



Shocking report reveals even more deadly flaws from “routine” colon cancer screening

Plus, how you can help put an end to the dangerous and costly colonoscopy scam

For years, I have been warning you about the hidden dangers of colonoscopies—everything from contaminated testing instruments to perforations of the colon.

And to top it off, there’s little evidence that colonoscopies are any better at saving lives from colon cancer than far less-expensive, safer screening approaches.

When it comes to wide-reaching, critical issues like this, the voice of many is stronger than the voice of one. Which is why I recently launched a new citizen campaign called the *Safe Colon Cancer Screenings Initiative*. I’ll tell you more about how you can participate in a moment.

But first, I want to share some recent information about colonoscopies that shocked even me.

Mainstream medicine finally admits there’s a major problem with colonoscopies

After nearly a half-century as the dominant approach to colon cancer screening in the U.S., colonoscopies are *finally* being critically analyzed by the medical gastrointestinal establishment.

The *American Journal of*

Gastroenterology recently published an unprecedented 34-page report, “Quality Indicators for Colonoscopy,” from the American Society for Gastrointestinal Endoscopy and the American College of Gastroenterology.¹

This report provides a huge amount of data to digest, so to speak, but there is one startling conclusion I want to highlight. Something so surprising, it was news even to me.

The report states that *colonoscopy is less effective at preventing colon cancer and cancer deaths due to cancers of the upper colon.*

This is truly astonishing when you consider that the U.S. medical establishment’s cornerstone justification for colonoscopies has always been that they are the “only” procedure that allows doctors to examine both the upper *and* lower colons.

But now, thanks to this report, we know that doesn’t really matter as much. Colonoscopies don’t work well in the upper colon. (And we already know they may often not be any more effective than other screening procedures in the lower colon.)

And that’s not the only bad news the report had about colonoscopies.

Americans are getting way too many colonoscopies

The report also analyzed when and how often “routine” colonoscopies should be performed in order to optimize effectiveness, reduce costs, and minimize risks. And I bet it’s no surprise to you—or anyone else who has been paying attention—that Americans get *substantially* more colonoscopies than they should.

For people with an average risk of colon cancer (meaning they’re over age 50 and have no more than one close relative who was diagnosed with colon cancer after age 60), the standard recommendation in the U.S. is one colonoscopy every 10 years.

However, the report cited German studies that showed a single

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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 6th edition (2018) and continuously in print since 1995.

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Author: Marc S. Micozzi, M.D., Ph.D.
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colonoscopy can have protective effects for *20 years or more*. This makes sense because it takes an intestinal polyp about 15 years to become cancerous (if, in fact, it ever develops into cancer at all).

So, to recap, that data shows that if you do have a colonoscopy, you most likely won't need another one for at least 20 years. But here's the kicker: Surveys indicate that Americans frequently have colonoscopies even *more often than every 10 years*.

The report cited Medicare billings that demonstrate systematic overuse of colonoscopy for screening and surveillance by some physicians. Particularly surgeons, who are more likely to recommend shorter screening intervals compared to GI specialists.

In fact, the report concludes that GI specialists are more effective than primary care physicians or surgeons at finding colon cancer using colonoscopy. Of course, practice makes perfect, and GI specialists have had plenty of practice with this procedure over the years.

Considering this revelation, it's no surprise that the report reveals important variations in the quality of colonoscopies performed. And that, of course, increases the risk of the deadly side effects associated with these invasive procedures.

Perforated intestines and other fatal side effects

I mentioned earlier that one of the hidden risks of colonoscopies is infections caused by contaminated testing instruments. And, of course, there are always risks associated with any procedure that involves general anesthesia.

But, to cite the popular phrase, "wait, there's more!" The report notes that perforation of the intestine is considered the most serious adverse event either during or shortly after a colonoscopy. And about 5% of

colonoscopic perforations are fatal.

The report points out that it's not well understood how perforations happen. And even worse, steps that are designed to prevent perforations during colonoscopies have not been shown to be effective. Alarmingly, few studies on colonoscopic perforations have been published in the last five years.

