



My 8-step, drug-free plan to beating depression in later life

A new study getting underway at UCLA reveals that a whopping 60 to 70% of older adults do not respond to common antidepressant drugs like Prozac, Paxil, Zoloft, Celexa, and Lexapro.

Well, surprise, surprise.

For years, I've been reporting about how ineffective antidepressant drugs really are. In fact, research shows that selective serotonin reuptake inhibitors (SSRIs) like the drugs I mentioned above only work in as few as one in seven adults. That's right—only 14% of adults who take these drugs actually stop being depressed.

This is particularly troubling when you consider how common—and how dangerous—depression can be... especially as you get older.

Why you need to know about depression if you're 50 or older

Depression in older adults is linked to greater risk of declining mental health, accelerated aging, and even suicide. (Although antidepressant drugs are also linked to an increased risk of suicide.)

And the UCLA researchers note that depression in later life adversely impacts quality of life more than any other single illness

So what do they plan to do about it in their new study? *Give older people even more antidepressant drugs.*

They don't plan to explore the many natural approaches found to be effective against depression. But I

will. In a moment, I will reveal my scientifically backed, 8-step plan to fight depression and improve your overall mood.

But first, let's take a closer look at the misguided UCLA study, and how it piggybacks on half a century of failed depression-drug therapies.

Mainstream medicine says when one antidepressant doesn't work, try two

A nonprofit organization has awarded a \$14 million grant to UCLA's Late-Life Depression, Stress and Wellness Research Program, together with four other centers around the country and in Canada, to evaluate treatment strategies for adults age 60 and older who have not responded to mainstream antidepressant drugs.

As I mentioned above, researchers are going to look at switching people to a new drug, or augmenting the failed drug with a second drug—either Abilify (aripiprazole) or Wellbutrin (bupropion).

Of course, that's the modern, mainstream solution. When a drug doesn't work, it doesn't mean that the drug is a failure; it must mean there is something wrong with the patient. So what's the solution? Add another drug. But the only one that wins at that game is big pharma.

A UCLA press release also notes that the study will “explore how aging-related factors affect the benefits and risks of different antidepressant strategies.”¹

Translation: Let's figure out how to make older Americans into better drug takers—as if they aren't taking enough drugs already.

Ironically, the researchers say they plan to monitor participants carefully during the study, since antidepressants have serious safety concerns in older people—including cognitive decline, falls, cardiovascular events, and even death. All the problems that older people are already particularly concerned about, even without taking the antidepressant drugs that increase all of these risks.

But wait, there's more... dangerous drugs, that is

UCLA researchers say the study participants who do not respond to Abilify or Wellbutrin during the first few months will be given either lithium (an effective standby since the 1970s that is also used for bipolar disorder)

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or nortriptyline (an old-line tricyclic antidepressant drug from the 1960s).

Tricyclic antidepressants (TCAs) can be effective for depression when the newer SSRI drugs fail, as they typically do. However, TCAs are well known to cause cardiac toxicity and sudden cardiac death.

As a Florida state medical examiner in the mid-1980s, I performed a postmortem investigation on a former airline pilot who appeared at the Miami airport in an agitated state, attempting to hijack an airplane.

He was placed into protective custody by the police, probably in the manic state of bipolar disorder, and brought to the ER at the city hospital. He was thought to have been off his medication, and was given a TCA.

Although they debuted in the 1960s, TCA drugs were still considered state of the art for treating depression, including bipolar disorder, in the '80s. (And back then, the biggest concern with hijacking airplanes in Miami was taking them to Cuba, not Islamic fundamentalist terrorism.)

But shortly after the pilot was given a TCA, he went into cardiac arrest and died, right in the ER. My autopsy revealed sudden death due to cardiac arrhythmia (abnormal heartbeat, as typically caused by TCAs), as well as long-term myocytolysis (destruction of the heart muscle) also caused by these drugs.

So, UCLA's new \$14 million research strategy for treating depression when modern drugs don't work? Go back to the TCA and lithium drugs of the 1960s and '70s. Maybe the psychiatrists will be going back to sporting beards (like Sigmund Freud) and wearing bellbottom jeans too?

