Join Us:  

Dear Health Enthusiast

There are simple lifestyle measures and natural remedies that we can use to boost our health and our body. Take a look below at the Featured Articles of this month!

We also have our 2011 Medical Seminar coming up. Registration is still open. Space is limited so register today!

We also would like to suggest that you try the Indian Curry, an amazing and tasty recipe from our Diet Kitchen.

Healthfully Yours,
The Wildwood Staff

FEATURED ARTICLES

A Deadly Epidemic
What happens in a syndrome-laden society? Do we imagine ourselves having one syndrome and then “tune it out” as soon as another one comes along? However, you don’t want to tune out the symptoms of Metabolic syndrome. It definitely deserves serious attention. It claims one out of five adult Americans, and one out of eight school-age children. This dangerous pandemic pushes millions down the slippery slope to heart attacks, stroke, diabetes, and early death.

Cell Forté Max3
IP-6 & Inositol Plus
Maitake & Cat’s Claw
$27.50

Sublingual B12, B6 and Folic Acid
$17.25

Buy in our Online Store now!
Thyme as a Medicine in your Kitchen
Sweet smelling thyme is rich in antioxidants and has strong antibacterial properties. One of its phytochemicals, thymol, improves the liver’s ability to detoxify toxins and exert anti-inflammatory action.

Improving Your Brain Power
Lifestyle habits shape our brain power. How do they do so? Which lifestyle factors boost our brain power and which ones impair our mental functioning?

2011 MEDICAL SEMINAR

Less than 1 week left until our 37th Annual Medical Seminar. Come and join us on our 4-day enlightening seminar! We will uncover God’s original plan for the Medical Work for our time. Some of the topics will include: Dentistry, Common Pediatrics, Epigenetics, Cardiology, Immune Enhancement Therapy, Sanitarium Ministry, and much more. 18 CME credits and CEU's are available for medical professionals.

Our Seminar begins October 19th - 23rd. Online registration and pricing information are available at www.wildwoodhealth.org/seminars. To contact us, call 1800-844-1099 ext 1043, our Seminar Coordinator's cell phone at 347-560-3028, or our Seminar Manager's cell phone at 423-521-5058 for more information!

Discounts are now available for Students and Self Supporting workers. Please call for more information. When you register, sign up for our monthly newsletter to keep up with the latest health information. Don't forget to tell friends and family. Online regular registration will close October 18, 2011, however you can register on-site with an increase in price. Space is limited Register Today and see you soon!!!
RECIPES FROM THE WILDWOOD KITCHEN

INDIAN CURRY

The combination of spices and herbs in this recipe brings us to India in a sweet blend of flavors. The silky texture of coconut milk involves the vegetables giving a creaminess to the dish to be served with Jasmine rice. What else can I say besides: have a good trip! Enjoy!

INGREDIENTS:

- 2 tbsp olive oil
- 1 chopped onion
- 2 cloves garlic minced
- ½ green peppers diced
- 1 tsp ginger powder
- 1 tsp cumin
- 1 tsp cardamom
- 1 tsp coriander
- 1 tsp turmeric
- 2 potatoes in chunks
- 2 cups cauliflower florets
- 1 cup frozen green pea
- Salt to taste
- 1 can coconut milk 13.66oz
- 1 tbsp lemon juice
- ½ cup cashews
- ½ cup cilantro

HOW TO MAKE IT:

1) In a big pot sauté onion and garlic in olive oil
2) Add peppers and cook till tender
3) Add all the seasonings and stir very well
4) Add potatoes, cauliflower and peas
5) Put salt and 2 cups boiling water
6) Cover and let it cook till tender in low flame
7) Add coconut milk and let it cook for 3 more minutes
8) Put lemon juice and mix well
9) Put into a serving dish and sprinkle cashews and cilantro
10) Serve with rice and lentils

WANT MORE? [www.wildwoodhealth.org](http://www.wildwoodhealth.org)
What happens in a syndrome-laden society? Do we tend to “tune it out” when another one is named? Metabolic syndrome deserves serious attention, for one out of five adult Americans and one out of eight school-age children has it. This dangerous pandemic pushes millions down the slippery slope to heart attacks, stroke, diabetes, and early death.

