

HEALTH CARE POLITICS – AN INTEGRATIVE HEALTH VIEW OF A SUPER SENSITIVE SUBJECT

HUGO RODIER MD
Perspectives on INTEGRATIVE MEDICINE

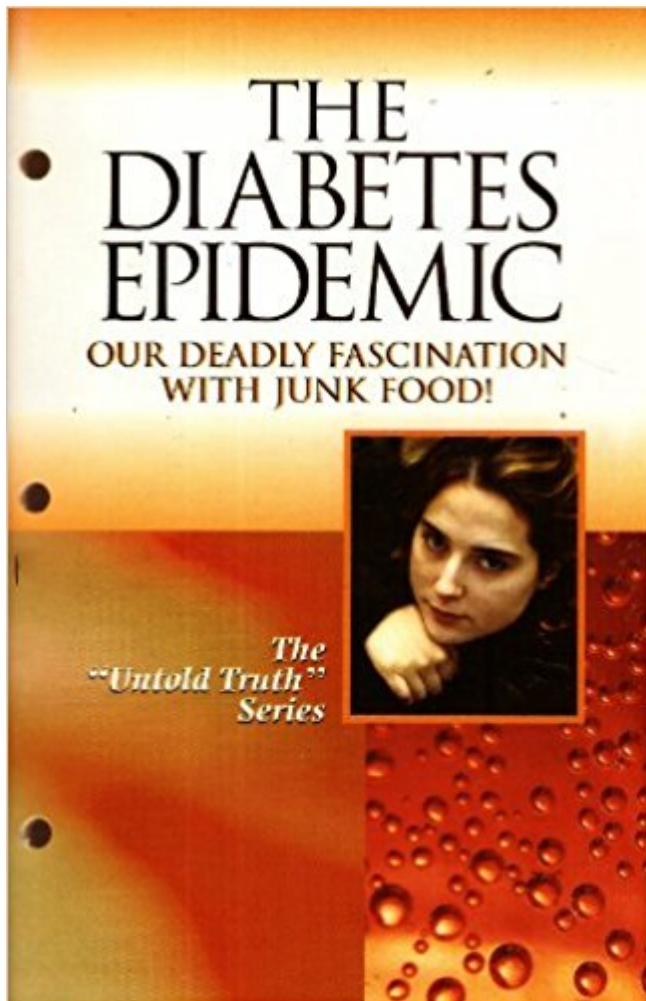
SOMETIMES POLITICS CAN BE AS TOXIC TO YOUR HEALTH AS BAD BACTERIA

The American Health Care Act was pulled last week. What will happen next? Nothing good will, unless politicians stop catering to the corporations that stand to gain the most from our dysfunctional Health Care system. As a nation we must **look for a more integrative solution**. The middle ground is more likely to provide answers that eliminate extremists on both sides of the aisle. On the right we need to stop listening to those who would abandon the disenfranchised. On the left we need to ignore those who would force us into paying for poor, but expensive care.

Consider a few troublesome facts about our Health Care system:

- It ranks dead last in the developed world when it comes to health indicators. But, it spends double the money the leading countries spend. It is run by rapacious Big Pharma and greedy insurance companies. It provides care based on profit, not solid scientific evidence ~85% of the time.
- The top 5 Pharmaceuticals made US\$50 billion in profits in 2015. We are the only industrialized country that does not negotiate lower prices with Big Pharma.
- Premiums are likely to increase while coverage is likely

to decrease.



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Because of these, and many other similar distressing facts, I believe we are having a national discussion on how to provide access into a broken Health Care system. It will be a while before it is fixed. In the meantime, consider the following proposals:

- Have a **Public Option**—a.k.a. Medicaid—for people under 65. We already have that for older people: Medicare. People with catastrophic, devastating health problems would get government-subsidized coverage. Both programs would lower the premiums of rapacious private insurance

companies by providing true competition. Both can be financed by strict adherence to evidence-based practices that eliminates unnecessary care and testing. Further savings can be achieved by negotiating lower drug prices with Big Pharma.

- Those who argue that **Medicare and Medicaid** are not as good overlook the fact that the **cost of operating these two programs is one third that of private insurance companies**. Besides, we already have a two-tier system in education and in practically everything else in our society.
- **Allow patients to buy less coverage**. Do not force them to pay for care they are less likely to use. Health conscious patients know that testing and treating are excessive, and often not necessary. They save money by eating lots of veggies, eschewing sugar and living active lives. Those who are driven by fear may still get whatever care they choose.

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CALORIES IN-CALORIES OUT HAS GOT TO GO!!!

QUESTIONING THE CALORIES IN-CALORIES OUT SCENARIO

Three decades ago I began to question the dogma of “calories

in, calories out.” I got nothing but grief from “learned” colleagues and dieticians. But, the evidence was strong—even back then—that our gut flora, our adrenal glands, and the brain-gut connection have much to do with how we process calories. I began telling my patients that just like there are no two cars that have the same fuel efficiency, people process calories differently.



Today, a few open minded doctors and dieticians are finally vindicating patients who swore they were improving their diets, but they could still not lose weight. Hopefully, that worn out dogma is put to rest soon.

Reference

[An Obesity Manifesto: Debunking the Myths](#)

From [Medscape Diabetes & Endocrinology](#)

March 1st, 2017

When it comes to obesity, myths abound, including the outdated “calories in, calories out” explanation.

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<http://www.medscape.com/viewarticle/875964?pa=Ve9isV4ykrqnjs7M3ixvzAd6bw08KVio8BL0j2mLYv6oxjYu8lgCOMAzoycwfBEr56MI7dGTgNawPfs0tJla9Q>

HUGO RODIER, MD: MARCH'S MONTHLY REVIEW OF MEDICAL JOURNALS

HUGO RODIER MD
Perspectives on **INTEGRATIVE MEDICINE**

INTEGRATIVE HEALTH EDUCATION

A monthly review of 50 medical journals

Volume 18 □ Number 1 □ January 2017

Last month I blogged on the ill-effects of regularly exercising over ninety minutes a day. I hope nobody interprets it—and the report below—as excuses not to exercise. Hugo Rodier, MD

Strenuous exercise may dampen libido in men

The New York Times (2/22, Reynolds, Subscription Publication)

“Well” blog reports on a study published in Medicine & Science in Sports & Exercise finding that “men who exercise strenuously may have a lower libido than those whose workouts are lighter” in what is said to be “one of the first studies” of men, as “most past studies have centered on women.” The study was based on an online questionnaire completed by 1,100 men, most of whom “were experienced athletes who had participated for years in training and competitions.”

BTW, check out the next article reproduced in toto.

Alternative Medicine Might Help Treat Premature Ejaculation
Reuters Health Information ,January 30, 2017.

