DR. MICOZZI'S
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Breaking News

Can slightly elevated blood pressure actually be *good* for your health?

This is the time of year when long summer days and vacations are only memories. Work and school schedules seem to stretch from dawn to dusk. And holiday planning is looming. For those still on the farm, the harvest has to be brought in and the fields and livestock need to be readied for winter.

All of this can add stress to your life. And, as you know, stress is the silent killer when it comes to cardiovascular diseases, metabolic diseases, and other chronic illnesses—in part because it can cause your blood pressure to spike.

But it turns out that not all boosts in blood pressure are bad for you. In fact, surprising new research indicates that moderate increases in blood pressure as you get older may actually be good for your health.

That's right: New studies show that blood pressure levels that are slightly higher than the currently accepted "gold standard" of 120/80 *may not harm* your cardiovascular or cognitive health.

The research is so compelling that a government committee of medical experts recently increased the "safe" blood pressure levels for people over age 60. The committee recommended that treatments to reduce blood pressure for this age group not begin until BP levels are over 150/90.[1]

Other medical professionals are a bit more conservative. As I reported in my Daily Dispatch e-letter back in July, recent discussions in both the *British Medical Journal* and the *Journal of the American Medical Association* recommended raising the level at which drug treatment should begin. (The BMJ article suggested 160/100 as the threshold, and JAMA suggested 140/90).

So how did these eyebrow-raising developments come about? After all, for decades, the most common blood pressure adage has been "the lower, the better." And as I've often noted, managing blood pressure is the single most important step you can take to reduce your risk of cardiovascular disease (see sidebar).

But the practice of medicine is both an art and a science, and it is continually evolving. New, expanding research on different age groups of adults is revealing that my frequent admonition—"moderation in all things"—also appears to be applicable to the concept of healthy blood pressure.

One thought is that blood pressures slightly above "normal" may actually assist older people in maintaining adequate blood circulation to the heart muscle and brain—thus helping to stave off heart attacks and strokes. And slightly higher blood pressure may also help pump more oxygen and glucose to sensitive tissues like the brain, preserving memory and cognition.

Let's take a closer look at this new research, along with steps you can take to manage your blood pressure in light of these new findings.

Moderately high blood pressure may not lead to heart attacks or strokes

A blood pressure reading between 120/80 and 140/90 is considered mild, or early, hypertension. Traditionally, many doctors prescribe blood-pressure lowering drugs to people in this range.

But new research is showing

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In this issue:

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that this practice may actually be dangerous for your health.

Although earlier studies indicated that the risk of heart disease progressively increases as blood pressure rises above 115/75, a June 2014 study showed that lowering systolic blood pressure below 120 in adults with hypertension *did not* reduce the rate of heart disease or stroke.[2]

In this study, 4,480 people were followed for 21 years. At the start of the study, nearly three-quarters of the participants were taking a blood pressure drug, almost one-fifth had diabetes, two-thirds smoked or drank alcohol, and about one-quarter had "high" cholesterol (as defined at that time).

At the end of the study, the researchers found that people whose blood pressure was lowered to a level below 120 didn't have any less risk of cardiovascular disease than the people who remained at the 120 to 139 level.

What's more, the researchers concluded that using drugs to reduce blood pressure below 120 may lead to dizziness, fainting, and other side effects—which can actually increase health care problems and costs over the long run.

An even more recent study found that overly aggressive lowering of blood pressure actually made people's health *worse*.[3]

This study reviewed data on 398,419 people taking blood pressure medications for three to five years. The researchers found that lowering blood pressure below standard levels resulted in greater risk of end-stage kidney disease, kidney failure, and even death.

The lowest risk was associated with a blood pressure reading of precisely 137/71. In people with diabetes (who are at greater risk for kidney disease), the lowest risk was at 131/69. For people age 70 or older, the ideal level was 140/70.

Of course, today's new drugs

The "Goldilocks principle" of blood pressure balance

As I've said many times before, high blood pressure is the single-most important risk factor for heart disease.

Higher pressure in the arteries places more stress and wear and tear on the linings of the blood vessels, which contributes to the development of atherosclerotic arterial disease. And atherosclerotic arterial disease is the cause of heart disease, stroke, and peripheral vascular disease. This factor is particularly apparent when blood pressure hits 180 or higher—a level where treatment is mandated, and may even represent a medical emergency.

