News

A group of prominent Melbourne residents, including Sharon Kepper, Robert Kirby, Michael Drapac, Peter Vial, Ruben Fried, Peter Copulos and Marino Angelini, have offered to purchase a building to provide a home for NIIM. NIIM’s founders have been actively looking for an appropriately-located building during recent months and hope the search will pay off in the near future. We would welcome further investors to join this new support group, which will play a key part in the successful establishment of NIIM. An anonymous donor has already offered to provide the difficult-to-obtain funding for office, course and clinic infrastructure, course development/ accreditation and other necessary costs to commence operation. We are extremely grateful for this significant contribution.

During May, NIIM was privileged to host a visiting doctor from India, Poomima K Murthy. Dr Poomima is an expert in Ayurvedic Medicine. During her time in Melbourne, NIIM organised visits to a number of centres and a teleconference with Medical Renaissance on the subject of Ayurvedic Medicine.

In late April, Professor Sali conducted a teleconference on ‘Food in Health and Disease’ with Medical Renaissance. He was also asked in his capacity as patron of the Melbourne Therapy Centre, an Anthroposophical (Steiner) Medical Centre, to ‘lay the stone’ on May 19 as part of the celebration of their building project’s completion.

Professor Sali has been invited as a guest speaker to Stromboli, Italy, in the third week of June 2008 to an international anti-aging medical conference. He has also been invited to BioTaiwan by Austrade Taiwan, taking place in the week of July 23, to participate in the Australia Biotech Trade Mission. On October 20 he will be speaking at the annual Gawler conference. He continues to do a regular program on Northern Territory ABC radio.

Professor Luis Vitetta and Professor Rob Allen gave a series of lectures and seminars at Australia’s largest general practice conference, the recent GPCE in Sydney, from May 18 to 20.

In the last week of September, NIIM will be running a nutrition course over four days in South Africa. Speakers will be: Professor Avni Sali, Professor Luis Vitetta and Professor Robert Allen. Please email info@niim.com.au for further details.

Web
www.niim.com.au

E-mail
info@niim.com.au

“Determine to do as much good as you can, for as many as you can, as often as you can, for as long as you can’

Dr Avdesh Sharma
Recently published and in press


Pirotta M, Hassed C, Kotsirilos V, Rawlin M, Sali A. Teaching complementary and alternative medicine in our medical schools— is it time to bite the bullet? IN PRESS

Sali A, Vitetta L. Peppermint and the gut. Medicine Today. IN PRESS

Sali A, Vitetta L. Integrative medicine and arrhythmias. Aust Fam Physician. IN PRESS

Vitetta L, Sali A. Complementary and Alternative Medicine and Palliative care. IN PRESS

Sali A, Vitetta L. Integrative/Complementary Medicine consultation and how it differs from the standard consultation. Australian Doctor. IN PRESS

Sali A, Vitetta L. The Integrative Medicine /Complementary Medicine (IM/CM) Management of Coronary Artery Disease (CAD). Australian Doctor. IN PRESS

Snapshot - Mental training combating dementia

A trial of several thousand elderly people in reasonable health has shown that courses in memory, speed of thinking and being able to reason can improve a person’s mental performance and can help to combat dementia.

A five year follow-up has shown that the normal decline in daily functioning caused by aging is significantly reduced with mental training. Reasoning training was especially effective, increasing mental speed; however it was shown to require a booster course to maintain its effect. Article: Willis SL e al. Long-term effects of cognitive training on everyday functional outcomes in older adults. Journal of the American Medical Association 2006;296:2805-2814

Snapshot - Cocoa/tea effect on blood pressure

A new meta-analysis suggests that blood pressure responds favourably to cocoa, but not tea. The findings indicate that phenols in tea may be less active than those in cocoa.

Lead investigator Dirk Taubert, MD, PhD, from the University Hospital of Cologne in Cologne, Germany suggested that “products rich in cocoa may be considered part of a blood pressure-lowering diet, provided that the total energy intake does not increase... I believe that cocoa is healthier than other sugar confectionary or high-fat dairy products.”

