

Women's Health Strategies that Work Wellness Today

from Susan Lark, M.D.



OCTOBER 2007

VOLUME 14, NUMBER 10

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A graduate of Northwestern University Medical School, she has served on the clinical faculty of Stanford University Medical School, and taught in their Division of Family and Community Medicine.

A distinguished physician-educator whose clinical practice has spanned 32 years, Dr. Lark continues to teach and write. Her most recent book is *Eat Papayas Naked: The pH-Balanced Diet for Super Health and Glowing Beauty*.

Dear Friend,

As fall approaches and the weather gets colder, more and more women start to experience increased joint and muscle stiffness, soreness, and lack of flexibility. My friend and colleague Jeannine is a perfect example of this.

Jeannine has been working in the fields of massage therapy and acupressure for the past 25 years, and she's very skilled at what she does. While we were having lunch recently, Jeannine voiced her concerns to me about her osteoarthritis (OA). And, as the colder months approached, she was growing even more concerned. Not only does the winter make her feel less energetic, less lively, and more depressed, but she really dislikes how stiff and tight her hands and hips feel. She told me that it's more challenging for her to do massage work and much more difficult for her to bend at the hips. However, she did not want to take the standard medications, such as nonsteroidal anti-inflammatory drugs (NSAIDs), because of their toxic side effects on the liver, kidneys, and mucosal lining of the digestive tract. Yet, she was worried about how many more years she could continue working if her OA worsens.

Jeannine is typical of millions of women throughout the country who suffer from OA. In fact, half of the adult population over the age of 30 has some degree of OA, and virtually everyone over the age of 55 has some degenerative joint disease, even if it's very mild and not overtly affecting their day-to-day functioning. And, more than one-third of all office visits to primary care physicians include treatment for symptoms related to OA.

I shared with Jeannine some beneficial therapies that could greatly reduce her symptoms and make a big difference in her quality of life. In particular, I told her about one of my favorite exercise therapies—stretches developed by Hiroshi Motoyama, a distinguished Japanese researcher who wrote *Theories of the Chakras: Bridge to Higher Consciousness*. In this book, Motoyama describes a series of exercises that improve range of motion and flexibility in all major joints. These exercises also gently stretch the muscles around the joints, which helps to reduce tension and stress. Additionally, these stretches are thought to open and stimulate acupuncture meridians.

Jeannine went home and began to practice these exercises right away. After two weeks, she called to tell me that she had experienced a noticeable increase in her flexibility. I wasn't a bit surprised, since I have been doing these exercises for many years and, like everyone in my age group, I probably have some degree of OA. However, I have no symptoms whatsoever. In fact, I am incredibly flexible.

This month, I am going to tell you more about these exciting exercises, and I'll also discuss a little-known cause of OA and what you can do to protect your joints.

A New Take on Osteoarthritis

While most people assume that OA is just another consequence of getting older, the truth is that it's very avoidable. Let me explain exactly how this condition develops.

Cartilage is the glossy white material that caps the ends of your bones. When your joints flex and extend, the ends of your bones pivot on that smooth cartilage rather than grind against each other. And, when you jump up and down, that cartilage absorbs the impact.

Conventional medical wisdom dictates that cartilage starts breaking down by the time you reach middle age from all of that unavoidable abuse. And, because it doesn't break down evenly, the affected joint loses alignment, which means that some parts of your cartilage get more abuse than others, and therefore break down faster.

However, the truth is, joint misalignment often happens first, and it's a major cause of cartilage breakdown. A big contributing factor is bone attrition—the loss of bone structure underneath the cartilage cap, which leaves your cartilage unsupported and vulnerable to damage from even the mildest forces (November 2005, *Journal of Rheumatology*).

So, how can you protect yourself from these and other cartilage-damaging processes? It's helpful to first understand the underlying causes.

Lead, Lead Everywhere

Believe it or not, lead toxicity is a major contributor to OA—and most people have elevated blood lead levels without even knowing it. The majority of these people don't have lead levels elevated enough to meet the Centers for Disease Control's criteria for lead poisoning but, according to arthritis researcher Dr. Joanne Jordan, even mild elevations can raise your risk of severe OA. In fact, in a study of 790 people, those whose blood lead levels were on the high side (but still below the diagnostic cutoff) were 30 percent more likely to have moderate to severe OA in the knee compared to those with lower lead levels. And,

those with elevated lead levels were also 60 percent more likely to have both knees affected (March 2007, *Family Practice News*).

