INTRODUCTORY REMARKS MARCH 26-27, 2001

2 DAY SESSION WILL UTILIZE A **COMBINED FORMAT OF INVITED PRESENTATIONS AND BREAKOUT SESSIONS**

DAY 1 - THE MAJOR TOPIC IS **CAM INFORMATION DEVELOPMENT AND DISSEMINATION**. THIS IS ONE OF THE FOUR MAJOR CONCERNS PRESENTED IN THE EXECUTIVE ORDER

- CAM INFORMATION FROM **GOVERNMENT, ACADEMIA AND THE PUBLIC ON THE INTERNET**
- CAM INFORMATION IN THE **MEDIA INCLUDING NEWSPAPERS, TELEVISION, RADIO, AND MAGAZINES**
- A DISCUSSION OF THE **EVALUATION OF CAM INFORMATION** WILL FOLLOW
- ASPECTS OF **ADVERTISING AND MARKETING CAM INFORMATION**

DAY 2 - THE PRINCIPAL FOCUS WILL BE ON CAM IN **SELF-CARE AND WELLNESS** THIS IS A MAJOR AREA OF CONCERN AS IDENTIFIED BY THE COMMISSION

- DISCUSSION OF INTEGRATIVE APPROACHES TO **WELLNESS IN FAMILIES, WITH CHILDREN, AND IN COMMUNITIES**
- FOCUS ON **NUTRITION AND INTEGRATIVE APPROACHES TO WELLNESS**
- WE WILL CONCLUDE WITH A DISCUSSION ON **SELF CARE AND WELLNESS**

THE **OPEN PUBLIC SESSION** WILL BE ON TUESDAY FROM ABOUT 2:30 UNTIL 3:45. WITH THE LIMITED TIME AVAILABLE WE HAVE FILLED UP THE SLOTS.

NEXT MEETING IS SCHEDULED FOR MAY 14-16. THE FOCUS WILL BE ON **COVERAGE AND REIMBURSEMENT FOR CAM SERVICES AND PRODUCTS**. WE WILL ALSO HAVE **CONTINUED DISCUSSIONS ON THE COORDINATION OF RESEARCH** PLEASE CHECK OUR WEBSITE FOR SIGN UP FOR OUR NEXT MEETING PLEASE NOTE YOU CAN ALWAYS SEND ADDITIONAL INFORMATION OR YOUR COMMENTS TO THE STAFF OFFICE THROUGH THE INTERNET WEBSITE. LOCATION IS NOT SET AT THIS TIME. TRYING TO GET BACK INTO OUR FORMER MEETING SITE

THE JULY 2-3 MEETING WILL FOCUS ON **THE PREPARATION AND REVIEW OF THE INTERIM REPORT**. LOCATION IS NOT SET YET.

PLEASE NOTE WE HAVE NO FURTHER TOWN HALL MEETINGS SCHEDULED FOR THE FUTURE. THE LAST TOWN HALL MEETING IN MINNEAPOLIS WAS GUIDED BY A LOCAL PLANNING COMMITTEE COORDINATED BY **DIANNE MILLER AND MARY JO KREITZER.** OUR THANKS TO EACH OF THEM FOR THEIR ASSISTANCE TO THE COMMISSION.

THANK YOU TO **CORINNE AXELROD** WHO HANDLED THE LEAD IN THE PLANNING FOR THIS MEETING.

LUNCH NOTES

CONGRESSIONAL RESEARCH SERVICES PLAN TO OBTAIN A SUMMARY OF CAM-RELATED ACTIVITIES IN THE FEDERAL SECTOR.

PROCEDURES FOR **WRITING AND REVIEW OF REPORT** - PLANNING COMMITTEES DISCUSSION OF PLANS FOR INTERIM REPORT IN JULY JIM SWYERS

USE OF THE TERM CAM FOR THE REPORT (OUR VERSION OF A DEFINITION)

PRESENTATION TO **REPUBLICAN AND DEMOCRATIC PARTY CAUCUSES IN THE HOUSE AND SENATE** IS UNDER DEVELOPMENT FOLLOWING A DEAR COLLEAGUE LETTER FROM SEVERAL SENATORS' OFFICES.

DEVELOPING PLANS FOR A **BRIEFING TO SECRETARY THOMPSON OF DHHS** TO DISCUSS PLANS, GOALS, AND NEEDS OF THE COMMISSION

HCFA BRIEFING ON APRIL 2 PRELIMINARY TO MAY 14-15 MEETING

WE NEED COMMISSION MEMBERS TO IDENTIFY **AREAS THAT WE HAVE MISSED** IN THE MEETINGS HELD THUS FAR. PLEASE INFORM THE STAFF AND WE WILL DISCUSS AN APPROACH TO OBTAIN THE INFORMATION. IT MAY NOT BE AN AGENDA ITEM, RATHER IT COULD BE A REQUEST FOR WRITTEN INFORMATION TO DISSEMINATE TO THE COMMISSION.

Groft, Stephen (NCCAM)

From: Groft, Stephen (NCCAM)
Sent: Friday, March 23, 2001 4:56 PM
To: 'Sabrina_Corlette@labor.senate.gov'; Chang, Michele (NCCAM)
Subject: RE: CRS report

Sabrina,

I think it would be helpful for us and you to have an idea of all current activities related to CAM. These could includethe following: (1) Agency/Department supported CAM Research Activities; (2) Education and training activities related to CAM for both conventional health care providers and CAM practitioners; (3) Information development activities related to CAM that are directed to health care providers and the public; and (4) Extension or expansion of coverage programs, access to CAM services in the workplace, providing CAM services in employee benefits programs, or reimbursement programs for CAM services or products. We could provide a list of CAM-related interventions if necessary. Or if you like, we could develop specific questions to be used in the request.

Thank you.

Steve Groft
-----Original Message-----
From: Sabrina_Corlette@labor.senate.gov
mailto:Sabrina_Corlette@labor.senate.gov]
Sent: Friday, March 23, 2001 2:26 PM
To: Chang, Michele (NCCAM)
Subject: CRS report

> can you tell me EXACTLY what you are looking for from CRS? They don't seem to understand the request.

INTRODUCTORY REMARKS MARCH 26-27, 2001

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White House Commission on Complementary and Alternative Medicine Policy

6701 Rockledge Drive, Suite 1010, MS-7707, Bethesda, Maryland, 20817-7707
tel: 301-435-7592, fax: 301-480-1691, e-mail:whccamp@mail.nih.gov
Website: whccamp.hhs.gov

March 22, 2001

Dear Commissioner:

Welcome to Washington, D.C. for our Meeting on CAM Information Development and Dissemination, and on Self-Care and Wellness. As you know, the meeting will be held at the Hyatt Regency, Capitol Hill, 400 New Jersey Avenue, Washington, DC.

Enclosed is your briefing book for our meeting. In particular, please review :

- Tab I: the Agenda, which has been annotated to include speaker's guidelines for your reference. These guidelines will help you to formulate questions for the panelists.
- Tab E: Background Reading on Wellness. This section will provide you with an important context for the discussions on Day Two.
- A FULL slate of people have pre-registered to provide oral statements on Day Two. There will be NO on-site additions. Tab IV provides you with any preliminary notes from public presenters that we have thus far. Time is limited during this session; please limit your discussion to one-or two specific questions.

During Lunch on Day, Commissioners Gordon, DeVries, Jonas, Larson, Pizzorno will be invited to provide insights learned from the Minnesota Town Hall on March 16. Materials will be provided at lunch.

During Lunch on Day Two, Commissioner Jonas and our writer/editor, Jim Swyers, will moderate a discussion of usage of the term "CAM" for the purposes of our Final Report, based on the draft document already e-mailed/faxed to you.

The shuttle to the Hyatt Regency will be available outside the main lobby of the St. Gregory for boarding by 7:00 a.m. and will leave the St. Gregory for the Hyatt Regency promptly at 7:20 a.m. It will shuttle us back to the St. Gregory at 6:15 p.m. on Monday night only.

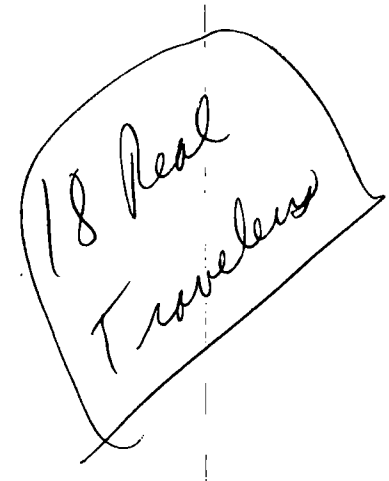
Breakfast and lunch will be provided at the meeting site. We will again offer a no-host dinner at 7:00 p.m on Monday night at Donna's restaurant at the St. Gregory to provide you with the chance to socialize with one another and with several of our out-of-town speakers. Please see the attached menu, which has been changed at your request to include new items, including a vegetarian option.

Happy reading and happy resting. We look forward to seeing you!

Sincerely,

Stephen C. Groft, Pharm.D.
Executive Director

Michele M. Chang, CMT, MPH
Executive Secretary


18 Real
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Divider Title: I. AGENDA

White House Commission on Complementary and Alternative Medicine Policy

Hyatt Regency Hotel on Capitol Hill
400 New Jersey Avenue, N.W.
Washington, DC 20001

March 26-27, 2001

AGENDA

DAY ONE: MONDAY, MARCH 26, 2001

CAM Information Development And Dissemination

7:30 a.m. Registration opens

8:00 a.m. Opening Remarks and Introductions

- Stephen C. Groft, Pharm.D.
  Executive Director, White House Commission on Complementary and Alternative Medicine Policy

- James S. Gordon, M.D.
  Chair, White House Commission on Complementary and Alternative Medicine Policy

8:15 a.m. CAM Information on the Internet: Government, Academia, and Public

- Irene Liu, M.P.H., C.H.E.S.
  National Center for Complementary and Alternative Medicine, NIH

- Sheldon Kotzin
  National Library of Medicine, NIH

*Speaker Guidelines:(*NCCAM & NLM):
As government agencies, what are your responsibilities to provide CAM information to the public; what sources are available and how are they selected; what process is used to determine accuracy of the information; what are the barriers people have to accessing CAM information and how can they be overcome; what types of information is being requested; what types of people and organizations are requesting CAM information; what are your future plans for providing CAM related information; what suggestions do you have for the Commission; etc.

- Dale Ogar
  University of California Berkeley Wellness Letter

Speaker Guidelines:
As a large academic institution, what is UC Berkeley doing to provide CAM information to the public and university community; what sources are used for the information and how are they selected; what process is used to determine accuracy of the information; what are the barriers people have to accessing CAM information and how can they be overcome; what types of information is being requested; what types of people and organizations are requesting CAM information; what are your future plans for

providing CAM related information; what recommendations should the Commission consider in their report to the President and Congress, etc.

