

# The Alpha and the Omega—Of Healthy Fats

This month, I went to a continuing education seminar called Nutrition Neurology. The seminar leader presented piles of research articles that were published in the most respected medical and science journals in the world—repeatedly, the benefits of **omega 3-fatty acids** were emphasized. There are two different omega 3-fatty acids that come from cold-water fish: one is called **EPA**, the other **DHA**. Another essential fatty acid comes from either **flax, hemp or walnut oil**. The three combined in certain ratios are natural anti-inflammatories that are VERY well-documented in the literature.

The bottom line is this: the outside of every cell in your body is made out of phospholipids—a fat. Our diets are heavy in **omega-6 fatty acids**—which are **saturated fats** from processed vegetable oils, red meat, & trans fats. They are more rigid than omega 3's. Think of it this way: butter (*omega 6*) is solid at room temperature and thus more solid side inside your body. Fish oil, however, is liquid at room temperature. And EPA & DHA—the crucial oils from cold water fish—are even liquid at freezing temperatures (it's a natural anti-freeze for cold-water fish)! So EPA and DHA are much more *fluid* than fried fats and make EVERY CELL MEMBRANE IN YOUR BODY more fluid.

The health benefit is: molecules that are SUPPOSED to get in into cells CAN when the cell membrane is fluid enough. But when it's stiff from the traditional Western diet fats (fried foods, snack foods, red meat, dairy), molecules CAN'T get in easily. For instance, serotonin, a mood hormone, can't get in (easily). Thus the use of anti-depressants to bombard the body with serotonin. The brain is 60% phospholipids and when there is a lack of omega-3's, it doesn't work right: coordination, normal ability to think, and nerve development can be altered or inhibited.

Through piles of research, a very exact combination & dosage of omega 3's and their co-factors have been developed for maintaining good health. You need a supplement that contains at least a 2:1 ratio of EPA: DHA. Many that I found at Whole Foods/Wild Oats only had 3:2. A GLA (gamma linolenic acid) is also

needed as a carrier molecule.

You get GLA from evening primrose oil, borage oil or black currant seed oil. Natural Vitamin E in (d-alpha tocopherols) is necessary. And then an excellent source of antioxidants is needed to combat the oxidative stress. And it must be distilled for purity b/c all fish are contaminated with heavy metals. An excellent fish oil formula is available in my office. It costs \$35 for 90 500mg oil capsules. (*The antioxidant co-factors are separate.*) Prices at Whole Foods didn't compare to this product—they didn't contain the GLA, meaning you'd have to buy that separately; the dosages were SMALL, meaning you would need LOTS of pills per serving. Besides, the ratios in most brands weren't correct.

The overall theme of the seminar was *omega 6's promote inflammation* (which leads to pain, infection, cancer, hardened arteries, degenerating cartilage, rheumatoid arthritis, abnormal behavior, learning problems, mood disorders, even bed-wetting!) and omega 3's are the opposite—they relieve inflammation.

The most immediate, practical aspect of using omega 3's as a patient in our office would be to help your body halt the inflammation cycle.

Your adjustments will benefit from this because your cells will have awesome building blocks for repairing cartilage, ligaments, tendons, bones and muscles.

In the journal Surgical Neurology, 250 non-surgical candidates for neck and back pain were asked to take EPA and DHA. After 75 days of use, 59% discontinued using non-steroidal anti-inflammatories (NSAIDS—over-the-counter or prescription strength ibuprofen or aspirin). 88% of them were pleased enough with taking the fish oil that they continued to do so. No significant adverse effects were noted. The authors noted that high doses of fish oil are extensively documented to reducing joint pain from old-age arthritis as well as rheumatoid; improve dry eyes & macular degeneration; and reduce chance for heart attacks.

Established patients—active and inactive—call and schedule a complimentary nutritional comparison and get my recommendations for improving your current protocol! Especially helpful if you're **not** actively under care—this could reduce your need for NSAIDS. **Dr. Erica**