

Backbone Chiropractic Newsletter

SPRING

2009

Drinker's Red Face May Signal Cancer Risk

People whose faces turn red when they drink alcohol may be facing more than embarrassment. The flushing may indicate an increased risk for a deadly throat cancer.

The flushing response, which may be accompanied by nausea and a rapid heartbeat, is caused mainly by an inherited deficiency in an enzyme called ALDH2, a trait shared by more than a third of people of East Asian ancestry — Japanese, Chinese or Koreans. As little as a half a bottle of beer can trigger the reaction. The enzyme deficiency results in problems in metabolizing alcohol, leading to an accumulation in the body of a toxin called acetaldehyde. People with two copies of the gene responsible have such unpleasant reactions that they are unable to consume large amounts of alcohol. This aversion actually protects them against the increased risk for cancer. But those with only one copy can develop a tolerance to acetaldehyde and become heavy drinkers.

The malignancy, called squamous cell esophageal cancer is also caused by smoking and can be treated with surgery, but survival rates are very low. Even moderate drinking increases the risk, but it rises sharply with heavier consumption. An ALDH2-deficient person who has two beers a day has 6-10 times the risk of developing esophageal cancer as a person who has normal enzymes.



From Dr. Batdorf

Some of you know that my 82-year-old dad suffered a massive stroke earlier this year. Then several months later they discovered a mass in his colon. This is on top of his ailing heart, uncontrollable high blood pressure and bleeding prostate. They decided to resect the colon and forego chemotherapy (thank God). The surgery was a success but I wonder to what end? So that he can survive another bed-bound year? These are tough questions with no solid answers.

Healing is Believing

The Obama administration has prompted discussion of health care reform by beginning the debate about the efficacy of many treatments. However, it is hard to give up old, accepted ideas about health care. For 1500 years it was accepted treatment for just about everything to bleed the patient. In fact our first President George Washington, at 67 years old, more likely died of blood loss at the hands of his physicians than the throat infection that they diagnosed. Though it seems barbaric, many of these same wrong-headed treatments continue to exist in our own health care system. For example: For decades beta-blockers were administered to heart attack sufferers in the early stages of heart attack to attempt to calm and slow the heart. The only problem is that it doesn't work. In 2005, a large study concluded that beta-blockers administered after a heart attack did not save lives but instead

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Thank you for you referrals. My business is based on them and they are your greatest compliment to my office. To show my appreciation share this newsletter with a friend who needs chiropractic and they will receive a **free consult and exam.**

Backbone Chiropractic, LLC and Massage Therapy

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Office hours: Mon. – Fri. 11:00 am – 6:00 pm ■ Saturday by appointment only

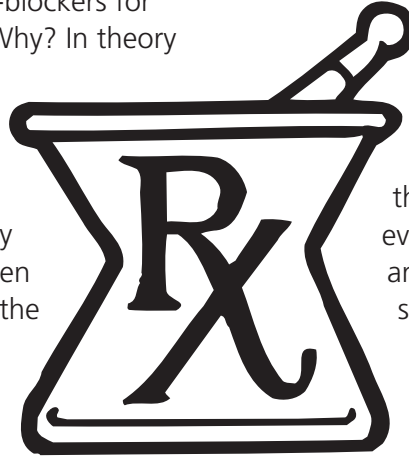
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caused a definite increase in heart failure. Yet to this day many doctors still recommend beta-blockers for newly admitted heart attack sufferers. Why? In theory the medicine should help the straining heart. But it doesn't.

True: No cough remedies have ever been proven better than a placebo, either for adults or children (though they are more harmful to children than children cough remedies have been pulled from the shelves).

Patients with ear infections are more likely to be harmed by antibiotics than helped. This is true also for bronchitis, sinusitis, and sore throats. One in seven Americans still receive antibiotics for these conditions.

Treatments based on ideology should work. Cough syrups to reduce coughs should work. Antibiotics for infections should help. Drugs to calm a straining heart



should save lives. But the uncomfortable truth is that many expensive, invasive interventions are of little or no benefit and cause potentially lasting, costly and dangerous side effects and complications.

The administration's plan for reform includes identifying health care measures that work, and those that don't. To place evidence above ideology, researchers and analysts must be trained in critical analysis, have no conflicts of interest, and be a diverse group. But perhaps most importantly, we as doctors and patients must be open to evidence. Pills and surgery are potent symbols of healing power, but our faith in these symbols has often blinded us to truths. Somewhere along the line, theory trumped reality. Administering a medicine or performing a surgery became more important than its effect. Beliefs are hard to change; the important question here is, can ours?

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