Overall, perforations appear to occur in between one in 500 and one in 1,000 patients. Considering that the report said there were more than 3 million colonoscopies performed in the U.S. in 2010 (and no doubt that number has skyrocketed since then), that translates to *thousands* of perforations and hundreds of deaths each year.

All from a procedure that's supposed to help save your life.

And if that weren't enough, internal bleeding is another common side effect of colonoscopies, especially after removal of polyps.

Studies suggest that about 1% of people who have a colonoscopy have bleeding. In general, about 10% of bleeding caused by colonoscopic procedures requires abdominal surgery—and, of course, that carries its own risks.

Five better, safer options for colon cancer screening

So in light of all of the convincing data regarding the dangers and ineffectiveness of colonoscopies, why are so many doctors still recommending these procedures?

Well, maybe they haven't taken the time or don't have the interest in investigating alternative screening methods. Or maybe they've swallowed the establishment's codswallop about colonoscopies being the "gold standard" of colon cancer screening tests.

If these practitioners simply did a little research, they'd discover a number

of screening procedures that are as effective or even *more* effective than colonoscopies for screening for colon cancer. Unfortunately, you aren't likely to hear about these alternatives from your own physician anytime soon. So here they are:

1) **Flexible sigmoidoscopy**

has been shown to be much safer and less expensive than colonoscopies. In fact, the report cites studies showing that flexible sigmoidoscopy screening benefits can extend 16 years or longer.

Like a colonoscopy, flexible sigmoidoscopy involves insertion of a tube with a camera. But unlike a colonoscopy, it doesn't require anesthesia and only takes about 20 minutes. And it's so effective that in Europe, doctors use sigmoidoscopy for colon cancer screening almost exclusively—instead of colonoscopies. Granted, sigmoidoscopy doesn't reach the upper colon, but we just found out that colonoscopies aren't so effective in the upper colon either.

2) The long-established **hemoccult test** detects blood in the stool.

When there is bleeding in the lower intestinal tract it, can be seen as bright red blood in the stool. But when the bleeding is higher up, the blood breaks down and becomes invisible, or "occult."

Research shows that fecal occult blood testing (FOBT) can decrease the risk of death from colorectal cancer by 33%. Not bad for a test that is cheap, completely safe, noninvasive, and that you can administer yourself in the privacy of your own bathroom.

3) In the August 2015 issue of *Insiders' Cures*, I wrote about **CT colonography**, which is a simple, 15-minute CT scan that allows a radiologist to see anything that remotely looks like cancer both in *and around* your colon.

In general, CT colonography is done every five years, but radiologists have worked out several more specific guidelines for individual cases—including instances of positive fecal occult blood tests, and to deal with the frequent problem of an "incomplete colonoscopy."

4) In 2014, the FDA approved the use of an easy, ingestible **camera pill** for colon cancer screening. But unfortunately, the FDA only okayed this pill for secondary use—after an inadequate colonoscopy—instead of as a safer, easier substitute for any type of colonoscopy.

This may be the only example in modern medical history in which mainstream doctors don't want their patients to simply swallow a pill!

The camera is about the size of a dietary supplement capsule. You simply swallow the pill, and it takes multiple photos over an eight-hour period as it passes through your GI tract.

The camera pill carries few risks. It doesn't require sedation or anesthesia. And the prep is simple. For the small intestine scan, you only have to fast for 12 hours. (And you can conveniently start this fast after dinner the night before the procedure). For the colon (large intestine) scan, it does require a full 24-hour fast.

The camera pill can take pictures of different parts of the intestines, including the colon. In fact, the camera pill can see and take clear images of 25 feet of the duodenum and small intestine. By contrast, endoscopes (the type of device used to perform colonoscopies) can only show the doctor about two to three feet of the upper intestines.

The camera pill can identify polyps, cancers, and even any sources of GI bleeding. It can also find inflammation and conditions such as inflammatory bowel disease (Crohn's disease), celiac disease, diverticulitis, and ulcers.

5) **DNA stool testing** is beginning to gain wider acceptance as a colon cancer screening alternative, particularly with the FDA approval (and Medicare coverage) of one specific testing kit, called Cologuard®, in September 2014.

