

The Newsletter of THE AMERICAN INSTITUTE OF STRESS

Number 6

1995

FIFTH INTERNATIONAL CONFERENCE ON STRESS MANAGEMENT

The Fifth International Conference on Stress Management (ISMA-5) was held in Noordwijkerhout, The Netherlands from April 2-6, 1995. The major theme was "Stress in the Workplace", with plenary sessions devoted to health and productivity, new approaches to preventing and minimizing job stress, and the development of social policies integrating recent research in these areas. The Faculty of 130 was a mini United Nations, with representatives from the United States, Canada, Brazil, Argentina, United Kingdom, Ireland, Sweden, Denmark, Norway, The Netherlands, Belgium, France, Portugal, Germany, Austria, Italy, Portugal, Poland, Estonia, Romania, Russia, Ukraine, Georgia, Israel, Yemen, South Africa, India, Japan, Hong Kong, Korea, Australia, and the Philippines. Presentations, workshops and poster sessions covered a wide array of topics, including methods for evaluating and measuring job stress, the intrinsic stresses of specific occupations, special problems associated with executive and managerial stress, how to develop and

deliver effective stress management training programs, the growing responsibility of organizations in this regard, escalating legal implications of job stress, and adverse effects on health, quality of workplace life, productivity, and bottom line earnings. Experiences reported from all over the globe were surprisingly congruent in their conclusions.

The recipient of the first Edmund Jacobson award was Dr. Joseph McGuigan, a past president of ISMA, member of The Board of Directors, and Editor of the *International Journal of Stress Management*, the official journal of ISMA. A long time friend and associate of Dr. Jacobson, Dr. McGuigan also delivered the Edmund Jacobson Memorial Lecture. This traced the development of Jacobson's technique for progressive muscular relaxation, its physiologic underpinnings, and Dr. McGuigan particularly illustrated its relevance and applications for preventing and alleviating many of the complaints associated with contemporary job stress.

The fourth day of the Conference consisted of a special Program, presided over by Professor Charles de Wolff, entitled "Managing Health and Productivity". This featured presentations from the Secretary of State of the Ministry of Social Affairs and Employment, of The Netherlands, as well as Professors Lennart Levi and Paul J. Rosch, both of whom are honorary vice presidents of ISMA. The program was

(Continued on page 2)

ALSO INCLUDED IN THIS ISSUE

Criticisms Concerning Hostility And Heart Attacks.....	2
Stress And Suicide In Children.....	2
Stopping Suicides.....	3
Most People Over 40 Are Unprepared For Their "Second Middle Age".....	3
Reversing Coronary Risk.....	4
Can Stressful Thoughts Or Feelings Kill?.....	5
"Trans" Fat Troubles.....	6
New Tests For Alzheimer's.....	7
From Stress to Strength.....	Book Review - last page

The NEWSLETTER OF THE AMERICAN INSTITUTE OF STRESS is published monthly. Annual subscription rate \$35.00 (U.S.), \$45.00 (Foreign). Copyright© 1995 by The American Institute of Stress, 124 Park Ave., Yonkers, N.Y. 10703. 1-800-24-RELAX. All rights reserved.

The Newsletter of
**THE AMERICAN INSTITUTE OF
 STRESS**

Paul J. Rosch, M.D., F.A.C.P.
 Editor-in-Chief

**Contributing Editors from The Board of Trustees of
 The American Institute of Stress**

Robert Ader, Ph.D., Rochester, NY
 Herbert Benson, M.D., Boston, MA
 Michael E. DeBakey, M.D., Houston, TX
 Joel Elkes, M.D., Louisville, KY
 Bob Hope, Palm Springs, CA
 John Laragh, M.D., New York, NY
 James J. Lynch, Ph.D., Baltimore, MD
 Kenneth R. Pelletier, Ph.D., M.D., Berkeley, CA
 Ray H. Rosenman, M.D., San Francisco, CA
 Charles F. Stroebel, Ph.D., M.D., Hartford, CT
 Alvin Toffler, New York, NY
 Sue Thomas, RN, Ph.D., Baltimore, MD

