



The deadly truth behind antidepressants:

Big Pharma's "happy pills" are more likely to kill you than cure you

But my 7-step plan can boost your mood safely AND naturally

It's been 22 years since the book *Prozac Nation* was first published. Since then, we've branched beyond Prozac to become Zoloft Nation, Paxil Nation, Wellbutrin Nation... and on and on.

Let's face it...we've become a nation of antidepressant users.

In fact, a study found that between 1999 and 2012, the percentage of Americans taking antidepressants *nearly doubled*.¹ One in eight Americans used antidepressants four years ago, and I can guarantee it's more today.

And the truly depressing thing is these drugs *don't even work*. I've written before about how research shows that only one in seven people actually benefit from the most popular type of antidepressants—selective serotonin reuptake inhibitors (SSRIs) like Prozac, Paxil, Zoloft, Lexapro, and Celexa.²

Not only that, but a growing body of research shows that these so-called "happy pills" can actually make mental health issues *worse*.

Violently worse, in fact. I've been telling you for years about studies linking SSRIs to mass shootings and skyrocketing suicide rates. I'll share some of that research with you in a moment...and how big pharma and

the federal government appears to be wearing blinders to this compelling evidence in a deadly "folie a deux" (to use a psychiatric term from the French) of crony capitalism.

And that's not the only harm antidepressants can cause.

Violent behavior is just the tip of antidepressants' deadly iceberg of side effects

If, by some lucky chance, an antidepressant user doesn't become violent, there are a whole host of other life-threatening side effects he or she can succumb to.

I'm talking about heart disease, organ damage, breast cancer, and bleeding in the brain. Not to mention serious mental conditions like psychosis, mania, and hallucinations. And significant birth defects in children born to women who took antidepressants while they were pregnant.

But the good news is that the vast majority of people don't even need these dangerous drugs. It's entirely possible to fight depression naturally. In fact, you can do it in seven easy steps.

In a moment, I'll share my scientifically proven, natural program to help alleviate

depression and improve your overall mental health.

But first, let's take a closer look at just how dangerous antidepressants are, and the reasons they're so ineffective.

The pill as lethal as a bullet

Back in 2012, I was one of the first people to report research showing that the common link between many of the world's tragic mass shootings is not illegal guns—it's antidepressants.

I know because as a consulting forensic medical examiner in the 2000s, I saw the tragic side effects of these terrible drugs. Time and again, I saw how depressed people who had harbored suicidal thoughts for years finally decided to act on those thoughts. Why? Because they started taking an SSRI.

It makes perfect sense. When people are depressed, they turn

In this issue:

Alert: New research shows pain pills are creating a deadly epidemic 6

Ask the insider 8

Marc S. Micozzi, M.D., Ph.D., is a worldwide leader in nutritional and complementary/alternative medicine. He has had a distinguished career as a researcher and physician executive at the National Institutes of Health and Walter Reed National Military Medical Center in Washington, DC, and the College of Physicians in Philadelphia PA. He has published over 30 medical and trade books, and founded and edited the first scientific journal, and the first textbook, on complementary/alternative and nutritional medicine, now going into a 5th edition (2014) and continuously in print since 1995.

Dr. Micozzi's *Insiders' Cures* is published monthly by OmniVista Health Media, L.L.C., 100 W. Monument St., Baltimore, MD 21201 for \$74 per year (\$6.16 an issue).

POSTMASTER: Send address changes to *Insiders' Cures*, 100 W. Monument St. Baltimore, MD 21201.

Author: Marc S. Micozzi, M.D., Ph.D.
 Publisher: Katherine Wheeler
 Executive Editor: Amanda Angelini

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action should be taken based solely on the contents of this publication; readers should consult appropriate health professionals on any matter relating to their health and wellbeing. The information provided in this publication is believed to be accurate and sound, based on the best judgment available to the authors, but readers who fail to consult with appropriate health authorities assume the risk of any injuries. The opinions expressed here do not necessarily reflect the views of the publisher. The publisher is not responsible for errors or omissions.

For questions regarding your subscription, please contact reader services at www.drnicozzi.com.