Unfortunately, lead is so prevalent that it's nearly impossible to avoid exposure to it. Lead can easily be inhaled through contaminated dust from industrial emissions, leaded gasoline exhaust, broken-down chips of old lead-based paint in the soil around your house, and fumes from soldering. Another major source of lead is from drinking water that has been transported through old soldered pipes.

Even more alarming than the prevalence of lead is how long it stays in your body—and how harmful it can be. Half of the lead that you absorbed 20 years ago is still in your body today, and 90 to 95 percent of that is stored in your bones, where it displaces calcium. Lead exposure is a significant risk factor for bone loss (2005, *Journal of Women's Health*), and a study of over 10,000 people showed that when lead levels are elevated, bone attrition in the jaw can loosen teeth (October 2002, *Environmental Health Perspectives*).

The notion that something you can't taste, smell, or see can damage your joints can be quite disconcerting. Fortunately, there are ways to combat lead toxicity and heal your bones and joints.

First, get tested for lead. Ask your doctor to send a sample of your hair or urine to a lab for heavy metal analysis. A lab I highly recommend is Genova Diagnostics (800-522-4762 or www.gdx.net).

If your lead level is above the normal range, you can lower it by using two sulfur-containing supplements that are well-documented to bind to heavy metals so that they can easily be eliminated from the body. N-acetyl cysteine (NAC) enhances urinary excretion of heavy metals, and SAM-e (S-adenosylmethionine) reduces the toxic effects of lead and enhances the binding of lead in the bile for elimination in the stool.

I recommend that you start with 200–400 mg of SAM-e once a day and increase to 400 mg two to three times a day as needed. Then, get your lead level rechecked in three months. If your level hasn't

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Women's Wellness Today (ISSN #19339054) is published monthly by Healthy Directions, LLC, 7811 Montrose Rd., Potomac, MD 20854. Annual subscription: \$69.99.

Periodicals postage paid at Rockville, MD, and additional mailing offices.

Postmaster: Send address changes to: *Women's Wellness Today*, PO Box 2050, Forrester Center, WV 25438.

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Dr. Lark is compensated on the sales of her Daily Balance supplements (a division of Doctors' Preferred, LLC, and a subsidiary of Healthy Directions, LLC). She is not compensated for other companies' products that she recommends in this newsletter.

A strong proponent of giving women the information they need to make health decisions, Dr. Lark has applied

her extensive research in clinical nutrition and preventive medicine to successfully treat thousands of patients during 32 years of practice. Dr. Lark is instrumental in creating nutritional formulas for women based on her patient-tested treatments and is a compensated consultant for Doctors' Preferred, LLC, the nutritional supplement company that manufactures and distributes her exclusive formulations.

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BodyTalk for Weight Loss

In the March 2006 issue of my newsletter, I shared the story of how my good friend Brooke Baggett used BodyTalk to help eradicate the symptoms of a longtime migraine sufferer. She recently shared with me a story of profound physical and emotional transformation that another client, Sofie, experienced. Sofie's story is an example of the deep connection between emotions—especially deep-rooted emotions—and physical health.

During their first session, Brooke was able to reveal Sofie's own unique health story. In addition to having a difficult relationship with her mother since childhood, Sofie experienced significant stress in her life, which she dealt with by eating sweets. At the young age of 38, she had many serious health concerns, including diabetes, asthma, depression, and obesity. In fact, she needed to lose 150 pounds.

Brooke observed the effects of Sofie's painful childhood memories in the part of her brain that controls eating behaviors. The emotions that had disrupted the communication patterns were recognized and

brought to the body's attention, and Sofie's own innate healing capabilities were activated to initiate radical change.

With an adjustment of her neural (brain) pathways, and a conscious understanding as to why she chose unhealthy foods to nurture herself, Sofie embarked on an exercise and nutritional program and completely changed her unhealthy lifestyle habits. To her amazement, her old dietary habits easily fell away. She was thrilled that her BodyTalk sessions brought to light untapped reserves of willpower and determination. After only four months of working with Brooke, Sofie lost an amazing 75 pounds!

