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The battle against brain disease

While the U.S. government-industrial-medical complex keeps coming up short, Nature offers a number of science-backed solutions

Despite the first Bush administration declaring that the 1990s was the "Decade of the Brain," mainstream medicine is no closer to discovering how to treat—let alone eradicate—deadly brain diseases than it was 25 years ago. As a recent article in the medical journal *The Lancet* pointed out, compared to cancer, diabetes, and stroke, research on brain diseases is often neglected or ignored altogether.[1]

One reason could be that worldwide, brain diseases still account for only about 4 percent of all deaths from non-communicable diseases, and about 5 percent of all disabilities.[2] But as the global population grows older, those numbers are expected to increase dramatically. In fact, some researchers believe that by 2050, one in 85 people worldwide will be diagnosed with Alzheimer's.[3]

But Alzheimer's isn't the only brain disease striking fear into Americans. Other neurological diseases—like Parkinson's, amyotrophic lateral sclerosis (ALS), and multiple sclerosis—are equally terrifying. And equally devastating. Particularly because, in most cases, there are no effective mainstream treatments.

Fortunately there *are* some simple, **natural** approaches you can use to boost your brain power and combat these four fearsome neurological diseases. And they are *scientifically proven to work*. I'll tell you all about them in a moment. But first, let's take a closer look at the different types of brain diseases.

Unknown causes, devastating effects

Dementia symptoms include loss of memory, mood changes, and problems with communication and reasoning. Alzheimer's disease is the most common form of dementia.

Although mainstream medicine remains baffled about the cause of this increasingly frequent disorder, some research shows that if you're exposed to a lot of herbicides, pesticides, aluminum, copper, lead, or zinc (in heavy metal form), you may be more likely to end up with dementia.[4,5]

Parkinson's disease has multiple symptoms, including tremors, walking and balance problems, speech pathologies, and depression. Yet nearly 200 years after a British doctor first described "the shaking palsy," the cause remains unknown.

But a growing body of molecular research suggests that cell abnormalities might be a factor. Which would help explain why several metabolic poisons may increase the risk—including pesticides and wood preservatives.[6] Excessive exposure to copper, iron, lead, and manganese may also be a factor.[7]

Motor neuron diseases are characterized by progressive paralysis due to degeneration of neurons in the brain, brainstem, and spinal cord. The best known of these diseases is amyotrophic lateral sclerosis (ALS—also known as Lou Gehrig's disease).

Ironically, although the vast majority of motor neuron diseases are not genetic, most of the research over the years has been on genetic factors. There have been few studies on environmental causes. But some research shows that people who work with electricity or agricultural chemicals may be more susceptible to

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In this issue:

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motor neuron diseases.[8] A history of head injury, including sports injuries, may also be a culprit.[9]

Multiple sclerosis is a neuro-inflammatory disease that damages the protective coverings of nerve cells in the brain and spinal cord. Like Parkinson's, it has many symptoms, including fatigue, walking difficulties, vision problems, and cognition issues.

As with other brain diseases, MS remains a mystery to the mainstream—although there is some evidence that exposure to chemical solvents increases the risk.[5]

In fact, it's very likely that a significant proportion of all brain diseases are associated with environmental and occupational toxin exposures.

But, as I mentioned above, despite a "decade of the brain," we are still decades behind on basic studies on this topic.

Another little-known casualty of the "war on cancer"

Biologists and medical scientists have known for centuries that the brain is our most sensitive organ, taking up one-third of all the blood, oxygen, and glucose in our bodies. So you'd think that any disease affecting this vital organ would be a top research priority. But in its infinite wisdom, the U.S. government had chosen to focus (almost solely) on cancer instead in terms of statistical searches for "causes." Why? The answer goes back many years.

