

Winter, 1995-96

Allergy & Environmental
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Association Allergies,
Santé et Environnement du Canada

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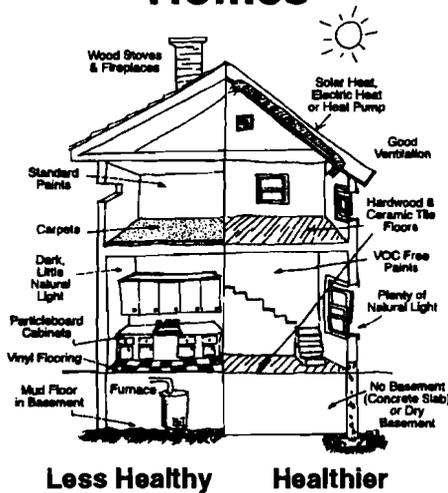


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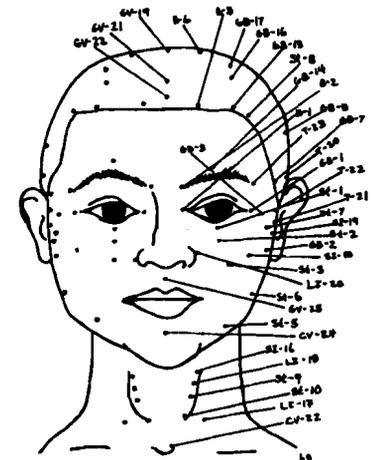
PREMIERE ISSUE

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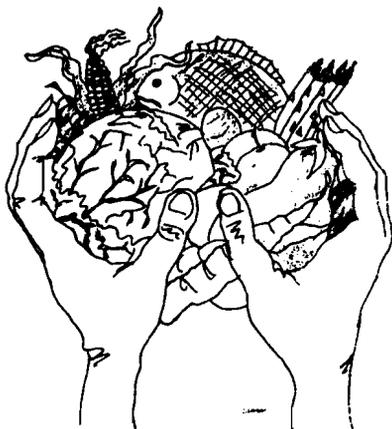


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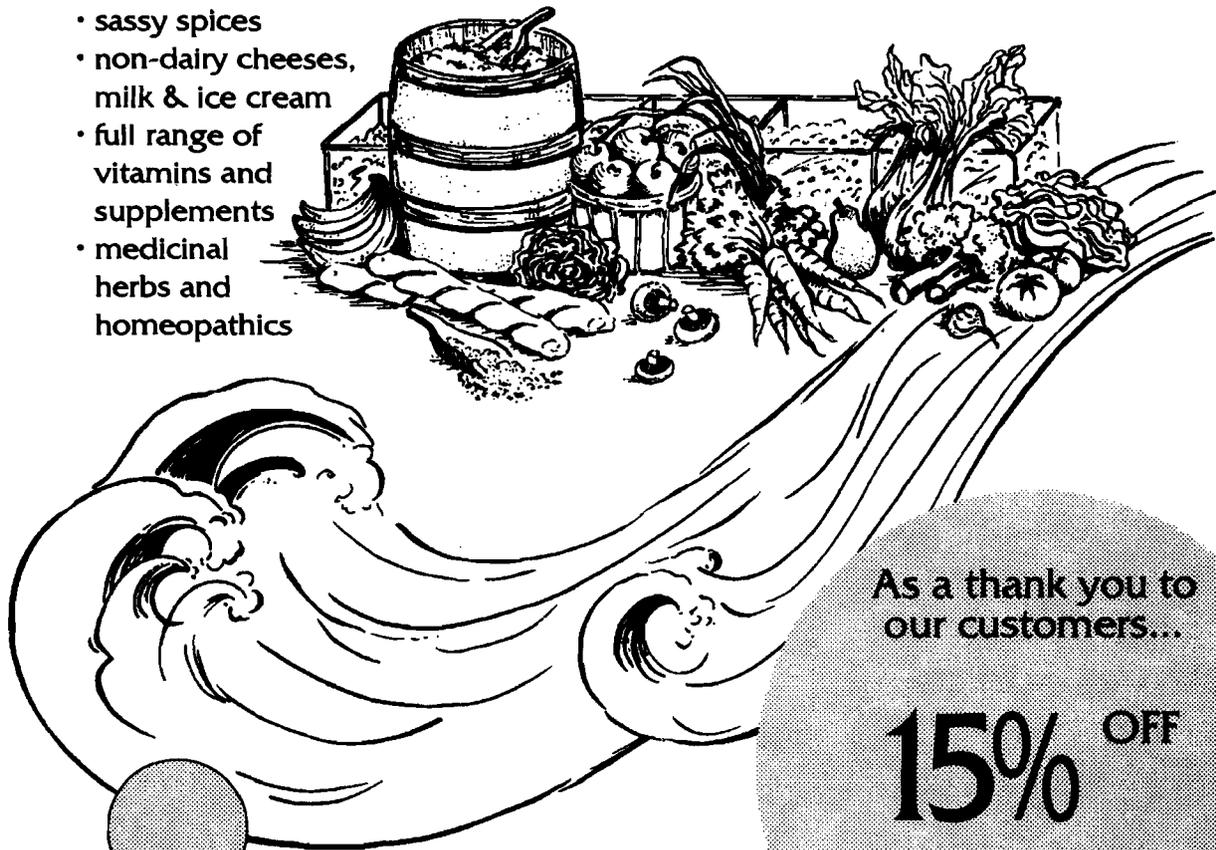
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**AEHA/AASE
National
Update**



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Editor's Notes



David Cheyne

Welcome to the premiere issue of
the AEHA National Update.

This publication replaces the Nova
Scotia AEHA Update and the AEHA
Quarterly. I apologize to those expecting
their magazines earlier than this, but
due to the enormous amount of time
required to lay the groundwork for the
new publication, a delay was unavoi-
dable.

Readers of the former publications
will appreciate that elements of the two
are being incorporated here, as well as
the introduction of contributing editors.
These editors are experts in their re-
spective fields and will be providing
articles on an on-going basis. At press
time, unfortunately, the full complement
of editors was not reached, but will be in
place for the next issue. (Something to
look forward to!)

As the publication matures, look for
regular articles on Environmental Ill-
ness research, Healthy Homes, Diet &
Recipes, New Products, Book Reviews,
Vitamins & Supplements, Homeopathy,
Massage Therapies, Federal Govern-
ment News & Notices, Regional News &
Notices, Humor (in the form of original
cartoons), Scent-Free and other AEHA-
related campaigns, Opinion columns,
Personal Experiences, Children's arti-
cles, Healthy Schools, Organic Farm-

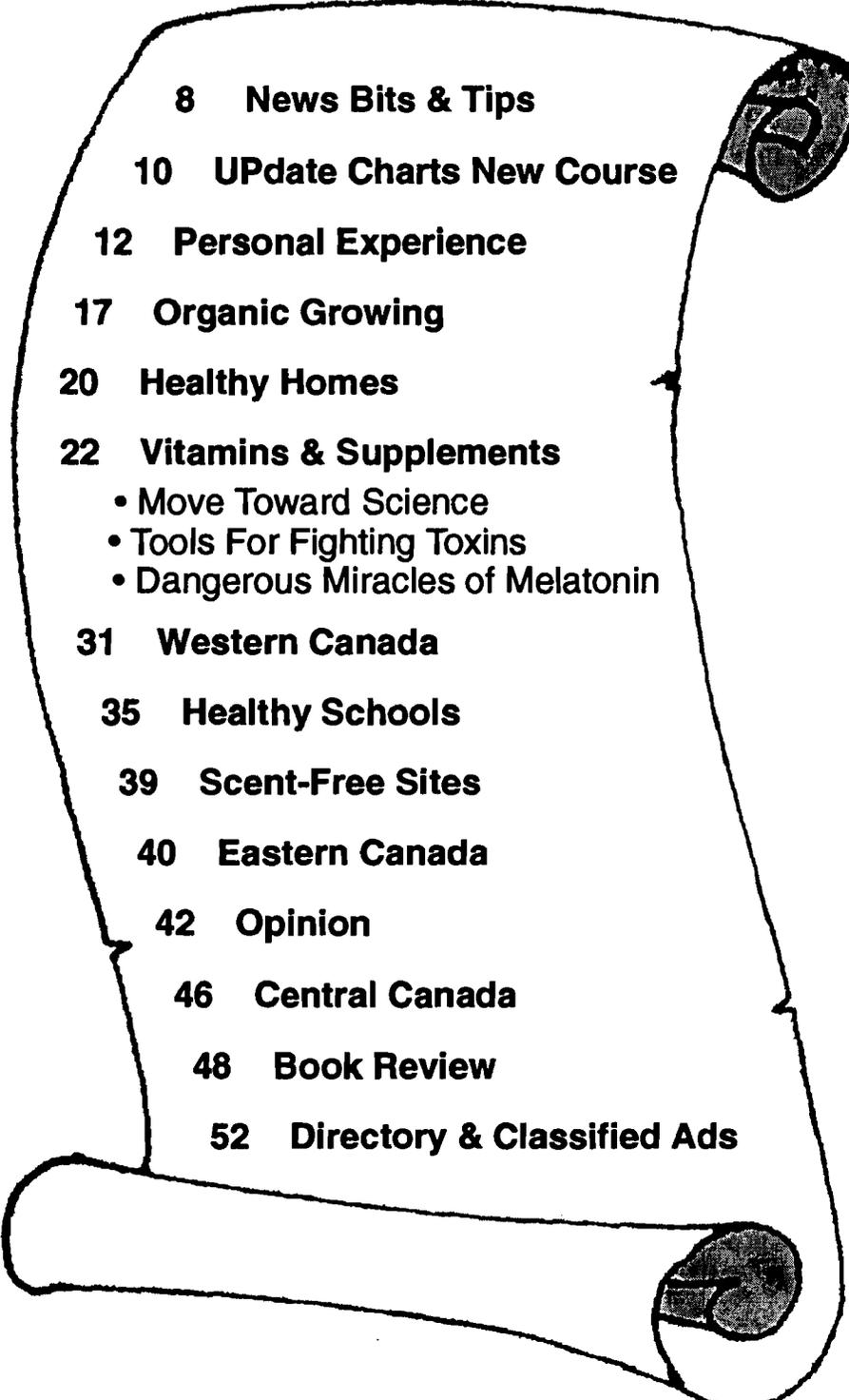
ing/Produce, Alternative Therapies,
Natural Remedies, Letters to the Editor
and Calendar of Events. Also, included
is a products and services directory and
classified and display ads.

We encourage people to contribute
articles telling of their personal experi-
ence with Environmental Illness (the
misadventures of getting properly diag-
nosed, how they kept their spirits up
throughout the illness period, what
therapies have helped and what they
believe caused the problems in the first
place). This information will be helpful
to others who are having a similar expe-
rience or who are about to go through it.

I have had a personal interest in
AEHA issues since 1991, when my wife
was diagnosed with the illness. She was
a nurse at Camp Hill Medical Centre, an
institution that has had world-renowned
air quality problems. My children were
also affected because they were at the
day care at Camp Hill.

Through knowledge I have acquired
over the years on the subject, I have
come to the conclusion that the prob-
lems are very widespread. There is so
little information other than sound bites
from the mass media that I feel this
publication can fill the gap. I hope you,
the reader, will find this informative
and help you cope. ☺

Contents

- 
- 8 News Bits & Tips
- 10 UPdate Charts New Course
- 12 Personal Experience
- 17 Organic Growing
- 20 Healthy Homes
- 22 Vitamins & Supplements
- Move Toward Science
 - Tools For Fighting Toxins
 - Dangerous Miracles of Melatonin
- 31 Western Canada
- 35 Healthy Schools
- 39 Scent-Free Sites
- 40 Eastern Canada
- 42 Opinion
- 46 Central Canada
- 48 Book Review
- 52 Directory & Classified Ads

AEHA/AASE National UPdate

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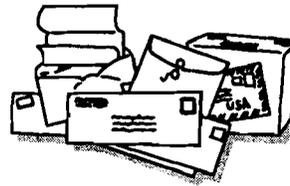
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In the next UP *date...*

ENVIRONMENTAL ILLNESS: *Is it an Epidemic?*



Deadline for
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March 31, 1996



Letters

Want to send us a letter? Send It to:

Letter to the Editor
AEHA National UPdate
Mic Mac RPO Box 24030
Dartmouth, Nova Scotia
Canada
B3A 4T4

or E-mail to: or fax at:

david_a_cheyne (902) 462-1316
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Mr. H.J. Manernach
Brantford, Ontario, Canada

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News Bits & Tips

Compiled by
Patricia Phelan

Eastern Canada

One of our members would like to have more contact with others who have Environmental Illness. If anyone else feels isolated by their symptoms and/or location, it might benefit you to phone or write:

Gerald White
P.O. Box 1299
Trenton, NS
B0K 1X1
902-752-1561

Shopping Tips from our members - the Italian Market on McCully St., Halifax has fruit juices without preservatives and candies without artificial colour. The Bulk Barn has Nature's Path cereals like Honey'd Bran for a reasonable price. Aveeno Shave Gel is fragrance free and has an oatmeal smell. Woodbury soap is fragrance free and only costs 69 cents for 3 bars. These two products are usually available at Shoppers Drugs or Superstore.

New Product - Spencer's Island Fruit and Honey Company Ltd. has raspberry, apricot, and blueberry spreads without sugar, food colouring or preservatives which they developed for their own son.

Looking for an Environmentally Sensitive Neighbourhood? We are asking those people who are interested in building a home in a pesticide/herbicide/wood smoke FREE neighbourhood within a 20 minute drive to Metro Halifax-Dartmouth to write in for information at :

Nova Scotia AEHA
P.O. Box 31323
Halifax, NS
B3K 5Y5

Dalhousie University's Environmental Health and Safety Committee proposes to launch a campaign to increase awareness of the scent problem and to encourage all members of the University to avoid the use of scented products. The Committee will be also be working with Physical Plant and Planning to replace scented products with unscented alternatives where they are available.

Tips

A member has sent along a WARNING for people with peanut allergy - Quaker Original Rice Cakes MAY CONTAIN TRACES OF PEANUTS.

Another member has also sent along a WARNING for parents of children taking immunosuppressant drugs such as Prednisone and other steroids. These children are at risk from and more susceptible to infections. Diseases such as chickenpox and measles can be serious or even fatal.

Cleaning Tips from one of our members - clean car seats and floor mats with baking soda and borax. She had everything professionally cleaned with Hertel, but they still smelled. So with the seats and mats taken out, she dampened the seats and loaded them up with baking soda - scrubbing it in. Then she let it sit for two days. She did the same to the mats with borax to kill the mould. Then she removed the cleaners by hosing it down and sucking up with a wet/dry vacuum. Now there's no smell.

Beauty Tip from Nizoral - dandruff can be caused by fungus but Nizoral which contains Ketoconazole will kill the fungus (P.ovale). This is now available without a prescription.

New Books - Reader's Digest The Complete Guide to Homeopathy A unique A-Z photographic index of homeopathic remedies. Includes a special self-assessment quiz that defines your personal needs. Easy-to-use charts aid in the treatment of common and uncommon ailments. Hardcover at Coles/Smithbooks for \$39.95 Vitality Cookbook explains the free radical and antioxidant relationship.

Central Canada

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"Hotels are catering more to allergy sufferers. Some have special rooms with air and water filters and different cleaning products. Best Western charges about \$10 extra for these rooms.