Profile of Metabolic Syndrome

What's involved in the complex mix of unhealthful conditions that make up metabolic syndrome, or MetS, for short?

- Insulin resistance
- Obesity
- High blood cholesterol
- Hypertension

If an individual has any three of the above four unhealthful conditions, a doctor can confirm the diagnosis.* Significance? Three of these conditions can double one’s risk of heart attack or stroke! And compared to those who have none of these conditions, the risk is tripled! Obviously MetS warrants concern. Because understanding a disease is vital to preventing, curing, or managing it, let's begin by learning more about the nature and causes of MetS. Other physiologists would include a pro-inflammatory condition, a pro-coagulant state that encourages undesirable clotting and sympathetic nervous system overdrive. Routine blood work would not necessarily indicate these. All persons with MetS should be evaluated on these parameters.

Insulin Resistance

Insulin resistance is the most common of the four major risk factors. This condition results when more insulin than normal is required to do the same job of glucose control in the body. Although more factors may be involved, this impairment of the body's ability to properly manage blood glucose is the primary feature of insulin resistance.

Obesity

If you are a lady, and your waist is over 35 inches, or if you are a man, and your waist is over 40 inches—watch out! Excess visceral fat which is stored over the abdominal organs, better known as “potbelly fat” or “apple-shaped fat,” is the most dangerous type. Adipocytes (fat cells) release free fatty acids, the increased number of which interferes with cellular ability to metabolize glucose and damage the insulin-producing cells in the pancreas as well as substances that promote inflammation through out the body.
CHOLESTEROL

The level at which total cholesterol is considered normal has been dropping for years. First, it was 240 then—oops!—it was 220, 200, and then 180. So... average is not normal! Two hundred is too high.

HIGH BLOOD PRESSURE

Though high blood pressure is not always a pillar of metabolic syndrome, it is still significantly dangerous on its own. Again, what was considered “normal” 10 years ago is no longer. According to the latest consensus, if your systolic reading is 130, you have early hypertension. Actually, we start paying a physiological price at 125 systolic. The old “feel good—feel safe” philosophy is passé. Truth is wiser and much safer!

WHAT COMPANY DOES THIS SYNDROME KEEP?

As comments our science editor, Dr. Bernell Baldwin, “This new metabolic syndrome is a gang, not a committee!” The more MetS is studied, the wider the ramifications. This would also include psychological, sociological, and even economic aspects.

COMPLICATIONS? YOU NAME IT!

If left untreated, MetS will indeed prove deadly, for it affects virtually every system of the body. Not only does it increase the risk of developing and dying from cardiovascular disease, but it also is an independent risk factor in the development of deep vein thrombosis. Heart, lung, kidney, and liver function decline. For example, with MetS, the liver can become sick, as is non-alcoholic fatty liver disease. And unless lifestyle interventions are adopted to reverse the disease process, it can progress into nonalcoholic cirrhosis. MetS also contributes to ovarian or erectile dysfunction. In older individuals it predicts cognitive decline and increases the risk of falling. If obesity and elevated blood sugar are both present, the risk for colorectal cancer is increased. With MetS, the risk for prostate and recurrence of breast cancer also rises.

UNAVOIDABLE RISK FACTORS

Some risk factors for MetS are uncontrollable, including a family history of type II diabetes, hypertension, heart disease, bipolar disorders, and aging. Hispanics and Asians seem to be at greater risk than are other races. Women with fibromyalgia are 5.56 times more likely than healthy controls to have metabolic syndrome.(1)

A pregnant woman’s metabolic state has a powerful influence on whether her child (either male or female) will develop obesity, hyperinsulinemia (elevated insulin), and related conditions. Early studies suggest that children of parents with MetS have higher levels of inflammatory markers which could make their children more susceptible to developing atherosclerosis later.

