

DR. DAVID SINGER'S HEALTH REPORTS

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~ DISCLAIMER ~

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SUBLUXATION FROM BIRTH REMOVED WITH MIRACLE RESULTS!

What new parent hasn't been warned that their own sleeping patterns are going to be severely altered when they have a newborn baby in the house? However, when that young child has severe sleeping problems of its own, this scenario can become a nightmare for both parents and child alike.

A case study was recently published in the scientific publication the *Journal of Clinical Chiropractic Pediatrics* (JCCP). The article chronicled and documented the effects of Chiropractic care on a 9-month-old infant girl with a history of very disturbed sleep.

The average number of hours a child of 9 months is predicted to sleep is about 14 hours per day. This child's sleep amount was well below that number. In addition to severe sleep disruption, she was also noted to be extremely fussy. She also was experiencing difficulty with breast feeding to one side, exhibited generally unsettled behavior and could not turn her head to the left. These problems had been occurring since birth, the article noted.

An initial examination of the girl confirmed a reduced range of neck motion to the left. There seemed to be significant muscle tension in the left and upper neck area as well. Upon being touched in the neck, the child exhibited signs of being in pain by crying and quickly moving her head away.

Viewing the results, her chiropractor determined that there were subluxations (partial dislocations) present in the child's cervical area. An appropriate course of adjustments was initiated.

The results of treatment were immediately evident and impressive. After just one adjustment, the baby girl fell asleep for 5 hours in the afternoon. This was followed by nighttime sleep of 2 periods of 6 hours each.

In addition to dramatic improvements in sleep pattern, much to the satisfaction of her parents as well, the child displayed greatly improved neck motion that was soon noted in response to sound on her left side. Additionally, the infant soon began to feed freely and comfortably.

The conclusion drawn by the authors was that the subluxation evident in the child's neck area was at least partially responsible for the disrupted sleep pattern. The dramatic improvements after just one Chiropractic adjustment pretty much speak for themselves. It could likely be surmised as well that the infant's parents were much better rested themselves following treatment and are very thankful for Chiropractic.

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USE OF ALTERNATIVE MEDICINE, CHIROPRACTIC RISING IN BOTH THE UNITED STATES AND CANADA

Two recent surveys point to widespread and growing use of alternative forms of medical treatment in both the United States and in Canada. In the US, more than 37% of households regularly turn to alternative treatments over those provided only by a medical doctor and drugs. In Canada, the figure is over 50%.

The US survey involved 23,000 adults and was conducted by Thompson Medstat in 2006. Findings included 37% of US households seeking out alternative treatments, including Chiropractic, for everything from headaches to control of diabetes. Herbal supplements, Chiropractic and massage were the highest ranked items used among respondents.

“Alternative medicine use has become so widespread that it is now critical for traditional Western physicians to factor a whole new set of potential interactions into treatment decisions,” said Dr. David Schutt, associate medical director at Thompson Medstat. “Knowing the statistics behind alternative medicine use is a good start, but further study of this area is necessary.”

To the North, over one half of all Canadians are using some form of alternative medicine according to a survey conducted in 2006 by The Fraser Institute which has, just now been released. Interestingly, in the last 6 months of the survey over 3.6 million Canadians visited a chiropractor. That converts to 13% of all Canadians!

“This increased use of alternative therapies is another indicator of Canadians’ desire to have more choice and control over their healthcare options,” said Nadeem Esmail, the director of Health System Performance at The Fraser Institute and the author of the report.

A note of interest pointed out in the findings was that most alternative treatment options are not covered by the government health insurance plans in Canada. “When it comes to health and well-being, a significant number of Canadians are willing to spend their own money,” said Dr. Esmail.

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TESTING FOR PROPER BALANCE AND POSTURE IS VERY IMPORTANT FOR GROWING CHILDREN!

Whether there is indeed a posture crisis among children in our population today is a point of debate. However, with youngsters spending many hours behind computers or in front of television sets, not to mention lugging around backpacks of many shapes and varying sizes, the possibility of misplaced posture seems greater than in decades past.

