



Natural Standard

The Authority on Integrative Medicine

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May 2008

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Tea for Health



This summer, don't hesitate to cool off with a glass of (unsweetened) iced tea. A new study emphasized the many health benefits of the second most popular beverage in the world.

Green tea, black tea and oolong tea are all infusions of dried leaves from the *Camellia sinensis* plant. Researchers from Wayne State University in Detroit, MI, explained that tea leaves contain polyphenolic compounds known as catechins. These molecules function as powerful antioxidants and may improve health and reduce the risk of disease.

The researchers observed that although tea has been consumed for centuries, it has only recently been studied extensively as a health-promoting beverage that may act to prevent a number of chronic diseases and cancers.

Green tea consumption is associated with lower plasma concentrations of cholesterol. Thus, green tea may be of modest benefit in preventing atherosclerosis or the hardening of the arteries. Furthermore, the cancer-preventive effects of green tea are widely supported by epidemiological and clinical studies.

In cell culture studies, green tea catechins induce cell death and cell cycle arrest in cancer cells, but not in normal cells. In animal studies, green tea can inhibit tumors in various organs such as the skin, lungs, liver, stomach, mammary glands and colon.

Recently, clinical trials have explored the anticancer effects of green tea in humans. Tea is a source of caffeine, a molecule that stimulates the central nervous system and the heart. Caffeine also acts on the kidney as a diuretic increasing urine flow.

One cup of tea contains approximately 50 milligrams of caffeine, depending on the strength of the tea and the size of the cup. Tea also contains polyphenols (catechins, anthocyanins, phenolic acids), tannin, trace elements and vitamins.

The study authors concluded that identifying the molecular targets of green tea polyphenols may pave the way for more well-designed clinical trials. By examining how components of tea interact with various biomarkers of cancer, scientists hope to better understand the mechanisms underlying green tea's anti-cancer activity.

For more information on green or black tea, please visit [Natural Standard's Foods, Herbs &](#)

[Supplements](#) database.

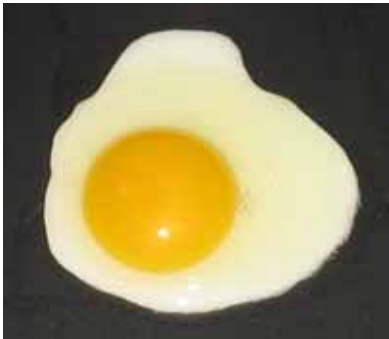
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2) Natural Standard Research Collaboration: The Authority on Integrative Medicine. www.naturalstandard.com. Copyright © 2008.

Eggs and Heart Disease



A new study supports consuming eggs in moderation after finding no evidence that eggs increase the risk of cardiovascular disease.

Conditions that affect the heart or blood vessels are collectively known as cardiovascular diseases. These include atherosclerosis (hardening of the arteries), coronary artery disease, heart valve disease, arrhythmia (irregular heartbeat), heart failure, high blood pressure, low blood pressure, shock, endocarditis (bacterial infection of the heart), diseases of the aorta and its branches, disorders of the peripheral vascular system and congenital heart disease.

Reducing dietary cholesterol is important for preventing cardiovascular disease (CVD). Researchers from Harvard Medical School explained that although eggs are high in cholesterol, there is limited and inconsistent evidence that egg consumption increases CVD risk and mortality.

The researchers examined the association between egg consumption and cardiovascular disease in 21,327 participants from the Physicians' Health Study I. Egg consumption was assessed with an abbreviated food questionnaire.

After an average follow-up of 20 years, 1,550 new heart attacks, 1,342 incident strokes and 5,169 deaths occurred. The study found that egg consumption was not associated with incident heart attack or stroke.

The study authors concluded that occasional egg consumption does not seem to influence the risk of CVD in males. However, egg consumption was positively correlated with mortality, especially in diabetic subjects.

Integrative therapies with strong scientific evidence in the treatment of heart conditions include beta-glucan, beta-sitosterol, niacin, omega-3 fatty acids, policosanol, psyllium, red yeast rice and soy. These can be ingested through a healthy diet in addition to eggs.

