



The (pain) killer in your medicine cabinet

For safe and effective pain relief, don't look to drug manufacturers... look to nature

Pain may be a part of life, but lucky for us, pain relief is a part of nature. Which is why a natural approach should reign supreme.

For as long as humans have existed, they've experienced pain...and turned to plants for relief. Which is only natural. After all, plants pre-dated animals—dinosaurs and humans alike. This is why animals are “pre-adapted” to use plants as a source of nutrition and medicine.

And through the millennia, the plants we've turned to are those that either reduce inflammation, or pain sensations. These sensations are felt by the nerves and perceived by the brain and central nervous system.

Plants pack a powerful punch

The most powerful pain relievers of all come from the opium poppy (*Papaver somniferum*). The poppy contains morphine and related plant alkaloids. These plant chemicals deaden the brain and the central nervous system's perception of pain, and makes the patient indifferent to pain sensations.

Other plant chemicals such as cocaine (from the coca plant) are used as local anesthetics. These include related drugs procaine and novocaine. Cocaine was once used routinely as a local anesthetic for ear, nose and throat surgery. It even appeared in popular beverages and tonics for a quick “pick-me-up” during the 19th century.

Indeed cocaine can affect the body in many ways. Native Americans of the Andes chew the coca leaf to help digest complex carbohydrates, for energy. And probably to even help thin the blood. The blood can become thick and “sludgy” at their high altitude.

In comes the strong arm of the law

Of course morphine and the opiates (such as the synthetic opiate diacetylmorphine, or heroin), as well as cocaine, are all either illegal or highly regulated as controlled substances by the federal Drug Enforcement Administration (DEA).

And in case you didn't know, the power of the DEA far exceeds that of the Food and Drug Administration (FDA). And thanks to the government's ineffective “war on drugs,” many physicians are outright restricted from prescribing the most effective drugs in many cases. Or, are intimidated by the DEA and afraid to prescribe what actually works. And laws on prescription narcotic pain relievers just keep getting tougher. (See the premier issue of *Insiders' Cures* and back issues of my *Daily Dispatches* for more on the ineffective “war on drugs”—all searchable online at drmicozzi.com.)

In the meantime, an over-the-counter pain reliever—one that I can almost guarantee is in your medicine cabinet—has long been proven to cause liver failure. But it still gets the

green light from the government!?! I'll explain more on that shortly. But first...

Is inflammation the cause

Narcotics work by interfering with pain signals and perception. But many pain relievers work by controlling or reducing inflammation. Redness, heat and swelling are the cardinal signs of inflammation. But what causes these symptoms in the first place?

When a tissue, body cavity or joint space is inflamed, blood flow increases, fluids accumulate, swelling occurs, and immune cells rush into the area. The immune cells release histamines, enzymes and other biochemicals. All these effects aggravate sensitive pain fibers. These fibers send signals through the spinal cord to the brain...indicating all is not well. Those signals are discomfort, irritation and pain.

Steering away from steroids

The most potent (and dangerous)

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anti-inflammatory agents are corticosteroids. But here's something you may not realize—steroid hormones are actually produced naturally by the body.

The center of the adrenal gland produces the “fight or flight” hormone adrenalin, or epinephrine. While the outer core produces steroid hormones.

The steroid hormones have a wide range of important physiologic effects. Including causing growth and “body-building,” reacting to stress, balancing fluids and electrolytes, playing a part in reproductive and other metabolic functions, as well as influencing inflammation and pain.

Problems can arise, however, when steroids are used as drugs. They can be given as injections directly into painful areas, applied topically to irritated skin or taken internally as prescription medication. And while they may work, steroid medications have serious side effects.

Steroid drugs circulating in the blood stop the normal metabolic production of steroid hormones. This means that when the course of drug treatment is finished, the patient must be slowly weaned off—cutting back on the dose a little each day to give the body a chance to restore normal metabolic function. Otherwise the consequences are dangerous...even deadly.

