



Natural Standard

The Authority on Integrative Medicine

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Studies Suggest Potency of White Tea

New studies suggest that white tea may be the most potent of the teas. Many forms of tea exist for consumption and herbal treatments including: black, green, oolong and Pu-erh; but a new tea is gaining popularity. White tea is also brewed from the *Camellia sinensis* plant but like all teas preparation varies. Black tea is brewed from fully fermented



leaves, green tea from steamed non-fermented leaves, oolong teas are partially fermented and Pu-erh tea is fermented twice. White tea, on the other hand, is harvested before the leaves open when the buds are still covered by fine white hair. White tea is rapidly steamed and dried, leaving the leaves relatively fresher than green or black tea giving it different biological properties. With a taste lighter, sweeter and far different to the other forms of tea, white tea also offers the same benefits of green tea's unprocessed leaves. Although more rare and expensive, white tea is being used more often due to its possible medicinal implications. White teas are produced mostly in China but Japan and the Darjeeling region of India also manufacture it. There are several varieties including: jasmine, bloom, white peony, golden moon, silver needle, snowbud, song, yang, white assam and white cloud. Teas, in general, are often considered to be healthful because they contain volatile oils, vitamins, minerals, purines, polyphenols and catechins. White and green teas are considered especially beneficial due to the presence of the compound Epigallocatechin-3-gallate (EGCG), a polyphenol being studied for its effects on cancer cells (1). White tea is thought to have a higher proportion of polyphenols, which may render it a better treatment than other forms of tea. One other benefit of drinking white tea is the 15mg of caffeine per serving, considerably less than the 40mg in black tea and 20mg in green tea.

Researchers are beginning to study white tea to determine how the antioxidant qualities stack up against green tea, which has been reported to have cancer-fighting properties. Lab tests on four varieties of white tea showed that it might prevent the DNA mutations that lead to cancer. Research indicates that white tea may protect specifically against colon cancer (2). Because white tea is less processed than other forms of tea the polyphenols (catechins) are more abundant making the tea more potent. A study at Oregon State University, found that there are greater antimutagenic properties in white tea versus green tea due to the relative levels of nine major constituents (3). Further studies must be done to validate these results.

Studies at Pace University have indicated that White Tea Extract (WTE) may have prophylactic applications in the growth of Staphylococcus, Streptococcus and bacteria that cause other infections, pneumonia and dental caries. The results of the study were presented at the 104th General Meeting of the American Society for Microbiology in 2004. White tea also proved more effective than green tea at inactivating bacterial viruses. Studies have shown that WTE has an anti-

[Studies Suggest Potency of White Tea](#)
[Energy Psychology](#)
[Echinacea for Colds](#)
[Call for Abstracts](#)
[Folate may Protect Against Alcohol-related Breast Cancer](#)
[ISCMR Workshop](#)
[Chelation Therapy for Autism](#)
[Cranberry Juice](#)
[Increases Risk of Some Kidney Stones](#)
[Wellness Inventory](#)
[Inside Natural Standard](#)

fungal effect on Penicillium spores and Saccharomyces yeast cells causing them to be inactivated. WTE may prove to be a useful tool in fighting bacterial infections, viruses, fungi and as an additive to dental treatments (4).

For more information on white tea, please visit [Natural Standard's Herbs & Supplements database](#).

References: 1) Dashwood WM, Orner GA, Dashwood RH. Inhibition of beta-catenin/Tcf activity by white tea, green tea, and epigallocatechin-3-gallate (EGCG): minor contribution of H₂O₂ at physiologically relevant EGCG concentrations. *Biochem Biophys Res Commun*. 2002 Aug 23;296(3):584-8. [View Abstract](#). 2) Santana-Rios G, Orner GA, Xu M, Izquierdo-Pulido M, Dashwood RH. Inhibition by white tea of 2-amino-1-methyl-6-phenylimidazo[4,5-b]pyridine-induced colonic aberrant crypts in the F344 rat. *Nutr Cancer*. 2001;41(1-2):98-103. [View Abstract](#). 3) Santana-Rios G, Orner GA, Amantana A, Provost C, Wu SY, Dashwood RH. Potent antimutagenic activity of white tea in comparison with green tea in the Salmonella assay. *Mutat Res*. 2001 Aug 22;495(1-2):61-74. [View Abstract](#). 4) Milton Schiffenbauer, Pace University. Report for American Society for Microbiology. May 25, 2004 [View Report](#).