Epidemiology and biostatistics are the main methods used to study the causes of diseases in human populations, including brain disease (epidemiology comes from the Greek "*epi*," or upon, and "*demos*," the people). Initially, epidemiology was a very effective tool for studying infectious diseases. But by the late 1960s and early 1970s, health policymakers declared infectious diseases had been "conquered" by antibiotics and vaccines. Instead, attention—and funding—shifted to waging a "war on cancer."

Of course, the brief armistice on infection proved to be short-lived in the West (and there never was one in the third world) when AIDS hit the scene in the 1980s, followed by antibiotic-resistant bacteria. But in the meantime, epidemiologists shifted from studying acute, short-term infections to chronic, long-term diseases like cancer.

This shift required quite an adjustment, but was helped along by billions of dollars in new taxpayer funding. And of course, any time money is involved, statisticians follow.

By the time I got to the National Cancer Institute in 1983, the statisticians were calling the shots—rather than physicians or biologists. That's akin to putting accountants in charge of the troops in a real war. In fact, statisticians were in charge of two-thirds of the "war" on cancer—namely prevention and early detection.

And when it came to studying nutrition and cancer, these new careerists, calling themselves "nutritional epidemiologists," were designing the methods for and performing the studies on nutrition and cancer. Despite the fact that they knew almost nothing about human biology, nutrition, dietary behavior, or metabolism. (No wonder we ended up with flawed government dietary guidelines and recommendations.)

But while all of this cancer research was going on, there was another area of chronic illness that was being completely ignored by epidemiologists—neurological and brain diseases.

Even as early as 1977, when I was starting on my master's degree in epidemiology and biostatistics at the University of Pennsylvania, program director Anita Bahn,Ph.D., was trying to get funding for training and research programs to study brain diseases, which were being left behind in the war-on-cancer feeding frenzy.

Sadly and ironically, Dr. Bahn died suddenly of a ruptured brain aneurysm. Instead of moving forward, the university decided to shut down her program altogether, transferring grad students to "nearby" Johns Hopkins in Baltimore or Columbia in New York. (But because I was enrolled in the M.D./Ph.D. combined degree program, I was "stuck" at Penn in Philadelphia. Fortunately, I was soon approached by Nobel laureate Baruch Blumberg to enroll in his new biomedical anthropology program.)

The result of all this tunnel-vision research and funding is that the government has not kept track of brain diseases the way it has done for cancer for decades. And there have also been few long-term studies on human brain diseases.

So despite all the professed political concern in recent decades about brain health, the mainstream has little to offer when it comes to avoiding, preventing, or treating the modern epidemic of devastating brain diseases.

Fortunately, there is good evidence that some basic nutritional and mind-body approaches can be helpful. Let's take a look.

The science behind natural approaches for brain health

Doctors and researchers have long known that the eight different **B vitamins** are key for brain health. In fact, their effects on brain tissue are so well established that in Europe they're referred to as "neuro-vitamins."

New research shows that the B vitamins may be particularly effective against Alzheimer's disease—reducing the shrinkage that causes Alzheimer's by a whopping *90 percent*.[10]

For optimum brain health, I recommend at least 50 mg per day of B1 (thiamine), 50 mg a day of B6, 400 micrograms of folate (B9), and 100 micrograms of B12.

You can get all of these amounts and more in a typical B vitamin complex supplement. But my recommendations are designed so you can take different supplement formulations that may contain some Bs as well. (Caution: Be aware of what the FDA is trying to do regarding folate—check out page 7 for more info).

Besides the Bs, there are a few other nutrients that are also critical for brain health.

Vitamin D. This essential vitamin is key for the brain and nervous system, and also helps combat mood disorders like depression. The latest research confirms that low vitamin D levels are associated with a substantially increased risk of Alzheimer's disease and dementia of all kinds.[11] And there is growing research that a lack of vitamin D is a contributor to multiple sclerosis.[12]

I recommend 5,000 IU of vitamin D per day, which, again, leaves room to take other supplements that may also include some D.

