

DR. MICOZZI'S

# **INSIDERS' CURES**

## **Recommended “DEADLY” Allowance:**

*Exposing the Mainstream's “RDA  
Roadmap” to Ruining Your*

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There’s a frightening misconception in our nation regarding the medical establishment’s understanding of basic nutrition.

Clearly mainstream medicine is having a hard time with complex diseases like Alzheimer’s, cancer and heart disease, but they must have an understanding of basic nutrition, right?

Not so. Like a snowball of ignorance rolling down a steep slope, modern medicine has such a misunderstanding of vitamins, nutrients and minerals (and how much you actually need to have an effect on your health), it has transformed into a massive avalanche of misinformation.

The blind leading the blind, the malnourished leading the malnourished...

The government is no closer today to giving people truly sound nutritional advice than they were a decade ago.

I remember exchanging communications a few years ago with one of the leading Ph.D. nutritional experts at Johns Hopkins in Baltimore. He’s a very influential figure in the American Society for Clinical Nutrition and plays a big role in helping determine the actual RDAs for our country.

Never one to shy away from confrontation, I asked him flat out why he still didn’t accept that optimal nutrient intakes need to be higher than the established RDAs. He responded simply, “there is no evidence.”

By what standard?

Maybe he and his colleagues haven’t been reading the *Journal of the American Medical Association* for the past 10 years.

But if we wait for all the evidence sought by some of the non-medical, Ph.D. career scientists we’ll all be dead. Probably from some preventable disease. (And don’t forget that these ivory tower so-called “experts” live on salaries that are publicly funded by the credo that we always need more research anyway).

The evidence is clear—and has been for at least a decade. So do yourself, and your health, a favor and forget about the “bare minimum” RDAs. Instead, strive for optimal nutrition.

## **FACT: Government RDAs don’t even come close**

Ten years ago, two landmark studies were published in the *Journal of the American Medical Association (JAMA)*.<sup>1</sup>

They revealed that the dietary standards set by the U.S. government are grossly inadequate.

These two studies should have changed the way doctors viewed the role of optimal nutrition in preventing and treating chronic diseases.

Yet, here we are—a decade later. And the government recommended dietary allowances (RDAs) are still the only benchmark conventional doctors acknowledge and recommend.

In those decade-old *JAMA* articles, the researchers gathered more than 150 studies. And after carefully examining all the data, they determined just how much of several common vitamins most people need each day to help prevent today’s chronic diseases. Including heart disease, cancer, diabetes and osteoporosis, as well as infectious diseases.

But, in many cases, what they found was vastly different from even the most current government RDAs. Which, by the way, were recently evaluated and revised!

Take a look at the chart below, which shows the current RDA of several specific nutrients, compared to the optimal amounts determined by the *JAMA* articles back in 2002.

Obviously, the government is still hopelessly out of touch with what the human body really needs for optimal health.

## **The 10 most devastating deficiencies facing your health today**

You may think a vitamin deficiency will manifest itself with subtle signs, like fatigue or brittle fingernails. But sometimes, common deficiencies cause big problems.

And doctors miss them because they’re so busy looking for a disease or treating a symptom, instead of pinpointing a nutritional deficiency.

This happens more often than you would think.

Here’s one reason why...

The government’s Recommended Daily Allowances for vitamins and nutrients are woefully inadequate. They’re not set at levels that help you achieve optimal health. They’re set at levels to keep you from developing a frank nutritional deficiency.

So for example, the RDA for vitamins C isn’t enough for you to achieve optimal health. It’s just enough to keep you from developing scurvy.

That’s why if you try to follow the government’s advice about nutrition, you’ll come up short every time.

No wonder Americans are still getting sick. Most of us only get enough nutrients to keep us safe from the diseases of under-nutrition that plagued 19<sup>th</sup> century populations.

But even if you’re healthy enough to avoid scurvy, you can still develop serious nutritional deficiencies. And they can cause big problems. Here are what I consider to be today’s most egregious offenses.

### Vitamin D is back (but is it enough?)

Today the government does (finally) recognize that vitamin D deficiency is a serious problem—even by their standards.

Current estimates show that up to 30 percent of the population isn’t getting the RDA. But the true dimensions of the worldwide vitamin D deficiency epidemic are likely a lot higher from the standpoint of optimal nutrition.

Meanwhile, at the same time, they tell everyone to avoid sun exposure, which is critical for achieving and maintaining even the RDA vitamin D levels. (For the record, you should aim for 15-20 minutes of direct sun exposure—on the arms and legs—per day, at least three times per week. *Without* sunscreen.)

### And that’s just the start...

The current RDAs for our most important nutrients simply won’t help you reach optimal levels of health. There’s a very good chance you’ve been walking through life on short supply, just making do and never achieving the highest bar set for your health. But imagine how simple it could be to fix to your health just by increasing your intake of these nutrients.