The idea and procedure itself are simple. You send a stool sample to the lab, and the Cologuard test detects any blood in your stool. The presence of blood could indicate the presence of a tumor. Plus, Cologuard can detect mutated DNA, which could signal cancer or a precancerous polyp.

If the test is positive for cancer, then you may have another procedure, such as a colonoscopy or sigmoidoscopy, to remove the growth or polyp.

So the next time a doctor suggests you have a colonoscopy, I recommend you ask about these five alternatives and whether they're appropriate for you.

How you can help put an end to the colonoscopy bias

Of course, colonoscopies are not all bad. The report listed 39 appropriate indications for colonoscopy, including GI bleeding of various kinds, abnormalities found after a barium enema, long-standing inflammatory bowel diseases, monitoring of significant family history of intestinal polyps and colon cancer, and removal of foreign bodies in the intestines.

These medical indications for colonoscopy apply to thousands of patients each year. But what pushed colonoscopy into an industry with millions of yearly procedures is the mistaken belief that it's the only way to "routinely" screen for colon cancer in the *entire* U.S. population, including asymptomatic, average-risk patients.

Of course, you and I know better. And it's time to make sure everyone else knows as well.

We need to do a lot more to ensure the safety and effectiveness, and control

the costs, of colonoscopies and colon cancer screenings. And we should join the rest of the world in embracing safer, less-expensive, routine colon cancer screening procedures.


That's why I launched the *Safe Colon Cancer Screenings Initiative* I told you about above. The goal of this initiative is to urge the U.S. Congress and the FDA to improve oversight, regulation,

and patient safety for endoscopes, as well as to increase public awareness of the safe, effective alternatives to colonoscopies.

And the first step is a petition that we intend to send to the U.S. House of Representatives Committee on Oversight and Government Reform.

Please consider supporting this

important initiative—and adding your name to the petition. You can read more about the initiative, and take a few seconds to sign the petition, by [clicking here](#).

And please, share it with everyone you know. This is a serious issue that affects every citizen—and it is up to all of us to demand better, safer care. 

The water cure

How oceans, seas, lakes, and rivers can heal body, mind, and spirit

Out of Africa author Isak Dinesen once wrote, “The cure for anything is salt water: sweat, tears, or the sea.”

This month while you're experiencing sweat (but hopefully not tears), I encourage you to also spend time near the sea...or an ocean, lake, or river.

Why? Because large bodies of water have an enormous energetic imprint that benefits mind, body, and spirit.

Let's take a closer look at the healing benefits of the waters found in nature.

“Taking the waters” is as old as civilization

Water is so abundant on Earth, it's nicknamed the “water planet.” For thousands of years, water has been one of the main reasons why humans have settled in certain areas.

So it's no surprise that healing traditions have long been linked to water. In fact, many civilizations believe the water element is key to balancing the body and creating physical harmony.

Ancient Ayurvedic wisdom about healing originated in the Indus River Valley and then migrated with the Hindu civilization to the banks of the Ganges River. And ancient Chinese traditional healing practices arose in the Yellow River Valley and came to

dominate east and southeast Asia.

Rivers have long been seen as healing places, symbolizing rebirth, cleansing, and salvation. Indeed, in ancient Greece, philosophers observed that you could never step into the same river twice, as the flowing water was continually passing. (Or as we say now, “going with the flow.”)

Of course, rivers aren't the only source of healing waters. Baths were a central feature of ancient Roman life for cleansing, relaxation, and social connection. And in both ancient and modern times in Europe and America, people travel to spas, springs, and mineral baths to “take the waters.”

Today, water is also a source of recreation. We vacation on oceans or lakes, and get our exercise through healthy water sports like swimming, skin diving, and sailing.

Even the blue color of water can be healing

I recently read an interesting interview with marine biologist Wallace J. Nichols, author of *Blue Mind: The Surprising Science That Shows How Being Near, In, On, or Under Water Can Make You Happier, Healthier, More Connected, and Better at What You Do*.