Beta-glucan is a fiber that comes from the cell walls of algae, bacteria, fungi, yeasts and plants. Numerous trials have examined the effects of oral beta-glucan on cholesterol. Small reductions in total and low density lipoprotein (LDL) cholesterol ("bad" cholesterol) have been reported. Little to no significant changes have been noted to occur on triglyceride levels or high density lipoprotein (HDL) cholesterol ("good" cholesterol) levels.

Beta-sitosterol is found in plant-based foods such as fruits, vegetables, soybeans, breads, peanuts and peanut products. It is also found in bourbon and oils. Many human and animal studies have found that supplementation of beta-sitosterol into the diet decreases total serum cholesterol as well as low-density lipoprotein cholesterol.

Niacin, also known as vitamin B3 or nicotinic acid, is a well-accepted treatment for high cholesterol. Multiple studies show that niacin (not niacinamide) has significant benefits on levels of high-density

cholesterol. Niacin has been shown to produce better results than prescription drugs. There are also benefits on levels of low-density cholesterol, although these effects are less dramatic.

Omega-3 fatty acids are found in fish oil and certain plant/nut oils. Fish oil contains both docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA). Multiple human trials report small reductions in blood pressure with intake of omega-3 fatty acids. There is strong scientific evidence from human trials that omega-3 fatty acids from fish or fish oil supplements (EPA + DHA) significantly reduce blood triglyceride levels. Benefits appear to be dose-dependent. Fish oil supplements also appear to cause small improvements (increases) in high-density lipoprotein. However, increases (worsening) in low-density lipoprotein levels are also observed. The American Heart Association has published recommendations for EPA + DHA. Because of the risk of bleeding from omega-3 fatty acids, a qualified healthcare provider should be consulted prior to starting treatment with supplements.

Policosanol is a natural mixture of alcohols derived from plant-based waxes that has been shown to lower cholesterol. Policosanol has been used and recommended to treat high cholesterol (hypercholesterolemia). Numerous studies have analyzed the effects of policosanol on cholesterol levels and have found benefits. At this time, the evidence supporting the efficacy of this agent is compelling, although greater acceptance in the U.S. market may await additional larger studies.

Psyllium, also known as ispaghula, comes from the husks of the seeds of *Plantago ovata*. Psyllium is well studied as a lipid-lowering agent with generally modest reductions seen in blood levels of total cholesterol and low-density lipoprotein. Because only small reductions have been observed, people with high cholesterol should discuss the use of more potent agents with their healthcare providers. Effects have been observed in adults and children, although long-term safety in children is not established.

Red yeast rice (RYR) is the product of yeast (*Monascus purpureus*) grown on rice. Since the 1970s, human studies have reported that red yeast lowers blood levels of total cholesterol, low-density lipoprotein/LDL and triglyceride levels. Other products containing red yeast rice extract can still be purchased. However, these products may not be standardized and effects are unpredictable. For lowering cholesterol, there is better evidence for using prescription drugs such as lovastatin.

Soy is a subtropical plant native to southeastern Asia. Numerous human studies report that adding soy protein to the diet can moderately decrease blood levels of total cholesterol and low-density lipoprotein. Small reductions in triglycerides may also occur, while high-density lipoprotein does not seem to be significantly altered. It is unknown if products containing isolated soy isoflavones have the same effects as regular dietary intake of soy protein.

For more information on these therapies, please visit [Natural Standard's Foods, Herbs & Supplements](#) and [Medical Conditions](#) databases.

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Paclitaxel from Yew for Breast Cancer

A new study suggests that paclitaxel, originally derived from the Pacific yew tree, may improve survival in women with breast cancer.

Taxanes are compounds produced by plants in the genus *Taxus*, such as



the Pacific yew tree. Researchers from Eastern Cooperative Oncology Group in Philadelphia, PA, compared the efficacy of two different taxanes, docetaxel and paclitaxel, given either weekly or every three weeks, in the adjuvant treatment of breast cancer.



Paclitaxel is isolated from the bark of the Pacific yew tree (*Taxus brevifolia*) and is available under the brand name Taxol®. As early as 1971, paclitaxel was used as an anti-tumor drug in clinical trials run by the U.S. National Cancer Institute. Taxol® has succeeded in treating advanced ovarian and breast cancers in clinical trials.

Paclitaxel is now approved by the U.S. Food and Drug Administration (FDA) and is hailed as one of the most significant advances in cancer chemotherapy in recent history.