(Continued from page 1)

enthusiastically received, and for those unable to attend, the series of keynote speeches will appear in a forthcoming volume. Other presentations will be considered for publication in the *International Journal of Stress Management*. The Sixth International Conference on Stress Management (ISMA-6), "Stress and Health", will be held in Sydney Australia, October 5-8, 1996, under the aegis of Dr. Dianna T. Kenny, of the University of Sydney, and promises to be an equally enlightening experience, both professionally and socially. The American Institute of Stress will be a co-sponsor of this event, and would be happy to provide further details to any readers interested in attending or participating.

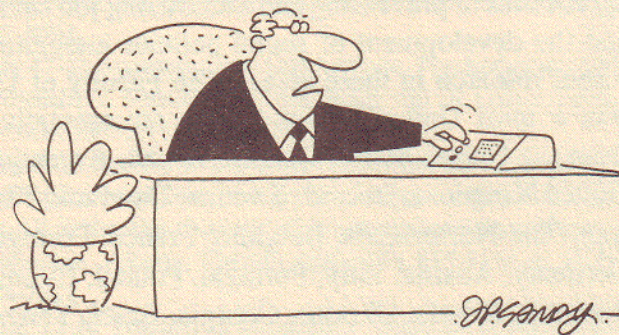
Criticisms Concerning Hostility And Heart Attacks

A variety of recent reports claim that increased hostility is the most important component of the Type A Behavior pattern with respect to its link with heart attacks. Critics point out that the Cook-Medley scale, a self report questionnaire most often utilized, doesn't really measure hostility, which is an overt behavior, and was not designed for this

purpose. Furthermore, higher scores correlate best with all cause mortality, rather than coronary heart disease specifically.

There is abundant anecdotal evidence to support the notion that aggressiveness and anger are associated with increased mortality, as noted in the Bible's assertion that "envy and wrath shorten the life". However, although aggression and anger have been prevalent emotions throughout history, coronary heart disease was quite uncommon until the 20th century. It is also significant that the recent decline in cardiovascular mortality has hardly been associated with any diminution in aggressive, competitive behaviors or other aspects of hostility. Further clarification of these intriguing relationships may require more precise measurement techniques that overcome some of the surrounding semantic confusion.

Lancet-June, 1994



"Sorenson, get in here and squirm."

Stress And Suicide In Children

Suicides in children aged 10-14 increased 120% between 1980 and 1992, according to a recent Centers for Disease Control report. Approximately 2 per 100,000 in that age group committed suicide in 1992, the last year for which complete data are available. Increases were also found in older teens. The greatest increase was in 15-19 year old black males, up 126% compared to 22% for whites. According to one official, the major causes appear to be growing substance abuse, exposure to violence, family problems, and severe stress in school. Other studies reveal that attempted suicides have really not increased, suggesting that "more lethal means"

(Continued on page 3)

(Continued from page 2)

are being used. This is supported by the observation that 57% of younger children and more than 2 out of 3 of older teens used guns to kill themselves in 1992, representing a rise from 1980 figures. Hanging was the next most common method.

A physician from the American Association of Suicidology in Washington, D.C. pointed out that "Kids frequently will communicate their being in trouble in one way or another, but too often these signs are minimized, ignored or denied." Some of the early warning danger signs to look out for are changes in sleeping and eating patterns, a sudden change in behavior, depression, and particularly, talking about death and suicide. Some authorities have expressed concern that suicidal trends will increase further over the next decade.

USA Today-4/21/95

Palm Beach Post-4/30/95

Stopping Suicides

Suicide is the 8th leading cause of death in the United States. It is most apt to occur in severely depressed individuals, and while there may be some hereditary predisposition, no gene has ever been isolated that appears to be responsible. However, depression does seem to be associated with low levels of serotonin, a brain neurotransmitter which has strong effects on mood and behaviors such as impulsiveness. Most new anti-depressants, like Prozac, act by increasing brain levels of serotonin, and may also be effective in obsessive-compulsive disorder.

