



Six “diseases” created by big pharma

There was once a “golden age” of pharmaceuticals that produced “breakthrough” drugs for managing pain, arthritis, blood pressure, and diabetes. And although big pharma has not developed really safe and effective treatments for most cancers, it produces billions of dollars worth of oncology drugs every year as well.

But for the past generation, there appears to be a new pharmaceutical golden rule: Profits over patients.

So, in keeping with that golden rule, when big pharma runs out of common diseases to treat, it invents some new ones. Along with new drugs to manage the so-called risk factors for those diseases.

And then pharmaceutical reps convince doctors to prescribe these drugs to their patients. Who are demanding the drugs anyway, because they’ve been inundated with ads from big pharma about how likely they are to be suffering from a new quasi-fictitious disease.

Talk about a field of dreams. Seems like big pharma’s new slogan is “if we make it, they will come.”

And that can be quite dangerous for *everyone’s* health.

A lot of modern medicine today revolves around managing the serious side effects of these new drugs. That’s one reason why my training in forensic medicine and *toxicology* is so applicable to *pharmacology* and medical practice today.

Break the cycle of drug usage

“Fear, faith, and forever” appear to be big pharma’s new “holy” trinity. The new “diseases” big pharma creates are the fear. The “faith” is that there’s a drug that will supposedly treat that disease. And the “forever” is drugs that are designed so that the people who take them never really can tell whether they’re working, or if they really need the drugs in the first place, or when they can stop taking them—if ever.

And that circles back to fear—of what will happen if you stop taking the drug.

But there is a way to break this cycle. All it takes is some knowledge.

If you know which diseases are big pharma creations, you can avoid the drugs designed to “treat” them. And that means you won’t subject yourself to the toxic drug side effects that can endanger your health.

To help make sure you’re not another of these big pharma victims, I’ve assembled a list of 6 of the most common “made-up” diseases—and the drugs frequently prescribed for these supposed disorders.

I’ll get to that list in a minute, but first, let’s look at how big pharma got so out of control.

How government, the health industry, and big pharma work together

During the 1970s and ’80s, I saw principled, ethical, highly qualified health professionals move back and forth among medical schools,

government health agencies, and the medical device, health insurance, and pharmaceutical industries.

But now, government health agencies are often controlled by self-serving career bureaucrats, unaccountable to anyone. And among those who do leave the government, many waltz into the arms of the industries they were supposedly regulating to protect the public (like the former Centers for Disease Control director, who now works for Merck pharmaceuticals, as I reported in the *Daily Dispatch* “Common OTC drug slashes cervical cancer risk” back in July).

Meanwhile, many health insurance and hospital systems are now

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controlled by distant, for-profit, quasi-monopolies aided and abetted by big-government control schemes like Obamacare.

And it increasingly appears that many drug companies are now multinational monsters led by crony-capitalist profiteers who push out true competition and innovation by collusion with nanny-government, anti-scientific regulations.

A glaring example of this problem is Medicare Part D prescription coverage—a corporate-government scheme for massive wealth transfer from your retirement check straight to big pharma. Medicare Part D was promoted as filling the health insurance “donut hole” for prescription drug coverage. The problem is, big pharma gets the donut and American retirees are getting the hole.

Don't be fooled by these phony diseases

Today, the drug industry is like the proverbial out-of-control carousel. People can get on, but they can't get off.

But you never have to ride the carousel in the first place if you can avoid “treatment” for the following six fictitious or exaggerated disorders.

1. Adult-onset attention-deficit hyperactivity disorder (ADHD) and autism

You'd think big pharma would be making enough profits from all of the potentially misdiagnosed psychiatric conditions in kids (see sidebar on page 4). But apparently not. These conditions worked out so nicely for putting generations of children on drugs they can never get off, so why not extend the party to adults?

More than a decade ago, Joseph Biederman and colleagues of Harvard Medical School serendipitously determined that suddenly nearly

10 million American adults had the so-called “children's disorder” of ADHD. Biederman is considered an expert on the subject, having published literally hundreds of studies on childhood ADHD and dozens more on adult ADHD.