In the study, 4,950 women with axillary lymph node-positive or high-risk lymph node-negative breast cancer first received four cycles of intravenous doxorubicin and cyclophosphamide at three-week intervals and were then assigned to paclitaxel or docetaxel, given intravenously at either three-week intervals for four cycles, or at one-week intervals for 12 cycles. The primary end point was disease-free survival.

Compared to patients receiving the standard therapy of paclitaxel every three weeks, the odds ratio for disease-free survival was 1.27 among those receiving weekly paclitaxel, 1.23 among those receiving docetaxel every three weeks and 1.09 among those receiving weekly docetaxel.

As compared with standard therapy, the study found that weekly paclitaxel was associated with improved survival. In a subgroup of patients whose tumors expressed no human epidermal growth factor receptor type 2 protein, an exploratory analysis found similar improvements in disease-free and overall survival with weekly paclitaxel treatment regardless of hormone-receptor expression. Grade 2, 3 or 4 neuropathy (nerve pain) was more frequent with weekly paclitaxel than with paclitaxel every three weeks (27 percent vs. 20 percent).

The study authors concluded that weekly paclitaxel after standard adjuvant chemotherapy may improve disease-free and overall survival in women with breast cancer.

Susan G. Komen for the Cure® will be hosting its National Race for the Cure® 5K Walk/Run on Saturday, June 7, 2008 in Washington, DC, on the National Mall. For more information on this race, please click [here](#). Komen has dedicated nearly \$1 billion to creating awareness and finding a cure for breast cancer, making it the nation's largest private funding source for breast health and breast cancer.

To comment on this story, please click [here](#) to enter the **Natural Standard** blog.

For more information on yew, please visit **Natural Standard's** [Foods, Herbs & Supplements](#) database. For more information on breast cancer, please visit **Natural Standard's** [Medical Conditions](#) database.

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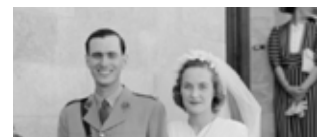
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Healthy Marriage

A new study supports the growing evidence that healthy marriages equal healthier men and women.

Researchers from Mayo Clinic, in Rochester, MN, investigated whether



marital status and self-assessed mental health are independent risk factors for poor self-rated overall health among female primary care patients.

The cross-sectional survey of family medicine patients treated in a clinic in rural Minnesota included 723 women. Self-ratings of mental health, demographics and symptoms were used to predict self-rated overall health.

The study found that women who were single, divorced or otherwise not married or widowed had lower odds of good self-rated overall health compared with married women. Women who were 65 years of age and over, women who rated themselves as depressed and women who reported more physical symptoms also were less likely to have good health compared with younger women, women who did not feel depressed and women with fewer physical symptoms, respectively.



Education was not independently related to health in this sample. Worry was related to health in the univariate analysis but not after controlling for self-assessed depression.

The study authors concluded that in order to improve overall health among rural women seen in primary care settings, special attention may need to be directed at women who are single, are older, report more physical symptoms and feel depressed. They suggested that programs include self-help materials, support groups and counseling services addressing social isolation, employment and financial hardship.

This study comes during a time of marriage crisis in America; almost half of all marriages continue to end in divorce. However, couples who stay married report happier and healthier lives.

In an article for [Discovery Health](#), David Popenoe, a professor of sociology at Rutgers University and co-director of the National Marriage Project, dispelled common myths about marriage. Popenoe asserted that recent research suggests that men and women benefit about equally from marriage, although in different ways. Both men and women live longer, happier, healthier and wealthier lives when they are married. Husbands typically gain greater health benefits, while wives gain greater financial advantages.

Other research found that couples with children have a slightly lower rate of divorce than childless couples. Popenoe found that the most common reasons couples give for their long-term marital success are commitment and companionship. He warned that many studies have found that those who live together before marriage have less satisfying marriages and a considerably higher chance of eventually breaking up. And, according to a large-scale national study, married people have both more and better sex than do their unmarried counterparts; they report enjoying it more, both physically and emotionally.

Another recent study of 17 developed nations found that married persons have a significantly higher level of happiness than persons who are not married after controlling for gender, age, education, children, church attendance, financial satisfaction and self-reported health. The authors asserted that "the strength of the association between being married and being happy is remarkably consistent across nations." Marriage boosted financial satisfaction and health; cohabitation, by contrast, did not increase financial satisfaction or perceived health and the boost to happiness from having a live-in lover was only about a quarter of that of being married, stated the researchers.

