



**Oldies but goodies**

**Why Big Pharma's "latest, greatest" wonder drugs usually aren't your best bet**

*Plus a dozen tried-and-true medications that are still the best in class*

At New Year's, conventional wisdom counsels "out with old, in with the new." But when it comes to choosing medicines, that advice is often dead wrong. This year, in true *Insiders' Cures* fashion, we're starting off with some counter-current ideas. You know that I'm an avid proponent of disease prevention and natural health. But for the times when pharmaceutical drugs *are* necessary, I want you to be informed so you can make the safest, most effective choices. Which often are at odds with what the pharmaceutical industry is trying to sell you.

As a matter of fact, despite what the flashy new pharmaceutical ads would have you believe, you are often better off holding on to proven, safe, and effective drugs that have been around since the early 20<sup>th</sup> and even 19<sup>th</sup> centuries. Not the new, blockbuster drugs. And the good news is that most of the oldie but goodie "drugs" actually come from nature in the first place!

If you pay attention to the research—and not just the glitzy ads—the facts are clear. For instance, a recent analysis from Harvard showed that over the past three decades **only 10 percent** of new drugs approved by the FDA are more effective than their

predecessors. Even worse, a full 50 percent of them are actually less safe.<sup>1</sup>

I can think of at least a dozen drugs for common medical conditions that have simply never been improved upon. Most go back to the mid-20th century. But some have been around since the early 1900s—and even the 1800s.

And why should that be surprising? After all, the human body has not changed over the last 200 years. So it makes sense that early medical research yielded some of the best drug treatments long ago. Most were based on nature anyway. And nature had it all figured out long before the pharmaceutical giants began to rule the world.

The question is: Why haven't most doctors figured it out yet?

Until they do, here is a list of the excellent "oldie but goodie" drugs that are still available. These tried and true, proven medications have passed the period of post-marketing surveillance by the FDA (as I've often recommended)—sometimes by a century.

**Age-old pain remedies**

The natural world is replete with analgesic and anti-inflammatory

compounds, and we humans have been taking advantage of them for as long as we've been around. In fact, the human body is even capable of producing its own natural pain killers, as my late friend and colleague at NIH and Georgetown University Candace Pert discovered. These substances—enkephalins and endorphins—bind with pain receptors to block pain in the brain. Some drugs we take to control pain do essentially the same thing. And the best, most effective pain-controlling drugs are derived from natural plant sources.

The best example is the opium poppy, which produces **morphine**—

*Continued on page 2...*

***In this issue:***

<b>Red palm oil is everywhere... and that's a problem .....</b>	<b>4</b>
<b>Don't believe the hype: News stories about supplements miss the mark .....</b>	<b>6</b>
<b>NFL gets into the "Red (Bush) Zone" .....</b>	<b>7</b>
<b>Ask the insider .....</b>	<b>8</b>

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still the most effective pain killer ever produced. Morphine was first sold in 1827 by Merck, which was a small chemist's shop at the time.

The reason morphine and its derivatives are so effective is that our brains and central nervous systems have built-in receptors for the opiates in these medications. It's a match made in pain-relief heaven.

Thus, morphine has since been formulated into drugs using every possible method of delivery, including oral tablets, rectal suppositories, intravenous (including self-administered drips for patient-controlled pain relief), and transdermal patches.

But, unfortunately, like many good things, opium also has a history of abuse. And that's where the focus has been for the past century. So outside of a hospital setting, you're less likely to get this gold-standard pain-reliever. At least, not without extensive scrutiny.

The good news is, there are also many other effective natural pain relievers. In fact, I've devoted an entire report to this topic—*The Insider's Ultimate Guide to PILL-FREE Pain Cures*. You can learn more about it or order a copy on my website, [drmicozzi.com](http://drmicozzi.com).

In the meantime, **aspirin** is yet another "great grandfather" drug for pain. Originally derived from the bark of the willow tree, aspirin also occurs naturally in meadowsweet grass, a much more abundant and harvestable source. Aspirin has been marketed as a drug since 1899 and is widely available over-the-counter. In addition to being the old standby for headache, pain, and fever, modern research has found it to be effective in low doses for cardiovascular diseases, including prevention of first heart attacks, and prevention of recurrent heart attacks and strokes.

