



Easy ways to zap mosquitos... and protect yourself from Zika and other deadly diseases

Any time there is standing water around, mosquitos may be breeding in your yard. But warm, humid weather accelerates the breeding cycle—which means this year's mosquito season is about to get underway.

And with all of the recent news about the mosquito-borne Zika virus outbreak, it's especially important to take precautions to keep from being bitten by these potentially deadly insects.

There are a whopping 2,700 species of mosquitos worldwide. Not all species bite humans, but most have a genetic predisposition to find you—whether by sight, smell, body heat, or interpreting your chemical signals.

But the good news is there are some simple precautions you can take to minimize your chances of getting bitten—and contracting viruses and diseases spread by mosquitos.

I'll tell you about these precautions in a moment. But first, let's look more closely at the types of illnesses mosquitoes can transmit, and how they do it.

The mosquito-borne illness you need to worry most about

Mosquitos carry deadly, infectious diseases like malaria, dengue fever, and West Nile virus. They also transmit yellow fever, but the last case in the U.S. was way back in 1906, at Charity Hospital in Louisiana.

Most recently, concerns have focused on the mosquito-borne Zika virus. As I wrote in a trio of *Daily Dispatches* in March and April, Zika had been around the South Pacific for decades, but has suddenly exploded onto the scene in Brazil.

While about 80 percent of people infected with Zika have no symptoms, the virus is dangerous for pregnant women. In Brazil, there's a growing epidemic of infants with abnormally small heads (microcephaly) born to women infected with the Zika virus.

And Zika may be on its way to North America—in fact, the mosquito that carries it already lives in the southeastern U.S. and has been discovered as far north as Washington D.C. (where mosquito-borne malaria thrived until the 20th century).

But at this point, Zika is not the mosquito-borne illness you really need to watch out for (unless you're pregnant).

The West Nile virus has caused much more harm in the U.S. than Zika. West Nile first appeared here in 1999, accompanied by much hysteria. As of 2014, the CDC notes that more than 40,000 people have been infected. Nearly half of those people became seriously ill, and 1,765 died.¹

Of course, that's just the reported cases. The number of people infected with the West Nile virus is likely many, many times higher. The CDC

notes that most West Nile cases are not reported because 70 to 80 percent of people infected with the virus don't show symptoms. But if you have been bitten by mosquitos and have a headache, body aches, joint pains, vomiting, diarrhea, or a rash, that might indicate you have West Nile.

It's a good idea to check in with your doctor if you experience any of the above symptoms this summer. Especially if you're over age 60, or have high blood pressure, diabetes, cancer, or kidney disease. The CDC reports that people in these categories are more prone to having severe, potentially life-threatening West Nile infections. Treatment in those cases usually entails hospitalization, intravenous fluids, and pain medication.

Why mosquitos are so deadly

As I noted earlier, mosquitos breed in stagnant water. And it doesn't have to be a pond or even a puddle. In as short as a week, thousands of mosquitos can emerge from just a

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small amount of water—like what you might find left sitting in a bucket, old tire, or watering can.

Females lay 100 to 400 eggs on a “raft,” which floats on top of the water. According to the EPA, a mosquito can live anywhere from four days to a month. And some mosquito species can lay up to 1,000 eggs in a lifetime.

The larvae hatch and breathe through tubes while remaining under water. They then go through a pupae stage, and once they’re adults, feeding (including biting) and mating begins.

Like all insects, or arthropods, mosquitos have a body divided into three parts: head, thorax, and abdomen, with a hard exoskeleton (or shell); six, long jointed legs; and two veined wings. The body is small enough that they have an open circulatory system, whereby air flows through the body chambers and directly delivers oxygen for energy metabolism.

Mosquitos don’t technically have a stinger. Instead, they have a nose, or proboscis, that draws fluids—they can’t eat solids.

Interestingly, only the females bite, because they need what’s known as a “blood meal” to help develop their eggs. Males drink only plant nectar.