“Complementary and alternative medicine options may help men manage premature ejaculation, according to a new review of existing research. The improvements were small, and the studies were of varying quality, but preliminary evidence suggests that acupuncture, Chinese herbal medicine, Ayurvedic herbal medicine and a Korean topical cream may all have desirable effects, researchers conclude in the journal Sexual Medicine, online December 29.”

“There are a range of treatments available for premature ejaculation, including drug treatments, behavioral techniques and counseling, however, some men may not want to visit the doctor, take drugs long-term or be on a long wait list for counseling,” said lead author Katy Cooper of the University of Sheffield in the UK. It’s important to evaluate the evidence for other therapies,” she told Reuters Health by email. “To our knowledge, this is the first systematic review to assess complementary and alternative medicine for premature ejaculation.

In the current study, researchers evaluated 10 randomized controlled trials that included comparisons either to another type of treatment or to a placebo. Two studies were of acupuncture, five were of Chinese herbal medicine, one of Ayurvedic herbal medicine and two of Korean topical “severance secret” cream. Together, the two acupuncture studies found that the treatment slightly increased intravaginal ejaculatory latency time (IELT) by about half a minute compared to placebo. Chinese herbal medicine increased IELT by about two minutes, Ayurvedic herbal medicine increased IELT by nearly a minute and topical cream increased IELT by more than eight minutes.

In some instances, a combination of traditional and alternative options was the most effective. For example, Chinese medicine paired with selective serotonin reuptake inhibitors (SSRIs) increased IELT by two minutes longer than SSRIs alone and nearly three minutes longer than the Chinese medicine alone."There are no approved treatments for premature ejaculation," said Donald Patrick, vice chair for research at the University of Washington in Seattle. "This is a common condition that has serious psychological effects on relationships," said Patrick, who wasn't involved in the study. "We need treatments to address it, and it should be treated with equal seriousness as erectile dysfunction.

The prevalence of premature ejaculation is difficult to measure because of the differing definitions of the problem and some men's reluctance to report it. Some studies suggest that between 20 and 30 percent of men report early ejaculation concerns, but the International Society for Sexual Medicine estimates that about 4 percent of men have a lifelong condition.

Although it is not openly discussed in the media – at least not as much as erectile problems have been discussed in the post-Viagra era – numerous studies report men feel frustrated, depressed and anxious because of this problem," said Ege Can Serefoglu of the Bagcilar Training and Research Hospital in Istanbul, Turkey.

The main limitation of the study is the underlying weakness of the studies evaluated. Bias was unclear in most of the studies, and only five used stopwatches to measure IELT, which is the "gold standard" for premature ejaculation studies, Patrick said. In addition, the authors write, the studies are so different, it's tough to draw conclusions about the different options. For example, the five Chinese medicine studies tested different substances, including Qilin pills, Yimusake and Uighur. Some studies, but not all, discussed side effects such as gastrointestinal discomfort, dizziness, mild

pain and decreased libido. When they were reported, the adverse effects were generally mild, the study team writes.

Nowadays, I am encountering alternative medicine-obsessed patients more than I used to, and it doesn't make sense to argue with them about the treatment they want," Serefoglu told Reuters Health by email. "After all, the placebo is a well-known clinical phenomenon, and some of my patients report surprisingly favorable outcomes." <http://bit.ly/2kCpsdv>. J. Sex Med 2016.

Sunshine Therapy

Despite hundreds of articles on the salutary effects of Vitamin D, Big Pharma continues to plant misinformation—fake news—pooh-poohing a natural molecules they have not been able to make significant money on. Will they find something wrong with the study that showed **Vitamin D3 1,100 IU + Calcium 1,500mg reduce the risk of cancer?**[\[1\]](#) And, what will they say about the ones below?

"Two nested case-control studies showed that in young, predominantly white adults in whom samples were collected before clinical disease onset, higher serum levels of 25(OH)D were associated with a reduced risk of developing MS.^{1,2} In the Nurses' Health Study cohorts, higher dietary intake of vitamin D was associated with a lower risk of developing MS among American nurses; supplemental intake of more than 400 IU daily was associated with a 40% reduced risk. A gestational dose of vitamin D per day keeps the MS doctor away." J. Neurology January 3, 2017 vol. 88 no. 1 13-14

Vitamin D3, especially when combined with Omega oils has a significant positive effect on mood, cognition, and assorted mental disorders. [\[2\]](#) Such is the power of natural molecules and nutrition in treating mental issues, including depression. [\[3\]](#) Why, because our brain needs **ENERGY and INFORMATION** contained in good food. Many researchers are

pursuing this line of inquiry for **ALL DISEASES**. They begin with altered **CELLULAR METABOLISM** [\[4\]](#) from bad diets, pollution, and stress, the gut being the first organ to be affected.

The **Brain-Gut connection** continues to amaze with many articles, some of which you have read in this newsletter. The last one I found is on how **the gut flora, when healthy, helps us sleep better.**[\[5\]](#) Despite so many positive articles on non-pharmaceutical treatment and their safety the Health Care system ignores them, and continues to over-emphasize symptomatic treatment with drugs. While they are necessary in many situations, their ineffectiveness is often kept from the public. Check it out:

Common medical practices continue despite research finding they give no benefit or cause harm

"ProPublica (2/22, Epstein) reports in an over-8,000 word story that physicians continue medical practices "years after research contradicts" them, with the result that there is an "an epidemic of unnecessary and unhelpful treatment." The story says "it is distressingly ordinary for patients to get treatments that research has shown are ineffective or even dangerous." It cites a 2013 study finding that of 363 studies published in The New England Journal of Medicine from 2001 to 2010 regarding "a current clinical practice," 146 of them "proved or strongly suggested" the practice was of no benefit or inferior to the previous practice, while 138 found a practice to be beneficial." Medscape 2017

Here is a practical take-home message:

"Nonsteroidal anti-inflammatory drug (NSAID) use during acute respiratory infection (ARI) increases the risk for acute myocardial infarction (AMI) 3.4-fold if taken by mouth and 7.2-fold with parenteral dosing compared with baseline risk without NSAID use or ARI."[\[6\]](#)

More food for thought

Check out these last articles ... if you are still reading.

Eating ten portions of fruit and vegetables daily may prolong life

"CNN (2/23, Vonberg) reports that a new study published by the International Journal of Epidemiology suggests that "eating 10 portions of fruit and vegetables a day could significantly reduce the risk of heart attack, stroke, cancer and early death." Specifically, consuming about 800 grams of fruit and vegetables daily, twice the World Health Organization's current recommendation, "was associated with a 24% reduced risk of heart disease, a 33% reduced risk of stroke, a 28% reduced risk of cardiovascular disease, a 13% reduced risk of total cancer, and a 31% reduction in dying prematurely," compared to not eating fruits and vegetables at all.

TIME (2/23, Sifferlin) reports that the researchers "didn't show why higher portions of fruits and vegetables can led to fewer deaths, but some of the basic nutrients in the produce can improve health."