Five randomized controlled trials on cocoa were selected, totalling 173 people and lasting for a median duration of two weeks. The study found that the pooled mean systolic blood pressure for the cocoa consumers was 4.7 mm of mercury lower than for the non-cocoa consumers and the diastolic figure was 2.8 mm lower. Another five controlled trials were selected for tea, covering a total of 343 people that lasted for a median duration of four weeks. The pooled mean systolic blood pressure for the tea consumers was 0.4 mm of mercury lower than for the non-tea consumers. The diastolic figure was 0.6 mm lower.

The researchers concluded that “current randomized dietary studies indicate that consumption of foods rich in cocoa may reduce blood pressure, while tea intake appears to have no effect”.


Please visit our website at www.niim.com.au
Integrative Medicine in Gynaecological Cancers

Micronutrients, folic acid and cervical cancer

Several lifestyle factors can increase the risk of cervical cancer, such as cigarette smoking, whereas specific micronutrients such as folic acid have been documented to reduce this risk. Cervical dysplasia is a common diagnosis in women aged 25–40 years and is aetiologically related to infection with the human papillomavirus (HPV). There has been uncertainty as to whether particular nutrients may reduce the rate of acquisition of a high risk HPV or whether they facilitate the clearance of high risk HPV.

A recent prospective 2 year follow up study1 investigated high risk HPV infection (with follow up at 6 monthly intervals) to test the hypothesis that systemic concentrations of folate were associated with the occurrence and duration of high risk HPV infections. The study controlled for numerous micronutrients and known risk factors for high risk HPV infections and cervical cancer. The cohort consisted of 345 women who were at risk of developing cervical intraepithelial neoplasia and had blood micronutrient levels investigated for folate, vitamins B12, A, E, C, and total carotene. Results showed that women with a higher folate status were inversely associated with a positive high risk HPV test when compared with lower folate status during the study period (OR: 0.27, 95% CI: 0.08–0.91; p=0.04). Women with higher folate status were significantly less likely to repeatedly test positive (OR: 0.33, 95% CI: 0.13–0.86; p=0.02) and more likely to become test negative during the study period (OR: 2.50, 95% CI: 1.18–5.30; p=0.02).

This is the first long term prospective follow up study demonstrating a micronutrient has an independent protective role (i.e. high folate status) on several aspects of the natural history of high risk HPV after controlling for known risk factors and other micronutrients. The authors concluded that improving folate status in patients at risk of getting infected or who already are infected with high risk HPV may have a beneficial impact in the prevention of cervical cancer with folate supplementation.

Even with folate food fortification, the data from this study suggests that the current level of fortification would be inadequate to provide an optimally protective effect against cervical cancer.

Previously, a large case controlled study found that serum homocysteine was strongly and significantly predictive of cervical cancer risk.2 This association could reflect folate, B12 and or B6 inadequacy, or genetic polymorphisms affecting the 1-carbon metabolism cycle.

Endometrial cancer - soya food intake

Endometrial cancer (EC) is the second most common cancer of the female genital tract in western societies. It occurs most often in women aged 50–70 years. Consuming unopposed oestrogen for a prolonged period increases the risk, with the increased risk appearing to persist for 10 years or more following exposure.

Phytoestrogens, which are weak oestrogens found in plant foods, may have anti-oestrogenic effects. Seven case controlled studies and one prospective study in 2003 examining the role of diet and EC, reported that consumption of wholegrains, fresh fruit and vegetables was associated with decreased risk of EC.

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It was thought that plant foods favourably alter the hormonal profiles of women. A population based controlled study in China reported the consumption of soya foods, a known rich source of phytoestrogens. The design of the study utilised the face-to-face interview food frequency questionnaire, as well as collecting detailed information about soya food intake, menstrual and reproductive history, hormone use, disease history, tobacco and alcohol use, weight history, and family history of cancer were obtained. Current weight, height, waist and hip circumferences were measured. Soya products included: soya milk, tofu, processed soya products, dried soya bean seeds, fresh soya beans and soya bean sprouts. Participants in the study included 832 women with EC, aged 32–69 years, and 146 matched randomly selected control women.

Women with EC had a lower intake of soya foods, and almost every individual soya food investigated, as well as total soya protein and soya isoflavones, than did controls. The adjusted odds ratio of EC of women with the lowest quarter of intake was reduced from 0.93–0.85 and 0.67 with increasing quarter of soya protein intake (p=0.01).