Aspirin has faced its share of criticism (much of it misinformed, as I've mentioned many times before, both here in *Insiders' Cures* and in my *Daily Dispatch* e-letter). But the truth is, it's much safer than most other pain relievers. Especially acetaminophen, which you should avoid at all costs. (In the November 18, 2013, *Daily Dispatch* I told you about recent research linking acetaminophen to autism, ADHD, and asthma. It's also the leading cause of acute liver failure in the US).

### History's best blood sugar fix

Diabetes has become a modern-day epidemic. And the pharmaceutical industry is doing its best to keep cashing in, with a whole slew of new blood sugar drugs from which to choose. But just because they're new doesn't mean they're "improved." In fact, the new, expensive anti-diabetes drugs are proving to have a number of problems with safety (see the October 2013 issue of *Insiders' Cures* for more). Which is why the oldest blood sugar balancing options are still the best choices.

First and foremost, you have **insulin**. Of course, insulin is a natural substance made by the pancreas to drive glucose from the blood into the tissues. It was actually first discovered in the mid-1800s, but it wasn't until the 1920s that it was isolated for therapeutic use. Canadian medical student Charles Best, working under his professor, Frederick Banting, was awarded the Nobel Prize for this ground-breaking discovery.

And then there's the medication that set off the modern era of oral "drug" agents to lower blood sugar. I'm referring to Glucophage, now available as the generic form **metformin**.

Like morphine and aspirin, metformin comes from nature. It is originally from an ancient herbal

remedy known as French lilac or goat's rue in Europe (in the US it grows wild but is classified as a "noxious weed" by the USDA). Metformin was first synthesized as a drug in the 1920s but was initially overshadowed by the development of insulin as a treatment for diabetes.

Still in Europe, interest returned during the 1940s, and in 1957 it was first tested in diabetes. However it did not become available in the United States until 1995, two generations later (largely due to FDA fumbling—which persists to this day).

As I've said before, metformin is a superior drug in terms of safety and effectiveness. And it's now taken by tens of millions of people worldwide. Its main "side effects" are reducing the risk of other chronic diseases, such as cancer, including the deadly pancreatic cancer. Metformin does contribute to depletion of Vitamin B12, so it is important to take a high-quality B vitamin supplement—which is also good advice in general.

One of the big problems with diabetes is the damage to blood vessels, which can eventually progress to blindness, dementia, heart disease, kidney failure, and peripheral neuropathy. And while other diabetes treatments lower blood sugar, they do not prevent cardiovascular complications. Metformin is the only drug that has been conclusively shown to prevent these deadly and debilitating side effects of diabetes.

### **Old-school antibiotics still do the job**

When the drug **isoniazid** was first synthesized in 1912, it was used to treat mental illness. It was only after it was in use for some time that doctors eventually discovered it was also an antibiotic.

In the first part of the 20<sup>th</sup> century, mentally ill patients were often

sent to live in large institutional treatment facilities. Because they were so crowded, these places were also breeding grounds for chronic infections such as tuberculosis (TB) and hepatitis.

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By 1945 doctors noted that patients given isoniazid for mental illness were being cured of TB. This finding was a major development as there was no cure for TB at that time, other than the Nature Cure (which nonetheless was effective about half the time). But isoniazid was able to treat the other half. In fact it was so successful that it's what we used, in combination with other antibiotics, to treat TB when I was in Southeast Asia in the 1970s. It is still used today in some circumstances.

Of course the other antibiotic that provided a "miracle cure" for infection was **penicillin**. It was discovered accidentally in 1928 when Alexander Fleming noticed that colonies of Staph bacteria could not grow where mold spore contaminants had blown into them from an open window. Fleming found that the bacteria-destroying mold was *Penicillium notatum* and the world eventually took note indeed.

Penicillin is still the best drug today for most people against many infections (strep throat being one common example) who do not develop an allergy.