Homemade baby food may be healthier for infants

"Reuters (2/23, Rapaport) reports that, according to a study published in the International Journal of Obesity, "babies who get homemade food may learn to like a wider variety of food types and be leaner than infants who eat store-bought products." For the study, "researchers examined dietary data on 65 infants and assessments of body fat from exams when infants were 6, 9, 12 and 36 months old." Reuters says that "when researchers scored babies' diets based on how many of seven different food groups they consumed, the infants getting only homemade food achieved scores almost a full point higher than babies getting only store-bought foods." Meanwhile, "at one year of age, babies who ate only homemade food had a lower percentage of body fat than the other infants in the study."

Only 17 percent of US parents say their child's diet is very healthy, survey indicates

"USA Today (2/23, Choi) reports that while "ninety-seven percent of parents in the U.S. think that childhood eating habits determine children's health for their lifetime," just "17% say their child's diet is very healthy, according to a... poll by the C.S. Mott Children's Hospital." USA Today adds, "Sarah Clark, the survey's co-director...said there should be more understanding that it's not easy for many parents to provide a regular, healthy diet for their children."

Fruits, vegetables may reduce COPD risk for smokers

"The New YorkTimes (2/23, Rabin, Subscription Publication) reports that, according to a study published in Thorax, "each additional daily serving of fruits and vegetables that smokers and former smokers eat is associated with a 4 to 8 percent lower risk of their developing chronic obstructive pulmonary disease." The Times says the study "looked at more than 44,000 Swedish men, ages 45 to 79, who completed detailed health and dietary questionnaires." The study found that "men who ate five or more servings of fruits and vegetables a day were 35 percent less likely to develop lung disease than those who ate two servings or less." Meanwhile, the study found no benefit for nonsmokers."

[1] "A critical review of Vitamin D and Cancer," J. Dermatoendocrinology 2009 Jan-Feb; 1(1): 25

[2] "Vitamin D and the omega-3 fatty acids control serotonin synthesis and action, part 2: relevance for ADHD, bipolar disorder, schizophrenia, and impulsive behavior," June 2015 The FASEB Journal vol. 29 no. 6 2207

[3] "A randomized controlled trial of dietary improvement for adults with major depression (the 'SMILES' Trial)," J. BMC Medicine. 2017;15:23.

“Dietary recommendations for the prevention of depression,” J. Nutr Neurosci. 2015 Aug 28. [Epub ahead of print]

[4] Neurometabolic Disorders: Potentially Treatable Abnormalities in Patients With Treatment-Refractory Depression and Suicidal Behavior Am J Psy [Volume 174, Issue 1, January 01, 2017](#), pp. 42

[5] “Ticking in Place for the Microbiome to Message Out,” J. Cell Met 2016;24:775

[6] Report [published online](#) February 2 in the *Journal of Infectious Diseases.*”

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CAN SOCIAL MEDIA REALLY MAKE YOU FAT?

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Far-fetched? Not really. Check out the two articles below.

The first one reiterates what we have known for a long time. Stress increases adrenal hormones, and not just Cortisol as noted, but all **“Glucocorticoids,”** or hormones that mess up how we process sugar.

Stress hormone may be linked to obesity, study suggests

“USA Today_(2/23, Rossman) reports that research suggests “long-term exposure to the stress hormone cortisol” may be linked “to increased levels of obesity and wider waists.” Investigators “collected years of hair samples of about 2,500 people.” The researchers “found obese participants had significantly higher levels of cortisol...than people who were normal weight or overweight.”

CNN (2/23, Lamotte) reports that “the release of cortisol...says” lead author Sarah Jackson, “is triggered by receptors that are densely located in visceral fat tissue, the type that surrounds our organs, which may explain its association with weight gain and loss.” The findings were published in Obesity.”

ANY stress can do the above, whether it is physical, mental, or spiritual, or SOCIAL. As previously documented by many studies, social media tends to be not only about superficial relationships that often motivate people to compete, show off and other behaviors that are not conducive to peace and quiet.

Social media increasing stress levels in Americans, study says

"Blomberg News (2/23, Shanker) reports that last week the American Psychological Association "released a study inding that Americans were experiencing the first statistically significant stress increase in the survey's 10-year history." Bloomberg explains that "in January, 57 percent of respondents of all political stripes said the U.S. political climate was a very or somewhat significant source of stress, up from 52 percent who said the same thing in August." Meanwhile, "on Thursday, the" group "released the second part of its findings," which indicated "43 percent of Americans say they are checking their e-mails, texts, or social media accounts constantly. And their stress levels are paying for it: On a 10-point scale, constant checkers reported an average stress level of 5.3."

Of course, inactivity, and eating poorly, activities often fomented by immersing in social media a little too much are the main drivers of obesity.

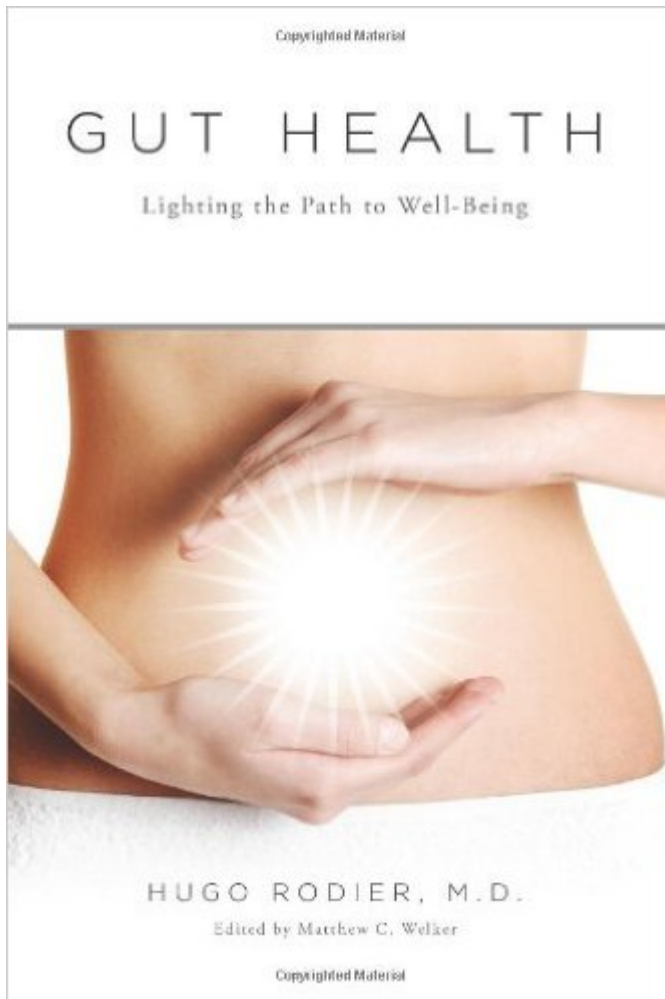
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**THE HEART-GUT CONNECTION – AN
INTEGRATIVE HEALTH VIEW**

THE WAY TO A MAN'S GUT IS THROUGH HIS HEART

I recently heard of a patient of mine with no heart disease signs or symptoms die of a heart attack. His cholesterol was normal and his coronaries were shown to be clean—free of plaque—as he slowly deteriorated and died from uncontrollable heart beat irregularities. Interestingly, right before being emergently admitted to the hospital he had some sort of food poisoning at a local restaurant. His bowel movements were frequent and loose as he slipped away. But, being that his electrolytes (minerals, etc.) were within normal range the GUT- HEART connection was not explored further.