And while humans are a common target, female mosquitos often prefer to feed on birds. The house sparrow and house finch are two species known to have high rates of infection with the encephalitis virus carried by mosquitos.

When a female finds an unsuspecting human or bird, she pushes a needle-like stylus through the skin and into a superficial blood vessel to feed. Her saliva contains an anticoagulant called hirudine (like the pharmaceutical anticoagulant

heparin) to prevent blood clotting.

Since hirudine is a foreign protein for humans, the body mounts an immune reaction that causes the typical swelling, redness, and itchiness after being bit.

A mosquito can suck up almost twice her weight in blood, swelling her abdomen. She leaves behind a droplet excreted from her intestines to reduce her weight, so she can take off and fly away again.

Six simple ways you can lower your risk of mosquito bites

As I said earlier, mosquitos have many ways of finding you. Not only can they see and smell you, but they can also detect the higher body heat of warm-blooded animals, like humans.

Mosquitos also detect chemicals such as carbon dioxide, which you breathe out, and lactic acid, which can build up in your muscles.

And it has also been noted that people who sweat less don’t get bit as much. (Maybe that’s why Marco Rubio wanted to leave Florida for the White House; although he would just have been trading one swamp for another.)

Of course, there’s nothing you can do about these types of physiological attractions for mosquitos. But there are other precautions you can take. Here are six proven ways to help lower your risk of mosquito bites.

1) **Check your color palette.** Dark colors provide visual signals to mosquitos. So wear light-colored clothes (a good and fashionable idea in late spring and summer anyway). If weather permits, limit your skin exposure by wearing long sleeves, long pants or dresses, and socks.

2) **Stay still.** Mosquitos are attracted to movement. Of course, I always encourage you to get healthy physical activity outdoors. So if you’re out

walking or biking or playing games in the backyard, make sure to follow step No. 4...

3) **Spray clothes and exposed skin with natural mosquito repellents.**

DEET confuses mosquitos' chemical sensors. But it is a known toxin that's absorbed directly into the skin. Studies show that a synthetic product called picaridin, which is found in brands like Cutter and Avon, is as effective as DEET and potentially safer. Picaridin was developed in the 1980s and was made to resemble the natural compound piperine (black pepper extract). You can also use citronella (from lemon and citrus fruit), eucalyptus, or tea tree oils as natural repellents.

Many repellents that are designed to be sprayed on clothes contain a chemical called permethrin. Make sure not to spray it directly onto your skin, as it may cause irritation.

4) **Let the sun (or moon) shine.**

Mosquitos are most active during dawn and dusk, so avoid being outdoors at those times. Like mad

DDT's widespread damage continues, 40 years after being banned—Protect yourself with a single, simple supplement

Communities used to spray the deadly toxin DDT to eliminate mosquitos. Although DDT has been banned in the U.S. and many other countries, residues can remain in the environment, and in the body, for many years.

If you were ever exposed to DDT, recent research shows that B vitamins protect against the lingering health effects of this chemical.

High levels of DDT in the body can increase the risk of early miscarriage and interfere with the ability of women to conceive. But a study of 291 women found that taking B vitamins can actually reverse these negative effects.²

Researchers measured DDT, vitamin B6 and B12, and folate levels in the study participants. They found that the women with higher DDT levels and lower vitamin B levels took nearly twice as long to become pregnant, and suffered double the rate of early-term miscarriages.


But women with sufficient vitamin B12 were not impacted by DDT at all. And those with high DDT levels who took extra folate were less likely to miscarry.

The researchers said improved nutrition helps the body cope better with environmental toxins and stressors like DDT. Of course, this was one of the original purposes of vitamins in nature.

Protecting yourself from the ongoing havoc wreaked by DDT is just one more reason to get adequate B vitamins. You can help ensure that by taking a high-quality B supplement every day.

dogs and Englishmen, go out in the noon-day sun. Or after dark.