Many chiropractors pay a great deal of attention to proper posture, pedal (foot) balance and structural development in their practices with children. Proper alignment in youth can prevent a great deal of problems that can occur in later life when the fundamentals have been ignored at an early age.

Basically, here are 4 primary stages of development a child goes through and can be observed in terms of pedal development: 1) By 6 months, a child exhibits bowed legs and feet point outward, 2) By age 2, the child is walking and the lower extremities seem to straighten out, 3) By around age 3, when skeletal growth accelerates, knock-knees and in-toeing may appear, 4) Around age 6 or 7, growth rate stabilizes and a healthy alignment of feet and legs should be seen.

According to Mark Charrette, DC, a recognized authority on extremity adjusting, biomechanics (the function of the body and its parts) and spinal adjusting techniques, it is in the fourth stage when an exam should take place. This is the phase of musculoskeletal development when a check should be done for pedal stability and integrity, Dr. Charrette advises.

Untrained parents will find it difficult to recognize pedal imbalances that could be causing problems with their children as there is often no indication of difficulties occurring. This can easily happen as foot imbalance is usually not a painful condition. Thus, it is very important to have the check performed by a trained chiropractor. The fact that this problem can lead to subluxation issues (partial dislocations) in the future makes testing doubly important.

Here is what a chiropractor will look for, according to Dr. Charrette: "A simple visual exam will indicate the need for further testing for pedal imbalance in children. Watch the gait for signs of foot flare and toeing out. If the child is wearing everyday shoes, check the heels for signs of excessive lateral wear, another sign of imbalance. When the patient is standing barefoot, look for three other important clues to pedal instability: low medial (toward the center of the body) arches, Achilles tendon bowing and patellar (kneecap) displacement."

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ADULT OBESITY CONTINUES GROWING TREND!

American adults continue to grow around the waistline. The bottom line about obesity in the United States is that this condition expanded in 31 states of the union in 2006. This fact is provided from the fourth annual report “F as in Fat: How Obesity Policies are Failing in America, 2007.”

The State of Mississippi topped the list for the highest rate of obesity in the country for the third year in a row. In fact, it became the first state to reach an obesity rate of over 30% (at 30.6%). Colorado was named the leanest state again this year but did have an adult obesity increase from 16.9 to 17.6 percent. Twenty-two states experienced an increase for the last 2 years in a row. No state showed a decrease. In 1991, none of the states exceeded a 20% obesity rate.

A new public survey also featured in the report found that 85% of Americans believe that obesity is a national epidemic and that may point to something positive according to Jeff Levi, Executive Director of the Trust for America’s Health (TFAH), the publisher of the report.

“There has been a breakthrough in terms of drawing attention to the obesity epidemic. Now we need a breakthrough in terms of policies and results,” said Levi. “Poor nutrition and physical inactivity are robbing America of our health and productivity.”

Lack of exercise is certainly one of the leading causes of the increased size of Americans. According to the report, 22% of American adults report that they do not engage in any physical activity. Mississippi has the highest rate of inactivity at 31.6%, and Minnesota had the lowest rate of inactivity at 15.4%.

As for what to do about it, 81% of people surveyed said that the government should get involved and take a role in addressing this obesity problem. Majorities strongly support government working on proposals to expand education programs about healthy living, providing low-cost access to exercise programs and reducing the marketing of unhealthy food.

States with the highest obesity trend: 1. Mississippi**; 2. West Virginia*; 3. Alabama; 4. Louisiana; 5 (tie). South Carolina**, Tennessee*; 7. Kentucky**; 8. Arkansas; 9 (tie). Indiana, Michigan*, Oklahoma**; 12 (tie). Missouri**, Texas; 14. Georgia; 15. Ohio**; 16. Alaska; 17. North Carolina**; 18. Nebraska**; 19. North Dakota; 20 (tie). Iowa, South Dakota**; 22. Wisconsin**; 23 (tie). Pennsylvania, Virginia*; 25 (tie). Illinois, Maryland**; 27: Kansas*; 28. Minnesota; 29. Delaware**; 30. Oregon**; 31 (tie). Idaho, Washington**; 33. Maine*; 34. Florida**; 35. Wyoming**; 36. California; 37. Nevada*; 38 (tie). New Hampshire**, New York; 40 (tie). Washington D.C., New Jersey**; 42. New Mexico**; 43: Arizona; 44. Utah; 45. Montana; 46. Rhode Island**; 47 (tie). Connecticut**, Hawaii*; 49. Vermont; 50, Massachusetts**; 51: Colorado*.