MODIFIABLE RISK FACTORS

Lifestyle factors that contribute to MetS include obesity, overeating, snacking, consumption of refined and sugary carbohydrates, and sedentary lifestyle. “The metabolic syndrome is present in about 5 percent of people with normal body weight, 22 percent of those who are overweight, and 60 percent of those considered obese. Adults who continue to gain five or more pounds per year raise their risk of developing metabolic syndrome up to 45 percent.”(2)

As weight and body mass index (BMI)* increases, the risk for developing MetS increases in a dose-related fashion. Marie-Pierre St-Onge, PHD and associates studied a total of 7,602 adult participants of the Third National Health and Nutrition Examination Survey, a nationally representative cross-sectional analysis. However, the average norms aren’t everything. Individuals even in the upper normal-weight and slightly overweight BMI range have a relatively high incidence and are at increased risk of having the MetS. It should be noted that a high prevalence of women that have a large waist circumference (even though not obese) are also insulin resistant.(3) In Denmark, researchers also found that even a minor accumulation of adipose tissue in the abdominal region in otherwise non-obese men was associated with a considerably adverse metabolic risk profile.

By far, though, it seems that MetS is predominately a disease resulting from poor lifestyle choices and habits. This article will focus on how obesity and the typical Western diet—low in fiber, high in fat, refined carbohydrates, and animal protein—impacts the development of MetS and then we will present bonafide solutions. But first, let us summarize the relationship between sedentary living and exercise.

*Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women.

THE COUCH POTATO SYNDROME

Research also shows a strong inverse association between physical activity and MetS. Low cardiovascular status is an important risk factor for metabolic syndrome. In Australia, researchers studied 6,241 adults aged 35 years or above who were free from diagnosed diabetes mellitus and self-reported ischemic heart disease. These participants were not taking any lipid-lowering or anti-hypertensive drugs. In women who watched more than 14 hours of TV a week, MetS was twice as prevalent compared to women who watched TV 7 hours or less. The incidence of MetS increased 48 percent for men who watched TV more than 14 hours per week compared with those who watched it less than 7 hours per week. Women who were active 2.5 hours or more per week, had 28 percent less risk of developing MetS. Men who were as active dropped their risk for MetS by 45 percent.(4) Why? Physical inactivity causes the muscle cells to become less sensitive to insulin, and damages the glucose transport in the cells. The number of power plants
effort to bring blood glucose within normal range. As long as the pancreas is able to produce enough extra insulin to

As a result, blood sugar levels remains high. If this continues, the pancreas is “tricked” into making more insulin in an

Obesity and a high-fat diet* damage insulin receptors by impairing their ability to respond to normal amounts of insulin.

sensitivity results when the insulin receptors are working optimally and glucose is delivered and utilized effectively.

key which unlocks the cells' doors (insulin receptors) so that the glucose can then enter the cell. Normal insulin

entry of glucose into the cells. Insulin must bind to its receptor sites on cells. To simplify, one could imagine insulin as a

make energy. In order for this process to take place, the pancreas produces insulin, a hormone which facilitates the

When we eat carbohydrate foods, they are either broken down into glucose or another simple sugar that is converted

UNDERSTANDING INSULIN RESISTANCE

further at how the typical Western diet and obesity prepare individuals to succumb to this deadly syndrome.

*It is also possible that some cases of insulin resistance arise from defective glucose transport post insulin receptors.

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OBESITY AND POOR NUTRITION CONTRIBUTE DO METS!

Ninety five percent of individuals who have MetS are overweight or obese. The Framingham study showed that women

The Framingham authors concluded that, while the disease traits in MetS can exist independently of the metabolic

**It is also possible that some cases of insulin resistance arise from defective glucose transport post insulin receptors.

OBESITY AND POOR DIET ENCOURAGE HIGH BLOOD PRESSURE

Although many people who develop high blood pressure are not obese, the fact remains that obesity reduces the ability

OBESITY PROMOTES INFLAMMATION

Excessive abdominal fat is an arsenal of many pro-inflammatory and pro-atherogenic agents that fuel chronic disease.

Please note that both weight and percentage of body fat are important. Women who are within their normal weight

OBESITY PROMOTES CARDIOVASCULAR EVENTS

Obesity, overeating, and junk food all increase low-density lipoprotein (the “bad” cholesterol abbreviated as LDL) that, if

Weight alone isn’t enough; the fat percent must be considered as well.(6)

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tiny arteries, and it is impossible for them to squeeze through capillaries (except the thoroughfare channels) to deliver their goods. (Thoroughfare channels are shortcuts within the capillary network that allow blood to pass directly to the venule from the arteriole).

CLOTS AHEAD
To make matters even worse, MetS is also a prothrombotic state. It increases the cascade of the body’s agents to form undesirable clots that obstruct blood flow, but decreases the ability of the body to break apart tiny clots.