Copyright © 2016 OmniVista Health Media, L.L.C., 100 W. Monument St., Baltimore, MD 21201. Reproduction in whole or in part is prohibited without written permission of the publisher.

inward. They close themselves off. And they're often tormented by endless, negative thoughts running through their brain. Many times, these thoughts are about harming themselves or others.

But because depressed people tend to lack energy, they are usually not physically capable of acting on those thoughts. Psychiatrists call this *thought substitution*. It's the body and brain's way of protecting itself from harm.

But let's say a depressed person starts taking Paxil or Zoloft. These and other SSRIs artificially raise levels of the supposed "feel-good" chemical serotonin in the brain—which, in theory, should make people feel less depressed.

But unfortunately, that theory simply doesn't work for the vast majority of people (I'll tell you about the science behind that a little later). This means that all too often, that endless loop of negative thoughts doesn't disappear.

What SSRIs do instead is increase people's energy. And some of those people use that energy to actually put their negative thoughts into action. Including turning a gun on themselves—or others.

The definitive science showing how antidepressants lead to violence

Of course, I'm not the only medical professional who has now seen how antidepressants help incite violence.

In fact, last September, the prestigious *British Medical Journal* published a comprehensive examination of the link between SSRIs and violent crimes. And, not surprisingly, the researchers found that people who take SSRIs commit more of these types of crimes than those not on antidepressants.³

What was surprising to some medical professionals (but not

me) was *how many people* on antidepressants are likely to be violent. The researchers found that young people age 15 to 24 were a whopping 43% more likely to commit homicide or other serious crimes if they were taking SSRIs.

And this wasn't just a tiny little study that can be easily dismissed by big pharma and big government. It was conducted in Sweden and involved 856,493 people—and every single violent crime committed in the country between 2006 and 2009.

Of course, Sweden is hardly the crime capital of the world (until the recent influx of illegal immigrants). America has the dubious honor of being the nation with the most mass shootings (but certainly not the only nation, despite what certain politicians like to claim). But it turns out the link between antidepressants and violence doesn't discriminate by geography.

The Alliance for Natural Health recently reported that out of 23 high-profile violent crimes in the U.S. over the last few decades, about half of the perpetrators were taking or had just recently stopped taking antidepressants or antipsychotic medications.⁴

And the news is just as grim for antidepressant-related suicides in the U.S. In fact, a recent editorial in the *British Medical Journal* shared the disturbing information that the FDA underreports these types of suicides.⁵

For example, in one study, FDA data showed there were only five suicides in 52,960 antidepressant users. However, the FDA only counted suicides that occurred within 24 hours after a person stopped taking an antidepressant.

But every medical professional knows it can take weeks for the toxic effects of antidepressants to leave people's systems after

they stop taking the drugs. And, of course, many suicides happen when people are still taking antidepressants—which really defeats the whole purpose of taking them in the first place.

So when you broaden the scope of the FDA investigation to account for these facts, the real number of antidepressant-related suicides is *15 times higher* than what the FDA reports.

The government's feeble attempts to "warn" the public about antidepressants

These studies aren't news to the U.S. government. The FDA *knows* antidepressants are dangerous. So much so that in 2005, it required that SSRIs carry a "black box" warning. And in 2007, it expanded this warning to an even broader range of antidepressants.

Once you get past the bureaucratic mumbo-jumbo, this black box basically says that antidepressants may give children, adolescents, and young adults increased risk of suicidal thinking and behavior. And may also *worsen* their depression.

Unfortunately, the black box doesn't mention how antidepressants increase homicidal thoughts and actions—despite the definitive research I just mentioned. And how these violent tendencies affect people of other age groups as well.

Ideally, the FDA's black box warning should be like going on "death row" for a drug. It should be the last step before the agency takes the drug off the market—and finally puts it out of our misery. But in far too many cases, the FDA issues the black box and the drug remains on the market for decades.

Granted, some antidepressants are safer than others. But the FDA certainly doesn't seem in a rush

to take *any* of these drugs off the market.