5) **Screen out insects.** Keep window and door screens in good condition and tightly fitting.

6) And, of course, **eliminate standing water** in clogged gutters, wheelbarrows, buckets, watering cans, rain barrels, and stagnant bird baths. 

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7 simple food-safety tips to keep you and your family healthy

As summer approaches and temperatures rise, you need to be more careful than ever about food safety.

We hear a lot of horror stories about outbreaks of foodborne illnesses. And that can make you wonder whether *any* fruit, vegetable, meat, or dairy you buy is really safe—even if it's organic.

But while the media make it seem like foodborne illnesses are on the rise, the CDC reports that actually isn't the case. In 1999, the CDC estimated there were about 76 million

cases of foodborne illnesses each year in the U.S., resulting in 325,000 hospitalizations and 5,000 deaths. In 2011, those numbers dropped to 48 million cases, with 128,000 hospitalizations and 3,000 deaths.¹

That's still a shocking number of food safety incidents, but the good news is that the vast majority of cases are mild. (For signs of common foodborne illnesses, see the sidebar on page 5).

Still, the crony-capitalist government

never wants to let a good crisis go to waste, and lobbyists have influenced new "food safety" legislation to actually hide provisions that favor big food and agriculture—and take away control from small farmers and consumers.

But you can still avoid some of these big-government intrusions in the name of "food safety." Just buy locally grown foods. Foods sold within 50 miles of their points of origin are not subject to some of

the most restrictive and ridiculous regulations of the FDA and USDA. Most grocery stores of all sizes and descriptions now have sections for locally grown foods. Ask your grocer.

Knowing where and how your food is grown goes a long way toward helping protect you and your family from foodborne illnesses. But there are also other steps you can take. Here are my top recommendations to keep you and your family safe from E. coli, salmonella, listeria, and other bacteria linked to foodborne illnesses.

Don't automatically assume meat is the culprit

Often when we hear about E. coli and salmonella outbreaks, it may actually be due to contaminated produce—*not* meat (although big government sometimes confuses the facts).

Case in point: the recent E. coli outbreaks at Chipotle restaurants.

There's a theory that big food and agriculture corporations were threatened by this large food chain's popularity and commitment to using clean, organic ingredients. But despite talk that the meat used in Chipotle's menu items was responsible for the outbreaks, it may have really been the lettuce. And the theory is that the lettuce may have been purposefully infected with E. coli by Chipotle's rivals.

Whether or not this is true, the bottom line is that the Chipotle outbreak was most likely not caused by meat. Indeed, despite the fact that the politically correct love to jump onto the anti-meat bandwagon whenever possible, the majority of foodborne illness outbreaks are not from meat.

Like the case of Chipotle, they're actually caused by contaminated produce. Which leads me to my next point. . .

Wash produce—even (and especially) if it's bagged

You need to wash *all* produce before you eat it, even if you think it's been washed before. And don't be fooled by bagged produce claiming to be "triple washed."

Some of the largest salmonella outbreaks have been due to bagged lettuce. And in January, there were listeria outbreaks throughout the U.S. due to bagged lettuce produced at a Dole facility.

That's why the simplest way to protect yourself from deadly bacteria is to *never* buy bagged produce.

Why? Well, bagged produce claims to be "ready to eat," but that doesn't mean it's safe. Much of this produce is washed but not sanitized. And conventional bagged produce may be "washed" with dangerous chemicals.

You won't run into that with organic produce, but I still don't recommend eating any type of packaged vegetables or fruits. Not only because of the potential microbial contamination, but because I think it's a good idea to avoid all packaged foods.

After all, why package a healthy food like greens? It's wasteful and unnatural. Not to mention that there have been reports that some lettuce can be *two weeks old* before it's even stuck in a bag.

That's why I always recommend buying your produce in bulk from the grocery store or farmer's market, where you can inspect it without the camouflage of a plastic bag. And you can wash it yourself.