- Burton Goldberg
  AlternativeMedicine.com

- Peter Chowka
  Natural Health Line

- Andrew Weil, M.D.
  Ask Dr. Weil

Speaker Guidelines (Goldberg, Chowka, Weil):
As private internet sites, how do you assure that the information you provide is accurate; what types of information is being requested; what types of people and organizations are requesting CAM information; what are your future plans for providing CAM related information; what recommendations should the Commission consider in their report to the President and Congress, etc.

9:15 – 9:55 a.m. ◆ Discussion (40 minutes)

9:55 - 10:10 a.m. **15-MINUTE BREAK**

10:10 a.m. CAM in the Media: Newspapers, Magazines, Television, and Radio

Session Guidelines (all speakers):
How much CAM-related information are you providing and why; what topics are covered and how are they selected; how is accuracy of the information is determined; whom do you rely on for expert advice; how does corporate sponsorship influence the information provided; what would help provide more accurate, balanced, and useful information; who is your target audience; do you target information to people of different educational and literacy levels and people of different cultural, ethnic, and racial groups; what changes do you see over the next several years in your programming; what recommendations should the Commission consider in their report to the President and Congress, etc.

- Craig Stoltz, M.A.
  Washington Post

- Sara Altshul
  Prevention Magazine

- Christine Gorman, M.A.
  Time Magazine

- Susan Schiller
  CBS Evening News

- Joe Neel
  National Public Radio

- Elmer Huerta, M.D., M.P.H.
  Prevención

11:10 – 11:50 a.m. ◆ Discussion (40 minutes)

11:50 - 12:55 p.m. **LUNCH BREAK**

1:00 p.m. Evaluation of CAM Information

- Harrison "Lee" Raine, M.S.
  Pew Internet and American Life Project

- Susan Detwiler, M.B.A.
  The Detwiler Group

Speaker Guidelines (Pew and Detwiler):
What is your assessment of the current state of CAM information on the internet; how accurate is the information; how accessible is the information; what are some good and bad examples of CAM information on the internet; what can be done to promote quality and broaden the scope of information; what is the future of CAM information on the internet; what recommendations should the Commission consider in their report to the President and Congress, etc.

- V. Srini Srinivasan, Ph.D.
  U.S. Pharmacopeia

- Lucinda Maine, Ph.D.
  American Pharmaceutical Association

Speaker Guidelines (USP and APhA):
What is the current state of information on nutritional and dietary supplements; how is this information developed; how accurate is the information; how accessible is the information; what are some good and bad examples of nutritional and dietary supplement information; what can be done to promote accuracy in the information; what is the future of nutritional and dietary supplements information; what recommendations should the Commission consider in their report to the President and Congress, etc.

- David Schardt, M.S.
  Center for Science in the Public Interest

- Christopher Hendel, M.S.
  Consumer Reports

Speaker Guidelines (CSPI and CR):
What is the current state of information on CAM in the media; how accurate is the information; how accessible is the information; what are some good and bad examples of CAM information in the media; what can be done to promote accuracy and quality of the information; what is the future of CAM information in the media; how do you evaluate what CAM information consumers want; what recommendations should the Commission consider in their report to the President and Congress, etc.

2:00 – 2:40 p.m. ◆ Discussion

2:40 – 2:50 p.m. **15-MINUTE BREAK**

2:50 p.m. CAM Marketing and Advertising

◆ Michelle Rusk, J.D.
Federal Trade Commission

Speaker Guidelines:
What is the role of the FTC in the advertising and marketing of CAM information and products; what has FTC done to assure that the advertising and marketing of CAM information and products is accurate; how do they decide what claims to investigate; what is the process; what barriers do they have in their oversight responsibilities; what recommendations or issues should the Commission consider in their report to the President and Congress, etc.

◆ Christine Lewis, Ph.D., R.D.
U.S. Food and Drug Administration

Speaker Guidelines:
What is the role of the FDA in the labeling of CAM information and products; what has FDA done to assure that the labeling of CAM information and products is accurate; how do they decide what claims to investigate; what is the process; what barriers do they have in their oversight responsibilities; what recommendations or issues should the Commission consider in their report to the President and Congress, etc.

◆ Sarah E. Taylor, J.D., R.D., M.P.H.
Covington & Burling

Speaker Guidelines:
How do corporations assure that their marketing and advertising is accurate; what responsibility do they have in providing information to the consumer; what barriers do they encounter in promoting their products; are there any aspects of current law that may need changing to help assure corporate responsibility and/or public safety; what recommendations should the Commission consider in their report to the President and Congress, etc.

◆ R. William Soller, Ph.D.
Consumer Healthcare Products Association

Speaker Guidelines:
What are the issues for consumers on the marketing and advertising of CAM information and products; is the information provided to consumers accurate, adequate, and useful; what are the barriers to consumers getting the information they need; what responsibility do companies have in providing information to the consumer; are current regulations adequate to assure consumer access and assure consumer safety; what recommendations should the Commission consider in their report to the President and Congress, etc.

◆ Mark Land
Boiron Homeopathic Products

Speaker Guidelines:
How do companies such as Boiron develop and provide information about their products to the public; how do they assure that their marketing and advertising is accurate; what responsibility do they have in providing information to the consumer; are there any liability issues; what barriers do they encounter in promoting their products; are there any aspects of current law that may need changing to help assure corporate responsibility and/or public safety; what recommendations should the Commission consider in their report to the President and Congress, etc.

3:40 – 4:20 ◆ Discussion (40 minutes)

4:20 – 5:20 p.m. Commission Workgroups

Breakout Room Workgroup #1 - CAM Information (Internet and Media)
Facilitator: Veronica Gutierrez

Plenary Room Workgroup #2 – CAM Marketing and Advertising
Facilitator: George DeVries

5:30 – 6:10 p.m. Commission Discussion (20 minutes for reporting out; 20 minutes for discussion)

6:15 p.m. **ADJOURNED**

DAY TWO: TUESDAY, MARCH 27, 2001

CAM In Self-Care And Wellness

7:30 a.m. Registration Opens

8:15 a.m. Welcome and Introductory Remarks

8:20 a.m. Overview of CAM in Wellness and Self-Care

◆ John Astin, Ph.D., M.A.
University of Maryland, Complementary Medicine Program

Speaker Guidelines:
What are the links between wellness, self-care, and CAM; what are the similarities and differences in approaches to health, healing, and enhancing quality of life; what are areas of overlap and gaps; what is the historical perspective; what data and references are available; what are some opportunities for collaboration in preventive medicine; what are the emerging issues in self-care; what will wellness, self care, and CAM look like in the future; etc.

8:35 a.m. Integrative Approaches to Wellness: Children, Families, and Community

◆ Adrian Sandler, M.D.
American Academy of Pediatrics

Speaker Guidelines:
What is the role of CAM in pediatric and family health care; how can the medical community utilize CAM to enhance the health and wellness of children and families; what are some obstacles or opportunities to including CAM in the care of families and children; what recommendations should the Commission consider in preparing its report to the President and Congress; etc.

◆ Marc Micozzi, M.D., Ph.D.
College of Physicians, Philadelphia

Speaker Guidelines:
How can families and communities utilize CAM to teach wellness and promote healthy behaviors; how can CAM practices such as relaxation and stress management enhance

family relationships and social interactions; what recommendations should the Commission consider in preparing its report to the President and Congress; etc.

◆ David Larson, M.D., M.S.P.H.
National Institute for Healthcare Research

Speaker Guidelines:
What is the relationship between spirituality and health and between spirituality and CAM; what are some barriers and opportunities to incorporating spirituality in healing; what recommendations should the Commission consider in preparing its report to the President and Congress; etc.

9:15 – 9:55 a.m. ◆ Discussion (40 minutes)

9:55 - 10:10 a.m. **15-MINUTE BREAK**

10:10 a.m. Integrative Approaches to Wellness: Nutrition

◆ Walter Willett, M.D., Dr.P.H.
Harvard School of Public Health

Speaker Guidelines:
What is the current state of nutrition in the U.S.; what are the trends in nutrition and wellness; to what extent is nutrition part of CAM; what are the areas of overlap between CAM and nutrition; what are some current or emerging issues in the field of nutrition in CAM; and wellness; etc.

◆ Kate Gordon
American Dietetic Association

Speaker Guidelines:
What is the American Dietetic Association's policy on CAM and nutrition; what are the issues for ADA's members regarding CAM; how can CAM be integrated into dietary practices to enhance wellness; what obstacles and opportunities are dieticians facing in integrating CAM into their work; what recommendations should the Commission consider in preparing its report to the President and Congress; etc.

◆ Michio Kushi
Kushi Institute

Speaker Guidelines:
What are some alternative approaches to using nutrition to enhance wellness; what are the barriers and opportunities to implementing alternative approaches; what recommendations should the Commission consider in preparing its report to the President and Congress; etc.

◆ Jeffrey Bland, Ph.D.
Metagenics

Speaker Guidelines:
What is the role of nutritional and dietary supplements in wellness; what are the issues regarding the use of vitamins and supplements for wellness and self-care; what recommendations should the Commission consider in preparing its report to the President and Congress; etc.

◆ Mark Hyman, M.D.
Canyon Ranch

Speaker Guidelines:

What is the role of nutritional and dietary supplements in wellness; what are the issues regarding the use of vitamins and supplements for wellness and self-care; what recommendations should the Commission consider in preparing its report to the President and Congress; etc.

11:00 -- 11:40 a.m. ◆ Discussion (40 minutes)

11:45 - 1:00 p.m. **LUNCH BREAK**

1:00 p.m. Integrative Approaches to Wellness: Self-Care

Underserved and Minority Communities:
◆ Frances Brisbane, Ph.D.
School of Social Welfare, SUNY

Speaker Guidelines:
How are underserved and minority communities using self-care; what are some examples of programs that provide CAM to underserved and minority populations to promote and enhance wellness; what are some of the difficulties (institutional, economic, conceptual, etc.) encountered; what recommendations the Commission should consider in preparing its report to Congress; etc.

Workplace:
◆ Cathy Moxley, M.A.
Marriott Wellness Program

Speaker Guidelines:
What is being done to promote wellness and self-care in the workplace with CAM; what are some examples of successful programs; why are these programs initiated and are they successful; what are the future trends for wellness activities in the workplace; what recommendations the Commission should consider in preparing its report to Congress; etc.