So you can probably see why I advise avoiding steroids if at all possible.

Take two of these and call the doctor in the morning (for a liver transplant)

Fortunately, there are some over-the-counter drug and herbal remedies that are effective—and *safe*—anti-inflammatory agents. But you may be surprised to learn that Tylenol (acetaminophen) is not among them.

Also known as paracetamol,

acetaminophen was originally an industrial chemical developed in Germany. Since then, it has caused more pain than it has cured. In fact, it has become the leading cause of acute liver failure in the United States.

Tylenol was actually one of the first drugs for which we developed protocols to monitor therapeutic and toxic blood levels when I worked with a technical team at McDonnell Douglas (now Boeing) on instrumentation from the manned space program.

Our job was to adapt analytical technology from the NASA space exploration program to everyday clinical use. We were also looking at other potent and potentially dangerous drugs, like anticonvulsants, amphetamines, barbiturates and psychoactive drugs. That's right: All of these dangerous toxic potential killers were treated in the same category as a common household pain-reliever.

I have known otherwise intelligent people who kept taking more and more Tylenol until their knee pain went away...just so they could keep their appointments to play handball or basketball. They may have won the match, but at what cost? I guarantee you they won't be thinking about those victories when they're diagnosed with liver failure.

Don't get a headache over aspirin

Aspirin has seen its share of controversy. But it still has its merits when used appropriately.

This remarkable product of nature (acetyl salicylic acid) originally came from the white willow tree (*Salix alba*). It was well known to Native Americans. They used it to reduce fevers among other things. Salicylates are prominent in nature, also occurring in wintergreen. They are also used in many digestive aids

and in topical pain relievers.

Aspirin is indeed the “granddaddy” of all over-the-counter pain relievers. It was grandfathered into approved use by the FDA, since it was already in common use before the FDA was created in 1906.

But some argue that the gastrointestinal irritation and bleeding it causes (it is an acid, after all) would prevent it from being approved by the FDA today.

Taken in low doses long-term, aspirin has been found to lower the risk of heart disease (perhaps by inhibiting blood clots). And recent research shows it lowers the risk of cancer (see my August 21, 2012 *Daily Dispatch*).

People who are taking blood thinners or who have a certain type of age-related macular degeneration (of the eye) should consult with their doctors before taking aspirin (or other pain relievers).

Avoid “sugar” coating

There’s another debate surrounding aspirin related to a commonly used coating on the tablets. This is done to theoretically protect the stomach. However, some question whether or not these coatings make a difference. And they may in fact obscure the benefits, leading doctors to prescribe more expensive prescription drugs. This is according to a recent study published in the journal *Circulation*.¹

The conclusion about coated aspirin was only one finding in the study. The main goal was to test the hotly disputed idea that aspirin does not really help prevent heart attacks or stroke in some people.

For more than a decade, cardiologists and drug researchers have speculated that anywhere from 5 to 40 percent of the population is “aspirin resistant.” But some

prominent doctors say drug makers with a commercial interest in disproving aspirin’s benefits have exaggerated the prevalence of aspirin resistance.

In fact, the new study did not find a single case of true aspirin resistance among the 400 healthy people who were examined. They claim the coating on aspirin interfered with the way that the drug entered the body, making it appear that the drug was not working.

The study was partly financed by Bayer, the world’s largest manufacturer of brand-name aspirin, much of which is coated.

And, aside from whether coating aspirin conceals its heart benefits in some people, there is little evidence that it protects the stomach better than uncoated aspirin.

A rare modern therapeutic breakthrough

I had the opportunity to witness the development of a true breakthrough pain reliever when ibuprofen (Motrin) came on the market while I was still in training.

Many patients with a variety of conditions from arthritis to menstrual pains who could never find relief suddenly were swearing by Ibuprofen.

Initially, it was available only by prescription in 800 mg tablets, but later the generic form (Advil) became available in 200 mg tablets.