Obviously, everyone who is depressed does not attempt suicide, nor does a low serotonin level necessarily lead to self destruction. Neuroscientists believe that suicides are most apt to occur when there are serotonin deficits in specific locations in the brain. In particular, they have now zeroed in on the orbital cortex, a section of white matter just above the eyes, which appears to modulate sudden impulses. Autopsy findings in 20 suicide victims revealed that in all but one, there was a severe deficiency of serotonin in this particular area. Extensive studies on individuals who have survived

suicide attempts reveal that serotonin levels fluctuate, and deficiencies become progressively more severe in the weeks just prior to the act. It is possible that genetic factors could predispose towards this, but as a senior researcher noted, "having the biochemical deficiency alone is not enough to make you commit suicide, stress alone is not enough, but if you have the preexisting condition and then you pile on a major depression or a substance abuse problem, then the chances go up".

Half of all people who commit suicide visit their doctor in the month prior to their death. Usually, nothing abnormal can be found, there may be no indication of impending self destruction, and no specific treatment is prescribed. In the future, physicians may be able to utilize a blood test that measures the body's ability to manufacture serotonin to identify individuals at increased risk for suicide. There is also the possibility that low serotonin levels could predict a tendency towards violent behavior against others, or to identify children with aggressive behaviors who will be more prone to antisocial acts in later life. New brain wave analysis enhancements also offer promise in detecting obsessive-compulsive behavior disorder and certain forms of depression based on characteristic patterns not evident with conventional approaches. In addition, sophisticated computerized analysis may be able to identify those individuals most likely to respond to specific medications. Although these advanced testing techniques will not solve the suicide crisis, they can save lives by helping doctors to verify their suspicions in a scientific fashion.

Time-November 28, 1994

Biological Psychiatry-March, 1994

Most People Over 40 Are Unprepared For Their "Second Middle Age"

At the turn of the century, a man's life was divided into three periods of two decades each: youth, 1-20; middle age, 21-40; and 41 till death. Since then, the average American male's life expectancy has increased to 72 years. One fitness

(Continued on page 4)

(Continued from page 3)

expert believes that "a man celebrating his 60th birthday today should be preparing for another 2 or 3 decades into creative adulthood". Unused muscles shrink about 10% with each decade, and there is a progressive increase in body fat. Unfortunately, couch potatoes in their 40's have often become so entrenched in their poor exercise, dietary and other lifestyle habits, that there is little likelihood or incentive to change. Many think that it's too late to derive any benefits, or can't find the time for regular workout regimens. However, some macho middle agers, who were athletic when they were younger, may vigorously resume or embark on physical activities that are much too strenuous, and can do more harm than good.

For those over 40 who are out of shape, the most sensible way to get back on track is to start on a program of regular, brisk walks. They should be advised to gradually increase the distance covered, and/or speed of their stride, before beginning to jog or undertake more intensive aerobic activities. Following a low fat, low calorie diet is also helpful in keeping weight down. Regular exercise and attention to diet helps develop a lean, muscular body, and contributes not only to longevity, but an improved quality of life. Numerous studies suggest that it's never too late to start. As the author of a women's fitness book commented, "people think we get fat and out of shape because we get old, but really, we get old because we get fat and out of shape". This is consistent with current views on aging, which suggest that most manifestations are due to free radical induced oxidative stress. We are much more likely to "rust out" than "wear out".

PR Newswire-12/20/94

HeadsUp-12/20/94

In a man's middle years, there is scarcely a part of the body he would hesitate to turn over to the proper authorities.

E.B. White

.....
Men, like peaches and pears, grow sweet a little while before they begin to decay.

Oliver Wendell Holmes, Sr.