Vitamin E. As I reported back in January in my *Daily Dispatch* e-letter ("Miracle vitamin outperforms drug for Alzheimer's disease"), recent evidence suggests that high doses of vitamin E (2,000 IU per day) can help prevent Alzheimer's disease.[13] This finding is so surprising and new—although very encouraging—that I would like to see more research. And the FDA still needs to sort out its own mistaken perspectives on vitamin E. For now, stay with 50–200 IU per day of E (as d-alpha tocopheryl acetate).

Lutein. I helped discover the role of the carotenoid **lutein** in human nutrition and metabolism back in the mid-1980s. Since then, research shows its ability to penetrate the blood-brain barrier and provide health benefits to both brain and eye tissue.

Even though you won't find any government recommended daily allowances for lutein, I recommend taking 12 mg per day.

Berberine. This herbal powerhouse is often overlooked by the natural-know-it-alls who are still talking about tired, old gingko. But as I discussed in my report *The Insider's Answer for Dodging Dementia,* * there is increasing research showing that taking 500 mg per day of berberine results in impressive brain benefits.

Nicotine. Research shows nicotine lowers the risk of Parkinson's disease. You don't necessarily have to smoke cigarettes to get this effect, though. Nicotine gum, patches, or electronic cigarettes are all widely available. And a recent study showed that eating peppers, which naturally contain nicotine, can reduce your changes of getting Parkinson's by 19 percent.[14]

L-Alpha glycerylphosphoryl-choline (Alpha GPC). This compound occurs naturally in the brain. Alpha GPC is actually a precursor for a "memory chemical" in your brain, acetylcholine. This brain chemical is believed to be critical for memory, thinking, and learning, among many other critical nerve functions. I recommend 50 mg per day.

Healthy fats. Your brain tissue needs healthy fats and cholesterol from fish, lean meats, and/or high-quality fish oil supplements. Research shows that these fats may also help insulate nerves, lowering the risk of

MS. I recommend taking at least 1 to 2 grams per day of omega-3 fatty acids from fish oil. There are many other health benefits as well.

Finally, there is a pair of lifestyle choices you can make that have demonstrable brain benefits.

Keep your weight in check. Many studies have concluded that obesity early in life is linked with dementia later in life. However, new research from Oxford University shows that this risk decreases as we age. Interestingly, researchers found that people in their 70s who were obese had no increased risk of dementia, and by age 80, obese people were actually 22 percent *less* likely to develop dementia.[15]

This pattern is analogous to the finding I reported in the September issue of *Insiders' Cures*—that people who develop high blood pressure only in old age have a lower risk of dementia.

So there's no need to "overdo" it with an overly restrictive diet or intense workout regimen. Following a healthy, balanced diet and getting moderate amounts of exercise will help keep your weight in check—and your brain healthy—through middle age and into your "golden years."

Meditation and yoga. Researchers at the University of Illinois recently studied 108 inactive people between the ages of 55 and 79. The study participants who did yoga three times per week for eight weeks had improved memory and mental skills.[16] But the study did not find cognitive benefits for participants who only did stretching and toning exercises. So it appears that engaging the mind in a meditative practice like yoga provides more benefits than simple "mindless" exercise. For practical guidelines on how to easily fit meditation into your daily life, see my book with Don McCown, New World Mindfulness. (Available at www.drmicozzi.com.)

As the brain disease epidemic unfolds, hopefully there will be more research into the prevention and treatment of these devastating disorders. I will continue to follow all the new findings, and fill you in as they occur here in *Insiders' Cures* as well as via my *Daily Dispatch* e-letter. But in the meantime, as you've seen here, there is still much you can do to avoid devastating brain diseases and keep your mind sharp and healthy, no matter how old you are. IC

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Case closed!

Vitamin D controversy—settled, once and for all

During weekends on the radio in the 1930s and '40s, and then on TV in the '50s and '60s, it was nearly impossible to avoid "The Original Amateur Hour" (an early version of "American Idol" and other 21st century copycats). It was even harder to avoid the ads from the show sponsor—the liquid iron supplement Geritol.