Sofie is a beautiful example of a total transformation made from the inside out by simply tapping into the wisdom of the body and mind. To learn more about BodyTalk, refer to my March 2006 issue, which is available on my subscriber center at www.drlark.com. You can reach Brooke by calling 408-202-3444. Or, visit her Web site, www.mosaichealingarts.com.

decreased, add 300–600 mg of NAC once or twice a day with meals, and continue getting tested for lead until your doctor determines that your level is in the safe range.

For faster results, ask your doctor or a complementary health physician about getting a series of IV chelation treatments, where a compound called EDTA is infused into your blood and binds to the lead (March 2007, *Environmental Health Perspectives*).

A Healing Advantage

Since cartilage has no direct blood supply of its own, it's unable to get its own nutrients and eliminate waste materials. Instead, cartilage gets its nourishment from soaking up nutrients from synovial fluid, a pale yellow fluid that it bathes in. Waste products are discharged into that same fluid. This process is a bit like sitting in the tub while drinking your own bathwater. As a result, your cartilage isn't naturally very good at healing itself. To make matters worse, if your joints are sore, your muscles are more likely to tighten up and pull your joints out of alignment. Here's how to give your cartilage a healing advantage:

1. Supplement with nutrients that provide significant joint pain relief and cartilage support. In addition to the basics (1,500 mg of glucosamine sulfate daily and 1,200 mg of chondroitin sulfate daily), here are

some nutrients that may not come to mind right away when you think about joint health:

- ◆ **The natural fatty acid cetyl myristoleate.** My favorite formulation is Celadrin. In a placebo-controlled study of patients with chronic knee OA, those who took Celadrin supplements enjoyed significantly improved range of motion and overall functioning compared to the control group (August 2002, *Journal of Rheumatology*). Applying topical Celadrin cream twice daily for one week over the arthritic joint was equally effective and improved stair climbing, range of motion, and general ability to "get up and go" (May 2005, *Journal of Strength and Conditioning Research*). I recommend the topical form, which is available in most pharmacies and health food stores. Use as directed on the label.
- ◆ **Hydroxytyrosol**, a polyphenol compound found in the watery pulp of the olive plant (*Olea europaea*), works synergistically with glucosamine to relieve OA pain (June 2005, *Journal of Nutrition*). This nutrient is available in many formulas, including my Daily Balance Joint Answer for Women and Olivenol's Hydroxytyrosol Hidrox Vegetarian Liquid (www.lifesvigor.com). I recommend 300–600 mg daily.

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Health News Around the World

As I read through my medical journals each month, I'm amazed by the amount of health breakthroughs out there—and I can't wait to share them with you. Below are two very interesting studies that I've chosen to profile this month.

SSRIs Lead to Bone Fractures

According to a recent study, adults aged 50 or older who take selective serotonin reuptake inhibitors (SSRIs) on a daily basis are twice as likely to experience a fragility fracture—one that results from minimal trauma due to the decreased strength of the bone—as their peers who are not taking this medication. The researchers studied 5,008 adults over five years and collected data on any fractures they experienced during this time. During the course of the study, 137 people were taking SSRIs, and the researchers found that these people were twice as likely to have a fragility fracture and they were also more likely to fall than their peers. In addition, the researchers found that daily use of SSRIs was associated with lower bone density at the hip, which increases the risk of a fracture.

My Take:

This is alarming news, but it is in line with everything I've told you about the dangerous side effects of prescription drugs. If you are currently taking SSRIs to combat depression, I suggest talking to your doctor about discontinuing their use, and instead trying a natural alternative to boost your serotonin levels, such as 5-HTP. Regardless of whether or not you're currently taking SSRIs, bone loss is a huge problem for women over 50. Fragility fractures are a result of osteoporosis or osteopenia, rather than any kind of severe trauma, and they can cause a devastating chain of events starting with immobility, which can lead to depression and ultimately death. As I've said before, it's never too late to start strengthening your bones. To read about my natural bone-building plan, consult the July 2006 issue of my newsletter, which is available on my subscriber center at www.drlark.com.