SOLUTIONS!
To successfully treat MetS, one must identify the lifestyle habits that fuel it and its complications and then treat the specific disease traits of that person—obesity, impaired glucose tolerance, elevated lipids, hypertension, inflammation, increased risk of undesirable clotting, and sympathetic overdrive. The combination of problems can vary from one person to another. The good news is that incorporating physiologically-sound principles substantially help to reduce and many times reverse the disease processes underlying MetS.

NUTRITION FACTORS THAT SPEED RECOVERY

EMPHASIZE PLANT FOODS
Studies show that dietary patterns high in fruit and vegetable content are generally found to be associated with lower prevalence of metabolic syndrome, as well as reduced incidence of inflammation.

Minimally-processed foods and whole grains are also associated with decreased risk of MetS and type 2 diabetes. (7) Diets high in whole grains, fruits, nuts, and green leafy vegetables have been shown to reduce homocysteine levels and several significant inflammatory markers. This is significant because individuals with MetS tend to have elevated homocysteine, which contributes to cardiovascular and inflammatory problems and cognitive decline.

A VEGETARIAN DIET IS EVEN BETTER
Research clearly demonstrates that a long-term vegetarian diet is associated with markedly higher fasting plasma antioxidants, and lower levels of triglycerides, uric acid, and inflammatory markers. Long-term vegetarians have a better antioxidant status and coronary heart disease risk profile than do apparently healthy omnivores. Vegetarians generally also have lower systolic and diastolic blood pressures. Further studies demonstrate that vegetarians generally have lower glucose, lower insulin levels, and improved insulin sensitivity than do omnivores.

However, strict vegetarians should be sure to eat foods fortified with vitamin B-12 or take a modest amount of vitamin B-12 in supplemental form. Both B-12 and folic acid decrease insulin resistance, improve the ability of the blood vessels to dilate, and keep homocysteine levels normal in patients with MetS. (8)

EASY ON THE SALT!
Because MetS individuals either have hypertension or are at risk for developing it, they should seriously limit their total salt intake to one teaspoon of salt per day. Too much salt predisposes the arteries to vasoconstriction, stiffens the cerebral arteries, and promotes fluid retention—all of which can contribute to hypertension. Severe salt restriction is seldom needed and in most cases actually increases blood pressure. Keep in mind that 80 percent of our salt intake comes from processed foods. So read labels and choose wisely!

THE TRUTH ABOUT CARBOHYDRATES
The carbohydrates found in whole grains, nuts, vegetables, and whole fruits contain beneficial fiber, which studies show helps to protect against MetS. A high-fiber diet also reduces cholesterol and triglyceride levels, improves insulin sensitivity, reduces some inflammatory markers, helps to control appetite, and is associated with lower incidence of hypertension.

However, simple sugars, candy, pastries, soft drinks, juices, and refined grains should be severely restricted, if not altogether eliminated. Processed, refined sugar encourages inflammation and depletes the body of the minerals magnesium and chromium, both of which improve insulin sensitivity.

Interestingly, a high-fructose diet can rapidly cause MetS in rats, and also raise uric acid (a byproduct of protein metabolism). Lowering uric acid in fructose-fed rats prevents features of MetS. Elevated uric acid levels are associated with new cases of recent onset essential hypertension in children and predict non-alcoholic fatty liver disease in obese children. (9)

Beware, then, of soft drinks containing fructose-derived corn syrup!

MODERATION DOES IT WITH PROTEIN
While we certainly do need sufficient protein, there is danger in getting too much. Even though a high-protein diet can promote weight loss, excessive amounts of protein damage the nephrons in the kidneys. These nephrons not only make urine, but also balance the body’s delicate chemistry by eliminating excesses of chemicals and ions that we don’t need, and conserving what we do need. Obesity, hypertension, and high blood glucose all cause damage to the kidneys. So why should those with MetS add insult to injury?
Researchers at the University of Pittsburgh also found that over a period of six years, men who originally had baselines of elevated uric acid in the blood had an 80 percent excess risk for incident hypertension compared with those who did not. (10) This, too, is unfortunate because a high level of uric acid can also accelerate kidney disease. (11)

**AVOID HARMFUL FATS; ENJOY THE GOOD!**

Saturated fats (found in most animal products and cheese) and trans fat (found in hydrogenated or partially-hydrogenated oils) are seriously implicated in the development of obesity, heart disease, diabetes, and cancer. The preformed omega-3 gamma linolenic fatty acid, found in nuts and leafy greens, shifts the balance in favor of local hormones that combat inflammation. Nuts, seeds, olives, and avocados contain mono-unsaturated fats that help to reduce elevated triglycerides.