Other ways antidepressants can kill you

The FDA's black box also completely ignores antidepressants' many *scientifically proven* side effects. The most dangerous of these include:

Birth defects. The CDC recently conducted a study of over 27,000 mothers of children with birth defects. The researchers found that the women who took Prozac and Paxil during their first trimester of pregnancy, or the month before they became pregnant, were substantially more likely to have children with significant birth defects.⁵

Specifically, they found that these poor children had a *two to 3.5 times* greater risk of obstructed blood flow from their heart to their lungs, holes in their heart walls, missing pieces of their brains and skulls, and irregularly shaped skulls. Abdominal wall defects were also a possibility, although the evidence wasn't as strong.

This isn't the first study linking birth defects to antidepressants, but it's one of the largest and most definitive.

Bleeding in the skull. A recent study of about 4 million South Koreans found that those who combined *any kind of antidepressant* with NSAID painkillers like aspirin or ibuprofen had a staggering 60% chance of bleeding inside their skull.⁶ This can lead to strokes, brain damage, or even death.

And another study of 2,500 people with an average age of 59 found that these bleeds could start as late as four years after someone first took an antidepressant. Unlike the Korean study, this study found that antidepressants alone could cause

brain bleeding, and SSRIs posed the biggest risk. The researchers concluded that doctors should be careful about prescribing SSRIs—especially to older people.⁷

Breast cancer. Research shows that 70% of cancerous breast tumors increase in size when estrogen levels rise.⁸ And Paxil has been found to have an estrogen-like effect on the body.⁹ So it's certainly not a leap to assume that taking Paxil can increase a woman's risk of breast cancer.

And since SSRIs have the same basic mechanism of action, it's a (un)safe bet Prozac, Zoloft, Lexapro, and Celexa can escalate your risk of breast cancer just like Paxil does.

Heart problems. In 2013, I reported on research showing that the SSRIs Celexa and Lexapro are linked to dangerous heart rhythm abnormalities.¹⁰ And we've known for decades that older types of antidepressants called tricyclics (Norpramin is the most common brand) can cause sudden cardiac deaths.

Fortunately, you don't see many prescriptions for tricyclics these days. But even though the FDA issued a warning about Celexa's heart issues in 2011, many uniformed doctors still encourage their patients to take it.

Liver damage. In an exhaustive study, French researchers found 158 different scientific reports since 1965 that showed that up to 3% of people who took antidepressants had signs of liver damage.¹¹

The researchers discovered that this damage could potentially begin within a few days of first taking a wide variety of antidepressants. And older people appear to be most vulnerable—no matter what dosage they took.

Mental health problems. Ironically,

the very drugs designed to alleviate one mental condition may actually create *more* mental conditions.

There is evidence linking antidepressant use to anxiety, mania, psychosis, delusions, and hallucinations. And, as I wrote in an October 2014 *Daily Dispatch* (“Antidepressant drug shuts down brain connectivity within three hours”), research shows that just a single dose of an SSRI can reduce connectivity in the brain. Meaning these drugs could create an emotionally blunted, lobotomy-like effect in some people.

Why antidepressants don't work

All of these risks make antidepressants just as dangerous as another darling of the drug industry: statins.

You know how detrimental statins are for your health. In fact, I've written a whole report about it: *The Insider's Guide to a Heart-Healthy and Statin-Free Life*.

But at least statins actually do what they're supposed to—lower cholesterol. In most cases, antidepressants don't even deliver on their basic promise to alleviate depression.

I already told you about the study that shows how only one in seven people actually benefit from antidepressants. Now, let me tell you why.

Antidepressants are based on backward science—a flawed understanding of the brain's chemistry. According to the theory that spawned SSRIs, depressed people have low levels of serotonin—the supposed “feel-good” neurotransmitter—in their brains. So SSRIs are designed to help increase the serotonin available to the brain.

But a recent study argues that

depressed people actually don't suffer from low serotonin.

The researchers reviewed 50 years worth of studies and discovered that the brain releases *more* serotonin when people are depressed.¹² So, according to this theory, it may be more appropriate to *lower* serotonin levels than to increase them!

The surprising way depression may help you

I've always believed that measuring mood based on the levels of only a single chemical in the brain is a pathetically inadequate way of understanding or trying to address the mind or the human condition.

