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BEWARE the FDA 's latest plan to "help" dietary supplement consumers

"I'm from the government and I'm here to help you." Once again, the U.S. Food and Drug Administration (FDA) has set out to prove that these are the 10 most worrisome words in the English language.

What is the FDA up to this time? It's recommending changes to the Nutrition Facts labels you see on food packages and the Supplement Facts labels you see on dietary supplements.

On the surface, this seems pretty harmless—perhaps even helpful. For instance, the FDA wants food labels to reflect realistic serving sizes and to state how much sugar has been added to a product.

But hidden in all the FDA's self-aggrandizing PR about how these new labels will make your life better are some proposed changes that could seriously affect your health.

Bottom line: The FDA wants to reduce its recommended Daily Values (DVs) for nutrients you literally cannot live without.

When less isn't more

That's right—the FDA actually wants you to take *fewer* B vitamins, copper, selenium, chromium, and zinc. Nutrients that fight cancer, prevent cognitive impairment, give you energy, help you manage stress, manage cholesterol, and balance your blood sugar.

So how does this translate into a Nutrition Facts label? Let's say the label on a carton of skim milk says a serving of that milk contains 20 percent of the vitamin B12 you need each day. But if the FDA gets its way, the new label will say that a serving gives you a larger percentage of B12.

Sneaky, right? By lowering the DV for vitamin B12 and other nutrients, the FDA will make you think you're getting more of those nutrients per serving of food, when instead, you're actually getting fewer.

This plays right into Big Food's hands. Manufacturers can save millions of dollars with lower doses of nutrients in their "fortified" foods and still claim they're providing 100 percent of the recommended DVs.

The same reasoning applies to Supplement Facts labels. On a multivitamin, for instance, the current label may say that one serving contains 100 percent of your DV for vitamin B12. But if the FDA succeeds in lowering the B12 DV, your multivitamin could say you're getting a percentage of B12 that's so high, it can seem dangerous.

Of course, that's good news for big pharma, which can then get away with even smaller doses in its already-useless daily multivitamins.

And in the end, the new DVs will further the FDA's long-held stance that dietary supplements "don't work," because the proposed doses will be even more inadequate.

The FDA's recommended DVs for the dietary supplements you use every day have always been shockingly low. But if this government agency has its way, they will soon be *catastrophically low.*

Granted, the FDA is proposing that DVs for magnesium and vitamins C and D be increased. But the new levels are still woefully insufficient according to the latest research.

This new labeling initiative boils down to the fact that the FDA remains ignorant, if not outright hostile, to dietary supplementation to prevent diseases. It's sad but true: Even with the tens of billions of tax dollars spent every year on health research, the government-industrial-medical

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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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complex remains willfully in the dark when it comes to basic human biology, diet, and nutrition.

But the news is not all gloomy. You still have time to **take action** against the FDA's proposed new food and supplements labels (see "Make your voice heard" page 4).

Here's what you need to know to make an informed comment about the FDA's catastrophic new labeling plans.

A lesson in Daily Values

The FDA's recommended Daily Values are meant to provide a simple guideline on how much of a nutrient the average adult needs each day. But the government relies on nutritional science that is hopelessly out of date to set these DVs. In fact, in many cases, research shows DVs should be substantially higher than what federal bureaucrats believe.

The FDA's proposed labeling changes are ostensibly meant to update "outdated" DVs. But for consumers who are not well versed about dietary supplementation, the new DVs are shamefully misleading.

As my friend and colleague Dr. Ron Hoffman says, the proposed new DVs are like "rearranging the deck chairs on the Titanic—it looks like they're arbitrarily reshuffling nutritional standards that, by and large, are abysmally low."

Basically, the FDA is proposing three key changes to the recommended DVs on food and supplements labels. Each of these changes is a giant step backwards for nutritional science. Not to mention good health for all Americans.

Change #1: B vitamins and minerals

The FDA has proposed lower DVs for **vitamin B2** (riboflavin) despite the fact that B2 is essential for helping the body absorb other key nutrients—and it is nearly impossible to get too much of it.[1]

The FDA also wants to cut DVs for **vitamins B6 and B12.** Even though the potential toxicity of B12 is practically nonexistent. (The threat is so low, the Institute of Medicine never set an upper limit for it.) Plus, research shows that 39 percent of the population doesn't get enough of this key vitamin.[2] Vegetarians and people who take over-the-counter antacids or the diabetes drug Metformin are particularly prone to B12 deficiency.