The CDC recommends washing all produce under running water at room temperature (using a soft brush to remove any stubborn dirt). If the water is too hot or cold, it can open

up pores in fruits and vegetables that could trap bacteria and other contaminants.

Cook meat at the right temperature to kill bacteria

While you're busy washing your produce, you might be wondering if you should also wash your meat and poultry before cooking it.

Don't!

Salmonella bacteria are frequently present on chicken, but rinsing poultry simply contaminates your sink. And that can spread salmonella to other foods...or even your family.

The right way to kill dangerous bacteria on poultry and all other meat is to cook it to a proper internal temperature.

All types of cooked poultry should have an internal temperature of 165 degrees, regardless of whether you use an oven, skillet, or outdoor grill. This cooks the meat all the way through, especially around any bones that may be harboring bacteria.

You can check the temperature by using an oven thermometer—but do *not* leave the thermometer in the meat while cooking.

Metal thermometers conduct heat and make the area around the thermometer cook faster—throwing off the temperature measurement for the entire piece of meat. (And it will also ruin your thermometer!) Instead, use a thermometer only to sample the temperature when you think the meat is done.

Combination meat dishes, such as lasagna, casseroles, and reheated leftovers, should also reach 165 degrees for at least 15 seconds. Ground meats should hit 155 degrees. And eggs (fried, poached, or scrambled), pork, lamb, seafood, and

steaks should cook to 145 degrees.

And the good news for rare-meat lovers is that this temperature still allows for plenty of pink in a juicy steak.

Give yourself a (clean) hand

Of course, you should always wash your hands when preparing food. In fact, improper food handling causes most cases of foodborne illness. Fortunately, there are simple steps you can take to protect you and your family.

Before you start preparing a meal, make sure to remove all accessories, including bracelets, rings, and wristwatches. (This is one case where you *don't* want to take a licking and keep on ticking). And avoid artificial fingernails (which are unhealthy for nails anyway, especially in people with metabolic and pituitary conditions, as well as diabetes).

All of these accessories can harbor germs, which can contaminate food you touch. (Not that the analogy is appetizing, but as a pathologist who handled human tissue, I never wore jewelry because I got tired of taking it on and off and potentially misplacing or losing it).

Make sure to wash your hands properly and frequently while handling food, and especially after touching raw produce, meat, poultry, or seafood. You need to rub soap on your hands for at least 15 seconds to kill germs.

And avoid antibacterial soaps, which can lead to development and survival of dangerous, resistant strains of bacteria. My daughter's middle school science project demonstrated that simple concept 20 years ago—not to mention all the science that has come out since. But many food safety “experts” still miss

this fundamental point.

“Cleaning” kitchen tools isn't the same as sanitizing them

Another thing to watch out for when preparing foods is cross-contamination.

For instance, cutting boards are great for preparing, presenting, and serving foods. But be careful not to use a cutting board to slice raw meat...and then chop vegetables. Even if you wash the board in between, that still may not eliminate all germs left over from the meat.

That's because there is a difference between cleaning and sanitizing. Cleaning removes the visible debris, but sanitizing removes or kills germs at the microscopic level.

To sanitize a cutting board, use hot soap and water, and then wipe with a little bleach solution in water. Or better yet, keep separate cutting boards for meats and for vegetables.

It also matters what type of cutting board you choose. Studies show that wood cutting boards are safer than plastic ones. That's because bacteria can be caught in knife grooves in plastic, and are impossible to clean out. On the other hand, the natural pores in wood are thought to trap and immobilize the bacteria, which eventually and naturally kills it.

When you are done preparing your food, put any ceramic, metal, or plastic utensils in the dishwasher to sanitize them. You can also run sponges through the dishwasher as long as you use a high-heat setting.

Of course, you'll damage wood cutting boards, bowls, or utensils in the dishwasher, so hand wash and sanitize them as I recommended above. And wooden bowls that contain only vegetables or fruit can be wiped clean and “seasoned” with

some salt and olive oil to keep them safe and serviceable.

