



The colon cancer bombshell no one is talking about

America's No. 1 screening method is overdiagnosing a jaw-dropping 92 percent of cases

The pressure to get regular colonoscopies is intense. Everyone from the CDC to Katie Couric shamelessly touts this screening method as the “gold standard” for detecting the polyps that they breathlessly warn could become deadly cancers.

Well, it turns out Katie and company are dead wrong.

A recent study reports that a whopping 92% of large colorectal polyps are *noncancerous*.

You read that right. Those large polyps that are detected during colonoscopies—and then often scraped out surgically because mainstream medicine thinks they will eventually become cancerous—most likely don't have to be removed at all.

Meaning there's no need for dangerous endoscopic or abdominal surgeries. And, most importantly, no need for dangerous colonoscopies if, like most people, you are at low or average risk for colon cancer (you're older than 50 and have no more than one close relative who was diagnosed with colon cancer before age 60).

Which, of course, I have been saying for years. I only hope this study will *finally* help show the government political-science bureaucrats and deluded mainstream medical establishment that colonoscopies are far from the gold standard of

screening tests. More like the tin standard, if you ask me...and other doctors who actually study the science.

Colonoscopies paving the way for massive colon “cancer” overdiagnosis

Researchers at the Cleveland Clinic reviewed the medical records of 439 patients who had a colectomy (surgical removal of all or part of the colon due to polyps or other bowel disease issues).¹ All of the patients had polyps that were large but not diagnosed as cancerous prior to their colectomy.

After the polyps were removed, they were biopsied for cancer. The researchers found that just 37 of the patients—only 8%—had cancerous polyps.

This finding is particularly upsetting because, as the lead study author Dr. Emre Gurgun noted, “Colon resection doesn't come for free—it's a major abdominal operation associated with the risk of serious adverse events.”

In fact, nearly 20% of the patients in the study developed complications from their colon surgery.

The researchers recommended that less-invasive, endoscopic techniques be used to remove colon polyps rather than surgery. But what they unfortunately didn't recommend is

cutting back on the colonoscopies that overdiagnose these polyps in the first place.

The case against colonoscopies

This study is just one more nail in the colonoscopy coffin. As I've written before, there are many other reasons why you should consider alternative screening procedures for colon cancer.

Colonoscopy is portrayed as a benign, safe procedure for everyone. But in my forensic medicine practice I saw case after case of perforated intestines and peritonitis (a potentially fatal inflammation of the abdominal lining), lacerated and punctured livers with massive bleeding, and other fatal complications. All from “routine” colonoscopies.

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I even had one case in which the air pumped into the colon (to inflate it for easy examination) escaped into the patient's abdominal cavity. It put so much pressure on the liver that it cut off blood supply back to the heart. The patient died from shock.

You can also pick up infections and diseases from contaminated testing instruments used for colonoscopies (which is sadly becoming more common). Not to mention complications from the anesthesia you need for highly invasive—and painful—colonoscopies.

All of this *might* be acceptable if there were no other effective way to diagnose colon cancer. After all, even though colonoscopies too often detect polyps that aren't cancerous, they can sometimes find the cancerous ones as well.

But the bottom line is that no study has shown that colonoscopy prevents colorectal cancer incidence or mortality any better than the other safer, less-expensive screening methods.

Better alternatives to colonoscopies

The good news is that unlike the doctors who believe the colonoscopy codswallop, I've done the research into other colon cancer screening methods that are safer, less expensive and, in many cases, more effective.

Here's what I recommend you ask your doctor to consider as an alternative to colonoscopy.

- **Flexible sigmoidoscopy** has been shown to be much safer and less expensive than colonoscopies. In fact, as I wrote in the September issue of *Insiders' Cures*, a new report cites studies showing that flexible sigmoidoscopy screening benefits can extend 16 years or longer.