- Delta Chelsea Inn, Toronto
- Best Western Voyager Place Hotel, Newmarket
- Novotel Toronto Airport

The Quebec medical establishment wants to disbar Dr. Guylaine Lanctot for her unorthodox views. Last year Key Books published her ideas in The Medical Mafia. She believes that infant vaccinations and immunizations are largely ineffective and can permanently damage the immune system and lead to serious neurological impairment. Immunizations may contribute to Sudden Infant Death Syndrome and even Connaught Laboratories cautions doctors to discontinue DPT injections if there is a reaction to the first one as serious and occasionally fatal reactions can occur.

(Globe & Mail)

Armour Heights School in Metro Toronto has gone Peanut-Free.

(Globe & Mail)

National

The Canadian Healthy Environment Awards from:

Environment Canada
 Action 21 National Office
 Terrasses de la Chaudiere
 10 Wellington Street, 27th floor
 Hull, Quebec K1A 0H3
 1-800-668-6767

are looking for nominations in six

categories by March 31, 1996.

The awards will be given in Environment Week June 1-9. The six categories are Non-profit Organizations; Arts, Media and Communications; Corporate Leadership; Environmental Leadership by a Municipality; Youth Leadership; Lifetime Achievement. There are also Participation Certificates for two categories - Action by Children (under 13) and Individual Commitment.

A report funded by Health Canada suggests that there is some degree of risk associated with mercury amalgam dental fillings. Mark Richardson, the scientist assigned to assess the safety of mercury in fillings, indicates that a child with one filling, a teenager with three

Environmental Roundup - "In 1950, approximately 14% of the U.S. population had known food or substance allergies, according to the National Institutes of Health in Bethesda, MD. By 1985, that figure had risen to 33%, and 1995 projections are close to 50%," writes Heather Little in the Chicago Tribune. "But many physicians specializing in environmental medicine consider even this estimate low because of misdiagnosis of allergy symptoms, instead holding 75% to be more accurate." (Globe & Mail)

An interesting fact has emerged from the Krever Inquiry- few hospitals get written permission from patients before giving them blood. Blood products are not usually mentioned on consent forms and only 10%

of hospitals ask patients to sign a consent form saying that they are willing to accept blood or blood products. Many people don't even know that they have been given blood and therefore don't suspect blood as a source of disease symptoms. Only 52% of the hospitals will report an allergic reaction to blood to the Red Cross. (Mail-Star)

Lead is linked to delinquency and aggression in children. The children with higher levels of lead in their bones showed more bad behaviour according to a study by Dr. Herbert Needleman, a psychiatrist at the University of Pittsburgh Medical Center. Lead is a brain

poison that interferes with the ability to restrain impulses. (Globe & Mail)

Western Canada

Magnetic Therapy is gaining popularity in Victoria, BC. The various products are available at the Shangri-La Well-Being Products store owned by Sue Shouying Jiang and her husband Fred. (Mail-Star)

fillings and an adult with four fillings is inhaling as much mercury as the body can tolerate. Germany has banned mercury fillings for pregnant women, people with allergies or kidney disease and children under six. Sweden is eliminating all use of mercury amalgam out of concern that mercury waste from dental offices pollutes waterways. (Mail-Star)

Bill C-7, the anti-drug bill has been amended to meet objections from health food merchants.

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David Cheyne

The AEHA/AASE has been active for over 15 years across Canada. It is a non-profit, registered charity operated largely by volunteers. All those who have participated in the operation of the organization and its branches have been directly affected by Environmental Illness/Sensitivities in some fashion.

I have first-hand experience of the struggles people deal with on a day-to-day basis. It is seemingly never ending. It is bad enough that you are trying to get on the road to good health testing all kinds of remedies, therapies, etc. to see which is beneficial, AND having to deal with things like appealing the denial of WCB benefits, Revenue Canada denials for medical expense claims, losing friends because they don't understand your situation, financial burden of specialized foods and therapies and items not covered by Medical Insurance, losing your job, etc., etc..

Fear not, there is light at the end of the tunnel. The AEHA/AASE is now back on track to becoming a reliable information source and a leader in Environmental Health campaigns. Our focus is not to act as a vehicle for selling products (even though we do have ads which are necessary for offsetting costs), it is to get essential information out to those affected as well as to the general public. There are an awful lot of people out there who have had their health affected by the environment, but have not yet caught onto this. As well, there are numerous others who have been affected to a lesser degree and should be

educated into knowing what they can do before the problem gets worse.

Internet Web Site to be Set Up

Part of getting the information out is through this publication. We will also be setting up a web site on the Internet shortly, which will be comprised of articles from the UPdate, notices, and AEHA/AASE branch information. Keep an eye out for notices in future issues.

Additional Editors Next Issue

As I stated in the Editor's Notes, at press time we don't have our full complement of editors. I hope to have all in place for the next issue. Confirmed additional editors include Munir Mughal, M.Sc., D.Ho.M(UK), R.H.P.(UK) who is a Homeopath and will be writing articles related to Homeopathy and Michel Joffres, Research Director for the Nova Scotia Environmental Health Clinic - Dalhousie University who will be writing articles on Environmental Illness Research. Other editors to be added include those for Diet & Recipes, Regional News & Notices, New Products and Massage Therapies. All of the contributing editors thus far have been hand-picked because of their knowledge in their respective fields and experience with people with EI.

Aiming to be Bilingual

As a national organization, one of our goals is to work towards having the publication and web site become fully

bilingual. At present, our budget limits our ability to do this.

Newsstands/One-Time Free Offer

Even though the price sticker on the front of this magazine shows **FREE**, future issues will be sold for \$2.50. This one-time free offer was initiated as a membership drive. A subscription/membership form is located on the back cover for those interested in subscribing and becoming an AEHA/AASE member. The \$25 annual fee covers the cost of this publication as well as help fund local branch activities and programs. I encourage you to join. It is a very worthwhile cause.

For those who can't afford the fee, the UPdate is available at newsstands and health food stores. See the list of vendors elsewhere in this issue.

Printed on Bond Paper

With Environmental Sensitivities, it is difficult to provide a publication which will be safe for all people. This magazine has been printed on bond paper with vegetable oil-based ink. Although this will still bother some people, it seems to be the least problematic of print media available. If you have any suggestions on this matter, please drop us a line.

Membership Expires

For those who get the UPdate by mail, check your mailing label (which should be on the back cover) to see the

expiry date (year/month). If it is before 9601, this will be your last mailing and you will have to renew in order to keep getting the magazine. If the date is incorrect, please notify us by calling 1-800-695-9271. There may be a possibility, through a printing problem, that the date will not appear on the label. If you are not sure if your membership/subscription is due to expire, call the 1-800 number.

Personal Experience Articles

We encourage people to submit personal experience articles on how you are dealing with the illness, how you think

you got it, what therapies you have tried and have been successful and what state your health is in now. You may also write for a family member. Authors of these articles will be paid \$50 if their article is published. It is our intention to publish (at least) one personal experience article per issue whenever possible. Not all articles will be published and some may be edited. They must be in good taste, have a length of between 1,000 and 2,000 words and be submitted by (in order of preference) Internet E-mail (the temporary address is david_a_cheyne@bbs.mmcs.com), computer diskette (IBM or Mac format), laser or ink jet printed or typed to the mailing address on the front cover.

We also encourage anyone to submit articles (with the same requirements) on any subject which may be of benefit to the readers (for example opinion, humour, thought provoking, etc.). Again, not all submitted articles will necessarily be published or may be edited for length and content. Articles from a teen's/child's perspective are also encouraged. Only published articles will be paid for. Please include a one-to-two paragraph biography of yourself.

Letters to the Editor

Are we doing a good/poor job? Did we make any mistakes? Do you wish to comment on any articles? If so, you can send a Letter to the Editor, by E-mail at david_a_cheyne@bbs.mmcs.com, or by mail to the address on the front cover.

Cartoons

We pay \$20 for each published original cartoon. If you or your child has an artistic ability or good sense of humour, you may want to send in a cartoon to be published in the UPdate. Cartoons must of course be in good taste. Line art is preferable. If submitting the cartoon by E-mail, the file format should be in encapsulated postscript (EPS), tagged image file format (TIFF) or GIF format (other formats may be acceptable). If submitting a child's cartoon, please include their age.

I hope you enjoy the publication. Please provide us with some feedback whenever you can. To quote that great Canadian, Marshall McLuhan, "The medium is the message!" ☺

David has been the editor of the Nova Scotia AEHA UPdate for the past three years. He has a wife and three children who have Environmental Sensitivities linked to their exposure through work and attendance at the daycare at Camp Hill Medical Centre, Halifax, Nova Scotia.

Through his family's struggles over the past four years, he has become experienced in the trials and tribulations of dealing with environmental health matters.

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Personal Experience

Peeling The Onion, Layer By Layer

By Helen Lofgren, Halifax, Nova Scotia

It's been a long time since I began actively trying to build good health. I was sick and tired of being sick and tired. The worst was being ill myself, when the rest of the family was ill, too. It happened too often, and there was no rest when rest and restoration were what my body longed for. Perhaps you know the feeling.

I had been taking antihistamines and decongestants year-round for 'allergies' for 15 or 20 years, and it had become so that every cold turned into a sinus infection necessitating antibiotics. I knew the pattern and even came to recognize the moment that a cold started to take on it's new life as a sinus infection. Oh, how I dreaded that moment and hoped that just once I might sneak by and recover simply from the cold. No such luck! It seemed I had two choices: 1) Go to the doctor early on with the sinus infection, for antibiotics, and abort the misery; or 2) Try to tough it out, meanwhile getting sicker and more miser-

able, finally succumbing to that dreaded round of antibiotics. I never won the contest without the pharmaceuticals. This worried me greatly.

There are a number of things I know now which, had I understood then, would have been very helpful in preventing, aborting and curing those dreaded infections. There was considerable common-sense skill in and knowledge of healing in the days before antibiotics, but the twentieth century love affair of anything 'scientific' over the practical or experiential came to blind us to all that. It's amazing how quickly amnesia set in as the antibiotic monster grew.

Since the advent of antibiotics, traditional remedies were offered at most as a possible comfort measure, and somehow I got the impression it was a sort of 'band-aid' for anyone who wasn't tough. I felt so rotten I had to be tough. I didn't know what would happen to me if I weren't. Oh, those sinus headaches! All that 'toughness' brought only misery

compounded.

Recently the immune boosting benefits of Echinacea, Ti Tree Oil and Goldenseal have been rediscovered. Any of these remedies could have helped to prevent or cure my dread infections, but in those days I hadn't even heard of them, nor did I even know there were questions to be asked which might have led me to find them.

Fifteen years ago, I found myself with a new and wise physician, with a practice oriented to preventive medicine and the active promotion of health. The first time she saw one of my sinus infections, which unfortunately really needed antibiotics by the time she saw it, she explained the importance of keeping the passage-ways open all the time when I had a cold. She told me that if I did, they could keep draining, and my cold would not become a sinus infection. I had to keep drinking, lots of pure water and herbal teas, too. I *wanted* to believe her. The only problem was, this regimen

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necessitated taking even more and stronger decongestants than I had been. I hated this, but I told myself it represented major progress in my goal of avoiding antibiotics.

It took me quite awhile to learn how to do this, but I did have some successes in preventing infection, and some failures, too. Then I began to see the whole thing as a game: If I had some successes, could I have more? It took me about three or four years to learn how to really control these infections. That was the outer peel of my onion. For the first time, I really knew that it was possible for me to have some active control in being well.

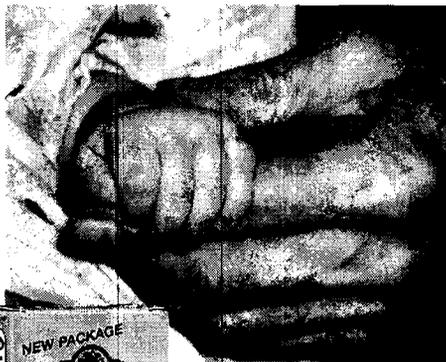
My new health-oriented physician kept urging me to take vitamin C, in quantities much greater than I had tried before. It took time to remember, but as I did I began to notice that I wasn't getting colds as often. Then it clicked: Every one of my colds began with a sore throat. The pattern was always the same. For the first few days the soreness was just a hint, didn't make me feel ill, and wasn't more than a minor annoyance. It was easy to ignore at that stage, but ignoring it didn't make it go away. Feeling empowered by my previous success defeating sinus infections, I decided to see if I could learn to control these sore throats. Gargling with salt water could defeat a sore throat! I also discovered that I had to keep it up for several days. What a nuisance! But it beat the consequences of not doing it. —Another layer of the onion.

My next step was recognizing that sometimes these minor sore throats can *really* hang on. Two weeks isn't unusual, and five weeks is my record. If I don't take care of that sore throat, it can be quite opportunistic and develop quickly into a full-fledged cold. At least I had the skills to keep it from progressing to a sinus infection, but if I let up and the sore throat progressed into a full-blown cold, I now felt defeated: I hadn't played my game well.

I was learning more and more about my family's sensitivities to foods, molds, dust, and chemicals, and worked actively to make appropriate adjustments. Coming to understand and do something about each of these factors represented more layers of the onion. Learn-

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ing about nutritional supplementation, becoming willing to spend money on it, and actually remembering to take the little monsters was next.

I have come to realize it's almost up to me whether or not I get a cold or the 'flu, or any other illness. I choose not to, and I'm amazingly successful. I can't remember the last time I was ill. The frequency of those hints of sore throats or other illness is going down, too, but I'm reasonably consistent about my improved diet and regular about supplementation.

Along the way, I began to notice

that on a much-too-regular basis, I was still having nasty headaches which made me feel tired and rotten, which didn't correlate with infections. I had peeled away enough of the onion that I could tell that they correlated with air quality.

I then recognized what I had always known about myself but never articulated: I felt better out-of-doors, at the ocean, on top of mountains, in the wilderness. In those places I felt energized and truly well! Is there anything besides all that clean air? —Lots of wonderful negative ions on mountain-tops and by the sea, and absence of the electromagnetic grid in which we've enveloped ➡

PERSONAL EXPERIENCE

ourselves for the past seventy or more years. Hmmm, I'm affected by electromagnetic radiation. Another layer from this incredible onion!

I discovered that calcium-magnesium supplements, before bed, promote sleep: Calcium is best absorbed at night. Oh, bliss! I could sleep all night for the first time in years! Glad to get through that rotten layer of onion! There was a muscle in my back which I had pulled with some regularity over the years. It was always very painful and incapacitating and I knew that pain and it's

course of healing all too well. Herbalist Roger Lewis introduced me to an effective herbal preparation I can take which promotes tissue healing. I had no idea I could have such control over what had been to me a mechanical problem. Now, with this, echinacea and the others, I was beginning to see the possible power of herbs. This game was getting to be more fun! Next, I could deal with *why* I kept pulling the same muscle over and over again.

I still had more headaches than I liked to admit, I felt tired, dull, and as if

I had been punched in the eyes. Inadvertently, I discovered that eating wheat was the cause. Eliminate it from my diet and I felt like I was home free! Then I discovered that oats gave me hypoglycemia and made me unbearably sleepy, and... You get the picture. I was really learning to recognize cause-and-effect. I was gaining control: This game was almost getting to be fun!

The next step was discovering digestive enzymes. They really work! It's a good thing because I had been experiencing some joint pain and wanted none of it. Taking enzymes regularly seems to reduce my sensitivities to foods and diminish the joint pains. I'm very grateful to have been introduced to them in a recent talk by Carolee Bateson-Koch. She spoke of other factors including parasites and deficiencies in essential fatty acids which are affecting increasing numbers of people.