Reversing Coronary Risk

Although elevated cholesterol is clearly linked to higher heart attack rates, there has been considerable controversy about the indications and efficacy of cholesterol lowering drugs. There is little doubt that aggressive treatment should be pursued in individuals with levels of 300 or more, but many question the value of vigorous treatment in those with more modest elevations. Studies suggest that elevated cholesterol is not a risk factor in senior citizens, and that drugs do little but cause undesirable side effects. Similarly, there are questions about the propriety of prescribing cholesterol lowering drugs in very young children, since cholesterol is a basic building block for hormones and other vital steroid compounds. Some drug trials have shown that although there may be a reduction in coronary deaths, there is no lowering of overall mortality rates, and a possible increase in deaths due to suicides and violent behavior. In addition, both animal and human studies have shown that while many such medications may lower blood cholesterol, there is no concomitant reduction in the development of atherosclerosis.

Some of these concerns seem to have been satisfied in separate Scandinavian studies using two of the newer cholesterol lowering drugs. In the first report, there was clear evidence that simvastatin (Zocor) not only lowered cholesterol, but dramatically reduced deaths due to coronary heart disease, as well as other common causes. The need to reopen blocked vessels by surgical procedures was cut by more than a third. In the second study, the development of atherosclerosis was 50% less after three years of treatment with pravastatin (Pravachol). When the statistics were combined with previous pravastatin trials, there appeared to be a total of 62% reduction in heart attacks. These medications, like lovastatin (Mevacor) and fluvastatin (Leschol), interfere with an enzyme needed by the liver to manufacture cholesterol, and particularly LDL or "bad" cholesterol. Pharmaceutical companies previously could claim only that these drugs lowered cholesterol, and will now probably petition the

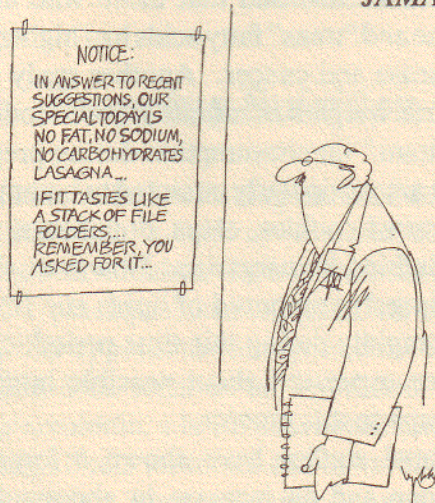
(Continued on page 5)

(Continued from page 4)

FDA to add reducing heart attacks and the development of atherosclerosis. In addition to these agents, a recent \$22 million U.S. study of the effects of administration of estrogens to post menopausal women, revealed a significant increase in HDL (good cholesterol) after three years. This suggests that the administration of estrogens in this age group also reverse or reduce coronary risk, although long term follow-up will be necessary to confirm this.

Unfortunately, the public needs much more education about the availability of modern preventive treatment approaches. A University of Maryland survey of patients being treated for heart disease found that 78% did not understand what the term "risk factor" meant. Only 1 out of 4 had ever done anything to lower their cholesterol.

JAMA-12/7/94



Can Stressful Thoughts Or Feelings Kill?

Most cases of sudden death are due to ventricular fibrillation, thought to result from an outpouring of stress related hormones like epinephrine (adrenaline) and norepinephrine. When heart muscle is bathed in a solution containing the correct concentrations of electrolytes and nutrients, it continues to beat in a normal, regular fashion. However, if norepinephrine is sprinkled in, rhythm disturbances quickly develop, presumably because of damage to the specialized nerve tissue responsible for conducting the electrical signal. Norepinephrine and epinephrine levels rise markedly as part of

the sympathetic nervous system response to acute stress. Both in animals and humans who have died suddenly as a result of severe emotional stress, characteristic pathologic changes can be found in the heart muscle due to increased norepinephrine secretion at nerve endings. When norepinephrine is injected intravenously into laboratory animals, similar myocardial lesions can be produced. In addition to its direct damage, these hormones can also cause coronary artery spasm sufficient to significantly slow down the flow of blood to the heart muscle. If this spasm is prolonged or severe, clots can form, causing complete obstruction and further injury.