Indeed, "Amateur Hour" is an apt description of the mid-20th century medical approach to human nutrition. Mainstream medicine was convinced that nutrition, nutrients, and dietary supplements couldn't be important for health in comparison to the marvels of modern medical ministrations.

Back then, iron was the only nutrient doctors really paid any attention to—based on the belief that menstruating women, regularly losing some blood, might need iron supplementation. Taking a cue from that concern, the dietary supplement industry (such as it was at the time) relentlessly promoted Geritol and the hazards of "iron-poor blood."

In essence, because doctors knew so little about human nutrition, they busily prescribed one of the very few nutrients that really is toxic. (See the sidebar on page 5 for more on the hazards of supplementing with iron.)

Unfortunately, half a century later, it's still amateur hour at the CDC. And career science bureaucrats are still trying to argue that the solid evidence against iron supplementation isn't real. They're even attacking scientists who did the research on the dangers of excess iron—including a Nobel laureate.

Even worse, today's bureaucratic ignorance about nutrition extends beyond iron. Although as evidence for the importance of nutrients like vitamin D has mounted, the strategy seems to have changed. Instead of ignoring, denying, or diminishing the data and the researchers, now the strategy is to admit the evidence exists—but then try to create the impression that there is still controversy or "debate" about the data.

The same strategy is applied to drugs. When the evidence piles up overwhelmingly against drugs like statins and low-testosterone treatments (see the August issue of *Insiders' Cures*) we then have to

have a lengthy "debate" about the "controversy." Which hopefully (for big pharma) lasts long enough for the patents to expire and the profits to be harvested on these harmful drugs.

But the difference between the drug debate and the supplement debate is that if you wait to take a drug until the controversy is settled, you may well be better off. But if you wait to take a critical nutrient like vitamin D…you'll be setting yourself up for some very serious health concerns.

So today, let's settle the current "debate" on vitamin D once and for all.

The overwhelming case for vitamin D supplementation

Back in 2006, I gave the keynote address at the annual Johns Hopkins Medical Center conference on complementary and alternative medicine. My speech was followed by a presentation from Michael Holick, MD, PhD—a world-renowned expert on vitamin D at Boston University.

He pointed out that D is important for much more than just bones (which was the prevailing medical opinion). Reams of laboratory and statistical and epidemiological research show that every organ, tissue, and cell in the body has receptors for vitamin D. Dr. Holick also discovered that D influences the regulation and expression of over 400 different genes—which means it's involved in virtually every process inside our bodies.

Since then, I'm pleased to see that pathology laboratory doctors are also weighing in on vitamin D research.

Continued on page 6...

Ironing out another controversy

Before we had the vitamin D debate, we had the iron debate. But unlike D, the problem with iron is that misguided government bureaucrats and doctors still, to this day, recommend *too much* iron supplementation.

Iron is important for our blood to be able to carry oxygen. But it does not belong outside the blood cells and the entire body needs only a total of 4,000 mg (4 grams). If you eat a healthy, balanced diet, you'll easily maintain that total amount of 4,000 mg.

So what happens if you take excess iron? Well, it can act as an oxidant or free radical that can contribute to a variety of diseases. Many years ago, my faculty advisor, Nobel laureate Baruch Blumberg, understood this basic biochemistry and proposed a theory that too much iron is toxic to the liver and other organs—and could cause cancer.

When I went to work at the National Cancer Institute as a young scientist, Dr. Blumberg knew I could get access to the largest human database (taxpayer funded) that had yet been gathered, and proposed a study to test whether high iron levels eventually lead to more cancer. The NCI's middle-management science bureaucrats didn't like this idea—even if it did come from a Nobel laureate—and refused access to the data (let alone funding support for the study). Of course, these were the same minions who had no problem dismissing the idea of another Nobel laureate, Linus Pauling, that vitamin C was important for preventing cancer.