Could it be that the inflammation generated by the infection, or imbalance of gut flora had something to do with the genesis of his heart problem? We will never know, but, there is ample evidence that our intestinal microbiome is at the “heart” of practically all conditions. It does sound farfetched to those who have not followed the burgeoning medical literature on the role of our gut immune system in maintaining our health. But, if you have been studying this website you have hopefully been motivated to eat lots of veggies for the good of your gut microbes who work for you, and your heart.



**Click on the Book Jacket Cover Above for Information
About Dr. Rodier's Full Length Book on Gut Health**

References

The heart and the gut, *European Heart J.* 2013;35: 426

"The heart and the gut seem to be two organs that do not have much in common. However, there is an obvious and clinically relevant impact of gut functions on the absorption of drugs and oral therapies on the one hand. On the other hand, the gut determines the quantity of nutrient uptake and plays a central role in metabolic diseases. Patients with inflammatory bowel diseases appear to have a higher risk for coronary heart disease despite a lower prevalence of 'classical' risk factors, indicating additional links between the gut and the

heart. However, they certainly have a 'leaky' intestinal barrier associated with increased permeability for bacterial wall products. An impaired intestinal barrier function will be followed by bacterial translocation and presence of bacterial products in the circulation, which can contribute to atherosclerosis and chronic heart failure (CHF) as recent data indicate. Impaired cardiac function in CHF vice versa impacts intestinal microcirculation leading to a barrier defect of the intestinal mucosa and increased bacterial translocation."

Intestinal Immunity and Gut Microbiota in Atherogenesis, J. of Atherosclerosis and Thrombosis 2017;24:110-119

"Atherosclerosis is a chronic inflammatory disease. Interventions targeting the inflammatory process could provide new strategies for preventing atherosclerotic cardiovascular diseases (CVD). Previously, we have reported that oral administration of anti-CD3 antibodies, or active vitamin D₃, reduced atherosclerosis in mice via recruiting regulatory T cells and tolerogenic dendritic cells to the gut-associated lymphoid tissues. From this, it is reasonable to propose that the intestine could be a novel therapeutic target for prevention of atherosclerotic CVD. Recently, the association between cardio-metabolic diseases and gut microbiota has attracted increased attention. Gut microbiota, reported to be highly associated with intestinal immunity and metabolism, were shown to aggravate CVD by contributing to the production of trimethylamine-N-oxide (TMAO), a pro-atherogenic compound. We have also previously investigated the relationship between patient susceptibility to coronary artery disease (CAD) and gut microbiota. We found that the order Lactobacillales was significantly increased and the phylum Bacteroidetes was decreased in CAD patients compared with control patients. In this review article, we discuss the evidence for the relationship between the gut microbiota and cardio-metabolic diseases, and consider the gut microbiota as new potential diagnostic and therapeutic tool for treating CVD."

Intestinal microbiota metabolism of L-Carnitine, a nutrient in red meat, promotes atherosclerosis, J. Nature Medicine Epub April 7 2013.

Intestinal microbial metabolism of phosphatidylcholine and cardiovascular risk.

N. England J. Med 2013; 368:1575

Vascular Disease Is Associated With the Expression of Genes for Intestinal Cholesterol Transport and Metabolism, *JCEM* 2016;102 :326-335

Gut Microbial Metabolite TMAO Enhances Platelet Hyperreactivity and Thrombosis Risk, *J. Cell* 2016;165:111

Regression of Atherosclerosis: The Journey From the Liver to the Plaque and Back,

1. *Arterioscler Thromb Vasc Biol.* 2016;36:226

Ninety percent of cholesterol imbalances are due to liver issues,

<https://courses.washington.edu/conj/bess/cholesterol/liver.html>

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MONEY MATTERS IN HEALTH – AN INTEGRATIVE HEALTH VIEW

Money Matters in Health

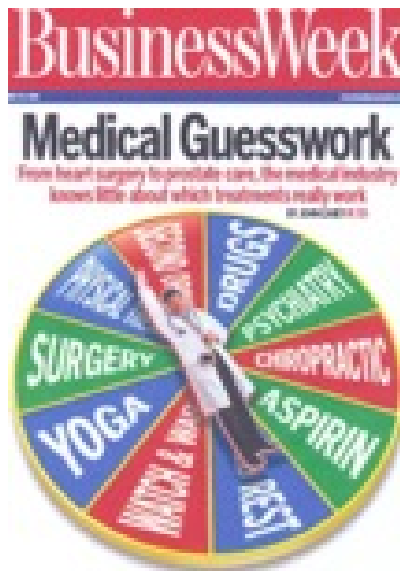
Tuesday February 7th CNN has a debate between Senators Bernie Sanders and Ted Cruz. The former will advocate for a Single Payer System, and the latter for insurance companies to continue to run the Health Care system. I hope you make the time to watch.

When you watch the debate keep in mind these facts: the USA Health Care system only covers 10% of factors that influence health, [\[1\]](#) a fact that ranks our country dead last in the industrialized world. [\[2\]](#) The top 5 countries in health quality spend one half of what we do per patient per year, [\[3\]](#) mostly because insurance companies' overhead expenses are so high, even three times higher than government-run Medicare. [\[4\]](#)

Here is a YouTube video that contains the actual debate. Watch it now or sometime later, after you peruse this article.

<https://www.youtube.com/watch?v=2ugBYg1zbuY>

Lastly, a report showed that ~90% of what our Health Care system does is driven by profits, not evidence.



With these and many other facts in mind I quit the system to do what is best for my patients without insurance companies holding me back. Interestingly, February 2nd, TV Channel 2 had a report in their 10PM news that it is cheaper NOT to use one's health insurance and pay out of pocket in many cases.[\[5\]](#)

Below you will find a sample of many articles appearing in the medical literature expanding on the idea that the health care system is not serving the public well. There is no need to study them if you get the point this blog makes.

Financial ties of principal investigators and randomized controlled trial outcomes: cross sectional study BMJ 2017;356:i6770 Financial ties between principal investigators and the pharmaceutical industry were present in 132 (67.7%) studies.

Industry-backed studies less likely to link sweet drinks and diabetes

The [New York Times](#) (10/31, O'Connor, Subscription Publication) reports researchers from the University of California, San Francisco, performed a meta-analysis of soft drink consumption studies and their "relationship to obesity and diabetes published between 2001 and 2016" and found that "about 60 studies...were fairly rigorous in their methodology."