This 20-minute procedure involves insertion of a tube with a camera into your colon but, unlike a colonoscopy,

it doesn't require anesthesia. That's because it doesn't reach the upper colon. But the new report shows that colonoscopies don't work as well in the upper colon either.

- **Hemoccult tests** detect blood in the stool. 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.

- **CT colonography** is a simple, 15-minute CT scan that allows a radiologist to see anything that remotely looks like cancer both in your colon *and* your abdomen.

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.”

- **An ingestible camera pill** was approved by the FDA in 2014 for colon cancer screening. The pill is about the size of a dietary supplement capsule. You swallow it, and it takes multiple photos over an eight-hour period as it passes through your GI tract.

The camera pill can identify polyps, cancer, and even any sources of GI bleeding. It can also find inflammation, Crohn's disease, celiac disease, diverticulitis, and ulcers.

Even though this amazing camera can take clear images of 25 feet of the small and large intestines—compared to the 2 to 3 feet of the upper intestines shown in an endoscopy—unfortunately, it has only been approved by the FDA for secondary use. Meaning it can only be used after an inadequate colonoscopy, rather than as a safer, easier substitute for any type of colonoscopy.

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

Cologuard is designed to test for blood in your stool—which could indicate you have a tumor. It can also detect mutated DNA, which could signal cancer or a precancerous polyp. Only if the test is positive for cancer do you then have another procedure, such as a colonoscopy or sigmoidoscopy, to remove the growth or polyp.

The bottom line is that unless you're at high risk for colon cancer, there

is no reason to just blindly accept mainstream medicine's insistence that you have a colonoscopy. Not only does it often not help, but in many cases colonoscopy *can* hurt—both your health and your pocketbook.


Sign the petition and take action today!

It's high time the public was made aware of the risks associated with this so-called “gold standard” in cancer screening. Which is why I formed a citizen campaign called the Safe Colon Cancer Screenings Initiative. 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 professional and 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 visiting www.safecoloncancerscreenings.org.

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. 

Researchers discover the “perfect storm” that causes cancer

Here's what you can do to protect yourself

It's well known that some people are more susceptible to cancer, while others appear relatively immune to it.

But no one has really been able to figure out why. Until now.

A new study has discovered that getting cancer is not just the result of bad luck. There actually needs to be a “perfect storm” of conditions for cancer to develop in an individual.

That just reinforces what I've been saying all along... that the academic-government-industrial medical mainstream blanket risk-factor recommendations for cancer prevention are off the mark for most people.

Instead, the focus should be on *individual* risks, susceptibility, or resistance to cancer.

Read on, and I'll tell you the simple

but effective steps you can take to head off cancer's perfect storm. (Hint: They don't involve dangerous, expensive, and ineffective screening techniques like colonoscopies).

But first, let's take a closer look at this remarkable new study.

Are cancer “storm clouds” ahead for you?

The study, conducted by scientists at Cancer Research UK's Cambridge Institute and St. Jude's Children's Research Hospital in the U.S., found that cancer is most likely to start in stem cells.¹ These early-stage cells are designed to easily replicate so they can replace old cells and repair damaged tissues.

But we all have stem cells, so why aren't we all equally susceptible to developing cancer? Because there are more steps involved.

First of all, the researchers found that cancer can develop as a result of damage or mistakes in the DNA of stem cells.

This damage may simply accumulate over time, which is why the single biggest risk factor for cancer is simply advancing age. Environmental factors also accelerate the rate of DNA damage (I'll tell you more about that in a moment).

But it turns out that not all stem cells with damaged DNA become cancerous.

The researchers discovered this by experimentally introducing DNA mistakes into stem cells in human organs. They first put these mistakes in dormant (non-reproducing) stem cells... and didn't find any signs of cancer. But cancer appeared when they introduced DNA mistakes into

active stem cells in organs in which there is a lot of wear and tear—like the colon.

Why? Because stem cells must reproduce more frequently in those more-active organs to replace damaged cells and tissues. And if those stem cells have DNA damage, that means they're creating more damaged cells.