Elderly:
◆ Karen Prestwood, M.D.
Claude Pepper Older Americans Independence Center
University of Connecticut Health Center

Speaker Guidelines:
What are the issues for the elderly in CAM and self-care; what can the medical community do to promote wellness among the elderly; what are some successful models; what are the obstacles and opportunities; what recommendations the Commission should consider in preparing its report to Congress; etc.

End of Life:
◆ Christina Puchlalski, M.D.
George Washington University School of Medicine

Speaker Guidelines:
How can the concepts of CAM and wellness be used at the end of life; how is self-care used among terminally ill patients and their families; what recommendations should the Commission consider in preparing its report to Congress; etc.

1:40 – 2:20 p.m. ◆ Discussion (40 minutes)

2:20 – 2:35 p.m. **15-MINUTE BREAK**

2:35 p.m. Public Testimony (Open Session –as pre-registered)

1. Michael Zeng, MD (China), DOM: President, International Institute of Chinese Medicine
2. David Edgar Molony, Dipl Ac & CH, Lisc Ac: American Association of Oriental Medicine
3. Marcellus Andre Walker, MD :africanamericanhealth.com
4. Diana L. Chambers: Friends of Health
5. Robert D. Miller: The First Church of Christ, Scientist
6. Kathleen Mary Quain, CSW: Foundation For Health & The Environment
7. Donald M. Epstein, DC : President, Association For Network Care

Panel Discussion (15 minutes)

8. Paula Kim: Chairman of the Board and CEO, Pancreatic Cancer Action Network (PanCAN)
9. Jennifer Roe, BA: American Association of Naturopathic Physicians
10. Scott Lamp, CMT: American Massage Therapy Association
11. George A. Kurtz: President, Feldenkrais Guild of North America
12. John Philip Adams, DC, PC
13. Bruce Nordstrom, DC:American Chiropractic Association
14. John D. Melnychuk, CCH, LCCH: California Health Freedom Coalition

Panel Discussion (15 minutes)

3:45 -- 4:50 p.m. Workgroup Discussion

Breakout Room Workgroup #1 - CAM in Self-Care and Wellness: Nutrition
Facilitator: Joseph Pizzorno

Plenary Room Workgroup #2 - CAM in Self-Care and Wellness: Special Populations
Facilitator: David Bresler

5:00 – 6:00 p.m. Discussion (20 minutes reporting out; 20 minutes discussion)

6:15 p.m. **MEETING ADJOURNED**

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Liu

Divider Title: _____

Irene Y. Liu, MPH, CHES

Irene Liu, M.P.H., is a Communications Officer at the National Center for Complementary and Alternative Medicine (NCCAM), a component of the National Institutes of Health. At theNCCAM,she is involved in a variety of communication and public liaison activities that involve interfacing with the public, health practitioners, and researchers.

Prior to working at NCCAM, she worked in the Patient Education Branch of the National Cancer Institute. She developed, implemented, and evaluated publications and programs for cancer patients, their families, and oncology health professionals. Ms. Liu received a Master of Public Health degree from the University of Michigan and a Bachelor of Science degree from Cornell University. She is a Certified Health Education Specialist (CHES) and an active member of the National Capital Area Society for Public Health Education and the American Public Health Association.

Panel: CAM Information on the Internet: Government, Academia, and Private

Irene Y. Liu, MPH, CHES

National Center for Complementary and Alternative Medicine

Good morning. Thank you for the opportunity to participate in this panel. I am here today to discuss the communication programs of the National Center for Complementary and Alternative Medicine (NCCAM) -- including our efforts to use the Internet to disseminate accurate information about complementary and alternative medicine (CAM) therapies.

In establishing the NCCAM at the National Institutes of Health in 1998, Congress crafted legislation empowering our center to:

- Conduct and support research;
- Train researchers; and
- Communicate our research findings to the public.

Information dissemination is a key component of our mandate. Our goal, as a federal agency, is to provide the American public with reliable, scientifically-based information so that they can make informed decisions about their health with their health care providers. We do not recommend specific treatments or make referrals to individual providers or practitioners.

Our primary audiences are consumers, CAM practitioners, conventional health care providers, and researchers. In order to successfully reach these audiences, we use a broad variety of mechanisms including the Internet, our public information clearinghouse, media outreach strategies, and sponsorship of conferences and meetings.

According to a 1997 survey, searching the Internet for health information is one of the most popular reasons for being online. The NCCAM Website receives over half a million hits per month and this number continues to steadily increase. We have been recognized with several awards. Recently, *Yahoo! Internet Life* recognized our web site as one of the "Best 100 Sites for 2001." Our vision is to be a gold-standard online resource for authoritative and reliable information about CAM. Currently we are working on over two dozen fact sheets. Some are being developed in collaboration with the National Cancer Institute and others with the Office of Dietary Supplements at NIH. These fact sheets will summarize published research findings and will be reviewed by NCCAM staff and external experts. We aim to provide accurate, easy-to-understand information about CAM and up-to-date information about research, research training, and research findings.

From the time we were known as the Office of Alternative Medicine, we wanted to facilitate public access to the results of scientific research. To this end, we link to several federal databases through our Web site. For example, we link to a database sponsored by the Office of Dietary Supplements and we participate in and link to the Combined Health Information Database (or CHID). Specifically, we provide CHID with CAM

journal abstracts that have been translated into lay-language. In addition, we invested in developing a database called the CAM Citation Index and made it available on our web site. This "index" was a good model for accessing MEDLINE citations using CAM search terms.

Last year, in reviewing our services and products, the NCCAM decided that it was time to partner with the National Library of Medicine – the world's finest resource for online medical information. On February 5th, the NCCAM and the NLM were excited to launch a new resource: **CAM on PubMed**. This is a specially developed **subset** of the Library of Medicine's PubMed database; it includes over 230,000 citations of articles related to complementary and alternative medicine. You can access this subset through the NCCAM web site or through a pull-down menu on the PubMed web page. The beauty of collaborating with the Library of Medicine is that CAM citations are "mainstreamed" and the database has powerful features allowing users to obtain the full-text of articles. My colleague from the NLM, Sheldon Kotzin will describe CAM on PubMed in further detail.

In addition to our online information resources, the NCCAM Public Information Clearinghouse is an important vehicle for disseminating information. The Clearinghouse maintains a toll-free telephone line, and also responds to letters, e-mail, and faxes. They are able to respond to Spanish-language inquiries and have a TTY machine to respond to hearing impaired callers. Through the Clearinghouse, we responded to over 1100 inquiries per month in the last fiscal year. Callers originate from all 50 states (and even

some foreign countries) and ask about a wide variety of medical conditions and CAM therapies. About 60% of the inquiries related to medical conditions have to do with cancer. And herbal medicine is the topic of interest for about 35% of the questions regarding a specific therapy or modality. In order to proactively distribute information, we send clearinghouse staff to exhibit at national conferences. And, on a quarterly basis, we distribute a newsletter by mail and e-mail to over 7,000 subscribers.

Finally, the NCCAM holds conferences, symposia, and town meetings in order to spread the word about CAM research. We have already sponsored town meetings in Boston, MA and Tucson, AZ where we joined with many hundreds of research and medical professionals, CAM practitioners, and the public. The opportunity to dialogue at the local level is important to us, not only for disseminating authoritative information, but also for obtaining input from our stakeholders.

The NCCAM is now entering its third year of existence as a center at the NIH. To further enhance the effectiveness and degree of our outreach efforts, we are in the process of recruiting a talented individual to direct the Office of Communications and Public Liaison. Many exciting challenges and opportunities lie ahead of us. There is no doubt that interest in complementary and alternative medicine will continue to increase. It is our hope that, as a result of much of the research we are funding, we will accrue truly credible and definitive information about the safety and effectiveness of many therapeutic and preventive CAM modalities. We will need to translate this information into plain language and ensure that we meet the needs of the public. While the Internet will

continue to be an important mechanism for disseminating information, the NCCAM will need to use multiple channels to make information accessible to all.

THANK YOU. I would be pleased to address your questions.

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Sheldon Kotzin
Biographical Sketch

Sheldon Kotzin is Chief of the Bibliographic Services Division and Executive Editor of MEDLINE® at the National Library of Medicine (NLM). He supervises the staff that creates the MEDLINE database and provides user access to it via the Internet. He also works with publishers and editors who wish to have their journals indexed in MEDLINE and coordinates the NLM advisory committee that recommends titles for inclusion.

Sheldon has worked at the National Library of Medicine for 32 years. He is active in the International Committee of Medical Journal Editors, the National Federation of Abstracting and Information Services, and the Medical Library Association

Testimony Before the White House Commission on Complementary and Alternative Medical Practices

March 26, 2001

Good Morning! It's a pleasure to be here today to give you a little background on the Library's provision of information on complementary and alternative medicine. The National Library of Medicine (NLM) is a pioneer in using computers to make medical information available to scientists and health professionals. Today, the library uses modern technology to make its unparalleled collections and other authoritative health information available also to the general public.

The collection of almost six million items, the world's largest in biomedicine and the life sciences, is located on the NIH campus in Bethesda. It contains thousands of monographs on all aspects of complementary medicine, from early works on homeopathy and herbals to more contemporary subjects. MEDLINE®, the Library's online database of references and abstracts to journal articles first appeared 30 years ago. Our Director often refers to MEDLINE in its early years as the Model T of databases. It got you where you wanted to go, but it required a pioneering spirit to master some of its idiosyncrasies. The original system covered 289 journals and was capable of supporting up to 25 simultaneous users.

Today, MEDLINE has more than 11 million references from 4,500 journals, covering medical literature back to 1966. While NLM never restricted access, such factors as search fees and telecommunications requirements

discouraged its use by the general public and some health professionals. In 1997 all of this changed when we introduced free MEDLINE searching on the Internet. We called this database PubMed. Searching was simplified to the point where the public encountered no difficulty at all in retrieving relevant journal references on any biomedical subject. As a result, usage quickly rose in four years from 7 million to more than 250 million searches per year. Approximately 120,000 different IP addresses use the database each day. When we learned that about one third of all MEDLINE searching was being done by those other than scientists and health professionals. This presented us with the opportunity to serve the general public and led to services that I'll describe in a minute. First, let me talk about CAM on PubMed, the subject file of complementary medicine citations that became available in February.