The [New York Daily News](#) (10/31, Pesce) reports studies backed by the sugar-sweetened beverage industry were less likely to identify a link between sugary drinks and diabetes than those that were funded by other sources, according to a [report](#) published in the *Annals of Internal Medicine*. Mark Hyman, MD, the director of the Cleveland Clinic Center for Functional Medicine, said, “The sugar industry and soda companies are following the same playbook as the tobacco industry did trying to defend tobacco.”

\$4B wasted on mammograms and false positives per year, J. Health Affairs April 6 2015

Revolving door between government and industry Future jobs of FDA’s haematology-oncology reviewers *BMJ* 2016;354:i5055

Evidence Gaps and Ethical Review of Multicenter Studies

1. *Science* 6 November 2015: Vol. 350 no. 6261 pp. 632-633

“Evidence gaps and ethical review of multicenter studies—Large, multicenter clinical studies are the backbone of evidence-based prevention and health care. Ethical review of multicenter research is usually conducted by the institutional review board (IRB) of each participating institution. However, variation in interpretation of regulations by IRBs is common and can have ethical and scientific implications (1, 2). Recent mandates in the United States aim to reduce the administrative burden and to expedite multicenter research by conducting ethical review with a single, central IRB of record (CIRB). Yet the quality of ethical review must not suffer. We characterize current models of ethical review in the United States and identify research gaps that must be addressed before such policies are instituted.”

How 21st century capitalism is failing us, *BMJ* 2014;349:g7516

“It requires a thoroughgoing democratic transformation. The

popularity of Thomas Piketty's book *Capital*¹ was perhaps the publishing surprise of the year, but it is paradoxical for three reasons. Firstly, its 700 academic pages are hardly an inviting bedside read. Secondly, its appeal was primarily to people already worried by rising inequality, even though its main argument is that increasing inequality is built into capitalism and will be hard to overcome. And, thirdly, for those of us who regard a combination of low inequality and little or no economic growth as a precondition for environmental sustainability, Piketty's message is doubly unwelcome: it implies that slower economic growth leads to faster rises in inequality.

So could the attraction of this book—its title echoing Marx's magnum opus—be that it lays the blame for increasing inequality firmly at the feet of capitalism rather than suggesting that minor reforms would solve the problem? The popularity of Naomi Klein's latest book, *This Changes Everything*,² may stem from the same source. Subtitled "Capitalism vs the Climate," it shows how large corporations, particularly fossil fuel companies, have bought off governments and many environmental groups, watering down policy proposals, legislation, and international environmental agreements. Even the much publicised environmental commitments of several major industrialists have not lived up to their promises. The upshot is that we have frittered away the little time we had to substantially reduce carbon emissions so that environmentalists increasingly believe that we are heading for catastrophic temperature rises.

The growing trickle of institutions (including the BMA) disinvesting from fossil fuel companies is a welcome expression of a desire not to be seen to benefit from profits of the companies ultimately responsible for carbon emissions. But exactly who owns their shares and receives their profits makes little difference to the companies themselves. Another recent book that launches a major attack on capitalism, this

time on health grounds, is Nicholas Freudenberg's *Lethal but Legal*.³ He sets out the evidence that the food, alcohol, tobacco, automobile, pharmaceutical, and gun industries are now the main sources of damage to public health. And of course, in the endless conflicts between public and corporate interests, corporations use their huge advertising wealth, media, and political influence to defend themselves to the hilt. They pack regulatory systems with people who will defend their interests, they buy politicians, and continue to maximise the sales of their products in the face of massive evidence of harm—from obesity, drunkenness, smoking related disease, environmental damage, and so on.

If we wanted evidence that the antisocial behaviour of big corporations is a large political problem, their record on tax evasion provides it. Estimates of the cost just of corporate tax avoidance to the UK government vary between £4bn (£5bn; \$6bn) and £12bn depending on whether estimates include things like “legal” profit shifting.^{4 5} (Loss of tax revenues from all sources is estimated as £34bn upwards.)

In 2008, the US Government Accountability Office reported that 83 of the country's biggest 100 corporations had subsidiaries in tax havens.⁶ The Tax Justice Network reported that 99 of Europe's largest 100 companies also used tax havens,⁷ and it estimates that over half of all world trade passes—on paper—through tax havens in order to avoid or reduce taxation. The amount of money lost in tax revenue by developing countries far exceeds all international development aid.^{8 9} As well as tax avoidance and the huge sums of money that Klein shows the fossil fuel industry pours into subverting efforts to reduce carbon emissions, business and its sophisticated marketing and advertising arms is hell bent on maximising sales and consumption—even though consumerism is a big obstacle in the path towards environmental sustainability.

But consumerism is not simply a reflection of the desire of business to sell. It is also an expression of the importance

of status competition among consumers. Research shows that status anxiety is intensified by greater income inequality.⁷¹⁰ As a result, people in more unequal societies give higher priority to buying status goods.¹¹ They also work longer hours, save less, get into debt more.¹² ¹³ ¹⁴ Inequality makes money even more important as it becomes the key to demonstrating our status and worth to each other.

But if our future lies in maximising wellbeing rather than economic activity, we will be aided by what might be called “a convenient truth”¹⁵: rather than benefiting from further economic growth, health and happiness in rich countries is now better served by improvements in the quality of social relations and community life.¹⁶ ¹⁷ It looks as if greater equality would reduce consumerism and improve the social environment.

It should not be beyond the wit of modern societies to ensure that production is undertaken in the service of the public good, humanity, and the planet. The obstacle is that large corporations are so powerful that our democratically elected politicians are afraid to touch them—and far too afraid to start thinking about alternatives.

The Bureau of Investigative Journalism estimated that in a single year the British financial services industry spends more than £92m on lobbying politicians and regulators “in an ‘economic war of attrition’ that has secured a string of policy victories.”¹⁸ What this figure would be if other sectors—pharmaceuticals, food processing, arms, energy, alcohol—were added in is anyone’s guess, but it certainly compromises the democratic political process.

Could an extension of democracy into economic life be part of the solution? More democratic business models include companies owned and controlled directly or indirectly by some or all of their employees, companies with varying degrees of employee representation on boards, consumer cooperatives,

mutuals, and credit unions. They include organisations as different as the London Symphony Orchestra, the Mondragon Cooperatives, Oxbridge Colleges, John Lewis Partnership and Waitrose, Suma Wholefoods, Divine Chocolate, Cafe Direct, and, perhaps more informally, Gore-Tex. Around half the member states of the EU have at least some legal provision for employee representatives on company boards or remuneration committees.[19](#)

Those like Germany, with stronger legislation, have had smaller rises in inequality. Evaluations suggest that more democratic companies not only have smaller income differences within them but also enjoy higher productivity.[20](#) [21](#) As well as reducing income inequality, wholly employee owned companies are also part of the solution to the increasing concentration of capital ownership which is Piketty's focus. More democratic business models would help to disperse capital ownership as well as income from profits. There is even evidence that more democratic businesses are more ethical.[22](#) [23](#) Perhaps then our salvation lies in a thoroughgoing democratic transformation of capitalism.

