*Special* **BREAKTHROUGH** *Edition*

DR. MICOZZI'S
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The word "breakthrough" gets thrown around a lot these days. But REAL breakthroughs are few and far between. One reason is because modern research is done by sub-specialists with very narrow vision. Today's "experts" seem to learn more and more about less and less. Unfortunately, that is what gets encouraged and rewarded in the ivory tower of modern universities and by government research grants. So these "experts" just can't see the big picture. (And it often seems the government doesn't want them to!)

But **real** breakthroughs come when we are able to piece together the many little pieces of the puzzle that typically come from different kinds of highly specialized research. Suddenly, by putting it all together, we reach a new understanding. One that explains and reconciles all the individual observations that have come in over the years of piecemeal research.

Indeed, over the past year, I have used my 35 years of experience to carefully comb through **many** different kinds of research studies, across medical and scientific sub-specialties. And a number of different kinds of studies that have been done recently have led to *not just one*—but three TRUE breakthroughs.

**These are genuine breakthroughs** in understanding three of the most important topics we've consistently covered this past year—**vitamin C, omega-3s, and vitamin D.**

Any one of these breakthroughs would be enough to fill the pages of other newsletters. And, normally, any newsletter would spread out breakthroughs like these over many months. But I just couldn't wait—and want to share it all with you now, without any delay.

So on our first anniversary, please enjoy this special **Breakthrough Edition** of *Insiders' Cures*. And I'm confident I'll be sharing more real breakthroughs like these with you in the months to come. MC

# Vitamin breakthrough for cancer targets tumors at the sources

## *New research proves it's safe and side-effect free—even at massive doses*

When the National Cancer Institute started its studies on nutrition and cancer 30 years ago, there was 10 times more evidence for the anti-cancer effects of vitamin C than for all other vitamins combined. Yet, the NCI blatantly ignored the mounds of evidence supporting it.

Instead, they followed a politically driven agenda (not a scientifically driven one). And chose to focus nutritional cancer research on beta-carotene—which had no real evidence to back it up whatsoever. This misstep set back this field of research for decades. And is still causing mischief today. (In June, a biased editorial by another medical "expert" with no background, training, or real understanding of human diet and nutrition in *The New York Times*

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*In this issue:*

**Marc S. Micozzi, M.D., Ph.D.,** is a worldwide leader in nutritional and complementary/alternative medicine. He has had a distinguished career as a researcher and physician executive at the National Institutes of Health and Walter Reed National Military Medical Center in Washington, DC, and the College of Physicians in Philadelphia PA. He has published over 30 medical and trade books, and founded and edited the first scientific journal, and the first textbook, on complementary/alternative and nutritional medicine, now going into a 5th edition (2014) and continuously in print since 1995.

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Author: Marc S. Micozzi, M.D., Ph.D.
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pointed to the old, failed beta-carotene/cancer research as a reason that "vitamins don't work.")

Meanwhile, the "experts" have wasted years issuing unfounded warnings *against* vitamin C for cancer. More on that in just a moment.

First, though, I'm tremendously excited to tell you that, despite the best efforts of the Medical Mandarins at the National Institutes of Health, research on vitamin C and cancer HAS continued…And the results of several new studies have allowed me to bring a lot of thinking and observations from the past 35 years together. Into a rare—but very real—honest-to-goodness cancer breakthrough.

## The truth about high doses of vitamin C

There has been a lot of interest in the ability of vitamins and minerals to lower the risk of cancer for many decades. But the way a lot of the research is done just doesn't get it right. They use the wrong nutrients, the wrong forms of administration, the wrong doses, for the wrong reasons. Then, if they don't find a positive result, the "experts" have been all too quick to say, "See, it doesn't work!"

Vitamin C has endured more than its share of this shoddy research and scientific bias. Especially when it comes to its anti-cancer potential.

And thanks in large part to this inept research, many "experts" have been warning cancer patients *against* vitamin C for years.

When we began offering high-dose, intravenous vitamin C to cancer patients at Thomas Jefferson University Hospital 10 years ago, we first had to prove to a number of hospital review committees that it would be safe. (It was.) And that it wouldn't interfere with other treatments (chemotherapy and radiation). (It didn't.)

And now, a new toxicology study has been performed on intravenous vitamin C. And the results are very revealing.

The dose administered was 1 gram (1,000 mg) per minute over 4 consecutive days each week for a total of 4 weeks.[1]

That dose—1,000 mg—is more than the government's recommended daily allowance of vitamin C. And the subjects in this study got 1,000 mg every *minute*.

