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THE D'ADAMO INSTITUTE FOR THE ADVANCEMENT OF NATURAL THERAPIES

Summer Newsletter

Staying Healthy in the Summer

By James L. D'Adamo, ND



Dr. James L. D'Adamo

Many people find that the long sunny days of summer bring the healthiest time of year. There are fewer suffering from colds, flu and allergies in the warm season. With the mild weather we tend to feel lighter, the muscles loosen, and even the chronic pain of arthritis may abate.

With all of that said, nature does not issue us a free pass in the summer, and it is still important to take care of overall health. With the heat of the sun comes the danger of dehydra-

tion. If you are outdoors for prolonged periods of time whether at work or play, be sure to carry your trusty bottle of water along. Some people perspire lightly, and may not be aware that they are losing water. Be sure to drink at least eight 12-ounce glasses of water daily. Summer confers no benefit on those who have hypoglycemia, the condition where your blood sugar fluctuates unduly throughout the day. It's just as important to eat your regular protein snacks every one and a half to two hours throughout the day in the summer as it is in the winter. It's easier to forget to do this in the summer, as we feel a little better, and our routine

changes, and we get busy with outdoor activities. Be sure to pack protein snacks to take along with you on your summer adventures. Furthermore, summer is a time of indulgence for many. There are more barbeques, parties and vacations, in short, more opportunities to fall off your diet program. My advice is to do the best you can while away on vacation and at parties. You can usually make the best choices available wherever you are. Always avoid wheat and dairy, lay off the deserts and alcohol, and you won't do yourself any serious harm as long as you jump right back into healthy eating when you return home.

Is There a Dark Side to Soy?

By George R. Savastio, ND

Hardly a week goes by at the Institute without a patient asking me about the potential dangers of consuming soy. Often this query comes from a patient of either the A or AB blood types who has been told at his/her exam to eat soy freely, as we consider it to be an excellent protein source for people of these blood groups.

The trouble begins when said patient goes home and Googles soy, only to find reference after reference to the alleged evils wrought upon unsuspecting consumers who thought they were doing a good thing by embracing a more vegetarian lifestyle, which often means

substituting soy for animal proteins. You can find headings such as "Birth Control For Babies," and "Soy: Panacea or Poison? (These, of course, being the only options)". So, what's all the fuss about? Well, if one actually dispassionately reviews the existing scientific literature regarding the consump-

tion of soy, the results do not appear all that controversial or exciting. As often happens when science begins to investigate the properties of foods, supplements, herbs, etc, the results are mixed, depending on the experiment itself, the intentions of the investigators, which molecule out of the whole has been selected for investigation, and so on. So, according to the current state of knowledge, soy may or may not reduce hot flashes in perimenopausal women, may or may not reduce incidence of breast cancer, may or may not increase bone density, and on and on. However, it should be clearly stated that there is nothing in the scientific literature to support the outrageous claims made regarding the “dark side” of soy. Most of these fearful claims center around the so-called “phytoestrogens” found in soy and other legumes and plants. Phytoestrogens are NOT; repeat NOT, the same as the estrogens produced by the human body.

They are completely different molecules from which the bio-identical hormones are fashioned. They are simply substances found in plants that

appear to affect hormonal balance in people in a gentle way, hence the name. However, they can have either a weak estrogenic effect or, interestingly, a weak anti-estrogenic effect, depending on the dose and the tissue being considered.



One website screams that feeding infants soy formula is the same as giving the infant FIVE BIRTH CONTROL PILLS A DAY!!!! This would be true if phytoestrogens were identical to estrogen. They’re not. This same article goes on to report that male babies exposed to DES, a synthetic estrogen sometimes given to pregnant women in the last century, had smaller testicles upon maturation. The author reports on to say that DES has similar effects as the phytoestrogens from soy (no basis is offered for this claim, in the age of the internet it is apparently enough just to state it); therefore, we can apparently assume that all male babies fed soy formula will be doomed to a fate of small testicles. This,

folks, is not science. These are scare tactics.

The point I would like to make is that there appears to be a bit of an agenda; some axe grinding at work here.

With all of that said, I see no need to change our recommendations regarding soy products. Humans have consumed soy in various forms for thousands of years without apparent harm.

It is logical to assume that it may well not be suited to be the only form of protein in the diet. Variety is essential for health, and soy should be eaten along with other proteins as recommended by your doctor. If you are of the O blood type, we recommend that you avoid soy altogether. This, however, is not because we fear that people with blood type O who eat soy are in danger of switching genders or morphing into Hermaphrodites. We simply find that O’s do not digest soy well and that it is not sturdy enough to meet their protein needs. For all you A’s, AB’s and B’s, continue to enjoy it as recommended by your doctor.

Nantucket Residents!

We are pleased to announce that Dr. James L. D’Adamo will be lecturing in your town! This is sure to be an informative and exciting lecture on blood type and his latest research.