Of course, on the other end of the scale, low blood pressure can also pose serious risks, including weakness, dizziness, and fainting. Extremely low blood pressure can deprive your organs of oxygen-rich blood, which can lead to heart, kidney and/or brain damage

So it is important to keep your blood pressure "just right." High enough to maintain adequate blood pressure in order to provide enough blood, oxygen, and glucose to the brain, heart, and other organs. But low enough to keep arteries and blood vessels smooth—and stop cardiovascular diseases from taking hold.

for treating blood pressure may be riskier than staying with the old generic standbys that have already been proven effective over decades for millions of people. My colleague Donald Light, MD, recently published a review of all of the drugs approved by the FDA in the past 30 years. He found that only 10 percent of the new drugs were more effective than the old drugs they were meant to replace. But fully 50 percent of the new drugs were less safe than their older counterparts.[4]

In light of this evidence, I bet that researchers would find that treating blood pressure under 140/90 is less risky if doctors considered using only the older, safer drugs. Unfortunately, that's not likely to happen anytime soon.

Taking pressure off the brain

Of course, blood pressure doesn't just affect the heart. It's also a key component in brain function, including cognitive decline.

Thirty years ago, doctors like me were taught that a "normal" systolic blood pressure was 100 plus your age. So an 80-year-old with blood pressure of 180 was nothing to worry about. Over the years, that thinking changed, and doctors began using more drugs in more patients with elevated blood pressure levels. But interestingly, new research is showing that—at least in relation to the brain—my early medical school teachings may have been right all along.

In an August *Daily Dispatch*, I reported a surprising finding that people who first developed high blood pressure in their 80s or 90s actually had a lower risk of dementia.[5]

And a recent study from Johns Hopkins University found that people who developed hypertension only after age 68 didn't have any more cognitive decline than people with normal blood pressure.[6]

But there is a caveat: The researchers also found that high blood pressure during middle-age was linked to steeper cognitive decline as they grew older.

Lower your blood pressure without drugs

The good news in all of these recent findings is that it looks like we can afford to begin relaxing blood pressure control somewhat—especially as we grow older. And once again we can look to the golden rule of moderation as our guide.

But if you do have blood pressure above the now-recommended treatment levels of 140/90 or 150/90, you should check with your doctor about starting a treatment program (just be sure to insist on older, proven, safer drug treatments).

But there are also non-drug treatments that can help you manage your blood pressure. In fact, there are many proven, effective, and widely available mind-body techniques that can help reduce blood pressure. To find out which ones will work best for you, take the short Emotional Type Quiz at www.drmicozzi.com or read my book, *Your Emotional Type: Finding the Treatments That Will Work for You.*

And as always, good cellular hydration and nutrition are also keys. For more specific advice, you can refer back to my report *The Insider's Secret to Conquering High Blood Pressure & Protecting Your Heart* which you received with your subscription to *Insiders' Cures*.*

One final note of caution: If you monitor your BP at home and find a reading over 180/110, check it again. If it persists, you should seek urgent care to lower it. And be sure to check both arms! IC

Citations available online at www.DrMicozzi.com

Drink up: coffee won't dehydrate you

We're constantly hearing about how important it is to drink eight or more glasses of water a day. But, like many health recommendations parroted by mainstream medicine and popular science, this advice is too simplistic.

For instance, it has been suggested that caffeinated beverages don't count toward our recommended fluid intake.

In the August issue of *Insiders' Cures*, I told you how coffee could soon be touted as the next health drink. Research shows that a few cups of joe a day can help prevent diabetes, liver failure, prostate cancer, depression, and Parkinson's disease.

And yet coffee still gets a bad rap from misguided medical "experts"—particularly when it comes to its supposed ability to dehydrate us. In fact, some of these "experts" recommend drinking an extra glass of water for every cup of coffee you consume to ensure adequate hydration.

I've been studying hydration for a dozen years now, including the importance of hydration at a cellular level. As I've often warned, both mainstream medicine and popular science have a fatally

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flawed, incomplete understanding of hydration—especially when it comes to evaluating its effects *inside* the body's cells, muscles, and other tissues.

One of the most common misunderstandings has to do with coffee. I've been concerned about persistent efforts to give this healthful, natural beverage a bad rap, so I delved deeper into the oft-repeated claim that it causes dehydration.