In a 2004 *Journal of the American Medical Association* article, Biederman and his colleagues wrote that adult ADHD requires *lifelong* medication with stimulant drugs like Risperdal.¹

But just four years later, Biederman was accused by the U.S. Congress of pushing Risperdal and hiding big pharma pay-offs.² So much for “expert” evidence.

In the new edition of my textbook *Fundamentals of Complementary & Alternative Medicine, 5th ed.*, I discuss the generally pathetic state of most psychiatric research—especially when it comes to drug vs. non-drug approaches (check it out for yourself or your doctor on my website, www.drMicozzi.com).

And that ridiculous research includes what is taken as evidence that adults can be diagnosed with autism. But the problem is that virtually any “antisocial” behavior could be labeled adult autism.

For instance, in the U.K., home of socialized medicine, the government nannies admit that “the autistic spectrum... is very broad, and two people with the condition may have very different symptoms or traits.”³

Various resources say adults may have autism if they are unsociable, inflexible, prone to anger, or overly sensitive to pain. That could describe me after seeing some of the latest drug advertising.

In all seriousness, there likely are some people who develop ADHD or autism as adults—but how can it be as many as big pharma would have us

believe? If you think you or a loved one may have one of these disorders, ask a reputable psychiatrist or other mental health professional for tests.

2. Asthma that needs two dangerous drugs (instead of one dangerous drug)

It used to be that deaths were caused in young asthma patients by the toxic propellant gases in their inhalers. This was such a problem, I helped the FDA speed up its reclassification of the acupuncture needle as a therapeutic device in the mid-1990s, by providing them copies of research showing acupuncture is a safe and effective “alternative” treatment for asthma.

You’d think that would be the end of dangerous drugs for this condition. But no. Big pharma went ahead and developed something called long-acting, beta-antagonists (LABA).

Even a government bureaucrat should be able to figure out that drugs with the word “antagonist” in their name probably aren’t the safest substances on the planet. And a large clinical trial on LABA bore that out. The study had to be stopped early because African-Americans who took these drugs were actually *dying*.⁴

But the FDA still approved LABA. Albeit with a “black box” warning, reserved for drugs deemed to have serious or even life-threatening adverse events. Yet two of the most common asthma drugs, Symbicort and Advair, contain LABA—spiked with steroids for even more toxicity.

Sleep or wakefulness disorder

Can’t sleep? The remedy used to be warm milk or a dark, cool bedroom. But nearly two decades ago, big pharma decided that sleeplessness should be given a more impressive name: sleep or wakefulness disorder. And, of course, they created a bunch of drugs to go with it.

Today, the insomnia drugs Ambien, Lunesta, and Sonata have saturated the market. And created a bunch of unsavory side effects. Ambien’s active ingredient, zolpidem, has been linked to sleepwalking, sleep driving, and even sleep eating (try keeping off those extra pounds when consuming a fourth full meal every night).

But despite these side effects, Americans are now so convinced they can’t sleep without taking a drug that between 2005-2010, the feds reported that nearly 9 million Americans took these insomnia drugs.⁵

And last year, the CDC called sleeplessness an “epidemic,” and estimated that *50 to 70 million* Americans have “sleep or wakefulness disorder.”⁶

Yes, plain old sleeplessness is now a disorder. And it’s going to get worse. Because most fancy insomnia drugs have lost their patent protection. So big pharma is now rolling out sub-categories of insomnia like “terminal insomnia” (falling asleep while waiting for government security or the late airline flight? Or at the computer keyboard?), “shift-work sleep disorder,” and yes, “sleep eating.” So, a new drug for the sleep eating caused by the old drug.

If you’re having trouble sleeping, try ditching the drugs. There is a variety of research showing that natural substances like melatonin, valerian, and hops can help you sleep. So can tart or wild cherries, as I wrote in the September 2014 issue of *Insiders’ Cures* (“Big time health benefits from a tiny fruit”). And ashwaganda, also known as winter cherry, is an ayurvedic remedy that can promote sound sleep.