A randomized study showed that MetS individuals who increased their consumption of whole grains, fruits, vegetables, olive oil, and foods rich in monounsaturated fats for two years, and were more physically active, lost more weight, had fewer inflammatory markers, and developed less insulin resistance than the controlled group. (12)

Researchers at Columbia University found, even while controlling for other risk factors, that frequent nut and seed consumption was associated with lower levels of inflammatory markers, which may partially explain the inverse association of nut consumption with risk of cardiovascular disease and diabetes. Nuts contain ellagic acid, a phytochemical that protects the pancreas from inflammation and fibrosis. However, because too much fat can reduce the ability of skeletal muscles to transport glucose, moderation is the way to go.

**EXERCISE** — preventive and curative Regular aerobic exercise improves the elasticity of arteries, slows the resting heart rate, makes the arteries less sensitive to vasoconstriction, and improves insulin sensitivity of the muscles. Even in previously sedentary persons with MetS and elevated triglycerides, mild-to-moderate exercise lowers elevated TGs and improves insulin sensitivity. (13)

Mitochondria are the cells' power plants that generate energy by burning glucose and fatty acids. In obesity and diabetes, these powerhouses are smaller than normal in skeletal muscles. A study from the University of Pittsburgh School of Medicine demonstrated that a combination of weight loss and physical exercise increased both the number and volume of mitochondria in skeletal muscles of previously obese individuals. The more power plants, the greater energy production, more efficient burning of fuel, and needful weight loss.

Moderate long-term exercise, especially if accompanied by appropriate, slow, steady weight loss, decreases elevated inflammatory agents but increases adiponectin, an anti-inflammatory protein that reduces cardiovascular risk and improves insulin sensitivity. Long-term exercise also reduces the risk of developing MetS in persons who have cardiovascular problems.

Because MetS is a serious medical problem, individuals who have it should consult with their physicians about what program to pursue. Generally, those with MetS should not engage in competitive or exhaustive exercise, as these contribute to oxygen debt, constrict the arteries, and promote undesirable clotting and increases stress hormones.

**WATER**

Dehydration can prove deadly to an individual with MetS. For one thing, dehydration increases the risk of developing undesirable clots. Drinking adequate amounts of water can reduce the incidence of heart attack between 40 to 50 percent. The MetS individual who has elevated blood sugar, or triglycerides, or obesity is already at risk for unhealthful clot formation. If accompanied by obesity (especially visceral fat), MetS compromises lung and kidney function. Specifically, dehydration increases damage to the nephrons. Sufficient hydration improves the ability of oxygen to permeate cell membranes. This is important because oxygen is needed to release energy, thus adequate water intake aids in increasing energy expenditure. So drink seven glasses of water per day. Eight to ten is better yet, depending on your weight and activity level.

**HEALING SUNSHINE**

As mentioned before, metabolic syndrome significantly increases the risk for type 2 diabetes. Italian researchers found that individuals with diabetes had a higher rate of vitamin D deficiency than non-diabetics. Participants with diabetes and low levels of vitamin D had a marked increase in common carotid intima-medial thickness (an early sign of atherosclerosis) when compared with their vitamin D-sufficient counterparts. These individuals also had significantly higher hemoglobin A1C (a marker for diabetes,) fibrinogen (a proclotting, pro-inflammatory protein) and C-reactive protein (hs-CRP, an inflammatory marker) concentrations.

Nutrition epidemiologists estimate that 50 percent of the populations in North America and Europe are vitamin D deficient! Adequate amounts of vitamin D can reduce complications of MetS, such as reducing the risks for colon cancer and inflammatory processes. It should be noted that exposure to sunlight increases vitamin D-2 synthesis, and both obesity and kidney disease compromise the ability of the body to convert vitamin D-2 into its active hormone form. Therefore, a select group of individuals with vitamin D deficiency and chronic kidney disease require vitamin D-3 supplementation.