After all, depression has a variety of causes. You may be susceptible to seasonal affective disorder (SAD) caused by long winter days without sunshine, like now. You may have thyroid disease or another hormonal condition.

And there's a theory I've always supported: Depression may be an evolved emotional response to complex problems. In essence, it may be the body and brain's natural way of coping with stress or emotional trauma.

In fact, studies show that mildly depressed people can more accurately assess circumstances and dangers...and deal with them more effectively than people who don't suffer depression after a trauma.

But rather than help their patients tackle depression in natural ways that actually address the cause of the problem—instead of just the symptoms—many doctors just reach for the easy, one-size-DOESN'T-fit-all solution: antidepressants.

So it's no wonder that so few people who are prescribed antidepressants actually get relief. A single, “simple-minded” pill can't “cure” a complex

disease like depression.

Of course, that's just the way big pharma likes it.

How depression is the perfect condition for big pharma

Antidepressants are a multibillion-dollar business for drug manufacturers, so they just keep inventing more and more of these mostly useless and dangerous pills.

In fact, depression may be the perfect condition for big pharma: incurable, common, long-term (even with these so-called “treatments”), and involving multiple medications.

And contemporary psychiatry's relationship with the drug industry has created a pharmaceutical mindset to treat mental illness. In fact, a few years ago, researchers discovered that *three-quarters* of psychiatrists who write the definitions of depression used in the standard psychiatric practice manual have links to drug companies.¹³

Even though, as I wrote in a February 2014 *Daily Dispatch* (“How lackluster drugs become blockbuster drugs”), a mother lode of unpublished studies on antidepressants conducted by big pharma itself showed “little evidence to support the prescription of antidepressant medication to any but the most severely depressed patients.”

But here's what can help...

My 7-step plan to treat depression naturally

In an October 2014 *Daily Dispatch* (“Prozac nothing more than a costly placebo”), I discussed a study that showed that it didn't matter whether depressed people took a placebo or an antidepressant. What *did* matter was whether the person thought the treatment would work before it began. Meaning that the placebo

worked just as well as the drug simply because a person believed it would.

In other words, don't underestimate the power of your own mind when it comes to alleviating depression. Or any other illness, for that matter.

That said, let's take a closer look at my seven steps to alleviate depression.

Talk therapy. Before antidepressants were invented, people used to fight depression by talking about their problems. But now, psychiatrists think they can replace this proven method with a pill.

They're wrong, and research proves it. Recently, Danish researchers published a study involving about 5,000 people who were so severely depressed that they had attempted suicide. The study participants were divided into two groups. The group that underwent only six to 10 psychological counseling sessions had 26% fewer suicide attempts over the next five years, compared to the group that didn't have any counseling.¹⁴

So if you're depressed, talk about your problems. A licensed counselor is ideal, but there are also benefits in talking to your family, friends, or clergy.

Light therapy. Spending time in front of a light box is an effective approach for people with seasonal affective disorder. And now a new study shows it may also alleviate other types of depression.

Researchers divided 122 people with major depression (that wasn't seasonally related) into groups. After eight weeks, 40% of the group that got 30 minutes a day of bright light treatment was no longer depressed. But only 20% of the people who took Prozac had the same result.

You can buy light boxes at

drugstores for \$100 to \$300. Some insurance plans cover the cost. I recommend sitting in front of your light box half an hour a day shortly after you wake up—perhaps while eating a healthy breakfast.¹⁵

Spending time in nature. Many studies show that getting out in the fresh air can improve your health and help reduce depression. And in a March 2015 *Daily Dispatch* ("Trees may hold the secret to a happier life"), I wrote about a study that showed that Londoners who live on streets with the most trees take the fewest antidepressants.

Behavioral therapy. Research shows you can actually turn negative thoughts into positive thoughts. Some common ways to do this include:

- Making a to-do list every day. This helps you feel in control of your life and gives you a sense of achievement when you cross things off the list.
- Making an "I'm thankful for..." list. Gratitude is one of the healthiest feelings, and can give your mood a positive anchor.
- Creating something. Writing, drawing, photography—anything that engages your senses creates an opportunity for positive feelings.
- Listening to music. Cheerful, soothing sounds give your brain something to concentrate on other than negative thoughts.