Last fall, Dr. Straus of the National Center for Complementary and Alternative Medicine (NCCAM), proposed the idea of a subset of PubMed that would provide user access only to relevant references in complementary medicine. He also wanted easy access to this information for his constituency from his center's Web Page. There were and still are several other complementary databases – most cover specific therapies – but he knew that the MEDLINE citations in PubMed offered three advantages missing from the others. MEDLINE was authoritative, comprehensive, and free. For a journal to have its articles indexed by NLM it must be recommended by an NIH Advisory panel of health professionals and librarians. The advisory panel is synonymous to an NIH Grant Review Study Section in its operation. The literature of complementary medicine has always been in scope for MEDLINE. In the past, most CAM citations

referenced articles published in non-CAM-related journals, such as Annals of Internal Medicine. In recent years, more CAM journals, and those with significant CAM-related content have been added. In 1997, NLM conducted a subject review of CAM journals and selected several titles recommended by Dr. Jonas, of your commission. We estimate that MEDLINE now includes about 75 titles with significant CAM-related content. This would include traditional complementary subjects as well as aspects of nutrition, pharmacology, plant science, and social and behavioral science. Do we have every CAM journal in the database? Of course not, but we will place more emphasis on CAM material in years to come.

To arrive at a search strategy that retrieved the CAM on PubMed subset, we culled through CAM journals, subject terms used to index articles, and lists of terms that NCCAM used to organize its data. We preferred to be more inclusive than restrictive, so we added terms that might appear in the title of an article or its abstract. The result was more than 230,000 references. The retrieval strategy is now set, it can and will be changed as new journals are indexed, new vocabulary terms are added, or when users point out areas of CAM that we do not adequately cover. One of our goals in developing the subset was to make it easy for novice database users. If the user is interested in any complementary therapy used to treat shingles or arthritis, then just adding the disease term or illness will access the desired information. If users want to find specific information on St. John's Wort to treat depression, they just type St. John's Wort and Depression.

Now I would like to mention some other NLM patient-oriented CAM resources available on the Internet. Here is an increasingly familiar picture:

the patient walks into the health provider's office clutching a sheaf of papers. It quickly becomes apparent that the patient spent time surfing the Internet for the latest information on a disease or treatment. Quite possibly the patient brought some misinformation from an unreliable Web site. Equally possible, she was searching MEDLINE*plus*, an NLM Web site that connects users to other Web sites with information written especially for consumers on more than 400 health topics, including alternative medicine. The information comes from NIH Institutes and Centers, other federal agencies, professional associations, and dozens of non-profit health organizations. In selecting sites to link to, the NLM staff makes certain that the content is authoritative (it must list its advisory board); it must be an educational site – not one selling a product or service; it must be consistently available and its links maintained. On the alternative medicine page of MEDLINE*plus*, you will find links to stories from Reuters and the Associated Press, links to many sites maintained by NCCAM, and links to directories, print publications, complementary medicine organizations, and more. You also find links to related subjects in MEDLINE*plus*, such as herbal medicine and wellness and lifestyle.

Finally, I'd like to mention *ClinicalTrials*.GOV, the Library's free website that provides patients and family members with current information on ongoing clinical trials. A user can search by a condition, like breast cancer, or by the sponsoring agency, such as NCCAM. A search by NCCAM reveals 42 trials, some recruiting and others not yet accepting patients. One of the trials is on acupuncture and hypertension. It summarizes the purpose of the trial, tells who is eligible, gives inclusion criteria, and provides the names and locations of the trial sites around the country. Not all the

complementary therapy trials are sponsored by NCCAM. One on the use of CAM practices by Women at Increased Risk for Breast Cancer, sponsored by NCI, includes women who may have used dietary supplements, mega-dose vitamins, herbal preparations, meditation, spiritual healing, or other treatments in addition to more conventional therapies.

We also know that many Americans who could benefit from these services do not have ready access to the Internet. So we have begun working directly with public libraries throughout the country to train local librarians to use the Internet to find health information pertinent to their patrons' needs. We know that a large portion of their needs relates to authoritative complementary medicine information.

It's often difficult to get solid information about the benefits and safety of non-conventional treatments. We hope that CAM on PubMed, MEDLINE*plus*, and *Clinical Trials*.GOV will provide this and more.

Thank you for this opportunity to meet with you.

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BIOGRAPHICAL SKETCH

DALE ANNE OGAR

Dale Ogar has worked in the area of science, health and nutrition since her days at Michigan State University, where she majored in medical technology. In 1966 she moved to Berkeley, California and in 1972 she joined the Department of Nutritional Sciences as the administrator of a human metabolic unit known as the "Penthouse". In 1979 she transferred to the School of Public Health where she became a Principal Editor. In 1983, when plans were being developed for the U.C. Berkeley Wellness Letter, Dale was made Managing Editor, a position which she still holds. The Wellness Letter, now in its 16th year, is among the largest circulating health newsletters in the country, with a worldwide readership in the millions. Dale has also served as a writer, editor and consultant to a number of other health-related projects in the School of Public Health at Berkeley. She is the co-author of many scientific publications and the Managing Editor of two best-selling reference books and two cookbooks. In addition, she co-authors a widely read syndicated weekly column on food and health distributed by the Los Angeles Times Syndicate and frequently participates in professional symposia and conferences, both as a speaker and observer. Dale has received the University of California's Distinguished Achievement Award for her work in the areas of wellness.

White House Commission on Complementary and Alternative Medicine Policy

Testimony
March 26, 2001

Dale A. Ogar, Managing Editor
University of California, Berkeley Wellness Letter

I want to thank the members of this Commission for inviting me to join you in this discussion of complementary and alternative medicine. In order to examine the way in which we, at the University of California, Berkeley Wellness Letter examine, analyze and disseminate information, it helps to know a little bit about the way this publication came into existence and what we see as our primary role in educating the American public about matters which concern health promotion and disease prevention.

The Wellness Letter was launched as a collaborative effort between a New York publisher, Rodney Friedman, a marketing expert, Richard Benson and the School of Public Health at the University of California, Berkeley. Editorial control of all content was vested in the faculty of the School and specific responsibility for the scientific accuracy was assumed by Sheldon Margen, M.D, then Professor of Public Health Nutrition and Joyce Lashof, M.D., then Dean of the School of Public Health.

The first issue of the Wellness Letter appeared in October 1984. Now in our 16th year, the principles of accuracy and integrity still the guide everything

we produce. The Wellness Letter, which is published monthly, covers a wide range of topics. We try to balance every issue with articles on nutrition, exercise, general wellness, stress management, safety and a number of short facts and tips. More and more over the last several years, we have also included at least one article per month on some aspect of complementary and alternative medicine (CAM), including nutritional supplementation.

As the "business" of CAM and particularly nutritional supplementation has grown, so has the interest - one could almost say obsession - of the American people with finding the magic bullet, or the one-stop solution that many of these therapies promise. There is absolutely no shortage of available information in the area of CAM. However, to a large extent, the quality and reliability of that information is every bit as questionable as the quality, reliability and safety of many of the products and therapies themselves. Traditionally, the general public has received most of its information on health and medical care issues from daily newspapers, magazines, television, radio and now, increasingly the internet. At one time there were more than 25,000 websites on these subjects and the number is probably still growing.

The advent of publications such as ours, which are driven, not by advertising revenue or the sale of products and services, but by subscriber support, and which do not have to produce eye-catching headlines on a daily basis, has allowed for the creation of places in which the mountain of

information available can be sorted, analyzed, evaluated and then shrunk down to a manageable size.

Our goal has been to provide the public with an independent, reliable summary of available scientific information regarding CAM. Our selection process for what articles to write begins with what we read and see elsewhere and then is reinforced by questions from our readers. By staying current on what is being promoted and what kinds of confusing information our readers are receiving from other sources, we are able to help them navigate through the murky waters of all health information and particularly CAM.

When we begin the process of writing an article, we search the literature as completely as possible to find both the science-based and non-science based reports. We look at the studies that showed positive results and the ones that showed negative results. We examine the methodology and the statistical procedures used and, if necessary, go directly to the author(s) for clarification of any unreported data. All supporting material is carefully analyzed before it is distilled into an article.

We also try to encourage our readers to be careful consumers by educating them about the meaning of what they read or hear in the media. We periodically publish guidelines to help them understand the language of science. What are clinical intervention trials? What are epidemiological studies? What is a case control study? What is a cohort study? What words indicate certainty or uncertainty? "May" does not mean "will" "Breakthroughs" don't really happen

very often. "Contributes to" does not mean "causes". A single study is no reason to buy anything or change health habits. Don't make decisions by listening only to somebody who has a pocket full of pills to sell you.

We have, historically, been very cautious in recommending any alternative therapies or nutritional supplementation that had not been subjected to rigorous scientific testing to demonstrate efficacy and safety. The Wellness Letter is produced by the University of California, Berkeley without the use of any state funding, but our position as a major public university obligates us to educate without bias and to reach out into the larger community by providing reliable and helpful information.

In covering the area of CAM, we have focused largely on the nutritional supplements because, with the passage of DSHEA in 1994, the marketplace became flooded with products which promised a great deal but had nothing more than advertising hype and anecdotal reports with which to back up those promises. While simply separating people from their hard earned money for no discernible benefit is at worst fraudulent and at best unethical, the bigger issue for us is one of safety.

By having an unregulated industry like this grow at such an astonishing rate, Americans have become participants in a huge social and biological experiment for which they were never asked to give informed consent. The products which are hyped to consumers need not be tested for efficacy, for safety, or for interactions with conventional drugs. And unfortunately, in the

case of many products there is no standardization of ingredients. The promises are unbelievable, yet oh so tempting.

We believe that our role in all of this is to take a careful look at whatever science-based evidence is available and determine whether these products (assuming they contain what they say they contain) have any likelihood of doing what they are supposed to do and, more importantly, whether they are likely to be dangerous.

In response to overwhelming interest in the subject, in August of 1998 we published what we referred to as the "Supplement Supplement" which listed and discussed several of the most commonly used nutritional supplements. Since that time the Wellness Letter has contained dozens of articles on various therapies and supplements. When we put up our website in April of last year, we included, as a service to our readers, an updated version of that information and we have continued to build that resource on our website. In your briefing books you will find a print out of the most recent version. You will also find a copy of the Wellness Letter from September, 1997, in which we led off with our first article on St. John's Wort and included a two-page special report on herbal medicines. This special report summarizes our concerns about herbs and the larger field of CAM.

In reading the outline of what was to be covered in this testimony, I see a question regarding the barriers people have to accessing CAM information. We believe that there are no barriers to accessing information - only accessing

reliable information. People need to be able to find the places, like the Wellness Letter, that will weed out snake oil and present balanced and accurate information. Perhaps, if some highly credible organization produced a widely publicized directory of such sources, this would help people make better and more informed choices.

While, the dissemination of better information and warnings to the American public are extremely important, we also believe that there are some legislative and regulatory actions which are essential if we are ever to control the proliferation of unsubstantiated claims and unregulated products and procedures. Two of our recommendations could be implemented in the near term.