Ibuprofen is one of the original “non-steroidal anti-inflammatory agents” or NSAIDs. This approach to pain relief did represent a rare, therapeutic breakthrough. It provided pain relief with something other than aspirin. And without having to resort to potent and metabolically disruptive steroids. (Of course, effective narcotic pain relievers were already off the list due to government political agendas.)

Then, in the late 1990s and early 2000s, “cox-2” inhibitors became the new pain relievers *du jour*. They work by preventing formation of certain prostaglandin hormones (originally discovered in the prostate gland) that cause pain. There was a rush to market these new drugs, but their side effects have been so intense that one of them—Vioxx—was quickly taken off the market in 2004 because of its toxic effects on the heart.

So, in short, Ibuprofen is the only over-the-counter (OTC) pain reliever I would recommend, in addition to aspirin. Though, you may need to take the full 800 mg dose, since the OTC 200 mg dose may not be effective. I would steer clear of ALL other OTC pain relievers. And if aspirin and Ibuprofen don’t work, you need to talk to your doctor about other options, including natural approaches.

Effective natural remedies

Luckily there are a number of safe, effective anti-inflammatory compounds that appear to function as natural cox-2 inhibitors but without the dangers.

- **Curcumin** (*Curcuma longa*), or turmeric, is the spice that gives curry its bright yellow color. It is also an ancient Ayurvedic remedy that appears effective at a dose of 200 mg per day.
- **Omega-3 fatty acids** also appear to be cox-2 inhibitors and can reduce pain and inflammation, while providing a host of other health benefits.
- **Capsaicin**, an active ingredient in hot peppers, is also an effective pain reliever. It is generally used in topical creams and ointments. But it is also taken orally, including as a staple of several

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traditional cuisines worldwide.

- **Resveratrol** also appears to have these activities. It is a prominent constituent of red wine, among other natural sources. The moderate levels of alcohol in wine, of course, are also well known as an effective pain reliever.
- A traditional Chinese herbal remedy known as **Thunder God vine** also appears effective.
- A number of **flavonoids** and **phenolic** compounds, which are prominent components of many fruits and vegetables, are also being investigated for these effects.
- **Boswellia** (the ancient fragrant incense known as frankincense) is another traditional Ayurvedic remedy with potent anti-inflammatory and pain-relieving effects (400–500 mg per day).
- Winter cherry (*Withania somnifera*, 500 mg per day), also known as **Ashwaganda root**, is another

Ayurvedic remedy with potent anti-inflammatory and pain-relieving effects. It is also considered an “adaptogen” like Chinese ginseng, or South African *Sutherlandia frutescens*.

There are also many specific herbal remedies for headache (such as butterbur and feverfew), which affects the majority of Americans either acutely or chronically. Some have now been recognized by the American Academy of Neurology, as we have described in recent *Daily Dispatches*.

Beyond oral pain-relievers


Since pain has its origins in the body, many therapies that work directly on the body, or through “mind-body,” are also very effective for pain. For example, spinal manual therapy is the most effective and cost-effective remedy for back pain, which is the most common cause of pain and disability in working Americans.

Look to the article on irritable

bowel syndrome in this issue for a discussion of several other mind-body therapies. But before you choose one that’s right for you, take my quiz at drmicozzi.com to find out which one is best suited.

In my book on the topic, *Your Emotional Type*, I go into even greater detail to help you find the best approach to start living pain-free—while reversing a number of other ailments as well.

The good news

As I’ve described, nature has provided us with countless ways to reduce inflammation and control pain. So there’s no reason at all you should need to turn to the dangerous pain killers on pharmacy shelves. And remember: Pain is a signal that something is wrong in the body. So rather than masking it, pay attention to the pain and allow time for your body to heal. 

Citations available online at www.DrMicozzi.com

The drug-free way to put an end to irritable bowel

To know the end of digestive distress, you first have to know yourself

Inflammatory bowel disease (IBD) is becoming more commonly known each day. Which is good, because it can be a debilitating problem. So the more people know about it and talk about it, the more comfortable sufferers will be to seek help.