While the government gets to work on this plan, which 81% of people think is necessary, most Americans might start with a good old fashioned “push back from the table.” Eating less and exercising more might be the key slenderizing program most people really need.

NOTE: States with a statistically significant increase for one year get one (*) and those with a significant increase for 2 years running get (**).

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FOOD PRESERVATIVES AND DYES LINKED TO HYPERACTIVITY IN CHILDREN

Researchers in Great Britain have demonstrated that there is a link between hyperactivity in children and the artificial colors and food preservatives in their diet. The study was commissioned by the British Food Standards Agency and carried out at Southampton University.

The Agency's Committee on Toxicity's (COT) evaluation of the study has led to an advisory which suggests that consumption of mixes of certain artificial food colors together with the preservative sodium benzoate, could be linked to an adverse effect on a child's behavior. Sodium benzoate is a food preservative commonly found in most popular soft drinks, fruit juices and salad dressings.

The study involved two separate groups of about 300 children. The first group consisted of 3-year-olds and the second group of 8- and 9-year-olds. Each group was given one of three possible mixtures to drink over three one-week periods. The first received a drink with no preservatives or dyes; the second the amount of the substances typically found in soft drinks; and a third group that received a weaker amount of dyes and preservatives.

Researchers found greater amounts of hyperactivity in both groups among the ones who received the highest amounts of preservatives and dyes. Also, it was found that both groups responded with more hyperactivity to the reduced quantity test drink, but that the younger children responded more than the older group. As a result of the study, a COT statement said, "We consider that this study has provided supporting evidence suggesting that certain mixtures of food colors, together with the preservative sodium benzoate are associated with an increase of hyperactivity in children from the general population."

Professor Jim Stevenson of Southampton University authored the study and said, "This has been a major study investigating an important area of research. The results suggest that consumption of certain mixtures of artificial food colors and sodium benzoate preservative are associated with increases in hyperactive behavior in children. However, parents should not think that simply taking these additives out of food will prevent hyperactive disorders. We know that many other influences are at work, but this, at least, is one a child can avoid."

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SODA MAKER DROPS ITS “ALL NATURAL” CLAIM!

Under the threat of a lawsuit, a major manufacturer of soft drinks has decided to stop advertising its product as “All Natural.” The product in question contains High Fructose Corn Syrup, a popular sweetener that is put through a variety of chemical manufacturing processes before it hits the bottle or can.

The product in question is the popular soft drink 7UP. It is produced and marketed by Cadbury-Schweppes. The company has announced, under the threat of impending litigation, that it will highlight ingredients “for which there is no debate” over whether or not they are natural and will exclude the controversial factory-made sweetener known as high fructose corn syrup. The lawsuit was being forwarded by the Center for Science in the Public Interest (CSPI).

According to the CSPI, it may sound like high fructose corn syrup comes from corn in the same way sugar comes from sugar cane or sugar beets. However, high fructose corn syrup is created by a complex industrial process performed in refineries using equipment like centrifuges, ion-exchange columns and back-bed reactors to name a few. Basically, starch is extracted from the corn and then converted by acids or enzymes to glucose. Then some of the glucose is further converted by enzymes into fructose.

“Let’s put it this way,” said Michael F. Jacobson, executive director of the CSPI. “Unless you and your chemist friends are prepared to undertake a little Manhattan Project in your kitchen, you won’t be brewing any high-fructose corn syrup from scratch anytime soon.” (The Manhattan Project was the secret code name for the operation that developed the Atomic Bomb in the 1940s.)