However, many of these cardiovascular effects can also be triggered by a stroke or epileptic seizure that involves a portion of the brain known as the insular cortex. If this area is stimulated for a prolonged period of time in experimental animals, blood pressure, heart rate and rhythm abnormalities increase. When stimulation is synchronized to coincide with certain phases of the heartbeat, the animals quickly die due to ventricular fibrillation. Microscopic examination of heart muscle shows changes almost identical to those seen in many patients who die following sudden cardiac arrest associated with emotional stress. Although other areas of the brain can influence heart rate and rhythm, the insular cortex has close links with brain centers that control heart rate and breathing, and in particular, those which process anger, fear, pleasure, sexual arousal, sadness, and the perception of psychological stress.

Some cardiac irritability regularly occurs in normal individuals, as evidenced by the frequent observation of premature beats on routine electrocardiograms. These usually cause no symptoms and do not represent a threat. They tend to be increased during emotional stress, following ingestion of caffeine and other stimulants, and during vigorous exercise, especially in individuals with underlying coronary artery disease. On the other hand, if such disturbances consistently occur in certain phases of the cardiac cycle, more serious and even lethal rhythm disruptions can result. This may explain why some patients who have never experienced angina or any other cardiac complaint

(Continued on page 6)

(Continued from page 5)

may die suddenly, with no evidence of acute coronary occlusion or myocardial infarction at autopsy. It is now believed that in many instances, the terminal event is ventricular fibrillation triggered by increased stimulation from the insular cortex in response to acute or sustained stress.

Accounts of "voodoo" and "bone pointing" deaths reported in primitive cultures have generally been viewed with skepticism by Western medicine. However, the great physiologist, Walter Cannon, who developed the "fight or flight" hypothesis, personally verified this phenomenon, and collected numerous examples from around the world. Cannon concluded that such "death by prescription" resulted from stress induced intense sympathetic nervous system stimulation, and a flooding of the system with adrenal hormones. While this sequence of events can undoubtedly occur as a consequence of severe, life threatening situations, more subtle stressors may invoke other mechanisms. In some instances, the real culprit may be increased insular cortex stimulation resulting from the stress of severe or chronic fear. As one leading researcher commented, "If you truly believe that you are going to die because someone told you so, then that becomes a tremendous, unresolvable stress."

Wall Street Journal-February 14, 1994

Hopkins Medical News-Fall 1993

*The mind is its own place, and in itself
Can make a Heaven of Hell, a Hell of Heaven.*

John Milton

"Trans" Fat Troubles

"Trans" fatty acids, also known as trans-fats, are fatty acids created during the partial hydrogenation of vegetable and other oils. They are found in almost all commercially made doughnuts, crackers, cookies, pastries, deep-fat fried foods, potato and corn chips, confectionery fats in frosting and candies, and especially margarine. Some delicious snack foods using unhydrogenated oils are readily available in health and natural-food stores, so it is important to read labels carefully.

"Trans" fatty acids were developed by the food processing companies during the present century, when they hydrogenated oils, so they would behave like butter or lard during baking and frying. These are shaped differently than fatty acids which are naturally present in food, and are even worse than saturated fats with respect to effects on cholesterol and lipids. They decrease "good cholesterol" "HDL" and increase "bad" cholesterol (LDL), and may contribute to cancer by magnifying the carcinogenic effects of certain chemicals, and contribute to diabetes and obesity by interfering with insulin receptors. This causes the body to manufacture more insulin to control blood sugar levels, and increases the risk for maturity onset diabetes. "Trans" fatty acids alter the size and number of fat cells as well as their fatty acid composition, which can contribute to obesity. A Harvard survey of 85,000 nurses revealed that those who ate more margarine and "trans" fatty acids had higher rates of heart disease and cancer. Another study showed lower birth weights in infants whose mothers had higher "trans" fat consumption during pregnancy. Children are particularly attracted to commercially manufactured cookies, chips, doughnuts, pastries and foods fried in margarine. However, since the brain is largely composed of lipids and fats and is growing rapidly during this time period, concerns have been expressed about possible interference and damage to this process.