Recently, in the course of a physiotherapy treatment session, I was amazed to have the physiotherapist speak of 'balancing' my energy while holding my ankles, and further, to tell me that the muscle and bone pain for which I sought relief required other solutions as well. My amazement was both that he could recognize this as well as see it as being essential to my healing. I was, in fact, under great stress.

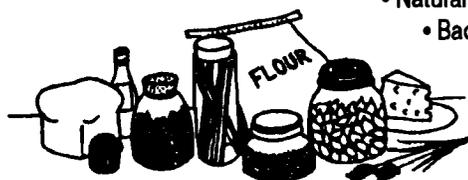


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Other avenues, including counseling and increased nutritional supplementation, in addition to the physiotherapy did the trick! More layers of that onion, and now I've come to recognize that when I let up on my supplements I feel stress more acutely. I'm a reasonably good problem-solver, but what a relief to know that some of the burden can be lessened simply by adequate nutritional supplementation! Other complementary practices can also be beneficial.

Those who look beyond mere symptom-relief for real healing often suggest that one should look positively upon symptomology, that it is the body's warning that all is not right, an opportunity for corrective change. I was slow to understand, having been well-indoctrinated into the germ-theory of disease.

The other model, which recognizes that pathogenic organisms are always with us, views my ill-health as a compromise of my immune defenses, my body's means of communicating to me that I need to listen and actively take care of it. This seemed to me more like a quaint sort of metaphor for those who didn't understand science, than actual truth. In the last few years I have come to realize that this message is not a metaphor. It is the truth, plain and simple. I'm learning to appreciate aches and pains, rashes and belly-aches for what they are, signals from my body to pay attention to it.

I have become aware of the hazards of mercury-amalgam dental fillings; too many and must explore this further. This may be the next layer of onion. But supposing that instead of trying to overcome and prevent infections, I had begun my active quest for improved health with attention to dental matters, might I have found it without attention to all these other factors? I doubt it. Had I followed a different order then, almost certainly, something else, say poor indoor air-quality, might have seemed to be my bottom layer.

I now see health and well-being as a sort of circle, one thing leading into another. If I want to affect it, I can begin by breaking into that circle almost anywhere, just as I did with tackling the

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infections. The important thing is to break in, see success, and become empowered by it to continue asking questions and seeking answers.

By the time I get through all this, I don't think there will be much left of that onion. But what's in the center of an onion, after I take it all apart, layer by layer?—A beautiful green sprout, full of new life, ready to grow! Seldom do I need an antihistamine or decongestant anymore, and it's been many years since I've needed an antibiotic, but if ever I *really* need one, I will take it.

I've more than met my goal of defeating those infections, but now I've changed the rules. The object of my game is to find the best health I can, not because it's an obsession, but because it feels good and gives me the greatest freedom. ☺

References

¹ Dr. Carolee Bateson-Koch. *Allergies: Disease in Disguise*. Alive Books, Burnaby, B.C. 1994. 207p. \$17.95 Can.



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Organic Growing

Laboratory Technique Pinpoints Pesticides



Rupert Jannasch

Pesticide residues and assumptions about their safety have long been at the core of debates over food quality. Now, it seems, the quantity of pesticide residues present in agricultural foods may have been severely underestimated. There is even reason to question whether scientists ever knew how to properly find and measure them.

Contemporary tests for pesticide residues use organic solvents to dissolve and extract chemicals found on a food product. The extracted chemicals are then identified and analyzed for quantity and quality using elaborate laboratory techniques.

Despite their being internationally accepted methods, researchers like Dr.

"...scientists have grown increasingly uncomfortable with the notion that these pesticides had simply packed their bags and disappeared..."

*— Dr. Shahamut Kahn,
Agriculture Canada*

Shahamut Kahn with the Centre for Land and Biological Resources Research at Agriculture Canada, have never been quite able to account for all the pesticides they knew were applied to a particular crop. It was as if by some twist of

nature these chemical substances had vanished. Apparently, those responsible for regulating food safety decided what we did not know would not hurt us.

Over the years, says Kahn, "scientists have grown increasingly uncomfortable with the notion that these pesticides had simply packed their bags and disappeared, leaving no forwarding address.

They speculated that some pesticide residues actually remained unextracted, or bound to treated crops and foods in routine organic solvent tests." Furthermore, it was increasingly suspected that these residues might be present in substantial amounts.

Kahn decided to trace the whereabouts of these missing agents by tagging pesticides with a radioactive isotope that could be detected when the corn kernels were later analyzed for residues. What Kahn and his colleagues found was that the quantity of bound residues from a number of different pesticides ranged from 10 to 93 per cent of that pesticide found in the crop before any extraction.

"The problem was," says Kahn, "there was no technique to test the nature of the bound radioactivity, either where it was from or whether it was emitted from a parent compound or a breakdown product." Without being able to identify the specific source of the radioactivity, it was impossible to convince regulatory bodies that the spectre of unexpectedly high bound pesticide levels deserved more careful scrutiny.

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Unseen Residues

Recently, however, Kahn and his colleagues have developed two new techniques — High Temperature Distillation, and Supercritical Fluid Extraction — for extracting previously bound residues.

Further tests showed that certain bound chemicals previously considered harmless because they were not digestible were metabolized by rats. "We detected most of the radioactivity in urine, indicating that bound residues are released in the animals' digestion system," Kahn says. "Thus, bound residues of this pesticide in stored grain contribute to the total amount of pesticide ingested," Kahn adds. "and (they) may have some toxicological potential.

"Some evidence of this was observed by the slight growth reduction compared to the control rats. We also demonstrated small placental transfer of the pesticide from pregnant mothers to fetuses from rats fed with stored wheat material containing bound malathion residues."

Kahn is concerned that the high residue levels may undermine the current practice of basing human tolerance levels for pesticides on the average consumption of the population at large. To arrive at an average, authorities make the assumption that all humans weigh 70 kg. But children aged one to five, says Kahn, ingest an estimated three and one half times as many grain products per body weight as adult women aged 22-30. Under this scenario, most toxicological studies on the health effects of a particular chemical based on the average human intake would be meaningless.

Kahn points out that his lab is not the only one studying the problem. In 1982, the International Atomic Energy Agency and the U.N.'s Food and Agriculture Organization began studying the matter. What started as a standard 5-year study was extended to ten years after the gravity of the problem came to light.

In the one and a half years Kahn has worked for these organizations he says the issue has become one of international concern. That being so, why did

proven state-of-the-art technology which will set the pace in regulating food safety. But will the ability to see more of less lead to stricter controls over possible contaminants?

Dr. S. Kahn Speaks at NSAC

Dr. Shahalamut Kahn of Agriculture Canada will be speaking at the Nova Scotia Agriculture College on Tuesday, March 26, 1996 at 12:00 noon in room 257 of the Cox Institute Building, Pictou Rd., Bible Hill. (The location may change.)

it take until the 1990s to make this discovery? Is it enough to say that the chemical industry was simply doing the best it could?

NEWS NOT NEW

It turns out Dr. Kahn was not the first to isolate bound pesticide residues. On a recent visit to the labs of the German chemical giant, BASF, Kahn found that the firm had perfected the same techniques he had developed many years earlier. "Of course", says Kahn, "industry doesn't want to release this data, so the work does not get published."

In the U.S., says Kahn, the Environmental Protection Agency and the Federal Department of Agriculture are quite aware of the problem, and the regulatory bodies are considering ways of overhauling their regulatory protocol. "I wish our Canadian colleagues in the regulatory bodies would follow this up." He adds that the magnitude of the problem is so huge that those in charge really don't know how to proceed.

Most scientists agree that Supercritical Fluid Extraction is the

Kahn's optimism notwithstanding, increased vigilance in the U.S. over pesticide residues may not come soon. A dispute is raging among legislators in Washington over the so-called Delaney Clause that decrees zero risk from pesticide residues in food. The clause, recently upheld in the courts, has been a bugbear of the food processing industry and to some extent farmers. Recently, Senator Bob Dole (R. Kan.) has introduced a bill which would replace the Delaney Clause with a negligible risk standard, meaning that if pesticide residues were considered insignificant and of little or no risk to human health, they would be allowed.

While quick passage of the Dole proposal is not guaranteed, it does indicate the strong possibility that controls over pesticide and food additive residues are as likely to be relaxed as they are to be strengthened. It is easy not to see anything when you enter a dark barn with your eyes closed. ☞

Rupert Jannasch has worked in conventional and organic agriculture for over 20 years. In 1989, he completed a B.Sc. in Biology at Dalhousie University and for several years raised beef cattle, poultry and vegetables. In 1993, he earned his M.Sc. at the Nova Scotia Agricultural College where his research focused on Lupine Cereal Intercropping Systems.

For several years Rupert acted as Certification Inspector for the Organic Crop Improvement Association (OCIA) and led seminars on organic production practices in the Maritime provinces. He is currently field editor for the regional farming and forestry publications Rural Delivery, Atlantic Beef Quarterly and the Atlantic Forestry Review.



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Healthy Homes

Bakeout or Flushout?



Robin Barrett

Over the past years there have been many recommendations on how to reduce the pollutant levels in new or recently renovated buildings. Here is the currently recommended procedure and the reasoning behind it.

How To Do A Flushout

The most important action to be taken in any area of concern is ventilation, ventilation and more ventilation! There should be a constant flow of fresh air well distributed throughout the entire area being treated, with good exhaust ventilation to the outside of the

building.

As far as possible, you should remove furniture, clothing, books, paper, rugs and other porous materials from the treated areas. These materials will soak up pollutants like a sponge and release them at a low level for a prolonged period of time.

Turn up the heat gradually to a maximum of 35° C. (Remember that ventilation is your number one priority so NEVER decrease the ventilation to achieve a higher heat.)

Continue the procedure for as long

as is possible and/or necessary. The raised heat and high ventilation levels should be maintained for a minimum of 24 hours up to as long as 3 months. After completing the procedure you should maintain a high rate of ventilation for at least one year.

Why Not a Bakeout?

In the past, people have used a "bakeout", i.e., elevating the heat in a closed building for a period of time and then flushing the building with high levels of fresh air. This was typically done just prior to occupation. Studies done found reductions of 29 - 71% in the level of Volatile Organic Compounds (VOC's). Unfortunately, further research revealed that although the levels were low immediately after this procedure, by one week later they were back up to the original pre-bakeout levels. The reasons suggested for this problem include:

1. Rising airborne pollutant levels from the off-gassing of building materials reduce the rate at which the remaining pollutants can be released by these materials since the air is becoming saturated.

Solution

Increase the ventilation rate to keep the pollutant level in the air as low as possible.

2. As the level of pollutants increases in the air, other materials in the same area (carpet, paper, wood, drywall etc.) adsorb these chemicals (i.e., cause chemicals to stick to

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Audrey Barrett

their surfaces), so that instead of removing pollutants from the building you spread them around.

Solutions

a) Do not install furniture or other porous materials that can easily pick up airborne pollutants until the flushout is completed.

b) Remove the pollutants from the air space as soon as they are released from the building products. As there are always areas of stale air, fans should be used to improve air distribution.)

3. If materials dry too quickly a barrier forms on the surface which slows down the rate of emissions. This is both good (a lower rate of emissions) and bad (it makes the procedure less effective and extends the length of time the material will continue to emit pollutants).

Solution

Do not try to heat the building up too quickly. (Note: Heating a building up too quickly after new construction will often cause additional

problems with the drywall, trim and other finishes due to uneven drying/shrinkage.)

Summary

- It is best to use products with the lowest possible emissions.
- All porous materials should be removed from the area.
- A high ventilation rate with good distribution of fresh air is essential.
- When heat is added it should be done gradually.
- Ventilation rates above normal are advisable for the first year after new construction or a major renovation.

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best to supply requested information in future issues. Letters can be sent to:

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Robin Barrett is a past president of AEHA NS Branch. He has been involved in helping people create healthier housing since 1980.

In 1991 he started his own business, Healthy Homes Consulting because he felt there was a great need for healthier homes.

He has continued to work in this field and in 1994 expanded into the commercial Indoor Air Quality field by starting HI-Q Developments. He continues to donate time to help out AEHA and other groups working towards making buildings safer for the people who use them.

Audrey Barrett is a registered nurse with a special interest in Environmental Health. She has been involved with AEHA since 1990 and currently represents the Nova Scotia Branch on the board of Smoke-Free Nova Scotia.

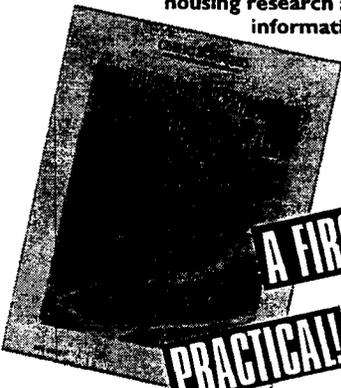
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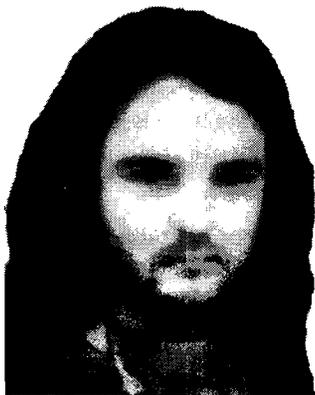
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The Move Toward Science



At the heart of contemporary alternative medicine is a shift away from traditional diagnostic procedures and towards scientifically standardized parallels to the diagnostic tests of orthodox medicine. This shift is especially seen in the area of Rectal Smear Test used by the Great Smokies Diagnostic Laboratories, a potentially useful addition to orthodox tests for parasites. Additionally, there exists novel tests for allergies, tests to detect the presence of mould or formaldehyde, tests to tell you which homeopathic remedy is best for you, and blood tests for essential fatty acids, neurotransmitters, vitamins, toxins, proteins, and enzymes which may be more appropriate and even cheaper than currently popular tests.

The RBC

One popular test is the Red Blood Cell Mineral Analysis, the RBC. Most tests, such as the RBC, are still performed exclusively by USA laboratories such as Doctor's Data in Chicago, or Meridian Valley in Kent, Washington. Questions arise regarding the usefulness, accuracy, and cost efficiency of these procedures. The RBC costs approximately \$150 in Canadian funds, and involves a referral from a general practitioner to a facility where blood can be taken by a nurse, after which the patient's blood is shipped to the predetermined laboratory in the USA. The test data comes back to the hospital, who gives it to your doctor, who in turn gives it to you. The doctor will hopefully

have the time and training necessary to explain and use the data to determine possible levels of mineral supplements, dietary restrictions, and detoxification regimes. The fundamental principle is that a normal, healthy person possesses red blood cells which contain a balance of minerals providing us a glimpse at the elusive "optimum" levels.

The RBC is useful yet poses some problems. For example, the original proponents of the RBC usually recommended it as one of a three tests involving the mineral analysis of blood, hair from the nape of the neck, and urine. These results are analyzed in relation to each other, with the theory being that the hair and urine tests provide an indication of the minerals excreted by the body, in contrast to the blood test, which indicates retained minerals. Thus a suspected blood deficiency in Magnesium would be confirmed by high levels of Magnesium in the hair and urine.