However, it’s critical to choose the right kind of help. And it’s not just people with diagnosed IBD (a.k.a. Crohn’s disease and colitis) who need to be concerned about it. Irritable bowel syndrome (IBS), with related symptoms that afflict up to 15% of the U.S. population, may be a warning sign that IBD is coming for those who don’t make a change.

IBS is a prime example of how

the mind and body are connected.

It’s no surprise that the people who experience it and the chronic gastrointestinal pain or discomfort it involves often have a history of childhood trauma such as physical or sexual abuse, parental divorce, major illness or accident, or death of a loved one. It’s the body’s expression of the mind’s suffering.

IBS also runs in families, so biomedical scientists are quick to claim some kind of genetic basis—but lifestyle factors run in families just as much as genes do.

How thin are your boundaries?

Tufts University professor Ernest Hartmann developed a “boundary

concept” to explain differences in personality type. He found that people have differing levels of boundaries, ranging from thick to thin. Thin-boundary people tend to be more artistic, more connected with their dreams, and more likely to see themselves “merge” in their relationships with others. Thick-boundary people see clear divides between themselves and others and tend to see the world in black-and-white.

My colleague Michael A. Jawer and I suspected that this boundary concept could explain some mysteries of physical health, and we were right. In our book *Your Emotional Type*, we

demonstrate that people with thin boundaries are more susceptible to a dozen illnesses with mind-body components—including IBS.

A common denominator among these ailments? Low serotonin levels. Serotonin is a key neurotransmitter found in the brain—but 95 percent is found in the neuroendocrine tissue of the gut. (Ever wonder why we have “gut feelings,” and feel like we’ve been “punched in the gut” when we get bad news? It’s likely related to these neurochemicals—chemicals that relate to thoughts and feelings—that are actually present in the gut.)

A mind-body solution for a mind-body problem

If you have IBS, chances are you are a thin boundary type. Find out your boundary type at www.drmicozzi.com.) Since the mind is clearly a critical part of what happens in this syndrome, your best bet for treating it is using a mind-body therapy that is most effective for your type.

Hypnosis is perfectly suited for

people with thin boundaries. (See the premier issue of *Insiders' Cures*.) Biofeedback is another safe and effective technique for thin-boundary types. And acupuncture can be a powerhouse across the board—even for many people who have had no luck with other therapies.

“It’s not a question of if you should use these alternative and complementary therapies...It’s a question of using them correctly.”

— Joyce Frye, DO

When the syndrome becomes a disease

If IBS progress to an inflammatory bowel disease like Crohn’s, treatment is a lifelong process. For many sufferers, conventional treatments offer little relief. Experts recommend complementary and alternative medicine (CAM) approaches, even

beyond the mind-body disorder of IBS, as a powerful treatment for IBD.

My colleague, Joyce Frye, DO, who has contributed several chapters to my medical textbooks over the years and is now associated with the Center for Integrative Medicine at the University of Maryland School of Medicine, was recently interviewed on this topic. “It’s not a question of if you should use these alternative and complementary therapies,” she emphasizes. “It’s a question of using them correctly.”

Another reason I urge you to find the CAM therapies that are proven to work for *you*—based on your individual type.

According to Dr. Frye, “The first goal is to treat the underlying imbalance that has caused a problem, so we can allow the body to heal itself. The second goal is to provide symptom relief in the meantime.”

One of the best things about CAM therapies is that they are safe and unlikely to interfere with your

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Potty mouth for the lowest common denominator

In Washington, DC, organizations like the National Health Council seem to exist to make sure that every disease gets equal attention from the media, taxpayer funding from Congress, and private donations from the citizens. So much so that Congressional staff refer to these groups as proponents of the “disease of the month” club. They have all become part of the apparatus of the permanent government-nonprofit bureaucracy that keeps tax dollars flowing to the medical status quo—without finding real causes and real cures.