Chemotherapy Tied to Cognitive Difficulties

In a recent study published in *Breast Cancer Research and Treatment*, researchers set out to study the brains of breast cancer survivors who had undergone adjuvant chemotherapy, which is the type of chemotherapy that is administered after the main malignant tumor has been surgically removed. The purpose of adjuvant chemotherapy

is to kill off any remaining cancer cells left in the body. In this study, the researchers were looking for biological clues as to why breast cancer survivors who had undergone this particular treatment were subsequently experiencing cognitive deficiencies, including mental slowness, concentration and attention problems, and memory lapses.

The researchers studied breast cancer survivors who had received adjuvant chemotherapy five to 10 years before the start of the study, and they compared their cognitive functioning with people who had not received chemotherapy. The results of the neurocognitive tests indicated that those who had undergone chemotherapy had an unusual amount of difficulty in performing some of the tasks. In fact, those research subjects who had received the adjuvant therapy performed 13 percent worse than the control group who had not received the chemotherapy. Monitoring their brain activity during the tests, the researchers were able to determine which parts of the brain were functioning atypically.

My Take:

Though I recognize the importance of chemotherapy for patients with advanced cancer, this study is another prime example of the long-term side effects this treatment can have on your body. If you have cancer and you and your doctor decide that chemotherapy is the best option for you, then I strongly suggest supplementing your treatment with natural therapies to diminish its negative effects on your body. (However, you should always consult with your oncologist and a complementary health physician prior to adding any supplements to your routine while undergoing chemotherapy.)

I've discussed some of these in my March 2004 newsletter, which is available on my subscriber center at www.drlark.com. My most important recommendation is to arm your body with a slew of antioxidants to help prevent the oxidative damage typically caused by chemotherapy. I recommend supplementing daily with at least the following: 30–100 mg of an oil-based CoQ10 capsule; 400 IU of natural vitamin E; 50–200 mcg of selenium; and 300–600 mg of quercetin.

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◆ **Vitamin D.** According to a report presented by Dr. Nigel K. Arden at the 2006 World Congress on Osteoarthritis, there's a link between low vitamin D intake and knee OA in women. Sunlight on the skin, which stimulates your body to manufacture vitamin D, is one of the most significant natural ways to get the dose you need. Reduced exposure to sunlight during the winter and the use of sunscreens both increase the risk of vitamin D deficiency. All it takes to correct this is 15 minutes of unprotected sun exposure per day. (Avoid the strong midday sun to reduce your risk of skin cancer. If you have a family history of skin cancer, check with your doctor first.) Other sources of vitamin D include fortified soy- and rice-based milk. The recommended dose of vitamin D is 400–600 IU per day.

2. Exercising can work wonders on arthritic joints. While you should be careful to avoid doing further harm to already damaged cartilage, it's vitally important to keep moving if you want to heal. Engage in mild weight-bearing exercise, such as walking, every day—even if it's just walking across a room. Weight-bearing exercise squeezes out the synovial fluid that your cartilage has absorbed, which helps cleanse the cartilage. When the load is lifted, the cartilage expands and soaks up a fresh load of nourishing fluid.

I also recommend trying range-of-motion exercises to improve strength and flexibility in all of your major joints. Just as I did with Jeannine, I recommend that you try the exercises that I developed based on the work of Hiroshi Motoyama:

Begin by sitting on the floor with your legs stretched out in front of you. Place your hands at your sides.

Knees: Bend your right leg at the knee and bring your right heel up near your right buttock. Then lift your right leg a few inches off the ground and straighten your right knee. Repeat 10 times. Do the same exercise with your left leg.

Next, bend your right knee and hold your thigh near your chest with both hands. Rotate your lower leg in a circular motion 10 times clockwise, then 10 times counterclockwise. Repeat with your left leg.

Hips: Bend your left leg so that you can place your left foot on your right thigh. Place your left hand on your left knee and hold your left ankle with your right hand. Then gently move your left knee up and down with your left hand. Repeat with your right leg.

Next, while sitting, bring the soles of your feet together and move your heels close to your body. Using your hands, gently press your knees to the floor and then let them come up. Repeat 10 times.

Fingers and Wrists: Remain seated with your legs stretched out. Lift your arms up to shoulder height, keeping them straight. Open your hands and spread your fingers wide. Flex your fingers, then close them over your thumbs to make a fist. Repeat 10 times.