Energy Psychology



A number of energy therapy approaches have gained popularity over the past decade, although research on their efficacy has been limited. A type of therapy called energy psychology has been studied for the treatment of cancer and other chronic illnesses. Energy Psychology is a non-invasive healing technique that is based on psycho-neuro-immunology and neurobiology. The technique is also known as Thought Field Therapy (TFT), Emotional Freedom Technique and the Energy Diagnostic and Treatment Method. Energy Psychology can be applied using only the hands and the mind to treat both physical and mental illnesses. Similar to acupuncture and acupressure the technique works on the body's meridians, energy chakras and acupoints. The technique is often used on people unresponsive to conventional healing methods for chronic pain, depression, allergies, fatigue and emotional distress. The theory behind the healing is that emotional conflicts and trauma from early childhood remain in the unconscious mind throughout adulthood. Such issues can go back as far as intra-uterine and birth traumas as well as include infancy, childhood and adolescence. These communicate through the limbic-hypothalamic axis with the autonomic nervous system (ANS) leading to vasoconstriction, chronic biochemical and electromagnetic changes, alterations of the immune system, secondary structural changes and illness.

The practitioner attempts to arouse a response by asking questions to trigger painful memories and elicit a muscle response. This muscle bio-feedback is thought to show someone trained in energy psychology techniques where internal problems lie. Some practitioners also use Mental Field Therapy (MFT), which is believed to be a rapid resolution of emotional distress without muscle testing. Color, eye-movements and abnormal reflexes are three ways practitioners believe that they can quickly recognize if a physical problem may have psycho-emotional roots. Practitioners claim they can then alter the body's energy to help the body disconnect the conditioned illness response of the body to trauma. While these techniques are based in psychotherapy prior training is unnecessary to be trained in energy psychology.

Several studies have been done in recent years have been done to test the efficacy of TFT but nothing on a large clinical scale. Patients with Post Traumatic Stress Disorder (PTSD) were given tests prior to and following TFT sessions and scores showed a significant drop in all symptom sub-groupings of the DSM criteria for PTSD (1). Practitioners with the [Global Institute of Thought Field Therapy](#) traveled to Kosovo in 2000 and performed energy psychology techniques on 105 patients with 249 separate traumas. After five months relief was reported by 103 of the patients for 247 of the separate traumas (2).

For more information on Energy Psychology, please visit [Natural Standard's Complementary Practices database](#).

References: 1) Folkes CE. Thought field therapy and trauma recovery. *Int J Emerg Ment Health*. 2002 Spring;4(2):99-103. [View Abstract](#). 2) Johnson C, Shala M, Sejdijaj X, Odell R, Dabishevci K. Thought Field Therapy-soothing the bad moments of Kosovo. *J Clin Psychol*. 2001 Oct;57(10):1237-40. [View Abstract](#).



Echinacea for Colds

A well-designed randomized, double-blind, placebo controlled trial was published in the July 2005 issue of the *New England Journal of Medicine* (1). This trial elicited media attention as a purported negative trial of echinacea, inspiring debate and controversy amongst experts.



In the study, 437 healthy volunteers were randomized to receive either placebo or one of three *Echinacea angustifolia* root extracts (carbon dioxide, 60% ethanol, or 20% ethanol extracts). In each echinacea group, the dose administered was a 1.5mL tincture containing the equivalent of 300mg echinacea root, taken three times daily. Echinacea was given either for a seven-day course prior to experimental infection with rhinovirus type 39 (associated with the common cold), or was given starting on the day of experimental infection and continuing for five days. Following infection, volunteers were isolated in individual hotel rooms for five days, during which time their symptoms were evaluated each morning, and nasal lavage was collected daily to assess for the presence of rhinovirus. Three weeks after infection, blood was drawn for rhinovirus titers.