Store your food properly

Just as heating certain foods is important to kill bacteria, so is keeping them cool.

The FDA recommends you keep your refrigerator at or below 40 degrees Fahrenheit. Most average

Know the warning signs of foodborne illness

If you experience the following symptoms, you may have eaten contaminated food. Check with a doctor immediately—especially if you're over age 65 or have a compromised immune system. Both factors can make you more susceptible to developing life-threatening complications from a foodborne illness.

E. coli infection. Common symptoms include diarrhea, which can range from mild to severe; abdominal cramping; nausea; and vomiting. In severe cases, kidney failure may develop. Most symptoms show up within four days of eating contaminated meat, dairy, or produce.

Salmonella infection. Often, there are no symptoms. But some people develop diarrhea, abdominal cramps, and fever within eight to 72 hours after eating contaminated food. In rare cases, salmonella can cause acute dehydration or serious diseases like meningitis or infections of the heart (endocarditis) or bones (osteomyelitis).

Listeriosis. The main symptoms are fever, chills, and severe headaches. Advanced cases may lead to life-threatening septic shock, meningitis, or encephalitis. And beware—although most symptoms appear within a couple days of eating contaminated vegetables or fruits, you can develop listeriosis as long as two months later.

refrigerator settings are between 35 and 40 degrees, so you should be fine. But if you're concerned, test the temperature with a thermometer. And while you're at it, test the freezer to make sure it's at zero degrees Fahrenheit.

Here's another handy thermostat tip: If you don't keep a fully stocked refrigerator or freezer, or are going to be away for a while, fill the empty spaces with plastic jugs of water. The higher specific heat of water will help your fridge or freezer stay at a constant cold temperature—without using extra energy.

If you want to save leftovers, put them in the refrigerator or freezer within three to four hours after cooking. But don't just place hot food directly in the fridge. Not only does that waste energy, but it may play havoc with the thermostat.

Instead, any cooked food should be allowed to cool to room temperature (this takes about two hours), and then placed in the refrigerator or freezer.

Can't wait for your leftovers to cool? Place the cooking pot in a sink of cold or ice water until the contents get to room temperature.

If you want to freeze your leftovers, put them in smaller, sealable containers labeled with the contents and date. That's important because frozen foods are best consumed within six months.

When it comes time to thaw your food, transfer it from the freezer to the refrigerator a day in advance. But if you are in a hurry, place the frozen food under running warm water, or in a bath of hot water in the sink. Once thawed, eat the food within three days.

Trust your nose and your eyes

Finally, remember to always use a healthy dose of common sense, which eliminates most of the cases of foodborne illness in the home.

That includes using common sense when it comes to "use by" dates stamped on dairy, bread, or other foods you need to buy in packages.

Of course, you should select the packages with the later dates at the store. But don't automatically throw out these foods as soon as they hit the "use-by" date, especially if the package has never been opened. Instead, use your eyes and nose to detect any spoilage.

After all, we have millions of years of biologic adaptation to back us up. If it looks and smells good, it is likely still good to eat. **IC**

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CDC offers up a weak, convoluted "solution" to the pain pill crisis—Meanwhile, REAL, natural, safe pain miracles have been hiding right under their noses all along!

Pain drugs have become a crisis in the U.S. Both prescription and non-prescription pain drug abuse is epidemic, causing problems for public safety and public health. Not to mention premature deaths for thousands of people—a number that's increasing all the time.

In the March issue of *Insiders' Cures*, I reported that, for the first time in modern recorded statistics, mortality rates have dramatically increased for a major group of the U.S. population. And it's not a subtle increase—but rather a whopping *38 percent* rise over the past 30 years.

This unprecedented boost in death rates is due primarily to overdoses (intentional and unintentional) of pain drugs, as well as alcohol. It affects only white, middle-aged men and women who have no more than a high school education. One can speculate as to the reasons for the despair of this particular demographic, including some of the economics and politics of recent years.