There are so many now that we are beginning to run out of space on the calendar...and colors on the rainbow for the different ribbons. But a new campaign from the Crohn’s and Colitis Foundation of America shows just how far (and where) some are willing to go to gain notice and notoriety.

A new IBD campaign shows a closed bathroom stall, with the gap below the door revealing enormous clown shoes worn by the occupant. The message? “I.B.D. is no laughing matter. If you have inflammatory bowel disease (I.B.D.), life can feel like a three-ring circus.”

Moving down the bathroom row, other stall-door ads show a view up to the shins of a woman in a wedding gown (“I.B.D. gave her a day she’ll never forget”).

The foundation hopes that by raising awareness it would help others understand that friends and relatives might be too embarrassed to disclose their condition.

Since this is all part of the competition among the Washington-New York disease-of-the-month crowd, it is unlikely to yield any real breakthrough findings in IBD. All the messages are devoid of any of the new insights into the true nature of this serious problem. And the people running the campaign seem more set on shock value—and raising money—than on sharing useful health information.

conventional medical treatment.

What's more, they can actually help you to replace essential vitamins and minerals your body is losing because of the disease. (See "Nutritional help for digestive disorders" sidebar below.)

Here's a closer look at some of the most effective mind-body remedies for bowel disorders.

Acupuncture

A recent review of studies on acupuncture and gastrointestinal diseases found acupuncture treatments to be helpful. One study in particular found that quality of life for Crohn's patients improved significantly after acupuncture treatments.

Mind/body techniques


Meditation, guided relaxation, yoga, and tai chi do not treat Crohn's disease directly, but they *do* reduce stress—and stress is known to trigger flare-ups and worsen symptoms. (If you choose the technique best suited to your emotional type, you may have even better luck.)

Hypnosis

According to a review by the University of Maryland Medical Center in Baltimore, hypnosis may help the functioning of the body's immune system and also give you the expected relaxation benefits of other mind/body practices, such as **easing stress and anxiety**. (*We've already tried to clue in the*

University of Maryland as to the real reason for success—matching the specificity of hypnosis for a thin boundary condition—but they still have not caught on. As a reader of Insider's Cures, you'll learn of these connections even before the best-known academic CAM centers.)

Massage

Although it has no clear effect on Crohn's disease, massage is a popular stress reducer. If you experience the relaxation that comes from massage, ask your doctor for specific guidelines based on your medical condition, including whether the massage therapist should completely avoid your abdomen and how light or deep the massage should be. 

Nutritional help for digestive disorders

Dietary Fiber

Fiber, complex in any diet, is even more complex for people with Crohn's disease. Whether you should eat high-fiber foods or take fiber supplements depends on your specific condition and where you are at any given point in the disease. In some people, fiber supplements like psyllium powder (such as Metamucil) or methylcellulose (such as Citrucel) may stop mild diarrhea. On the other hand, if your Crohn's disease has caused adhesions and strictures, high-fiber foods will cause discomfort.

Probiotics

Probiotics are a type of normal bacteria that are found naturally inside our intestines and aid in digestion. According to Frye, "There is plausible rationale for why these would be helpful. If altered bacteria in the gut aren't the cause of the IBD, it certainly is an effect." Probiotics can be found in some yogurts with active cultures and other cultured foods, or they may be taken in capsule form. But make sure you are taking a truly effective probiotic supplement (as I cautioned in the January issue).

Omega-3 fatty acids are key nutrients found in fatty fish varieties, such as herring, salmon, bluefish, lake trout, and mackerel, and are available as supplements. Omega-3s have proven heart-health benefits, and they also have an anti-inflammatory effect, making them helpful in treating IBD. If you're going to supplement with fish oil, 1 to 2 grams is recommended.

