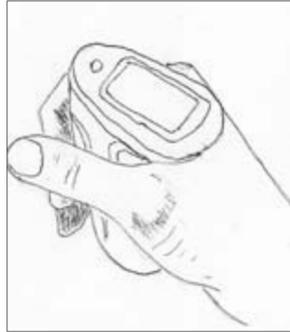


Zona Plus: A Hand-Held Device To Treat Hypertension

By W. GIFFORD-JONES, M.D.

Could experiments on F-16 fighter pilots help to decrease the need for blood pressure pills? In the 1960s, an Air Force study was conducted in an endeavor to increase a pilot's ability to withstand the huge g-forces and prevent him from blacking out during aerial combat. Researchers discovered that exercises to strengthen the abdominal muscles could decrease the effect of gravitational forces. They also demonstrated that hand gripping exercises could fight hypertension. Now, because of this research, a hand-held computer device called "Zona Plus" is available to lower blood pressure.



HANDLING HYPERTENSION: Using the Zona has been shown to reduce blood pressure in hypertensives. L.MCCOY/THE EPOCH TIMES

Harvard Medical School initially thought the Zona device was a hoax and carried out research to prove it was fraudulent treatment. But to its embarrassment and amazement it discovered that the instrument was an effective way to fight high blood pressure without pills. It even published a full-page article on the Zona device in The Harvard Health Letter saying it was equal or better than a first-line anti-hypertension drug.

Since that time, the Zona hand-gripping device has undergone extensive tests and proven to be effective for 90 percent of users. Patients have been able to either decrease medication or completely stop it. There's no need for diet changes, drugs, or strenuous exercise, and you can use the Zona device while watching television, talking on the telephone, or any activity where you can see the Zona screen.

Today, 75 million North Americans have hypertension, and doctors are now seeing high blood pressure in overweight young people. But also as we age, our arteries, like an old rubber hose, become

less pliable due to atherosclerosis, a main cause of hypertension.

The problem is that hypertension is often silent for many years, but increased pressure day after day causes injury to the heart, kidneys, and other vital organs. The end result may be a fatal coronary attack, stroke, or gradual heart and kidney failure.

Time-honored treatment for high blood pressure has been the use of various types of medication. But patients often stop these drugs due to miserable side effects such as fatigue, headache, joint pain, and impotence. The Zona device circumvents this problem.

Patients first grasp the small hand-held Zona device to measure their own grip strength for both hands. This measurement is then used to calculate the amount of grip strength needed to restrict the blood flow in the forearms. This restriction releases nitric acid, a powerful dilator, into the blood stream that safely dilates blood vessels and decreases hypertension. The device

also causes a change in vagal control, much like doing Yoga without the time commitment.

The exercise takes 12 minutes a day, a minimum of three times a week, and a built-in LCD computer screen allows you to keep tabs on what's happening during the exercise. It tells you if you're squeezing too much or exerting too little pressure and grades your attempt each time.

I've tried the Zona device and tested it on patients, family, and friends. It's ideal for those who want to get off medication that requires lifetime use, often with health consequences. The Zona device is initially used 12 minutes daily, five times a week, and later only three times weekly.

The Zona device costs \$350.00, but since it's a one-time purchase is cost effective compared to a lifetime on medication. Besides, it can be used by all family members.

Don't be disappointed if you first achieve scores below 80. You may also have to squeeze less vigorously at the beginning and gradually work up to full strength. Moreover, don't expect to see any drop in pressure for five to eight weeks. But the pressure will drop quickly within a few days. So it's vital not to give up, as it may take a full eight weeks.

It's refreshing to add a non-pill treatment to treat hypertension. But remember: Always consult your own doctor before stopping any medication. And if your physician has placed limitations on physical activity, seek his advice before using the Zona device.

For more information, call the toll-free number (866) 669-9662 or visit the Web site zona.com

Dr. Gifford-Jones is a medical journalist with a private medical practice in Toronto.

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Early C-Section for Full-Term Babies Risky

BOSTON (Reuters)—More than half of all Cesarean deliveries are done by choice and more than a third are done too early, putting the babies at risk of breathing and other difficulties, U.S. researchers reported last week.