And finally, the U.S. Department of Health and Human Services: Administration for Children and Families found benefits for children, men, women and communities.

Children and youth who are raised by parents in healthy marriages, compared to unhealthy marriages, are: more likely to attend college, more likely to succeed academically, physically healthier, emotionally healthier, less likely to attempt or commit suicide, less likely to have behavioral problems in school, less likely to be a victim of physical or sexual abuse, less likely to abuse drugs or alcohol, less likely to commit delinquent behaviors, more likely to have a better relationship with their mothers and fathers, less likely to divorce when they get married, less likely

to become pregnant as a teenager or impregnate someone, less likely to be sexually active as teenagers, less likely to contract STDs and less likely to be raised in poverty.

Women who are in healthy marriages are: more likely to have a more satisfying relationship, emotionally healthier, physically healthier, wealthier, less likely to be victims of domestic violence, sexual assault or other violent crimes, less likely to attempt or commit suicide, less likely to abuse drugs or alcohol, less likely to contract STDs, less likely to remain or end up in poverty and more likely to have better relationships with their children.

Men who are in healthy marriages, compared to unhealthy marriages, are: more likely to live longer, physically healthier, wealthier, more likely to have increased stability of employment, more likely to have higher wages, emotionally healthier, less likely to abuse drugs or alcohol, more likely to have better relationships with their children, more likely to have a satisfying sexual relationship, less likely to commit violent crimes, less likely to contract STDs and are less likely to attempt or commit suicide.

And lastly, communities with a higher percentage of couples in healthy marriages report the following: higher rates of physically healthy citizens, higher rates of emotionally healthy citizens, higher rates of educated citizens, lower domestic violence rates, lower crime statistics, lower teen age pregnancy rates, lower rates of juvenile delinquency, higher rates of home ownership, lower rates of migration, higher property values and decreased need for social services.

For more information, please visit **Natural Standard's** [Medical Conditions](#) database, specifically the Marital Distress Monograph.

To comment on this story, please click [here](#) to enter the **Natural Standard** blog.

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Mindfulness and Cognitive-Behavioral Therapy for Stress



Mindfulness-based stress reduction may be more effective than cognitive-behavioral stress reduction, a new study reports.

Mindfulness is an approach in which attention is focused on a physical sensation (such as breath). When thoughts intrude, the individual returns to the focus. Attention is placed on the present moment, rather than on the future



or past. This technique may involve a "body scan," in which one focuses on the body from head to feet, concentrating on areas of pain or illness. This is usually performed while lying down. Regular practice is

suggested to enhance self-awareness.

Researchers from New Mexico investigated the effects of mindfulness-based stress reduction and cognitive-behavioral stress reduction in 50 subjects. Participants self-selected into mindfulness-based stress reduction (36 participants) or cognitive-behavioral stress reduction (14 participants) courses taught at different times. There were no initial differences between the mindfulness-based stress reduction and cognitive-behavioral stress reduction subjects among demographics, including age, gender, education and income.

Mindfulness-based stress reduction was an eight-week course using meditation, gentle yoga and body-scanning exercises to increase mindfulness. Cognitive-behavioral stress reduction was an eight-week course using cognitive and behavioral techniques to change thinking and reduce distress.

The researchers analyzed perceived stress, depression, psychological well-being, neuroticism, binge eating, energy, pain and mindfulness before and after each course. Weekly meetings for both courses were held in a large room on a university medical center campus.

The study found that mindfulness-based stress reduction subjects improved in all eight outcomes, with all of the differences being significant. Similarly, cognitive-behavioral stress reduction subjects improved in six of eight outcomes, with significant improvements on well-being, perceived stress and depression.

According to the researchers, mindfulness-based stress reduction subjects had better outcomes across all variables, when compared with the cognitive-behavioral stress reduction subjects; particularly, mindfulness-based stress reduction subjects had better outcomes with regard to mindfulness, energy, pain and a trend for binge eating.

The study authors concluded that while mindfulness-based stress reduction and cognitive-behavioral stress reduction may both be effective in reducing perceived stress and depression, mindfulness-based stress reduction may be more effective in increasing mindfulness and energy and reducing pain. The authors recommended that future studies examine the differential effects of cognitive behavioral and mindfulness-based interventions and attempt to explain the reasons for the differences.