But this statistic is even more tragic because there are many safe, effective non-drug approaches to managing common pain conditions that are widely available today, outside the

"mainstream" of medicine.

I will tell you how to find them, but first, let's take a look at what the government is doing to help us with the epidemic of pain pill abuse.

The Chinese-box solution to opioid overuse

The CDC has finally published a draft guideline for doctors who prescribe opioid pain drugs like codeine, Vicodin, Percocet, and OxyContin.¹

But many people have concerns about this guideline. Hardly a surprise, considering it comes from the usual big government mess.

Consider this: The CDC National Center for Injury Prevention and Control has a Board of Scientific Counselors that created a working group to review and make recommendations for opioid prescription guidelines to the Board, which then reported back to the CDC.

It's like the proverbial "flea on the tail on the frog on the bump on the log in the hole in the bottom of the sea."

The Center has a Board that creates a Group, which appoints a PR flak... Typical Washington, D.C. approach to an "urgent" problem.

But we're not done yet.

There is still no timeline for when the actual guideline will be required to be implemented—although they have now released the information that the guideline was released, and Obama

has jumped in to throw away another \$1.8 billion to "solve" the problem. But rest assured, concerned citizens, this implementation is a "priority for the Center," and presumably the Board, and the Group, at least according to the PR flak.

What we do know is that boundaries have been placed on the working group tasked with making opioid prescription

NEWS BRIEF

New study reveals another reason to avoid antibiotics

Antibiotics are among the most commonly prescribed drugs of all time. In fact, they have been overprescribed, creating the modern epidemic of antibiotic-resistant bacteria that cause deadly infections like MRSA.

Basically, medicine has taken one of nature's miracles in penicillin (the original antibiotic) and turned it from being a "magic bullet" into "friendly fire."

It's well known that antibiotics disrupt our normal intestinal bacteria (also known as the microbiome). And I've reported other complications of antibiotics, including abnormal heartbeats, problems during pregnancy, birth defects, anxiety, depression, and even Alzheimer's disease.

Clearly, antibiotics affect both your body and brain. And a new study suggests they can actually cause delirium. Including delirium with seizures, muscle spasms, or even psychosis.

Of course, a variety of treatments can cause delirium. In fact, the study authors note that delirium has long been a common and costly complication of hospitalization itself.

When you look at today's hospital environment, it's no wonder. The lights are on 24 hours a day, and there is constant noise—beeping, buzzers, and bells interrupted by the periodic clamor of a "crash cart" rushing to administer CPR. Patients are constantly poked, prodded, and bled. The food is atrocious—if you are even allowed to eat or drink anything. The whole experience can make you delirious under the best of circumstances. Not only for patients, but for more than a few doctors and nurses (which I have witnessed).

Some drugs can cause delirium as well. However, antibiotics had not been recognized as one of those medications until recently.

The study I just mentioned identified a new kind of brain encephalopathy (a Greek word for general brain dysfunction) caused by antibiotics.¹ Specifically, this encephalopathy results in three different kinds of delirium, depending on what type of antibiotic is administered:

- Delirium with seizures and uncontrolled muscular spasms and twitching. This reaction can occur within days of taking penicillin or cephalosporin antibiotics like Mefoxin, cefadroxil, and cephalexin.
- Delirium with psychosis resulting from taking macrolides (Zithromax, Biaxin), quinolone (Cipro, Flubactin), and procaine penicillin.
- Delirium that leads to abnormalities in the part of your brain that controls muscle coordination. This can begin weeks after administration of metronidazole (Flagyl).

This study provides more evidence that antibiotics are toxic for both the brain and the body. Yes, antibiotics can be lifesaving drugs, but they should be reserved for serious, life-threatening infections—not doled out like candy.

So the next time your doctor recommends an antibiotic, ask if it's really necessary. Especially when there are so many natural ways to boost immunity and prevent infections and diseases through diet, lifestyle, and the right vitamins and herbal supplements.