Animal studies have shown a lowering of testosterone and an increase in abnormal sperm cells, as well as adverse effects on both T-cells and B-cells that are important in maintaining the integrity of the immune system. Altering foods in other ways may also lead to unanticipated long term problems, including refined sugar, food additives and chemical flavorings, colorings and preservatives, as well as herbicide and pesticide residues. Entrenched commercial interests have spent large sums to suppress or counter many of these claims. In one interesting anecdotal observation, it was reported that when foods were put out on window ledges for birds during the cold winter months, they ate those with butter, tallow or lard, but never margarine, even in the worst weather.

Nutrition and Healing-February 1995

New Tests For Alzheimer's

When Ronald Reagan first developed symptoms suggestive of Alzheimer's disease, he underwent a series of extensive physical and psychological tests. Although they confirmed he did not have a brain tumor, it took more than a year for physicians to make a diagnosis. The cause of Alzheimer's disease is not known, but it shares some similarities with Down's syndrome, another degenerative disorder with physical and functional disabilities, and mental retardation. Virtually all such individuals who live past the age of 35 exhibit neurological findings and brain lesions identical to those seen in Alzheimer's disease. Researchers had previously reported that Down's syndrome sufferers are very sensitive to drugs such as tropicamide, which are used to dilate the pupils of the eye in ophthalmological examination. A recent report suggests that this phenomenon also occurs in Alzheimer's disease, and may be a useful test to confirm early diagnosis.

Researchers administered a very weak solution of tropicamide eye drops to approximately 60 people with an average age of 72, including some who had been diagnosed as having this disorder. The pupils of healthy subjects dilated only 4%, while those with Alzheimer's disease opened more than 3 times as much. One apparently normal individual who did exhibit increased dilatation, remained well until 9 months later, when there was a dramatic deterioration in his memory. It would seem likely that the diagnostic accuracy of this procedure may be increased by using other agents, varying their potency, and improving ways to record the onset, duration, and degree of dilatation.

In other research, British investigators have developed a diagnostic test for Alzheimer's based on the combined use of X-ray computed tomography (CT) and single photon emission computed tomography (SPECT) of the brain. CT detects physical changes, while SPECT can spot metabolic and functional alterations in parts of the brain that are particularly affected in Alzheimer's disease. In this study, 150 subjects, some healthy, and some with various degrees of dementia, were subjected to

both procedures once a year over a five year period, or until their deaths. Based on available autopsy findings, the two tests in combination correctly identified 90% of cases, some of whom were only in the very early stages. False positive diagnoses were rare. New genetic tests also offer promise. Currently, a definitive diagnosis of Alzheimer's can only be made on the basis of autopsy findings. While some might argue that there is little benefit in trying to detect a disorder for which there is currently no cure or even beneficial treatment, the ability to make an early diagnosis could be valuable for several reasons.

At least 25% of all people who are told they have Alzheimer's actually suffer from depression, or some other problem which will respond to proper treatment. In addition, several drugs are being tested that may slow the mental deterioration, and an accurate diagnostic test might be useful in demonstrating their efficacy. Understanding why diagnostic tests work might provide a clue as to the cause or causes of the disorder. Increased exposure to aluminum and other metals have been implicated, and some cases may be related to a deficiency or abnormality in a protein known as apolipoprotein E (Apo E), which normally shields nerve cells from deterioration. Scientists are trying to develop drugs that may mimic the protective effect of Apo E, and other chemicals called catechols, that reduce inflammatory responses in the brain. Administering estrogens to post menopausal Alzheimer's patients also appears to slow down the rate of brain cell degeneration. The disease affects one in twelve Americans over the age of 65, and a third of those over 80. In addition to its toll on the health of afflicted individuals and family members who are care givers, its costs exceed 83 billion dollars a year, as assessed by medical expenses and lost productivity. It is anticipated that 14 million Americans will have Alzheimer's by the middle of the next century.