The 140-year-old depression therapy that still works today

I remember the excitement during my medical training in the 1970s when

pseudo-scientists became convinced that mental health was just a matter of rearranging brain chemicals. They thought we could give up talk therapy, group therapy, inpatient treatments, and human interaction of all kinds, in favor of brain chemical-altering drugs. And turn people loose who needed professional help by the simple stroke of a prescription pad.

Of course, we all know how that has worked out.

So instead of just going back to the drug-happy 1970s, the UCLA psychiatrists might consider going all the way back to the 1870s. That's when "moral therapy" became the way to more effectively and humanely treat depressed patients who had been incarcerated in mental "hospitals" (portrayed in Igor Stravinsky's opera, "The Rake's Progress," with libretto by poet W.H. Auden).

Shortly before that time, doctors looked for pathologic lesions in the brains of patients with mental illness. But, of course, in most instances, there were none. (Lesions are only observable in patients with mental conditions that are due to damage to or destruction of brain tissue.)

Sigmund Freud started out as one of those neuropathologists, but gave up that approach to develop psychoanalytic psychotherapy—which emphasizes talk therapy and development of insight. The basic premise is that to work on a solution, the patient had to first develop an understanding of the problem.

In the 1870s, moral therapy simply involved exposing the mentally ill to normal circumstances by placing them out in society—living in boarding houses, working in jobs they could perform, and talking to other people in the community. That way, they were able to develop a fund of "normal," positive experiences, contrary to the "crazy" circumstances in early mental health facilities.

My 8-step program for treating depression

Today, the 19th century moral therapy approach could be called cognitive behavioral therapy. After all, it's all about behavior, because in the end, who can really know what thoughts may "lurk in the hearts of men?"

That's why **talk therapy** with a qualified mental-health professional is my number one recommendation for anyone suffering from depression.

In my medical textbook, *Fundamentals of Complementary and Alternative Medicine*, which is now going into a 6th edition, I present in detail an infamous study on depression and therapy that was performed at Harvard University 15 years ago.

The study showed that SSRI drugs or St. John's wort (the standard herbal remedy), weren't any more effective for depression than a placebo pill. Of course, the headlines were about the lack of effectiveness of the herbal remedy, while downplaying the equally bad failure of the drug.

But the real news was the placebo. For ethical reasons, all of the people in the study received at least 14 hours of talk therapy with a trained Harvard mental health professional. So all the study really showed was that talking to a therapist was far more effective for depression than any pill, whether it was a drug or an herbal remedy.

While I believe that both individual

talk therapy and participation in professionally facilitated group therapies may have the greatest benefits for people with clinical depression, there are also simple lifestyle practices that can help reduce depression.

Mind-body therapies like meditation and yoga have been shown in many studies to improve depression and mood. To find out which mind-body therapy will work best for you, take the Emotional Type Quiz at www.drmicozzi.com, and check out my book with Mike Jawer, *Your Emotional Type*. You can order a copy by [clicking here](#) or calling 800-682-7319 and asking for order code EOVT1AA.

Classical **homeopathy** consists of minute doses of natural substances that have been regulated under the U.S. Pharmacopeia since 1937 and classified as safe. And it is tailored specifically to an individual patient's symptoms. Consequently, a homeopath will spend one or two hours thoroughly documenting a patient's physical and mental characteristics, including personality—which, of course, involves talking with and listening to the patient. In that regard, homeopathy is also a mind-body therapy.

Going out into nature and walking or sitting among plants or near bodies of water has been shown to be highly beneficial in some studies.

Getting **moderate exercise**, preferably outdoors, has scientifically

demonstrated benefits for body and mind.


The brain also needs to be well-nourished with **B vitamins**, which are so effective for mental health that they're called "neurovitamins" in Europe. I recommend everyone take a high-quality vitamin B complex daily. And many foods are good sources of B vitamins, including some fruits and vegetables, whole grains, beans, poultry, fish, meat, and dairy.