It turns out that *high doses* of caffeine in coffee can act as a mild diuretic, causing cells to lose water. But as you know, I don't recommend high doses of anything. If you drink coffee in moderation—one to four cups a day—there is plenty of research showing that it's actually not dehydrating *at all.*

Back in 2002, a comprehensive review of 10 studies showed that caffeinated beverages (in moderation) are no more dehydrating than *water itself*.[1]

And a study published earlier this year showed that drinking four cups of coffee a day actually has the *same* hydrating effect on the body as four cups of water.

I'll tell you more about that study in a moment. But first, let's look more closely at how hydration works. And how various beverages—including green tea, and all the artificial, supposedly "super-hydrating" sports drinks —compare to coffee.

The science of hydration

Our blood and tissues have a delicate balance of electrolytes—minerals such as sodium and potassium that are important for many bodily functions. Virtually any fluid you consume—whether it's coffee, beer, or even water—in excess can potentially throw off that electrolyte balance. So to help restore the balance, the body flushes fluids. And if you drink more fluids than your body happens to need at that point in time? More flushing. No matter how supposedly hydrating (or dehydrating) the fluid is supposed to be.

So clearly, maintaining proper fluid and electrolyte balance is a little more complicated than those mindless sports drinks promotions make it sound. And so is actually measuring hydration and dehydration. I have found that the researchers who are best at this measurement are exercise physiologists. (I consulted with an exercise physiologist at Appalachian State University—Alan Utter, PhD—for some early work on South African rooibos.)

The latest research on the hydration effects of moderate daily coffee intake comes from the School of Sport and Exercise Sciences at the University of Birmingham, and the University of Bath, in the United Kingdom.

These researchers directly compared the effects of coffee versus water consumption, using a wide range of validated hydration measurement tests. Study participants included 50 men who habitually consumed three to six cups of coffee per day.[2]

During the study, the men's physical activity, diet, and fluid intake were carefully controlled. Each participant consumed either four cups (about 27 ounces) of caffeinated coffee daily, or the same amount of water.

The researchers discovered that there were no changes in total body water, blood markers, urine volume, electrolyte concentration, or creatinine (measure of kidney function) in either the coffee or the water drinkers from the beginning to the end of the study. The only difference was that the coffee group excreted more sodium than the water group.

Keep your caffeine in your coffee cup

You probably saw the reports recently about a troubling trend regarding caffeine. Pure caffeine powder is being marketed irresponsibly as a dietary supplement claiming to increase alertness and athletic performance. In the aftermath of a fatal overdose in May, the FDA issued a warning about this dangerous supplement.[4]

Just one teaspoon of this potent powder contains the caffeine equivalent of about 25 cups of coffee. That's practically a week's caffeine consumption all at once! An acute overdose like this can result in heart problems, muscle spasms, kidney failure, brain seizures, and even death.

There are certainly much better ways to stay awake or jump-start your exercise regimen. If you want to boost your athletic performance, the first key is proper hydration of muscles and other tissues. As we've already learned, moderate coffee consumption hydrates you as well as water. And of course, it's well known that the caffeine in coffee safely helps keep you alert.

Drink your caffeine in the form of coffee and stay far away from any type of caffeine powder. I'm generally in favor of high-quality dietary supplements, but when it comes to caffeine, it should be obtained from the diet and not from any sort of supplement.

The researchers' conclusion? Moderate coffee consumption (four cups per day) actually hydrates the body *the same* amount as water does.

What about green tea?

So if coffee and water both hydrate you equally, won't green tea do the same thing?

Perhaps. But coffee has so many more proven potent health properties than green tea that it's by far the wiser beverage choice.

Many people regularly drink green tea because of the myth that it provides health benefits, such as reducing the risk of cancer, or helping weight loss. But as I warned in the April issue of *Insiders' Cures*, research shows that you would have to drink a whopping 16 cups a day to get the sort of health boosts promised from green tea. Plus, you're also exposing yourself to unhealthy additives and contaminants in the tea bags and the tea leaves themselves.

Not to mention that studies have not provided clear evidence that drinking green tea (or even taking green tea extract supplements) has any positive effects on preventing cancer.