**TEMPERANCE**
Temperance, the habitual avoidance of that which is harmful, and moderation in all that is good, is another key to preventing or overcoming MetS.

- Appetite control is essential for preventing, correcting, and hopefully reversing MetS and its components. Wise calorie restriction improves the balance between the parasympathetic and the sympathetic nervous systems. The sympathetic nerves help to mobilize us to action in times of stress. Blood pressure, heart rate, and blood sugar increase while digestive processes slow down. The parasympathetic nerves slow the heart rate, stimulate the digestive process, and help us to take care of our daily needs. We actually need a balance of both systems. However, excessive sympathetic tone and decreased parasympathetic tone can contribute to high blood pressure, diabetes, and electrical disturbances of the heart’s rate and rhythm.

- Fasting, as in eliminating the last meal of the day, improves melatonin production. Melatonin is an anti-oxidant, immune-bolstering, cardiovascular-protective hormone synthesized in the pineal gland. It improves the production of growth hormone, a hormone synthesized in and released from the pituitary gland, which encourages the burning up of fat. A short fast can also reduce sympathetic nervous system activity. However, total fasts that last longer than 48 to 72 hours can actually have adverse effects on the liver, and increase cortisol levels. This extra cortisol inhibits protein synthesis in the body and elevates blood sugar. Yes indeed, slow, gradual, but permanent weight loss, if one is overweight or obese, improves HDL levels and reduces sympathetic nervous system activity, triglycerides, pro-clotting, and pro-inflammatory agents.

- Avoid caffeine. Caffeine seems to enhance the mood and is often incorporated into over-the-counter pills for weight loss because it increases metabolism. However, caffeine magnifies the actions of the sympathetic nervous system, which is already a problem in MetS. Caffeine also increases both glucose and insulin levels. Preliminary animal studies indicate that chronic caffeine consumption has an adverse effect on the kidneys. (14) This is a definite concern, as MetS already significantly increases the risk of kidney damage.

- Refrain from alcohol. It is true that some studies show that light-to-moderate drinking affords some protection from cardiovascular diseases.* However, alcohol damages the brain, liver, and pancreas. Insulin resistance, which many MetS individuals have, provides a metabolic pathway to chronic liver diseases. Chronic alcohol consumption damages the heart muscle and elevates triglycerides. Alcohol also depletes the body of magnesium and the B vitamins needed to combat MetS.

REST

Research shows that sleep-deprived people typically increase their caloric consumption by as much as 15 percent. Chronic loss of sleep may increase the risk of diabetes because the insulin secretion can be impaired by up to 30 percent. A study involving 28,000 children and 15,000 adults showed that sleep deprivation doubles the risk of obesity in both children and adults. Lack of sleep increases the hormone ghrelin, which stimulates the appetite, and reduces leptin, a hormone that promotes satiety, reduces appetite, and helps us to burn up the calories we eat. Another adverse effect of sleep deprivation is that of reduced growth hormone production.

This critical substance not only assists in the repair of our bodies, but also in the burning up of fat. “Chronic sleep deprivation in young healthy volunteers has been reported to increase appetite and energy expenditure, increase levels of proinflammatory cytokines, decrease parasympathetic and increase sympathetic tone, increase blood pressure, and increase evening cortisol levels, as well as elevate insulin and blood glucose.” (15)

*For an in-depth discussion of how alcohol affects the cardiovascular system, see The Journal of Health & Healing, Vol. 26:3.

MENTAL INFLUENCES

Mental factors should not be overlooked in MetS. If obesity, insulin resistance, or hypertension is present, the sympathetic nervous system is in overdrive. The “flight or fight” response can promote a state of insulin resistance both in the liver and skeletal muscles. Together, excess insulin and excess cortisol encourage this extra energy to be stored in visceral fat. Chronic activation of stress causes the suppression of the regulation of growth and thyroid hormones that are involved in burning up fat.

Major depression and anxiety disorders increase inflammation within the body. By increasing the ability of the blood to clot, making the heart more susceptible to arrhythmias, and increasing sympathetic activity, depression also increases the risk of developing heart disease. Stress management and power to cope successfully with life’s problems are vital components of any therapeutic plan for overcoming MetS. A daily quiet time with God will work wonders!