Vitamin D has been demonstrated to improve mood, especially for seasonal depression. I recommend 10,000 IU a day of D, along with high vitamin-D foods like dairy, eggs, and fatty fish such as tuna and salmon.

Magnesium (400 mg per day) is also important for brain and mental health. Foods rich in magnesium include green leafy vegetables, nuts, seeds, grains, dairy, eggs, and meat.

Ring in the new year without dangerous drugs

While the government continues to spend our tax dollars researching failed drugs, the natural solutions for depression are literally all around us—in nature and our communities.

So as you turn the calendar to 2017, consider making a resolution to naturally improve your mental health. Even if you're not depressed, you can start the new year with a better mood...and a healthier brain and body. 

The most important meal of the day—for preventing dementia

In my new online learning protocol, the Complete Alzheimer's Cure, I discuss the top, science-backed natural approaches you can take for better brain health.

(You can learn more about this protocol or enroll today by [clicking here](#) or calling 866-747-9421 and asking for order code EOVS11A.)

Of course, that includes your diet.

And now, new research shows that foods we typically associate with breakfast may be among your best defenses against dementia and cognitive decline.

In fact, it appears two popular breakfast beverages—and one food that should be more popular—can not only give you a great start on your day, but also put you well on your way to long-lasting brain health.

3 cups of coffee a day can help keep you mentally sharp

I've reported before about how many studies show a link between caffeine and brain health. And now, a large new study provides even more evidence.

Researchers looked at the coffee consumption of more than 6,000 older women who participated in the influential Women's Health Initiative Memory Study.¹

Back in the mid-1980s, I helped organize the original Women's Health Initiative, initially to study breast cancer.

Through my work at the National Cancer Institute, I recruited scientists at a dozen clinical research centers around the country. Then, I added researchers from the National Heart, Lung and Blood Institute to study heart disease, and the National Institutes of Aging to study osteoporosis and other diseases. Real clinical researchers “outside the Beltway” were anxious to participate.

It was obvious to me that we could save the taxpayers a lot of money by sharing research resources among the bureaucracies of the National Institutes of Health. And we could begin to overcome a persistent lack of scientific data about women's health (talk about a real “war on women”).

But I quickly learned I had stepped on too many careerists' toes by actually showing some cost efficiency and scientific leadership among these self-interested political-science bureaucrats.

They abruptly cut back on my efforts to create new, efficient research collaborations—but not before they

glommed onto my idea of a national Women's Health Initiative to study overall health among women, rather than just individual diseases.

That initiative has been a long-lasting contributor to new information about women's health—including the new caffeine and dementia study.

Researchers analyzed the caffeine consumption of 6,467 women, ages 65 and older, for up to 10 years. During that time, 388 of those women were diagnosed with probable dementia.

But the researchers discovered that the study participants who consumed an above-average amount of caffeine (261 mg per day) were 25% less likely to develop dementia...or *any* cognitive impairment.

So how much is 261 mg of caffeine? Well, a cup of coffee has an average of 95 mg, so three cups a day would give you the same protection as the women in the study. This dovetails with other research showing that three to four cups of coffee a day offers both short-term and long-term support of brain health, and protection against dementia.

What a simple—and completely natural—solution for the Alzheimer's epidemic. Just two cups of coffee a day with breakfast, and another when you start to flag in the afternoon, and you've lowered your risk of dementia by 25%.

Give your brain some juice

While the caffeine study showed brain benefits in women, another study found that orange juice boosts brain health in men.²

The study involved 24 healthy men, ages 30 to 65. The men were divided into two groups. One group drank 8 ounces of orange juice a day for two days, while the other group drank a placebo beverage.

The men's cognitive function was

measured both before and after they drank the juice or placebo. The researchers discovered that the juice drinkers had significant improvements in their attention span, task-management skills, memory, and visual-motor coordination.

And the amazing part is that these benefits were apparent up to *six hours* after the men drank a glass of OJ.