Inadequate levels of vitamin B12 can cause weakness, fatigue, bruising, and stomach problems. Severe deficiency may lead to anemia, cognitive impairment, depression, and nerve damage.

Vitamin B6 deficiency often appears together with B12 deficiency. A lack of B6 may lead to anemia, confusion, depression, and impaired immune function.

The FDA also wants to lower the DV for two other B vitamins—B5 (pantothenic acid) and biotin (vitamin B7).

Vitamin B5 is key for helping your adrenal glands manage stress, and can also lower cholesterol. There is no known dose of B5 that is toxic to humans.

Biotin is important for balancing blood sugar. In the midst of our modern diabetes epidemic, reducing the biotin DV is incomprehensible.

In addition, the FDA wants to change how **folate** (vitamin B9) is listed on dietary supplement labels. It's complicated, but this change could effectively ban natural folate from supplements and restrict it to drug company use. I will tell you more about how this ploy is playing out in a future article.

For now, suffice it to say that if the

FDA succeeds with its folate plan, it would be a major loss to natural health. Not only does this critical vitamin help prevent birth defects, but it has also been shown to fight cancer and depression.

Unfortunately, the FDA isn't stopping its DV-lowering mania with B vitamins, either. It's also targeting the essential minerals copper, selenium, zinc, and chromium.

Like biotin, **chromium** is key for balancing blood sugar. And **selenium, copper,** and **zinc** fuel key antioxidant enzymes in the body.

There is also abundant evidence of selenium's benefits in preventing cancer and other chronic diseases. Yet the FDA still wants to lower the DV to just 55 mcgs.[3] (This dose, incidentally, is identical to the level set the by world's ultimate bureaucracy—the European Union). While it certainly is possible to get toxic doses of selenium, I believe that 200 mcg a day is more appropriate for disease prevention.

Change #2: Vitamins C and D, magnesium, and calcium

As I mentioned earlier, the FDA is proposing increased DVs for several nutrients—vitamins C and D, magnesium, and calcium. Unfortunately, these supposedly "improved" dosages are still negligently low.

The proposed new DV for **vitamin C** is 90 mg. However, some experts recommend as much as 2,000 mg daily of this key nutrient. A dose that has been shown to help boost immunity and prevent cardiovascular disease, cancer, cataracts, and gout. And because your body routinely flushes out any excess vitamin C, it's difficult to overdose on this vitamin.

In the face of a long-standing national epidemic of **vitamin D** deficiency, the FDA has finally decided to raise the DV for this powerhouse nutrient to 800 IU. But the ideal amount of D, which research shows helps prevents everything from cancer to depression, is at the very least 2,000 IU a day, increasing to 5,000 IU depending on your weight and metabolism.

The DV for **magnesium,** which can reduce the risk of cardiovascular disease, type 2 diabetes, and osteoporosis, is being raised to 420 mg. The optimal amount varies greatly by individual and lifestyle, but is generally closer to 500 mg a day.

And then there's **calcium**—the only nutrient DV that the FDA has actually increased too much, apparently not understanding that the only way to get optimal calcium is from the diet. Trying to formulate or take appropriate levels of calcium supplements is a fool's errand—and yet, the industry is full of useless calcium supplements.

The FDA proposes boosting the calcium DV by 30 percent, despite well-documented evidence that too much of this mineral may increase the risk of cardiovascular disease—especially if it's not taken in the appropriate form or isn't accompanied by enough magnesium and vitamins D and K2.[4]

Change #3: Vitamins A and E

The FDA's proposed alterations to how vitamin A and E are labeled on dietary supplement containers seem subtle. But the effects are definitely far from subtle.

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Nutrient	DV	Optimal dose based on the latest research
Vitamin B2 (riboflavin)	1.3 mg	50 mg
Vitamin B6	1.7 mg	50 mg
Vitamin B12	2.4 mcg	100 mcg
Vitamin B5 (pantothenic acid)	Less than 5 mg	50 mg (but there is no upper level that is known to be unsafe)
Vitamin B7 (biotin)	30 mcg	15,000 mcg
Folate	400 mcg	400 mcg
Vitamin A	3,000 IU	15,000 IU
Vitamin E	15 mg	2,000 mg (mixed tocopherols)
Vitamin C	90 mg	2,000 mg
Vitamin D	800 IU	2,000-5,000 IU
Chromium	25-30 mcg	450 mcg
Selenium	55 mcg	200 mcg
Copper	900 mcg	1 mg
Zinc	8-10 mg	35 mg
Magnesium	420 mg	500 mg
Calcium	1,200 mg	There is no calcium supplement that is safe and effective. You must get calcium from food: dairy, eggs, fish, meat.