In summary, Dr. Baldwin provides a winning strategy:

1. Recognize that metabolic syndrome is a growing set of unhealthful dangerous conditions.

2. Get a serious in-depth diagnosis. It saves lives.

3. Each unhealthful condition should be changed. Other people around you, who are sliding into heart attacks, strokes, and diabetes are not your criteria, models, or standards. If you are too fat around the middle, get Divine and human help to eat less and exercise more. If you can’t do this at home, go to a lifestyle center and deal with the issues. The later in life you get serious the harder it will be to stop, turn around, and start living in health instead of presumption.

4. Bad habits can kill; good habits are pillars of the abundant life. Learn them. Survival is no accident. The will is the governing power in our natures. Arise and use it. Choose to live and not die.
5. Cooperate with your Creator and with nature to help you. The crutch of drugs won’t build power of self-control to solve your problems. Serious regular prayer builds personal power over bad habits. Find, write down, and use promises, “...exceeding great and precious promises; that by these ye may be partakers of the Divine nature, having escaped the corruption that is in the world through lust.”

6. The results of years of violations won’t evaporate. Re-establish right living, eating, working, and resting habits that can help restore a normal weight, good insulin sensitivity, normal lipid levels, normal blood pressures and risk factors, so that you can face the future in faith.

7. Be of good courage. Continual, faithful effort make for an easy habit, and doing what one should do is its own reward.

“Disease is an effort of nature to free the system from conditions that result from a violation of the laws of health. In case of sickness the cause should be ascertained. Unhealthful conditions should be changed, wrong habits corrected. Then nature is to be assisted in her efforts to expel impurities, and to re-establish right conditions in the system.”

Could wiser counsel be found? Let’s follow it, and reap the Giver’s blessed rewards!

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MEDICAL

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Hospital & Clinic

EDUCATION

Proclaim
Institute of Medical Ministry

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Thyme as Medicine in Your Kitchen

Written by Elizabeth Hall

Sweet smelling thyme is rich in antioxidants and strong antibacterial properties. One of its phytochemicals, thymol, improves the liver’s ability to detoxify toxins and exert anti-inflammatory action.

THYME AND THE RESPIRATORY TRACT

Because of its antitussive and expectorant effects, thyme is a natural cough medicine. It is known for its general antispasmodic activity, especially reducing spasm in the bronchial tubes. It also improves clearance excess mucus in the respiratory tract. One study of horses with recurrent airway obstruction suggests that thymol from thyme improves some parameters of lung function.

Used as a mouth wash, thyme exerts an antifungal activity in the mouth—even on Candida albicans. According to medical botanist, James Duke, thyme contains more than a dozen antiseptic compounds. Just simmer 2 teaspoons of thyme in 2 cups of water for 20 minutes to make a tea or a gargle. Let cool.

ANTI-AGING BENEFITS

Researchers in the U.K. discovered that regular use of thyme improves the antioxidant status in the aging brains and helps to protect from free radical damage. Unfortunately, as we age, the ratio of saturated to polyunsaturated fats in our cell membrane decreases. This is especially evident in the brain, heart, and kidneys—bad news, because saturated fat makes the cell membrane stiff. Stiff cell membranes compromise the flow of nutrients into the cells, but polyunsaturated fat keep our cell membrane flexible.

That is not all; aging decreases the ratio of omega-3 fats to omega-6 fats in the cell membrane. Although we need both of these fats, the typical Western diet is deficient in omega-3 fats. This growing imbalance between omega-3 and omega-6 fats can leave us more susceptible to inflammatory diseases. Here is where thyme can help: aged rats treated with thyme oil and thymol displayed significantly higher levels of omega-3 fat than the respective age-matched controls. Thyme also helps to preserve the omega-6 fats in cell membranes. In other words, thyme helps preserve the right fats for optimal functioning in the brain, heart, and kidneys. Of course, it is essential we eat some omega-3 fats. Flaxseed, walnuts, spinach, and whole soybeans are excellent vegetarian sources.