Results were available for 399 volunteers. The placebo group contained 103 patients and each sub-group included approximately 50 volunteers, adequate for a comparison according to an a priori power calculation. The authors reported no significant reduction in the rate of rhinovirus infection in nasal secretions for the five days following introduction of virus for any of the groups (three different extract groups; echinacea started before or after infection). No effects were observed in markers of inflammation, including interleukin-8 or neutrophils in nasal specimens. No significant reduction in common cold symptoms (sneezing, runny nose, stuffy nose, sore throat, cough, headache, malaise, chills, composite symptom score) occurred in any group compared to placebo.

The authors concluded that *E. angustifolia* has no significant prophylactic or treatment effect against rhinovirus infection, or against symptoms associated with this virus. In an accompanying "perspective" opinion piece in the same issue of the *Journal*, Wallace Sampson traces a history of echinacea use which he suggests is not based in a plausible mechanism, and postulates that the balance of prior positive published results are a product of publication bias and poor study design (2). In contrast, statements by other experts, such as the American Botanical Council's Executive Director Mark Blumenthal, have suggested flaws in the study's design, such as a too-low dose of echinacea (one-third that often used in other trials). Other criticism has been that only *E. angustifolia* was examined, ignoring other common species including *E. pallida*, *E. purpurea*. Nonetheless, the results of this trial are highly compelling and cast doubts about the efficacy of echinacea for the prevention or treatment of the common cold.

Even if echinacea does possess some non-specific immune enhancing properties, or affect other non-rhinovirus type viruses, the lack of benefits in terms of inflammatory mediators, symptoms, or viral titers seen in this study are difficult to ignore. Additional studies sponsored by the [U.S. National Center for Complementary and Alternative Medicine \(NCCAM\)](#) are in progress. But pending additional studies, this research stands among the best-conceived trials of echinacea for this indication. Taken in sum with a prior well-designed negative trial of echinacea for treating URI's in children, published in 2003 in the *Journal of the American Medical Association* (3), despite a backdrop of prior small positive trials (many of questionable quality), the evidence for this use of echinacea looks less promising. If the results of ongoing trials of echinacea are similarly negative, this will suggest a lack of efficacy. The available evidence remains indeterminate.

For more information on echinacea, please visit [Natural Standard's Herbs & Supplements database](#).

References: 1) Turner RB, Bauer R, Woelkart K, Hulsey TC, Gangemi JD. An evaluation of *Echinacea angustifolia* in experimental rhinovirus infections. *N Engl J Med*. 2005 Jul 28;353(4):341-8. [View Abstract](#). 2) Sampson W. Studying herbal remedies. *N Engl J Med* 2005;353(4):337-339. [View Abstract](#). 3) Taylor JA, Weber W, Standish L, et al. Efficacy and safety of echinacea in treating upper respiratory tract infections in children: a randomized controlled trial. *JAMA* 2003;290(21):2824-2830. [View Abstract](#).

Call for Abstracts



The Academic Consortium of Health Centers in Integrative Medicine is calling for abstract submissions for the 2006 North American Research Conference on Complementary and Integrative Medicine. The conference is to be held in Edmonton, Alberta, Canada May 24-27, 2006. Submission deadline for abstracts is September 30, 2005. For more information, please visit <http://www.imconsortium-conference2006.com>.

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

Folate may Protect Against Alcohol-related Breast Cancer

A new study in Melbourne, Australia concluded that adequate dietary intake of folate might protect against the increased risk of breast cancer associated with alcohol consumption. The study followed 17,447 Anglo-Australian women (aged 40-69) from 1990-2003, by which time 537 had developed breast cancer. Of the 537 women studied, there was no direct association found between dietary folate intake and risk of breast cancer, or alcohol consumption and the risk of breast cancer. However, while studying folate intake among women who consumed alcohol, researchers found that a high folate intake (> 400mcg per day) mitigated the excess risk of developing breast cancer associated with alcohol.