The FDA wants to measure **vitamin A** in a new way that eliminates the distinction between synthetic and naturally derived versions of the vitamin. But because synthetic vitamin A metabolism varies substantially among people, you might not be getting the actual amount of the vitamin the supplement label says you are.

For **vitamin E,** the FDA plans to only recognize one form: alpha-tocopherol. But there are actually eight different active forms of this remarkable vitamin. Failure to use these different forms in some studies has led to false alarms about the "risks" associated with vitamin E (most notably a supposed increased risk of heart disease).

But studies that have used the proper forms (by way of a mixed tocopherol supplement) and adequate doses of vitamin E have shown that the vitamin can substantially reduce serious threats like breast cancer and Alzheimer's disease.[5,6]

Overall, the proposed new FDA Nutrition Facts and Supplement Facts labels appear to fly in the face of the latest nutritional and genetic science, or simply use inappropriate science. And that not only puts your health at risk, but also moves the country backwards in terms of recognizing the need for improved dietary supplementation.

The FDA needs to be stopped. Protest these disastrous changes to the labeling laws today and let the government know you can live—and thrive—better without its misguided "help." IC

Citations available online at www.DrMicozzi.com

Make your voice heard

Let Big Bureaucracy know that you won't stand for reduced daily values of dietary supplements that are scientifically proven to fight disease and save lives.

You can comment online at http://www.regulations.gov or by mail at:

Division of Dockets Management (HFA-305)
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Rockville, MD 20852

Make sure to include "FDA Docket No. FDA-2012-N-1210" and "RIN 0910-AF22" on any mailed comments.

NEWS BRIEF

The simple vitamin working wonders for Parkinson's patients

Parkinson's disease is a difficult condition. There are no mainstream treatments that can cure this disabling disease. But some natural treatments do show promise for relieving symptoms.

Several studies have found that nicotine actually helps many people with Parkinson's. It protects their brains and aids in the release of dopamine, the "feel-good" chemical.[1,2] You don't necessarily have to smoke cigarettes to get this effect, though. Nicotine gum, patches, or electronic cigarettes are all widely available.

Recent research suggests vitamin D can also make a big difference for people suffering from Parkinson's. This powerhouse vitamin has so many positive health benefits, it is getting hard for doctors to keep up. But I will keep you ahead of the rest.

A new study of 286 men and women with Parkinson's disease found those who had higher vitamin D levels in their blood had fewer symptoms, better cognitive function, and lower depression rates.[3] Results were even stronger in the subjects who already showed some signs of dementia.

You can get vitamin D from exposure to the sun, but anyone who has endured a northern winter knows that's not always possible. Wearing sunscreen also prevents you from soaking up this sunshine vitamin. And there aren't a lot of good food sources—salmon, tuna, and vitamin D-fortified milk and cereal are your main options.

So it's no surprise that vitamin D deficiency is epidemic in the U.S. and worldwide. But there is something you can do about it. And it's simple. Take a vitamin D3 supplement (5,000 IU) every day. This dose is good for general health and well-being. If you have Parkinson's disease, you should work closely with a physician to determine the best dose for your individual needs.

Citations available online at www.DrMicozzi.com

Nine big fat myths still being mouthed by "experts"

"Fat and cholesterol are bad." How often have you heard that? Even though these innocent nutrients are so essential that we literally could not live without them, we're still barraged every day by old myths and misconceptions promulgated by fat phobics and cholesterol cholerics.

Even worse, these myths continue to come straight from the mouths of paid experts who really should know better by now.

It is astounding to me that decades-old, ill-informed comments and recommendations about fat and cholesterol are still being made today. Despite the lack of any real proof—and a bunch of evidence to the contrary.

Here's a look at nine commonly repeated fat and cholesterol "facts" that are as mythical—but long-lived—as the nine lives of a cat.

Myth 1: Fat will make you fat and unhealthy

Yes, fat does have more calories than carbohydrates or protein. But this caloric density actually makes fat more nutritious. It's the only food source of vitamins A, D, and E, for example. And we all know how important these vitamins, especially D, are to good health—and how deficient most people are today.

Fat also tends to be very filling and satisfying, so there is less of a tendency to overeat. Which leads me to Myth 2…

Myth 2: Low-fat is the optimal weight-loss diet

During the 1960s and '70s, some influential scientists came to believe that saturated fat was the main cause of heart disease and some cancers. Although there was not a single study in humans that proved this misguided notion, politicians jumped on board. And the low-fat diet was recommended to all Americans beginning in 1977.