Next, flex and extend your wrists. Repeat 10 times. Sitting in the same position, rotate your wrists clockwise and counterclockwise. Repeat each 10 times.

Shoulders: With your arms bent and your fingertips touching your shoulders, make a circular motion with your elbows. Repeat 10 times clockwise and 10 times counterclockwise.

I hope I've been able to shed some new light on a major cause of OA and give you some simple yet effective ways to alleviate joint pain. Good luck! ■

Q&A: Constipation Cures

QUESTION

Dear Dr. Lark,

The older I get, the more constipated I get—even though I drink lots of water, take fiber supplements, and eat a healthier diet now than I did when I was in my 30s and 40s. Regardless, I'm lucky if I go to the bathroom every other day. Help! —Cathy

ANSWER

Dear Cathy,

Fiber and water are definitely important for normal bowel function, but they're not the whole story. By simply following the recommendations that I'm about to

share, you should be able to get yourself back on track easily, safely, and naturally.

Fiber Frustration

Unless you're specifically choosing foods for their fiber content, odds are that you're not even close to getting the 25 to 35 grams of daily fiber that's recommended for middle-aged women.

Depending on which source you consult, one serving of strawberries has one gram of fiber, one serving of shredded raw cabbage has less than one gram of fiber, and one slice of whole-grain bread has less than

two grams of fiber. At this rate, even if you eat five daily servings each of fruits, vegetables, and whole grains, you could still be short on fiber.

To add to the problem, fiber often doesn't even work to end constipation. That's because, often, there's a bigger issue involved: bowel malfunction. This is a dulling of the nerves that are supposed to sense when your bowel is stretched with stool, as well as a weakening of the muscles that are then supposed to push the stool down and out. This problem is partly due to the natural, age-related decline in hormone levels, which causes all muscles—including colon muscles—to lose tone unless they're exercised daily. As a result, the muscles get thinner, weaker, and less adept at moving stool. Meanwhile, stretch receptors built into the colon's walls start thinking that "stretched out" is normal, and they fail to signal the muscles that it's time to empty out.

Caffeine—A False Friend

If you're one of the millions of Americans who drinks coffee to help trigger a bowel movement, you'll be disappointed to learn that caffeine is another false friend. In fact, it's actually a constipation enabler. That's because, like most stimulant laxatives, caffeine bypasses the normal neuromuscular network in your colon. So, regardless of how it seems to be helping you move your bowels, in the long run, caffeine contributes to the atrophy of your colon's nerves and muscles—which can be a big problem for you down the line.

Furthermore, like other addictive drugs, you have to keep increasing your dose of caffeine in order to get the same effect. That's one reason why coffee-house aficionados keep ordering taller cups of stronger brews. Eventually, the laxative effect of caffeine fades, and then things can really start backing up.

My Constipation Cure

When stool lingers in your colon longer than it's supposed to, it starts to putrefy, or rot, which causes toxins to enter your system. This process is called autointoxication, which literally means self-poisoning. The longer the stool sits there, the more the walls of your colon start deteriorating from being in prolonged contact with increasingly toxic material. As your colon continues to break down, constipation gets even worse. You can see why fiber by itself just isn't enough.

Fortunately, with the first four steps I've outlined here, you'll be able to regain regularity within just a few weeks. If you find that you need a little extra support, the fifth step should help.

Refer to these online charts to learn how much soluble and insoluble fiber various foods contain:

- ▶ www.feinberg.northwestern.edu/nutrition/factsheets/fiber.html
- ▶ www.nhlbi.nih.gov/chd/Tipsheets/solfiber.htm
- ▶ www.dietaryfiberfood.com/fiber-content.php
- ▶ www.dietaryfiberfood.com/soluble-fiber.php