- **Enforce existing rules covering claims made on labels and claims made in other advertising. Make adequate resources available to FDA and FTC to enforce claims that are currently being made.**

- **Require FDA to finalize the Current Good Manufacturing Practices which should include quality control, standardization and accurate labeling.**

Two others will require more time and substantial effort to accomplish:

- **Repeal or amend DSHEA to give FDA the power to regulate nutritional supplements as they now do OTC drugs and thus require scientific proof of efficacy and safety.**

- **Require mixtures of herbs or other "natural products" to present new proof of safety for every combination of ingredients to insure that there is no adverse interaction between the ingredients.**

The field of CAM has the potential to produce positive health outcomes under certain circumstances. However, it also has the already realized potential to do great harm, as the list of supplement-related deaths continues to grow. We call for research by the scientists, restraint by the sellers, regulation by the government and caution by the consumers to make sure that in the end we heed the warning of Hippocrates and first, do no harm.

Thank you very much.

A guide to herbal medicine, p.4

University of California at Berkeley Wellness Letter

THE NEWSLETTER OF NUTRITION, FITNESS, AND STRESS MANAGEMENT

Volume 13, Issue 12 September 1997 *From the School of Public Health*

A better treatment for depression?

The yellow flowers of a plain old weed called St. John's wort (Latin name, *Hypericum perforatum*) have for centuries been used in teas and other preparations as a treatment for nervous disorders, and indeed for everything from anxiety and inflammation to insomnia and stomachache. "Wort" comes from the Old English word for "plant," and this particular wort was named for St. John the Baptist, probably because the plant blooms around June 24, celebrated as the saint's birthday. St. John's wort is native to Europe but now grows throughout the U.S. and Canada. Unlike many herbal remedies, St. John's wort has been extensively studied; AIDS researchers, for example, are currently investigating it for antiviral activity.

Particularly in Germany, St. John's wort has long been used as an antidepressant. German physicians prescribed 66 million daily doses in tablet or capsule form in 1994 alone. In Germany, as in the U.S. and Canada, St. John's wort is sold over the counter. Books and articles, as well as word of mouth, have made it famous as a do-it-yourself antidepressant.

Currently the most widely used prescription antidepressants include Prozac and the other so-called SSRIs—selective serotonin re-uptake inhibitors—as well as drugs that affect other brain chemicals. (Serotonin is the brain chemical that produces a "happy" feeling, and SSRIs help regulate serotonin.) But more than half the people taking such drugs experience side effects, sometimes severe ones. St. John's wort, according to some reports, may work as well as Prozac, at least for milder forms of depression, without serious side effects. Better treatments for depression would certainly be welcome.

Weeding through the studies

There has been no shortage of studies on St. John's wort, which have appeared in such respected publications as the *British Medical Journal* and *Journal of Geriatric Psychiatry and Neurology*. However, the evidence remains shaky.

The study in the *British Medical Journal* this year re-analyzed 23 studies of varying quality. In the studies that looked at an extract of St. John's wort standardized for hypericin (one of its active ingredients) versus a placebo (an inactive substance), half the patients on St. John's wort improved, as opposed to 22% on the placebo. In three studies comparing St. John's wort to standard antidepressants, it was somewhat more effective than the drugs. None of the studies lasted more than six weeks—not long enough to determine the duration of the effects or to detect any long-term side effects. However, there have been no reports of serious side effects among long-term users in Germany. There was no evidence that St. John's wort worked against serious, as opposed to mild, depression. In short, some results have been promising, but we still know fairly little—whether the herb really works and, if so, how. Commission E of the German Federal Health Agency, which oversees herbal remedies in that country, says that the plant is not toxic. The Council of Europe lists the herb as a source of natural food flavoring, but limits its concentration.

The National Institutes of Health in this country are planning a large study of St. John's wort. Meanwhile, if you're thinking of taking St. John's wort, be aware of some reported minor side effects: gastrointestinal discomfort, fatigue, dry mouth, and dizziness. Livestock that feed on the plant have developed sun sensitivity in the skin and eyes (it's unknown if this would occur in humans). If you are very sensitive to the sun or are taking tetracycline (which produces photosensitivity), you might be wise to avoid St. John's wort, or at least to discontinue it if such symptoms

(continued on page 2)

Wellness facts

■ Studies have yielded contradictory results about whether coffee adversely affects bone density and thus might increase the risk of osteoporosis and fractures. The latest study, in the *American Journal of Clinical Nutrition*, found that **caffeine does not weaken bones**, even in women who drink five or more cups of coffee a day.

■ In June the National Transportation Safety Board asked the states to make it **illegal for children under 13 to ride in the front seat of a car.** Recent reports of small children being killed by passenger-side air bags have brought attention to the hazards, but it is dangerous for kids to sit in the front seat even if there is no air bag. Safety experts have long recommended that kids ride in the back seat, in proper safety seats or restraints, until they are at least 4'11" tall and able to put their feet on the car floor. In France, Portugal, Spain, Ireland, Belgium, Luxembourg, and Australia, children are required to sit in back.

■ **Antibiotics do not reduce the effectiveness of oral contraceptives,** despite earlier reports that their combined use increases the failure rate of the contraceptives, according to a study in the *Journal of the American Academy of Dermatology* in May.

INSIDE THIS ISSUE

(continued from page 1)
occur. Pregnant and lactating women should also avoid it.

Not the last word on the wort: *Because St. John's wort has been extensively used in Europe, we see no reason not to try it for mild to moderate depression. But don't use it along with conventional antidepressants. And don't make your own diagnosis. Instead, see a doctor or therapist, and at least let him/her know if you decide to try St. John's wort. You might also wish to consult* Hypericum & Depression *by Dr. Harold Bloomfield, Dr. Mikael Nordfors, and Peter McWilliams ($7.95, paper, Prelude Press; phone 800-543-3101) or the website at <www.hypericum.com>.*

Should you worry about dust mites?

It's no wonder that dust mites have become a big business. Ads for special pillows, mattress casings, vacuums, and air filters, as well as a spate of articles, show monstrous, super-enlarged photos of these microscopic crablike critters, big as space aliens and looking like something out of a B movie. (Mites are actually arachnids, members of the spider family). Then there are the terrifying statistics: a little pile of dust typically contains 500 mites; a mattress can hold more than a million; an old pillow can derive one-tenth its weight from these mites and their droppings. Dust mites may indeed be the major indoor trigger of asthma attacks. But for the great majority of nonasthmatics, mites are not a problem. Mites do not spread disease or bite, nor are they a sign of uncleanliness. Indeed, mites are a natural, and useful, part of our environment. Nevertheless, anti-mite marketers want *all* Americans to think that they need special bedding and other anti-mite products.

It's estimated that 50 to 90% of asthmatics react adversely to dust. Actually, the main allergens in dust are certain proteins in mite droppings. In addition, for many people with allergies, these proteins can trigger sneezing and runny noses (the predisposition to this allergy is apparently inherited). The mites live off shed particles of human skin or dander (as well as other constituents of house dust) and thus occur just about everywhere humans go, provided the mites get the warmth and humidity they like.

The mites live in carpeting, mattresses, clothing, and upholstered furniture. Bedrooms—particularly mattresses and pillows—are hot spots for them. They thrive in the humid South and Pacific Northwest, and are less of a problem in cold or dry climates. Though mite populations decrease in cold winters, dead mites and the droppings left behind can still trigger allergic reactions. Hot water or prolonged exposure to sunlight kills mites.

The droppings are so small and light that they easily float into the air and are then inhaled. Dusting, vacuuming, and sweeping can actually put more dust (and mite droppings) into the air. No matter how much you dust or vacuum, you won't reduce the number of dust mites deep within carpeting or mattresses

To reduce surface dust

If you have asthma or suspect you have a dust allergy, here are steps you can take to combat dust mites:

✓ Vacuum your home regularly, especially the bedroom. Though most vacuums stir up as many allergens as they capture, vacuuming is a necessary evil. Even the best conventional machine spews out fine particles every time it's used. For most people, that's no big deal, but for those sensitive to dust, it's a major problem. If you can, get someone else to vacuum for you while you're out of the house. Or wear a dust mask while vacuuming.

✓ Consider getting special microfiltration bags for your vacuum cleaner, or electrostatic filters that fit over the exhaust of some models. Make sure your vacuum cleaner doesn't leak a lot—for instance, through poorly fitting hoses. If your machine is old and leaky, consider replacing it; look for one with a double-layer dust bag and tight gasket seals (ask your allergist for advice about specific models). For the most effective removal of allergens, consider a vacuum with a HEPA filter, a type of filter found in the best air purifiers, though this can be expensive ($500 to $1,000).

✓ Dust frequently with a damp or oiled cloth. Get rid of items that tend to collect dust.

✓ Remove some or all carpets and upholstered furnishings, especially in the bedroom. To kill dust mites in area rugs, place them outdoors in direct sunlight. Two years ago an Australian study confirmed that the traditional practice of "airing out" furnishings serves a purpose. When researchers place s upside-down on an outdoor concrete surface during a sum y for a few hours, all mites and eggs were killed. If you do this, vacuum the rugs afterwards to remove the dead mites. You can also try using tannic acid (which deactivates mite allergens) or benzyl benzoate foam (which actually kills mites) on carpets, but most allergists don't recommend regular use of such chemicals.

Focus on the bedroom

✓ To reduce humidity (to below 50%), install an air conditioner and dehumidifier. Change or clean the filters regularly. Don't use a humidifier in the winter.

✓ Wash all bedding weekly in hot water (at least 130°F). Use washable blankets and spreads. Dry cleaning is a little less effective in killing mites.

✓ Enclose your mattress, box springs, and pillows in zippered, nonallergenic casings. Some manufacturers now apply a special

UC BERKELEY WELLNESS LETTER

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antimicrobial treatment to their bedding products, but this does not kill mites. It's unclear whether the treatment will help reduce dust-mite allergies, and the FDA has not approved it for this use.

✓Wash or replace pillows regularly. It used to be thought that feather or down pillows harbor the most mite allergens, but recent research found, unexpectedly, that synthetic materials are just as bad, or even worse.

✓Wash curtains and drapes. Or replace them with blinds or shades.

✓Get rid of stuffed toys, which collect dust mites, or wash them regularly. Don't allow pets into the bedroom.

✓Don't expect any air purifier to help much. Such devices are good at removing animal dander and mold spores, but not mite allergens, since the mites themselves rarely become airborne, and the droppings settle rapidly after being aroused.

For more information, consult your allergist, or call the Asthma and Allergy Foundation of America (800-7-ASTHMA).