It became the largest uncontrolled experiment ever foisted on the American people.

But the low-fat diet has now been thoroughly studied. And it should have been put to rest following the largest controlled clinical trial in nutritional history—the Women's Health Initiative, which I originally helped put together.

One Women's Health Initiative analysis of nearly 50,000 postmenopausal women showed that participants who followed a low-fat diet only weighed one pound less after eight years compared to the women who ate a normal, well-balanced diet.[1] Plus, the low-fat group didn't have any lower rates of heart disease or cancer.

In other studies, a low-fat diet was actually associated with lowering HDL "good" cholesterol[2] and reducing the size of LDL "bad" cholesterol.[3] And while it seems counterintuitive, smaller, denser LDL cholesterol molecules are actually more likely to build up in arteries than larger, "lighter" particles.

So not only will you not lose weight on a low-fat diet, but it can potentially kill you. Talk about a big fat myth.

Myth 3: Processed, low-fat foods are healthy alternatives

When the low-fat craze took hold in the '70s and '80s, food manufacturers figured out how to remove fat from their products and make a bundle selling these higher-priced "healthy" alternatives. The problem was, without fat, the foods tasted terrible. So to combat this problem, manufacturers simply loaded low-fat foods with sugar, corn syrup, and tasty artificial chemicals instead.

But sugar—not fat—is the real culprit behind obesity and obesity-related diseases like type 2 diabetes and heart disease.

Nevertheless, sales of low-fat, high-sugar foods have skyrocketed as consumers attempt to follow faulty nutritional advice without having to give up their favorite foods.

In fact, according to a new study published in the *American Journal of Clinical Nutrition*, processed foods account for 75 percent of the added sugar in the average American's diet.[4]

Of course, the best course is to avoid food that requires processing to make it low fat, low carb, or low anything. The purpose of eating is not to consume "low" foods with empty calories, but to eat highly nutritious foods.

Myth 4: You'll have a heart attack if you eat saturated fat

The idea that saturated fat raises the risk of heart disease was initially based on flawed studies that clueless politicians, abetted by political scientists, somehow made into public policy.

The saturated fat myth is based on a chain of misconceptions. We've since learned that consuming saturated fat does not really appear to raise LDL "bad" cholesterol by much.[5,6] (Even assuming that cholesterol is the culprit behind heart disease in the first place—see Myth 6).

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Saturated fat actually appears to change LDL from small, dense particles that can clog arteries to larger, lighter particles that are mostly benign.[7] Further, saturated fat appears to raise HDL "good" cholesterol.

So, if anything, saturated fat seems to actually improve cholesterol profile in terms of supposed heart disease risk factors.

Still not convinced? Consider this: In 2010, researchers reviewed data from 21 studies involving 347,747 participants and found no evidence that saturated fat consumption increases the risk of heart disease.[8]

You can't get much more proof than that.

Myth 5: Saturated fats are the same as trans fats

Trans fats are also known as partially hydrogenated fats. They do not occur in nature, but instead are manufactured in a highly artificial—and toxic—process that makes liquid fats solid and thus easier to cook with. Trans fats extend the shelf life of processed foods, which is why you'll find them in everything from cakes to chips.

Trans fats pack a double health whammy: They raise bad cholesterol and lower good cholesterol, increasing your risk of heart disease, stroke, and diabetes.[9] Even the FDA recognizes trans fats' harm and has belatedly banned them. (See "FDA finally sees elephant in the room… and it's a fat one" in the December 10, 2013 *Daily Dispatch*.)

Many experts and organizations lump trans fats and saturated fats together and label them all as "bad fats." But as we learned above, saturated fats are safe. It's the artificial trans fats that are totally toxic and have no place in any diet.

Myth 6: Foods that contain cholesterol will kill you

Cholesterol in food is broken down during digestion and has no correlation to the cholesterol that circulates in the blood. Nor does dietary cholesterol intake correlate to heart disease.

Advising people to throw out the yolks and only eat egg whites is just about the most ridiculous and wasteful advice in the sad history of diet and nutrition recommendations.

I repeat: Cholesterol in food is not the same as the cholesterol we've all been taught (misguidedly) to fear.

This tragic lack of basic knowledge and understanding has led to excellent, healthy foods such as eggs, lobster, and shrimp being consigned to the "bad list" simply because they contain cholesterol. To this day, so-called experts still drone on about how many eggs or shellfish servings you can "get away with."