Exercise. Countless studies show that simply getting out and moving helps lift depression.

In fact, in one study, researchers gathered 126 people who had been taking SSRIs for at least two months but still felt depressed. But after four months of mild exercise, nearly one-third of the people reported that their depression had disappeared.¹⁶

Even if you're not depressed, your doctor may still prescribe antidepressants

In recent years, big pharma has developed a problem with its antidepressant cash cow. The patents on flagship drugs like Prozac and Paxil have expired. So guess what the drug industry has done?

It's *created new conditions* that antidepressants can supposedly treat. And new patents for old drugs.

For example, I told you in the September 2014 *Insiders' Cures* ("Urgent warning for women!") how big pharma is now marketing paroxetine (better known as Paxil) for menopausal symptoms under the brand name Brisdelle. So basically, the drug company just changed the name from Paxil to Brisdelle and voila—a new billion-dollar patent for the same drug.

And that's not the only bait-and-switch technique big pharma has pulled regarding antidepressants. Recently, *Scientific American* reported on the rise of so-called "all-purpose" antidepressants.¹⁸

This fascinating article pointed out that studies show that 25 to 60 percent of SSRI prescriptions are written for conditions that have *nothing to do with depression*.

The list of health issues SSRIs are supposedly able to treat is staggering. Arthritis, fibromyalgia, nerve pain, irritable bowel syndrome, autism...even premature ejaculation.

Based on this evidence, is it any wonder why so many people take antidepressants these days? Busy, distracted doctors, prodded by big pharma, are treating these drugs like the "tonics" that used to be sold by snake-oil salesmen—designed to cure anything that ails you.

Eating right. Last year, *finally*, mainstream psychiatrists admitted in a major medical journal that good nutrition can prevent and even treat mental health problems, including depression.¹⁷

Of course, I've been saying that for decades. Here's my simple, clinically proven plan to significantly reduce your risk of depression (and improve your overall mental and physical health):

- Cut out sugars and processed carbs like white bread and pasta
- Eat 7-8 servings of fruits and vegetables a day

- Eat protein with every meal. Research shows the top mood-boosting proteins are meat, eggs, seafood, and organ meats
- Include healthy oils like olive or nut oils in your diet every day

Supplements. The following supplements have been proven in hundreds of scientific studies to help fight depression:

- Vitamin D. 10,000 IU a day
- B vitamins. I recommend a high-quality B vitamin complex that contains at least 200 mcg of folate, 50 mg of B6, 12 mcg of B12, 50

mg of B2, and 50 mg of choline

- Omega-3 fatty acids. 1-2 grams of high-quality fish oil daily
- Zinc. 40 mg a day
- Magnesium. 200 mg daily

These natural treatments for depression are powerful because they are all designed to support the brain and keep it healthy... which fights depression at the root of the cause. And that is something none of the pharmaceutical antidepressants can do. **IC**

Citations available online at www.DrMicozzi.com

Alert: New research shows pain pills are creating a deadly epidemic

Here's how you can stop pain safely, naturally, and effectively

I've had 40 years' experience investigating and researching non-drug, natural treatments for pain, inflammation, and pain-related conditions like arthritis.

And I'm excited to tell you I've compiled all that information into a brand-new, definitive pain and arthritis management protocol.

I'm putting the finishing touches on the protocol now and will let you know as soon as it is ready.

In the meantime, today, I'm going to give you a preview of some of the steps outlined in the protocol. And I'll also share some new research on my favorite supplements and mind-body approaches that work safely and effectively for pain.

But first, I'd like to take a moment to remind you just how dangerous—and ineffective—mainstream pain treatments actually are.

The deadly truth about painkillers

We're currently seeing an epidemic of abuse of narcotic pain-reliever prescription drugs in the U.S. This has led to calls by local, state, and federal governments to rapidly reduce people's dependence on these unsafe drugs, as well as tackle the many health and social hazards that result from this dependency.

How bad is this epidemic? Well, after a century of improving health and declining death rates among all Americans, the U.S. Urban Institute in Spring 2015 released a study showing *dramatically increasing* death rates among women ages 15 to 54.