Breathing lessons: *If you* don't *have asthma or a dust allergy, don't worry about dust mites. They perform a valuable service in the human environment, cleaning away the skin cells we shed. Humans coexist peacefully with many microorganisms. You can't, and couldn't, live in sterile surroundings. This doesn't mean that you shouldn't keep your home clean. But you don't have to take extreme steps.*

BUYING GUIDE

The lowdown on mouthwashes

Should you be using a mouthwash? Which one? Mouthwashes, also called mouth rinses, have been around for centuries; the oldest of all is plain water. Listerine, named for Joseph Lister, the pioneer of antiseptic surgery, was invented 150 years ago.

The great majority of nonprescription mouth rinses are simply breath fresheners. They have little effect against plaque (the thin film on teeth where decay-causing bacteria live), and they don't prevent gingivitis (characterized by bleeding gums; gingivitis is the early stage of periodontal disease). Fluoride, which prevents tooth decay, can be effectively delivered in a mouthwash, but fluoride does not prevent gingivitis.

Many mouthwashes *can reduce bacteria to some extent*. In a recent study, Rembrandt Mouth Rinse, which is alcohol-free, worked as effectively as Listerine to reduce bacteria. But reducing bacteria temporarily is not of much significance.

According to Dr. Clifford Whall of the Council on Scientific Affairs of the American Dental Association, "Listerine and its knock-offs are the only mouth rinses with the ADA Seal of Acceptance that it reduces plaque, prevents bacterial growth, and reduces gingivitis."

Reading mouthwash ingredients

Alcohol. Listerine, Scope, Plax, Viadent, and many other rinses contain alcohol. Listerine is the strongest solution, with 26.9% alcohol. (Cool Mint Listerine has somewhat less.) Alcohol is an antiseptic and freshener, and a worthwhile part of a mouthwash, but can be a problem if you have small children in the house, who might drink it. Choose a child-proof cap and keep the bottle out of children's reach. Recovering alcoholics should probably avoid mouthwashes with alcohol. Some researchers have been concerned that long-term use of mouthwashes with alcohol might increase the risk of oral cancer, but last year the FDA concluded that alcohol rinses are safe, at least according to current data.

Sanguinaria. This plant extract has been shown to kill bacteria, but Viadent (with sanguinaria) does not have the ADA seal. That's because clinical trials have been inconclusive.

Antibacterial enzymes. Bacteria can be killed by many agents, including enzymes produced by the human body. Some products (Biotène, for instance) now contain enzymes such as lysozyme. But these have never been tested in mouthwashes.

Chlorohexidine. Found in Peridex and Perioguard, this antibacterial is available by prescription only. It is generally used to treat symptoms of periodontal disease. Dentists may ask certain heart patients (those with mitral valve prolapse or with artificial heart valves, for example) to use it, along with a regimen of antibiotics, just before undergoing certain dental procedures. This is thought to reduce the chance of a heart infection via mouth bacteria.

Detergents. Plax, designed for pre-rinsing, contains detergents that loosen plaque. But it has never undergone the intensive testing required by the ADA and thus carries no ADA seal. Some studies show that it can reduce plaque.

Cetylpyridinium chloride. An active ingredient in Scope, Clear Choice, Oral-B Anti-Plaque Rinse, and Cepacol, this can reduce plaque, but the ADA is not convinced of its effectiveness against gingivitis. It may stain teeth with overuse.

Fluoride. Either stannous or sodium fluoride is the active ingredient in such products as Act Fluoride or Fluorigard and their generics. These can help protect against decay, especially if your tap water is not fluoridated or if you rely on bottled water. Because of the risk of tooth discoloration, children should not use fluoride rinses more often than once a week.

Aromatic oils. These include menthol, methyl salicylate, eucalyptol, and thymol. They give rinses their fresh taste and act as breath fresheners. They are primarily "cosmetic" agents, but may also have some antibacterial activity.

"Natural ingredients." These may include echinacea, goldenseal, aloe, or vitamin C, to name a few. There's no evidence that these are of any benefit in preventing gum disease, and they are no more "natural" than fluoride or alcohol.

Hydrogen peroxide or baking soda. These are popular ingredients in such mouth rinses as Prevention and Colgate Peroxyl. But there's no evidence that either has any effect against plaque or gingivitis.

Red, green, yellow, or clear

✓If you simply want temporary breath freshening, nearly any mouthwash will do. The effect lasts up to half an hour.

✓If you are looking for therapeutic help against plaque and gingivitis, choose a mouthwash with the ADA seal—for the moment, that's only Listerine or its generics, among over-the-counter products.

✓Don't overuse rinses. A tablespoonful or two should do. Swish it around in your mouth for about 30 seconds. Never swallow rinses. Don't eat or drink for half an hour after use.

✓ *No mouthwash can take the place of thorough flossing (once daily) and brushing (at least twice daily), as well as semi-annual visits to the dentist.*

The Wellness guide to herbal medicines

Herbs are simply plants, technically those with a soft and fleshy stem, as opposed to shrubs and trees, which have bark. But the word also means any plant or plant part used medicinally or for flavoring food. Also known as botanicals or phytomedicines (*phyto* means plant), herbs have been staples in the sickroom and the kitchen since time began, and it's no wonder they have mythical and magical connotations. There's currently a huge revival of interest in them in North America as well as in Europe. Herbal medicines grossed $2.4 billion in the European Economic Community in 1990 and $2 billion in the U.S. in 1995, and sales are growing by 15% annually, according to *Herbalgram* magazine. It's a big business, and knowledge has not kept pace with public interest. Many people are experimenting, and many are eager for information. But reliable information is hard to come by.

Because herbs come from a natural source, many people consider them safe or harmless. Or they think that traditional use over hundreds of years guarantees safety. These assumptions are not necessarily true. Many plants are potent poisons. Herbs have side effects ranging from inconsequential to life-threatening, just like drugs. Nutmeg, to take one example, is harmless in small quantities, but deadly if consumed in a huge dose. Hemlock killed Socrates. Even mild chamomile, Peter Rabbit's tea, could cause a severe reaction in people allergic to ragweed.

Plants contain a wide range of chemical substances, many of which have not even been identified. *It's a complicated story:*

■ Some herbs, in standardized doses, are safe and effective medicines.

Herbal tease

The herbal teas commonly sold as beverages in supermarkets, grocery stores, and restaurants are probably harmless. Chamomile, rose hip, ginger, orange peel, jasmine, hibiscus, lemon grass, peppermint, cinnamon, and other fruit-flavored or spiced teas are safe and without known side effects—or curative powers. But read the label. *Avoid "diet" teas.* No tea can permanently take pounds off, but those containing harsh laxative herbs such as senna, aloe, cascara, and buckthorn can cause severe diarrhea and dehydration—leading to temporary weight loss. These products can have uncomfortable side effects and have been linked to some deaths.

You might also think twice about such products as "Ginkgo Sharp," for example, from Celestial Seasonings. This tea contains no ingredients that we know to be harmful. But the package copy skates on thin ice. The tea is said to "maintain oxygen flow to the brain." On the other side of the box, you'll find a little essay about improving memory. Is this a health claim or not? One Celestial Seasonings product that tries to ride the diet-tea wave is "Diet Partner," billed as "refreshment for a low-fat lifestyle." It contains no laxatives. But it does have certain vitamins and minerals that it claims "support your body's natural ability to burn calories efficiently by making fat and blood sugar available to burn for fuel." This is nonsense, and it veers close to implying weight loss will result from drinking the tea.

If you want to try medicinal herbs

✓ Even the most enthusiastic proponents of herbs advise consulting a "professional" before you try self-treatment with herbs. Unfortunately, there are no licensing standards or educational criteria for herbalists. Anybody can claim to be an herbalist. In any case, don't take herbs on the basis of just one thing you've read or heard, and certainly not on the recommendation of the clerk in a health-food store.

✓ The best reference books about herbs for the general reader are Varro Tyler's *Herbs of Choice* (paper, $14.95, Haworth Press, 800-342-9678) and *The Honest Herbal* (paper, $17.95, Haworth Press). The best new source, though not intended as a layman's guide, is *Herbal Medicines: A Guide for Health-Care Professionals* by Carol Newall and others ($72, Pharmaceutical Press, London, 800-345-6425). Monographs from Germany's Commission E, described at right, are now available in English ($189 for the complete set, from the American Botanical Council at 800-373-7105.)

✓ Your health-care provider may or may not know something about herbal medicine, but you can ask. That's particularly important if you have a chronic condition like diabetes, heart disease, or high blood pressure or suffer from allergies.

✓ If you're pregnant, potentially pregnant, or breast-feeding, avoid medicinal herbs. Don't dose children with herbs without checking first with a physician.

✓ If you take an herbal remedy, stick with dosages listed on the label. If you get any side effects, discontinue the herb.

✓ Manufacturers need not conform to any standards. A bottle may or may not contain what the label says. It may contain materials not listed on the label. *There's no way to know.*

■ Some herbs have no immediate adverse effects but can be harmful over the long term.

■ Some plants are harmless or beneficial if you use the leaves, but the berries can kill you. Or the reverse.

■ A large number of herbals, in the versions currently marketed in the U.S., don't do much of anything.

Herbs and drugs are not so different. Many pharmaceuticals came originally from plants. Aspirin, for example, was discovered in the bark of the white willow tree. The herb senna is a standardized ingredient in many laxatives—and a nonstandardized one in several "diet" teas. Digitalis, a heart drug, originally came from the foxglove plant.

Free-market or free-for-all?

In the U.S., herbal medicines exist in a regulatory limbo—they're sold as foods, food additives, or "dietary supplements," though they are often used as drugs. So long as no medicinal claims are made on the label, the FDA does not regulate herbal remedies. The Dietary Supplement Health and Education Act of 1994 further loosened oversight. A product now cannot be removed from the market until it has been proved to cause harm—and the burden of proof is on the government. (In contrast, pharmaceutical companies have to demonstrate the safety and efficacy of a drug *before* they begin selling it.)

The result is chaos and confusion. Walk into any American health-food store or drugstore and you'll find shelf after shelf of

remedies. Manufacturers aren't allowed to make claims, but make them anyway in brochures and other sales materials, magazine articles, and books. It's up to the buyers to decide what to take, how much, and when to take it. There's no quality control. Each plant product contains hundreds or thousands of compounds, and these can vary greatly from plant to plant and from brand to brand. "Such a lack of information and quality assurance is detrimental to the health and welfare of the American consumer," according to Varro Tyler, the noted herbal expert at Purdue University. "Ignorance encourages quackery."