3. Mind-body conditions that can only be treated with drugs

Remember when fibromyalgia and chronic fatigue syndrome did not

exist, were “all in your head,” or were just a sign of malingering? Instead of Munchausen syndrome by proxy, it was Munchausen syndrome by exhaustion (Munchausen syndrome by modern life?).

Now, because of drugs like Cymbalta and Lyrica, it turns out that mind-body disorders like fibromyalgia (FM) and chronic fatigue syndrome (CFS) are indeed “real” after all, which is pharma-speak for “real profits.”

Of course, I’ve long known from my own research that FM and CFS do exist along a spectrum. But what big pharma and mainstream medicine won’t tell you is that whether you are susceptible to the FM versus CFS end of the spectrum depends upon a psychometric profile I call your “emotional type.”

What’s more, mainstream medicine won’t tell you that there are at least seven non-drug therapies that work well for mind-body disorders like FM and CFS. And, based on research I published with Mike Jawer, your individual emotional type helps predict which of these therapies will work best for you. (For more information, check out *Your Emotional Type* at www.drmicozzi.com)

4. Osteopenia

Osteoporosis, of course, is an all-too-real disease. And big pharma invented toxic bisphosphonate drugs like Boniva, Fosomax, and Actonel to “treat” it. But apparently not enough people have osteoporosis to satisfy big pharma’s bottom line.

So now there’s a new disorder—“osteopenia.” And, surprise, it too can supposedly be treated with osteoporosis drugs.

Osteopenia is defined as bone density that is low, but not low enough to be full-blown osteoporosis.

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Pharma helped plant funky, quasi-fictitious bone-density devices in healthcare facilities to “detect” this disease no one knew they had. If you’re diagnosed with osteopenia, that supposedly means that *maybe, someday, perhaps*, you might develop osteoporosis.

So now, there’s a whole new class of customers for bisphosphonate drugs. But, as I revealed in the January 2015 issue of *Insiders’ Cures* (“The shocking drug scandal you haven’t heard about”), it turns out that bisphosphonates actually kill one of the two key types of cells needed for healthy bone. And they can cause the fractures these drugs were supposed to prevent, as well as destruction of the jawbone and deadly brain abscesses. Not to mention esophageal cancer, which is essentially untreatable.

Undaunted, big pharma moved on to a new class of drugs called selective estrogen receptor modulators (SERMs), including Evista and tamoxifen.

SERM is not an evil conspiracy

being countered by MI-6 and James Bond (at least not that kind of conspiracy), nor is it another new Eurozone big-government, multinational, nanny-regulatory organization. Instead, SERMs are supposed to prevent osteopenia and osteoporosis, along with some cancers.

But of course, like all drugs, SERMs have side effects. Serious side effects like stroke and endometrial cancer.

So why take them when there are vitamins and minerals proven to strengthen and nourish bones? I recommend you get bone-building calcium and K2 from food. Dairy, cheese, yogurt, soy, eggs, fish, and meat are all good sources. And supplement with 5 mg of boron, 150-200 mg of magnesium, 10,000 IU of vitamin D, 500 mg of vitamin C, and 50 IU of vitamin E daily.

5. Treatment-resistant depression

In the old days of practicing medicine, if a condition was resistant to the treatment, it simply meant the treatment didn’t work.

But not so fast. We have now discovered if a drug doesn’t work, what it really means that there is something wrong with you—and that you just need to take a *second* drug along with the ineffective first drug.

This concept is particularly convenient for antidepressants, because so few work in the first place. Now we have drugs like Symbyax that combine SSRI antidepressants with antipsychotics. Symbyax is only supposed to be taken by people who have tried two different antidepressants that haven’t worked.

Sounds like a small group, right? Until you realize that research shows antidepressants are ineffective for *six out of seven people* (as I reported in a Feb. 25, 2013 *Daily Dispatch*). That creates quite a large market for an add-on second drug.

By now, everyone should know that antidepressants don’t work. But somehow, mainstream medicine and big pharma haven’t gotten the message. Instead, they believe the

Questioning big pharma’s mental health

Many of big pharma’s new drugs are geared toward psychiatric disorders.