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guideline recommendations. They only address opioids prescribed in primary care settings, for pain lasting longer than three months, and outside of end-of-life care. (Sure, that should solve the problem.)

Meanwhile, we have another CDC division, the “Division of Unintentional Injury Prevention,” that has drafted preliminary guidelines, together with an outside expert. So now we have an Expert, for the Group, for the Board, for the Division, for the Center... at least according to the PR flak. It sounds like the division of “unintended consequences,” which of course could stand for any part of the federal government.

But in the infamous words of late-night infomercials, “wait—there’s more”...

Everyone from the AMA to Congress questions the pain guidelines

The draft recommendations were reviewed by a panel of experts from the Society of General Internal Medicine, the American Academy of Family Physicians, and the American College of Physicians. Although these groups were “involved,” it *cannot* be assumed they agree with the final guideline. It’s like the government trying to make sausage for breakfast: The chicken is “involved,” but the pig is not “committed.”

Thank goodness we have the Expert, from the Panel, from the Associations, for the Board, for the Division, for the Center, that will supposedly solve our society’s pain drug problem.

But the American Medical Association took issue with the guideline drafting procedure. And other doctor groups have expressed alarm about the lack of transparency in the whole process. Even another quasi-governmental federal entity, the Pain Research Coordinating

Committee, has criticized the process, according to the Pain News Network. And a Congressional committee wants to investigate whether the CDC broke federal law by appointing a “biased advisory panel.”

And on top of all this, the actual, suffering patients also have problems with the proposed CDC guidelines.

The Pain News Network recently did a study of 2,047 people with acute and chronic pain.² Eighty-three percent considered the guidelines discriminatory. And a whopping 93 percent said the guidelines would be harmful to pain patients. Only a measly 5 percent thought the guidelines would lead to fewer pain pill addictions or overdoses.

It reminds me of Hillary Clinton’s attempts to “reform” health care 20 years ago (which failed), and those of Barack Obama (which he says “succeeded,” after a fashion). Both Clinton and Obama locked out doctor and patient groups until after the insurance industry and big pharma had their say, and set all the rules.

Here we go again... with more layers than a Chinese box, or a Russian doll, to make sure there is no transparency when it comes to federal guidelines for opioid prescriptions, and that nobody in the government can ever be held accountable.

But the recommendations aren’t all bad...

The good news is that some of the CDC’s key recommendations show some light at the end of the tunnel (or in the hole at the bottom of the sea...).

First, *the proposed opioid prescription guidelines state that non-drug therapy is the preferred approach for chronic pain.*

Second, the guidelines recommend that before they prescribe opiates to a patient, doctors should have a clear

strategy for when and how the patient can get off these drugs. In other words, *don’t get into something you don’t know how to get out of.*

While there are 10 more rules regarding prescription doses, forms, schedules, and protocols, the “dirty dozen” boil down to the two cardinal rules I have just given you.

My top natural ways to tackle your aches and pains


Of course, when it comes to all of the safe and effective non-drug approaches for pain relief, you won’t find many real experts on the panels, groups, boards, divisions, and centers involved in these decisions (which are more like the “bumps on the log” in my earlier analogy).

It’s highly unlikely they have studied the science the way I have, and thus they simply don’t know about all of the effective natural pain relief alternatives that have been right under their noses all along.

In fact, there are so many natural pain treatments—and so much research supporting them—that I’ve put them all together into a brand-new, comprehensive, pain-relief protocol.

This online protocol takes a step-by-step, personal approach that helps you determine which natural approaches will be most effective for you and your particular pain. And you can do it all from the comfort of your own home.

There is simply no reason anyone should be left stranded and suffering when there are so many safe, effective options available. And I outline them in great detail in my protocol.

You can get started today by visiting www.ovhlearning.com or by calling (866) 747-9421 and asking for order code GOV2S5AA. 

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