Researchers then determined how quickly vitamin C is eliminated from the body. They did this by finding the nutrient's "half-life." (Half-life means the time it takes for the concentration in the blood to be reduced by half. The radiation oncologists who burn out cancers are familiar with radioactive half-life.)

The half-life of vitamin C was measured as 2.0 hours. In this sense you would think of vitamin C as "short-acting" if it were a drug. But the clearance time for all vitamin C to be eliminated from the body was roughly 21 days.

I think a possible reason for this difference is that the body (particularly the muscles) acts as a reservoir for vitamin C—and can take up and store a large amount.

But it's important to note that none of the study participants suffered any ill effects from this high-dose intravenous administration of vitamin C.

This basic toxicology information is very important. (I wish I and my colleagues had been authorized to study vitamin C like this back in the 1980s instead of just looking at carotenoids. Although at least we were able to discover the importance of lutein and lycopene at the same time I was exposing the lack of any

real evidence for beta-carotene. But I digress…)

The new study also tells us that it is probably impossible to achieve blood levels of vitamin C high enough to treat cancer by taking oral supplements.

## IV vitamin C enhances chemo

So that answers the safety question about vitamin C for cancer patients. But what about the concerns regarding vitamin C's impact on other cancer treatments?

Well, new lab studies show that IV vitamin C actually *enhances* chemotherapy drugs like gemcitabine and erlotinib against pancreatic cancer cells (notoriously difficult to treat).[2] Researchers observed this effect even in cancer cells that are otherwise resistant to gemcitabine treatment.

This means doctors may be able to lower the doses of toxic chemotherapy drugs they give their patients if they also administer them with safe IV vitamin C.

So this new research finally allows us to set aside old myths and misconceptions about administering vitamin C to cancer patients.

Of course, there will undoubtedly be the hardened skeptics who will refuse to believe it until someone answers the age-old question "but how does it work?"

Well, new scientific research now has that aspect covered too…

## Not just an anti-oxidant

Early theories about the role of vitamin C (ascorbic acid) in preventing cancer focused on its role as an "anti-oxidant."

But oxidation and anti-oxidants are more complicated than they seem. It all goes back to Chemistry 101: Chemically, any oxidant can become an anti-oxidant, and any anti-oxidant can become an oxidizing agent, depending upon the surrounding molecular environment, acid-base balance, and other factors.

And this probably explains why test tube laboratory studies showed that high enough levels of vitamin C actually cause direct cancer cell death. When ascorbic acid gets so high, it may reverse action and become an oxidant, or may simply just act as an acid. Which poisons cells.

However, in lab studies, vitamin C was also effective against experimental tumors even at lower doses that could not kill cancer cells directly.

So, how does it work?

Well, it turns out you don't have to kill cancer cells outright (and risk poisoning yourself).

## Starve cancer cells to death

There is a two-stage model of cancer. (This model was key to my own PhD dissertation research, which recognized the importance of early childhood nutrition in the long-term risk of cancer.) The first stage involves some chemical damage that alters the DNA in normal cells, "mutating" them into individual cancer cells. This is called cancer initiation.

Then the cells have to grow into actual tumors. This stage is called cancer promotion.

The ability of cancer tumors to grow (promotion) is based upon them hijacking the body's blood supply. A process called angiogenesis (as I explained in my special report, *The "One Word" Battle Plan to Crushing Cancer*. You can download and view this report for free by logging on to the Subscriber section of my website, www.drmicozzi.com.)

And it now appears anti-angiogenesis is an important mechanism by which an agent can prevent cancer without having to actually kill the cells. If you can prevent the cancer from getting blood supply, the cells will starve to death, without having to actually poison them.

And a convincing new study shows the anti-angiogenic properties of vitamin C. In fact, three of them.

## A triple play against tumor growth

In lab models, researchers used an intravenous vitamin C dose of 25 to 60 grams.[3] (A dose you could safely get in 25 minutes to one hour with the "1-gram-per-minute" approach used in the human toxicity study reported above.)

First, the vitamin C inhibited endothelial (blood vessel) cells from multiplying—without harming normal, healthy endothelial cells. (Remember, chemotherapy drugs prevent cells from multiplying by poisoning normal cellular metabolism.)

Second, the vitamin C also decreased the migration of endothelial cells. This prevented new blood vessel cells from going to the cancer.

And, finally, the vitamin C prevented the endothelial cells from organizing into new blood vessel structures.