The CSPI says that even though the glucose and fructose in high fructose corn syrup are identical to naturally occurring glucose and fructose, the fact that chemical bonds are broken and rearranged in the process disqualifies them from being called natural. For instance, while a scientist might be able to produce sugar by rearranging the molecules of any number of things that contain carbon, hydrogen and oxygen, it clearly wouldn’t be “natural” sugar.

“We are pleased that Cadbury-Schweppes has fixed what was a flawed and deceptive marketing campaign and that this issue was resolved without our actually suing,” said CSPI litigation director Steve Gardner. The CSPI litigation unit has encouraged several major food companies including Quaker, Frito-Lay, Procter & Gamble, Tropicana and Pinnacle Foods to halt deceptive labeling or marketing practices. Recently, KFC stopped using partially hydrogenated oils after being sued by CSPI.

Kraft Foods recently announced that it, too, will drop its “All Natural” claims for its Capri Sun drink as it contains high fructose corn syrup. Some additional suits are in the works regarding a green tea drink that claims to be a “calorie burner” and “junk food” being marketed as healthy breakfast cereal.

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SCHOOL LEADS THE WAY IN PROVIDING A SUGAR-FREE STUDY ENVIRONMENT!

This is a Sugar-Free quiz! You get one guess!

Think how many schools there must be in the United States. The number must be pretty staggering since some 50 million American children attend school everyday according to the US Census Bureau. So, when it comes to lunch and snack time, how many schools in the United States do you think operate completely sugar free? Remember you get one guess.

If you guessed one school, congratulations! You are absolutely right. The 915 children who are enrolled in Browns Mill Elementary School in Lithonia, Georgia, attend the only Sugar-Free School in America.

The idea to create a healthy environment for teaching and learning came from the school's principal, Dr. Yvonne Sanders-Butler. It began when she took notice of what was happening with the children who attend her school. "Browns Mill is a high achievers school," said Dr. Butler. "But, I noticed that the children were sluggish. How could they perform at their best when they were sluggish?"

That's not all that the principal noticed. As many of the students didn't eat breakfast, she noted that student visits to the school clinic were highest in the morning. Lunches usually consisted of high-fat and high-sugar items. Looking at the kindergarten class she observed that about 40% of students were overweight and the numbers got worse as the children went up the grades. Something had to be done about it.

Dr. Butler looked at the situation in the school with eyes that had seen a personal crisis in her own life. In 1996, she got a wake-up call regarding her own unhealthy lifestyle practices. That's when she entered the emergency room of a hospital suffering from dangerously high blood pressure, excess weight and on the verge of a massive stroke. As part of her recovery, she quickly joined a healthy eating group, increased her exercise and changed her lifestyle.

"I couldn't sit back and just watch, knowing I could have made a difference," Dr. Butler said. That's when she went to work implementing a Sugar-Free Zone for the school. This included getting rid of all soft drink machines, nixing chocolate milk and eliminating fried and high-fat foods. Activities like daily Physical Education classes were added at Browns Mill. Nutrition education, healthy cooking classes and 10 minutes of dance in the classroom immediately following the daily announcements were

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implemented. Student food brought from home had to fit a healthy bill or it got the message, “See Ya.”

The results over the past eight years since the program started have been quite dramatic. The 40% of kindergartners who start overweight leave at a normal weight. Statistically, test scores are up, clinic visits are down and discipline problems are minimal. The environment of teaching and learning at Browns Mill is definitely a healthy one.

The success of this one Sugar-Free School program has allowed Dr. Butler to take her message beyond the DeKalb County School System in Decatur, Georgia. She is now involved with a national program known as “Essential Wellness for Better Health.”

Additionally, she is the author of *Healthy Kids, Smart Kids: The Principal-Created, Parent-Tested, Kid-Approved Nutrition Plan for Sound Bodies and Strong Minds*. This book is billed as a common sense guide to help parents and children make the best possible nutrition choices. She also does speaking engagements as part of an international group to further carry the message to the masses.