In fact, a study of 60,000 men and women in Singapore actually found an *increased* risk of colon cancer in people who drank green tea, especially in men.[3] Other studies looking at green tea and breast cancer have reported results ranging from a small protective effect to no effect at all. And the same sort of mixed results have been found for green tea's effect on prostate and oral cancer.

Part of the problem is that nobody knows what the actual dose of active "antioxidants" or "anti-cancer" constituents are in a typical cup of brewed tea.

The bottom line is that current evidence shows it's healthier to drink coffee than it is green or black tea. One to four cups of joe a day will not lead to dehydration, elevation in blood pressure, or other health problems, but it will help you stave off a variety of chronic mental and physical health issues.

Citations available online at www.DrMicozzi.com

Are you drinking enough?

The current Institutes of Medicine (IOM) fluid recommendations are 91 ounces a day for women and 125 ounces for men. However, the IOM notes that about 20 percent of that daily fluid requirement comes from food. So women only need to drink 73 ounces (for example, four cups of coffee and six glasses of water) and men need 100 ounces (for example, four cups of coffee and about nine glasses of water).

Of course, this goal is easier said than done. Actual fluid consumption in healthy adults has been observed to range from only 13 ounces a day up to a whopping 145 ounces. Turns out that the body is remarkably resilient at getting along with the resources it's provided.

Stay away from steroid injections for joint pain
And a surprising, different kind of "injection" that can work wonders

I've never been in favor of steroid injections for relief of any type of pain—neck, back, or joints.

Under the best of circumstances, steroids only provide a quick fix and don't do anything to remedy the long-term problem that's causing the pain. At worst, I've seen hundreds of cases of contaminated steroid preparations that have caused fatal fungal brain infections in unsuspecting people.

As I discuss in my report *The Insider's Ultimate Guide to Pill-Free Pain Cures*, there are many natural alternatives to steroids for managing pain. And for joint pain specifically, new research shows that manual and physical therapies and another little-known natural treatment—prolotherapy—are just as effective as steroid injections. But without any of the risks.

Let's take a look at these natural therapies and the compelling new research that shows how they can end your joint pain—*forever*.

Non-invasive, natural therapy works better than steroids for shoulder pain

In a new study, researchers looked at 104 people with shoulder impingement syndrome—a common type of persistent pain that can be

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caused by tendonitis, bursitis, or other inflammation in the shoulder joint.[1]

These study participants were randomly divided into two groups. One group received physical therapy twice a week for three weeks. The other group received three steroid injections, as requested, over a one-year period.

Both groups showed improvement in shoulder pain after one month, and their improvement continued over the course of the year. However, during the following year, 60 percent of the steroid group went back to the doctor for more treatments, compared to only 37 percent of the physical therapy group.

Even more tellingly, 19 percent of the steroid group ended up getting physical therapy anyway in addition to more steroid injections.

And the steroid group also racked up more healthcare bills than the physical therapy group.

When the study was published in August, both medical and mainstream media reported that it showed that physical therapy and steroid injections were "equally effective." But I sometimes wonder whether the editors and authors who write the headlines actually pay attention to the real results.

Don't you think a treatment works better when, after just three weeks of therapy, it produces benefits that last for one year for all patients—and appears to permanently "cure" the problem in nearly two-thirds of those patients without any risky side effects?

All without the dangerous risks of steroid injections. And the steroid group was more likely to end up getting physical therapy anyway. So why even take the dangerous, expensive, temporary detour of steroids at all?

If you needed any more reason not to ever go near a steroid shot, here it is.

But not all needles need be bad. In fact, there is another kind of "injection" using a completely different principle that is remarkably effective for pain.

NEWS BRIEF

Do "vampire mice" hold the key to human longevity?

As the weather gets chilly, you may have noticed that mice are starting to come indoors. But before you label these critters as pests, consider this: New research suggests some mice may represent the start of a real antiaging breakthrough for humans.

Scientists have found that when blood from young mice is given to older mice, the older mice have better cognition, memory, and overall brain function.[1] The heart muscles of the older mice also thickened and reverted to a youthful state.[2] In addition, the older mice were able to run twice as long on a treadmill as they could prior to receiving transfusions from the young mice.[3]

Scientists believe all of these benefits can be traced back to one specific protein. And the blood of the young mice contains a higher concentration of this protein.

So how does this translate to us? Well, it turns out that the same protein found in the mice is also present in human blood.