During the 1950s, research

determined the chemical structure and fermentation process for **tetracycline**, which was then patented in 1955. Within three years, it was the most prescribed broad-spectrum antibiotic in the United States. Tetracyclines are used for urinary tract infections, chlamydia, anthrax, plague, and more. Minocycline and doxycycline (originally tested for scrub typhus and now Lyme disease) are also used for the treatment of acne. Current research is focusing on their anti-inflammatory properties and their potential for neuroprotection against Alzheimer's disease, stroke, Parkinson's disease, and AIDS-related dementia.

Of course part of the game today is developing new antibiotics to overcome the bacterial resistance we've developed to old antibiotics that have been overused. During the antibiotic era of "miracle cures" for infections, *magic bullets* have turned into *friendly fire*. You can help fight the growing problem of antibiotic resistance by only taking them when necessary. Don't demand or take antibiotics for a viral infection. Antibiotics are life-saving drugs that should often be reserved for a life-threatening illness. Unfortunately, their overuse has led to resistant strains of truly life-threatening bacteria for which there is no cure.

### **The game-changer for coronary heart disease**

Coronary heart disease is a common form of heart disease caused by narrowing of the coronary arteries (they're called coronary because they form a "crown" around the top of the heart, sending descending branches to supply blood to the constantly beating heart muscle). When the heart muscle doesn't get enough blood and oxygen, it causes a crushing chest pain. But since the brain is not used to perceiving pain coming from the heart,

*Continued on page 4...*



the pain is often “referred,” or felt, as pain in the arm, neck, or jaw from collateral nerve fibers. This pain is called *angina pectoris*, from the Latin “pain in the chest.”

**Nitroglycerin** (NG) is a simple chemical compound used in mining and excavation for its explosive properties when detonated. It was first used in medicine when William Murrell realized it could treat angina pectoris. He published his results in 1878. It became a standard symptomatic treatment for the growing problem of coronary heart disease throughout the 20<sup>th</sup> century.

It wasn't until 2002 that an enzyme was found to convert NG to an even

more simple chemical, nitric oxide. Nitric oxide potentially dilates blood vessels like the coronary arteries to provide more blood supply and oxygen to the heart muscle.

Nitric oxide is now being studied for bone health (to improve bone formation and reduce bone resorption) and for healing diabetic foot ulcers. It is also being investigated for treatment of metastatic prostate cancer. This just goes to show that research is finding new potential even in very old drugs.

### Modern-day relief from Nature's oldest gout reliever

Gout is an exceptionally

common—and exceptionally painful disorder. And one of the oldest remedies is **colchicine**, a compound found in the Autumn crocus. Its use dates back as far as 1500 BC and it was first recorded as a treatment for gout in the first century AD. When European physicians first came to America it was grown in colonial physic gardens of the 18<sup>th</sup> century.

Colchicine had been available generically after being “grandfathered” by the FDA. However, in 2009, FDA granted URL Pharma an exclusive license, which increased the price of its “new” branded version from 10 cents to \$5 per tablet. While other

## NEWS BRIEF

### Red palm oil is everywhere...and that's a problem

The “natural know it all” nutraceutical industry features a constantly rotating cast of supposed celebrity “superstars.” It seems as soon as one company starts seeing profits with a “new” ingredient, every other supplement manufacturer jumps right on the bandwagon. Don't be fooled, these guys never discover anything really new, and these ingredients have been around for a long time and already well-known to real science.

One of the current starlets is **red palm oil**. You can find it as a headliner in everything from vitamin supplements to foods and even soaps. The reason it's so popular is that it's a potent source of vitamin A *and* it grows with its own oil base, which aids absorption.

On the one hand, this development could be a good thing. Worldwide, more than 250 million children under the age of 5 years are at risk for vitamin A deficiency. Vitamin A deficiency during childhood is the leading cause of avoidable blindness. It can also be fatal. So red palm oil, an efficient and cost-effective source of vitamin A, has the potential to be a real game-changer in global regions where deficiency is a problem.