“I’m not a scientist. I’m not a nutritionist. I’m not a dietician,” said Dr. Butler. “But now people who never would have invited me to the table want to talk to me because what we are doing is working.”

We at David Singer Enterprises are very pleased to be able to offer this information about Dr. Butler and the wellness objectives she is achieving through her work. Her campaign receives the full endorsement our own wellness efforts that we advance through our sponsorship of the Foundation for Wellness Professionals. This organization, founded by Dr. Singer, consists of several hundred healthcare professionals nationwide who can be called upon to speak to groups and organizations at no charge. Learn more about the Foundation for Wellness Professionals and schedule a speaker at www.wellnessspeakers.org.

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SENATE BILL DIRECTS SOME “SUNSHINE” AT DRUG COMPANY PAYMENTS TO DOCTORS!

Alarmed by the growing concern nationwide that physicians are being unduly influenced by the spending habits of big pharmaceutical and medical device manufactures, legislators have introduced a bill into the US Senate to shed some light on these relationships.

Senators Chuck Grassley of Iowa and Herb Kohl of Wisconsin have introduced legislation to require manufacturers of pharmaceutical drugs, devices and biologics to disclose the amount of money they give to doctors through payments, gifts, honoraria, travel and other means.

“Right now the public has no way to know whether a doctor’s been given money that might affect prescribing habits,” said Sen. Grassley. “This bill is about letting the sun shine in so that the public can know. Whether it’s dinner at a restaurant or tens of thousands of dollars or more in fees and travel, patients shouldn’t be in the dark about whether their doctors are getting money from drug and device makers.”

Known as the Physician Payments Sunshine Act of 2007, Senate Bill 2029 will bring federal standards to reporting that is already required by the states of Minnesota, Maine, Vermont, West Virginia and the District of Columbia. Companies with annual gross revenues of over \$100 million per year will be required to report all payments to physicians in excess of \$25 whether made directly or through a subsidiary company, agent or third party. Product samples intended for patients are excluded from disclosure.

The companies will be required to make quarterly reports to the Secretary of Health and Human Services beginning on January 1, 2008. Amounts will then be recorded and posted on a searchable website, available to the public. “And this bill has some teeth, too,” said Sen. Grassley. “If a company fails to report, the Physician Payments Sunshine Act imposes a penalty ranging from \$10,000 to \$100,000 for each violation.”

“It has been estimated that the drug industry spends \$19 billion annually on marketing to physicians in the form of gifts, lunches, drug samples and sponsorship of education programs,” said Sen. Kohl. “As the largest payer of prescription drug costs, the federal government has an obligation to examine and take action when companies unfairly or illegally attempt to manipulate the market.”

Sen. Grassley was very clear in pointing out his major concern when it came to drug company rewards for physicians. “This practice and the lack of transparency around it can obscure the most important question that exists between doctor and patient: what is best for the patient?” When companies spend huge sums on doctors who seem to be more than willing to accept these generousities, how certain can a patient be that the right drug for the condition is being prescribed? A little “sunshine” may bring with it that greater certainty.

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DRUG DEATHS BRING FDA WARNING THAT FENTORA IS ONLY FOR CANCER PATIENTS

A drug advisory was issued in September warning physicians of potential life-threatening situations that can occur when the drug Fentora is administered to the wrong people for the wrong reasons. Four reported deaths caused by improper uses of the drug prompted warnings from the Food and Drug Administration (FDA) and Cephalon, the maker of the drug.

Currently, Fentora is FDA approved only as a treatment for cancer patients suffering from breakthrough pain. Breakthrough pain is described as pain that suddenly comes on, lasts for short periods of time and is not quelled by the patient's normal pain suppression management systems.

According to the FDA warning, "Fentora is indicated only for the management of breakthrough pain in patients with cancer who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Serious adverse events, including deaths, have occurred in patients treated with Fentora. These deaths occurred as a result of improper patient selection (e.g., use in opioid non-tolerant patients), improper dosing, and/or improper product substitution."

What is interesting is that Cephalon had begun promoting the possibility of additional uses for this drug even though FDA approval clearly earmarked it only for cancer patients. This optimism was based on a company-sponsored study last year and was put forth in a September 2006 press release.