There is nothing wrong with eating shellfish if you enjoy it. And eggs are actually nature's perfect food, packed with minerals, vitamins, and other nutrients. But keep in mind these nutrients are found in the yolk, which is also the part of the egg that contains cholesterol. Advising people to throw out the yolks and only eat egg whites is just about the most ridiculous and wasteful advice in the sad history of diet and nutrition recommendations.

Myth 7: LDL cholesterol is evil

Mainstream medicine is obsessed with lowering total and LDL "bad" cholesterol in the blood. But while cardiologists drop the LDL limit ever lower, endocrinology doctors who are experts in human metabolism are crying foul.

Studies have found that total and LDL cholesterol levels are poor indicators of heart disease compared with other risk markers.[10] (See "Seven critical heart health markers more important than cholesterol" in last month's *Insiders' Cures*).

I also recently reported on a study of 231,986 patients hospitalized for heart disease. Half of them had normal LDL cholesterol levels.[11]

And in older people, there are studies that show that the higher the cholesterol, the lower the risk of heart disease.[12]

My late colleague, Dr. Arthur Schatzkin of the National Cancer Institute, first showed that low cholesterol is a risk factor for cancer nearly 30 years ago. Recent studies have found low cholesterol is associated with higher mortality worldwide—not only from cancer, but also suicide.[13]

Myth 8: Margarine is better than butter

As the U.S. government made the saturated fat myth official in 1977, margarine manufacturers and their ad agencies stepped up the opportunity to sell their unpalatable, slick chemical sticks as "healthy" substitutes for real butter.

But the truth is, most margarines contain large amounts of unhealthy processed vegetable oils and added trans fats. In fact, the well-respected Framingham Massachusetts Heart Study shows that eating margarine substantially increases the risk of heart disease, while butter has no effect.[14]

And an Australian study of 458 men who had recently had a cardiac

event found that those who increased their margarine and vegetable oil consumption were a whopping 70 percent more likely to die of heart disease than their butter-eating peers.[15]

"Margarine, the toxic toast topper." Now that's an ad I'd like to see.

Myth 9: Corn and soy oils are heart healthy

I'll finish with a myth that seemingly came out of nowhere: The corn and soy oils sold in grocery stores are somehow healthy.

Vegetable oils contain unsaturated fats, and thus are touted as a healthy substitute for saturated fats like butter. But, as I discussed in "The curious case of corn" in the June 17, 2013 *Daily Dispatch*, the practice of irradiating corn seeds over many decades has created a genetically modified food and oil that is now virtually devoid of nutritional content.

Soybeans are even worse—93 percent of all soy planted in the United States in 2013 was genetically engineered.[16]

And that's not all. Research shows corn and soybean oils are high in omega-6 fatty acids.[17] Too many omega-6s can lead to inflammation—one of the chief markers for heart disease, type 2 diabetes, and other serious diseases.

Furthermore, a study showed that soybean oils commonly sold in the U.S. can actually contain trans fats, which have been linked to heart disease.[18]

Despite all the research showing that these nine myths are nothing more than fairy tales that haven't come true, I continue to see warnings from nutritional "experts" about the evils of fat and cholesterol.

But now you know better. Just say no to these outrageous misconceptions that have been promulgated upon the American people over the last four decades. Your body and your brain will thank you.

Citations available online at www.DrMicozzi.com

What's *really* causing the drop in colon cancer?

In March, the American Cancer Society announced that colon cancer rates have fallen by 30 percent over the past decade in people older than 50.[1] Not surprisingly, the lame-stream media and government-industrial-medical complex are giving credit to the massively increased use of colonoscopies.

But is it correct or fair—not to mention safe—to jump to that conclusion?

While it's great news that colon cancer rates are dropping, the fact is that nobody can honestly tell you why.

To its credit, The American Cancer Society (ACS) didn't rest all its laurels on colonoscopies. It claims colon cancer incidence has decreased for several reasons.[2] But not all of them are valid. Let's take a look at each one…

Declines in risk factors such as smoking and red meat consumption. Have you ever thought of colon cancer as a smoking-related disease? Smoking rates have certainly fallen, but is that really the reason colon cancer has declined? I would love to see solid evidence supporting this claim. But there is none. It's solely based on politically correct dogma.

And the supposed ills of red meat consumption have turned out to be a red herring, as I have written about frequently. Someone should clue in the ACS that it is no longer the 1970s.