For a variety of reasons, research on herbs has lagged in this country. Advocates of herbal remedies blame the drug companies. It's true that herbs cannot be patented, and thus the pharmaceutical industry has no motivation to do research on them. However, makers of supplements and herbal products are content with the current situation, except that they would like their customers to be reimbursed by health insurance. Real research, beneficial to consumers and possibly leading to better herbal medicine, might lead to warning labels, deflated claims, and the necessity of conforming to manufacturing standards. Knowledge might well be detrimental to profits.

Things are different in Germany

In Germany 70% of doctors actually prescribe herbal remedies that are registered with the government, writing over 5 million prescriptions annually just for ginkgo biloba extract (for circulatory disorders). Many, if not most, of these herbal remedies in Germany are paid for by government health insurance.

Herbal remedies, under the German system, are examined with some scientific rigor, and a real effort is made to ensure safety. In 1978 the German equivalent of our FDA set up Commission E (including physicians, pharmacists, pharmacologists, and other scientists) to evaluate the efficacy and safety of herbal remedies. The commission does no research; it merely reviews scientific studies and other evidence (including anecdotal evidence). It looks only for "reasonable certainty" regarding the safety and efficacy of herbs, as opposed to the stricter degree of proof required of pharmaceuticals. The German system works best for remedies that have a long history of safe use.

Commission E publishes its findings—listing the parts of the plant that are safe to use, the active chemicals, the proper usage, the potential side effects, potential interactions with other medications, and dosage. For about one-third of the herbs, the Commission has ruled that the possible risks outweigh the proposed benefits.

Herbal remedies in Germany must conform to manufacturing standards. Dangerous products can be pulled from the market.

Some people believe that the FDA should adopt a system similar to the German, European Community, or British system, as well as possibly their findings to date. This would at least be one way to protect the public from potential harm and guide them toward potential benefits.

Future needs

Here's what we need: standards of identity that ensure quality and purity; established safety criteria; herbs sold under their official Latin name; and lists of conditions that can be treated by each herb. Since the chemical composition of each herb can vary greatly from batch to batch, depending on environmental and genetic factors, we need proof of "phytoequivalence"—that is, a given dose of an herbal product must contain a certain amount of key ingredients in order to produce a known effect in the body. That's a big, expensive wish list.

More good than harm? An herbal medicine sampler

Sources for this chart are *Herbal Medicines: A Guide for Health-Care Professionals* by Carol Newall and others; Varro Tyler's *Herbs of Choice* and *The Honest Herbal*; *FDA Consumer* (October 1993); and "Straight Talk on Herbs" in *Natural Health* (March/April 1997) by Rob McCaleb, president of the Herb Research Foundation, which is funded by the American Herbal Products Association (AHPA), an industry group.

NAME	PROPOSED BENEFITS	POSSIBLE EFFECTS & SIDE EFFECTS
Comfrey	Heals wounds, cures stomach upset	Linked with liver toxicity. Banned in Germany and Canada. Not recommended by AHPA for internal use. Said to have healing properties if applied externally.
Coltsfoot	Cough and asthma relief	Nausea and vomiting, possible liver toxicity. Banned in Germany and Canada.
Chaparral	Anticancer activity, "blood purifier," arthritis and TB remedy	Unsafe for human consumption. No proven medicinal value. Cases of liver disease and human poisoning linked to consumption. AHPA does not recommend.
Ephedra, ephedrine (ma huang)	Decongestant; asthma relief; sold for weight control and as an "herbal high"	Raises heart rate and blood pressure; associated with some deaths. Active ingredient is used in many decongestants and asthma drugs. Dangerous for those with heart conditions, high blood pressure, diabetes. FDA has proposed restrictions on usage and claims.
Echinacea	Prevents or relieves colds, flu, boils; stimulates immunity	Prescribed in Germany for colds and flu. In U.S. alcohol-based product (tincture) more likely to contain active ingredient than capsules. Under study. Little known about toxicity.
Ginkgo biloba	Improves blood flow; asthma treatment; cough medicine	Its extract GBE is standardized and used in Germany for "circulatory problems." Good clinical evidence for this use; large doses can cause nausea. Amount in herbal teas probably ineffective.
Ginger	Prevents motion sickness, stomach upset, flatulence	No documented side effects or toxicity. Usefulness for motion sickness is disputed.
Sassafras	Tonic, performance enhancer, "blood purifier"	Contains safrole, an aromatic oil known to be carcinogenic in animals. Banned by FDA. Unsafe and ineffective, according to Tyler.
Yohimbe, yohimbine	Aphrodisiac, impotence cure	Dilates blood vessels; shown to increase sexual arousal in rats. Unsafe and ineffective, according to the FDA and German Health Agency. More research needed.
Senna, cascara, buckthorn, rhubarb root	Weight loss	Diarrhea, dehydration. Potent laxatives; potentially habit-forming; can damage colon. Dangerous and ineffective for weight loss. AHPA says unsafe for regular use. California now requires warning label on products with these ingredients.

Should you exercise when you have a cold?

Autumn is the start of cold season, so this is a good time to put to rest two common notions about exercising with a cold. One is that you shouldn't do it, since exercise will supposedly make you sicker (and you won't feel up to exercising much anyway). The other notion, the opposite extreme, is that exercise will help you get rid of your cold—in other words, that you can "run off" or "sweat away" a cold. Recent studies show that both ideas are wrong.

Researchers from Ball State University in Muncie, Indiana, infected 45 phys-ed students with a cold virus. When their colds peaked, the students underwent a treadmill test as well as a test of lung function. Despite symptoms such as stuffy nose, sneezing, and coughing, the students' vital signs remained normal (compared to an uninfected control group), they showed no loss of breathing capacity, and their exercise performance didn't suffer.

In another study, the same researchers found that it didn't matter whether students with colds exercised or rested—the duration and severity of the colds were the same.

Colds vary in severity, of course, and people react differently to them. Many people do indeed find that exercising when they have a "head cold" makes them feel better. A lot depends on how bad you feel and how much you exercise. For instance, long, strenuous exercise, such as running a marathon, can briefly depress the immune system and may actually make a person more susceptible to colds and flus. Your expectations may also play a role: if you expect that your cold will interfere with your usual workout and make you feel worse, it probably will.

If you have a cold or feel one coming on, it won't hurt to exercise. It's best to start slowly and decrease the intensity of your workout, and see how you feel. If you feel worse, you should stop. If you feel okay, work up to your normal routine.

Beyond a cold: *If you have any signs of a more serious infection (fever, swollen glands, fatigue, or vomiting), discontinue your workouts until you have fully recovered.*

Getting into eye gear

About 40,000 eye injuries related to sports or recreational activities are treated in emergency rooms each year in the U.S., and undoubtedly even more are treated in doctors' offices. These injuries can result in partial or complete loss of vision, and can also increase the risk of glaucoma, cataracts, and retinal detachment. It's estimated that 90% of the injuries could be prevented, or at least minimized, with appropriate eye gear.

Here are some wise-eye facts:

■ **Activities with the highest risk.** Those that involve a bat or stick, high-speed ball, and/or lots of body contact, such as racquet sports (racquetball, squash, tennis, badminton), baseball, basketball, football, hockey, and lacrosse. Skiing and horseback riding also pose a risk of eye injury.

■ **Other things that put you at risk.** Young and inexperienced athletes are vulnerable because they may have slower reaction times and/or haven't mastered the sport yet. However, advanced players can also be at risk because of aggressive play. If you've had eye surgery (such as for cataracts or glaucoma), you're at special risk for eye injury.

■ **If you normally wear glasses or sunglasses** and play a high-risk sport, ask your optician for polycarbonate "sports frames" with 3-millimeter-thick polycarbonate prescription lenses, or molded protectors made to your prescription. Polycarbonate is a strong lightweight plastic.

■ **If you don't ordinarily wear glasses or if you wear contact lenses** and you play a high-risk sport, wear molded polycarbonate protectors.

■ Make sure your eye protectors **meet the racquet-sports standards of the ASTM** (American Society of Testing and Materials)—these should appear on the packaging. If you're buying glasses from an optician, ask if the frame and lenses meet these standards.

■ **Make sure eye protectors do not distort,** provide good peripheral vision and protection, and fit comfortably.

■ **Buy protectors with an anti-fog coating,** or periodically apply a few drops of an anti-fogging product to the lenses.

■ **Don't count on regular eyeglasses,** lensless eye guards, or even shop goggles to provide adequate protection for high-risk sports. These can break and may actually increase the risk of eye injury.

DWI (driving while infuriated)

Have you noticed that a lot of people turn into warriors w' they drive? It's illegal to operate a vehicle when intoxic. but not when feeling angry and aggressive. A study sponsored by the AAA Foundation for Traffic Safety looked at more than 10,000 police reports and newspaper stories and found that aggressive driving has increased 7% each year since 1990. Most of the aggressive drivers in these reports were young men, but some were women or older men.

The police hear only about the worst cases—those that result in violations of the law, damages, injury, or death. Thousands of incidents never get reported. That road bully using high-beams like a weapon, cruising in and out of traffic, and passing on the right never seems to get ticketed, which in itself can make other drivers indignant. Otherwise polite and law-abiding people, protected by the shell of the automobile and the anonymity of the road, may start tailgating and indulging in rude gestures and shouts. According to Dr. Leon James, a psychologist at the University of Hawaii, automobiles can breed a sense of power on the road, a feeling of being in a race that must be won. It isn't just Americans who feel this way, as anybody who has ever driven in Europe knows. Here, however, drivers might be carrying guns.

What's to be done? We could all probably do a bit of soul-searching, at least on some days. Admit, at least to yourself, that you're out of control. If you feel intolerant, aggressive, and impatient behind the wheel, if you groan or curse when the light turns red and then make your left turn anyway, thi' about this and try to analyze your reasons. Take notes a driving, if necessary. Listen to your mental or verbal com ments as you drive.

Aggressive driving is role playing, so try out for another

part. Gradually modify your bad habits. Refrain from tailgating, and see how much less stressful it is to drive that way. Remember that competitive driving really saves little or no time. How often, for example, have you cut your way from lane to lane only to discover yourself sitting at the red light or the toll gate beside the same car you passed five minutes ago? Remind yourself that in pushing to gain a few seconds, you are endangering life and property. That's stupid, not smart. Intelligent people know how to calculate the risk/benefit ratio and slow down. Drive in the right-hand lane except to pass. You might even have time to enjoy the scenery.

Give peace a chance

If you are more sinned against than sinning, try these tips. Avoid eye contact with an aggressive driver. Never let an aggressive driver distract you to the point that you take you eyes off the road. If somebody is flashing his brights in you rearview mirror and bearing down on you, try the simp expedient of getting out of the way. Give the other car room t pass. If you can safely pull into another lane or even off th road to get rid of a tailgater, do so. Never return obscene han gestures and curses—that's merely playing the other guy' game. Anyway, maybe you made some mistake yourself. (A your brights on? Are you straddling the stripe between lanes'

If you see someone driving aggressively, remember that th person might be intoxicated as well as furious. Don't add to hi problems. If you witness truly homicidal behavior, you migh try to get the license number and report the matter to the polic via a car phone or roadside phone.