One of Nichols' premises is that we're naturally drawn to the aquatic hue of blue. Even though the human eye can distinguish more subtle shades of green than any other color. (This is probably because our eyes evolved in an environment that was dominated by plant life and the characteristic green of chlorophyll.)

People say they associate blue with calm, depth, openness, and wisdom. In fact, Nichols says we actually have “blue minds”—which he describes as a meditative state of calm, peacefulness, and unity, along with a sense of happiness and satisfaction with life in the moment.

Interestingly, Nichols says this same state is triggered when we're on or near water. Simply rolling in the ocean surf, floating in a pool, or listening to flowing water can help us achieve a blue mind.

Why? I think it's because being around water can be like an “immersive” experience, where we are cut off from overstimulation to see only the flat expanse of water, feel only the flow of water, and hear only the waves, the trickling stream, or babbling brook. It is simplified, natural sound that “drowns” out the noise.

The canvas and movements of water against sky can also be mesmerizing.

We can be focused but relaxed—not with intense concentration, but with watchful waiting.

We're made of water, after all

Of course, missing from Wallace's musings are the profound energetics of water. Especially in our bodies, which are mostly water.

Energetic resonances of the body's water are thought to connect the effects of many different kinds of natural healing. Ultimately, healing substances and procedures simply modulate the body's energy to bring balance and healing.


So, this summer, whether you are having a "rhapsody in blue" (with George Gershwin), your "love is blue" (thanks to Paul Mauriat and Pierre Cour) or you're just "tangled up in blue" (with Bob Dylan)—and that's not even *"the blues"*—go down to the sea and get into a "blue mind."

And take along a copy of *Moby Dick* by Herman Melville (1851). In my opinion, it is the best book ever written about the sea, or just plain ever written, in America. (For Japan, I would have to say Yukio Mishima's *The Sound of Waves* is an amazing story by an amazing author).

Just follow Melville's opening lines:

"Call me Ishmael. Some years ago—never mind how long precisely—having little or no money in my

purse, and nothing particular to interest me on shore, I thought I would sail about a little and see the watery part of the world. It is a way I have of driving off the spleen, and regulating the circulation. Whenever I find myself growing grim about the mouth; whenever it is a damp, drizzly

November in my soul...and especially whenever my hypos get such an upper hand of me, that it requires a strong moral principle to prevent me from deliberately stepping into the street, and methodically knocking people's hats off—then, I account it high time to get to sea as soon as I can." 

Taking the healing power of water to the next level with my new breakthrough

Of course, I would be remiss not to mention the health- and vitality-promoting power of my own, new "blue water" breakthrough—**CoreForce BioBlend**.

Actually, CoreForce harnesses the tremendous power of blueberries, along with baobab (the most nutritionally dense fruit on the planet), rosehips (which I told you about in detail in the February 2016 issue of *Insiders' Cures*), aspal (essential for cellular hydration and superior performance), and a natural, antioxidant-rich sweetener from China called *luo han guo*.

I've combined all of these scientifically studied, revitalizing, anti-aging ingredients into one simple, delicious drink mix.

I spent years researching, refining, and testing this formula. And based on the science, I knew it had the potential to offer incredible benefits for just about every aspect of overall health. In fact, it goes far beyond the hyped-up "superfood" blends you see the "natural-know-it-all" peddling.

When I tried CoreForce myself, I was actually surprised at just how quickly it worked. In fact, I've never felt such a powerful and dramatic effect right away...it instantly sharpens my focus, improves my mood, and enhances my energy level. Each and every time I drink it.

I've been sharing it with my family and friends, and they all report the same instantaneous benefits. Plus, it tastes delicious! Like a very light, crisp, refreshing glass of iced tea. (A far cry from those grassy, goopy "superfood smoothies" you see in expensive health food stores.)

So I encourage you to mix up a refreshing, rejuvenating glass of CoreForce to enjoy while you're relaxing on the beach, by the pool, or at the lake this summer, soaking up the soothing benefits the cool, blue water has to offer—both inside and out. You'll be glad you did.