1. **Check your medications.** As much as 40 percent of chronic constipation is caused or worsened by medications (April 2007, *Digestive Diseases*). Pain medications, antidepressants, and iron supplements are among the worst offenders. If you're on medication, ask your doctor or pharmacist if it could be contributing to your constipation and whether there's an alternative medication that doesn't adversely affect your colon. And remember, caffeine is a drug, too, and even if you've given it up within the past year, it could still be a major contributor to your constipation. Try switching to organic African Honeybush tea, which is readily available in most health food stores. It's smooth, naturally sweet, caffeine-free, and many of my patients say it satisfies them enough to make it easier to go without coffee.
2. **Eat the right fiber-rich foods.** Get as much of your daily fiber requirement as possible from food by learning which foods give you the most fiber per forkful. Would you rather get four grams of fiber by eating half of an avocado or by taking eight fiber tablets? For 10 grams of fiber, would you prefer to eat a fresh pear or take 10 tablets? You get the picture! For help in choosing the right fiber-rich foods, refer to the online charts that I provide in the box above.
3. **Feed your colon.** There are two kinds of fiber—soluble and insoluble. Aim to get at least 25 percent *soluble* fiber in your diet. Soluble fiber not only helps to resolve constipation, but it's also a colon-healing specialist that provides the nourishment your colon needs to heal quickly and regain its youthful strength. Insoluble fiber, which is found in most whole grains and high-fiber cereals, is a good colon sweeper, but it's devoid of those healing benefits. If you're considering taking a fiber supplement, make it a soluble fiber-rich source. My favorite is Heather's Tummy Fiber Acacia, which is available at www.helpforibs.com/shop.

It's 100 percent soluble and organic, and it dissolves in water, so it's easy to swallow.

4. Retrain your colon. The following program is surprisingly effective at stimulating a morning bowel movement. Wake up half an hour early so that you can do this without feeling rushed.

- ◆ Drink 16 ounces of warm water. This stretches your stomach and stimulates your gastrocolic reflex—the same reflex that makes a baby defecate after nursing.
- ◆ For five minutes, massage your large intestines by standing and gently twisting your torso to the right and to the left, while swinging your arms loosely at your sides. Next, hop up and

down lightly for a few minutes (to help gravity move stool into your rectum) while clenching and releasing your rectal muscles to help awaken your colon's neuromuscular network. Soon you'll feel the subtle sense of rectal fullness, but keep hopping until the feeling is strong enough to finish the job. Then, head for the bathroom.

5. Normalize your colon function. If you still need help after trying these first four steps, I've found that the gentle Ayurvedic herb *haritaki* helps awaken a comatose colon safely, without creating dependency. A good source is Banyan Botanicals (www.banyanbotanicals.com). Follow label instructions for dosage recommendations. ■

Q&A: Understanding Inflammatory Breast Cancer



Dear Dr. Lark,

QUESTION I've been getting a lot of e-mail forwards from my women friends about inflammatory breast cancer. I get annual mammograms, but these e-mails say that this cancer doesn't show up on a mammogram. How scary! How can I protect myself? —Teri



Dear Teri,

ANSWER Inflammatory breast cancer (IBC) is an aggressive and rapidly spreading form of breast cancer, and the screening tests commonly recommended—breast self-exam, mammography, ultrasound, and even thermography—don't reliably detect it. What those e-mail forwards probably don't mention is that there are some truly effective ways that you can protect yourself. Here are the facts.

The ABCs of IBC

IBC is, quite literally, red hot. It sets up a wildfire of inflammation in the breast, triggers a massive growth of new arteries there (called angiogenesis), and invades and clogs the lymph channels in the breast's skin. The symptoms include one or more of the following:

- ◆ The breast feels hot.
- ◆ Reddened, bruised-looking, and/or blotchy skin.
- ◆ Pain and/or itching.
- ◆ Swelling of the breast, sometimes increasing a full cup size in just days.
- ◆ Development of "peau d'orange"—orange peel-like dimpling when the breast is squeezed.

- ◆ Enlargement of the lymph nodes above the collarbone or in the armpit.

IBC grows in "nests" or "sheets," rather than discrete lumps. As a result, it can hide from mammograms, ultrasounds, and manual exams (August 2003, *Breast Cancer Research*). Because less than five percent of all breast cancers are IBC, and because most physicians are so focused on finding lumps, IBC often doesn't even spring to mind as a possibility. Instead, many doctors treat patients with IBC symptoms for things like a spider bite or mastitis (breast infection). However, the longer IBC goes undetected, the greater the chance that it will spread. So, any time a woman has IBC-like symptoms, she should get examined immediately by a breast cancer specialist who can order appropriate screening tests such as an MRI, PET scan and/or needle biopsy, as well as a surgical biopsy.