Orange juice (and other citrus juices) contains plant compounds called flavanones. The researchers believe these compounds may increase blood flow to the brain, which helps improve mental function.

The flavanones found in coffee and cocoa can also produce the same effects. And anthocyanins, which are chemical cousins of flavanones, may have even more impressive brain-health benefits.

Blueberries and grapes are rich in anthocyanins. Of course, grapes are the primary ingredients in red wine, which has been shown to have brain benefits when consumed in moderation. And, as I've written many times before, there's plenty of evidence that a handful of blueberries may be the most potent brain-booster of all.

In season, eat a handful of blueberries every day. Year-round, you can add powdered, water-soluble blueberry extracts to your OJ.

There's nothing fishy about brain-healthy seafood for breakfast

A new Chinese study shows that the omega-3 DHA, which is found in fish oil, can prevent cognitive impairment—and even *increase IQ*—in older adults.³

The study involved 240 people, ages 65 or older, with mild cognitive impairment. They were divided into two groups. One group received 2 grams per day of a DHA supplement, while the other took a corn oil placebo supplement.

After six months, the DHA group had a 10% improvement in their IQ. And they had a significant increase in their long- and short-term memory.

You can get DHA from high-quality fish oil supplements. Or you can go straight to the food source.

One of the traditional breakfast foods in many countries is cold-water fish like whitefish and salmon, or “kippers” or herring in the U.K. and North Sea countries.

These fish provide a delicious way to get your daily DHA and essential fatty acids. And the salmon and whitefish are typically consumed with lettuce, tomato, onions, chives, or capers,

which provide other health benefits.

Make the smart breakfast choice

It sounds like you can't miss with the right breakfast. You can start with a couple cups of coffee or cocoa (dark, no sugar added). Add a glass of orange or grapefruit juice. (You can mix in your daily dose of liquid vitamin D3, and blueberry extract, for even more brain benefits.)

Of course, combining some of the natural acids in coffee and in orange juice may not be ideal for your gastric system. That's why it's important to avoid a completely liquid breakfast.

But by adding some whitefish or

salmon to multigrain toast or a bagel with cream cheese, tomato, onion, and chives, you will neutralize those stomach acids while getting the all-important DHA you need for brain health. Throw in a handful of blueberries for even more benefits for your body and brain.

If you are not hungry enough for a real balanced meal early in the morning, wait until you are hungry and have a healthy mid-morning brunch, or even an early lunch.

Bottom line: The right way to start your day is also the natural way to prevent dementia and support brain health. [IC](#)

The hidden hazards lurking in the FDA's new salt guidelines

For 40 years now, big government has been promoting dietary guidelines that were all wrong, all along.

They said to avoid dietary cholesterol, saturated fats, and salt. But that meant avoiding highly nutritious foods like butter, dairy, eggs, meat, and many kinds of seafood.

Manufacturers substituted sugar and carbs in foods instead. So then we witnessed skyrocketing rates of obesity, diabetes, heart disease, and other serious health problems—in addition to epidemic levels of vitamin B, D, and mineral deficiencies in the general population.

The science has finally been catching up with many “experts” when it comes to cholesterol and fats. It is also finally being recognized that sugar and carbs are responsible for most of our modern chronic diseases.

But somehow, these “experts” still have a ridiculous—and harmful—fixation with lowering everyone's salt

(sodium) intake.

And now, the FDA has jumped on the salt-restriction bandwagon, long after it left the station and should have gone over the cliff.

The Great Salt Scam continues—for no good reason

As I've reported before, organizations like the American Heart Association are still sticking to their outdated, discredited dietary guidelines for sodium.

And now the FDA has joined them, issuing new guidelines against salt consumption. The agency says the 3,400 mg of salt Americans ingest on average every day is way too much. Instead, it recommends that people reduce salt consumption to 3,000 mg per day within two years. Then, lower it to 2,300 mg per day over the next decade.¹

Supposedly, this will fight America's heart disease epidemic. But, as I have

often noted, there has never been any good evidence that decreasing salt intake lowers the risk of cardiovascular disease.