For more information on these therapies, please visit [Natural Standard's Foods, Herbs & Supplements](#) and [Health & Wellness](#) databases.

To comment on this story, please click [here](#) to enter the **Natural Standard** blog.

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Papaya and Immunity



A fermented papaya preparation may help boost immunity, a new study suggests.

Researchers from Japan explained that fermented



papaya preparation from yeast fermentation of *Carica papaya* Linn. is a natural health food that is commercially sold in their country.

Previous research revealed that fermented papaya preparation has antioxidant activity. However, the effect of fermented papaya preparation on allergic diseases remains unclear.

The study investigated whether the oral administration of fermented papaya preparation to mice restrained two types of contact hypersensitivity models.

The study authors found that the oral administration of the fermented papaya preparation may have a therapeutic potential for the prevention of contact hypersensitive immuno-response.

Immune system disorders occur when the body's immune system does not function properly. The immune system is a complex network of cells, proteins, tissues and organs that work together to fight off harmful substances and disease-causing microorganisms called pathogens. A healthy immune system helps protect the body from disease and infection.

An immune system disorder can be classified as either an autoimmune disorder or an immune deficiency.

Autoimmune disorders occur when the immune system mistakes body cells for harmful invaders, such as bacteria, and attacks them. Autoimmune disorders can destroy body tissues, cause abnormal organ growth and/or impair organ function.

Immune deficiencies occur when an individual's ability to fight against an infectious disease is compromised or entirely absent. Patients who suffer from immune deficiencies experience recurrent infections, such as sinusitis and pneumonia. There are two main types of immune deficiencies: primary immune deficiencies and secondary immune deficiencies.

Primary immune deficiencies are disorders that occur because part of the body's immune system does not function properly. These disorders are caused by intrinsic or genetic defects in the immune system. Some primary immune deficiencies are inherited, which means they are passed down through family members. Individuals who have primary immune deficiencies are born with the disorders.

The World Health Organization (WHO) has identified nearly 100 primary immune deficiency diseases, including X-linked agammaglobulinemia (Bruton's Disease), common variable immune deficiency (CVID) and selective immunoglobulin A deficiency.

Secondary immune deficiencies are caused by factors outside of the body, such as chemotherapy treatment, radiation therapy, malnutrition, HIV infection and diabetes. In addition, diseases, such as leukemia and multiple myeloma, cause cancerous immune cells to infiltrate the bone marrow, which is responsible for producing immune system cells. Secondary immune deficiency also occurs among critically ill patients and the elderly.

Secondary immune deficiencies usually resolve once the underlying illness is treated or the outside factor is eliminated. For instance, immune deficiencies caused by chemotherapy or radiation therapy generally resolve once treatment is completed.

Papain is an enzyme found in papaya (*Carica papaya*) fruit latex. In standard western medical care, papain-containing debridement agents are commonly used to remove necrotic tissue and slough in burns, postoperative wounds, pilonidal cyst wounds, carbuncles, trauma wounds, infected wounds and chronic lesions, such as pressure ulcers, varicose veins and diabetic ulcers.

Papain is also used in some traditional medicine for wound healing, specifically in Africa for burn debridement and healing stimulation. A few clinical studies seem to support this use. In addition, there is some interest in the use of other papain-like enzymes for osteoporosis, arthritis, vascular diseases and cancer. However, there is currently little available research indicating that papain itself would be useful for these conditions.

For more information on papaya or immunity, please visit [Natural Standard's Foods, Herbs & Supplements](#) and [Medical Conditions](#) databases.

To comment on this story, please click [here](#) to enter the **Natural Standard** blog.

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Heal Thy Practice: Transforming Primary Care



Heal Thy Practice:

Transforming Primary Care

**October 31, 2008 - November 2,
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Westin La Paloma, Tuscan, Arizona

Holistic Primary Care-News for Health & Healing is moving beyond the pages of its quarterly publication to the Westin La Paloma in Tucson, AZ, October 31, 2008 - November 2, 2008, with its new continuing education conference, "Heal Thy Practice: Transforming Primary Care."