On the other hand, this surge in popularity means a huge—and unsustainable—increase in demand. It means that territory throughout Southeast Asia, where red palm can grow naturally is being clear-cut to make room for more red palm plantations.

These plantations are displacing both humans and animals from their natural habitats. Palm oil cultivation is nothing new. When I took the Silver Crescent train from Singapore to Bangkok in 1976, the whole length of the Malay peninsula was lined with mile after mile of palm oil plantations. Then, in 1984, while working for NCI at USDA I brought some red palm oil from Senegal (formerly French West Africa) and it tested for very high levels of pre-vitamin A carotenoids.

But conservationists warn that the recent surge in interest in red palm oil has led to an increase in environmentally dangerous practices. They are calling for consumers and industry to use only sustainably grown red palm oil. Before you buy products containing this “nutritional celebrity,” visit the World Wildlife Fund's 2013 scorecard to see which companies are sourcing it responsibly.

But there are plenty of other sources of vitamin A available in the west, and you should leave the red palm oil to the pregnant or nursing mother, or child, in Africa. Instead make sure you are taking a high-quality fish oil, and use olive oil in your diet. Nuts also provide plenty of healthy oils and essential fatty acids, as well as minerals, as well as other health benefits. And there's no need to clear-cut faraway forests to get them.

treatments have been developed for gout, colchicine is still the best, most effective choice. And it's also now being researched as a treatment for cancer and cardiovascular disease. (Which probably explains why Big Pharma is interested in it again...)

### **Centuries-old diuretics**

Many plants have a diuretic effect. Early diuretic drugs were all herbal derivatives, some in use since the 1500s. They were initially key for treating edema due to congestive heart failure. When the heart is not pumping effectively, it cannot move blood into the circulation. As a result, blood and fluid backs up into the lungs, causing “congestive heart failure.” That leads to a backup, with fluid accumulating in the tissues, causing a condition known as edema.

Diuretics move fluids through the kidneys to be excreted in the urine. But a more direct approach was offered by **digitalis** from the purple foxglove plant. Used as a folk remedy by a “wise woman” in 18<sup>th</sup> century Shropshire, England, the physician William Withering brought it into medical use.

Digitalis acts by directly strengthening the heart muscles, causing more effective heartbeats and blood circulation. It became the standard treatment for congestive heart failure and is still one of the most effective medications for it to this day.

### **Nature's anticoagulants**

As you can imagine, when blood backs up due to heart failure, ineffective heartbeats, or damaged veins, there is a tendency for the pooled blood to clot. Anticoagulants prevent this clotting from happening. That's why they're given in many heart and circulatory conditions.

The clues that led to the discovery of **warfarin**—the world's most

commonly used anticoagulant—began to emerge in the 1920s. Cattle that ate moldy sweet clover hay were dying of internal bleeding. In the coming decades, that phenomenon led to the discovery of an anticoagulant compound in the mold growing on the

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***Of course, now we have an abundance of studies showing serious adverse effects with SSRIs. So now people are taking a second look at MAOI drugs—with good reason.***

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hay. That compound, dicoumarol, was approved for prevention and treatment of blood clots and embolism in the 1950s. Now called warfarin, the drug can still be found on medicine shelves throughout the world.

Warfarin sets itself apart from newer anticoagulants in a very important way: It can be rapidly reversed to stop bleeding when necessary unlike the newer drugs. If you have problems with blood clots you need to consult with and be monitored by your doctor. Both blood clotting and bleeding are dangerous conditions that can be rapidly fatal, which means it's not something you should try to manage yourself. Also, be aware that some common herbal remedies may contribute to bleeding when taken with other drugs or just before surgery or medical procedures.

### **Say no to new antidepressants**

We hear a lot these days about SSRIs (selective serotonin reuptake


inhibitors) for treating depression. But more than 50 years ago, drugs called MAOIs (monoamine oxidase inhibitors) were found to act on serotonin, norepinephrine, and dopamine to treat depression. Their use dropped dramatically after relentless promotion of newer SSRIs and exaggerated concerns about food reactions with MAOIs.