Of course, it will take a lot more research to discover whether siphoning blood from young people and giving it to older people will result in eternal youth… But, especially at this time of year, there are all those stories about "ageless" vampires…

All kidding aside, other research suggests aging isn't the only contributor to human memory loss. Failing to exercise our brains can also make us forgetful. So make sure you keep your brain active by reading, solving puzzles, and playing memory games.

And don't forget about the natural memory-boosters I've told you about before, such as lutein, magnesium, and vitamin E. Recent research has shown some remarkable cognitive benefits these nutrients. The herbal remedy berberine is also a powerful brain booster. And, of course, as I first told you back in the August 2013 issue of Insider's Cures, the drug Metformin (which comes from the herb French lilac, or goat's rue) also has significant brain-protecting benefits.

After all, keeping your brain young and healthy is the real "fountain of youth."

Citations available online at www.DrMicozzi.com

A simple sugar shot soothes 10 years of knee pain

Ten years ago, I was preparing a medical textbook on natural therapies for pain with my colleague, Mike Weintraub, MD, professor of neurology at New York Medical College. He suggested we include a chapter on prolotherapy. But back then it was not easy to find practitioners of this little-known pain treatment.

We searched high and low until finally locating Donna Alderman, DO, of Hemwall Family Medical Centers in California. As one of the few prolotherapy practitioners in the state, Dr. Alderman commuted between Hemwall's San Francisco and Los Angeles area clinics. On Fridays, she was at her clinic in Glendale, where my brother and his family live.

In 2007, I went out to visit my brother during "spring break," and I ended up getting prolotherapy from Dr. Alderman for my right knee. The knee had been bothering me ever since I had injured it in 1997 and then took to a long airplane trip, and a long drive, to visit Dr. Larry Dossey near Santa Fe, New Mexico.

My brief, painless prolotherapy treatments worked like a charm. Afterwards, I was able to drive and sit in airplanes without any pain—which I hadn't been able to do for 10 years.

Prolotherapy is based on the premise that chronic joint pain at least partially results from inadequate repair of connective tissues around the joints. Prolotherapy practitioners inject minute amounts of substances such as cornstarch, sugar, or a cod liver oil mixture into those connective tissues.

The body reacts by promoting tissue repair and growth—like tiny, cellular "micro-sutures" that tighten up the tissues without surgery.

Taking vitamin C before and after prolotherapy treatments also helps lay down the collagen that cross-links the new connective tissues to make them strong.

Hippocrates used the same principle when he employed red-hot needle cautery to treat dislocated shoulders on the battlefields of ancient Greece. And from 1835 to 1935, a number of "hardening" agents were injected during hernia repair to promote formation of new and strong fibrous connective tissues that could close the tear forming the hernia.

My brief, painless prolotherapy treatments worked like a charm. Afterwards, I was able to drive and sit in airplanes without any pain—which I hadn't been able to do for 10 years.

In the mid-1950s, prolotherapy emerged as a treatment for joint pain. But it remained virtually unknown by doctors or patients until very recently.

You have to wonder why such a simple, effective, safe, and inexpensive treatment for something as common as joint pain remained hidden for so long? Of course, it probably has something to do with the fact that prolotherapy doesn't require expensive (yet often ineffective) surgery—and repeat surgery—by the burgeoning orthopedic industry.

The good news is, prolotherapy has recently been attracting more interest from researchers. And they are reporting fantastic results.

For instance, a new study looked at 38 adults who had at least three months of osteoarthritis-related knee pain. During the first, fifth, and ninth weeks of the study, the participants were given prolotherapy injections containing dextrose (a sugar) in the connective tissues surrounding their knees. More injections were given to those who needed them at 13 and 17 weeks.[2]

The researchers concluded that these prolotherapy treatments resulted in significant levels of safe, sustained improvement in mild to severe knee pain, function, and stiffness. And there were no adverse effects.

In addition, at the end of the study, *91 percent* of the people who had the prolotherapy treatments said they would recommend them to others with painful knee osteoarthritis.

In my own experience, I received only two prolotherapy treatments, close together, since I was on a travel schedule. But I found that was enough to be remarkably effective.

If you'd like to try prolotherapy yourself, it's much easier today to find a practitioner than it was a decade ago. In fact, there's an entire website, www.getprolo.com, listing practitioners throughout the United States.