In fact, one study looked at data from 101,945 participants and found that men and women who consumed 3,000 to 6,000 mg of sodium per day had the *lowest* risk of cardiovascular disease and death.²

Meanwhile, the people who ate less than 3,000 mg of salt per day actually had a 25% *increased* risk of cardiovascular events and all-cause mortality. Other large studies have reported similar results. And yet “experts” long ago decided to advise against salt intake—what I call the “Great Salt Scam.”

Here's why the FDA is wrong about salt

While the FDA wants people to drastically reduce their salt intake, it doesn't actually say how we should do this. Which is particularly

negligent considering that sodium is in every food we eat.

Not to mention that sodium is present in the cells and tissues of every living thing (for good reason, as I will explain shortly). In fact, scientists believe the level of salt in our blood and tissues is the same as the salinity of seawater when animal life first emerged from the oceans onto the earth 300 million years ago.

That's why it's hardly surprising that scientific evidence shows that people crave salt for a reason. In fact, there is a natural appetite for salt throughout the animal kingdom. You don't have to tell herbivores, or plant eaters, they need more salt than they can typically get from plants alone. That's why farmers and ranchers have "salt licks" available for cows and horses in their meadows.

Knowledgeable healthcare practitioners worry that unnatural salt restrictions will force people to eat more food in order to get enough of the sodium their bodies need. And that, of course, would contribute to obesity...and, ironically, to the heart disease the salt restrictions are supposed to reduce.

So basically, this move by the FDA may be attempting to reverse hundreds of millions of years of biological reality. And it may just be opening the door to more government control over every aspect of human behavior.

Why do you need salt?

Sodium is an essential electrolyte in every tissue of the body—and it's an essential part of staying adequately hydrated. Experts now recognize that *both fluid and* electrolytes (like sodium) are needed for hydration. So they got that half of that equation right—but are still missing the other half.

The critical missing link is that cells must make their own water, no matter how well hydrated you think you are from chugging the recommended 8 or more glasses of water a day.

...the FDA may be attempting to reverse hundreds of millions of years of biological reality. And it may just be opening the door to more government control over every aspect of human behavior.

Compounds called mitochondria make water and energy in every cell. But in order to do their job, the mitochondria need micronutrients like Co-Q10 for nourishment, and plant constituents such as aspal (rooibos, or red bush) for energy. What they *don't* need is drugs like statins—which actually poison the mitochondria. (That's why knowledgeable doctors recommend taking Co-Q10 daily if you are still taking a statin drug).

So while cells make their own water (when properly nourished and energized), every cell still needs electrolytes like sodium from the diet. But we constantly lose sodium and other electrolytes through sweat and urine. Which is why it's so important to get adequate amounts of sodium every day.

Stress—not salt—is the real disease culprit

But what happens if you consume more salt than your cells need? Well, your body is designed to take care of that. Your kidneys have the ability to remove any extra sodium in your system—as long as you are not under chronic stress.

Stress influences your hormones to conserve salt in order to retain blood and fluids that are needed to prepare the body to respond to, and survive, the stress. Of course, today's levels of

chronic stress are abnormal, and the human body was never designed to deal with them.

As I have always said, salt is not the culprit behind high blood pressure and heart disease. *Stress* is the real, silent killer.

Fortunately, there are many non-drug, natural approaches for stress reduction that most cardiologists won't tell you about—but I will. To find the stress-reducing natural

therapies that are tailored personally to you, check out my book with Mike Jawer, *Your Emotional Type*. (See page 3 for ordering information.)

Get the right amount of sodium with the right diet

The best way to ensure you get the sodium your cells need is to eat fresh, whole foods as part of a balanced diet. Of course, this diet doesn't include processed and packaged foods, which are typically teeming with salt.

The natural levels of sodium in **fruits and vegetables** give you the amounts your body needs, along with many vitamins and other healthy plant constituents.

Fresh, organic **dairy, meat, and seafood** also naturally provide sodium...plus fat-soluble vitamins like D and E and bioavailable minerals the body needs, such as calcium, iodine, magnesium, and selenium.