And if an organ accumulates enough damaged cells, that can lead to cancer.

When it comes to cancer, the government is not “here to help”

The scientists concluded that environmental factors can not only lead to DNA damage in your stem cells, but they can also cause more wear and tear on your organs. And that increases the chances of a “perfect storm” brewing...and causing cancer.

So this means the U.S. government's decades-long, multibillion-dollar “war on cancer” has been missing in action all along (just like its wars on cholesterol, saturated fat, and salt).

Blanket, half-right recommendations for controlling risk factors for everyone, and “routine” cancer screenings that don't work, have not won the “war” (as evident from rising cancer rates). But they do give excuses to big government to expand its efforts to control human behavior and restrict individual rights.

For instance, government recommendations that all people should avoid all sun exposure to prevent skin cancer has contributed to an epidemic of vitamin D deficiency. Which increases the risk of many mental and physical health problems—including cancer itself. (Read more about the role of vitamin D in cancer and other chronic diseases on page 5).

And giving dangerous HPV vaccines that cause life-long ovarian failure and infertility to innocent young children to prevent cervical cancer makes no

sense when there is a simple, safe screening technique that has worked for generations (the Pap smear).

Of course, we can only wish that other “routine” cancer screening tests worked as well.

I've written many times before about how the government-recommended screenings that have been done for decades for breast, colon, prostate, skin, and thyroid cancers don't work to prevent cancer deaths, and/or have other serious problems associated with them.

In fact, the situation is so bad with colonoscopies that I launched the “Safe Colon Cancer Screenings Initiative to better inform and educate Congress and the American people about all of the less dangerous and expensive alternatives for colon cancer screening. You can read more about the initiative by visiting www.safecoloncancerscreenings.org.

And I won't even get started again on the government's abject failures regarding researching susceptibility to lung cancer and effective screening. Implementing their draconian, politically correct policies—which are only partially effective anyway—left more than half of all lung cancer victims with no real treatment options.

Common sense cancer prevention techniques that work

Today, mainstream oncology is “targeting” toxic treatments like radiation and chemotherapy to cancer cells, so they don't kill the cancer patient. That makes sense—as far as it goes. But, as I explained in the September *Insiders' Cures* (“The deadly treatments that can boost your risk of cancer”), these treatments actually increase your chance of developing a more deadly second, or even third, cancer.

This new study shows what we really need to target is cancer prevention—and take into account the fact that

each person is a unique individual with different risks of developing cancer in the first place. How about that for the era of “personalized medicine”?

For instance, there are simple steps you can take to limit the environmentally caused damage to stem cells and organs that's discussed in the new study.

Start by using natural insect repellants such as citrus, lavender, or neroli oil rather than chemical compounds like DEET. Don't use herbicides, pesticides, or other artificial chemicals on your lawn or garden. And avoid them in your diet by only eating organic foods and drinking filtered or selected bottled mineral waters (I tell which ones in my July 2015 *Insiders' Cures* article, “The slimy secret water companies don't want you to know: Bacteria, arsenic, and carcinogens all found in bottled water.”)

Other powerful anti-cancer dietary choices include eating plenty of green, leafy, and cruciferous vegetables, such as broccoli, Brussels sprouts, cabbage, and kale. These foods, along with yellow-orange fruits and vegetables, are packed with a full spectrum of carotenoids, polyphenols, and other antioxidants that not only prevent cellular damage, but also help hard-working organs like your colon operate at peak efficiency.

Fish is loaded with cancer-preventing omega-3 fatty acids, so eat it regularly and take 1,000-2,000 mg per day of high-quality fish oil.

Other supplements that help prevent the cellular and organ damage that can lead to cancer include vitamins B (take a high-quality B complex every day), C (500 mg twice a day), and D (10,000 IU per day). Key cancer-prevention minerals include magnesium (400 mg a day) and selenium (220 mcg a day).