Of course, now we have an abundance of studies showing serious adverse effects with SSRIs. So now people are taking a second look at MAOI drugs—with good reason. It's also worth noting that a number of natural products also have MAOI properties, including resveratrol, curcumin, ginkgo, and coffee. St. John's wort is well established as safe and effective for mild-to-moderate depression.

### **What's old is new again**

Some of the best “drugs” have been around for a long time as natural products. It turns out they have multiple benefits in addition to the historic uses we already knew about. Of course, since they can't be patented, Big Pharma has not had any real interest in continuing to make them available. That is, unless they can find roundabout ways to get the FDA to license them again.

The bottom line is that newer isn't necessarily better when it comes to drugs. If a medication has been around for centuries and is still in use, it's probably with good reason.

So if circumstances call for it and you need to take medication, ask about the possibility of using older drugs. They're effective, and their side effects and safety have already been well established after many years of use. Bonus: These “oldie but goodie” drugs also have the “oldie but goodie” low prices to go along with them. 

*Citations available online at [www.DrMicozzi.com](http://www.DrMicozzi.com)*

# Don't believe the hype: News stories about supplements miss the mark

The mainstream media is at it again. These days they just can't seem to get *anything* right when it comes to dietary supplements. Just take a look at the recent article in *The New York Times*: "Herbal Supplements Are Often Not What They Seem." And neither are the media reports.

It's just another case of half-cocked reporters being set loose to investigate topics they don't actually understand. But like leading someone wearing sunglasses into a dark room without a flashlight, sometimes they'll bump into something by accident. And in this article, amid all the nonsense, the reporter eventually stumbled onto one good point.

I'll get to that shortly, but first I need to point out the misconceptions and inaccuracies I had to wade through before actually finding that point. This particular article starts off putting the wrong foot forward. It starts out by employing the popular wastebasket story line of "unproven" herbal supplements.

If the reporter had bothered to do the research, he would know that there are thousands upon thousands of peer-reviewed scientific articles and dozens of medical textbooks filled with overwhelming evidence of the biological activities and health effects of many popular supplement ingredients.

Perhaps all this "evidence" does not equate to the metaphysical certitude of existential "proof," but from the very first sentence, the article is grossly misleading.

So should this really be the definitive article we're using to judge the entire supplement industry in regards to purity?

Let's go over some of the other

details in the article, and I'll let you be the judge...

## Can DNA "fingerprinting" tests cast doubt on supplement purity?

The supposedly groundbreaking finding that this reporter splashed before the eyes of millions of trusting readers has just one problem: It's based on faulty science. The study being reported used DNA "barcoding" analysis of 44 herbal products and found that about 60 percent of them contained plant species "not listed" on the label. In addition, the study found that 32 percent of the samples had "substituted" products.

Sounds pretty damning, right?

Sure. But only if you don't understand what DNA fingerprinting is and what it can—and more importantly, *can't*—do.

DNA fingerprinting tests, which we first developed in forensic medicine 20 years ago, look at short genetic markers in an organism's DNA to determine what species it belongs to. Further, even a single DNA strand from a single plant cell can be multiplied by the testing procedure millions of times to make it look like something is there.

But there's a very important point that needs to be emphasized here: The herbs sold in capsules or tinctures have been processed, heated, and preserved to increase their effectiveness.

All those processes remove the original plant cells with the DNA, while still maintaining the herb's purified chemical profile. That's why there is absolutely no reason to think that DNA could even be procured from purified botanical extracts in the first place!

The American Botanical Council (a nonprofit educational organization that I have followed closely since it was founded 25 years ago—and on whose scientific advisory board I have gladly served) immediately responded to this whole debacle.

They pointed out that DNA barcoding technology cannot identify herbs that have been purified or processed. DNA barcoding can only detect actual plant material—not the chemical extracts. And of course, it is not the raw plant cells that provide remedies, but the phytochemicals they produce.

## Failure to follow (nonexistent) rules

In this same fumbling *New York Times* article, a spokesperson for the FDA said that supplement companies are required to follow Good Manufacturing Practices (GMP) designed to prevent these "problems," but that many companies have been "ignoring" them.