The Magnesium Paradox

Magnesium is a good example, because it is widely postulated within the Environmental Illness community that at least 50% of sufferers are deficient, and this is further theorized to be a primary factor in the E.I. syndrome, possibly a root cause of the condition, and very likely an aggravating result which perpetuates the disease. Magnesium supplementation is part of the core therapy for most E.I. patients, certainly more than 50%, because it is regarded as a safe, healing nutrient, often given intravenously, intramuscularly, and almost always orally. A proponent of these

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theories (a doctor) has explained to me that the preferred test for Magnesium is the 24 hour urine test, where the patient is given a large dose of Magnesium, and the deficiency state is confirmed by the degree of retention, i.e. if you don't need it, you pee it. Notice the different approach? The Doctor's Data theory argues that elimination indicates deficiency, while the so-called gold standard of medically accepted Magnesium tests is based on the premise that elimination indicates saturation. Gee whiz. Maybe it's different for each mineral, each person, each test, and so on. We need to officially address these discrepancies.

Fantastic Potential

Ponder the fantastic potential for this data, and for this approach in general. The basic premise is to analyze health and to use the information to determine whether or not health is present. When an imbalance exists, it can provide an indication as to the nature of the diseases and/or potential mechanisms of cures. We can then set parameters of health, providing goals and signposts of wellness which can be

statistically monitored. The problems with the RBC test ironically originate from the very premise upon which it is based.

Inherent Contradictions

First of all, with respect to our scientific ability to measure health, even proponents of the RBC readily admit that a single diagnostic test is often inconsequential. Diagnostic procedures are supposed to be viewed in an overall context of other information, such as verbal case histories and standard blood tests, stool exams, x-rays, etc. The RBC is considered by many to be tolerated if only because it is a relatively non-invasive addition to information on conditions we don't understand, i.e. we need as much data as we can get. The main obstacle is that the very nature of "analyzing health" is deceptive. Verbal case histories are unreliable for many reasons, and so are x-rays, and so is the RBC test. Latent disease processes are often undetectable, and there will always be people who are sick but do not appear sick according to various tests. Similarly, there are false-positive read-

ings for most tests. We need to establish the inadequacies of RBC test so that we can fully utilize for its specific virtues in the context of the myriad of procedures with which it is likely to be combined.

Secondly, even if the RBC test indicates an imbalance, and even if this can be directly correlated to a disease state, it is likely that the insight into actual mechanisms of diseases and cures will be minimal, and even if we do learn more, it is totally hypothetical as to what this translates into for the overall health of the majority of people with environmental sensitivities. Thirdly, when we enter the world of statistics, we need to remember that the principles of true healing rely on the integrated holistic approach. While it is important to set goals, and tests can help in this regard, a disappointing test result can have a severely negative impact on a patient, often unnecessarily due to the over importance placed on a statistical anomaly. The use of T-Cell counts in AIDS has been widely criticized in this regard, and it has been shown that depression adversely affects the immune system. This underscores a general ➡

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challenge of conveying the truth in such a way that it is a positive factor, such as redesigning the language of the RBC test results to be more focused on wellness potential than disease.

Testing Strategies

The semi-official acceptance of the existence of environmental allergies provides an excellent opportunity to evaluate the myriad of alternative diagnostic techniques. Perhaps it is true that sick people have RBC mineral configurations which are abnormal, such as high levels

of toxic heavy metals like Lead, low levels of important nutrients such as Magnesium, and disturbed ratios, such as with the Zinc/Copper balance. A follow-up test every six months is often used to evaluate the success of the therapeutic approach. For example, if your RBC test indicates a low Chromium level, your doctor may suggest a Chromium supplement, and a follow-up test would indicate whether or not the pill was being absorbed. Don't you wish it was that simple?

Some potential studies of the RBC

test could include monitoring diabetics to see if they have consistent patterns involving low Chromium, which would either confirm or deny some of the speculations surrounding this suspicious mineral. My guess is that most diabetics do indeed have low Chromium levels, that this will show on the RBC. Remember, normal levels are not necessarily optimal, and there is a uniqueness factor built in to each human body with the sole purpose of challenging science. The dichotomy between science and the humanities is best seen in medicine, the arena where these seemingly polar opposites clash and compromise.

Another good reason for developing a national testing facility is to expand the list of minerals tested to include Vanadium, which may be far more important than Chromium with respect to diabetes. Recent government sponsored research by Dean McNeil, Dean of the Department of Pharmacology at the University of British Columbia consistently shows the usefulness of Vanadium. The RBC doesn't check for Vanadium, yet studies show that approximately 3mg of Vanadyl Sulfate daily is a safe and effective therapy for non-insulin dependent adult diabetics. Some were cured, most reduced their previous medications, and a significant amount were not affected.

The previously mentioned hair and urine tests are less accepted than the RBC, especially the hair analysis. Simply put, hair is not considered a reliable resource of medical data, because it is exposed to external factors such as air pollution and shampoo, thus confusing any stringent attempts to standardize results. This criticism is harsh, and the reasoning is based on premises which are just as hypothetical as those put forth by RBC test proponents. The urine test is standard anyway, and despite the fact that alternative laboratories such as Doctor's Data perform a more comprehensive analysis, it is easier to go to a local hospital for a urine test. The establishment of nationally based privatized testing center would probably reduce costs to patients, create employment, and facilitate further investigation.

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Many Questions

Some of my many mineral questions are as follows: What is the ideal zinc/copper ratio? I have read three different theories, 1:10, 1:20, and 1:40. Do men with prostate problems have zinc deficiencies? If not, does zinc help anyway? Does the RBC differentiate EVERY mineral between organic/natural and

inorganic/toxic minerals? If not, how can we change the test so it does? To what extent does the standard tongue/pulse diagnostic system used in Traditional Chinese Medicine (TCM) to indicate states of deficiency and excess correlate with the RBC indications of mineral deficiencies and overloads? To what extent does mineral supplementation interfere with therapy? Most importantly,

is it really important that we know the RBC mineral content, or is it more relevant to test specific areas for each mineral depending on the information desired, eg. test the bones or interstitial fluid between the cells for calcium, test the prostate or eyeball for zinc, test the thyroid for iodine, etc. I look forward to exploring these topics, and I welcome your input. ☸



Roger Lewis

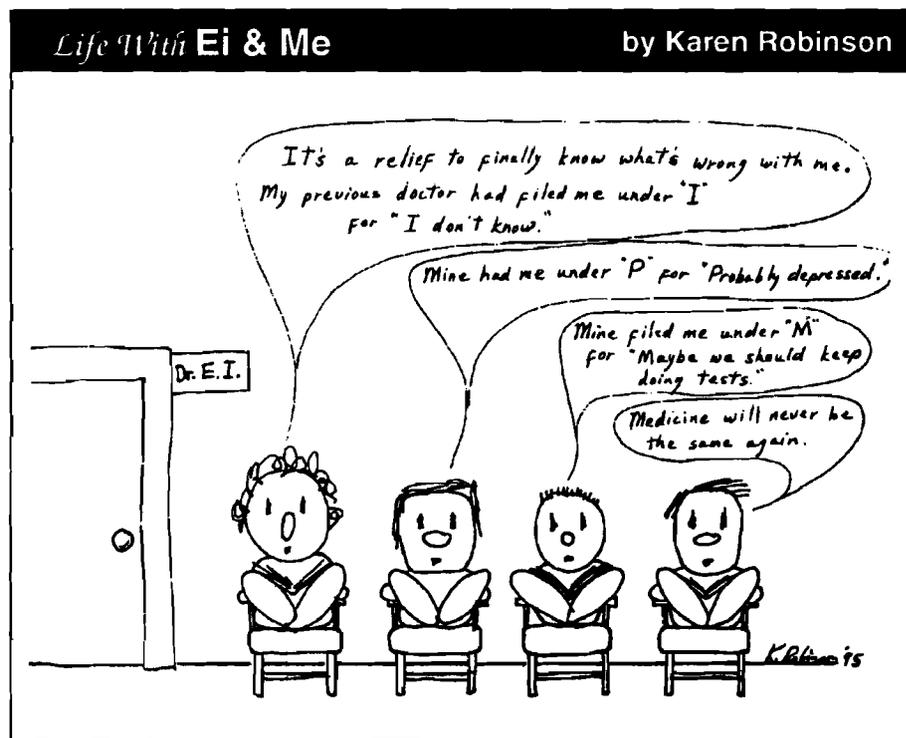
NAC & GSH: Tools For Fighting Toxins

Two of the most popular antioxidant supplements currently used by the Environmental Medicine Clinic are N-Acetyl-Cysteine (NAC) and Reduced-L-Glutathione (GSH). Both NAC and GSH contain sulfur as their primary active ingredient. The basic theory is that the mineral sulfur is required by the body as a crucial component of several important detoxification enzymes, such as Glutathione Reductase and Glutathione Peroxidase. These enzymes neutralize toxins in a variety of ways, and supplementation with NAC and/or GSH is postulated as a good way to increase these enzyme levels.

Sulfur has a rich tradition in healing legends, both orthodox and alternative. This stinky yellow mineral can be toxic in its inorganic form, and is a well known pollutant. The medicinal sulfur is in organic form, such as that found in blackstrap molasses, cabbages, eggs, and garlic. Cysteine is an Amino Acid, a building block of protein. More specifically, Cysteine is one of three sulfur-containing Amino Acids, and is usually

the crucial component needed by the body to make Glutathione.

Technically, it is important to differentiate between the Amino Acids Cystine and Cysteine, identical except→



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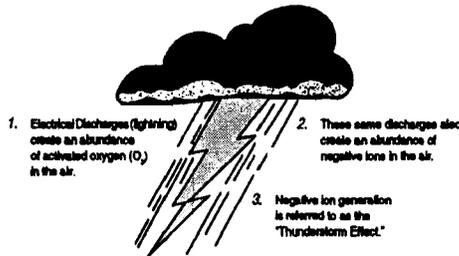
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VITAMINS & SUPPLEMENTS

that only the latter, Cysteine, contains sulfur. Secondly, the "L" written before the Amino Acid designates it as Free-Form, as opposed to other forms which are usually less absorbable.

So, the best Cysteine used to be L-Cysteine, but the growing use of N-Acetyl-Cysteine is due to its status as a more absorbable and consequently more therapeutic substance. To the best of my knowledge, NAC can be taken with food, which is a significant advantage over L-Cysteine, because all Free-Form Aminos must be taken on an empty stomach, making compliance difficult and thus reducing the overall effectiveness of the regime.

Ironically, it appears that NAC raises serum levels of GSH faster than GSH itself. Also, it appears that GSH as a supplement may have additional advantages which are still unclear, at least to me. GSH is a combination of three Amino Acids, known as a "tri-peptide". The constituents are L-Glycine, L-Glutamine, and L-Cysteine.

There is considerable controversy regarding the optimal method of administration of GSH, with critics pointing out that it is likely to be destroyed by stomach acids unless it is intravenously introduced.

Some proponents argue that although the GSH may break down in the stomach, some survives and/or the sub-components rejoin later in the blood stream. Other concerns indicate that additional supplements may be required to properly utilize either GSH or NAC.

For example, Vitamin C is a crucial player in the metabolism of the chemicals involved, so it is usually recommended along with NAC and GSH, usually at doses ranging from 250 mg to 5 grams daily in divided doses with meals.

Others recommend supplementation with minerals such as zinc, manganese, and copper, well known for their roles in producing many body enzymes. Recently the trend has favored taking copper earlier in the day, and zinc in the evening.

Additionally, there is more attention paid now to mineral ratios, with preferred copper-zinc ratios postulated as 1:10, 1:20, and 1:40. The most recent consumer sport is trying to find the actual pills that meet these ratios. Alas, theory and reality come close but rarely meet. For example, it would not be uncommon to hear of someone who was recommended the following mineral supplements:

Zinc, Copper, & Manganese

Trophic Brand Chelated Copper
(Albion Chelation Process)
2mg tablets, once or twice daily, with morning and/or noon meals

Swiss Herbal Brand Zinc Citrate
50 mg capsules, once daily with evening meal
(Note the Zinc-Copper Ratio here is either 1:25 or 1:12.5)

Quest Brand Chelated Manganese
(plus co-nutrients)
50 mg capsules, once daily, with any meal
As for NAC and GSH, the doses and brand names I am most familiar with are as follows:

NAC

Natural Factors Brand NAC
500 mg capsules

Jarrow Brand NAC
500 mg capsules

Allergy Research Group/Nutricology Brand NAC
500 mg tablets

Cardiovascular Research Brand NAC
Timed Release
500 mg tablets

Common NAC
Dose Range: 500 mg - 3000 mg daily, in divided doses, with meals, unless otherwise advised.

L-Cysteine

Quest Brand Cysteine
500 mg capsules

Natural Factors Brand
500 mg capsules

Common L-Cysteine
Dose Range: 500 mg - 3000 mg daily in divided doses, on an empty stomach.

GSH

Vital Life/Prime Life Brand
Reduced-L-Glutathione
75mg capsules

Organika Brand
50 mg capsules

Common GSH
Dose Range: 75mg - 300 mg daily, in divided doses throughout the day, taken on an empty stomach unless advised otherwise.

The main food source of detox enzymes is generally recognized as sprouts. Proponents of Wheat Grass and Barley Grass and Algae products offer many effective products, but grass and algae allergies are all too common in those who might otherwise benefit most, those with Environmental Illness. This is why laboratory produced synthetic nutrient-drugs are usually preferred to herbs in the treatment of E.I.

Furthermore, NAC has a rich history of contemporary medical use against fungal pneumonia in AIDS (PCP), bronchitis, and acetaminophen poisoning, where it is specifically indicated as the remedy of choice. Toxicity appears low, although some pharmaceutical preparations, eg. Mucomyst spray, contain propellants and other chemical additives which are sometimes not tolerated well by E.I. patients.

Additionally, the drug store cost is approximately double that of the equivalent dose available in pill form at most health food stores. Still, if you can get an official prescription, some drug plans appear to cover NAC.

The effectiveness of this approach is still to be proven, and I am hopeful that if there is specific official acceptance, at least for the use of NAC in the treatment of E.I., then further support will be forthcoming from insurance companies for this fundamental medicine. ☞



Roger Lewis

Melatonin is a dangerous drug, but it might be great if used wisely, much like estrogen. After all, it is a hormone, not a herb, vitamin, or a truly "natural" substance in the sense meant by most proponents of alternative medicine. I know you've likely been subjected to the hype on this "new wonder drug" from Newsweek, CBC, et al (Newsweek calls it "Pill of the Year"). Remember, Newt Gingrich was "Man of the Year", so where does that leave Melatonin, a.k.a. N-acetyl, 5-hydroxytryptamine, i.e. pineal juice. What's a pineal? It's a teeny brain gland known mystically as the third eye, and it has a lot to do with the rationale behind "Light Therapies". The light sensitive Pineal is responsible for setting the body clock, specifically, the Circadian Cycle, scientific lingo for your ability to tell the difference between day and night. Melatonin makes the eyes more sensitive to light and therefore has the unfortunate side-effect of increasing susceptibility to skin cancer. I specifically know of one individual who had skin cancer, took Melatonin, cancer got worse, stopped it, and I'm waiting to hear. Needless to say, he didn't get it from me first

time around. I'm literally stunned at the lack of concern about Melatonin's potential danger.

might increase chances of skin cancer, and they were not interested. The policy, I was told, is that Melatonin is a hormone, therefore a drug, and consequently is a drugstore item only, subject to Canadian based drug trials. Most naysayers don't even recognize the danger, thinking that the only problem is exaggerated claims. The problem with exaggerated claims is phenomenal, but doesn't come near to the problems this drug stirs up with cancer. Note that the ozone hole is now the size of Western Europe. Remember that thing about increasing sensitivity to the sun? Note the 100% increase over the last 10 years in malignant skin cancers in American men. Ironically, Melatonin may be useful in the treatment of cancer, especially relating to the breast. One study found it useful in treating malignant melanoma! Another study points to its ability to increase the effectiveness of the chemotherapeutic drug IL-2. While I recognize the usefulness of potentially reducing the doses of toxic chemo drugs, the other side of the story is that Melatonin is highly interactive. This could lead to poisoning rather easily if both drugs were taken by a sensitive individual unaware of the danger.