Swimming against the Current – What Might Work to Reduce Low-Value Care?

N Engl J Med 2014; 371:1280.

“Given the evidence that as much as one third of U.S. health care spending is wasteful, however, health care organizations are now embracing explicit consideration of value and turning their attention to overuse. Reducing overuse could theoretically improve quality while slowing spending growth. American Board of Internal Medicine Foundation's Choosing Wisely program, the U.S. Preventive Services Task Force, and the National Quality Forum have advanced the dialogue about low-value care by identifying services that deserve that label.

Demand-side interventions – targeting patients – principally include financial incentives and education. Increasing patient cost sharing

Supply side: caregivers incentivised is best–risk sharing, in which providers accept financial responsibility for total costs of care. In a national survey, 92% of physicians said they felt responsible for ensuring that patients avoid unnecessary tests and procedures, and 58% believed that physicians were best positioned to do so.

Evidence-based guidelines, i.e. Canada gives up on PSA CMAJ Epub October 27 2014

Transitioning to a population-health focus

To address overuse, we now need to work against the current of culture and payment models that still largely reward volume over value

Price, cost, and competition in health care, JAMA October 22/29 2014 Cover issue: Editorial page 1639: “Who benefits from health system change?” Not the patients.

[The Oregon experiment re-examined: the need to bolster primary care](#)

BMJ 2014;349:g5976

Drug Companies’ Patient-Assistance Programs – Helping Patients or Profits?

N Engl J Med 2014; 371:97

[Too much medicine](#) BMJ 2013;346:f1328

Pinching the poor? Medicaid cost-sharing under the ACA.

New Engl J Med. 2014 Mar 27;370(13):1177-80.

“If this sort of flexibility encourages more states to expand

Medicaid, most low-income adults will be better off for the effort – since some cost sharing is almost certainly preferable to being left without any coverage at all.”

The US Health Disadvantage Relative to Other High-Income Countries, JAMA 2013;309:771. Institute of Medicine Report

“The US spends more on HC than does any other country, but its health outcomes are generally worse than those of other wealthy nations... Although this disadvantage has been increasing for decades, its scale is only now becoming more apparent.”

“Shorter life expectancy than 16 wealthy nations (including newborns)... The USA ranks near the bottom on both prevalence and mortality for multiple diseases, risk factors and injuries.”

“Why? A lack of Universal health Care, weaker primary care, greater barriers to access and care coordination is also a problem.”

“People in the US consume more calories... pronounce income inequality... high rates of poverty... The US ranks below other countries in social mobility.”

“The US health disadvantage may only worsen with time... committee urged prompt action of proven strategies such as those outlined in Health People 2020 and the recommendations of the National Prevention Council which target the conditions responsible for the US health disadvantage-from infant mortality to injuries, obesity and chronic diseases.”

[What Business Are We In? The Emergence of Health as the Business of Health Care](#), New England Journal of Medicine 2012;367:888.

“Although doctors and hospitals focus on producing health care, what people really want is health. Health care is just

an expensive means to that end. What lessons can we learn from companies that failed because they didn't recognize the larger business they were in?"

[From Sick Care to Health Care – Reengineering Prevention into the U.S. System](#), New England Journal of Medicine 2012;367:888.

"Flexner's acute care model remains securely embedded in the U.S. health care system. But given our chronic-disease epidemics, unsustainable costs, poor outcomes, frequent medical errors, and worsening health disparities, we must replace it with a prevention model."

[1] "Bridging the divide between health and health care," JAMA 2013;309:1121

[2]

<http://www.ajmc.com/contributor/julie-potyraj/2016/02/the-quality-of-us-healthcare-compared-with-the-world/>

[3] "[Health system report ranks UK first, US last](#)," BMJ 2014;348:g408. US last of 11 industrialized nations. They spend \$3,406 on average. US \$8,508, Commonwealth Fund report June 17 2014. "The state of USA health," JAMA 2013;310:591.

[4]

<https://www.bloomberg.com/news/articles/2013-04-10/the-reason-health-care-is-so-expensive-insurance-companies>

[5] Video available on request.

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TRUMP, THE MEDIA AND BIG PHARMA – AN INTEGRATIVE HEALTH VIEW

HUGO RODIER MD
Perspectives on **INTEGRATIVE MEDICINE**

Trump, the Media and Pharmaceutical Ads An Integrative Health View

Warning: no matter how you feel about our President you will likely not like this blog. Such is the fate of any article that seeks a middle ground in our polarized society.

It is disturbing to have a President so contemptuous of the media. His pronouncements makes many of us fear an escalation of rhetoric that may edge dangerously close to censorship. Even Fox News agrees with this. But, no news outlet—and especially not Democrat-leaning CNN—has been courageous enough to admit at least a modicum of truth in the President's assertions that the media is corrupt, a statement the media ridicules as a "conspiracy theory." But, lets' look at some facts that should cause us to ponder the possibility that something is rotten in Denmark.

From my perspective as an Integrative Health specialist I see a glaring problem with the media; it is not as squeaky clean as they would like us to believe. Hear me out: approximately

half of commercials during National News programs on TV are about pharmaceutical drugs, and about one eighth of total commercials during regular programming, a practice that only the USA and New Zealand allow. The networks heavily depend on Big Pharma's money to operate, especially their reporting of the news. This explains why they seldom comment on the health problems caused by the excessive prescribing of expensive medications that only address symptoms. Remember the movie *The Insider*? Check it out. It is about how 60 Minutes caved in to pressure from the tobacco industry—then heavily advertising on all the networks—and failed to initially report on how addicting tobacco is.

Excessive advertisement of pharmaceutical drugs entices both patients and doctors to overuse them; the result is the cavalier use of them in rushed visits that often fail to discuss the drugs' side effects and their failure to address the breakdown of homeostasis at the cellular level. Last week I saw an 85 year old woman barely able to function. She needed a walker to slowly follow her family into my office. Her mind was just as sluggish. They asked me to evaluate the 22 prescription medicines she was on, most of them prescribed during rushed ten minute appointments with doctors who abruptly end the consult when it becomes clear to them which drug will treat the symptom she described. Together we reduced her "polypharmacy" [\[1\]](#) to eight drugs, half of which could also be stopped if she were fed better food at her Assisted Living facility. Today I called her family to see how she was coming along. They were happy to report she was moving better, had more energy, and was able to speak and cogitate more clearly.