THIME’S CARDIOVASCULAR BENEFIT

Thyme is regularly used in the Mediterranean diet and, as such, could contribute to the many benefits of this diet. Thyme improves the production of nitric oxide from the innermost lining of arteries. Nitric oxide relaxes the arteries, protects from atherosclerosis, and reduces the risk of undesirable clot formation. Smokers, obese persons, and
diabetic individuals make significant less amounts of the value molecule. So thyme, with appropriate weight loss and frequent consumption of legumes could prove useful in individuals with these problems. When regularly used, thyme also can inhibit undesirable clotting that often precedes strokes.

**USAGE**

Thyme is tasty in pastas, in pintos, kidney or black beans, or in a soup.

Use thyme as a tea by adding one to two teaspoon of thyme to one cup of boiling water.

For a vaporizer effect, breathe vapors from hot pot of thyme and sage tea.

Pregnant women should not use medicinal amounts of thyme. Persistent coughing should always be evaluated by a health care professional who has access to diagnostic testing. Individuals who are on blood thinners should avoid medicinal amounts of rosemary and thyme. As with any herbs, check with your pharmacist, about any possible drug-herb interactions before using any herb medicinally.

**REFERENCES**


Improving Your Brain Power

Written by Elizabeth Hall

Natural Ways to Increase Brain Cell “Fertilizer”

Elizabeth Hall

Excerpted from Keys to Optimal Health and Happiness

Lifestyle habits shape our brain power. How do they do so? Which lifestyle factors boost our brain power and which ones impair our mental functioning? To understand this we must consider where action happens in the brain? Synapses are microscopic points of communication between nerve cells that are heavily involved in memory, learning, habit formation, and the development of talent and character. We can, by our lifestyle choices, influence them positively or negatively. A neural circuit is composed of neurons and their synapses. Recurrent use of a particular neural circuit for learning (i.e. learning a musical instrument) increases the size, number, and efficiency of the involved synapses. Repeated use of a brain circuit results in easier and faster learning, and therefore, practice may indeed make perfect. Non-use, however, causes atrophy of the synapses that will eventually be manifested in slower reaction times and less rapid processing of information in the inactive areas of the brain. In other words, disuse of a neural circuit causes the synapses in that particular circuit to atrophy. These two features are known as synaptic plasticity.

BRAIN CELL FERTILIZER: BDNF

Brain-derived nerve growth factor (BDNF) is a protein that acts as a “fertilizer” to the synapses, protects brain cells, and in certain areas of the brain, regenerates brain cells. The abundant presence of BDNF predicts the ease of learning, whereas when it is in short supply, learning is more difficult; it also exerts anti-depressive actions. Scientific evidence now suggests that brain-derived nerve growth factor and its precursor are decreased in the early stages of Alzheimer’s disease and that BDNF levels in depressed individuals are often low. Therefore, BDNF can be beneficial in the treatment of depression. BDNF is also reduced in chronic or acute stress, especially in the hippocampus. This area, embedded in the temporal lobes, is important for storing memories and retrieving them, learning, and mood regulation. It can be significantly decreased in individuals with eating disorders, such as anorexia nervosa and bulimia.

LIFESTYLE FACTORS THAT REDUCE BDNF

Overeating and a diet high in saturated fat and sugar decrease brain-derived nerve growth factor. Animal experiments, however, suggest that voluntary physical exercise somewhat counteracts the effects of a high fat diet on BDNF. Rodents fed a high-fat, high-glucose diet supplemented with high-fructose corn syrup for eight months demonstrated actual alterations in energy and lipid metabolism similar to clinical diabetes, such as elevated fasting glucose and increased cholesterol and triglycerides. The rats showed negative microscopic changes to the neurons in the hippocampus, a major area in the temporal lobes, which is involved in memory, learning, and mood regulation.
They also exhibited less response activity and reduced levels of BDNF after repetitive nerve stimulation. 

LIFESTYLE FACTORS THAT INCREASE BDNF:

Wise calorie restriction (if obese) and intermittent fasting (skipping supper, for example) stimulates the production of proteins that enhance the growth, size, and efficiency of synapses, increase brain-derived nerve growth factor, and help to increase neuron resistance to oxidative and metabolic insults from aging. Alzheimer's disease, Parkinson's disease, Huntington's disease, stroke, and chronic diseases, and increases the brain's capacity for self-repair. Of course, it is essential that we get adequate vitamins and minerals, complex carbohydrates, essential fats, and protein. Malnutrition also damages the brain.

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