Boswellia is an herb derived from the fragrant resin of a South Asian gum tree. In February I told you about its anti-inflammatory effects on joint and bone health. It's also commonly used to ease symptoms of IBD. A recent study confirmed that it can be effective in controlling inflammation caused by Crohn's disease and ulcerative colitis (400–500 mg/day).

Bromelain, an enzyme derived from pineapple, is a potent source of digestive enzymes. A recent study found evidence that bromelain might have beneficial effects in the gastro-intestinal tract for people with IBD. A good serving of fresh pineapple or pineapple juice will provide bromelain in a food matrix together with other nutrients.

Additional herbs that quell inflammation associated with Crohn's disease are slippery elm, cat's claw, and marshmallow plant (as a tea made from the herb, *Althea officinalis*).

When getting it up gets you down

The curious case of "erectile dysfunction"

If you're looking for a shining example of Big Pharma creating an illness where before there was none, just look down.

Ever since finding a "cure" for erectile dysfunction (ED), the pharmaceutical industry has convinced men across the country that there's something wrong with them (and that they need drugs to fix it). As a result, there's an "ED" and now "low-T" epidemic in this country, and the industry that created it keeps laughing their way to the bank.

The truth is, bedroom performance issues are much less prominent (and profitable) than Pfizer and friends would have you believe.

ED throughout the ages

When trying to gain new insights on natural healing, I like to look back toward ancient health traditions which usually had solutions now validated by modern medical science—and the test of time.

In India, men with performance concerns could consult the Kama Sutra and some of the (undiluted for western consumption) practices of tantric yoga (see my book, *Vital Healing*, London: Singing Dragon Press, 2011).

In China, men of the Ming Dynasty had a bevy of curious cures to choose from (usually administered by their ever-changing stable of concubines). These aphrodisiacs included a number of symbolic fruits and plants that served purely as visual aids, as well as some actual remedies. The most popular among them was a pair of red lizards (mini-dragons) caught while copulating and drowned in a

jar of wine (*bi-jiu*). This idea was apparently down-sized to the red worm (*gusano rojo*) in tequila when the Spanish explorers exported what they had seen to Mexico (although a new book by retired Royal Navy Captain Gavin Menzies makes a compelling case that the Chinese set up shop in Mexico themselves during the visits of the Ming "Treasure Ships" in 1421-23, 70 years before Columbus).

And in Africa men turned to the bark of the yohimbe tree, which is now a popular natural ED remedy.

In comes Pharma...

So as you can see, the desire to improve sexual performance is as old as sex itself. But the pharmaceutical industry, with the launch of Pfizer's "little blue pill" (a.k.a. Viagra) has convinced us that this concern is a problem of epidemical proportions.

In fact, they even enlisted the respected, retired Republican Senator Bob Dole to serve as the national spokesman and embark on a national promotional tour in the late 1990s. And this campaign persists today, making it the largest, longest direct-to-consumer drug advertising campaign in history.

"Performance" pills catch lawmakers' attention

With the sudden innovation of "direct-to-consumer" marketing of modern new drugs and patents—and the expanding customer base buying into the hype—the practice of medicine has been bombarded with such force that state medical boards are busy rewriting the rules to keep up, so to speak. As traditionally trained physicians,

from orthopedic surgeons to primary care practitioners, jump onto the ED and low-testosterone bandwagon, lawmakers are rightfully worried.

In New Jersey, Gov. Chris Christie's State Attorney General office is working with the state medical board to draft smart new guidelines for treating ED, low testosterone, and related problems. I have been invited to participate in their expert committee, and am very impressed with the balanced manner in which they are developing professional approaches to protect the consumer. They're also respecting natural and holistic alternatives, as well as the clinical judgment of legitimate private healthcare practitioners—while avoiding the hand of government from coming down too heavily on the private practice of medicine.

Part of the impetus for this effort was the fact that many government employees were clearly abusing state-sponsored health insurance, obtaining treatments for low testosterone for inappropriate reasons without proper diagnoses—all at taxpayer expense. I hope more states tackle these problems with the professionalism and foresight now being shown by the leadership in New Jersey.