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For Environmental Sensitivities

Sure, it's great for jet-lag, but I personally know someone who took it and got up at 4:00 am totally refreshed. That's weird, you have to admit. I used it for jet lag and it was fabulous. I used it for insomnia and it didn't help. I know several people who have used it for insomnia with varying results, about a dozen people who just adored it, and a few who found it rather useless. There are many cheaper, better sleep remedies, like Valerian Root, Passion Flower, Chamomile, Breathing Exercises, Dietary Restrictions, indeed, even L-Tryptophan is safer as far as Serotonin precursors go. What's Serotonin?

Happy Juice With A Price

Serotonin, a.k.a. 5-hydroxytryptamine, is a Neuro-Transmitter, i.e. a brain chemical which carries messages to and from the nerves. Despite the many jobs of Serotonin and its incredibly complex nature, it is basically happy juice. You make it, then you break it down, then you recycle it and simultaneously make more. You have some stored away for a rainy day, and you have less during the dark months of Northern winters (this is the connection to depression, i.e. Seasonally Affected Depression - S.A.D. & light deficiency). Depending on where

your brain squirts it, Serotonin controls sleep, depression, suicidal & homicidal impulses, allergies, pain, and appetite. Melatonin may in fact do even more than increase Serotonin levels, such as act as an anti-oxidant, make your hair grow, etc., but I believe it is its role in creating this powerful brain drug which makes Melatonin popular. My concern is that this is the theory behind Prozac, the world's most famous Serotonin precursor, and Time Magazine's choice for Pill of the Year not so long ago. Does Prozac increase sensitivity to light? How about Prozac and skin cancer? (I would appreciate any information passed on to the editor). At least L-Tryptophan, an Amino Acid, is simply a protein sub-component, a nutritional building block of Serotonin. L-Tryptophan has been fairly well tested for safety, and is a moderately common prescription drug for insomnia, migraines, muscle tension, depression, and miscellaneous other mental conditions such as obsessive-compulsive disorder and self-mutilation. The seriousness of these latter situations should underscore the potential seriousness of large scale over-the-counter use of Serotonin precursors.

Serotonin is an excitatory chemical similar to Histamine, and as previously

mentioned, Serotonin can play a major role in allergies. Indeed, Melatonin could actually increase oxidation via this pathway, despite a recent claim that it is 5 times stronger than the strongest known anti-oxidant (Coca-cola?). I've seen reports that confirm Melatonin's role as a "pro-oxidant" at average doses, and other reports indicating required doses of 40mg to achieve an anti-oxidant effect of moderately relevant proportions. Truly, if light causes aging and oxidation, how can something which increases light sensitivity reverse aging? I'm not saying it doesn't, in fact, I'm impressed. Yet most studies are exceedingly positive while glossing over the warnings, such as the following report compiled from October to December 1993 by Vitamin Research Products:

"Although melatonin appears to be an extremely safe supplement, as there have been no reports of serious side-effects, it should not be taken by adolescents, pregnant or lactating women, people taking cortisone, or people with kidney disease."

One report I read said that more than 300 mcg daily could cause manic-depression and/or psychosis. Most Melatonin is sold in 3 mg doses, 10 →

VITAMINS & SUPPLEMENTS

times the warning level! I took 6 mg for a few days and I guess I feel OK. I know of doses available in 150 mcg, 300 mcg, 500 mcg, 1.5 mg, 1.8 mg, 5 mg sublingual (i.e. dissolved under the tongue), and 10 mg in a Liposome base (a soy-based Phosphatidyl Choline specially delivery system). The main concern is Bio-Availability. I've heard of doses up to 25 mg daily. Anyway, I'm still unclear as to the manufacturing process, such as whether it comes from cows, pigs, or a petrie dish or all of the above. Is Melatonin really unpatentable? Are the pharmaceutical companies conspiring to keep it off the market for some reason or another? What's the expiry date? There truly are many unanswered questions.

Brave Steps In The Dark

Recently, a Pharmacist from the Izaak Walton Killam Hospital for Children of Halifax called me and asked where they could find Melatonin. I told her everything I knew, and she was really patient and nice, but I was left with the impression that very little is known about this drug. I originally read that it was unsafe for children and in pregnancy. Regarding children, their

brain cycles are evolving, so it's important not to mess with them. But the IWK uses it to treat blind children who have some remaining sight, once again because it increases the sensitivity of the eye to light. I think this a noble pursuit, but I would caution that those children who are genetically at risk for skin cancer at least be monitored. One popular use of Melatonin is to regulate the sleep patterns of certain types of hyperactive children. Is it the new Laudanum, or is it inhumane to limit public access? Perhaps the dose issue could be cleared up once and for all by an independent group comprised of officials from industry, government, medical people, naturopaths, and consumer groups. Until then, legally, you have to order it in small quantities from the USA, from companies such as L&H Mail-order in NYC (1-800-221-1152). Many, perhaps most Canadian retailers continue to sell Melatonin under the counter, and the vast majority are unaware of the potential side effects and/or toxicity issues. Hope remains that the government will be good at diplomatically influencing the upper management levels of companies involved in the manufacturing and sale of Melatonin, allowing access for those who

need it and are at low risk, but preventing fraudulent claims and poor quality products. ☘

Roger Lewis is a Chartered Herbalist, and is currently enrolled in the Master Herbalist program at B.C.'s Dominion Herbal College, where he will pursue a thesis regarding the toxicity of herbal therapies. He has worked for approximately 7 years at Mary Jane's Alternative Tastes, where he manages the nutritional supplement section. He is currently in the process of relocating to Vancouver.

He has lectured in Halifax and Yarmouth on behalf of Trophic Vitamins, and to first year medical students at Dalhousie University, and has spoken to a wide variety of community self-help groups in the metro Halifax area. He has appeared several times on local television and radio stations, including ATV, ASN, MITV, Cable 10, CKDU, and CBC Radio Noon. He is a freelance writer, having published over 20 articles, mostly on alternative medicine.

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 - hardwood flooring, tile or concrete
 - solid wood cabinetry, glass, sealed formaldehyde-free press board
 - central vacuum system and/or air filter
 - water filtration system
 - wheelchair access
 - specific exposure(s) you may wish to reduce: natural pollens, animals, dust, grass, other; synthetic chemicals, carpets, solvents, paints, cleaners, pesticides, fuels, other
 - other related specifications, please describe:
- 5) How many bedrooms would you need
- 6) Would you desire an extra room for office, den, or workshop
- 7) Would you require a separate entry room
- 8) Are you interested in a one level (generally more expensive) or split level home
- 9) Would you need parking; covered parking, for how many vehicles
- 10) What price range would you find affordable for your 'Healthy Home'
- 11) Would you need financing arrangements
- 12) What monthly payment would you find affordable

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Back to Basics Allergy Support Group

Back to Basics Allergy Support Group was formed by a small group of people who were struggling to provide safe food and safe environments for ourselves and our children. We meet one Wednesday a month at the Thomas Raddall Library in Clayton Park. The main purpose of our group is to support one another, share information, recipes, and to follow up on areas of concern that grow from each meeting.

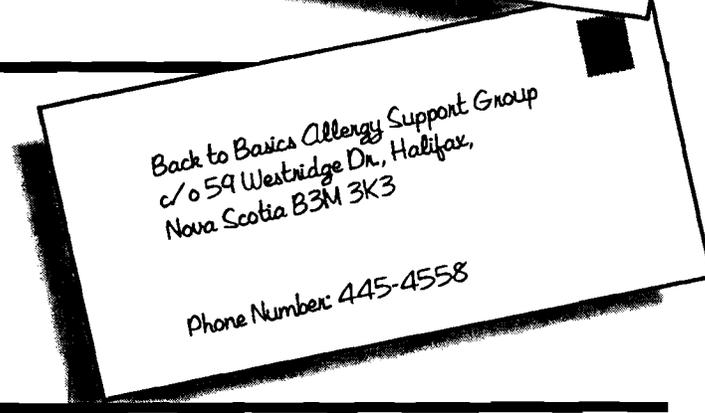
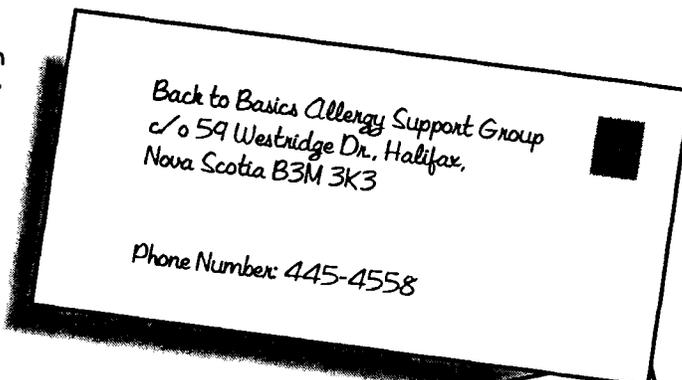
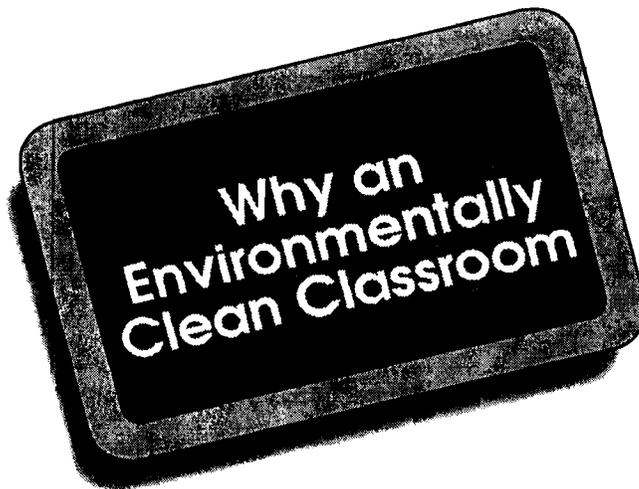
We have had parents and teachers come to our meetings from as far away as Truro, Liverpool and Canso, all with the same complaints and concerns. Their kids (or they themselves) are getting sick from being in school. Sometimes the cause is poorly timed repairs using unsafe products. At other times, it is improper ventilation in combination with high levels of mold and toxic chemical overload. These things are often made unbearable when found in schools that are not properly cleaned.

With summer just around the corner this is an opportune time to pull all the strings you can and try to get your child's classroom fully cleaned. This may mean providing a safer product for use or even getting in and cleaning it yourself. Be prepared to fight some red tape that may be in place to keep you out, but don't let go of the knowledge that everything you do to lessen the toxic load is a step in the right direction.

Ask if your school has an Environment Committee and ask if you can join. If there is none, offer to start one. Be prepared to start collecting information and ideas to share on how to make your school a safer place. This is also the time to be going to teachers and principals reminding them that when they send home their supply list for next year to ask parents NOT to send in any scented markers. Also, if your school has not already gone "Scent Free", try to get them to establish such a policy now and be ready to start in September.

Talk with other parents, find someone else who is as concerned as you are and team up to give each other support and keep going. Write letters to your School Board Administrators outlining your concerns and ask for written replies. Try to keep an accurate record of what is happening in your school and with your child.

Educate yourself on the topic and be prepared for a long process. It is hard and there are many roadblocks along the way, but remember ... It is up to us to speak for our children - they need our help to make schools safer.



Healthy Schools

Help For Parents



Karen Robinson

If you are interested in school environment issues, this is your page. I will do my best to provide information that is generally relevant, but this is a large country - I will need you to send me concerns, suggestions, and information about your area. Let's work together to make this column useful to those struggling to improve conditions for our children and school staff.

Children spend about 1/2 of their waking hours in schools, and they need a healthy environment. Just what constitutes a healthy environment is under debate, but research into even low-level exposures to chemicals is showing affects on health, behaviour, and learning abilities even in normal individuals.

1. Many are affected adversely by moulds, dust, hidden food sensitivities, and many other substances in the every day environment.
2. By protecting our children already suffering from Environmentally Induced illness, and Environmental Sensitivities, we are also protecting the well-being of all of the children.

It is often hard to know where to begin to improve the school environment. Some aspect of the every day condition of a schoolroom, area, or an entire school, may be impacting on your child's health. Or perhaps renovations are being done without up-to-date precautions to protect building occupants from exposures to potentially harmful substances. Do you already know what is affecting your child? The first step is to become

well informed about possible common factors which influence school Indoor Air Quality.

Many things can cause problems and even similar incidents can be very different from each other. The best we can do is take the basic information, work with it, and learn as we go. In my school district alone we have had recent incidents involving exposures to pesticides, asbestos, silica, cleaning chemicals, paint fumes, mould overgrowth, and pigeon droppings, to name only a few. Children have had problems from exposures to everything from sewer gases and underground fuel leaks to careless exposure to Chemically Added Scents (commonly called perfumes!). Becoming informed about both the long-known risks (such as lead paint, and asbestos) and the more newly recognized potential hazards (such as Volatile Organic Compounds) is a challenge, but I hope the following information will be of help.

Suggestions for Getting Informed

1. *The Healthy School Handbook*, published by the U.S. National Education Association, is highly recommended reading. To order, call (202) 822-7252. Give stock number 1863-X-20-E. In Nova Scotia, the Halifax City Regional Library has a copy on order. You could request that your local library purchase a copy if they don't already have one.
2. A video called *Environmentally Sick Schools* by Dr. Doris Rapp can be

borrowed from the N.S. Environmental Health Clinic - Bethune Building site (902) 428-7089. An earlier video of Dr. Rapp's, called *Why a clean Classroom* (1992) is available for loan from the Halifax City Regional Library. Both can be purchased from Practical Allergy Research Foundation, PO Box 60, Buffalo, N.Y., 14223. (716) 875-5578.

3. If you're reading this you've already discovered The Allergy and Environmental Health Association's *The Update*, a quarterly newsletter on environmental health issues, including school issues. Copies are available in some bookstores and health food stores, or by writing to: AEHA National Update, Mic Mac RPO Box 24030, Dartmouth, Nova Scotia, B3A 4T4.
4. The AEHA, Ottawa Branch Education Committee offers an advocacy package titled *Accommodating the Needs of Students with Environmental Sensitivities*. P.O. Box 33023, Nepean, Ontario, K2C 3Y9. cost: \$15.00.
5. In Nova Scotia, Citizens for A Safe Learning Environment (CASLE) maintains a file at the N.S. Environmental Health Clinic - Bethune Building site. It contains copies of relevant CASLE correspondence and information. You may arrange to view the file by calling 428-7089. CASLE can be contacted by writing, 287 Lacewood Dr., Unit 103, Suite 178, Halifax, NS, B3M 1Y7.

HEALTHY SCHOOLS

6. Also in Nova Scotia, Back to Basics Allergy Support Group has an information booklet including sources for many products and services. cost, \$10.00. 59 Westridge Drive, Halifax, NS, B3M 3K3.
7. There are many other resources available. (For example, the N.S. Lung Association provides Scent-Free signs for schools.) Names of Environmental Health Consultants, Air Quality Testing companies, and other consultants, can be obtained from most of the above organizations.