Every drug-addled psychiatrist has protocols for putting people on prescription drugs, from childhood to adolescence to adulthood. But nobody has a clue how to get people off of those drugs.

Children as young as 2 years old are amazingly being diagnosed with conditions like bipolar disorder, depression, and schizophrenia.⁷ But who can really evaluate such a culture-bound condition in a toddler? We’re creating generations of people who are likely to go from cradle to grave with a prescription for a drug to treat a mental disorder they may not even have.

This problem is compounded by the fact that children’s psychiatrists, who get their patients hooked, then no longer treat them as adults. Then the adult physicians tell these patients they don’t know how to deal with their childhood drugs. (That’s why we should all have great respect for the young adults who have had to wean themselves off these drugs, without medical help, while dealing with all of the other challenges of growing up.)

At least when it comes to addiction to illegal/recreational drugs, doctors know how to manage withdrawal and rehabilitation. But there’s little information on how to do that for people following, and then trying to get off, prescription psychiatric drug protocols.

And that creates millions of literally captive customers for whatever new “mental disorder” drug big pharma can create.

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problem is not that the drugs are ineffective, but rather the patients are “treatment resistant.” There is nothing wrong with the drugs—just with you—when they don’t work!

And that’s just a prescription for more drugs with deadly side effects.

I’ve often reported how studies show antidepressants are associated with an increased risk of suicide. And that’s also true for Symbax, particularly in young adults and people over age 65 with dementia.

Rather than just pile drug on top of drug in a futile effort to fight depression, try a natural approach.

My Emotional Type quiz, and my book with Mike Jawer, *Your Emotional Type*, at www.drmicozzi.com will help you discover which mind-body therapies work best for your type of depression. And check out the next article to find out what you can eat to improve your mental health.

Knowledge is power

In a climate where everyone is now being forced to subsidize a dysfunctional healthcare system by mandates to buy ever-more expensive health insurance under Obamacare, it’s easy to be fooled by big pharma’s

epidemic of fictitious disorders. And the ineffective and dangerous drugs designed to “treat” these phony diseases.

It may seem like, thanks to big government, faulty regulations, and crony capitalism, the only way out of this toxic system is death—one step big pharma is actually helping us take.

But don’t despair. This newsletter, my *Daily Dispatches*, and my books and reports are all designed to give you the power to find alternatives to big pharma, its fictitious diseases, and its toxic drugs. 

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Feed your brain

What you should—and shouldn’t—eat for better mental health

Want to improve your mental health? Start by improving your diet.

As I explained a couple of months ago in the *Daily Dispatch* (8/14/15, “Eat more of these foods to improve mental health”), American psychiatrists are finally beginning to take note of what I’ve been telling you all along: Your brain needs nutrients just like your body does.

And what’s the best way to get all those particular nutrients? From food.

In fact, a recent analysis of 17 different studies found that in nearly half of the studies, dietary changes significantly improved depression.

And at the annual meeting of the American Psychiatric Association last May, there was an entire session on the best foods to support mental health. Not surprisingly, those foods did not include processed junk, sugary foods, or white bread and pasta.²

Let’s take a look at what else you should—and shouldn’t—be eating

to fight depression and anxiety...and improve your overall mental health and mood.

5 foods you might not expect to boost your mood

Meat. We now know when it comes to eating meat, what we have been told by the government for decades is just flat-out wrong. We actually need to eat more—not less—of this food for both physical and mental health. In fact, the researchers who conducted the meta-analysis of 17 studies I mentioned above specifically recommended diets that did not reduce red meat or cholesterol intake.¹

Meat is a nutrient-dense source of minerals and vitamins A, B, and D. And of course, it’s an excellent source of protein, as I discuss on page 7.

As I’ve reported before, B vitamins are so important to brain function, they’re called “neurovitamins” in Europe. And there are scores of studies showing that vitamin D can help reduce depression and lower your risk of Alzheimer’s disease.