And, of course, don't forget moderate, daily physical activity like housework,

walking, or swimming—which has been proven in study after study to lower cancer risk. Yard work or other outdoor activity has the added bonus of healthy sun exposure.

You can also manage cell-damaging stress through meditation, yoga, relaxation, and other mind-body therapies.

Personalized steps you can take to prevent specific cancers

For **colon** cancer, pay more attention if you are over age 50 and have a family history—which means a close relative (mother, father, brother, sister) who got colon cancer when he or she was younger than 60. And check out page 2 for safe *and* effective screening techniques.

Likewise, women need to know their family history for **breast** cancer. It's also a good idea to do physical breast exams, which have been shown to work as well as mammograms

without any of the risks.

One of the conventional screening techniques I do recommend is Pap smears for **cervical** cancer. This test is safe and effective and has decades of experience behind it.


Men should insist their doctors carry out a digital rectal exam to detect prostate abnormalities or **prostate** cancer. This simple and quick procedure will also find any **rectal** cancers.

Finally, despite what your doctor may tell you, there is actually a safe and effective new screening technique for **lung** cancer. It's called low-dose computed tomography (LDCT), and I wrote about it in the Aug. 25 *Daily Dispatch* (“Lung cancer screening increases survival to nearly 90%”). And, as I wrote in the May 27, 2014 *Daily Dispatch* (“NIH mandarins keep life-saving cancer screening a secret”), research shows a simple CT lung scan could prevent a whopping 12,000 lung cancer deaths per year in

smokers and ex-smokers.

There's much more to say about what you can do personally to prevent and survive these cancers—as well as other types. In fact, I'm currently working on an in-depth, step-by-step, anti-cancer online learning protocol that will help guide you through the best, science-backed methods to prevent and fight this deadly disease. I will let you know as soon as this new protocol is ready, so stay tuned! (And be sure to sign up for my Daily Dispatch e-letter at www.drnicozzi.com so you don't miss the official announcement.)

In the meantime, the bottom line is that cancer is personal...but preventable.

Simple lifestyle modifications, and simple steps by your primary doctor during your regular physical exam, can substantially reduce your risk of encountering your own “perfect storm,” and help you live a long and healthy life. 

Breaking news on vitamin D

Lower cancer risk by 67%—and extend your lifespan all the way down to the genetic level

This is the time of year when I'm particularly glad to be living in Florida. Sure, I miss my friends who remain up north, but I don't miss the freezing temperatures...or the lack of sunlight.

You see, my fellow Floridians and I are among the relatively small proportion of people in the U.S. whose bodies are still able to make vitamin D during the winter.

Why? Because human skin photosynthesizes vitamin D from the sun's ultraviolet B rays. But during fall and winter in northern latitudes, the angle of the sun in the sky is too low to allow UVB light to penetrate

the atmosphere—let alone your skin.

And this unfortunate geographical disadvantage doesn't only apply to people in the arctic. In fact, if you live north of Atlanta or Los Angeles, your body can't create *any* vitamin D from November through March. That's why if you don't already take 10,000 IU of vitamin D3 supplements per day, I recommend you start immediately.

Especially considering some of the stunning health benefits new research suggests you may be missing out on if your levels aren't up to snuff. More on that in just a moment. But first, let me clarify why I recommend such a “high” dose of this essential nutrient.

Don't worry about overdosing... It's more likely you're underdosing

Contrary to what some so-called experts may claim, it's exceedingly rare to overdose on vitamin D. That's just not how our bodies work. In fact, they're actually designed to hoard this crucial nutrient so we won't run out.

So, especially in the winter, taking 10,000 IU of vitamin D3 a day will help you avoid a deficiency that could be disastrous for your health.

In fact, today I'm going to share with you five new studies on how D can reduce your chances of getting several chronic diseases...including

groundbreaking research showing how vitamin D can lower women's cancer risk by a stunning 67%.