That's a triple play against cancer tumor growth.

## Oral vitamin C supplements aren't enough to treat cancer

Now it's true there is a lot of evidence that lower oral doses of vitamin C (but still higher than the RDA) will *prevent* development of cancer in the first place. But you have to give vitamin C intravenously—directly into the bloodstream—to get high enough levels, long enough, to

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stop cancer once it is growing in the body. (So any "negative" studies using only oral doses to try to treat cancer don't really mean anything.)

This may sound extreme. But all cancer patients receive various intravenous therapies anyway. In fact, chemotherapy drugs are so toxic they have to be administered intravenously. If you swallowed them, they would poison and destroy the gastro-intestinal tract. Of course IV chemotherapy drugs cause enough physical devastation as it is (nausea, hair loss, fatigue, weakened immunity, another cancer—the list goes on). Intravenous vitamin C can be just as effective against cancer—if not more so. And it doesn't cause ANY of these toxic effects.

Getting an IV vitamin C infusion is similar to having kidney dialysis—but much less invasive. You have to sit for awhile in the doctor's office while the nurse is monitoring and administering the infusion. At Thomas Jefferson University Hospital I set things up so that patients could also listen to mindfulness meditation oral exercises, visualization, and other mind-body approaches to make the time pass more pleasantly and productively. (I'll tell you more about some mind-body approaches to controlling cancer, improving quality of life, and extending lifespan in a future issue.)

The Clinical Laboratory Inspection Act governs the laboratories which formulate vitamin C intravenous infusions to ensure they are accurate, potent, and fresh. So look for a licensed physician that offers intravenous vitamin C infusion with an on-site certified laboratory. IC

*Citations available online at www.DrMicozzi.com*

## NEWS BRIEF

### Red wine a probiotic?

By now you've heard about the heart health benefits of red wine. These effects are so well-known that California wine growers have petitioned the FDA to add a label to their bottles stating, "Consult with your physician about the benefits of moderate red wine consumption."

Of course, as usual, scientists inevitably want to know HOW red wine boosts heart health. And, for years, researchers have been looking for the magic bullet "antioxidant" or other single ingredient to explain red wine's benefits. I have always suggested that they're missing the forest for the trees (or the vineyard for the grapevines), so to speak.

I've always believed red wine's health benefits come from the stress-reducing properties of moderate alcohol itself. After all, stress is the main cause of high blood pressure. And high blood pressure is the main cause of heart disease.

Now, another new study (published in the *American Journal of Clinical Nutrition*) has attempted to sort out some of these questions.

It was a small but thorough study on 10 middle-aged men.[1] The researchers designed it as a cross-over trial so that each participant acted as his own control. The men were given red wine, de-alcoholized red wine (DRW), or gin, then "washed out" and given one of the other two drinks for 20 days.

The researchers were looking for effects on various measures of fat metabolism. And they found…

Nothing.

But they did think to sample the microflora of the intestines. And, as it turned out, red wine increased the amount of probiotic Bifidobacterium and Prevotella in the gut. Which, in turn, led to lower levels of a certain type of fat that makes up the cell walls of bacteria (lipopolysaccharide).

These results suggest that red wine effects bacterial probiotic growth and bacterial fat metabolism (versus human fat metabolism).

Like NIH, the universal funders, these authors remain fixated on the role of fats in heart disease—they're just shifting gears from dietary fats to bacterial fats (what is now being called some supposedly new concept of "endotoxemia").

As I explained in the article on "detox" products in the February issue, the concept of "auto-intoxication" (essentially the same thing as "endotoxemia") is nothing new. It has been extensively discussed since the early 1800s. What ***is*** interesting in this study was that red wine had an effect on probiotic bacteria, but de-alcoholinized red wine (DRW) did not. And of course we have known for a long time that alcohol has a profound effect on bacteria as an antiseptic.

So whatever complex mechanisms researchers pursue, I am still betting on the moderate alcohol itself as a major "active" beneficial ingredient in red wine when it comes to heart disease.

# Big Pharma's blockbuster cholesterol "cure" goes from bad to deadly

Cholesterol in foods has been mistakenly portrayed as a "heart attack on a plate." But cholesterol drugs are turning out to be a "disaster in a pill."

Some people can't take cholesterol drugs at all because of their almost immediate crippling effects on skeletal muscles.

Believe it or not, they are the fortunate few.

Millions of others who have been able to "tolerate" taking these drugs are now turning out to suffer other long-term, chronic health consequences.