Folate and folic acid are forms of a water-soluble B vitamin. Folate occurs naturally in food; sources include leafy vegetables (spinach, broccoli, lettuce), okra, asparagus, fruits (bananas, melons, lemons), legumes, yeast, mushrooms, organ meat (beef liver, kidney), orange juice, and tomato juice. Folate supplementation has also been found effective in the prevention of pregnancy complications and neural tube defects, and in the treatment of megaloblastic anemia caused by folate deficiency. Some studies have shown that folate may be a possible treatment solution for high blood pressure, high cholesterol and vitiligo; however, more conclusive evidence is needed to confirm these uses.

For more information on dietary folate and folic acid, please visit [Natural Standard's Herbs & Supplements database](#).

References: 1) Baglietto, L., English, D. R., Gertig, D. M., Hopper, J. L., and Giles, G. G. Does dietary folate intake modify effect of alcohol consumption on breast cancer risk? Prospective cohort study. *BMJ* 8-8-2005. [View Abstract](#).

ISCMR Workshop

The workshop is in conjunction with the 12th



Annual Symposium for Complementary

Health Care being held in Exeter, UK from September 19-21. ISCMR will hold a half-day workshop on Qualitative Research in Complementary and Alternative Medicine (CAM) on September 19th. Please note that this is not intended as an introductory "how to" workshop.

The aims of the workshop are to: introduce qualitative research methods in the context of CAM and Whole Systems Research- what they are and where they may be useful in CAM research; explore the role of qualitative research in CAM - strengths, applications and limitation; provide an opportunity to discuss issues about qualitative research in CAM.

Registration is free to all ISCMR members and to the 12th Annual symposium delegates. The registration fee for non-members or those not attending 12th Annual symposium is \$75. Registration forms available at <http://www.iscmr.org/events/events.html>. For information or questions, please contact Dr. George Lewith at: compmed@soton.ac.uk.

For more information on the 12th Annual Symposium for Complementary Health Care, please contact Barbara Wider, Symposium Organizing Committee, phone: +44 (0)1392 424872, fax: +44 (0)1392 427562 Complementary Medicine Peninsula Medical School, Universities of Exeter and Plymouth, 25 Victoria Park Road, Exeter EX2 4NT, UK, B.Wider@exeter.ac.uk.

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

Chelation Therapy for Autism



Recently a 5-year-old autistic child died during a chelation treatment from cardiac arrest. The boy was visiting from England to receive his third treatment in a series. Police and doctors at the Advanced Integrative Medicine Center in Portersville, PA have declined to comment on what exactly happened but an autopsy is being done. Chelation therapy is often being sought as a possible alternative treatment for autistic patients. Many believe that heightened sensitivity to environmental toxins is to blame for autism, including a mercury-containing preservative once commonly used in childhood vaccines (1). Recent research has found no such vaccine link (2). The thought is that chelation will help remove the harmful heavy metals and help to alleviate symptoms or cure the ailment altogether. There is no substantial research to back these claims, although the Autism Research Institute issued a position paper saying that 73 percent of more than 23,000 parents surveyed reported that mercury detoxification helped their children.

Chelation involves infusing a chemical into the blood stream either under in an injection or orally; commonly dimercaptosuccinic acid (DMSA), lipoic acid, allithiamine, BAL (dimercaprol) or dimercapto-propane sulfonate (DMPS) is used. The belief is that the chemicals serve to cleanse the blood vessels; the plaques (either from cholesterol or heavy metals) bind to them and are released from the body through urine. It often takes between 20 and 100 treatments to see marked results. Once the toxins are removed, their effects on the system are eliminated and the individual should begin to show improvement. Initially the technique was developed to help remove lead from the bodies of Naval workers in the 1940's. The treatment is now often used to treat sickle cell anemia, heavy metal poisoning, claudication (leg pain from blocked arteries), heart disease and more recently autism. Chelation therapy has been associated with the risk of serious side effects including: low calcium levels and blood pressure, damage to bone marrow and kidneys, increased bleeding, seizures and heart rhythm abnormalities. Use should be monitored by medical professionals. Mount Sinai Medical Center-Miami Heart Institute is running a \$30 million government-funded study to determine the effects of chelation therapy on heart disease. Natural chelators include: Vitamin C, Selenium, Glutathione, Garlic, NDF and ethylene diamine tetraacetic acid (EDTA). For more information on chelation, please visit [Natural Standard's Complementary Practices database](#).