You can order **CoreForce BioBlend** by [clicking here](#) or by calling 1-800-292-5808 and asking for order code EOVS8AB.

Lower your cholesterol—and you may die sooner

New research reveals a startling connection between cholesterol and mortality risk... but the "experts" still don't get it!

You know the old saying, "See Rome (or Paris) and die"—but if you eat like you're in Rome (or even Paris), chances are you won't be dying anytime soon. That's because the Italians and French aren't dangerously

fixated on cholesterol "management" like we are in the U.S. And they have half the rate of chronic diseases that U.S. experts claim they should suffer based on the kinds of foods they eat. (These "experts" call this the "French

Paradox" because they never have been able to explain it away with their faulty theories.)

The Italian and French medical establishments also aren't as enthralled

with statin drugs as their U.S. counterparts are. Statins are approved by the FDA for their ability to lower cholesterol, and that they do. It has led to the single biggest blockbuster windfall for big pharma of all time.

But what does lowering cholesterol really do for your heart, your health, or your longevity?

Why you should avoid cholesterol-lowering statins

To provide some answers to those questions, a new study published in the *British Medical Journal* looked back through the data from the Minnesota Coronary Experiment that was conducted from 1966 to 1973.¹

The Minnesota research was the largest and probably most carefully done study on the hypothesis that saturated fats and cholesterol could increase heart disease.

The data from this study show that cutting and replacing saturated fats does indeed lower cholesterol. But that reduced cholesterol does *not* lead to lower death rates. In fact, greater reductions in cholesterol are associated with *higher* death rates.

This is just one more example of what I've been telling you all along...and what mainstream research has *finally* begun to reveal over the past year.

Bottom line: Controlled clinical trials do not provide any evidence to support the 40 years of U.S. government dietary misguidance about how cutting saturated fats and reducing cholesterol would improve your health and help you live longer.

Just the opposite, in fact. The research is increasingly showing that the lower your cholesterol, the *greater* your risk of death.

Two large studies show how deadly lowering your cholesterol can be

One reason the *BMJ* researchers decided

to take another look at the Minnesota Coronary Experiment is because of what they discovered when they checked back on the Sydney Diet Heart Study from the same time period.

As I reported in my *Daily Dispatch* e-letter back in 2013 (“Switch signals on fats—again”), the *BMJ* researchers revealed previously unpublished data from the Sydney study that belatedly showed replacing saturated fats (from butter, cheese, and meat) with polyunsaturated fats (from vegetable oils) did lower cholesterol—but it also significantly *increased* deaths from heart disease...and from all other causes.

Ironically, the Sydney study was originally done to try and prove the faulty hypothesis that replacing saturated with unsaturated fats in the diet would somehow reduce heart disease. However, very suspiciously, the original researchers never published all their data.

Given this experience, it only made sense for the *BMJ* researchers to go back and discover what the original data actually shows from the Minnesota study from the same period of time.

But even though that data shows, just like in the Sydney study, that reducing cholesterol boosts your risk of death, mainstream medicine is still not getting the message.

Case in point: The *BMJ* published a comment from Professor Jeremy Pearson of the British Heart Foundation about the new study, which shows just how clueless the mainstream is. “This is an interesting study which shows that decreasing your intake of saturated fat can have a positive impact in helping lower cholesterol,” Professor Pearson said. “However, more research and longer studies are needed to assess whether or not eating less saturated fat can reduce your risk of cardiovascular death.”

If you are waiting for the other shoe to drop, in terms of a comment from

Professor Pearson about how the rest of the study showed a link between lowered cholesterol and higher mortality, don't hold your breath. It sounds like that shoe is on the foot that is firmly planted in the professor's mouth.

Despite all of the emphasis placed and money spent on so-called “evidence-based” research, the mainstream can't or won't recognize the evidence on cholesterol—even when it has been around since 1973. After all, that additional research Professor Pearson is waiting for can't get much longer or more thorough than the Minnesota study that lasted seven years and included 9,570 people!