The primary reason? Accidental overdoses of prescription pain-reliever drugs.¹

Perhaps even more shocking is data from the CDC and other sources, analyzed by the 2015 Nobel Laureate

in Economics Dr. Angus Deaton and his wife, Dr. Anne Case, who is an economist at Princeton University.

In a study published in November, Drs. Deaton and Case showed that death rates among middle-aged white people with no more than a high school education have increased half a percent per year over the past 15 years.²

And guess what the No. 1 cause of those deaths was? Overdoses (either accidental or intentional) of narcotic drugs, as well as alcohol.

You may think a death rate that's only rising half a percent per year doesn't sound that bad. But consider this: The study reported that from 1978 to 1998, mortality rates for the same group of people *fell* 2% a year.

But starting in 1998, the death rate began steadily rising. And pain pill abuse and dependency has a big reason to do with it.

This sad truth is particularly upsetting because *no other group of people* in what Case and Deaton call “rich countries” has ever shown increases in death rates during our modern era. And historically, no population has had a comparable increase in death rates over just 15 years, unless there was a disease epidemic or ecological calamity.

And that’s not the only bad news. Along with drug and alcohol overdoses and suicides, Case and Deaton say the other chief cause of the increase in middle-aged Americans’ deaths is chronic liver disease and cirrhosis.

And while some of that is due to alcohol abuse, other liver problems can be attributed to pain pills as well.

As I’ve told you before, popular over-the-counter pain relievers like acetaminophen (Tylenol) have long been known to be the leading cause of fatal liver toxicity in the U.S. And to add insult to injury, recent research shows they are not even effective for back or other common pain.

Fortunately, there are safe, affordable alternatives to pain drugs that are readily available today. I divide them into two categories: supplements and mind-body techniques.

Let’s take a closer look at these natural solutions, along with the latest research on them...

Natural, safe pain solutions that really do work

There are a variety of mind-body approaches that can help alleviate pain, including meditation, acupuncture, guided imagery, behavioral therapy...even yoga.

To learn which of these approaches will work best for you, it is important to understand a psychometric indicator developed over several decades at Tufts University Medical Center in

Boston by the late Ernst Hartmann, MD. This indicator, called the personality boundary type, helps predict your susceptibility to various mind-body treatments.

I use the personality boundary type in the book I co-authored with Michael Jawer, *Your Emotional Type*. To determine your personality boundary type and the most effective treatments available for that type, take the Your Emotional Type quiz at www.drmicozzi.com.

One of the most interesting mind-body approaches for pain relief is **guided imagery** (GI). This is a technique in which you are guided by a professional to form images in your “mind’s eye” that literally overcome pain.

Guided imagery can work for everything from arthritis to surgical pain. In fact, it’s now being used for pain relief after knee replacements—one of the most common, and problematic, orthopedic surgical procedures today. One new study found that most people who tried guided imagery after knee surgery had high levels of satisfaction.³

Another natural mind-body powerhouse is **mindfulness meditation**, which includes mindfulness-based stress reduction (MBSR) for pain.

A new study demonstrated that only eight sessions of MBSR reduced pain and improved quality of life in people with chronic low back pain.⁴

Of course, anxiety and depression often accompany chronic pain. In one new study, a group of chronic pain patients completed an eight-week program that consisted of an hour of mindfulness meditation training three days a week, and then an hour of meditation daily at home. Over the next year, the patients had significant improvement in anxiety, depression, and pain.⁵

These studies involved formal, group meditation programs, but you can also get significant benefits meditating on your own. My book with Don McCown, *New World Mindfulness*, tells you all the tips for achieving mindfulness every day—no matter how busy your life.

The ABCs of pain supplements

Of course, another way busy people can alleviate pain is to take a tablet or capsule. But that oral pain medication doesn’t have to be a prescription drug.

Especially when there are powerful and proven ancient natural remedies readily available for pain and inflammation in supplement form.

For centuries, traditional healers have known the secret to successful pain management includes tackling the inflammation that typically accompanies pain—something the drug companies just don’t understand.

There are a variety of herbal supplements that can help reduce pain and inflammation, but I’ve found the most effective (especially for joint pain) is the pain-killer combo I call “the ABCs”—ashwagandha, boswellia, and curcumin.