Autism is a neurological disorder that affects 1 in 150 children in the United States according to the

Centers for Disease Control and Prevention (CDC). The disorder is characterized by impairments in social interactions and repetitive abnormal behaviors and movements. The most common form of treatment for autism is intense behavioral therapy, which can last many years with variable results. For more information on other alternative treatments for autism, please visit [Natural Standard's Condition Center](#).

References: 1) Geier MR, Geier DA. The potential importance of steroids in the treatment of autistic spectrum disorders and other disorders involving mercury toxicity. *Med Hypotheses*. 2005;64(5):946-54. [View Abstract](#). 2) Elliman DA, Bedford HE. Measles, mumps and rubella vaccine, autism and inflammatory bowel disease: advising concerned parents. *Paediatr Drugs*. 2002;4(10):631-5. [View Abstract](#). 3) Kidd PM. Autism, an extreme challenge to integrative medicine. Part 2: medical management. *Altern Med Rev*. 2002 Dec;7(6):472-99. [View Abstract](#). 4) Shannon M, Woolf A, Goldman R. Children's environmental health: one year in a pediatric environmental health specialty unit. *Ambul Pediatr*. 2003 Jan-Feb;3(1):53-6. [View Abstract](#).

Cranberry Juice Increases Risk of Some Kidney Stones

Cranberry juice may be a common treatment for urinary tract infections but researchers have found that it may increase the risk of a specific kind of kidney stone. A study at the Mayo Clinic ran a trial on 24 subjects, 12 normal and 12 calcium oxalate stone formers, in which participants were given cranberry juice for one phase and deionized water for another. At the end of each phase, two 24-hour urine collections and blood samples were taken to allow for stone risk factors and serum levels. Results showed that there was no difference between normal participants and stone formers in terms of cranberry juice effects. Cranberry juice was found to increase the risk of calcium oxalate and uric acid stone formation. It was found to increase levels of calcium oxalate, the most common form of stone formation, by around 18 percent. This occurs because cranberry juice contains both calcium and vitamin C, which is converted to oxalate in the system and in some people this results in kidney stone formation. Researchers did find though that cranberry juice does decrease the risk of brushite stone formation, although this is a rare form of kidney stone formation. For more information on cranberry, please visit [Natural Standard's Herbs & Supplements database](#).

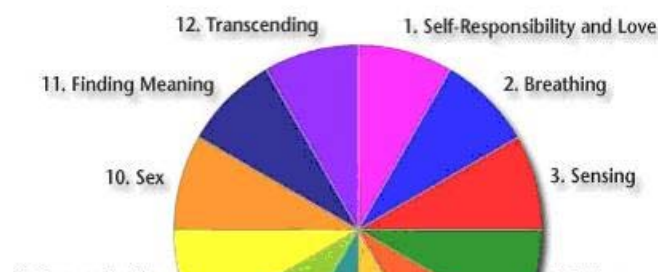


Kidney stones develop when dissolved calcium, uric acid and oxalate in the urine begin to crystallize in the kidneys. These "stones" travel to the bladder and are either passed or block the tube that connects the kidneys and bladder. This blockage can cause pain in the lower abdomen and back, a frequent urge to urinate and pain during urination. For more information on kidney stone treatments, please visit [Natural Standard's Condition Center](#).

References: 1) Gettman MT, Ogan K, Brinkley LJ, Adams-Huet B, Pak CY, Pearle MS. Effect of cranberry juice consumption on urinary stone risk factors. *J Urol*. 2005 Aug;174(2):590-4; quiz 801. [View Abstract](#).