Please help in spreading the word about this free lecture

Saturday August 1st at 1pm

***Nantucket United Methodist Church
2 Centre Street***

Mosquito Repellent: by Ian Bier, N.D., Ph.D., L. Ac.

*April showers bring forth
May flowers - mid-16th cen-
tury proverb.*

*From "Oxford Dictionary of Quo-
tations," Fifth Edition, edited by
Elizabeth Knowles (Oxford Uni-
versity Press, Oxford and New
York, 2001).*

Along with the beautiful flowers, April showers also bring plenty of stagnant, standing water, which is a perfect breeding ground for mosquitoes. The season of bug bites brings with it not just discomfort but also the real, if overblown by the media, risk of mosquito born illnesses.

As with everything, our primary goal is prevention. Some recommendations from the Center for Disease Control (CDC) for avoiding mosquito bites are worth noting:

Be Aware of Peak Mosquito Hours- The hours from dusk to dawn are peak biting times for many species of mosquitoes. Take extra care to use repellent and protective clothing during evening and early morning -- or consider avoiding outdoor activities during these times.

Drain Standing Water - Mosqui-

toes lay their eggs in standing water. Limit the number of places around your home for mosquitoes to breed by getting rid of items that hold water.

The standard insect repellent is N,N-diethyl-3-methylbenzamide, known commonly as DEET. DEET is absorbed through the skin, and six main metabolites can be measured in the urine of people who use it. It is estimated that 30% of the population of the US applies DEET every year and reports of adverse effects are very rare considering the billions of applications of DEET over the last 45 years. However, according to the University of Utah College of Pharmacy, excessive dermal application of DEET to large areas of the body over a period of days to weeks, especially in children, has led to seizures, slow heart beat, nausea, vomiting, rashes, lethargy, ataxia (lack of muscle coordination), brain swelling and anaphylaxis. Chronic exposure from high daily use has shown adverse effects included insomnia, muscle cramps, mood disturbances and rashes. A Swedish study also points to a possible increased risk of testicular cancer in men who were ex-

posed to DEET chronically.

So what are the options? The CDC lists *Oil of Lemon Eucalyptus* in the same category as DEET, as an "EPA registered products that provide repellent activity sufficient to help people avoid the bites of disease carrying mosquitoes. Products containing these active ingredients typically provide reasonably long-lasting protection". Another option to consider is a soybean oil derivative found in a product called *Bite Blocker*, which was shown in one study to be as effective as lower concentrations of DEET.

Finally, it's important to recognize that according to the CDC the efficacy and duration of protection from any repellent varies considerably among mosquito species, and are markedly affected by the temperature. Even the strongest repellents only last a few hours, so if yours stops working, reapply it. Try a few different natural formulations, possibly a few at the same time, and see which combination works best for you and your local mosquito population. You may find the magic formula that works on hot, humid days, needs to be refined for cooler ones.

Did you know?

The most popular tincture at the Institute is a combination of Ashwaganda and Eleuthero, designed to support the adrenal system, combating the effects of stress and anxiety. Think this would be helpful? Let us know.

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Dr. D'Adamo's third book!

We are very pleased to announce Dr. James L. D'Adamo's third book, *An Ounce of Prevention is Worth a Pound of Cure*, will be released to the public in April 2010. We are especially excited because it will first be printed in hard cover form by Louise Hay Press. That name may be very familiar to those of you with an interest in natural medicine, as Louise Hay has been a national spokesperson for alternative approaches to medicine for a long time.

This book is the culmination of what Dr. D'Adamo has learned over 50+ years of practicing naturopathic medicine on literally tens of thousands of patients from around the world. His research with blood groups, sub-blood groups, Rh factor and A1 and H antigens has continued to evolve over the years. We are very happy to finally bring his latest thinking and revised, up to date food lists into published form.

Recipe Corner

A new spin on tortilla chips

Ingredients: 1 Cup amaranth flour, water (start with 3 tbsp. and adjust accordingly), 1 tbsp. oil, 1/4 tsp. sea salt

How to make it: Preheat oven to 350 F, mix flour with just enough water to form a ball, divide the ball into 4 balls. Roll out each ball while coating it generously in more amaranth flour. Roll it out as thin as possible with a rolling pin -

scrape under it frequently and turn over - sprinkling with flour as you go. Flip it onto a cookie sheet. Brush lightly with oil. Give a tiny sprinkle of sea salt. Cut into desired shapes & bake for 6 minutes or until golden brown and crunchy.

Asparagus fries

Ingredients: Asparagus, however much you like, 1 tbsp. oil per pound of asparagus, and sea salt, to taste.

How to make it: Cut off woody end of asparagus. Line pan with parchment paper and pre-heat broiler. On paper, lay out the asparagus in a line and sprinkle with oil first, then sea salt. Broil for 7-9 minutes, turn the asparagus over and broil for another 3-5 minutes (time depends on thickness of the stalk).

Have a great recipe you would like to share? Please let us know, we would love to share it with other patients.