And it’s easy to do because you can find bio-available forms of all of these nutrients. You just have to know the REAL levels you should strive for and ignore the spoon-fed misinformation the Government keeps pushing towards you.

Below is a simple chart highlighting today’s most obvious deficiencies. It’s a quick reference tool you can use to make sure you’re getting enough and ignoring the government’s garbage.

Nutrient	Current government RDA	RDA Optimal amount (via 2002 JAMA articles)
Folate	400 micrograms	800 micrograms
Vitamin A	3,000 IU for men 2,333 IU for women	15,000 IU
Vitamin B6	1.3 milligrams for adults up to 50, 1.7 milligrams for men over 50, 1.5 milligrams for women over 50	3 milligrams
Vitamin B12	2.4 micrograms	9 micrograms
Vitamin C	90 milligrams for men 75 milligrams for women	2,000 milligrams
Vitamin D	600 IU	2,000 IU (but safe in does up to 30,000 IU)
Vitamin E	15 milligrams	70 milligrams

What’s the best way to correct for these mistakes?

Believe it or not, supplements aren’t always the answer. You see, on their own, these vitamins don’t include the other critical nutritional components in healthy foods and vegetables (like lycopene and lutein, for instance).

It stands to reason that plants, which thrive outdoors, must have some built-in protection from the elements. Indeed, they’ve developed antioxidants to protect them from oxidation and “free radicals” that are inevitable parts of constant exposure to oxygen in the atmosphere and to regular climatic events.

So eating a nutritious, balanced diet is truly the best way to get all the biologically active and beneficial compounds you need for optimal health, whether the RDAs even recognize them or not.

Of course, I don’t mean to diminish the importance of those RDA nutrients. It’s just that you’ll get even more benefits if you opt for whole foods that contain them. Because these food sources also offer other benefits that still aren’t even on the government’s RDA radar screen yet.

Here are the best food sources for the RDA nutrients listed in the chart above.

**Folate** - Dark green, leafy vegetables (like broccoli, Brussels sprouts, cabbage, kale, spinach); asparagus; avocados; bananas; beans; oranges; yeast

**Vitamin A** - Organ meats, fish, shellfish, egg yolks, fruits and vegetables (some carotenoids in fruits and vegetables are converted to vitamin A in the body)

**Vitamin B6** - Poultry, fish, shellfish, soybeans, bananas, nuts, peas

**Vitamin B12** - Poultry, fish, meat, eggs

**Vitamin C** - Broccoli, citrus fruits, melons, peppers, strawberries, tomatoes

**Vitamin D** - Saltwater fish, fish liver oil, liver, fortified milk (and while it’s not a food, don’t forget about a critical source of vitamin D: sunshine)

**Vitamin E** - Nuts, vegetable oils, wheat germ

One quick note for vegetarians and vegans. Take another look above at vitamins A, B6, B12, and

D. Most of these key nutrients come from animal sources. Unfortunately, the average human just can’t get optimal nutrition from a diet that doesn’t include meat. So vegetarians and vegans should always take high-quality supplements to achieve optimal levels.

### A frightening deficiency...

I mentioned vitamin B12 in the list above, but it deserves special mention. Because, as you may have noticed,

you find vitamin B<sub>12</sub> in eggs, meat and milk. Basically, you get it from all the things you’ve been told to avoid eating.

But the process of absorbing vitamin B<sub>12</sub> from the diet is complex even if you are eating enough of the food sources. The stomach must first make a substance called intrinsic factor (IF). This binds to the B<sub>12</sub> so that it can be absorbed lower down in the intestine.

The good news is that you can reverse B<sub>12</sub> deficiencies just as quickly as they come on.

If you have a B<sub>12</sub> deficiency, you should get a B<sub>12</sub> injection. This is the best way to get your levels up quickly. Plus, it’s a good option, given the difficulty absorbing it through the GI tract. But for the long-term maintenance, you can take a high-quality B<sub>12</sub> supplement. Look for the liquid sublingual form that you place under your tongue. You’ll absorb this better than a tablet.

But vitamins aren’t the only area where our government is just plain oblivious. Minerals are often just as misunderstood—and consequences just as dangerous...

### The Great Mineral Mix-up

Let’s start with a key mineral that many people are sorely lacking—calcium.

Right now the Recommended Dietary Allowance (RDA) for calcium is 1,000 mg per day for all adults between 19 and 50, as well as for men over 50. That number increases slightly, to 1,200 mg per day, for women over 50.

The government is continually considering raising these RDAs. But over two-thirds of the U.S. population fails to meet even the current

requirements. (Let alone the optimal amount, which is at least 2,000 mg per day.)