And if that weren't impressive enough, new research shows that vitamin D can actually help extend your lifespan all the way down to the genetic level.

More D equals less cancer

It's not an exaggeration to say that almost every day, there's a new study showing yet another benefit of vitamin D. We already know how D can help keep your heart and bones healthy. It can fight dementia, depression, and other cognitive issues. And it can boost your immune system—which helps you fend off everything from colds to cancer.

In fact, a new study shows how D can reduce your risk of *every* kind of cancer. And another one shows some impressive benefits against prostate cancer in particular. Let's take a look.

Lower your cancer risk by 67%

This study caught my eye not only because of the astoundingly high cancer prevention percentage, but also because it was conducted by one of the pioneers of cancer and vitamin D research—Dr. Cedric Garland of the University of California, San Diego. Dr. Garland and his late brother, Dr. Frank Garland, first began studying the link between D and cancer way back in the 1980s, so I trust his findings.

His latest study looked at two previous trials involving about 2,300 women with an average age of 64.¹ Dr. Garland found that the women with the highest concentrations of vitamin D in their blood (40 ng/ml) had a 67% lower risk of cancer than those with the lowest concentrations (20 ng/ml).

Of course, it's hardly a surprise that government bureaucrats (in this case, the Institute of Medicine) and mainstream medical minions still think 20 ng/ml is adequate for good health.

But researchers and doctors who actually follow the latest science and know what they're talking about when it comes to human diet and nutrition (unlike most of the members of the Institute of Medicine) recommend vitamin D blood levels of at least 50 ng/ml for optimum health. And based on this study, Dr. Garland concluded that those levels should be at least 40 ng/ml to substantially reduce cancer incidence and overall mortality in the general population.

If you're not sure what your vitamin D blood levels are, ask your doctor for a test.

Help prevent aggressive prostate cancer

Researchers also studied nearly 200 men who had a prostate cancer diagnosis between 2009-14, and then had their prostate removed.² They found that the men with vitamin D blood levels less than 30 ng/ml had a *2.6 times* greater risk of developing aggressive prostate cancer than men with higher levels of D.

So, as President Reagan would say, "there you go again," government bureaucrats. Your so-called "healthy" recommendation of vitamin D blood levels of 20 ng/ml has been shown to be woefully inadequate in yet another cancer study.

Of course, I've written about other studies that show the link between low vitamin D levels and prostate cancer. But I think what's particularly interesting about this study is that it gives men and their doctors clinical guidance about active surveillance.

Meaning that if a man gets a prostate cancer diagnosis and his D levels are high, he may not develop the truly deadly form of the disease. So there may be no need to just routinely rip out the entire prostate in those cases—which can prevent a lot of distress, not to mention lifelong disability.

Your daily dose of D may help you live longer

Last year, the CDC released a surprising finding: Hispanics in America live an average of three years longer than whites, and six-and-a-half years longer than blacks.³

This has been called the "Hispanic paradox" because Hispanics have actually been shown to have shorter telomere length—which is a key factor in longevity.

Telomeres are the "tags" at the end of chromosomes that help keep the chromosomes stable—similar to the way plastic caps keep shoelaces from fraying. Plenty of research shows the longer your telomeres, the longer your lifespan.

The CDC also reported that Hispanics tend to have lower vitamin D blood levels and more type 2 diabetes than other races. So, taking all of that into account, researchers recently gathered 34 Hispanics with type 2 diabetes and low levels of vitamin D (defined as less than 30 ng/ml. Which, once again, is substantially higher than the levels the government says are perfectly fine for your health).⁴

The researchers wanted to see if vitamin D supplementation would increase telomere growth activity and lower Hispanic people's risk of diabetes. So they gave the study participants 4,000 IU of vitamin D3 daily for six months.

At the end of the study, the researchers discovered that the participants had significantly increased telomere activity. And that may help prevent or delay progression of type 2 diabetes, as well as extend longevity.