Every case of IBC seems to be slightly different because inflammation is at the root of it, and a long list of things can cause inflammation. The good news is, there are powerful ways to keep inflammation and cancer from invading our bodies and our breasts.

Fight Inflammation with Supplementation

The following supplements have anti-inflammatory and anticancer benefits, thereby boosting your ability to fight inflammation that could lead to IBC.

- ▶ **Digestive enzymes.** When taken *between* meals, digestive enzymes are absorbed—intact and fully active—into the bloodstream. From there, they travel to any sites of inflammation, expedite healing and cleanup, and keep inflammation from spreading. I recommend taking one or more of the following supplements three times daily between meals:

300–1000 mg of pancreatic enzymes, 500 mg of bromelain (taken with 1,000 mg of mineral-buffered vitamin C to enhance its action), and/or 200–300 mg of papain.

- ▶ **Curcumin.** This anti-inflammatory compound is a powerful chemopreventive agent that blocks breast cancer cell proliferation, inhibits angiogenesis, and even adapts itself so that it can work around a patient's genetic cancer predispositions (September–October 2005, *Anticancer Research* and September 2007, *International Journal of Molecular Medicine*). I recommend 400–600 mg of curcumin three times daily between meals.
- ▶ **Green tea extract.** Its documented breast cancer chemoprevention works through several important pathways (May 2007, *Breast Cancer Research and Treatment*). I recommend 300–400 mg of green tea extract daily, standardized to 80 percent total polyphenols and 55 percent epigallocatechin. (It's not always caffeine-free, so check the label.) Or, take 100 mg of green tea polyphenols three times daily.
- ▶ **Melatonin.** As I discussed in the February 2007 issue of my newsletter (available on my subscriber center at www.drlark.com), melatonin has significant anti-breast cancer properties. Along with getting sufficient sleep every night, I recommend that you take Readisorb Melatonin Spray (www.readisorb.com). Once daily before bedtime, use one spray (500 mcg) under your tongue, wait for 20 seconds, then swallow.

In addition to following this strong and effective supplementation program, I also suggest that you revamp any lifestyle habits that could contribute to cancer. This includes losing weight, improving your diet, and reducing stress.

Excess body fat is pro-inflammatory (2007, *Subcellular Biochemistry*), and it's a postmenopausal source of estrogen, which can encourage breast cancer development and growth, including some cases of IBC. Get outside every day for at least half an hour—preferably for a full hour—and take a brisk walk. Walking is my favorite way to get exercise, boost my immunity, and maintain my healthy weight.

Correction

In the August 2007 issue of my newsletter, I answered a reader's question about vaginal inflammation. One of my recommendations to calm this condition was to apply estriol cream vaginally every night for two to four weeks. While these instructions are correct, the product I recommended that you use is not meant for internal use. I sincerely apologize for this error. Instead of using the estriol product from Pharmacist's Ultimate Health, I suggest using the Ovestin cream from Inhouse Pharmacy (www.inhousepharmacy.com). Again, I am sorry for this oversight, and I value your continued support!

In addition, replace any foods in your diet that are pro-inflammatory—including red meat, saturated and trans fats, refined sugar, and processed foods—with anti-inflammatory foods like gluten-free whole grains; wild-caught, cold-water fish like salmon, tuna, and butterflyfish; ground flaxseed and flax oil; and fresh organic, phytochemical-rich fruits and vegetables.

Finally, stress of any kind raises cortisol levels, which can impair your immune system and increase your risk of cancer. Practice meditation, deep breathing, yoga, or any other stress-reduction technique that works for you.

Teri, thank you for asking this important question. I'm glad more women are becoming aware of IBC and learning about what they can do to protect themselves.

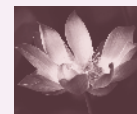
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I truly love this time of year. The refreshing crispness of the air calms and rejuvenates my body and mind, and it mentally prepares me for the busy holiday season ahead. Here's hoping you have a beautiful and tranquil start to the autumn season!

Susan M Lark M.D.

I Would Love Your Feedback!

It's so important to me that I provide you with meaningful health information. So, I would love to hear your thoughts on this month's issue. What did you find most useful? What would you like to see me write about in future issues? Which features would you like to see more of? Send me an e-mail at feedback@drlark.com.



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