



Taking omega-3 fatty acids can reduce the incidence of postnatal depression among new mothers. RUSLAN OLINCHUK/EPOCH TIMES

Postnatal depression risk reduced by omega-3 fatty acids

By CASSIE RYAN
Epoch Times Staff

Foods containing plenty of omega-3 fatty acids, such as oily fish, could help prevent postnatal depression if consumed during pregnancy, according to the results of a new study presented at the Experimental Biology 2011 meeting in Washington, D.C., on April 12.

Omega-3 fatty acids such as docosahexaenoic acid (DHA) are beneficial to the brain, nerves, and cardiovascular system and can be found in foods such as salmon, herring, walnuts, and flaxseeds, according to WebMD.com.

Led by Dr. Michelle Price of the University of Connecticut School of Nursing, a team of researchers gave 52 pregnant women either a fish oil capsule containing 300 milligrams of DHA or a placebo five days a week from weeks 24 to 40 of their pregnancies. Using a postpartum depression screening scale, depression levels were ascertained at two and six weeks and then three months and six months after birth.

The team found that those women who took fish oil capsules had lower scores on the depression scale and significantly fewer symptoms. They concluded, "DHA consumption during pregnancy—at levels that are reasonably attained from foods—has the potential to decrease symptoms of postpartum depression," according to a press statement.

Although the study was too small to draw any definite conclusions about fish oil's effects on postnatal depression, the press release recommended that women eat at least one serving of high omega-3 fish two to three days per week.

Registered Dietitian Cassie Vanderwall at the Rush University Medical Center in Chicago routinely provides nutritional advice to pregnant women.

"I don't say this will prevent postpartum depression, but fatty fish and other omega-3-rich foods will benefit them and their child's development," she told WebMD. "It is a good idea to discuss your diet during pregnancy with your obstetrician."

Shying away from the sun increases melanoma risk

By DR. JOHN BRIFFA

Melanoma, one of the deadliest skin cancers, claims about 48,000 lives around the world every year. Recently it was identified as causal in the death of a 21-year-old UK woman, amidst unusual circumstances.

We're told that the victim hated the sun and did her utmost to protect herself from it. Yet she still ended up succumbing to malignant melanoma. The subtext message was that any amount of sun is hazardous.

Is it true that exposing the skin to ultraviolet light causes malignant melanoma? I know this link is constantly made, but does it stand up to scrutiny?

In July 2008, the British Medical Journal ran an article by Dr. Sam Shuster (a dermatologist) in which he dissects some pertinent research regarding the link between sunlight exposure and malignant melanoma. The following are some of the points made in this article:

Some forms of skin cancer (relatively harmless basal cell and squamous cell cancers) tend to occur in sun-exposed parts of the body, but 75 percent of malignant melanomas do not.

The relationship with latitude is small and inconsistent. In other words, locations closer to the equator with more sunlight exposure do not see significantly increased malignant melanoma incidence.

Malignant melanoma incidence and death from this condition are lower in individuals with increased sunlight exposure. Eleven studies are cited as evidence to support this.

Incidence of malignant melanoma is not reduced and can be increased by sunscreen use.

Malignant melanoma risk associated with tanning bed use is



Close-up image of malignant melanoma. The malignant skin tumour affects skin cells that produce pigment. AMERICAN CANCER SOCIETY/GETTY IMAGES

"small and inconsistent."

Inducing malignant melanoma in the laboratory using ultraviolet light is difficult (in contrast to basal cell and squamous cell carcinomas).

In short, the relationship between sunlight exposure and malignant melanoma is far from clear-cut. There is even some evidence that sunlight exposure might help protect against this condition.

It's important to bear this in mind when reading stories like the one I mentioned above. The "sunlight at any dose is dangerous" subtext comes from the belief that sunlight is a major cause of melanoma. This appears to be inaccurate.

The balance of evidence suggests some protective effect. Taking this at face value, is it possible that this woman's death was not in spite of her fear of the sun, but partly because of it?

We are faced with the very real possibility that this death was the result of general misinformation about the supposed perils of sunlight exposure.

Dr. John Briffa is a London-based physician and author with an interest in nutrition and natural medicine. His website is DrBriffa.com.

Government push for GE crops

By SALLY FALLON MORELL & MARY G. ENG
The Weston A. Price Foundation

The Obama administration has endorsed genetically engineered (GE) agriculture on more than 50 national wildlife refuges, according to Public Employees for Environmental Responsibility (PEER).

The new plan is designed to insulate refuges from environmental court challenges in the wake of a lawsuit recently won by PEER and other groups, which halted GE agriculture in all northeastern refuges. The plan includes 31 refuge units across eight Midwestern states, 25 refuge units in 12 southeastern states, and an unspecified number in the Rocky Mountain region.

This follows USDA's decision to plow ahead with deregulation of GE Roundup Ready alfalfa despite being informed of serious health concerns in the first genetically engineered perennial crop.

GRIM WARNING

Don Huber, a veteran soil scientist from Purdue University, has written a letter to U.S. Agriculture Secretary Tom Vilsack warning of a newly identified pathogen linked to the herbicide Roundup that might be implicated in livestock fertility problems as well as diseased corn and soybean crops.