Considering the proven effectiveness and safety of prolotherapy and physical therapy for joint pain, there is truly no need for you to ever have steroid injections. And, certainly, never consider surgery until you have tried these much safer and more cost-effective alternatives first.

Citations available online at www.DrMicozzi.com

ASK *the* INSIDER

Q. I have been following your advice on vitamin D, and as a result I took a vitamin D supplement during the winter months. When the summer came I stopped because I'm out in the sun a lot. Then, during my annual physical, I had them do a vitamin D level test. When I got the results back, my D level was 24 ng/ml. Is there something wrong with my skin that I don't make enough vitamin D? I am going to start back on a supplement, but I thought that being out in the sun would give me enough D.

Thank you, Bob

A. First of all, congratulations, Bob, for keeping track of your vitamin D levels and for having your doctor perform a blood measurement of vitamin D during your annual physical exam. All doctors should perform this test, and all patients should request it.

But unfortunately, many mainstream doctors don't believe this basic, simple test is necessary. During the depths of last winter, the British Medical Journal even told doctors "not to bother" measuring vitamin D levels, despite all of the growing evidence of its health benefits (some of which was published in the very same issue of that journal)!

Based on your test results, there is nothing wrong with your skin—or your vitamin D levels. Your level of 24 ng/ml is not at all bad, and certainly not deficient. In fact, a level of only 10 ng/ml is considered "low normal" (although the U.S. government's dietary guidelines are not keeping up with the research about optimal levels).

Research consistently shows that people, like you, with levels in the 20s have much better health than those with levels in the teens. However, the ideal vitamin D level for optimal health is 30 ng/ml or more. So your goal would be to achieve about 25 percent higher levels than you have now.

As you know, the sun helps your body create vitamin D, so spending 15 to 20 minutes a day in the sunshine without sunscreen during the summer months is a good first step to increase your vitamin D levels. But, as you've witnessed first-hand, most Americans can't rely on summer sun alone to keep their D levels steady throughout the year.

If you live north of Atlanta, the sun does not get high enough in the sky from about November through March to activate the photosynthesis process that our skin uses to create vitamin D. Our bodies can store some leftover vitamin D from the summer, but only about a three-month supply.

Consequently, in order to maintain healthy vitamin D levels year-round, I recommend that no matter how much time you spend in the sun, you also take a vitamin D supplement every day. But keep in mind that not all dietary supplements are equal in terms of their quality, absorption, and bioavailability. Make sure you are using a high-quality supplement at all times.

Based on constantly increasing research about the benefits of vitamin D, and the growing worldwide epidemic of D deficiency, I recommend that everyone take 5,000 IU of vitamin D daily, year-round. You'll find this amount in each dose of my Smart Science Core D Liquid Vitamin D3 (to learn more about Core D, visit my website www.drmicozzi.com). And I will keep you updated on all the exciting new research about the many health benefits of taking vitamin D.

Putting out the grease fire over canola oil

Q. I was surprised to see a mention of canola oil in a recent *Daily Dispatch*. Do you recommend it ?

A. In a word: No! The passing mention of canola oil that appeared in the *Daily Dispatch* last month was inadvertent. We promptly clarified this question in the following *Dispatch*, but this topic is quite an important one, so I delved deeper through the oily layers of this slippery substance for Insiders' Cures. You see, the whole sad story of canola oil is a series of unfortunate events—at least for consumers.

Proponents like to point out that canola oil has been around since ancient China and India. Use in Northern Europe has been documented as early as the 13th century. However, the oil was used to burn as a fuel (for example, in oil lamps) and as a lubricant. Not to eat as a food. Canola oil became so popular as a lubricant for steam engines that a shortage during WWII led Canada to vastly expand its production. After the war, there was an oversupply and our erstwhile allies scrambled to find a new use for it. And they found the "perfect" place to dump the oil in the expanding post-WWII "baby boom" U.S. food market of the 1950's.

To make matters worse, over the years, the rapeseed crops used to produce canola oil have become increasingly genetically modified. In fact, by 2009, 90% of rapeseed used to make canola oil was GMO.

Bottom line: Canola oil was never meant for human consumption. I have never used canola oil for cooking and I don't recommend it. Stick with olive oil, which is TRULY healthy. And always read the labels of packaged foods—even on so-called "healthy" products in popular "health food" stores. IC