I have written previously about studies revealing that people taking cholesterol drugs don't have a lower death rate from heart disease. In fact, overall, the World Health Organization has found low cholesterol to be associated with higher death rates worldwide.

Now recent research is providing more details about statin drugs' disastrous effects.

## Statins offer no real health benefits whatsoever

Interestingly, we have to turn to countries outside the United States for these revealing studies. Countries that have unquestioned high standards for medical practice and research—but are perhaps less dominated by drug industry priority.

For instance, a recent study from Sweden shows that a massive increase in statin use has provided no health benefits whatsoever.[1] At the height of the statin craze, the number of people taking statins tripled in just two years (between 1998 and 2000). Yet the number of people suffering or dying from heart attacks was unchanged.

Appropriately enough, this study was published in the *Journal of Negative Results in Biomedicine*.

Of course, these days such a journal isn't just appropriate, it has become critical.

As I've said before (most notably in my report, *The Secret to Spotting the Truth Behind the Headlines*, which you received when you first subscribed to *Insiders' Cures*), there is massive bias among researchers, funders (frequently drug companies) and journals not to publish negative studies regarding drugs. Nobody ever hears about all the studies that fail to show benefit, although these results are just as valid and just as important. So much so, an entire journal has emerged to make such results available.

This study covered nearly the entire population of Sweden between the ages 40 and 79 for the years 1998-2000. It included morbidity and mortality data from 289 municipalities—urban, suburban, rural, industrial, and in-between. The numbers added up to nearly 4 million people.

And results showed ***no*** benefit from tripling the use of statins.

In order to try to make these results go away, critics would have to find "something else" that must

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## Beware generics!

As if all the problems with statins I've told you about thus far weren't bad enough, there's yet another problem you need to know. Statins have been around long enough that generic forms are now available. Unfortunately, in this instance, a generic version may not be worth the financial savings. In fact, opting for a generic statin may cost you your life.

Outright fraud has emerged with generic Lipitor being sold by a manufacturer in India. All along, problems with lab inspections, quality control data and other requirements were evident. And the effects of this fraudulent generic drug are even more toxic than the patented statin drugs.

The FDA was well aware of the situation—yet did nothing about it.

Eventually Congress and the US Department of Justice had to step in. The manufacturer pled guilty to selling "adulterated drugs."

Yet they are still in business, selling generic drugs in the U.S. and worldwide.

Of course, healthcare reform has always mandated substituting patented drugs with generic drugs as a way to save costs (a trend that will only accelerate as Obamacare takes over).

But true healthcare reform would involve substituting dangerous, expensive drugs (and the costs of managing their frequent complications) with natural, non-drug treatments that are effective and much safer—or at least offsetting their toxicity with natural products (as in the case of CoQ10).

have counter-acted the "benefits" of statins. A huge upswing in unhealthy diets or other lifestyle factors, for example. But lifestyle factors take many years to show their effects. And this study occurred over a matter of only two years. During which the only significant change was the massive increase in statin drug consumption.

The fact is, once you have nearly the whole population of a country taking a drug, it provides the ultimate "post-marketing" surveillance—well beyond anything that can be observed in any clinical trial.

From this standpoint, it's a shame the study didn't look at all the negative effects statins also cause, in addition to the complete lack of any benefit.

Negative side effects like pancreatitis, rhabdomyolysis (destruction of muscle cells that leads to severe pains and cramps), hepatitis, swelling of the blood vessels, hives, shortness of breath, edema, severe skin itching, and blood in the urine.

And more new research offers yet another dangerous side effect. As well as another clue to explain why statins don't appear to decrease death rates from heart disease, but do increase overall death rates.

It turns out patients taking statins may be dying of diabetes instead.

## A full-scale public health crisis

One recent study found that statins pose an increased risk of diabetes.[2] Just as diabetes has emerged as the No. 1 growing threat to health.

The study looked at more than 17,000 patients age 65 years or older who had been hospitalized for a heart attack. Just over half (52 percent) were treated with *intensive* statin therapy (higher doses of atorvastatin, rosustatin, simvastatin). The other 48 percent were given only *moderate* statin therapy (lower doses of the three drugs listed above, or any dose of fluvastatin, lovastatin or pravastin).

Five years later, there was a 5 percent higher rate of developing diabetes in the higher statin group. Of course, since everyone in the study received statins, it wasn't possible to compare the rate of diabetes with patients who didn't receive the drug at all. (They would probably argue that it would have been "unethical" to "deprive" any heart patient of the drugs.)

But it's not the only study to find this damning evidence.