Finally, after I left NCI, we petitioned the Department of Energy (which fortunately has an "alternate" medical research program on the effects of ionizing radiation and reactive ions such as excess iron)—and finally got access to the data and funding to do the study. The results clearly showed that excess iron leads to more cancer, of virtually every type, in both men and women. The data was so compelling that the study was published in the *New England Journal of Medicine* (the gold standard medical publication in the U.S.) as well as the *International Journal of Epidemiology.*

Since then, others have found that excess iron leads to more infections and to cardiovascular disease. It is Biochemistry 101, but based on the perpetually misguided recommendations for optimal iron dosages, some public health bureaucrats and doctors must have skipped those classes or forgotten what they learned.

The bottom line, as I've said before: Never take any supplement that contains iron. Unless you've been diagnosed with iron-deficiency anemia by a qualified physician.

I pay attention to this source not only because it's my own original specialty of medicine, but also because doctors in this specialty tend to remember what we were taught about chemistry and biochemistry. They tend to be the most scientific in their approach and have the best ability to evaluate medical research in general (although they know no more, on average, about nutrition than other doctors. As I mentioned in the article on page 3, my knowledge of human nutrition came mainly from my studies in anthropology).

Now that it's well known that vitamin D is essential to every organ and system in the body, it's certainly no surprise that a variety of researchers and physicians are repeatedly discovering that D plays a critical role in health and disease.

For example, research has proven that vitamin D plays a key role in preventing and treating five major types of disease.

1.) **Cancer.** Lab studies strongly show that vitamin D influences the proliferation, differentiation, and death of cells throughout the body—making it beneficial in both preventing and treating cancer. The only debate is about how much D needs to be in the blood to have an anti-cancer effect. Sadly, there is little data about this because researchers and physicians often do not measure vitamin D levels in cancer patients (I'll explain why a little later).

2.) **Cardiovascular disease.** Vitamin D is found in heart muscle cells, heart connective fibers, the cells in blood vessel walls, and the cells lining blood vessels. So it makes sense that research shows that D deficiency contributes to high blood pressure and enlargement of the heart muscle—both of which can lead to heart attacks and strokes, and heart failure. Studies also show that increased levels of vitamin D may offer a safe, new therapy for congestive heart failure.

3.) **Kidney disease.** Some research shows that low levels of D are associated with higher mortality in people with kidney disease.

4.) **Multiple sclerosis.** Low vitamin D is strongly associated with increased risk of MS. The prevalence of this disease in areas where sunshine isn't strong enough to help the body make its own vitamin D has been staring medical science in the face for decades. But, as I reported in the November 2013 issue of *Insiders' Cures*, it wasn't until the 2013 annual international meeting of MS researchers that the mainstream finally focused on the obvious role of vitamin D—but only after trying virtually everything else over the years!

5.) **Mental and cognitive health.** Research shows that vitamin D activates receptors in the area of the brain associated with depression. And, as I note on page 4, vitamin D is also strongly associated with preventing dementia and improving dementia symptoms in people with Alzheimer's disease.

So why the "D-bate"?

At this point, the only controversy about vitamin D should be that too many medical research studies, and too many physicians simply don't measure patients' vitamin D levels at all. And it certainly doesn't help when an editorial in the influential *British Medical Journal* this past winter recommended that doctors shouldn't bother with the trouble and expense of measuring vitamin D in their patients![1]

It's true that there are some technical challenges involved in measuring vitamin D levels in the blood. First of all, the vitamin is rapidly metabolized. And chemically, it's like a fat, so it doesn't mix well with blood. There are also different forms of D that circulate in our blood. Not all lab tests measure the same forms, so there is lack of standardization. And finally, there are two different units of measurement for vitamin D, and they're not directly comparable.

Despite the battery of automated blood chemistry tests done every time you go to the doctor whether you need them or not (they are the cash cows for all the hospital labs), the technology does not exist to routinely include measurement of vitamin D. So instead of letting health and medical concerns determine routine lab testing practices, we are letting standard (profitable) laboratory routines determine health and medical practice.