Meat is also a good source of cholesterol and fat. The omega-3s in cholesterol and fat actually help build and support the structure of brain and nerve cell membranes (not to mention every other tissue cell in the body).

Bottom line: Every one of us needs cholesterol and fat for healthy brains and nerves. And one of the best sources of both of these nutrients is meat. While plants like chia and flax contain some omega-3s, they’re not the same brain-building type that are found in meat.

There are, of course, many ethical problems with industrial meat production. Opt for organic, grass-fed beef instead of corn-fed (almost all corn grown in the U.S. is GMO now). These more natural agricultural practices are much less abusive to animals, and also result in much healthier foods.

Eggs. We have been ridiculously advised by the government to avoid this perfect food. But like meat, eggs

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are a good source of cholesterol and other nutrients, making them one of the best foods for the brain.

Making an omelet in the morning with some red peppers, for example, is a tasty and healthy brain treat. (The color of the pepper is a clue to its nutrient quality. The presence of bright red, orange, yellow, green, blue, and purple in natural foods is a sign that they're packed with vitamins, carotenoids, anthocyanins, flavonoids, and other valuable phytonutrients.)

As with meat, look for eggs from humanely raised animals. That means free-range and organic (which ensures the chickens aren't given antibiotics).

Oysters, clams, and other seafood. When it comes to nutritional value per ounce, few foods measure up to bivalves like oysters and clams. A half-dozen oysters on the half-shell provide 272 percent of the daily intake of vitamin B12, and 509 percent of daily zinc.³

Zinc has been shown in a variety of studies to be critical for memory and cognition—especially as we age.

Bivalves and other seafood are also leading sources of vitamin D and omega-3s. And they're rich in chromium and iodine—two minerals important for brain function. The omega-3s in seafood also help support the production of a chemical called brain-derived neurotrophic factor (BDNF). BDNF plays a role in the survival and growth of neurons. Research has also shown that, in patients suffering from depression, anxiety, and mood disorders, higher BDNF levels result in less severe symptoms.

Liver and organ meats. These foods also get a bad rap, but nothing is more nutritious. Predatory animals on the hunt always go for the organ meats first, since they are the densest sources of vitamins and minerals—literally storing them up for the rest of the body.

Not a fan of liver or other organs? You can disguise the taste and texture by adding them to delicious vegetable stews, or many different varieties of chili con carne.

Nuts. Like meat and eggs, nuts were also once “off limits” because they're considered high-fat treats. But that kind of thinking is “nuts,” according to the science. A handful of tree nuts (almonds, cashews, pistachios, walnuts) can help ward off diabetes, heart disease, and obesity. And nuts improve brain health.

Nuts are full of bioavailable brain-boosting minerals like manganese and selenium. Not to mention protein, omega-3s, and vitamin E—which has tremendous brain benefits.

In fact, one study showed that adding nuts to a Mediterranean diet resulted in overall improvements in depression and mental health.⁴

Until recently, researchers assumed that these benefits only came with relatively expensive tree nuts. But, as I wrote in my *Daily Dispatch* recently (5/5/15, “Simple, inexpensive snack lowers cardiovascular death rate by 38 percent”), new research shows that peanuts (which grow in the ground) are just as healthy at much less cost. (Peanut butter did not have the same health benefits, probably due to the addition of sugars and other added ingredients.)

Finally, the information on the food labels for nuts is all wrong when it comes to calorie counts. One study showed that almonds actually have 25 percent *fewer* calories than thought.⁵ And there's speculation that calorie counts could be significantly lower for other nuts as well.

Sidestep these two mental-health minefields.

Vegetarian or vegan diets. Of course, we all know that plants have an important role in a balanced diet. But, as I uncovered in the May

2014 issue (“REVEALED! The biggest health scam in the history of nutritional science”), strictly plant-based diets are not healthier for body or brain.

B-vitamin deficiency is commonly associated with vegetarian diets and causes development delays in children and brain atrophy in adults. And some research shows a vegetarian diet is associated with increased anxiety and depression.⁶

Plants just can't provide enough healthy fats, minerals, and vitamins that are crucial for good mental health. And, unlike meat and seafood, they also don't have the full range and variety of amino acids that are needed in proteins.