"The results of this study suggest that Fentora may have application beyond its current indication in cancer and provide important support to our strategy for future label expansion in breakthrough pain associated with multiple chronic pain conditions," said company Senior VP Dr. Lesley Russell. "In opioid-tolerant patients, we believe Fentora has the potential to address the rapid onset characteristic of breakthrough pain, a common component of low back pain."

It is certainly easy to see why Cephalon would be anxious to expand the marketing reach of Fentora to this particular application. According to the American Chronic Pain Association, over 50 percent of people suffer from back pain making it the most common chronic pain condition reported.

Now, in light of the 4 reported deaths, Cephalon has sent two "Dear Healthcare Profession Letters" to prescribers and other healthcare providers. It reminds them of important safety information regarding Fentora and that it is only to be used as directed for breakthrough pain in cancer patient treatment.

Fentora contains the active ingredient fentanyl, a Schedule II controlled substance. This puts it in the same classification as drugs like morphine and methadone. These drugs hold the highest risks for abuse and for fatal overdose.

Source: The US Food and Drug Administration September 2007. <http://www.fda.gov/medwatch/safety/2007/safety07.htm#Fentora> and Cephalon Newsroom, September 2006 http://www.cephalon.com/newsroom/news_reader.aspx?ID=914766

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COATED-ASPIRIN HAS THE SAME EFFECT ON THE STOMACH AS NON-COATED ASPIRIN!

The potential problems caused by taking aspirin have been well publicized and documented over the years. For some people, these include stomach-related upsets including nausea, gastrointestinal bleeding, ulcers, and low-grade stomach pain.

To counter problems associated with the stomach, the pharmaceutical industry developed and has for many years promoted coated aspirin products. The aim of this product is to minimize these potential difficulties by allowing the tablet to sail right through the stomach and into the small intestine before it begins dissolving.

Armed with this information, many people have been taking coated or buffered aspirin in the belief that their risks of stomach problems and discomforts will be lessened. Now, however, a new report recently published in the *Harvard Heart Letter* notes that this is mistaken information. The risks are just as great in taking coated aspirin as when ingesting non-coated aspirin.

According to the report, aspirin does not have to be in direct contact with the stomach cells to cause them harm. The reason for this has to do with the fact that even though the tablet dissolves in the intestine, the medicine gets into the blood stream where it is pumped to all parts of the body. This would include being transported directly back to the cells of the lining of the stomach.

Aspirin has the effect of blocking the COX-1 enzyme in the stomach. (Cox-1 is Cyclooxygenase-1, a protein that speeds up certain chemical messengers in the stomach.) When Cox-1 is inhibited, it can have the effect of reducing the natural protective mucus lining of the stomach and can cause nausea, intestinal bleeding and ulcers.

Many people use aspirin products regularly and have no adverse reactions. Many older people include taking it as part of their daily health regimen. Regardless, health care professionals and users of aspirin should be advised that taking a coated product offers no advantages to the user who may be experiencing stomach problems. In fact, according to the report, coated aspirin products hold the same potential as non-coated aspirin in causing problems of the stomach and the stomach lining.

Source: Harvard Publications, *The Harvard Heart Letter*, August 2007.

http://www.health.harvard.edu/press_releases/gastrointestinal-bleeding-from-coated-aspirin.htm

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NEW EASIER DETECTION FOR DRUGS IN MUNICIPAL WASTEWATER TREATMENT

Recent media reports have pointed to growing concerns that quantities of pharmaceutical and illicit drugs are finding their way into our waterways. Reports from various areas warn of water life mutations occurring near municipal water discharge as a result of drugs passing through the system. Increased use of some illegal drugs is a growing concern in many communities.

Until now, wastewater testing was generally done after the water left the sewage treatment plant. Now, a team of researchers has developed an automated monitoring method that makes it possible to detect drugs, from cocaine to caffeine and from Paxil to Prozac, before they enter municipal wastewater plants. In effect, it can locate and monitor patterns of drug use in entire communities as they enter treatment facilities.