As a leading source of information on the evolving fields of holistic healthcare and integrative medicine over the last decade, Holistic Primary Care is well positioned to present a dynamic continuing education event. Heal Thy Practice will present viable, real-world business development and practice management strategies for physicians wishing to build thriving health-centered, prevention-oriented primary care practices. This is the first conference of its kind to specifically address the unique economic challenges facing doctors engaged in, or interested in, holistic practice. It will highlight emerging business models that can further facilitate the growth of holistic medicine to meet the growing demand for innovation in the healthcare sector.

The program is chaired by Dr. Grace Keenan, founder and director of the NOVA Medical Group, a fully integrative four-site clinic in northern Virginia, who will discuss the essential success factors for creating a broad-based integrative care clinic. Among the other featured speakers are Dr. Elson Haas, founder and director of the Preventative Medical Center of Marin in California, who will share his experience practicing holistic medicine both within and outside the limitations of insurance-based medicine in *Defining Your Values, Earning What You're Worth* and Dr. Brian Forrest, a family physician in Apex, NC, who will describe how he created a thriving, patient-centered fee-for-service practice from the ashes of his near-bankrupt insurance-controlled practice in *Returning to Independent Practice & Restoring Patient-Centered Care*.

The Heal Thy Practice exhibit floor and industry-sponsored breakout sessions will provide opportunities for exhibitors and sponsors from the natural products, medical device and practice management companies to connect with physician attendees who are serious about making changes in the ways they practice medicine.

Holistic Primary Care is a trusted source of scientifically-sound information on holistic healthcare and natural medicine. The quarterly publication, Holistic Primary Care-News for Health & Healing, offers lively and practical information about nutrition, herbal medicine, homeopathy, mind-body therapies, Ayurveda, Acupuncture, Traditional Chinese Medicine and other healing and self-care systems from around the world.

For more information or to register for the event, please visit www.holisticprimarycare.net.

If you would like us to post your event(s) online, please e-mail: news@naturalstandard.com.



Oriental Herb for Ovarian Cancer

A compound isolated from a traditional oriental medicinal herb may be a useful adjuvant therapy for endometrial and ovarian cancers, a new study suggests.

Endometrial cancer, carcinoma of the lining of the uterus, is the most common gynecologic malignancy, comprising approximately 95 percent of all uterine cancers diagnosed. Approximately 40,000 American women receive a diagnosis of endometrial cancer each year, making it the fourth most common cancer found in women after breast cancer, lung cancer and colon cancer. Endometrial cancer is most prevalent after the reproductive years, between the ages of 60 and 70.

Ovarian cancer is a disease in which normal ovarian cells begin to grow in an uncontrolled, abnormal manner and produce tumors in one or both ovaries. According to the American Cancer Society, ovarian cancer ranks fifth in total cancer deaths among women. It is estimated that about 20,000 women in the United States will develop ovarian cancer every year. About 15,000 deaths from ovarian cancer will occur in American women during that same time frame.

Researchers from Oita University Faculty of Medicine in Oita, Japan, explained that beta-hydroxyisovalerylshikonin (beta-HIVS), a compound isolated from the traditional oriental medicinal herb *Lithospermum radix*, may kill cancer cells.

The study investigated the effect of beta-HIVS on three endometrial cancer cell lines, two ovarian cancer cell lines and normal human endometrial epithelial cells.

Endometrial and ovarian cancer cells were treated with various concentrations of beta-HIVS, and its effect on cell growth, cell cycle, cell death and related measurements was investigated.

The study found that all endometrial and ovarian cancer cell lines were sensitive to the growth-inhibitory effect of beta-HIVS, although normal endometrial epithelial (outer layer) cells were viable after treatment with the same doses of beta-HIVS that induced growth inhibition in endometrial and ovarian cancer cells.

The study authors concluded that the anticancer activity of beta-HIVS may occur with higher sensitivity of cancer cells compared with normal healthy cells, when using low concentration. This evidence suggests that beta-HIVS may become a useful adjuvant therapy for endometrial and ovarian cancers.

For more information on gynecological cancers, please visit [Natural Standard's Medical Conditions](#) database.

To comment on this story, please click [here](#) to enter the **Natural Standard** blog.

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Welcome!

Natural Standard would like to welcome Lucy Miller, PharmD: Massachusetts College of Pharmacy and David Chantal, PharmD: Massachusetts College of Pharmacy.

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