On top of the technical issues, the quasi-governmental Food and Nutrition Board of the U.S. Institute of Medicine keeps changing its position regarding the recommended daily intake of D. And it still focuses only on skeletal health, ignoring the vitamin's crucial role in every other part of the body.

Throw in some outdated and unfounded concerns about D "overdose" among physicians (who happily dole out toxic iron supplements to millions who don't need them) and we have the requisite "controversy" and debate that stands in the way of good nutrition, dietary supplementation, and health.

And the result of this so-called "controversy"? Creation of

unnecessary obstacles that interfere with the widespread adoption of effective screening methods for vitamin D, and obscure the obvious benefits of—and need for—this crucial vitamin in *all* people.

As far as I'm concerned the "debate" about vitamin D is over. And two facts are indisputable: (1) vitamin D is a highly potent health promoter, and (2) most of the population is severely vitamin D deficient.

Plenty of research shows that most people don't (and can't) get enough vitamin D from diet and sun exposure alone. As I discussed in the October issue of *Insiders' Cures*, for people who live above the latitude of Atlanta, even "safe" sun exposure is not enough to maintain optimal D levels year-round. It is especially critical now in November, as the sun gets too low in the sky for its rays to be able to activate vitamin D in the skin.

So what does all the latest science say about vitamin D levels? Serum vitamin D (25-hydroxy-vitamin D) levels below 48 ng/mL are associated with higher rates of preventable diseases. And 90 ng/mL is a good "upper limit." (Though vitamin D toxicity is rare when blood levels are below 200 ng/mL.)

To reach optimal levels, I generally recommend taking 5,000 IU of vitamin D year round. You can also get some of this crucial vitamin from meat, fatty fish like salmon, dairy products, and leafy greens, plus 10 to 15 minutes a day in the sunshine—*without* sunscreen—between April and October.

Citations available online at www.DrMicozzi.com

NEWS BRIEF

ALERT: Beware FDA's new folate labeling rules

Back in June, warned you about the new FDA nutrition and supplement labeling rules—and how they could wreak havoc on your health. And there's one change in particular that you should be particularly wary of. It involves one of the all-important B-vitamins I mentioned on page 3—folate (vitamin B9).

This essential nutrient is key for preventing heart disease, anemia, brain diseases, and birth defects. It comes in two forms—dietary folate that you get from foods like beans, leafy greens, citrus fruits, and broccoli—and folic acid, which is often used in dietary supplements.

The proposed new FDA supplement labeling rules will change the unit of measurement for folate from simple metric micrograms to "micrograms dietary folate equivalent" (or mcg DFE). One mcg DFE is equivalent to only 0.6 mcg of folic acid.

The problem is, this conversion is based upon the flawed governmental assumption that folic acid is much more potent than folate.

However, the way your body utilizes folate comes down to individual biology, metabolism, and genetics. So, once again, the government's "one size fits all" strategy for determining standard dosages of drugs simply misses the boat when it comes to nutritional individuality.

So how did the FDA come up with this new way of measuring folate? Believe it or not, its approach appears to be based largely on just a single study of non-pregnant women. Hardly representative of the entire population.

The FDA is also proposing that supplements contain only folic acid, and not folate. This allows government bureaucrats to restrict folate in its natural form solely to drug company use.

What an example of bureaucratic double-talk. On the one hand the FDA is saying that only folic acid may appear on supplement labels. On the other hand, it's addressing how to label folate—but incorrectly!

For now, fortunately, you can continue to protect yourself with either form of this essential nutrient. Folic acid is of course still available and beneficial as plenty of research shows. You can also still get specialized forms of folate that are more potent and bioavailable, such as Quatrefolic® or Metafolin.® (Of course those forms will also be more expensive.) I generally recommend 200 micrograms a day.