Gluten. Most of the health, metabolic, and weight problems associated with grains come from their high carbohydrate content. But the gluten protein found in wheat and other grains can also be a culprit.

We already know that gluten can cause allergic reactions, including celiac disease, in some people. And now there's evidence that it may be a factor in psychosis.

A large clinical trial demonstrated that people diagnosed with schizophrenia have significantly elevated anti-gliadin antibodies (gliadin is a component of gluten). The researchers found that over 23 percent of schizophrenic patients have high anti-gliadin antibodies, compared with only 3 percent of controls.⁷

In one case, an underweight but otherwise healthy 37-year-old woman became paranoid and psychotic over a period of a year. She entered into the “downward spiral” of mental illness, losing her job, home, family, and friends. Numerous psychiatric drugs were useless.

But after only three months of a gluten-free diet, her mental condition became stable.

Later, she consumed just one gluten-heavy meal. She ended up back in the hospital. But when she went back to a gluten-free diet, she resumed normal mental health—without any drugs.

A growing amount of research also shows that gluten may influence the microbiome—the “good” bacteria in your gut. In addition to controlling digestion, the microbiome appears to be important for mental health.

Irritable bowel syndrome (IBS), is also influenced by the microbiome (and vice versa). And IBS is associated with anxiety and depression. That’s because the digestive process may involve conversion of the amino acid tryptophan to serotonin—powerful

neurotransmitter that influences depression and other moods.

Many of the bacteria of the microbiome actually make their own neurotransmitters, which communicate with the vagus nerve. The vagus nerve originates in the brain, as one of the twelve cranial nerves, and travels throughout the internal organs and gastrointestinal tract. Scientists don’t yet know what the gut is saying to our vagus nerve, but they think the brain is listening..

If you do decide to try a gluten-free diet, remember that many non-grain-based foods are naturally gluten-free. There are also a growing number of delicious and nutritious gluten-free breads and baked goods. I have personally inspected, and highly

recommend, Aleia’s Gluten Free Foods. To find a store near you that sells these healthy goodies, or to buy them online, visit www.aleias.com.

If all of this data about food and mental health isn’t convincing enough, consider this: Recent research found that simply *talking* to a counselor for just six hours can lower your depression by a whopping 40 percent. And the researchers found that the benefits of talking is particularly true in older people.⁹

Let’s face it—none of modern psychiatry’s pills, potions, and magical incantations can come close to that.

In mental health, as in virtually all other aspects of health, diet is the best option we have for health promotion and disease prevention. 

Citations available online at www.DrMicozzi.com

Sink your teeth into this energy booster

Despite the popularity of would-be Draculas in books and movies, it’s not easy being a self-identified “vampire,” according to a new study conducted by researchers at Idaho State University.¹

The Idaho State researchers found that there are both “authentic” and “lifestyle” vampires. The latter are typically black-clad figures with phony fangs (not just in late October). But the authentic vampires come from every walk of life, including attorneys and doctors (many of whom have earned their reputations as blood suckers on an entirely different basis.)

Not surprisingly, people who self-identify as vampires (that is, needing the blood of willing donors to gain energy) are not willing to disclose their practices to those in the health and social work professions. They fear reactions like disgust, ridicule, or the possible diagnosis of mental illness. All other “lifestyle choices” have

long been removed from the DSM (Diagnostic and Statistical Manual) that psychiatrists use. But vampires still suffer discrimination.

These vampires are otherwise successful, ordinary people. Except for one thing—they are very, very tired. Which is apparently the reason they look for adults willing to allow them to use blades to make small incisions in their chests. Then the vampires ingest small amounts of blood from the “donor” to gain energy.

(Of course, in the legal and medical fields, professionals have long had access to young people who have their life’s blood drained out of them by working impossibly long hours and meeting other incredible demands. They’re called interns. And they are often not even subject to minimum wage laws, even in Seattle.)