The study of 13,258 births found that the risk of complications doubled if an elective C-section was performed at 37 weeks, when the baby is classified as full term, instead of at 39 weeks when the American College of Obstetricians and Gynecologists (ACOG) regards the operation as safe.

At 38 weeks, the risk of complications was 50 percent higher, the researchers reported in the New England Journal of Medicine.

"Even those deliveries done about three days prior to 39 weeks still have an increase in these adverse outcomes," said Dr. Alan Tita of the University of Alabama at Birmingham, who led the study.

Despite the ACOG guidelines, 36 percent of the babies were delivered early, and the research may have underestimated the risk of complications.

One reason: The study was done at 19 academic hospitals, where doctors are usually more attuned to national guidelines. "The assumption is it may be higher if we looked at private physicians in the



C-SECTION BIRTH: 40 percent of Iranian births are by C-section. Hopefully Iranians know the 39-week rule. ATTA KENARE/AFP/GETTY IMAGES

community," Tita said in a telephone interview.

Another reason is that the researchers had no way of knowing whether a C-section was done after doctors had performed an amniocentesis to confirm that the fetus' lungs had matured. If those cases had been excluded, the risk of early delivery would have been even higher, he predicted.

Why Are So Many Infants Being Delivered Early?

"There is usually this sense that 37 weeks is full term. That's our standard practice," said Tita.

"So women, I believe, when they attain this gestational age, are tired of the pregnancy, they're excited to see the newborn and they start asking to be delivered. So I think part of it is the pressure from the patients who want to be delivered and physicians who want to accommodate their patients."

In a commentary, Dr. Michael Greene of Massachusetts General Hospital said the profile of women who delivered early suggests that they were more likely to be eager to have their own doctor do the delivery.

"To accommodate busy schedules and to minimize the chance that a patient will begin labor and require a nonelective procedure when her doctor might not be available, procedures are frequently scheduled just before 39 weeks of gestation," he said.

The study suggests doctors should not wait too long either. The complication rate rose after 41 weeks, "leaving a relatively narrow two-week window of minimal risk in which elective repeat Cesarean deliveries could optimally be performed," said Greene.

Notes on Chestnuts and Ginger

By China Research Group
Epoch Times Staff

Chestnuts

Did you know that chestnuts contain up to 70 percent starch, 11 percent protein, and around 7 percent fat? Chestnuts are also rich in vitamins, minerals, calcium, phosphorus, iron, and vitamins C, thiamine, and carotene—all of which it has more of than most foods.

The therapeutic and medicinal values of chestnuts, then, are first-class. Chinese medicine thinks that chestnuts are sweet in taste, warm in nature, nourishing to the stomach, and strengthening to the spleen and kidneys.

According to the renowned Chinese medical doctor, Li Shizhen, from the Ming Dynasty, who made in-depth studies on chestnuts: "People who have cold inside and heavy diarrhea, let them eat 20 to 30 roasted chestnuts. The disease will be healed." They are also good for a weak spleen, a weak stomach, or kidney deficiencies.

Going back in time, we have the old Chinese medicine book Southern Yunnan Materia Medica recording: "Chestnuts eaten raw can stop vomiting [of] blood, nose



CHESTNUT CONSUMPTION: Chestnuts have been recommended for a variety of maladies. PETER PARKS/JAFF/GETTY IMAGES

bleeding, blood in the stool, and other blood diseases."

Today, we see that even modern medical research says that chestnuts can prevent hypertension and hardening of the arteries. So what are you waiting for? Time to go get some chestnuts.

Ginger

Ginger can be used not only as vegetable or spice, but also as medicine. According to Chinese medicine, ginger enters the energy channels of the lung, spleen, and stomach.

According to pharmacological researchers, ginger prevents ageing and resists oxidation. It can stimulate the secretion of gastric juices, and promote digestion. Ginger is excreted by the kidneys, so those who have kidney disease should not use it.

Ginger tastes spicy and is used to get rid of colds, sputum, and coughs. It is used for treating "cold" diseases and is not supposed to be used for "warm" diseases. In Chinese medicine, different foods have different "temperatures." The temperature of the food partly determines its effect on the body.