ASK THE EXPERTS

Q ***How effective is niacin at lowering blood cholesterol?*** M.D., TORONTO

A This B vitamin in massive doses can be a useful anti-cholesterol treatment. Though niacin is inexpensive and available without a prescription, you should undertake niacin therapy only under careful medical supervision. Niacin in therapeutic doses is a drug, with a drug's potential side effects, including flushing, itching, nausea, blurred vision, and headache, as well as liver damage, increases in blood sugar, and other serious and debilitating effects. If you have liver disease, diabetes, gout, peptic ulcers, or glaucoma, niacin therapy is not for you. The sustained-release version of niacin seems to produce even more, and more serious, side effects.

If you take high-dose niacin, you'll need regular checkups and blood tests to make sure it isn't doing more harm than good.

Before taking niacin or any other cholesterol-lowering drug, it's important to try life-style changes—and to stick to them, even if drugs later become necessary. These steps include cutting down on saturated fat and dietary cholesterol, losing weight if appropriate, giving up smoking, and increasing physical activity. If these measures don't work, 2 to 3 grams of niacin a day (150 times the RDA) can reduce total cholesterol and LDL ("bad") cholesterol by up to 30%. Unlike some other anti-cholesterol drugs, niacin can increase HDL ("good") cholesterol by up to 35%, as well as reduce triglycerides.

Q ***In May you wrote about liniments, but you didn't mention Aspercreme. How is it different? Does it work?***

L.P., PHILADELPHIA

A Topical analgesics like Aspercreme appear to have an anti-inflammatory effect. They contain trolamine salicylate, a compound closely related to aspirin. (In contrast, the sports balms we discussed usually contain ingredients that provide a cooling or warming sensation and have a slight analgesic or anesthetic effect. They may help block pain signals directly or by stimulating other nerve fibers—thus these ingredients are sometimes called counter-irritants.)

The FDA considers trolamine salicylate to be of unproven effectiveness when applied externally, though it is reviewing this position. Some recent research has shown that the compound is absorbed through the skin, and that it may help relieve pain in joints and muscles in the area where it's applied. As with the liniments we discussed in May, however, it's hard to separate the effects of the analgesic creams from the soothing action of rubbing them in.

There's no harm in giving the creams a try and using them occasionally. However, if you're sensitive to aspirin and other salicylates, check with your doctor or pharmacist before using one of these creams. And for arthritis pain, you're probably better off sticking with the tried-and-true effects of oral pain relievers, such as acetaminophen (such as Tylenol), aspirin, or ibuprofen (such as Motrin).

Q ***What's the difference between apple juice and apple cider? Is nonpasteurized cider or apple juice unsafe?***

K.W., YREKA, CALIFORNIA

A No official definition differentiates apple cider from apple juice. The juice is usually filtered and hence clear, while cider contains apple solids and is usually a darker color. But the label is interchangeable in practice. Labels may not always tell you whether juice is pasteurized. If it's in a bottle on the shelf, you can assume has been. If it's frozen or refrigerated and or labeled "fresh," it may not be pasteu ized, though it may still be safe to drink it has been properly handled. Some peopl find that pasteurization changes the fla vor, but it does not diminish nutrients which are minimal in apple cider and juic anyway. The preservative sodium benzoat is sometimes added to unpasteurized appl cider and juice to inhibit spoilage.

Cider and juice can be contaminated b *E. coli* and other bacteria if livestock ar allowed to graze in the apple orchard, i pickers have dirty hands, if processing plant conditions are unsanitary, or if apple don't get washed before processing. Or ganic products are equally susceptible t contamination, and some kinds are pas teurized. (Last year 50 people in wester states got ill after drinking unpasteurize organic apple juice, and there have bee other food-poisoning outbreaks from un pasteurized juice.)

Pasteurized products are certainly safe for everybody, and particularly for chil dren and anyone in frail health. If you bu unpasteurized juice, boil it before drink ing it.

If you have a question about wellness tha you would like to see answered in the Wellness Letter, *write to Ask the Experts 48 Shattuck Square, Suite 43, Berkeley, California 94704-1140. We regret that we are unable to publish answers to all questions or respond to letters personally.*

Please address inquiries about new or existing subscriptions to the Wellness Letter *Subscription Department, P.O. Box 420148, Palm Coast, Florida 32142. Subscription price is $28 per year ($36 Canadian funds).*

Nutrition revolution

A recent issue of *New Scientist* described the new revolutionary thinking clearly: "For decades, scientists have struggled to understand the ways foods can harm us.... Now nutritionists are increasingly 'thinking positive,' as research at the cutting edge focuses on how food can improve our health. The turning point came four years ago, when epidemiologist Gladys Block of the University of California at Berkeley published a major review of more than 200 nutritional studies.... For an area normally dogged by complex and contradictory findings, the evidence was unusually clear: people who regularly ate substantially more fruit and vegetables than average were up to four times less likely to succumb to a huge range of cancers.... A diet rich in fruit and vegetables also seemed to protect against heart disease."

Reality check

What's a serving? In theory and practice, serving sizes vary tremendously, which helps explain why Americans tend to underestimate what they eat by as much as 50%.

	OFFICIAL USDA SERVING	TYPICAL RESTAURANT
Bagel	2 oz	4-5 oz
Chips	2 oz	3 oz +
French fries	3 oz	6-8 oz
Ice cream	1/2 cup	1 cup +
Pasta with sauce	1 cup	3 cups
Popcorn	2 cups	8-12 cups
Meat	3 oz	6-16 oz
Soda	8 oz	16 oz +
Muffin	2 oz	4-6 oz
Salad dressing	2 tbsp	4 tbsp
Sandwich	4 oz	9-12 oz
Pizza slice	5 oz	9 oz +

Up in $moke

There have been many estimates of the costs, direct and indirect, of smoking. Here's our take on just the out-of-pocket costs to the smoker. Say you are young and start smoking today and continue for 50 years, assuming it doesn't kill you first. At a pack a day at $2.50 (to keep things simple, let's leave out increases in price), that would add up to more than $900 a year, or $45,000 over 50 years. Put that money in the bank each year at 5% interest, and the total could easily quadruple. Add in extra life insurance costs (say, an extra $20,000 over 20 years) and extra cleaning expenses for clothes, home, and teeth (say, $15,000 over the decades). Now the total is more than $230,000. A two-pack-a-day habit will cost you more than $400,000. And that doesn't count the smoking-related medical expenses you'll face if your health insurance doesn't cover everything.

Color therapy

Many things affect the way we respond to a drug, besides its chemical compounds. It's known, for instance, that a patient's expectations about the drug and about the doctor in ge. can enhance or weaken the therapeutic effect. Another factor, believe it or not, is the color of the pill, according to Dutch researchers, who reviewed six studies in December in the *British Medical Journal*. They found that people expect red, yellow, or orange pills to have a stimulant effect, and blue or green ones to be sedative. Patients also associate various colors with different body parts: red for cardiovascular or blood; tan or orange for skin; white for general action. In one study, for example, people were told they were taking either a sedative or stimulant, but actually took blue or pink placebos (dummy pills). Twice as many taking the blue pills felt drowsy (72%) as those taking the pink (37%). Such associations undoubtedly vary from culture to culture, though some are probably fairly universal (red for blood, for example).

Wellness made easy

✓ **Give veggie burgers a try.** Substitute two 3-ounce veggie burgers for one six-ounce beef patty and you'll avoid at least 20 grams of largely saturated fat and 150 milligrams of cholesterol. Plus you'll get lots of fiber and a variety of potentially beneficial phytochemicals, depending on the ingredients. Veggie burgers may be primarily soy and/or may contain any combination of mushrooms, onions, pepper, rice, oats, barley, bulgar, rye, gluten, and beans. A few also contain cheese and oil, or may be fried in oil, which adds fat, so read labels carefully. The burgers vary greatly in taste, and it may take some experimenting to find one you like.

✓ **Lick your wound.** Of course it's best to wash it with water, but licking a wound is a time-honored practice that may actually help disinfect it and promote healing, according to a small English study reported in *The Lancet* in June. Researchers found that nitrites in saliva react with the skin to make nitric oxide, a chemical that can kill bacteria. Saliva also contains other substances that can help in healing. For scrapes and cuts that are hard to keep clean, try Betadine (povidone iodine).

✓ **If you're a scuba diver,** allow time to elapse between a day of diving and any ascent high altitudes—as in flying or mountain hiking. Decompression sickness after diving, which results from a too-rapid ascent, is rare, but can be serious. Symptoms may include headache, numbness, joint pain, and even breathing problems. Flying can bring on the condition or make it worse. Don't dive during the 12 hours before getting on a plane; don't do strenuous diving for 24 to 48 hours beforehand. If you have any symptoms of decompression sickness, delay your flight. For more information, call the Diver's Alert Network at 919-684-2948.

✓ **If you wear contact lenses,** don't forget to clean the case and replace it every six months or so. A dirty lens case can cause a corneal ulcer, a painful and potentially dangerous condition.

✓ **Sorry, Charlie.** It doesn't make much difference nutritionally whether you choose white or light tuna, solid or chunk. What the tuna is packed in does matter, though. Choose tuna packed in water, not vegetable oil (usually soybean, though canola and olive oil are also available). Even if you drain most of the added oil, what's left behind can increase the fat content of the fish three- to fivefold and the calorie count by more than 50%.

✓ Food processors have overshadowed blenders in recent years, but **there are some things blenders do better.** They purée and liquefy foods to a smoothness few processors can match. So dust off your blender to make healthy shakes and drinks. You can combine nearly any fruits with skim milk and/or nonfat yogurt or soy milk to make smoothies. Try frozen ingredients, such as bananas or orange juice. You can also make vegetable "cocktails," flavorful dips, quick sauces, velvety soups, and low-fat sandwich spreads. For recipes, consult a blender cookbook.

✓ **Use a meat thermometer not only for turkeys and roasts,** but also for casseroles, egg dishes, ground meats, even leftovers, especially if you're in frail health. Nearly one-third of all cases of food poisoning at home are caused by inadequate cooking, according to the U.S. Department of Agriculture. There are easy-to-use thermometers that give an instant reading when inserted in food. For a free copy of the brochure "Use a Meat Thermometer and Take the Guesswork out of Cooking," write to the USDA's Food Safety Education Office, 14th Street and Independence Ave. S.W., Room 1180, Washington DC 20250.