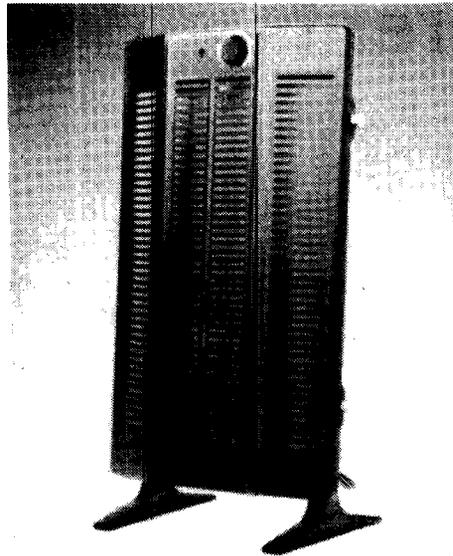
Please let me know of other resources, especially those outside of Nova Scotia, so that I can pass them on.

Suggestions for Taking Action

1. Discuss your concerns for your child's health with the classroom teacher, as many issues can be solved at that level.
2. Speak with the school principal. Request changes in routines or conditions over which she/he has control. For example, in Nova Scotia, informed principals are requesting that potentially hazardous maintenance and renovations be done during vacations and breaks.
3. Under N.S. *Dept. of Labour* legislation, each workplace with 20 or more employees must have a Joint Occupational Health and Safety Committee (JOHSC) to address the occupational health and safety of workers. (Smaller workplaces must at least have someone designated with OHSC responsibilities.) In schools this regulation technically excludes children, but what affects the staff may also affect the students. If your school has no JOHSC, you may ask of your principal that one be formed. Concerns should be given to your committee in writing.

The N.S. *Dept. of Health* deals with health issues of children in schools, but does not have on-location committees.

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Clearveil is invaluable to those especially concerned with pure, pollutant-free air. Allergy sufferers receive assistance in controlling irritating molds, pollen and animal dander. Non-smokers will enjoy an

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Health Inspectors are now under N.S. *Dept. of Environment* jurisdiction, and they too can be called upon when necessary.

However, none of these Nova Scotia Government Departments of Health, Labour, Environment, or Education have full legislation regarding risks from such things as chemical fumes from paints, cleaning agents, in school Technical Shops, etc. The N.S. *Dept. of Labour* is preparing legislation for regulating Indoor Air Quality in Public

Buildings. This will include schools, and attempts to address many important issues, including chemical off-gassing of Volatile Organic Compounds. It is important to voice support for this legislation so that the Draft version is not watered down during these rewriting stages, but also because the other Departments tend to follow the lead of the *Dept. of Labour*.

If you live outside Nova Scotia, please familiarize yourself with local resources and information, and

please send me what you can.

4. Get to know your School Board Representative, and write of your concerns to him/her and to your School Board. Be sure to request a reply outlining action to be taken and a target date for completion.
5. Refer to the N.S. Dept. of Education's *Indoor Air Quality Committee's Bulletin on Indoor Air Quality and accompanying protocol for responding to School Indoor Air Quality Complaints, June '94*. All school principals in Nova Scotia should have a copy, but you can also obtain one from the N.S. Dept. of Education.
6. In a crisis, the most important step is to remove the children from further risk until the hazard can be confirmed, assessed, and removed. This, of course, depends upon the nature and severity of the risk.

Other Suggestions

1. Meet with other parents who have similar concerns, and coordinate your efforts.
2. Voice your concerns and suggestions at your Parent Teacher Organization meetings.
3. Write your concerns to your Member of the Provincial Legislative Assembly, relevant Government Departments, and custodial company managers or companies - to anyone who might be in a position to help. As a mother of two, with considerable health challenges, I find much of my energy is saved if a well-placed letter is then cc'd to several others with a brief personal note asking for assistance. I don't expect immediate results, but have found this practice keeps the issues visible, and helps in the long term. Significant changes need to happen at all levels, from the classroom teacher through to Government departments, in order for improvements to be stable and long lasting. Citizens do have the power to influence the system, and even one letter

making your concerns known will help.

4. Collect research papers and articles on Environmental Health issues (Indoor Air Quality, Canada Mortgage and Housing (CMHC) research, Departments of Health, Environment, and Labour Laws and standards, etc.) When appropriate, include copies with correspondence to substantiate your concerns and suggestions.
5. The most important thing to my mind is to never *give up*. In Nova

Scotia, as in other places, we have made much progress. It is possible. With solid information, patience, and persistence we can move mountains, although we may underestimate the amount of sustained effort needed to move the school bureaucracy mountain. For example, I was once told by a school official that some issues come up every year but are never acted upon. The school year may end before resolution is reached. Or perhaps the next year the child has moved on, so the "experienced" parents move on too. The



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next year the issue comes up with a new group of parents, and the cycle continues in this ineffective way. It is also true we get discouraged sometimes, and sometimes we just need a rest. Take your rest, but never give up.

Although it is not an easy task to ensure a healthier school environment for our Nation's children, it can be done. We have to become well informed ourselves, and then attempt to educate all

those involved - respecting other views while trying to inform and change those views. There are no guarantees, but I hope this column will help in this task, and I welcome your input.

Topics for future columns may include:

- Scent-free schools
- Carpets and schools
- Health, Environment, and Labour Laws and other regulations and how

they affect our school children

- Diet and learning
- Moulds/ dust/ other incitants
- Integrated Pest Management

If you have information on portable classrooms please send me what you can (research, technical data, or personal accounts).

References

1. Molhave, L., et al. Human Reactions to Low Concentrations of Volatile Organic Compounds. *Environ. International*, 1986, Vol 12, p. 167-176.

Lorig, T.S., et al. *The Effects of Low Concentration Odors on EEG Activity and Behavior*. *Journal of Psychophysiology*, 1991, p. 471-479.

2. Rapp, Doris, MD, *Is This Your Child?* William Morrow & Co., New York, 1991.

Karen Robinson, B.Sc., B.Ed., B.F.A. resides in Halifax N.S. with her two school-aged children, one of whom has marked environmental sensitivities. She has been overcoming severe illness with both Chronic Fatigue Syndrome and Environmental Illness. Although she continues to be seriously constricted by both, she is finding ways to be effective in helping ensure the school environment is safe for her children.

She brings to this task a varied background in teaching, social work, psychology research, small business operation, and the arts. Her volunteer work has included the Canada Safety Council, the Canadian Association for Community Living and, more recently, the AEHA/AASE, and Citizens for A Safe Learning Environment (CASLE).

In 1994-95 she was instrumental in reversing questionable long-time school renovation practices involving asbestos - action for which she received Commendation before the Nova Scotia Provincial Legislature.

Healthy School Handbook: Conquering the Sick Building Syndrome and Other Environmental Hazards

Edited by Norma L. Miller
June, 1995. 456 pages.
National Education Association
Professional Library
PO Box 509
West Haven, CT 06516
203-934-2669 or 800-229-4200.
\$24.95 (paper)
\$49.95 (hard cover).

In an age where as many as half of all school buildings have serious sick building problems and the vast majority most likely have some significant irritants and contaminants, this long-awaited book begins to fill the big gap in the literature. It will be especially valuable for parents of environmentally sensitive children or affected school personnel. For other parents and members of the school community, a few of the chapters in the Healthy School Handbook may prove to be less relevant. Missing for the most part in the book is a dynamic discussion about dealing with school boards and administrators and about the role of labour unions, parent teachers organizations, and school personnel in resolving existing problems and organizing to prevent new ones.

The first section of the book features a fictionalized case study of a particularly sick school; the realistic description of symptoms, institutional responses, and other interventions demonstrates the seriousness of the situation. Subsequent chapters address subjects such as heating and ventilation, indoor air quality, cleaning, radon, asbestos floor coverings, lighting, lead, mould,

electromagnetic fields, pest management, and formaldehyde, with varying degrees of detail.

The book's final section is devoted to taking action and focuses primarily on protecting the environmentally sensitive child. Thus the chapter entitled "Nutrition, Learning and the School Cafeteria" focuses almost exclusively on food allergies and sensitivities. Surprisingly, despite author Beatrice Trum Hunter's extensive knowledge about whole foods, she omits any discussion of improving school meals with natural and organically grown foods and the purchase of fresh, locally grown foods. A much broader appeal is found though in the three outstanding chapters dealing with building, remodeling and maintenance; legal aspects of pollution in schools; and taking action if your school building is sick.

The multiple chemical sensitivity (MCS) perspective which dominates much of this book is to be expected given the backgrounds of the distinguished authors who contributed. They include Buffalo pediatric allergist Doris Rapp, MD, Dallas, Texas clinical ecologist William J. Rea, MD, Clean and Green author Annie Berthold-Bond, environmental health writer and safe school advocate Irene Ruth Wilkenfeld, attorney and environmental health consultant Earon S. Davis, JD, MPH, and MCS advocate and movement leader Mary Lamielle.

Source: *NYCAP News*, P.O. Box 6005, Albany, NY 12206 (518) 426-8246



Scent-Free Sites

Astral Drive Elementary School
Cole Harbour, NS

Healthy Homes Consulting
Beaverbank, NS

Victoria General Hospital
Halifax, NS

Camp Hill Medical Centre
Halifax, NS

Nova Scotia
Environmental Medicine Clinic
Halifax, NS

Dr. Jacqueline Amos, DDS
Bridgewater, NS

Heartwood Bakery & Cafe
Halifax, NS

Nova Scotia Nurses Union
Dartmouth, NS

St. John's Anglican Church
Westphal, NS

Valley Regional Hospital
Kentville, NS

All Nations Christian Reform
Church
Halifax, NS

Westmount School
Halifax, NS

Grosvenor Wentworth Park School
Halifax, NS

St. Stephen's School
Halifax, NS

Oxford School
Halifax, NS

Cornwallis Junior High School
Halifax, NS

Fairview Heights Elementary
Halifax, NS

Dalhousie University
Halifax, NS

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Halifax, NS

Swiss Chalet *
Kempt Rd., Halifax
Dartmouth, NS

Rebecca Cohn Auditorium *
Halifax, NS

Metro Transit *
Metro Halifax-Dartmouth, NS

LeMarchant St. Thomas School
Halifax, NS

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Alternative Lifestyles (HEAL)
Halifax, NS

Cowie Hill Family
Medical Centre *
Halifax, NS

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Victoria, BC

Herbal Health - Skin Care
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Archemy Consulting
Victoria, BC

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Victoria, BC

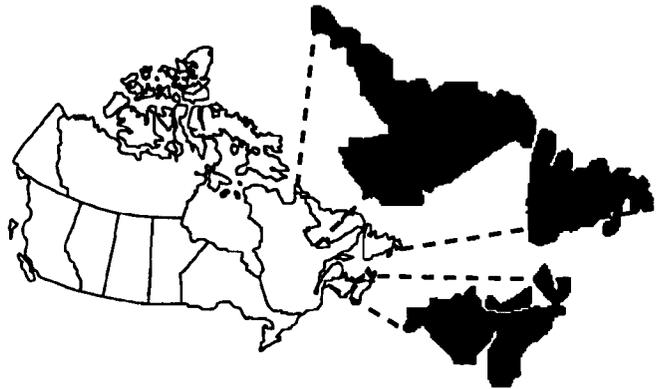
Air-Dreams Hang Gliding School
Victoria, BC

B.C. Lung Association
Victoria, BC

* Scent-Free Staff

If you would like to add your business or institution to the list, call (800) 695-9271, fax at (902) 462-1316 or e-mail at david_a_cheyne@bbs.mmcs.com. New names will be added with each issue. Scent-Free Sites (vs. Scent-Free Staff) are distinguished by the fact that they are actively encouraging visitors/customers to be Scent-Free.

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277-6338
Hulless oats

Rei Egbers & Kate Kelly
Northern Arrow Farm
RR 5, Petitcodiac
756-8603
Vegetables, herbs

Stu Fleischhaker
RR 5, Debec
277-6371
Winter vegetables, strawberries,
spelt, barley, hay

Bill Flemming
RR 1, Debec
277-6570
potatoes, mixed vegetables, oats,
milling wheat, hay

Dirk Groenberg
RR 5, Rusagonis, Fredericton
357-3352
Mixed vegetables

Lyndon Hodges
Happybrook Farm
RR 1, Hampton
832-4804
Mixed vegetables, organic bread

Thomas Love
Maple Wood Farm
RR 1, Hampton

763-2511
Mixed vegetables, raspberries,
blueberries, herbs

Wayne Sabine
Circle S Farms
RR 2, Arthurette
273-3122
Potatoes, turnips, hay, oats, beef

Speerville Flour Mills
RR 5, Debec
277-6371
Whole wheat flour, wheat kernels,
newfound oatmeal, oat groats,
oat flour, oat bran, spelt flour,
barley flour, barley groats, feed

Dwain White
RR 6, Woodstock
328-6916
Milling wheat

Ted Wiggins
RR 3, Harvey Station
366-3410
Mixed vegetables

Woman Kicked Off Bus For Wearing Perfume

A Metro Transit passenger says she was mortified when a driver asked her to get off the bus because of her perfume.

Lynn Campbell said the driver first asked her to move to the back of the bus because her perfume was bothering him. She moved back three of four rows figur-

ing that was OK because all the vents and windows were open.

When the bus stopped at a terminal, the driver said he couldn't continue with Campbell on board. A transit inspector approached her. "Are you telling me I have to get off the bus?", asked Campbell. "Everybody was looking at me like I was some sort of criminal, like I did something wrong."

A Transit spokesperson apologized for her embarrassment, but said it couldn't be helped. The driver had a severe reaction to her perfume, which caused his eyes to water uncontrollably. When a substitute driver couldn't be found, Campbell was asked to transfer to another bus for safety reasons.

(Source: Halifax Daily News)

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March 27, 7:30-8:30 pm

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AEHA Product Manual Survey

The AEHA – Nova Scotia Branch has received a grant from the Community Health Promotion Fund to produce a much needed safe products manual.

This manual will serve as a directory of least toxic products suitable for individuals with environmentally triggered illnesses, allergies, asthma, chronic fatigue, as well as people who simply wish to adopt a healthier life-style. It will include personal care and cleaning products, water and air treatment systems, paints and finishes,

vitamin and mineral supplements, organic foods, pest control information and much, much more.

Please contribute to this important project by taking a half hour to complete this survey. Please clip it out and mail it as directed at the bottom of this page.

Please indicate which least-toxic/non-toxic products you use for:

- Shampoo _____
- Conditioner _____
- Gel/mousse/hairspray _____
- Hair colour _____
- Permanent wave _____
- Soap _____
- Hand/body lotion _____
- General skin care _____
- Lip care/lipstick _____
- Eye makeup _____
- Other makeup _____
- Makeup remover _____
- Toothpaste _____
- Mouthwash _____
- Hair removal _____
- Deodorant/antiperspirant _____
- Sanitary pads, tampons _____
- Shaving gel/soap/foam _____
- Laundry products _____
- Dish/dishwasher soap _____
- Scouring powder _____

- All purpose cleanser _____
- Disinfectant _____
- Toilet cleaner _____
- Window cleaner _____
- Mould inhibitor _____
- Carpet cleaner _____
- Deodorizer _____
- Other cleaners _____
- Furniture polish _____
- Interior paint & finishes _____
- Exterior paint & finishes _____
- Air filtration _____
- Humidification _____
- Water filtration _____
- Pest control _____
- Baby care _____
- Vacuum cleaning _____
- Food storage _____
- Office/school supplies _____
- Supplements (brand names only) _____
- Bedding _____

If you would like to contribute information about other products you feel would be useful, or books you have found particularly helpful, please elaborate on a separate sheet of paper and include it with this survey.

Name (optional) _____

Telephone _____

May we contact you for clarification if necessary? _____

Please mail to:

**AEHA Product Manual Survey
c/o Susan Bone
RR# 1
LaHave, NS
B0R 1C0**

Thank you for your time and effort!