Citations available online at www.DrMicozzi.com

ASK *the* INSIDER

Another natural flu-fighter worth considering considering

Q: I have been practicing integrative medicine since 1982. I was disappointed that you did not include elderberry extract (sambucus, Sambucol, etc.) in your May *Daily Dispatch* article about the ineffectiveness of Tamiflu—especially since elderberry has been scientifically studied in Israel and has been shown to be effective against influenza. You did mention vitamin C, echinacea, and goldenseal, but none of these fight influenza as well as elderberry. I hope you will include information about elderberry for flu in a subsequent newsletter.

Sincerely, Martha H. Howard, MD

A: Thank you for contacting me, Dr. Howard. I am glad to know you have been practicing integrative medicine for over three decades, and I'm honored that you are a reader.

In my recent dispatches about the scandal surrounding Tamiflu, I primarily wanted to remind readers about some of the most-researched and commonly available natural alternatives. We are finding that many nutrients and herbs are effective against viruses, including immune-modulating omega-3 fatty acids in high-quality fish oils. I will give more details about these compounds in future newsletters.

I am not aware of comparative data showing that elderberry works better than Vitamin C, Echinacea and/or goldenseal—alone or in combination.

In the meantime, I do agree that flu remedies derived from elder trees and shrubs are certainly worthy of consideration. Elder has been used for medicinal purposes as far back as the ancient Romans (although the word "elder "comes from the Anglo-Saxon word *aeld*, meaning fire, because the hollow twigs were used to blow sparks into flame). In Old English and early Christian tradition, elder was believed to be the wood of the holy cross. But even before Christianity, cutting the wood was forbidden without asking permission of the "elder mother" spirit who lived in the tree.

Elder berries can be made into extracts and syrups that support the immune system and soothe coughs and flu. They can also be mixed with other medicinal ingredients such as cinnamon, ginger, honey, lemon, peppermint, or yarrow. Elder leaves are poisonous, however, and the berries should not be eaten raw.

Of course, the latest call from the CDC is still to use fewer antibiotics and more antiviral drugs to treat influenza, despite the scandal surrounding the antiviral Tamiflu. Not a word about natural alternatives from them.

Water filters—a waste of money?

Q: What's the deal with PUR or Brita water filters? Are they any good for tap water?

A: While these and other filters can remove contaminants and additives that should not be in drinking water—including chlorine, some heavy metals, and excess fluorides—they don't add healthy electrolytes and minerals that should be in our water.

There is no real substitute for water from artesian wells and natural springs. For optimum health, drink this type of water—and not tap water that you have to filter.

And make sure to buy this water in home-dispenser tanks or glass containers—stay away from plastic bottles that can harm you and the environment.

Natural support for Guillan-Barre Syndrome

Q: Are there any natural approaches or cures for Guillain-Barre Syndrome?

A: Guillan-Barre Syndrome is an abnormality of the peripheral nerves, and it often involves a "glove and stocking" distribution of symptoms in the hands and feet. The most common symptoms are weakness, tingling, and other unusual sensations. Eventually these symptoms can progress into paralysis of the muscles. The best way to help prevent this progression (or, at the very least, to delay it) is to support peripheral nerve function.

You can start by taking a good quality daily B vitamin complex, as well as 5,000 IU of vitamin D. Both of these nutrients have been very useful for peripheral nerve support and have been found to reverse peripheral nerve damage. Increasing research also shows the importance of vitamin E (50 IU per day) for supporting the brain and nervous system. The carotenoid lutein (12 mg/day), which I helped discover in the mid-1980s, and berberine (500 mg/day) are also beneficial for brain and nervous tissue.

One more thing to keep in mind: Many cases of Guillain-Barre Syndrome were caused by the infamous government swine flu vaccine during the 1970s. So be careful about getting flu vaccines. For a recap regarding the annual flu vaccine debacle, log on to the Subscriber section of www.drmicozzi.com and enter "flu" into the search function. IC