So if we extrapolate this study to other ethnicities, it may very well be that supplementing with vitamin D may help everyone live longer... and lower the overall risk of diabetes. In fact, vitamin D supplementation appears to offer a simple way to

eliminate health disparities among population groups.

More D, fewer migraines


If all of this scientific data is giving you a headache, don't worry. Vitamin D can take care of that too.

In June, at the annual scientific meeting of the American Headache Society, researchers from the University of Cincinnati Children's Hospital Medical Center discussed

their recent study on migraines.⁵ They found that there's a greater likelihood of migraines in males with low levels of vitamin D (which the researchers defined as below 40 ng/ml—ahem, mainstream medical minions).

The females with migraines tended to have lower levels of the nutrient CoQ10 rather than vitamin D. The researchers don't understand why, and called for more investigation. Still, it's an interesting beginning, and it certainly can't hurt to make sure you

get adequate levels of D if you're prone to migraines.

If you're not already taking 10,000 IU of vitamin D3 every day, there is no better time to start than this month, when the sun's UVB rays in the atmosphere begin their winter nap. To get that amount conveniently, try taking a liquid vitamin D formula, with a dropper or a convenient spray that you can add to milk, juice, or any other beverage you choose. 

The Thanksgiving side dish that's better than a multivitamin

You already know about the benefits of consuming berries to reduce your risk of dementia, cancer, and other chronic diseases. And now, a huge new study shows that eating more berries can lower your risk of type 2 diabetes by as much as 18%.

Of course, fresh berries are hard to come by this time of year. But you can get the same benefits by eating cranberries. This scarlet red fruit, which is a member of the same family as blueberries, is well known for its ability to treat urinary tract infections. But it can do much more than that.

In fact, cranberries are a like potent nutritional "pill"—high in vitamins A, B6, C, E, and K, as well as the carotenoids lutein and zeaxanthin, which are essential for eye health. Cranberries are also rich in copper (good for red blood cells and your immune and nervous systems), manganese (important for building bones and connective tissue), and magnesium (the do-it-all, brain- and heart-healthy mineral I wrote about in last month's *Insiders' Cures*).

I'll tell you more about cranberries (including my favorite holiday recipe) in a moment. But first, let's look more

closely at the link between berries and diabetes prevention.

Just a handful of berries a day can reduce your diabetes risk by 18%

The new study is said to be the first to evaluate how consuming anthocyanins in berries affects the risk of type 2 diabetes.¹

Anthocyanins are plant pigments that give cranberries (and other berries and fruits) their deep scarlet, purple, and blue colors. They're similar to carotenoids, which give fruits and vegetables yellow-orange colors.

In fact, when nutritional scientists recommend you "eat a rainbow" of foods for your health, they are talking about getting more of these biologically active and beneficial plant constituents. And science is showing more health benefits all the time.

For the berry study, researchers assessed data from three studies evaluating anthocyanin intake and diabetes incidence. They also looked at five studies comparing berry intake and diabetes risk. Together, the eight studies involved almost 400,000 people—about 26,000 of whom had diabetes.

The researchers found that higher anthocyanin intake was associated with a 15% reduction in diabetes risk, and higher berry consumption led to an 18% risk reduction.

And the more berries the study participants ate, the lower their risk. For every 7.5 mg per day of anthocyanin intake, or 17 grams of berries, there was a 5% reduced risk of diabetes. That's less than one handful of berries day.

The unique growing method that boosts cranberries' health benefits

As I mentioned earlier, this study applies to cranberries as well. But what makes this tiny, tart fruit so healthy?

Well, a lot of it has to do with how cranberries are cultivated.

Cranberries grow wild on low bushes in northern North America (like blueberries), as well as in northern Asia and Europe. They became known to European settlers in early New England as a Native American food.