Opinion

The Dawning of Aquariums

By Chris Brown, Ottawa, Ontario

There's these two fish in an aquarium. And there's a pane of glass separating them. At first, when they try to visit, they bump into the glass. They just can't get to the other side. They get bruised, bumping up against the glass. After a while, they give up trying to get to the other side. They get suspicious. Each of them thinks that the other one's causing his bruises. It goes on like this, and then even when the glass is removed, neither of them will venture to the other side.

Physicians who have been trying to help people with sensitivities have been under intense siege for decades. Some of them have been courageous explorers, severely stressed by irresponsible, arro-

gant, even spiteful criticism from opposite fringes of medicine. These physicians need our support. We need to support their healing from a legacy of economic and professional stress. Many of them, like many of us, might be suffering from post-traumatic stress disorder considering all we've been through.

We also have to accept that these physicians, like the rest of us, may not be perfect. Is that blasphemy? I don't think so. Blind and unthinking support is disloyal. When our friends make silly statements, for instance, when they discuss these many illnesses as if they were one illness, when they say things that fly in the face of our history or cause damages, we must ask them to sit back for a moment. If they won't, we must censure

them.

For instance the use, by some doctors of environmental medicine, of the term "twentieth century disease" is sometimes misleading. It's accurate for some of us, but not for everyone with sensitivities. Sensitivities are not new. They are not new to medicine. They have been written about in medical literature for centuries. Were castles mouldy? Were caves mouldy?

Doctors of environmental medicine who speak to journalists and policymakers sometimes ignore our history, and the findings of more than a century of study by mainstream medicine: Sensitivities do not result from just one disease; they can be caused by any one of a compendium of disorders. The terms "environmental illness", or "multiple chemical sensitivities" do not apply across our members. Of course, for all of us, a shrinking environment and burgeoning chemical use make things worse, but even so, this does not mean that environmental sensitivities are all caused by a single illness. Sometimes, if they're not careful about this point, doctors of environmental medicine look as silly as if they were to suddenly declare that there is only one reason why people are in wheelchairs, and only they have the cure!

The fear and paranoia that some of our doctors are carrying from enduring intense stress of bringing forward and emerging issue can be infectious, and it can be self-defeating. Like the fish in the tank, we can be blind to the increased

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In addition, Ozone is produced to oxidize the odors, bacteria, fungus and mold. Ozone is a gas that occurs in nature and is the most powerful oxidant known to science. Ozone, or O₃, is three molecules of oxygen; the third molecule breaks away to act upon the odor-causing matter and changes it to inert matter. The byproduct of this process is O₂, the oxygen we breathe. Alpine's technology is unlike other filtration units requiring the polluted air to pass through costly filters that need to be replaced frequently.

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Waverley, N.S. 1-800-251-4385 or phone/fax 902-434-1834.

acknowledgment sensitivities have received in recent years. Some doctors of environmental medicine are still telling consumers, reporters, public officials and politicians that "organized medicine" doesn't recognize these problems.

Events of the past week really brought this issue home. Two reporters phoned and told me that an Ottawa member of the Canadian Society of Environmental Medicine member had said that "organized medicine" doesn't recognize sensitivities. I asked Dr. Carole Guzman, Associate Secretary General of the Canadian Medical Association, about the marginalization felt by doc-

tors who are trying to help us. Her written response is edifying:

"There are many physicians who are acutely aware of the problems of environmental sensitivities and have expertise in this area and are addressing the needs of patients with such sensitivities. I am sorry that you think that the prevailing impression is that organized medicine does not consider the health complaints of these consumers legitimate."

Ongoing horrific preventable abuse of people with sensitivities, by physicians and others, continues. Some peo-

ple with sensitivities have been so victimized that they still find it hard to "break the silence" by using the word "abuse" to describe what's happening to them. However, the fact there are lots of abusive physicians doesn't mean that organized medicine doesn't recognize these problems. The fact that organized medicine DOES recognize sensitivities indicates that it is unsupportive physicians - those who cling to bigotry, denial, and abusiveness - who are the ones who are out of step.

So if you hear a stressed out doctor of environmental medicine telling a reporter or policy maker that organized medicine doesn't recognize sensitivities, show him the words of the Associate Secretary General of the Canadian Medical Association, quoted above. If he persists, casually mention your martial arts training.

The same day I received the letter from Dr. Guzman, Elizabeth Stutt, AEHA's National Education Chair, received a letter written by Dr. William Mahoney, the Ontario Medical Association representative on the Ontario Ministry of Education Special Education Advisory Council. Dr. Mahoney writes:

"People who are affected by this syndrome experience significant distress and suffering due often to exposure to components of the environment that would not usually be noticed by the majority of people. Persons with disabilities which cannot be seen spend a large part of their time convincing people that the problems are real. For parents trying to support a child with this type of problem, the extra effort to convince educational personnel of the impact of this syndrome on their child adds significantly to the distress they experience. In addition, parents who are affected by the syndrome can experience the same physical symptoms when exposed, in an educational environment, to substances to which they are sensitive. This can then interfere with their ability to be an effective advocate for their child within that environment."

The O.M.A. hasn't yet acknowledged that some people experience central nervous system dysfunction from sensitivities. Figures from the U.S. National Academy of Sciences suggest that in

OPINION

Canada there is one suicide per day of a person with central nervous system problems caused by sensitivities. Considering attitudes amongst physicians, each suicide victim was probably abused by professionals before his or her death. But I won't be telling reporters, as doctors of environmental medicine do, that the O.M.A. doesn't recognize sensitivities just because their Association is not yet acting to end this abuse.

What I'm saying is that, just because doctors of environmental medicine are trying to help us doesn't mean

that everything they say is true. It does not give them license to violate basic rules set up to protect consumers. It does not mean they should be able to sell medicines they prescribe. It doesn't mean they can say that THEIR critics are saying WE are crazy, a practice which is, at this point, dishonest, unethical, abusive, and damaging.

I was astonished, at AEHA's 1995 AGM, to hear a couple of Johnny-come-lately doctors of environmental medicine defend a situation where once again a researcher has accepted money to re-

open the question of the existence of sensitivities, after sensitivities **HAVE ALREADY BEEN RECOGNIZED** by:

- World Health Organization
- Health Canada and fifteen federal departments
- U.S. Attorney General and several U.S. depts., including NASA
- Canadian Medical Association
- Ontario Medical Association
- The College of Physicians and Surgeons of Ontario (although you'd never know it if you listen to the exaggerated allegations whipped up in defense of a doctor of environmental medicine!)
- Nova Scotia
- Ontario, including seven ministries such as Health, Education, Housing, and Social Services
- Several other provinces and other authorities
- Pretty well everyone except the thirteen percent of people we can always count on to be overtly ignorant, or to look for excuses not to meet their obligations

Sensitivities ARE recognized. People who accept money to re-open the question may be naive neophytes, dangerous dabblers, or perhaps profiteering parasites. As Dr. Lynn Marshall said at a recent meeting, researchers have been used over and over again. In fairness, some of them may not realize how the framing of their research questions is being used to rationalize and justify our abuse. We have watched a parade of researchers, each setting out enthusiastically, each sincere and dedicated but blind to our history, blind to the effect their phrasing of questions has in sustaining abuse.

Have you ever noticed how the bigots who oppose our concerns don't seem to be able to think for themselves? They fake it with assumptions about prevailing attitudes in medicine. They use expressions like "it is felt" or "this is not recognized" without attribution. It doesn't help when supposedly supportive doctors tell reporters that these buffoons reflect the opinion of organized medicine! It doesn't help when our doctors say that organized medicine is saying we're crazy, when the prominent

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medical association in the country has offered to help! Maybe the extended siege of doctors of environmental medicine has twisted their perspective. Maybe they have developed some perverse need to be outside the mainstream, like the abused person who self-abuses. Maybe they want to reinforce our dependency on them. Maybe they're having trouble giving up their role as guardian protectors.

Ask the Associate General Secretary of the Canadian Medical Association (613-731-9331) or the President of the Ontario Medical Association (1-800-268-7215). Ask if they think environmental sensitivities are real, if some people react to the environment at levels that don't affect the majority. Ask if they believe that sensitivities can be

caused by sick buildings, and if there are other causes. Ask them if there are attitude problems amongst physicians. And ask if they'll work with us to help address these problems.

They're saying yes. If your doctor of environmental medicine says otherwise, ask him to go shoot someone else in the foot.

Chris Brown has thirty years experience with church, social justice, and community development organizations. He has used video as a tool in community animation and community development, to forward social justice and disability issues, in Ottawa, overseas, and in remote First Nations. He acted as media relations person for the African

National Congress for their first official visit to Ottawa.

For five years, until being overwhelmed in 1984 by the damages being caused by attitudinal pollution about sensitivities, he worked as a CBC TV journalist. He has served on the Ottawa-Carleton Social Planning Council.

Currently, Chris is working to end the abuse, by physicians, of persons with central nervous system dysfunction caused by sensitivities, through legislative committees, and networking with other individuals and associations involved in government, medicine, and the cross-disability movement.

Can CPP disability recipients do volunteer work or attend school?

(NC)-Yes. Human Resources Development Canada has recently put in place four measures which will help remove barriers to employment for disability recipients assuming that they have not regained the regular capacity for gainful work:

1. Engaging in volunteer activities will no longer trigger an automatic reassessment. This will not only help encourage the development of useful work skills, it will also help to decrease social isolation.

2. CPP disability recipients who return to work will have their benefits extended for three months to assess their capacity to work. Instead of having CPP abruptly stopped, beneficiaries will be able to test their work skills without fear of immediately losing benefits.

3. Beneficiaries with continuing disabilities will receive CPP payments while attending school or university. This will mean that individuals will be able to acquire alternative skills rather than remaining on passive income support indefinitely.

4. Those with recurring or degenerative disabilities will have their CPP benefits reinstated on a fast-track basis if the disability recurs. Knowing that a financial safety net remains in place should act as a real incentive to try re-entering the workforce.

You and the Canada Pension Plan



Q & A's

The Canada Pension Plan pays a monthly pension to people who have contributed to the plan and who are disabled according to CPP rules. To be eligible for the CPP disability benefit, contributors must be between the ages of 18 and 65 and have a disability which is severe and prolonged. A reassessment program exists to ensure that beneficiaries continue to meet the eligibility criteria for receiving the benefits. The four measures mentioned above, which were effective August 31, 1995, are designed to encourage CPP disability beneficiaries to work, retrain, go back to school, and volunteer – in other words, to be self-reliant and to participate in Canadian society.

In addition to disability benefits, the CPP also provides a retirement pension and survivor benefits to its contributors. For more information on the CPP contact your local Income Security Programs Office. It's listed under Human Resources Development Canada in the blue pages of your telephone book.

Central Canada



A Camp For People Like Us

Yesterday a friend and I visited a camp that was not only beautiful, but that my children could go to without worrying about chemical exposures. It is called Omagaki Wilderness Centre and is located just outside Pembroke and north of Algonquin Park—about 2.5 hours from Ottawa and 5 hours from Toronto.

Deirdre Billes, founder and director of the camp is very aware of people with allergies and sensitivities and is committed to having her camp as chemically free as possible. The lodge operates entirely on solar, wind and composting technologies. The floors are ceramic tile and pine. There are lots of windows and the air in the building is very fresh and clear.

The kitchen is located in the lodge. The menu is primarily vegetarian and lots of fresh produce is used. Deirdre tries to get organic produce as much as possible. She uses organic spelt flour and last year she ordered her staples from the Ontario Federation of Food Co-ops. The

brochure says "We cater to individual dietary needs (including allergy or religious considerations)." The drinking water is well water. Cooking is done on a wood stove. The dishes are washed, rinsed, and rinsed again in a dilute chlorine solution according to health regulations. Deirdre is looking for an alternative to the chlorine that will be acceptable to the health department, but hasn't come up with one yet. The campers do not wash the dishes.

The individual cabins have wood bases and sides with canvas roofs—like a tent-cabin—with good air circulation and are not mouldy like most other camp cabins that I have been in. The cabins are small with only four campers to a cabin.

The outside toilets are composting toilets and do not smell at all!!! There are seven week-long camps in the summer with a maximum of 24 campers per session. Unlike most other camps, there is a mix of ages at the camps—ages 8-14 with children of similar ages grouped together in their campsites.

There is also a Leaders in Training program for 15 and 16 year olds. This is a 3 week session that prepares teenagers to be counselors.

What about activities? Water activities include kayaking, canoeing, fishing, wind surfing, swimming, sailing, all on a relatively small lake. Land activities include archery, astronomy, eco-games, overnight hikes. Crafts include puppetry, candle making, wood working, native crafts.

What about cost? The youth camp is \$295.00 per week, and \$270.00 for each additional week. The Leaders in Training session is \$400.00 for three weeks.

As we were about to leave the camp, my friend said, "What about adults? I'd like to come to camp." We were told that the camp is available for groups to use all year round for a day, or a weekend or for a week.

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For more information about the camp, write to:

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(613) 732-0780

Note: This camp would not be suitable for all children with environmental illness, especially those who are allergic to pine, pollen, wood smoke, and insect bites.

Pat Davey
Deep River, Ont.

Bill C-7: The Controlled Drugs and Substances Bill

What is the purpose of Bill C-7? There are two existing pieces of legislation in Canada that apply to narcotics and controlled substances:

- 1) The Narcotic Control Act, which applies to narcotic drugs
- 2) The Food and Drugs Act, Parts III and IV
 - Part III applies to controlled drugs such as barbiturates and amphetamines
 - Part IV applies to restricted drugs such as LSD.

Bill C-7 will modernize current legislation and will consolidate it into one Act. This new legislation will regulate drugs already classified as narcotic and controlled drugs in Canada, as well as some substances that are subject to international drug control conventions. Bill C-7 addresses the illicit distribution and use of specific drugs listed in the schedules. As well, it provides for control over the importation and exportation of precursors, which are substances used in the manufacture of illegal drugs.

Does Bill C-7 reduce the availability of medicinal herbs in Canada? No,

Bill C-7 does not affect medicinal herbs or homeopathic products. Herbal or homeopathic products are not listed in Bill C-7. These products continue to be regulated under Part I and II of the Food and Drugs Act.

Does Bill C-7 control Ma-huang (also known as Ephedra)? No. One precursor specifically scheduled in Bill C-7 is the chemical ephedrine. Extracted and purified from the plant Ma-huang (ephedra), the substance ephedrine is used in many over-the-counter cough and cold remedies as a decongestant. But it can also be used in the illicit manufacture of drugs in clandestine laboratories.

Some consumers fear that, because the substance ephedrine is scheduled in Bill C-7, the domestic availability of the plant Ma-huang (ephedra) will be restricted. This is not the case. Only the illegal importation and exportation of the purified chemical ephedrine will be controlled.

Does Bill C-7 control products like coffee or chamomile? No, it does not. Bill C-7 controls substances that are listed in the legislation. Plants scheduled in Bill C-7 include cannabis (marijuana), opium poppy (opium), and coca (cocaine). Products like coffee and chamomile are not listed in the legislation. In addition to products already classified as narcotics or controlled drugs, Bill C-7 applies to any substance which may produce "...

a stimulant, depressant or hallucinogenic effect substantially similar to, or greater than ..." (Subsection 3(1)) those already classified.