Another study published in May in the *British Medical Journal* also found that patients are at an increased risk of new onset of diabetes after being given statins.[3]

This study looked at 471,250 patients with no history of diabetes prior to being treated with a statin. After a 14-year follow-up, researchers again found the more intensive, high-dose statin drugs showed increased rates of diabetes compared to the more moderate treatment: atorvastatin (22 percent higher), rosuvastatin (18 percent) and simvastatin (10 percent).

There was also an increased risk of diabetes from moderate-dose compared to low-dose statins.

(Again nobody in the study escaped without being on some such drug, so we don't know whether non-drug users have an even lower rate of diabetes. But based upon average population studies, it is highly likely)

Although the researchers didn't comment on it, this is a classic dose-response effect: The higher the dose, the greater the toxicity. In this case, risk of developing diabetes. So, if this drug were being studied as a poison (and it probably should be) it fulfilled one of the primary proofs of toxicity.

But these studies aren't even the first ones to uncover increased diabetes risk among statin users. This effect first emerged last year in the JUPITER study, which found a 27 percent higher rate of diabetes in patients taking rosuvastatin.[4] And The Women's Health Initiative (the forerunner of which I helped get started at NIH in the 1980s) found a 48 percent increased risk in women.[5]

In these large cohort studies, it was possible to perform comparisons with people who were not being given statins at all. Thus the much larger risks of 27 and 48 percent.

These rates aren't just some statistical finding. They represent a full-scale public health crisis.

So, what can be done?

## Protect yourself with CoQ10

For a long time, some REAL experts have been recommending that

### Statins poison your blood sugar metabolism

The good news is, we also now know one important "mechanism of action" by which statins are actually poisoning blood sugar metabolism and causing diabetes (and its many complications).

Last year, FDA issued a "warning" that statins raise blood levels of Hemoglobin A1C, or glycosylated hemoglobin. These are hemoglobin proteins in the blood that are bound to glucose molecules, and they provide a good measure of high blood sugar levels over long periods of time. The higher your HbA1C level, the higher your risk of developing long-term complications of diabetes—like heart disease, kidney failure, blindness, and peripheral neuropathy. Not to mention Type III diabetes, or Alzheimer's Disease, as I explained in the December 2012 issue of *Insiders' Cures*.

any patient taking a statin should also take coenzyme Q10 (CoQ10). In fact, Merck even took out a patent on a combination statin-CoQ10—but never made it available to the public. When a colleague and I contacted Merck about why they weren't offering this formula, their response was "no comment."

In new research presented at the 2013 Heart Failure Congress, Co-Q10 was able to cut the risk of death among heart patients in half.[6] This new study from Europe also found that patients with heart failure taking 100 mg of CoQ10 three times per day had fewer heart events, fewer hospitalizations, and a lower risk of dying from any cause—including heart disease.

Like cholesterol itself, CoQ10 is normally produced in the human body and is found in all cells. It is present in highest concentrations in the heart, liver, kidneys, and pancreas. CoQ10 plays a key role in energy production and acts as a powerful antioxidant. In addition to being produced in the body, there are a few dietary sources, such as beef, chicken, and fish, that offer small amounts.

However, statins disrupt the body's natural production of CoQ10. So if you still take a statin drug, be sure to take a CoQ10 supplement to offset this effect.

Co-Q10 is fat-soluble, so it's best to take a softgel formula, rather than dry tablet. And taking divided doses—100 mg twice a day with meals—may enhance absorption and minimize any side effects. CoQ10 supplements are generally well tolerated and have minimal side effects (although they may interfere with certain medications, including the anti-platelet drug Plavix,which has its own dangers, the anti-coagulant Coumadin, and even aspirin).

Look for the CoQ10 product Ubiquinol. It's generally more expensive than other CoQ10 supplements, but it's the active form of the nutrient. So it's worth the extra investment to ensure you're getting a quality formula.

*Citations available online at www.DrMicozzi.com*

# Breakthrough study reveals the secret to fish oil's heart benefits

It seems not a day goes by without seeing another study on the health benefits of omega-3s. The big story for years now has been their ability to protect against heart disease. More recently, studies have suggested that omega-3s have an "anti-inflammatory" or (perhaps more correctly) an immune-modulating effect—helping to keep the immune system in balance. At the same time, other studies are showing that heart disease may be caused by inflammation (or again, an imbalanced immune system) as I reported in last month's issue.