What she failed to mention is that after Congress tasked the FDA with establishing GMPs in 1993, they took a full 15 years to do it! So it wasn't until 2008 that these GMPs even existed. How can you ignore something that isn't even there? It's reminds me of a short poem by Ogden Nash:

*The other day upon the stair  
I met a man who was not there  
He was not there again today  
I wish that man would go away*

Fat chance, when it comes to the FDA.

Of course, good supplement manufacturers were already way ahead of the FDA. They created and followed their own set of GMPs, which turned out to meet or exceed the FDA's belated guidelines.



**Finally, a point I could agree with**

After shaking my head at the unscientific nonsense that constituted the majority of the article, I finally found myself nodding in agreement toward the end.

At the conclusion of the article, Dr. David Baker of Stony Brook University Medical Center describes the state of the supplement industry as the “Wild West.” This characterization is actually one with which I agree—and in fact it’s one I have used myself.

While the main point of this *New York Times* article doesn’t hold water, it’s true that most of the supplement industry IS deficient in science. That lack of science affects both the basis of their formulations and their standards for quality control. Many have strong marketing teams that have learned how to mouth some of the right words and catch phrases. But that does not mean their understanding or actions are consistent with high standards, or science.

For all these reasons, when formulating my supplements I have learned to perform due diligence. I personally go to manufacturing and supplier facilities to perform personal on-site inspections and make sure everything is being produced to my exacting specifications. And as someone who developed laboratory methods for testing biologicals for the NASA Sky Lab and Space Shuttle projects, I know what to look for. In fact, I helped develop some of the analytical instruments and methods used today. These are the analytical chemical methods that really *are* appropriate to assessing the quality, purity and identity of supplements.


I don’t follow the latest marketing crazes. I *always* follow the latest science. And that starts with a basic understanding of human biology and nutrition. I stay up on the scientific studies conducted in laboratories worldwide, many outside the US, as well as clinical trials whenever

available. And, as a biomedical anthropologist, I also know what to look for among traditional ethnobotanical remedies—and how to recognize a good thing when I see it.

Put that all together with a good dose of common sense and top it off with high standards and ethics, and you have supplements you can trust.

How much of the supplements industry can say all of that?

To learn more about how to recognize a high quality supplement, refer back to my *Daily Dispatch* from July 9, 2012 “Setting the (gold) standard.” You can read it—and check out the gold-standard formulas in my Smart Science Nutritionals supplement line—on my website, [drmicozzi.com](http://drmicozzi.com).

And as always, remember to take anything that you see in the “lame-stream” media with a grain of salt. If you see something in the “news” that doesn’t make sense, please write me about it. And remember, it’s not in the DNA. 

**NFL gets into the “Red (Bush) Zone”**

If you believe commercials and product placements, professional football teams are practically swimming in sports drinks. But the fact is many NFL players know better than to fill their bodies with junk. And that’s exactly what those radiator fluid-colored drinks are. They’re filled with sugars, salts, hydrogenated oils, and artificial chemicals that do nothing to improve performance. Which is why many true elite athletes actually choose to hydrate their bodies at the cellular level...in a totally natural way.

Unfortunately, lucrative commercial contracts keep NFL players from talking truth about this natural option. But to many players, coaches, and trainers, this valuable weapon is indispensable. It not only hydrates the cells themselves, it also improves

glucose metabolism and muscle performance. Which is why it’s such a shame that they’ve had to keep it secret.

Until now, that is.

My friend Otis Smith—former NFL All-Star cornerback and assistant coach for the New England Patriots, Philadelphia Eagles, and Kansas City Chiefs—is no longer contractually required to keep silent. And he’s eager to tell you about this “secret” that he learned about during his grueling career, and which he still uses today.

It’s the same “secret” I’ve told you about here in *Insiders’ Cures* many times. I’m referring, of course, to South African red bush.

Here’s what Otis had to say about Red Joe, the red bush formula I helped create:

“After using [it] for a few weeks, I started having more energy and my endurance started getting stronger while working out.”