Wellness Inventory

Today, there is a widely recognized need for individuals to take a greater level of responsibility for their health and well-being. At the same time, people are looking for more personalized approaches to wellness that



address the physical, emotional, mental, and spiritual dimensions of our lives – approaches that look at us as a whole person.

A new program that embodies both approaches is the Wellness Inventory developed by wellness pioneer John W. Travis, MD, MPH, and e-health pioneer HealthWorld Online (www.healthy.net). Dr. Travis, a protégé of Dr. Louis Robbins (creator of the Health Risk Appraisal) while a resident at John's Hopkins and working with the National Public Health Service, chose to dedicate his life to "teaching people to be well" rather than to treating patients. Recognized as a founder of the modern wellness movement, he opened the first wellness center in the U.S. in 1975, created the first wellness assessment, and authored the classic Wellness Workbook.

The Wellness Inventory is an interactive, whole-person wellness program designed to help individuals gain personal insight into their state of physical, emotional, and spiritual wellness and take more responsibility for their personal health and wellness. The program revolves around assessment in the 12 dimensions of wellness in Dr. Travis' Wellness Energy System (see diagram). The assessment, educational in nature, helps to create awareness of how one's lifestyle, attitudes and behavior influence one's state of health and well-being. The program helps to identify the areas of an individual's life they are most motivated to change and offers guidance, tools and resources to transform this new awareness into lasting changes in one's life, and a renewed sense of health and well-being. The Wellness Energy System conceived by John W. Travis, MD, MPH represents a whole-person approach to wellness. The system has twelve components—three are the major sources of energy input: eating, breathing, and sensing; and nine are forms of energy output: self-responsibility & love, moving, feeling, thinking, playing & working, communicating, intimacy & sex, finding meaning, and transcending.

The Wellness Inventory (www.WellPeople.com) takes individuals on a year-long wellness journey described in the following 5 steps:

Step 1 - Assessment: Complete lifestyle assessment covering 12 dimensions of whole person wellness.

Step 2 - Scores: Receive Wellness & Satisfaction Scores for each section. Learn your strengths and the areas you have the greatest motivation for change.

Step 3 - Personal Wellness Plan: Create 10 wellness action steps in the areas you are most motivated to change.

Step 4 – Tools to Help You Reach Your Wellness Goals: A suite of tools to help you follow your wellness plan & meet your goals.

Step 5 – Resources for Ongoing Wellness: Learn to maintain a higher state of well-being and vitality.

Wellness coaching can greatly accelerate this 5 step process by providing the support and accountability that increase an individual's chances for success in meeting their goals. The Wellness Inventory offers flexibility for implementation of the program in a range of settings – wellness centers, hospitals, spas and employee wellness programs – as well as by private practitioners and wellness coaches. Reporting, coaching and communication tools for licensing organizations or practitioners facilitate individual and group need's assessment, one-on-one coaching, increased levels of participation in wellness programs, and ongoing wellness education.

For health professionals, the Wellness Inventory is said to be an effective tool for "teaching their patients to be well" – a personal wellness prescription. A wellness center or hospital can use the Wellness Inventory as the centerpiece of patient wellness program, with monthly wellness workshops, wellness coaching, as well as and follow-on programs such as resiliency training, nutrition, or a walking program, as dictated by the needs of the patient population. The same program may also be used as an employee wellness program.

For more information on the Wellness Inventory, visit <http://www.WellPeople.com> or contact wellness@healthy.net.

Inside Natural Standard



Natural Standard had a very successful trip and debuted a new state-of-the art exhibit booth at the NACDS conference in San Diego.

The Editorial Team has completed updating 105 Bottom Line Monographs which have been posted to the Web site. These monographs are available in Spanish and soon will be posted in multiple languages.

New Team Member: **Natural Standard** is pleased to welcome Shannon Welch, PharmD (c) a co-op student from Northeastern University to the Editorial team. Two students from the Massachusetts College of Pharmacy will be doing a rotation with us in September.

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