Huber coordinates the Emergent Diseases and Pathogens Committee of the American Phytopathological



A Brazilian peasant, member of the Landless Workers Movement, burns transgenic soy seeds during a GMO protest. The demonstration took place before the opening ceremony of the eighth meeting of the Convention on Biological Diversity. ORLANDO KISSNER/AFP/GETTY IMAGES

Society as part of the USDA National Plant Disease Recovery System.

According to Huber, the "electron microscopic pathogen appears to significantly impact the health of plants, animals, and probably human beings" and likely is connected to glyphosate, the major ingredient in Roundup.

Huber described the pathogen as appearing to be a microfungus organism found in high concentrations in Roundup Ready soybean meal and corn, distiller's meal, fermentation feed products, pig stomach contents, and pig and cattle placentas.

Huber said laboratory tests have confirmed the presence of the organism in a wide variety of livestock that have experienced spontaneous abortions and infertility. "The pathogen may explain the escalating frequency of infertility and spontaneous abortions over the past few years in U.S. cattle, dairy, swine, and horse operations."

"These include recent reports of infertility rates in dairy heifers of over 20 percent and spontaneous abortions in cattle as high as 45 percent. We have veterinarians very concerned about enough animals, just replace-

ment animals, for our beef and dairy herds."

MAD SOY DISEASE

"Mad Soy Disease" has been spreading in Brazil, causing yield losses of up to 4 percent, most notably in the states of Mato Grosso, Tocantins, and Goias. The prime suspect for spreading the disease is a black mite found in stubble when soybean is grown in no-till, Roundup Ready-dependent production systems.

The disease delays the maturation of infected plants indefinitely. The plants remain green until they eventually rot in the field. Pods that do form are abnormal, with fewer beans (I-sis.org.uk/madSoyDiseaseStrikes-Brazil.php).

Brazil has 24 million hectares planted in soybeans, three-quarters of which are genetically engineered. Scientists are scrambling for a pesticide to solve the problem, ignoring the real solution, which is pasture-based meat production.

Poor results of the Brazil soy crop are undoubtedly a factor in soaring food commodities prices, although you are unlikely to read about this in the major newspapers.

Sally Fallon Morell, M.A., and Mary G. Eng, Ph.D., are board members of The Weston A. Price Foundation.

Source: Westonaprice.org/caustic-commentary/2161-caustic-commentary-spring-2011

Is your parent healthy enough for surgery?

By W. GIFFORD-JONES, M.D.

Warren Buffett, believed to be the world's greatest investor says, "Risk comes from not knowing what you're doing."

Risk in surgery also comes from not knowing what you're doing. But in this case, rather than losing money, you can lose a life. This week, how the fragility test saves lives.

A report from Johns Hopkins University says, "Fifty percent of people over 65 will undergo surgery." It is, therefore, a foregone conclusion that aging parents and their children will be asking, "Do you believe he or she is well enough to undergo an operation?"

Sometimes the answer is as easy as falling off a log. The parent simply does not need surgery. After all, why submit a 70-year-old with only mild discomfort, that's not life-threatening, to a major operation? The benefit does not warrant the risks of surgery.

But suppose an elderly parent's quality of life is severely affected. How then do you assess the risk of surgery? In the past, there were several ways to evaluate it.

The Lee Cardiac Index looks at the possibility of cardiovascular problems based on the type of operation, the degree of cardiovascular disease, the presence of diabetes, and the quality of kidney function.

There's also a tool used by the American Society of Anesthesiologists: the ASA Score. Anesthetists and surgeons estimate the patient's health using a scale of 1 to 5. A score of 1 says that in all probability the patient is fit for the operation. A score of 5 indicates an unfit patient who is unlikely to survive surgery.

But it's been long-recognized that some patients with a score of 1 may do poorly, and those with a score of 5 may thrive after surgery. So these tests are unreliable and may be little better than tossing a coin.

Dr. Linda Fried, founder of the Johns Hopkins Center on Aging and Health, has been working on this dilemma for 10 years. She says that 20 percent of those over 80 are frail—women more so than men because they start life with less muscle.

Sometimes their fragility results from a triggering event such as sudden illness or injury that leads to loss of appetite, weight, and muscle mass. Or more often it's a combination of the ravages of time along with decreased physical activity that decimates muscle mass.

Dr. Fried's research has developed what's called the Fragility Test, which evaluates five aspects of the patient's health. If elderly people suffer from two or more of the following problems they must be classified as frail.

1. Unintentional weight loss of 10 pounds or more in the last year accompanied by loss of muscle mass, called sarcopenia.
2. Weakness demonstrated by poor grip strength.
3. A feeling of exhaustion causing such remarks as, "I feel I can-

not get going most days of the week."

4. Less physical activity where they're only using 2,700 to 3,380 calories for the entire week (compared to a need of 1,600 calories a day).

5. A slow walking speed in which men over 5 feet 7 inches and women over 5 feet 3 inches take seven or more seconds to walk 15 feet.

To test its accuracy Hopkins re-

searchers assessed 564 patients 65 years of age or older before they underwent major surgery. Prior to their operation, they were classified by the fragility test as either "frail," "moderately frail" or "not frail."

The results were published in the Journal of the American College of Surgeons. It showed that the moderately frail and the frail were twice as likely to suffer postoperative complications such as infection, respiratory distress, or poor wound healing.

The moderately frail were also 3

times more likely and the frail 20 times more likely to require a nursing home when they were discharged from hospital.

The moral? It is said, "The race is not to the swift nor the battle to the strong." But keeping in good shape certainly improves survival after surgery.

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