Why the new fad of “evidence-based” medicine can sabotage good health

Dr. John Ioannidis, a professor of medicine at Stanford University, addressed this issue in an article published in the March issue of the *Journal of Clinical Epidemiology*.²

“As EBM (evidence-based medicine) became more influential, it was also hijacked to serve agendas different from what it originally aimed for,” Dr. Ioannidis wrote. “Influential randomized trials are largely done by and for the benefit of the industry. Meta-analyses and guidelines have become a factory, mostly also serving vested interests. National and federal research funds are funneled almost exclusively to research with little relevance to health outcomes.”

That's why all the bland and blind talk about the importance of so-called “evidence-based medicine” among the mainstream medical minions never impressed me.

That's also why I just laugh when mainstream doctors and researchers claim they need more studies before they can recommend anything about diet and dietary supplementation... other than the (100% wrong) advice

about saturated fats they had been giving out for 40 years.

And that's why you don't need to wait for "more research" on the link between cholesterol and your risk of death. The real evidence is already in.


In fact, I believe most people would be better off with less medical "advice," less medical "care," and less medical

"research" from the sick system we have now.

Fortunately, there is still plenty of good, independent research being published showing the benefits of nutrition and dietary supplements for heart health, general health, and longevity.

And just because the mainstream minions and heart associations don't

read, or can't understand, the evidence from their own research doesn't mean I won't keep telling you about it.

In fact, you can read about the natural solutions for real heart health in my special report *The Insiders' Guide to a Heart Healthy and Statin Free Life*. You can order a copy by [clicking here](#) or by calling 1-800-682-7319 and asking for order code EOVS8AA. 

Another reason to toast: Moderate drinking lowers your risk of dying from Alzheimer's

In June, I released my brand new *Complete Alzheimer's Cure* protocol. And already, people who are following it are making tremendous strides against this devastating condition.

But just as I was preparing to launch the protocol, I came across two new studies about the effects of moderate alcohol consumption and of stress on Alzheimer's and dementia. And I wanted to share them with you as soon as possible.

Drink up to decrease dementia

The first study involved 321 people in the early stages of Alzheimer's disease. Researchers tracked their alcohol consumption over a three-year period.¹

They discovered that the people who consumed two to three alcoholic drinks a day had a whopping 77% lower risk of dying than those who had one or no drinks a day.

Of course, the key, as with most things in life, is moderation. The study participants who downed four or more drinks a day had the same risk of dying as those who had one or no drinks a day.

This finding was true even when the researchers adjusted for risk factors like age, sex, quality of life, and educational status.

That's good news if you're a fan of a happy hour cocktail or two, or a couple beers while watching a baseball or football game. But it doesn't mean you should just open a bottle of wine and plop down alone in front of the TV.

You see, the researchers found that the decreased mortality may not actually be due entirely to the alcohol itself. Instead, they think it's also related to moderate drinkers having a richer social life. And, as I reported in the April issue of *Insiders' Cures* ("Fight the ravages of time at the cellular level—and add YEARS to your life... in just 6 weeks"), social interactions can lead to improved quality of life and a longer lifespan.

The shocking effect of stress on dementia

The researchers theorize that high levels of stress contribute to Alzheimer's, and social drinking can help reduce that stress. I could not agree more. As I have always said, stress is one of the biggest factors behind common diseases of the brain and cardiovascular system. And another new study backs me up.

Researchers gathered 507 people age 70 or older and gave them tests that evaluated their perceived stress on a scale of 0 to 56 points. (I've noted prior

studies showing that the best way for doctors to find out how much stress their patients are suffering is to simply to ask them, as this study did.)²

The researchers then tracked the study participants for an average of 3.6 years. What they discovered was stunning. For every five points the study participants' stress levels increased, their risk of dementia rose by 30%.

But the news wasn't all bad. The researchers also found that mindfulness-based stress reduction (like meditation), cognitive-behavioral therapies, and other natural stress-busting treatments may postpone or even prevent cognitive decline.

I would also add group stress-reducing activities like yoga—which has been shown to benefit the brain and reduce risk of chronic diseases—to this list.