Science-11/11/94, Science-12/16/94

*Newsweek, Time, U.S. News and
World Report-11/21/94*

Growing old is no more than a bad habit, which a busy man has no time to form.

Andre Maurois

Book Reviews • Meetings and Items of Interest

Book Review

***From Stress to Strength*, R.S. Eliot, Bantam, New York, 1994, 267 pages, \$22.95**

This volume is a sequel to the author's best seller, *"Is It Worth Dying For?"*, and is written in the same entertaining, and easy to understand style. Its purpose is to educate the reader about the harmful consequences of stress, how to recognize early warning signs of impending problems, and to provide useful advice on how to prevent them. All these goals are achieved in a comprehensive and appealing fashion, and with the authority of an expert with thirty years of research in this area of cardiology. Complex physiological reactions are made readily comprehensible by providing simple, attractive analogies, particularly with respect to the effects of stress on the cardiovascular system. In addition, there are compelling case histories based on extensive personal experience, as well as those of colleagues, which vividly illustrate the clinical consequences of emotional stress. At the heart of this, is the author's contention that exaggerated or inappropriate cardiovascular responses to stressful stimuli are the major culprit. Individuals who react in this fashion are labeled as "hot reactors". While some may be readily recognizable flaming Type A's, others who appear calm and cool on the outside, may still be experiencing the same or greater physiologic upheavals internally.

For years, scientists have debated the significance of exaggerated increases in blood pressure or heart rate in response to mental stressors, or even the conventional cold pressor test. While it was hoped that such procedures might predict individuals at risk for subsequent sustained hypertension, stroke, or heart attack, critics believe that in most instances, this merely represents an exaggeration of a normal physiologic response, with little prognostic significance per se. The author contends that an improved approach he has developed, which permits simultaneous evaluation of cardiac output and peripheral resistance, does identify "hot reactors" at risk, and provides persuasive case histories to support this.

In addition to the stimulating discussions of how to recognize and deal with stress, this volume is full of practical

information about nutrition, exercise, time management, setting priorities, and how to achieve a healthier and more gratifying lifestyle. It also correctly debunks many popular misconceptions about the treatment of hypertension, and the progressive rewards of pursuing exercise in as vigorous a fashion as possible. While this pithy offering will be of particular interest to those with existing or potential cardiovascular problems, it can be highly recommended to anyone interested in improving their overall quality of life.

Meetings and Items of Interest

June 23-26 ISSSEEM Fifth Annual Conference, "Integrating the Science and Art of Energy Medicine, Boulder, CO, call (303) 278-2228

July 3-7 Sixteenth Cape Cod Institute, Behavioral Medicine Applications, Speakers: H. Benson, A. Domar and A. Webster, call Dr. Gilbert Levin for more info at (718) 430-2307

July 15-21 20th Annual National Wellness Conference, The Theory, Practice, Spirit, and Connection of Wellness, University of Wisconsin-Stevens Point, Stevens Point, WI, call (800) 243-8694

July 17-21 Sixteenth Cape Cod Institute, Psychotherapy and Spirituality 6, Speakers: Agosin Group, call Dr. Gilbert Levin for more info at (718) 430-2307

Aug. 8-12 The 3rd World Congress of Medical Acupuncture and Natural Medicine, "Integrated Complementary Medicine for All in the 21st Century", Edmonton Convention Centre, Edmonton, Alberta, Canada, call (800) 815-1116 or (403) 424-2231

Aug. 12-16 Training in Mind Body Medicine & Ayurveda, Deepak Chopra, M.D. and David Simon, M.D., Boston, MA, call (800) 757-8897

Aug. 21-25 Sixteenth Cape Cod Institute, Sound Mind, Sound Body, Speaker: Dr. K. Pelletier, call Dr. Gilbert Levin for more info at (718) 430-2307

ISSN # 1047-2517

The Newsletter of
**THE AMERICAN INSTITUTE OF
STRESS**

124 Park Ave., Yonkers, New York 10703

Non-Profit Organization
U.S. Postage
PAID
Yonkers, NY
Permit No. 400