Is the media influenced by those who buy their commercial slots? Could the media's judgment be compromised? Is it biased when reporting on issues that impact its clients, the advertisers? Is the media also failing to report embarrassing facts when it comes to other industries, like the Industrial Complex and Energy Production? Could this color our view of

international affairs?

One thing is for sure. “What we have here is a failure to communicate.”

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ON REPEALING THE AFFORDABLE CARE ACT

HUGO RODIER MD
Perspectives on **INTEGRATIVE MEDICINE**

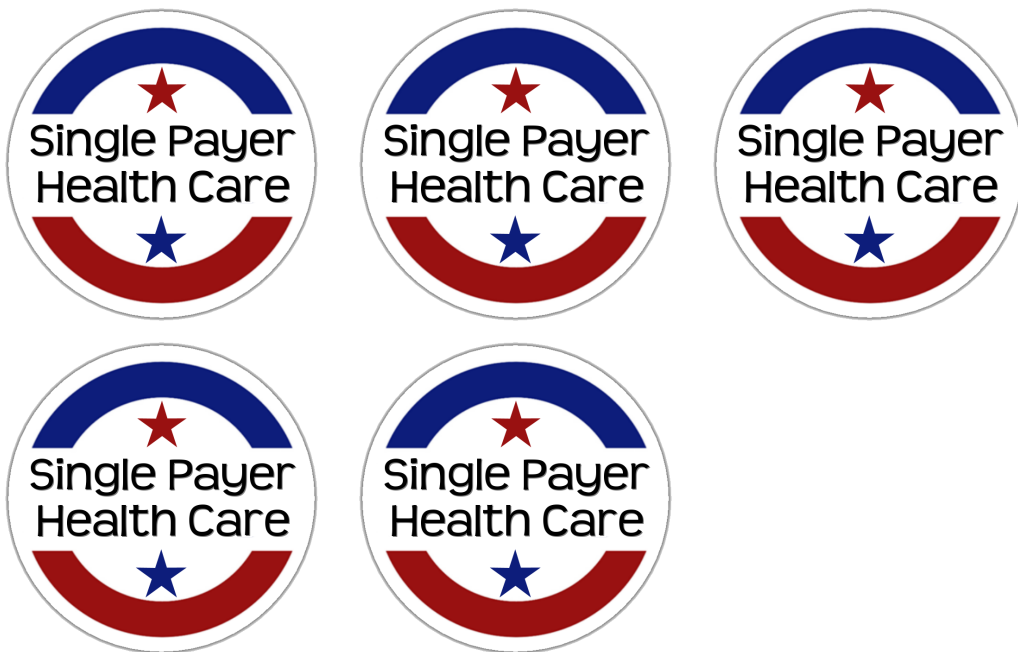
Should We Repeal the Affordable Care Act?

Yes, please, do ASAP. Now that I got your attention stick around long enough to read this: my reasons for disliking it will upset extremists on both sides of the political aisle.

ACA has indeed provided relief for many. Some of its features should be retained, such as allowing pre-existing conditions, enrolling young people in parents' plans, etc. But, the fundamental flaw in ACA is that it is forcing people to participate AND it only covers 10% of the factors that impact

people's health. This is why it is inefficient and too expensive.

I say repeal it in favor of a Single Payer System that allows people to opt out without penalties. Get rid of insurance companies and curb Big Pharma's excessive profits and shenanigans. They have been the main winners in ACA, not the people. Let's use the money saved to teach people to be healthy and prevent disease!



References

US health care system remains among least efficient in the world, [Bloomberg News](#) (9/29/2016Du)

"The US health care system "remains among the least efficient in the world." The United States "was 50th out of 55 countries in 2014, according to a Bloomberg index that assesses life expectancy, health care spending per capita and relative spending as a share of gross domestic product." The US system "tends to be more fragmented, less organized and coordinated, and that's likely to lead to inefficiency," said Paul Ginsburg, a professor at the University of Southern California and director of the Center for Health Policy at the Brookings Institution in Washington. Ginsburg opined that the Affordable

Care Act may boost spending “because we know that insured people use more services than uninsured people.”

Bridging the divide between health and health care, JAMA 2013;309:1121

“Health Care delivery accounts for only 10% of preventable deaths, with the remainder attributable to personal behaviors, social and environmental determinants, and genetic predispositions. As currently constituted the Health care delivery system has little direct control over these other factors. However, consensus is developing that truly controlling health care costs and improving the overall health of Americans will require a much closer partnership, permeable boundaries, and increased interdependence among the health care delivery system, the public sector, and the community development and social service sectors... To create a culture of health will require creating a market for health, moving away from the current market for treating disease.”

**HUGO RODIER, MD: A MONTHLY
REVIEW OF MEDICAL JOURNALS**

INTEGRATIVE HEALTH EDUCATION

A monthly review of 50 medical journals

Volume 18 □ Number 1 □ January 2017

Most people have or have had insomnia at point in their lives. It can be a source of frustration and fatigue. Unfortunately, most resort to some kind of drug to address the problem, even when they may have discovered that they only treat the symptoms, not the roots of insomnia. In previous newsletters we have addressed three factors that inflame the brain so that it cannot relax, or fall asleep at the proper times. The most important is the Brain-Gut connection. If you have any gut problems at all, think of the inflammation generated therein ends up affecting the brain. Most gut problems are due to poor diets, antibiotics, and chemicals like acid-blocking drugs.

Gut problems also affect the other two factors we have addressed herein: Adrenal (inability to fall asleep,) and Liver (inability to stay asleep or early awakening) problems. Changing one's diet and optimizing Gut, Adrenal and Liver function with supplements will take care of insomnia in most people. This is why two table spoonfuls of apple cider vinegar with one of raw honey in hot water can help you sleep better. If not, ponder the implications of the two articles highlighted below. Hugo Rodier, MD

Smartphone screen time tied to lower quality sleep.

“[Reuters](#) (11/9, Doyle) reports smartphone screen time is tied to lower quality sleep, according to a [study](#) published in the PLoS ONE. Researchers used a mobile app to calculate how much time spent looking at smartphone screens and found that an

increase in screen time was correlated with lower quality sleep.

[CNN](#) (11/9, Scutti) reports researchers found that screen time “near bedtime” was more closely correlated with lower quality sleep. Gregory Marcus, MD, of the University of California, San Francisco, the study’s lead author, said, “When we looked at smartphone use around the time when participants reported they went to bed, more smartphone use around that time in particular was associated with a longer time to fall asleep and worse sleep quality during the night.”

Fighting Depression by Staying Awake. [\[1\]](#)

Insomnia is a common symptom of major depression, and yet sleep deprivation can be part of the solution for a patient seeking quick relief.

A mouthful of warnings about your gut

Dental **cavities** in the young and **periodontal disease of the gums** in the old are reflections of poor gut flora. They are the tip of the iceberg signaling that our immune-detox system is not optimal, which may lead to more serious problems in the future, even heart problems. Not surprisingly, changing one’s diet (**more veggies fiber, less refined sugars**) will improve those common oral problems and lower the risk of a heart attack.