Basically, anything that reduces stress and produces relaxation contributes to health. This approach includes "vices" like alcohol and even tobacco, as long as they're consumed only in moderation. For tobacco, that means pipe or cigar smoking only, or less than half a pack of cigarettes a day—according to the scientific data I uncovered at the National Cancer Institute.


For more ways to lower your stress

and boost your health, check out my book with Don McCown, *New World Mindfulness*, which you can order by visiting www.drmicozzi.com or calling 1-800-682-7319.

And in the meantime, if you haven't already, I encourage you to check out my *Complete Alzheimer's Cure*

protocol today.

Mainstream medicine still has nothing to offer people suffering from this tragic condition (despite two government-sponsored "Decades of the Brain" research). And pharmaceutical drugs have been an epic failure. But my *Complete*

Alzheimer's Cure outlines specific, simple, step-by-step instructions for scientifically demonstrated, natural techniques you can incorporate right now into every aspect of your life. So you can target—and reverse—every stage of cognitive decline. You can learn more about it or enroll today by [clicking here](#). 

ASK *the* INSIDER

Q I have read your warnings about the hazards of iron. What about well water with iron in it? We have a well and even though we have a water filter that removes heavy metals, it does not filter out minerals. So the heavy-metal iron is removed but the dissolved-mineral iron is not removed. Should my family and I be concerned? —L.S., from Facebook

Dr. Micozzi: There are a variety of minerals and metals that may be found in well water. I suggest you have a water-quality analysis done by a reputable local water/sanitation company to determine the actual levels of iron and other metals and minerals present, since it is not possible to provide recommendations without knowing specific levels.

If it does turn out you have too much iron or other heavy metals in your well water, just make sure the "cure" isn't worse than the original problem. For instance, one common way of treating your well for excess iron is to flush it with chlorine. But this chemical can irritate your eyes, lungs, and respiratory tract.

A better option is aeration. Adding oxygen to your well water not only helps remove excess iron, but also other toxins. Just make sure you don't remove the many components of well water that are actually *good* for your health.

Most recent scientific analysis has found that well and mineral waters may contain trace amounts of calcium, copper, magnesium, manganese, selenium, sulfur, and other minerals that are key for your body and brain's function. Magnesium, in particular, is critical to overall health and well being.

I've written before about how magnesium is involved in a whopping 300 different processes in your body. It's important for cardiovascular health; brain health (including protection against Alzheimer's); and bone, joint, and muscle health. And research shows that people with low levels of magnesium in their blood are more prone to diabetes and insulin resistance, hearing loss, and tension headaches.

It's hardly a surprise that the U.S. RDA for magnesium is woefully low—360 mg a day for women and 420 mg for men. But a variety of studies show that up to 80% of Americans fail to even get that much magnesium a day.

So by all means, test your well water for magnesium too. Hopefully it's swimming with this key nutrient. If you have "hard" water, chances are you may have high levels of calcium and magnesium. *Do not* let anyone talk you into water-softening devices or chemicals—that just removes these vital minerals. (And since I recommend against taking calcium supplements, you need to get this important nutrient from dietary sources, like water, dairy

products, fish, and meat.)

Of course, your well water may also contain substances that aren't as good for your health. Here are two potential toxins I suggest you test for:

Nitrates are usually caused by fertilizer runoff into the water system. The World Health Organization announced back in 2010 that these chemicals are probable human carcinogens. And there's research showing nitrates may also interfere with babies' ability to get enough oxygen in their blood. If your well water contains fertilizer or animal waste byproducts like nitrates, nitrites, or ammonia, the first thing you should do is protect the area around your wellhead from contamination by animals, fertilizers, or any other toxic chemicals. Then, consider aeration or reverse osmosis to decontaminate your well water.

The EPA limits **arsenic** in tap water to 10 parts per billion. But levels of this metal may be up to 100 times higher in well water in some areas of the country. Even so, an arsenic level as high as 1,000 parts per billion may not be something to get upset about. Arsenic has actually been approved in high dilution as a safe homeopathic remedy in the U.S. for decades with no ill effects.

But if testing shows your well water contains dangerous levels of arsenic, you should take measures to decontaminate it via aeration or reverse osmosis. 