These ideas are getting us closer to understanding the all-important "mechanism of action"—or *how* omega-3s actually work in the body to reduce disease. For most doctors, and certainly for all patients, it is enough to know that something does work. But medical researchers don't rest until they establish how it works.

So this new research is especially interesting. And one recent study in particular caught my eye.

It tested whether fish oil could reduce blood pressure, heart rate, and nervous system responses—by blunting the body's reactions to mental stress.[1]

These researchers were smart enough to recognize something I've told you many times—that the main culprit behind high blood pressure and heart disease isn't salt…or saturated fat…or tobacco.

It's STRESS.

The link between mental stress and heart disease risk is well-documented. Yet, until now, no study ever examined how fish oil (omega-3) supplementation affects this link.

Researchers subjected 67 participants with normal blood pressure to a 5-minute mental stress test before and after 8 weeks of fish oil supplementation or placebo.

They found that fish oil significantly reduced both heart rate and overall nervous system reactivity to mental stress.

The researchers (perhaps focusing too much on their own study rather than the bigger picture) expressed concern that, despite its other benefits, fish oil did not lower blood pressure. But considering the study participants all had normal blood pressure to begin with, this particular finding makes perfect sense.

Other studies have shown that

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fish oil **can** reduce blood pressure in people who DO have elevated blood pressure, or hypertension. So this simply appears to be another instance where we should credit the "wisdom of the body" (and basic physiologic processes) for not "fixing" problems that don't actually exist!

And it certainly isn't cause to "throw the baby out with the bathwater," so to speak. Because this research revealed a real breakthrough if you can see the bigger picture. A valuable insight that moves us closer to understanding *how* omega-3 fish oils have their benefits in heart disease.

### Short-term results indicate long-term benefits

Over the short term, blood pressure constantly goes up and down—but settles out at a resting "set point." Chronic stress causes that "set point" to rise. The body eventually readjusts at a higher blood pressure—causing ongoing "wear and tear" damage to our heart and blood vessels. Stress also causes increases in nervous system reactivity and heart rate.

The ability of fish oil to reduce heart rate and nervous system responses to stress within just 8 weeks is a good sign it will also help keep blood pressure normal and the heart healthy over the longer term.

And don't forget that fish oil has previously been shown to reduce triglyceride levels in the blood and decrease growth of atherosclerotic plaques in blood vessels—which result after the wear-and-tear of elevated blood pressure and inflammation.

When you have a vicious cycle of patho-physiologic factors causing a disease, you need a real cure that knocks out <u>all</u> the negative effects (not just a drug that has one effect). And fish oil offers the "whole package" when it comes to heart health.

I recommend everyone take at least 1 to 2 grams per day of omega-3 fatty acids from fish oil.

Ideally, you should be looking for dietary sources of omega-3s, such as salmon, sardines, and other fatty fish. Of course, if you don't like fish, purified omega-3s and fish oil supplements are widely available (Nordic Naturals makes some good quality products that I have personally tested over the years). IC

*Citations available online at www.DrMicozzi.com*

## NEWS BRIEF

### Vitamin breakthrough could put an end to hypertension and heart disease

So far in this issue, I've told you about recent studies that examine the roles of red wine and omega-3s in preventing heart disease. And I also warned you that the most common drug treatments to try to prevent heart disease appear to be worthless—or worse.

But it turns out there is one more heart-related breakthrough on the horizon—and it involves a nutrient I've mentioned numerous times over the past year. Vitamin D.

I've reminded you many times in these pages about the health benefits of vitamin D—and the fact that most people are deficient in this critical nutrient.

Now, a large-scale genetic study involving over 155,000 participants has made a truly tremendous discovery…

<u>Low levels of vitamin D cause high blood pressure.</u>

While other studies have found an <u>association</u> between low vitamin D and high blood pressure, this is the first to demonstrate that low vitamin D actually **<u>causes</u>** hypertension.[1]

And increasing your vitamin D levels can have a significant impact on your heart.

In fact, for every 10 percent increase in vitamin D levels, there was an 8.1 percent decrease in the risk of developing high blood pressure. That's a nearly one for one benefit.

These researchers concluded that vitamin D may very well be *the best* means to reduce high blood pressure and heart disease.

As I mentioned in a recent *Daily Dispatch* (7/1/13, "Can you get too much vitamin D in the summer?"), other recent studies indicate that you can't get "too much" vitamin D. So everyone should supplement with 1,000 IU per day. It won't harm those who have sufficient levels—but it will do a world of good for everyone else.

*Citations available online at www.DrMicozzi.com*