The solution without a problem

Don't allow yourself to be convinced that you have a problem requiring potentially dangerous and expensive drugs and hormones. The stress of thoughts like that alone are enough to "get you down!"

Getting older is a fact of life—and generally better than the alternative.

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Don't let pharmaceutical fat cats convince you that aging is a medical condition that requires anti-aging drugs. Instead, embrace healthy aging by following the sensible guidelines provided in *Insiders' Cures*, together with regular updates on the genuine new science that comes to light.

If you do want to take a supplement to balance your testosterone levels, go with a balanced approach. For this,

let's come back to a concept I've introduced you to before: the truly revolutionary category of supplements called adaptogens.

Adaptogens, like the classic ginseng in the Chinese tradition or Ashwaganda in Indian tradition, do as the name suggests—they help your body adapt to changes. They're so powerful and can help with so many conditions that I recommend that everyone take them everyday.

A less well-known adaptogen out of South Africa, *Sutherlandia frutescens* is showing tremendous promise for its overall health and healthy aging benefits.

Any of these choices would be a better option than hopping on the little blue bandwagon. And if all else fails, take a page from ancient Indian medicine and pick up a copy of the Kama Sutra or Tantra. Your partner may thank you for it. **IC**

NEWS BRIEF

Are you drinking rooibos yet?

Another reason to start drinking this "miracle at red bush" now

I've told you before about the astonishing ability of the South African plant rooibos—or "red bush"—to tackle a problem from which almost all of us suffer: dehydration. But research shows it may also help with another epidemic in our country.

As I explained in the *Insiders' Cures* bonus report *The Miracle at Red Bush*, this plant that grows only in the Cedarburg Mountains above Capetown, South Africa, has surprised researchers across the world with its effectiveness in hydrating the body at a cellular level.

It was little-known until we started testing it in high-performance athletes, as well as weekend warriors on the golf and tennis courts...with AMAZING results.

But it isn't only athletes who need to worry about dehydration. I explained in January's *Insiders' Cures* that we're all susceptible to dehydration, even in the middle of winter. WHY? In winter, cold outdoor air does not hold moisture, and heated indoor air bakes out what moisture there is—so you can get dehydrated just breathing the air. That's one reason I suggest drinking rooibos all day every day, instead of just WATER.

Now here's another reason: New research shows green rooibos helps lower blood sugar. (Which, incidentally, will also help with dehydration—high blood sugar is one of the things that can dehydrate you by pulling excess fluid into the urine.)¹

A major flavonoid in green rooibos, called aspalathin (after the botanical name of the plant), lowered blood sugar levels in experimental models, increasing the uptake of glucose into cells. In fact, aspalathin was as effective as the potent drug metformin in laboratory mice that had been made diabetic.

Personally, I was glad to hear my old friend the diabetic rat is still helping to advance science. When I was in high school, my neighbor Dr. Richard Mahler was conducting research to develop a diabetic rat as an experimental model. Later, Dr. Mahler's colleague Dr. Patrick Mobley obtained research funding from Mrs. Ray Kroc (the wife of the founder of McDonald's) so I could conduct some experiments of my own using the diabetic rat. Mrs. Kroc was also quite generous with her own good fortune back when private philanthropy would still support a good, new idea (see *Daily Dispatch* on "Missing Philanthropists")—and everyone did not have to turn to the medical minions at NIH for every drop of medical research funding...

But back to the topic at hand...

Rooibos is not at all just another form of green tea. As a member of the legume family of plants, it has special properties and is abundant in active phytochemicals called alkaloids and flavonoids—the sources of many of nature's most potent medicines. So while rooibos has a similar antioxidant profile to regular green tea, it also has a whole lot more.

I say we raise a toast (of rooibos, of course!) to the diabetic rat...and to lower blood sugar, and to good dehydration!

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