These three pain powerhouses have come under increasing scientific scrutiny not only because of their benefits for pain and inflammation, but for a host of other health benefits as well.

One new study compared a **boswellia** extract to standard medical treatment (including pain drugs) for knee osteoarthritis symptoms. After 12 weeks, the people who were given boswellia had just as much reduction in pain and restoration of knee function as the group that got the standard treatment. In addition, the boswellia group was able to walk better

than the other group, and had better overall emotional and social functions.⁶

Curcumin's effectiveness at relieving pain has been well established in a wide range of inflammatory conditions. A new laboratory study used the novel approach of loading lipid (fat) nanoparticles into a curcumin supplement, which markedly improved pain and molecular measures of inflammation.⁷

And in a new Belgian study, 820 people with osteoarthritis who took a curcumin extract had improved pain, mobility, and quality of life in just six weeks. The curcumin was so effective that more than half of the study


participants were able to toss out their drugs for pain and inflammation.⁸

Of course, I have long observed that the ABCs are even more potent when taken together, in the same supplement (I recommend products that contain 450 mg of boswellia gum extract, 500 mg of ashwagandha root extract, and 200 mg of curcumin.)

In a new study, researchers gave people who had painful tendon repair a boswellia-curcumin combo before and after surgery. The researchers found that the herbal duo alleviated the patients' pain better than a placebo.⁹

Finally, **fish oil** is also well known as an anti-inflammatory and painkiller.

A major new clinical trial of fish oil for treatment of knee osteoarthritis showed a reduction in pain and improvement in walking ability.¹⁰ And another study found that these benefits are just as good with a lower dose compared to a higher dose of fish oil.¹¹ I recommend 1-2 grams of high-quality fish oil a day.

So, as you can see, there is no reason to suffer in pain... And no reason to suffer from the potentially deadly hazards associated with mainstream pain drugs. There are a number of safe, natural alternatives that are just as effective as drugs—without the added risk. 

Citations available online at www.DrMicozzi.com

ASK *the* INSIDER

Q • *Is there an optimal time of day to take vitamin D for maximum absorption? I was told it will do nothing for you if taken in the morning. It only does your body good if you take it with an evening meal that contains fat. Is this true?*
— D.H., San Francisco, CA

Dr. Micozzi: What you were told is half right. Vitamin D is best absorbed in your body when it's taken with fat. But it doesn't matter what time(s) of day or night you take it.

Vitamin D is a fat-soluble vitamin, meaning it's stored in your tissues and then released when your body needs it. So the purpose of taking a daily vitamin D supplement is to maintain adequate, long-term stores of the vitamin in your body. That's why it doesn't matter what time of day you take it.

In contrast, water-soluble vitamins like B and C can't be stored, so it's important to take them regularly to ensure an optimal supply in your body at all times.

What does matter when it comes to vitamin D is *how* you take it. It's important to take D with fats or oils, or else it can't be absorbed from your gastrointestinal tract into your blood and tissues. That's why many people take vitamin D with a meal that contains essential fats.

In fact, I hope you are getting some essential fats at every meal. If you are still eating a high-carb, high-sugar breakfast of fruit juice and cereal—or, even worse, muffins or pastries—then you will not absorb most of the vitamin D you take. But if you have a healthy breakfast that includes dairy or eggs, your daily dose of D will be easily absorbed. The same goes at every meal.

Of course, sometimes you can simply forget to take D while eating. That's why the vitamin D3 formula I include in my Smart Science Nutritionals product line is in liquid form, “suspended” in oil.

(You can also get it combined with astaxanthin in my CoreXanthin formula. Astaxanthin is a powerful antioxidant in its own right, and has been shown in studies to help support metabolic, cardiovascular, and neurological health as well as a healthy inflammatory response.

You can take either of these formulas straight or add them to any beverage. To order Smart Science Liquid D3 or CoreXanthin, you can visit my website, www.drnicozzi.com and click the “Shop” tab at the top of the page or call 1-800-292-5808 and ask for order code GOV2S3AB (Liquid D3) or GOV2S3AA (CoreXanthin). 