Dietary Fiber Intake Is Inversely Associated with Periodontal Disease among US Adults

1. Nutr. 2016 146: 2530 **Severe Periodontitis Is Associated with Insulin Resistance in Non-abdominal Obese Adults**
JCEM 2016 101(11), pp. 4251–4259

While you change your diet you may try **Xilitol**, a “naturally found in low concentrations in the [fibers](#) of many [fruits](#) and [vegetables](#), and can be extracted from various [berries](#), [oats](#),

and [mushrooms](#), as well as fibrous material such as [corn husks](#) and [sugar cane bagasse](#). However, industrial production starts from [xylan](#) (a [hemicellulose](#)) extracted from hardwoods¹ or corncobs.”[2] It comes in many preparations, such as chewing gum, toothpaste and mouth rinses to combat cavities and periodontal disease.[3] It is used as a sweetener in many products, including soda pop. It has been shown to reduce insulin resistance.[4]

Exposure to sunlight may reduce risk of myopia

“The [New York Times](#) (12/1, Bakalar, Subscription Publication) reports exposure to sunlight may reduce the risk of developing myopia, according to a new [study](#) published in JAMA Ophthalmology. Researchers found that seniors “with the highest UVB exposure, especially in the teenage and young adult years, had about a 30 percent lower risk for myopia than those with the lowest exposure.”

[USA Today](#) (12/1, Rice) reports the researchers found that exposure to UVB “between the ages of 14 and 29 years was associated with a significant decrease in the chance of developing nearsightedness as an adult.” The article points out that a previous study found that the number of Americans with myopia between the ages of 12 and 54 increased from 25 percent to 41.6 percent from the early 1970s to the early 2000s.”

Racquet sports most effective at reducing risk of death from heart disease or stroke

“[Reuters](#) (11/29, Kelland) reports on a study published in the British Journal and Sports Medicine, based on “data from 11 annual health surveys for England and Scotland carried out between 1994 and 2008, covering 80,306 adults with an average age of 52,” found that “swimming, racquet sports and aerobics are associated with the best odds of staving off death, and in particular of reducing the risk of dying from heart disease or

stroke.” It found that the risk of death was reduced the most by racquet sports (47 percent), swimming (28 percent), aerobics (27 percent), and cycling (15 percent), while racquet sports reduced the risk of death from heart disease and stroke by 56 percent, compared to 41 percent for swimming, and 36 percent for aerobics.

[TIME](#) (11/29, Park) reports one reason why swimming and racquet sports showed a greater reduction in risk is that they “inherently require a pretty intense level of exercise.”

Healthy lifestyle may reduce heart risks regardless of genetics (google “epigenetics.”)

“The [New York Times](#) (11/13, A19, Kolata, Subscription Publication) reports that research suggests that “genetics” may not be “destiny when it comes to heart disease.” Investigators looked at data on approximately 55,000 people. The researchers found that “by living right – by not smoking, by exercising moderately and by eating a healthy diet heavy in fruits, vegetables and grains – people can tamp down even the worst genetic risk.” The [findings](#) were published in the New England Journal of Medicine and presented at the annual meeting of the American Heart Association.”

Amino Acid Update

Arginine Metabolism Revisited

1. Nutr. 2016 146: 2579S–2586S

Safety and Effectiveness of Arginine in Adults

1. Nutr. 2016 146: 2587S–2593S

Parenteral or Enteral Arginine Supplementation Safety and Efficacy

1. Nutr. 2016 146: 2594S–2600S

Arginine Arms T Cells to Thrive and Survive, J Cell Met [Volume](#)

[24, Issue 5, p647–648, 8 November 2016](#)

A Perspective on the Safety of Supplemental Tryptophan Based on Its Metabolic Fates

1. *Nutr. 2016 146: 2601S–2608S*

Tryptophan Intake in the US Adult Population Is Not Related to Liver or Kidney Function but Is Associated with Depression and Sleep Outcomes

1. *Nutr. 2016 146: 2609S–2615S*

Leucine and Mammalian Target of Rapamycin–Dependent Activation of Muscle Protein Synthesis in Aging

1. *Nutr. 2016 146: 2616S–2624S*

Efficacy and Safety of Leucine Supplementation in the Elderly

1. *Nutr. 2016 146: 2625S–2629S*

Safety and Tolerability of Leucine Supplementation in Elderly Men

1. *Nutr. 2016 146: 2630S–2634S*

The Safety and Regulatory Process for Amino Acids in Europe and the United States

1. *Nutr. 2016 146: 2635S–2642S*

The Importance of Quality Specifications in Safety Assessments of Amino Acids: The Cases of l-Tryptophan and l-Citrulline

1. *Nutr. 2016 146: 2643S–2651S*

Proposals for Upper Limits of Safe Intake for Arginine and Tryptophan in Young Adults and an Upper Limit of Safe Intake for Leucine in the Elderly

1. *Nutr. 2016 146: 2652S–2654S 30 grams for Arginine, 500 mg for tryptophan*

[1] Journal Scientific American, Nov 1 2016.

[2] Wikipedia

[3] “Xylitol Inhibits Inflammatory Cytokine Expression Induced by Lipopolysaccharide from *Porphyromonas gingivalis*,” *J. Clin Diagn Lab Immunol*. 2005 Nov; 12(11): 1285–1291.

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**DR. RODIER’S ADVICE AND WISH
FOR A HAPPY NEW YEAR- LEARN
TO DEACCELERATE!**

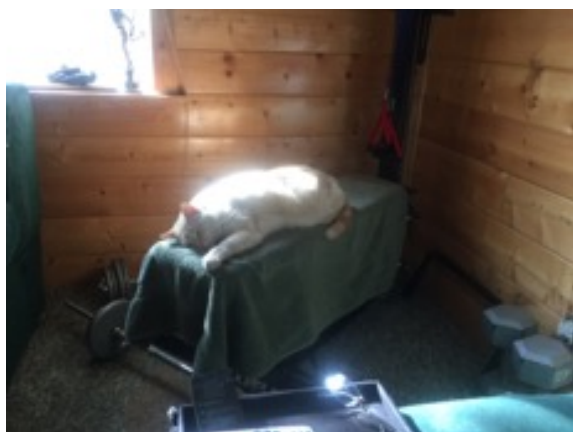
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Perspectives on INTEGRATIVE MEDICINE

Advice for A Happy New Year!

My most fervent wish for you is that you are able to “decelerate” in this age of “accelerations.” (“Thanks for

being late," 2016 book by Thomas L. Friedman.) In the maddening rush to secure more and more material things we run the risk of overworking and spending too much time caught up in a rat race. I hope you are able to live a simple lifestyle so you may take naps, read and ponder every day what is truly important in your life, your family's and your loved ones in 2017.

I have learned a lot from him...



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