Obesity and ovarian cancer

The prevalence of obesity in Australia is one of the highest in the western world and continues to increase. Excess weight is known to be a risk factor for cancers of the large bowel, breast, endometrium, kidney (renal cell), and oesophagus. In the USA it is estimated that overweight and obesity account for 1:7 cancer deaths in men and 1:5 in women.

Although epidemiological studies suggest that obese women are more likely to die of ovarian cancer than those of ideal body weight, it is not known whether increased incidence, comorbidities common to obese women, or altered tumour biology is responsible for this difference.

This study examined the influence of excess body weight on ovarian cancer survival, disease progression, and clinicopathologic factors. The investigators reviewed the records of patients undergoing surgery for epithelial ovarian cancer at Cedars Sinai Medical Centre for 6.5 years. Epithelial ovarian cancer is the most common type of ovarian cancer originating from the surface of the ovary. The authors analysed data on height, weight, age, comorbidities, and treatment specific details using the Fisher Exact Test, Kaplan-Meier survival, and Cox regression analysis. Of the 216 patients identified, 8% were underweight, 50% were ideal body weight, 25% were overweight, and 16% were obese. Obese women were also more likely to have mucinous and nonserous tumours compared with normal weight women. Stage 1 disease was present in 29% of the obese patients compared with 10% of the patients with a BMI less than 30 kg/m2 (p=0.01).

In a subcohort of 159 patients with stage 3 or 4 disease, BMI was an independent negative factor for disease free (p=0.02) and overall (p=0.02) survival. Increasing BMI was associated with significantly increased risk for mortality with body mass indices more than 25 at shorter disease free times and higher chances of death.

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In this study, the cause of death was assumed to be ovarian cancer if the patient had recurrent disease at the time of death.

Other studies have supported the association between ovarian cancer and obesity. A direct association has been found between dietary glycaemic index and glycaemic load with ovarian cancer risk, and consequently of a possible role of hyperinsulinaemia/insulin resistance in ovarian cancer development. The assemblage of factors that define the metabolic syndrome may confer a high risk for this cancer.

References

Recommended Books

The Desktop Guide to Complementary and Alternative Medicine: An Evidence-Based Approach
Edzard Ernst, Max H. Pittler, Barbara Wider
Publisher: Mosby
480 pages
ISBN-10: 0723433836

Why Do People Get Ill?: Exploring the Mind-body Connection
Darian Leader, David Corfield
Publisher: Hamish Hamilton Ltd (2007)
384 pages
ISBN-10: 0241143160

"The authors have been successful in producing a comprehensive and worthwhile guide that can be recommended to all clinicians and anyone else who may want a readily accessible guide." The Journal of Clinical Pharmacology, January 2002.
Recommended Books

‘Why Do People Get Ill?: Exploring the Mind-body Connection’ Darian Leader, David Corfield

Have you ever wondered why people get ill when they do? How does the mind affect the body? Why does modern medicine seem to have so little interest in the unconscious processes that can make us fall ill? And what, if anything, can we do about it? “Why Do People Get Ill?” lucidly explores the relationship between our minds and our bodies. Containing remarkable case studies, cutting-edge research and startling new insights into why we fall ill, this intriguing and thought-provoking book should be read by anyone who cares about their own health and that of other people.

‘Scorcher: The Dirty Politics of Climate Change’ Clive Hamilton

This is the book that blows the whistle on the politics of global warming in Australia. Why have our political leaders been so slow to act? Which are the fossil-fuel lobby groups that still set the policy agenda? How many different ways can one spin, deceive, lie and obfuscate instead of facing facts and looking for the solutions that are desperately needed? Written with humour, urgency and great authority, this is the definitive account of the politics of climate change in Australia.

About Our Organization

The National Institute of Integrative Medicine (NIIM) formed as a natural development from the Graduate School of Integrative Medicine (GSM), formerly part of Swinburne University. The GSM was founded by Professor Avni Sali in 1997 as a reflection of the growing number of general practitioners who were combining complementary medicine and therapies with conventional medical practice. The NIIM is currently in the process of establishing a unique wellness clinic as well as development to a position where it can begin to deliver courses and conduct research.

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info@niim.com.au

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