The research group was lead by Oregon State University chemist Jennifer Field, and she reported her findings recently at the American Chemical Society meeting held in Boston, Mass. "It's like taking a very diluted urine sample collected from an entire community," said Ms. Field.

The presence of pharmaceutical and illicit drugs in municipal wastewater has been known for several years, beginning with groundbreaking studies in Europe that tracked the presence of drugs in sewage and river water. Ms. Field pointed out that she and her colleagues have developed new methods of chemical analysis so that detection is possible from very small samples. Such testing can be done automatically over a 24-hour period from wastewater as it enters a treatment plant.

This data can be used in several ways including providing information regarding community drug use. "This method is most useful for drug surveillance at the community level," said Ms. Field. "Wastewater analysis is a more powerful indicator at the community level."

For instance, in their preliminary studies, researchers found patterns of drug use with higher wastewater concentrations of recreational drugs (such as cocaine) on weekends. They found no change in concentrations of either prescription drugs or methamphetamines in their samples, suggesting more consistent use.

This method of testing can have benefits for large cities and particularly smaller towns. Typically, drug use and abuse studies focus on the larger demographic areas. With both the ease and cost effectiveness of these new methods, data can be collected from smaller residential areas as well.

Researchers hope that the state of Oregon will benefit from their work. "The methods allow us to better understand the geographic differences in the abuse of drugs (particularly methamphetamine) with the state of Oregon," said Daniel Sudakin, an Oregon State toxicologist who was one of the researchers. "We hope that these tools may be useful in identifying communities at risk and developing preventative interventions to reduce the adverse impact of methamphetamine throughout the state."

And, hopefully, this information will help water treatment specialists to reduce the flow of drugs flowing through their plants that are now ending up in our lakes and rivers.

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MARKET DRIVES DRUG COMPANY AND MEDICAL DEVICE COMBINATION THERAPY!

The introduction and use of drug-coated stents for coronary treatment procedures has been hailed by some as a medical breakthrough and by others as a dangerous product. A search of the Internet will reveal studies and opinions on both sides of the fence in terms of their safety and effectiveness. Some legal organizations are even advertising to generate lawsuits, hoping to find people who think they have been harmed by such devices.

Stents are tiny tubular implants that are used in conjunction with coronary difficulties to expand blood vessels, provide support and ease the flow of blood through an area. Metal stents were the device of choice before the introduction of drug-coated devices in 2002. These drug-line stents sell for approximately \$2,300 compared to the bare metal version that costs about \$700.

Medical device manufacturers and drug companies are aligning their forces to continue stent usage in the US market and to push them forward in Europe where sales and use lag behind the Americas. The global sale of treated stents is currently growing at about 11 percent annually, according to analysts at BCC Research. According to their calculations, these tiny implants will be generating sales worth \$8 billion US dollars by the year 2010.

The principal coatings available for uses in coronary arteries have been the chemotherapy drug Paclitaxel and the immunosuppressant drug Sirolimus, which help to prevent blockages of blood vessels. And regardless of the fact that there is controversy and the threats of lawsuits surrounding stents, the search continues for new medications to combine with these devices.

In fact, given the potential for financially lucrative rewards, the device manufacturing and drug production companies are expanding their plans to take this technology to more medical applications. Areas where large amounts of research dollars are being invested in drug/device combinations include:

- ◆ Catheters coated with antibiotics to prevent urinary tract infections.
- ◆ Bone cement containing antibiotics to reduce infection in hip implants.
- ◆ Transdermal Plasters applied to the skin to transport hormones directly into the body.
- ◆ Photo-dynamic cancer treatment designed to kill off tumor cells by the use of targeted light.

BCC Research estimates that the market for these four areas of combined application will be worth \$3.5 billion US dollars by the year 2010. Currently, combination drug/device therapy is seeing double-digit growth. Device safety and future good for the patient will need to be determined with each new or improved application. The hope is that the patient's health and welfare will be the overwhelming consideration in light of the staggering profit potential for drug makers and medical device manufacturers.