that it was a fluke. After all, the study was published in 1996—the situation must have changed for the worse again…And that's why we haven't heard about it, right? Well, I'm very happy to tell you that's not the case! Not only has this decrease in the death rate from stroke and heart disease continued, the situation has gotten even better!

According to a follow-up study published in 2006, there has been…a 75 to 80 percent decrease in both stroke and coronary heart disease mortality in Finland. And by 2006, there was an increase in life expectancy of both male and female Finns of six to seven years.

Benefits without borders

Of course, that's "just" Finland—and it's true that this remarkable approach hasn't been researched anywhere else. But two controlled studies, from Taiwan and Australia, have noted similar improvements.

In the Taiwanese study, the researchers examined the effects of a potassium-enriched salt on cardiovascular disease mortality and medical expenditures in elderly veterans. Five kitchens of a retirement home serving 1,981 veterans were randomized into two groups, "experimental" using potassium-enriched salt or "control" using regular (sodium-chloride) salt. After 31 months, researchers observed a significant reduction in cardiovascular disease mortality in the "experimental" salt group. The people in the potassium-enriched salt group also spent significantly less for in-patient care for cardiovascular disease than people in the control group. The researchers concluded: "The effect was likely due to a major increase in potassium and a moderate reduction in sodium

intakes."5
In the Australian study, researchers looked at another aspect of cardiovascular disease—**hypertension**—and the influence of the sodium-to-postassium ratio. They lowered and raised the volunteers' sodium intake while having them maintain a potassium-rich diet. As you might expect, they found a correlation between higher sodium intake and higher urinary sodium and correlation between lower sodium intake and lower urinary sodium. And the urinary sodium/potassium ratio also rose and fell with higher and lower sodium intake. The researchers reported that reducing sodium intake and following a potassium-rich diet significantly decreased systolic blood pressure (the "upper" number).6
And earlier this year, researchers from Harvard Medical School reported that urinary sodium/potassium ratios have predictive value, too. They concluded: "A higher sodium to potassium excretion ratio is associated with increased risk of subsequent cardiovascular disease."7 They also noted that the actual ratio of the nutrients is a stronger predictor than either one on its own.

But there are a few elements that the Finnish studies included that these studies left out. And you can't talk about the dramatic decrease in cardiovascular and stroke deaths without looking at ALL the potential factors involved.

The other elements you need for ultimate heart health

In the Finnish research, the special salt they investigated was used nationwide—even by the local McDonald's! And this particular sodium-reduced salt had been enriched not only with potassium, but also with magnesium and L-lysine-hydrochloride. By now, even conventional medicine agrees **that magnesium is a principal mineral—if not the No. 1 mineral—for preventing cardiovascular diseases.** According to a recent review, "magnesium plays a role in a number of chronic, disease-related conditions."

This article reviewed the current pertinent literature on magnesium and concluded that it plays a major role in regulating blood pressure. The authors also noted that "increased magnesium intake may improve serum lipid profiles. Dietary magnesium is also recommended to aid in the prevention of stroke."

And what about the L-lysine in that "novel salt" used in Finland? Some of you may recall that (along with vitamin C and proline) L-lysine was (and is) part of Linus Pauling's treatment for prevention and even reversal of cardiovascular disease. Unfortunately, even though there's plenty of anecdotal evidence of its effectiveness, there are no rigorously controlled trials of Pauling's cardiovascular therapy. But the good news is, L-lysine is an essential amino acid and is harmless except in enormous amounts.

Patents, profits, and "public health"

It's sad but true that here in these United States, public health "authorities" are much more focused on vaccinations and other "public health" measures that "just so happen" to coincide with the interests of patent medicine companies. So it's no wonder they haven't paid the slightest attention to the fact that there's an entirely natural (i.e. unpatentable) way **to decrease the number of cardiovascular disease-related deaths here in this country by as much as 65 percent.** For the record—using 2005 American Heart Association statistics—589,266 total deaths from coronary heart disease and stroke reduced by 65 percent leaves 383,023 that would still be alive today if we were using this entirely natural approach. But our health "authorities" haven't saved those lives because there's no money to be made there.
But since we're each responsible for our own health, and you're a Nutrition & Healing reader, chances are good that you've already done some of the things credited by the Finnish researchers with this remarkable result. You've likely cut back on saturated fats, or—even better—switched as much of your animal protein as possible to "free-range, grass fed" sources and "wild" fish. You're probably also using fish oil every day, which, as you know, not only helps reduce cardiovascular risk but also has many other health benefits. And you may also already be

taking supplements containing magnesium and potassium. Now there's another tool to consider.

Switch the salt in your shaker.

After waiting 13 years since for someone to market an American version of the "novel, sodium-reduced, potassium-, magnesium-, and l-lysine-enriched salt" used nationwide in Finland, I've finally gotten together with Ayush Botanicals of Mercer Island, Washington, to introduce a very similar version. Holly and I are using it as our only salt at home already.

It's called "WrightSalt." To be honest, I'm not thrilled with that name, but the attorneys said it couldn't be called "Heart Health Salt," "Anti-Hypertension Salt," "Reduce Stroke Salt," "Longevity Salt," "Fewer Cardiovascular Deaths Salt," or anything else that would indicate what it actually helped accomplish in Finland. Even though all of those names are accurate, they would be "making a claim." And, as you know, telling the truth on the labels of natural health products is "illegal" in these United States—despite the "freedom of speech" "guaranteed" by the 1st Amendment to the Constitution. But I digress.

"WrightSalt" is available through the Tahoma Clinic Dispensary (1-425 264-0051), Ayush Herbs (1-800-925-1371), (PJ $7.60 for a 3oz shaker) and hopefully soon through your own natural food store or compounding pharmacy. And, to repeat, I am associated with this product—and am proud to introduce another harmless (except in enormous quantities) natural product that has the ability to make a very significant difference to your health, your family's health, and the health of entire population of these United States. Especially one that tastes good with whatever you're eating, too!" JVW

References from the Wright website:
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5 Chang HY, Hu Y, et al. "Effect of potassium-enriched salt on cardiovascular mortality and medical expenses of elderly men." *Am J Clin Nutr* 2006; 83(6): 1,289-1,296
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8 Champagne CM. "Magnesium in hypertension, cardiovascular disease, metabolic syndrome, and other conditions: a review." *Nutr Clin Pract* 2008; 23(2): 142-151.
To subscribe to Nutrition and Healing, the Wright Newsletter, call (915)849-4605 or go online.
Jonathan Wright, M.D., is a graduate of Harvard University and the University of Michigan Medical School (1969). He has been practicing natural and nutritional medicine, biomolecular medicine, at his Tahoma Clinic in Renton, Washington since 1973. Renton is a suburb of Seattle. He is acclaimed and revered as a researcher, teacher of health professionals and a pioneering physician. He and Alan Gaby, M.D. have written a classic resource for guidance on specific health concerns and diseases. This book, Natural Medicine, Optimal Wellness: The Patient's Guide to Health and Healing, should be on your bookshelf. Just out is his new book with Lane Lenard, Ph.D. on bio-identical hormone replacement. P.J.