The idea is to restore balance to the body. Thus, if an ailment is said to be cold, such as a cough or runny nose, warmer foods should be taken, such as a ginger and shallot soup. Conversely, if an ailment is hot, such as a dry, sore throat and sweating, cooler food should be taken, such as banana, cucumber, tofu, and so on.

Cooking ginger and brown sugar together and drinking while hot can be an effective way of combating a cold.

The above article is just for reference. Please consult a doctor of traditional Chinese medicine before using it to treat illnesses.

High Insulin Levels Linked to Breast Cancer Risk

By DR. JOHN BRIFFA

A year ago I reported on some research that had found a link between elevated levels C-reactive protein (CRP) and worse outcomes for women with breast cancer.

CRP levels tend to be higher in individuals with insulin resistance (where insulin levels tend to be high, but the tissues in the body are resistant to its effects). This association was probably the reason why one of the authors of this study recommended women with breast cancer take steps to reduce their insulin levels, though at the time I expressed doubt about her suggestion that the diet should be low in fat. If insulin control is the desired outcome, I suggest a diet low in carbohydrate.

Last week saw the online publication of a study, which again suggests that insulin may be a

provoking factor in breast cancer [1]. The study compared insulin levels in more than 800 women with breast cancer and a similar number without the disease.

Women with the highest insulin levels were found to be at a 46 percent increased risk of breast cancer. However, the associated between insulin levels and increased risk of breast cancer was only found to be significant in women who did not use hormone replacement therapy.

When the results were re-analyzed for only women who were not taking hormone replacement therapy, those with the highest insulin levels were found to be almost 2.5 times at greater risk of breast cancer compared to those with the lowest levels.

We don't know from studies of this nature whether high insulin levels actually cause breast cancer. However, any causal link between

insulin and breast cancer would be strengthened by evidence that links the eating of foods that tend to cause high levels of insulin with increased breast cancer risk. As it happens, there is quite a body of evidence to this effect.

To my mind, there are plenty of good reasons for keeping insulin levels low. For women, there is mounting evidence that reducing risk of breast cancer is one of them.

Reference:
Gunter MJ, et al. Insulin, Insulin-Like Growth Factor-I, and Risk of Breast Cancer in Postmenopausal Women. Journal of the National Cancer Institute 2008 [Epub 30 Dec]

Dr. John Briffa is a London-based physician and health writer with an interest in nutrition and natural medicine. His Web site is drbriffa.com

More Americans Getting Multiple Illnesses

WASHINGTON (Reuters)—More Americans are burdened by chronic illnesses such as diabetes and high blood pressure, often having more than three at a time, and this has helped fuel a big rise in out-of-pocket medical expenses, according to a study released last week.

With prescription drugs playing a key role, average annual out-of-pocket medical costs—those not covered by health insurance—rose from \$427 per American in 1996 to \$741 in 2005, researchers wrote in the journal Health Affairs.

Adjusting for inflation, that translated to 39 percent more in out-of-pocket spending per person over that time, according to Kathryn Paez of Maryland-based

health research organization Social & Scientific Systems Inc. and colleagues.

The figures were much higher among the elderly. For example, a person insured through the Medicare program for those 65 and older, who had three or more chronic conditions, paid an average of \$2,588 of out-of-pocket medical expenses [per year].

A separate report published in the journal showed U.S. health care spending rose to \$2.2 trillion in 2007, or \$7,421 per person.

Based on government survey data, 44 percent of Americans in 2005 had at least one chronic medical condition, which could include diabetes, high blood pressure, high cholesterol levels,

cancer, arthritis, heart failure, and others. That compares to 41 percent in 1996.

The study did not look directly at the causes of the increases, but there appear to be several factors.

The rise in Americans with multiple chronic illnesses comes as obesity and sedentary lifestyles have grown more common. Obesity contributes to many chronic ailments including diabetes. U.S. health officials say the rate of new cases of diabetes soared by about 90 percent in the past decade.

The percentage of Americans with three or more chronic illnesses has risen sharply. Among all ages, it went from 7 percent in 1996 to 13 percent in 2005.

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