The blood donors do gain something, however. They get their

blood thinned, which lowers their iron levels. And, as I showed in studies with Nobel laureate Baruch Blumberg and colleagues 25 years ago, excess iron can cause increased rates of heart disease, infections, and cancer.

Like the legendary count Count Dracula, these vampires appear to be very polite—always asking before ingesting from the chest. In fact, this vampire community is conscientious and ethical, according to the study.

And the global vampire community is thought to number in the thousands. As Lady Gaga might say, they believe that they were “born that way” and did not choose this path (perhaps “*unborn* that way” might be a better term?).

So why am I telling you all this?

While it’s a timely topic, you may be wondering why I’m writing about vampires in a science-based

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health newsletter. Well, researchers discovered something that applies to many of us as well.

The fatigue that sends these vampires in search of regular infusions of blood is something that many people can identify with. But I have the perfect energy boost for vampires and mortals alike. And it doesn't involve drinking blood.

The hydrating ingredient that can help you feel "immortal"

I call it *aspal*.

This nutrient, which has also been known as red bush or rooibos, has been a "secret weapon" of sorts for the Kalahari Bushmen in South Africa, helping them stay hydrated while living in one of the driest climates on earth. Indeed, *aspal* has been shown in studies to not only improve energy, but also cellular hydration and metabolism.

Coincidentally, some of my own research on this ingredient also took place at a university in Idaho. We gave the college's athletes *aspal* and the rapid improvements it produced in athletic performance were all the coaches needed to see.

With some dietary supplements it takes a while to feel the effects. But as these college coaches observed, *aspal*'s results are almost instantaneous. I've noticed the same thing myself. Whenever I take *aspal*, I can count on feeling the benefits right away...and at an older age than any college or pro athlete.

The rest is college sports history (you can read more about it in my special report "Miracle at 'Red Bush,'" which you can download for free by logging on to the Subscriber area of www.drmicozzi.com). And since then,

many more studies on *aspal* have backed up my findings.

But "self-identified" vampires apparently are not aware of the energetic benefits of ingredients like *aspal*. So if you happen to meet a vampire this month, tell him or her about *aspal*. Adding this powder (I recommend the Red Joe brand) to water and then drinking it could give them...and you...the energy fix they crave.

And, of course there are also mind-body treatments for exhaustion and chronic fatigue that don't involve bloodletting. To find out which work best for you, check out my book with Mike Jawer, *Your Emotional Type*, and take the short emotional type quiz at www.drmicozzi.com. 

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NEWS BRIEF

Fight dry eyes with omega-3s

In addition to helping build muscle mass and improve physical performance, omega-3s have many benefits for the brain, heart, and immune system.

And now, a new study shows they may also help with dry eyes.

Dry eyes can be caused by simple strain from staring at computer, cellphone, or TV screens. They also may be the result of moisture imbalance, especially in women as they get older. And people who wear contact lenses can suffer from dry eyes as well.

The new research comes from India, where they should certainly know about dry eyes caused by too much screen time. It seems every time I have a problem with a computer or the Internet, I end up talking with someone from India. By the time I am done, I feel like ordering out for tandoori.

The researchers recruited 478 people who sat in front of a computer screen for at least three hours a day over the course of a year or longer. They randomly divided the participants into two groups. One group took daily omega-3 supplements containing 240 mg of DHA and 360 mg of EPA (the active ingredients in fish oil). The other group got a placebo.¹

After three months, 70 percent of the omega-3 group didn't have dry eyes, compared to only 15 percent of the placebo group. The omega-3 group also had improved overall eye health compared to the placebo group.

Dry eyes involve a number of factors, including the composition of tear fluids as well as the surface of the eye itself. Basically, the researchers believe that taking omega-3s helps reduce the rate of tear evaporation, rather than increasing the amount of tears the eyes produce. And that helps relieve dry eyes.

I suggest taking more fish oil than used in the study—not only for eye health, but also for protection against heart disease, dementia, skin disorders, and other conditions that omega-3s have been shown to improve.

My recommendation: 1 or 2 grams of a high-quality fish oil every day.

Citations available online at www.DrMicozzi.com