And it’s not just his strength that’s improved. “My sleep pattern has gotten better where I’m not waking up in the middle of the night as much,” Smith told me. “My family loves Red Joe as well. If any of the kids feels a cold coming on, they immediately ask for Red Joe.”

Of course, you don’t have to be an NFL star (or one of his family members) to feel these kinds of benefits. You can try Red Joe yourself by visiting [www.drmicozzi.com](http://www.drmicozzi.com) and searching for it on the Products page (or call 800-292-5797, offer code GOVLQAA).

## ASK *the* INSIDER

### Complementary care for multiple myeloma

**Q.** My wife has been diagnosed with multiple myeloma. I didn't see anything on your website about this topic. If you have any information that would be helpful, we would be most appreciative.

**A.** I'm sorry to hear about your wife's diagnosis. While I have not written about multiple myeloma in particular, you may find the general information about cancer care useful. Multiple myeloma is a cancer involving the blood cells. Ask your wife's physician for specific guidance about what to do to support her care with complementary therapy. But when it comes to cancer survival in general, research consistently backs up the benefits of a healthy diet and lifestyle, as well as several mind-body therapies that have been proven to reduce stress, improve quality of life, and extend survival time. For more details on these complementary approaches, refer back to my reports *Classified Cancer Answers* and *The One-Word Battle Plan for Crushing Cancer*, which are available for free on my website, [www.drnicozzi.com](http://www.drnicozzi.com).

### Banish bruises naturally

**Q.** If my arms touch any object I get bruised, and the harder I hit something the bigger and darker the bruise. These bruises take many weeks to fade. I'm 86 years old and in rather good health otherwise. I never use drugs, just supplements. Do you have any suggestions?

**A.** First, congratulations on being 86 years and not taking

any drugs! Bruising is a frequent side effect of drugs—but you can rule out that cause. Bruising results from damage to your small blood vessels, which allows blood to leak out. The leaked blood forms a bruise. If you have developed a problem with your blood clotting, that could contribute to bigger, more frequent bruises.

Since problems with blood clotting may be a sign of a potentially serious medical condition, it's important that you discuss your bruising with your primary care doctor. It also could be that you are just bumping into things more, which could be a sign of an inner ear or central nervous system problem. Either way, see your doctor. Discuss your use of supplements, as well as aspirin, with your doctor, since certain supplements may have an effect on blood clotting.

For example, chamomile, horse chestnut, and fenugreek may enhance the risk of bleeding in some individuals.

### Sidestepping Metformin's "pitfalls"

**Q.** You've written that the best drug to use for type 2 diabetes is Metformin. I couldn't agree more. I was doing well on it for many years, but my kidney doctor took me off of it in January because it was affecting my kidneys. I haven't been on anything else since and now my blood sugars are rising. Do you have any suggestions that I can bring to the attention of my doctor?

**A.** If you have high blood sugar it is important to take active steps to control your levels.

Unfortunately, the FDA still issues outdated guidelines about restricting Metformin. You have had the common experience of a physician discontinuing this proven blood sugar medication—probably due to elevations in creatinine levels, which is a sign of kidney function. Since Metformin is the best drug to use for keeping blood sugars low, I suggest asking your doctor to check your kidney function again. If your creatinine levels are back to normal, it may be safe to start taking Metformin again.

Also it is very important to supplement your diet with a B vitamin complex if you are a diabetic and taking Metformin. (Stay tuned for the December issue of *Insider's Cures* to hear more about my perspective on this).

In addition, there are several non-drug approaches to managing blood sugar. First, avoid all processed foods, beverages and sugars. But remember, fruits (containing fructose) are fine. Losing weight also helps a great deal. Take a short walk after meals, especially after dinner.

This will help move sugar from your blood and into your tissues. Recent research shows that South African red bush also helps maintain healthy blood sugar levels. And it also helps muscle tissues use blood sugar more effectively after meals. You can get the brand of red bush that I helped develop, called Red Joe, at [www.drnicozzi.com](http://www.drnicozzi.com). 