### **In fact, 90 percent of the people who need it most aren’t getting enough.**

Even worse, over 80 percent of middle-aged women, and nearly 90 percent of adolescent girls don’t meet the current requirement. Doctors don’t always understand the importance of calcium in older women to prevent osteoporosis.

But the shortfall in younger women represents a real problem in girls who are still growing and young women still of childbearing age who may become pregnant with growing fetuses. (And the potentially harmful effect on bones is compounded by the widespread deficiency of vitamin D, as I mentioned in the previous article.)

But in this instance, supplementing isn’t always sufficient.

### **Be careful with calcium supplements**

Supplement sources of calcium come in many forms. And the calcium content varies in each. Most supplements only contain between 40 and 160 mg of calcium. Which makes it difficult to get even the RDA—let alone the optimal amount—with supplements.

But if you’re going to take a supplement, calcium carbonate is the best choice. It contains the highest percentage of calcium (40 percent). And it’s safer than some of the other common calcium supplement options, like bone meal and dolomite. (Both of these may be contaminated with toxic metals such as cadmium and lead.)

But, as usual, it’s better—and often necessary—to simply get calcium from food rather than supplements. The relatively large daily doses of calcium required make it difficult to pack it all into a pill. Plus, as I mentioned earlier, whole foods generally offer numerous health benefits, beyond what you could get from any single nutrient.

But there’s one big misconception that persists when it comes to getting calcium from your diet...

### **How the Chinese get plenty of calcium—without eating ANY dairy**

Despite the impression we’ve all been given, milk isn’t the only source of calcium. In fact, Chinese cooking doesn’t use any dairy products at all. Yet, it appears the Chinese get plenty of calcium in their diets without it. Diseases we associate with low calcium (like osteoporosis) are remarkably rare in China.

Don’t get me wrong—if you like dairy, by all means go ahead and keep it in your diet. But if you want to get the most calcium from the dairy you consume, don’t choose the full-fat varieties. It’s true that some fat is absolutely essential to a healthy diet. But, in this instance, a little less fat is actually a good thing.

Believe it or not, skim, 2 percent, and buttermilk actually contain more calcium than whole milk. The same is true for low-fat yogurt and cheese.

But, again, these aren’t the only sources of calcium.

Fish such as sardines, salmon, smelts, anchovies, and herring (especially canned with the bones) are all terrific, healthy foods that are also high in calcium.

Dark green, leafy vegetables such as turnip greens, broccoli, kale, collard greens, bok choy (Chinese cabbage), mustard greens, and okra are also high in calcium. (And they’re also largely the same vegetables that protect against cancer.)

You can also get a modest amount of calcium from seeds, tofu, and nuts (almonds, Brazil nuts and filberts are all good sources).

But there is one warning you need to be aware of: **Some “calcium-rich” chewable antacids have a sinister hidden ingredient.**

If you or someone you know uses chewable antacids—especially as a source of calcium—beware!

While some chewable antacids do contain the preferred form of calcium—calcium carbonate—some also contain aluminum. And even in small doses, aluminum can cause calcium loss and harm bones. There are also concerns about possible long-term dementia risks.

The dangerous deficiency no one is talking about...

Thanks to inadequate government dietary recommendations, history may be repeating itself. The risk of iodine deficiency—and all of its consequences—is back with a vengeance. And, unfortunately, it’s even more widespread than it was years ago.

### **The No. 1 cause of preventable brain damage**

Goiter is only one of the problems caused by insufficient iodine intake. Deficiency has also been linked with fatigue, reproductive disorders in women, and prostate, breast, ovarian, and uterine cancers.

Prolonged iodine deficiency also has severe effects on the normal development of the brain and nervous system. In fact, according to the Centers for Disease Control, iodine deficiency is “the number one cause of preventable brain damage.”

The key word here is “preventable.” Indeed, iodine deficiency is easily preventable...if you don’t follow the government’s dietary recommendations.

### **The easiest ways to get the iodine you need**

In this instance, the government RDA is actually correct. Unfortunately, their other recommendations may be keeping people from reaching it.

The U.S. Institute of Medicine’s (IOM’s) recommended dietary allowance (RDA) of iodine is as follows:

- Adults and adolescents: 150 mcg/day
- Pregnant women: 220 mcg/day
- Lactating women: 290 mcg/day
- Children aged 1-11 years: 90-120 mcg/day
- Infants: 110-130 mcg/day

The World Health Organization’s recommendations are similar, although they recommend 200 mcg/day for pregnant and lactating women and 50-90 mcg/day for infants younger than 1 year.

The good news is, protecting yourself from iodine deficiency is very easy to do. You can generally get all the iodine you need simply from eating salt-water fish and seafood (which is also very healthy in many other respects). And of course, iodized salt.

#### Citations:

1. “Vitamins for Chronic Disease Prevention in Adults: : Scientific Review,” *JAMA* 2002; 287(23): 3,116-3,126



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