Increased use of aspirin. Aspirin does actually have anticancer properties, probably because it's a natural product derived from white willow and meadowsweet grass. Small-dose aspirin consumption has increased due to its popularity in preventing heart disease. So it makes sense that this could have a side benefit for colon cancer prevention.

More reliance on early detection tests. Note that the ACS is careful to cite "early detection tests." Not just colonoscopies. Of course, this reality will not stop those who benefit from trying to claim that the colon cancer decline is due exclusively to colonoscopies.

But the fact is, these early-detection screening tests include several safe, effective, and inexpensive alternatives to colonoscopies. Such as…

- **Hemoccult test.** This simple stool test detects hidden bleeding and possible cancer higher up in the colon. Research shows this type of screening can decrease the risk of death from colorectal cancer by 33 percent.[3] Not bad for a test that is cheap, completely safe, and noninvasive—and that you can administer yourself in the privacy of your own bathroom.
- **Fecal immunochemical test.** Research shows this test is sensitive, highly specific, and has high diagnostic accuracy. In fact,

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one recent study indicated that the fecal immunochemical test is 95 percent accurate in detecting early-stage colorectal cancer.[4] This test involves collecting a stool sample at home and mailing it into a lab for screening.

- **CT colonography.** This test is sometimes called a "virtual colonoscopy." It uses medical imaging techniques to produce detailed pictures of the colon and rectum—but it is completely noninvasive. In general, CT colonography is done every five years, but radiologists have worked out several more specific guidelines for individual cases—including instances of positive hemoccult tests, and to deal with the frequent problem of an "incomplete colonoscopy."

Remember, no direct comparison has ever been done to show that colonoscopies are any better at cancer detection than these other, safer screening options.

And note that the ACS did not talk about all the perforated colons, peritonitis, lacerated livers, internal bleeding, and deaths caused by colonoscopies.

Furthermore, the alternative screening options listed above are more readily accepted by many people, including those who are at higher risk of colon cancer in the first place.

Any medical test works only to the extent that people are willing to take it. And colonoscopy is a prime example of a test most people would rather NOT take. But we've all been led to believe it is our only option. That simply isn't true. In fact, not only are there the options outlined above…but they're cheaper, safer, and just as effective as colonoscopy (if not more so).

Colon cancer isn't something to take lightly—and neither is screening for it. Talk to your doctor about the less-invasive, safer colonoscopy alternatives. I know I did, and so should you.

And in the meantime, you can read more about the risks associated with colonoscopy in the September 2013 issue of *Insiders' Cures.*

Citations available online at www.DrMicozzi.com

The vitamin that doubles your chances of surviving breast cancer

What the government-medical-industrial complex tells you about preventing and screening for breast cancer is often worthless. But fortunately, researchers have found something you can do to dramatically increase your odds of beating this deadly disease.

And it's as simple as taking a high-quality vitamin D supplement.

A large new study shows that women with breast cancer who have high levels of vitamin D in their blood are twice as likely to survive their cancer compared to women with low levels.[1]

Researchers at the University of California, San Diego, analyzed five studies involving 4,443 women with breast cancer. The women's vitamin D levels were measured when they were first diagnosed with cancer, and then were tracked for an average of nine years afterwards.

The women in the high vitamin D group had an average of 30 nanograms per milliliter (ng/ml) of the vitamin in their blood. The low vitamin D group averaged 17 ng/ml. The researchers noted that the optimal vitamin D level for all people—not just those with breast cancer—should be between 30 and 80 ng/ml.

The researchers believe vitamin D fights cancer in a couple of ways. First of all, the vitamin apparently regulates genes to turn on proteins. These proteins block excess cellular growth—a hallmark of cancer. Vitamin D is also thought to prevent tumor growth and angiogenesis (the growth of blood vessels that supply the tumor).

Given the powerful anti-cancer properties described by the researchers, it makes sense to seek optimal vitamin D levels—and not just avoid deficiency. Remember that in this study, even the women with double the chance of surviving breast cancer were at the low end of the optimal vitamin D range. So imagine what higher levels might do.

But unfortunately, following the government's inadequate recommendations for vitamin D consumption won't cut it. I recommend a daily dose of 5,000 IU of vitamin D for everyone. Though other respected colleagues recommend up to 10,000 IU per day.

If you are diagnosed with breast cancer, consult your physician about measuring your vitamin D blood levels and seeking optimal blood levels with daily supplementation.

Citations available online at www.DrMicozzi.com