But today, cranberries are cultivated primarily in New England in colorful

“cranberry bogs.” The water not only makes cranberries easier to harvest because they’re floating, but it also makes a better berry. That’s because the potency of anthocyanins is directly related to their exposure to sunlight. And floating on top of a bog allows every berry to bathe in the sun (just like when you go to the beach).

Try my “DIY” cranberry sauce this Thanksgiving


You can buy “canned” cranberries with added sugar, which preserves them and also turns them into a solid, jiggling mass. But it’s better to

buy fresh or fresh-frozen cranberries and make your own sauce—rather than unappetizing cranberry “slices” retaining the shape and contours of a tin can.

Here’s what I do almost every Thanksgiving (and often at Christmas, depending on the main course).

Bring a couple cups of water to a boil in a saucepan. Then dump in fresh or frozen cranberries (the temperature difference will make them burst, releasing their juices). Add “pumpkin spices”—allspice,

cinnamon, cloves, nutmeg—to taste, plus some fresh, quartered orange slices for zest. Boil the mixture uncovered for a few minutes until it thickens, then simmer until it reaches a syrupy consistency. Finally, take the saucepan off the burner and let the mixture cool.

The resulting sauce makes a healthy and tasty addition to a holiday meal, or any meal. You can also serve it as a healthy topping over a dessert. 

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NEWS BRIEF

The diet “no-no” that might actually help you LOSE weight

You might be surprised that I actually think of pasta as one of the foods associated with Thanksgiving. And according to a new study, that’s good news for my (and your) health.

The study of 23,000 people in Pozzilli, Italy, found that eating pasta is associated with lower risk of obesity.¹ And not just body mass index (BMI), which I always say is an imperfect indicator of excess weight in any case.

The researchers found that pasta eaters also had smaller waist circumferences and waist-to-hip ratios—meaning they had less of the abdominal obesity that is associated with chronic health conditions like diabetes and heart disease.

These findings may surprise you, considering how pasta and other carbs have come under fire for their effects on metabolism and weight.

But that wasn’t the case back in the 1950s, ‘60s, and ‘70s, during the rare but memorable times when I made it back to the family farm in western Pennsylvania to join the entire extended family for Thanksgiving.

We gathered in the farmhouse my grandfather bought as his first permanent residence 70 years ago, and which my uncle still inhabits today.

The fall harvest of organic apples and other fruits and vegetables would be in, together with natural, grass-fed dairy and poultry, pork, lamb, and beef.

There would be wild turkey when one of my uncles brought one back from the hunt, often right in the woods around the farm. Venison or a capon (neutered rooster) would be on the table, always accompanied by corn, squash, beans, potatoes, cranberries, and other typical native American foods.

But also on the table would be lasagna and other dishes

with pasta and tomato sauce (another native American food).

At the time, I was more concerned about “wait control,” or waiting for the meal, than weight control.

But now, I appreciate that we practiced the Italian tradition in which pasta is always considered a side dish, eaten after the appetizer (literally antipasto, or “before pasta”), and before the main course(s).

Which leads me back to the study findings. The researchers reported that pasta eaters more often adhere to the healthy Mediterranean diet, which may be the reason they don’t gain weight.

Having a small portion of pasta before the main meal may also help digestion by stimulating the metabolism to release insulin and other enzymes to prepare the body for the main meal. The insulin helps the body metabolize the glucose fuel from the main meal and deliver it to the body’s cells, where it’s needed—and not to the fat cells where, for many Americans, it is not needed.

This effect is the opposite of the unhealthy “sugar rush” and insulin spike that occurs after eating refined sugar and carbs.

We often find scientific reasons like this behind traditional dietary practices. And now the science shows what Italians have known all along: You don’t have to hold the pasta, as long as it is consumed in moderation. (The same is true with pizza—as long as the crust is thin, like you want to be).

When it’s combined with tomato sauces, herbs, and spices, a moderate portion of pasta can be a healthy addition to any meal. And that includes Thanksgiving, before the big bird.