Subsection 3 (1) is intended to ensure that existing restrictions for narcotics and controlled drugs apply to substances such as the so-called "designer drugs", which are potent substances, manufactured in clandestine laboratories, with chemical structures slightly different from scheduled substances. Current legislation does not adequately address this problem. Although products like coffee or chamomile tea may have a stimulant or relaxant effect, it could not be argued that this effect is "substantially similar to, or greater than" substances like marijuana or cocaine. It is not the intention of the government to use this subsection to regulate herbal products.

Source: Health Canada

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Book Review

Toxic Metal Syndrome:

How Metal Poisonings Can Affect Your Brain

H. Richard Casdorff, M.D.
and Morton Walker.

*Avery Publishing Group
Garden City Park, N.Y.
1995. 413p. including appendices and
comprehensive bibliography. \$20.95 Can.*

Toxic Metal Syndrome is particularly concerned with Alzheimer-type diseases of the brain and the overwhelming evidence for metal toxicity as major causative factors of those conditions. While brain involvement is not the sole hazard of toxic metal exposure, it is so important and is interrelated with enough other effects that this book ends up being quite comprehensive and an excellent resource.

The book begins with a lengthy section on brain function and disease, including differential diagnosis for Alzheimer's and other degenerative brain conditions. This is not something for any of us to ignore.

This is followed by a lengthy section on the highly toxic and unfortunately ubiquitous aluminum which is given lengthy presentation on its own because it is not a heavy metal as are the other



Helen Lofgren

toxic metals, which include mercury, lead, cadmium, nickel, manganese, and iron, considered next.

In every instance, evidence is presented, both scientific, with detailed references, and anecdotal, as case histories including symptomology, causative factors, treatment and recovery. Aluminum is a potent neurotoxin, producing symptoms which include cognitive impairment of the 'learning-disability'-type in children and adults, forgetfulness, osteoporosis, and kidney malfunction, among others.

There is no known body requirement for aluminum, yet it has found its way into all aspects of our lives from foods (eg. baking powder and processed foods), cookware, and food storage (eg. aluminum foil and beverage cans), to medicines (eg. antacids) and cosmetics (eg. antiperspirants), the workplace, and even into most municipally treated water supplies where it is routinely used as a defloculant. How could this widespread and largely uncontrolled dispersion of such a toxic substance have happened, and why is it not curtailed immediately?

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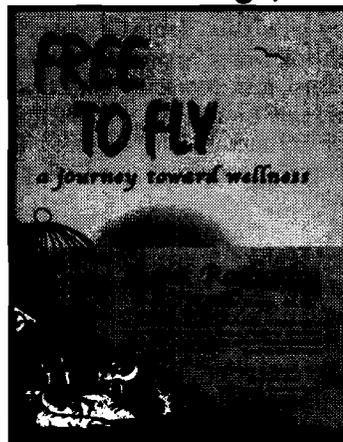
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Judith Rajhathy

A review of Free to Fly will appear in the next issue of the AEHA Update

BOOK REVIEW

ness going back into the last century. We are all paying a very high price.

The hazards of dental mercury-amalgams and other types of mercury poisoning are comprehensively discussed, along with body and brain pathology of mercury toxicity.

Mercury has potent compromising effects upon the immune system, is associated with chronic overgrowth of candida, anemia, forgetfulness, tremors, depression, drowsiness, insomnia, headache, loss of energy, chronically low

body temperature, bleeding gums, loosening of teeth and other mouth sores, sore throat, joint pain, high blood pressure, nutritional disturbances, urinary disturbances, to list just a few of the 42 conditions identified. Mercury poisoning is involved in five categories of pathology:

- 1) Neurological disease
- 2) Cardiovascular diseases
- 3) Collagen diseases
- 4) Immunological diseases
- 5) Allergies.

Mercury in combination with allergens has a tendency to rupture white blood cells, precipitating allergic reactivity. The connection is made between dental mercury amalgams and chronic fatigue/immune depression syndrome. Mercury crosses the placental barrier to contaminate a developing fetus. Mercury exposure is not something to ignore.

The authors make a very strong case for the relationship of dental mercury amalgams to Alzheimer's disease, giving statistics which show that the amount of mercury vapor present in one's mouth is directly related to the amount of mercury amalgams one has, and its presence is correlated proportionately in Alzheimer patients who have them, as well.

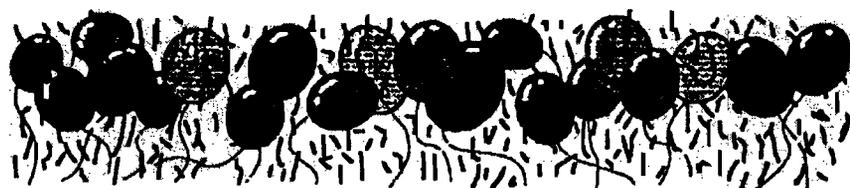
Preventive measures for mercury toxicity, and the recovery process once mercury is removed are discussed. The authors carefully outline the protocol to be followed for safest removal from the mouth of this hazardous waste which cannot even be legally be disposed of in the garbage!

Courageous dentists who are joining the fight to expose the hazards of mercury-amalgam dental restorations are fighting fierce opposition from the entrenched and powerful dental associations, not unlike the battles courageous physicians are and have been fighting for complementary medical practices.

The fear of these dental associations is that they will be in jeopardy of class-action suits for malpractice if the association of mercury amalgams with dementia and other degenerative conditions is proven. That is why they fight so strongly.

Other types of heavy metal poisoning are discussed in terms of sources of exposure and toxic effects: Lead, cadmium and iron poisoning, are given careful consideration, nickel, some mention, all chosen because of their effects on the brain.

Other metals which are toxic, but not particularly to the brain, are given



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little, if any mention. I would like to see a book with the title Toxic Metal Syndrome at least mention the hazards of exposure to other metals, even with the subtitle this book has. In that sense, the title is somewhat misleading. 'Syndrome' does not refer specifically to 'brain'.

Chelation therapy, the method of choice for reversing toxic metal poisoning once exposure has been stopped, is explained in detail, including protocol for its safe administration. There is even a list of names and addresses of physicians worldwide who offer chelation therapy. Dietary factors are also considered along with nutritional supplementation and some 'memory-pill'-type medications.

Most useful is about 25 pages of detailed notes and bibliography on all aspects of toxic metal exposure and what to do about it, suitable both for the concerned lay-person as well as the professional seeking scientific understanding and proper protocol in dealing with toxic metal removal from the human body. Finally, the book is well-indexed, making it a truly useful reference, and one that should be in wide circulation.

Following my introduction to him of Toxic Metal Syndrome, my own dentist, very interested, is putting a copy in the dental school library. Might you take a copy to your dentist? There are other good publications on the hazards of mercury-amalgam toxicity, but one thing I particularly like about this volume is that it looks at it in the context of the wider issue of toxic metal exposure.

For me, it helps to put the hazards of dental exposure into perspective, but I'm afraid that what I find is not comforting. Seeing it in context of other exposures is useful, too, as this gives a truer picture of reality with humans as complex beings living in a very complex world. ☺

A teacher, educator and mother, Helen Lofgren, has long been interested in environmental health issues, allergy, multiple chemical sensitivity, addictions including alcoholism and their effects

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on the family, as well as their relationship to environmental health issues.

She seeks to understand the inter-relatedness of life events and outcomes. The more she learns, the more questions she asks. She has been active in AEHA since its inception in Halifax, and before, in it's precursors, and is a long-time member of its Board of Management. She has regularly

contributed articles to the AEHA-NS Update. She has been a member of the Environmental Health Committee of the Halifax District School Board since its establishment in 1993.

Helen keeps a wild organic garden. She escapes to camp in the wilderness, where she always feels the healthiest, whenever she can.

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(902) 477-4022

Hometite Services

Ventilation & Air
Purification Systems
P.O. Box 5310
Armdale, N.S.
B3L 4S7
422-1564

Mail Order

P'lovers

An Environmental Catalogue

Park Lane Mall
5657 Spring Garden Rd.
Halifax, N.S.
B3J 3R4
(902) 422-6060
Free Catalogue
1-800-565-2998

Healthy Environmental Alternative Lifestyles

5568 Falkland St.
Halifax, N.S.
B3K 1A5
Free Catalogue
1-800-841-7991

See page 55 for Directory rates

Directory - Services

Hair & Skin Care

Specially For You

Heather Dow
37 Limestone Ave.
Fall River, N.S.
(902) 860-0045

Financial Planning

Hugh d'Entremont

12 Queen St., Suite 202
Dartmouth, NS
B2Y 1E7
(902) 461-4065

Cleaning Services

PowerVac

933 Cobequid Rd.
P.O. Box 100
Waverley, N.S.
B0N 2S0
(902) 860-2425

Legal Services

Myra Batalion

Eastern Shore Law Centre
P.O. Box 357
Musquidoboit Harbour, N.S.
B0J 2L0
(902) 889-3796

Air Quality Consulting Services

Eco-Heal Enterprises

Katy Young, Consultant
1019 Lodge Ave.
Victoria, B.C.
V8X 3B1
(604) 384-8892

Air Quality Consulting Services

Healthy Homes Consulting

Robin & Audrey Barrett
Books, Test Kits, Consulting Services
20 Maplewood Court
Lower Sackville, N.S.
B4G 1B6
(902) 864-1955

OCL Services Ltd.

Commercial/Residential
Site Assessment & Remediation
Suite 620, 33 Alderney Drive
Dartmouth, N.S.
B2Y 2N4
(902) 463-0114

Reflexology

Honour Tett

R.R. 2
Middleton, N.S.
B0S 1P0
(902) 825-3954

Nutritional Counselling

The Macrobiotics East Group

Box 3402
Halifax, N.S.
B3J 3J1
(902) 422-3524

Jin Shin Jyutsu

Jacqueline Connaughton

R.R. 3
Canning, N.S.
B0P 1H0
(902) 582-1305

Massage Therapists

Stacey Opalka

5880 Spring Garden Rd., Suite 408
Halifax, NS
B3H 1Y1
(902) 423-0155

Veterinary Services

Dr. Fernando Moncayo

R.R. # 1
Paradise, N.S.
B0S 1R0
(902) 825-3288

Chiropractic

Helson Chiropractic Health Centre

Dr. Eric Helson
590 Portland St.
Dartmouth, N.S.
B2W 6B7
(902) 434-8816

Classified Ads

Personal Care Products

Herbal Health™

Skin Care Products

were designed for the needs of sensitive individuals. Herbal Health™ creams are made with only the highest quality organic herbs. Choose from – Antiseptic & Healing, Baby's Bottom, Body Massage, Candida Care, Eczema & Psoriasis, Nerve Balm.
(604) 384-8892

Want to place a classified ad?
See page 55 for details.



Dr. Fernando Moncayo
VETERINARIAN

~Homeopathic services~

Valley Veterinarians Ltd.
26 Main Street, Middleton, Nova Scotia
825-3288

Directory – Organic & Natural Foods

Retailers

The Natural Food Market

75 Bridgeport Rd. East
Waterloo, Ont.
N2J 2K1
(519) 884-1811

Great Ocean Natural Foods

6112 Quinpool Rd.
Halifax, N.S.
B3L 1A3
(902) 425-7400

Super Natural Health Products

5755 Young St.
Halifax, N.S.
B3K 1Z9
(902) 454-9999

Mary Jane's Alternative Tastes Ltd.

1313 Hollis St.
Halifax, N.S.
B3J 1T8
(902) 421-1313

Super Natural Foods

Maritime Mall, 1505 Barrington St.
Halifax, N.S.
B3J 3K5
(902) 423-8630

Bulk Basket

978 Cole Harbour Rd.
Dartmouth, NS
B2V 1E7
(902) 462-3765

Heartwood Bakery & Café

6250 Quinpool Rd.
Halifax, NS
B3L 1A3
(902) 860-2915

Boland's IGA

Box 33119
Halifax, N.S.
B3L 4T6
(902) 876-7881

Austrian Smokehaus

R.R. 6, Truro, Highway 311
Upper North River, NS
B2N 5B4
(902) 897-6116

Producers

Silverado Cattle Company

c/o Minas View Farms Ltd.
RR#3
Wolfville, N.S.
B0P 1X0
(902) 542-5130
BE

Little Dorset Farms

Maureen Legg
R.R. 4, Middle Musquodoboit
Halifax County, N.S.
B0N 1X0
(902) 384-2593
PK PY BE EG

ColdSpring Farm

Paul & Ruth Colville
R.R. 4
Middleton, N.S.
B0S 1P0
1-800-661-4401
CERT PR PY BE EG

Selwood Green

Norbert Kungl
Box 116
Walton-Bramber, N.S.
B0N 2R0
(902) 633-2292
CERT PR EG

Ron Loucks

24 Clayton Park Drive
Halifax, NS
B3M 1L3
(902) 443-1113
BE

Speerville Flour Mill

Stu Fleischhaker
R.R. 5
Debec, NB
E0J 1J0
(506) 277-6371
CERT FG

Legend

PR=Produce PY=Poultry PK=Pork BE=Beef EG=Eggs FG=Flours/Grains MO=Meat Other
CERT=Certified Organic

National AEHA UPdate

Advertising Rates/Sizes

Ad Rates	One Issue	Full Year	Ad Sizes (inches)	Tall	Wide
Business Card	\$25	\$75	Business Card (Standard)	2	3 1/2
Quarter Page	50	150	Business Card (1 col.)	3 1/8	2 1/4
Third Page	70	210	Quarter Page (full width)	2 1/4	7 1/8
Half Page	90	270	Quarter Page (half width)	4 1/2	3 1/2
Full Page	160	480	Quarter Page (1 col.)	6 1/2	2 1/4
Classified Ads**	5	15	Quarter Page (2 col.)	3 1/4	4 11/16
Directory Listing***		15	Third Page (full width)	3	7 1/8
			Third Page (1 col.)	9 1/4	2 1/4
			Third Page (2 col.)	4 1/2	4 11/16
			Half Page (full width)	4 1/2	7 1/8
			Half Page (2 col.)	6 1/2	4 11/16

* Note: AEHA members get a \$2.50 discount for one issue ad and a \$10.00 discount for a full year ad (because copy of UPdate doesn't have to be sent to them).

** Classified ads rates are for multiples of 20 words.

*** Directory Listing is free with display ads and the information includes category, name (if applicable), company name (if applicable), address and phone number.

**To place an ad
or directory listing:**

Mail: AEHA National UPdate
Mic Mac RPO
Box 24030, Dartmouth, NS
B3A 4T4

Phone/Fax: (902) 462-1316

E-mail: david_a_cheyne@bbs.mmcs.com

1/3 page
(2-column)

**1/3
page**
(1-col.)

Half page
(2-column)

**1/4
page**
(1-col.)

1/4 page
(2-column)

**Bus.
Card**
(1-col.)

1/4 page
(full width)

1/3 page
(full width)

1/4 page
(half width)

Bus. Card
(standard)

Half page
(full width)

**Allergy & Environmental Health
Association of Canada
Association Allergies, Santé
et Environnement du Canada**
Mic Mac RPO Box 24030
Dartmouth, Nova Scotia
Canada B3A 4T4



**AEHA National UPdate
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Renewal: (\$25.00)

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AEHA.*

Donations to:
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\$ _____ \$ _____

*Please indicate which branch you desire, if
donating to a branch.*

Branch: _____

*Please send your donation as a separate
cheque. Thank you.*

Name: _____
Address: _____
City, Prov/State: _____
Postal/Zip Code: _____ **Phone:** _____

Please make all cheques payable to : **A.E.H.A. - Canada**
Mic Mac RPO Box 24030
Dartmouth, Nova Scotia
Canada B3A 4T4

The A.E.H.A. is a registered charitable organization. Receipts will be issued for donations.