If you follow a healthy, balanced diet, you won't need to add salt to your food. Instead, you should be adding pepper (black or red, to taste) and other healthy herbs for flavor.

And if you have been eating salty processed foods, your taste buds will adjust to the natural levels of sodium present in fresh foods—without the FDA's "help."

What the FDA should really be concentrating on

Don't get me wrong; salt can and should be reduced in packaged foods.

Food manufacturers and retailers, including General Mills, Nestle, Mars, and Domino's have already had success reducing salt in hundreds of products.⁴

But your diet shouldn't be made up primarily of these foods to begin with.

And the real bottom line is that

we don't need the FDA piling on to regulate an essential element like sodium. Instead, it should be concentrating on the dangerous additives in foods, such as sugar and toxic artificial chemicals...which too often get a pass from both the FDA and EPA.

More backwards-looking regulation like the proposed sodium guidelines just means more big government and more intrusion into your life.

It reminds me of the story of when the ancient Roman Republic finally

defeated Carthage (present-day Libya)—after being ritually reminded in the Roman Senate, at the end of every oration by Cato the Elder, that *Carthago delenda est* ("Carthage must be destroyed").

The Romans took this edict so seriously that they sowed salt into the soil to prevent Carthage from ever recovering again

Let's not go to the other extreme by letting the FDA regulate salt in our diet...or our natural health and hydration may never recover. **IC**

Is it time to say "soyo-nara" to soy?

Soy has a very long history. But new data shows that soy may soon BE history. Or at least, it should be.

I'll tell you why the move away from soy is a good thing in just a moment. But first, let's take a closer look at how this one-time darling of the "health food" world has fallen from grace.

Soy milk sales are down 55%

While it's typically difficult to find any real role for science in relation to fads and fashions in the natural foods industry, recent statistics on soy are striking.¹ There has been a precipitous fall in soy consumption since 2013. And over the last three years, sales of soy drinks have dropped a shocking 55%.

I've always considered soy "milks" and beverages to be poor substitutes for real natural foods and beverages. But nevertheless, soy "milk" has been a long-time leader in the category of pseudo-healthy beverage substitutes, which also includes almond, rice, and other plant "milks."

(Of course, a major problem with

almond milk is the thousands of gallons of water needed to produce a single gallon of this product. This is of particular concern in the almond capital of California, which has been suffering for years from a devastating and largely manmade drought.)

So after years of popularity, it's certainly interesting to hear that the waters are shifting regarding soy beverages. In fact, one report notes that in the first three months of 2016 alone, there was a 400% increase in "soy-free" claims on new beverages.¹

How did this happen? Well, the history goes all the way back to ancient China.

Lessons learned from millennia of soybean cultivation

In China, soy has traditionally been considered one of the five sacred "grains," or plants of agricultural importance (although it is actually a legume).

The Chinese civilization was among the first to practice intensive agriculture thousands of years ago. They learned to cultivate grains like rice, which provided calories to a

large, growing population. But the challenge was to also grow plants that could provide adequate protein and other nutrients.

As a legume, soy is a potential source of protein. Legume plants have a type of bacteria on their root nodules that allow them to capture large amounts of nitrogen from the soil. Nitrogen is a basic element for making protein (from "amino," or nitrogenous, acids), along with the nucleic acids in DNA and RNA.

Chinese scholars who study the original characters of pictograms for representing the five sacred plants note that the character for soy emphasizes the lower, or "root" portion of the pictogram (in contrast to the characters for the other plants, which emphasize the upper, grain portions).

It is also theorized that the Chinese learned to plant soy to replenish the nitrogen in the soils that had been exhausted from intensive agriculture. So, in essence, soy is a natural fertilizer.

Interestingly, the raw soy plant is

not edible. Soy is full of antitryptic toxins, which can drastically interfere with digestion if eaten in their natural form (which is why I recommend you only eat edamame, or raw soybeans, sparingly). So to make soy edible, the Chinese developed sophisticated processing methods.

For tofu, they dissolved soybeans in sea water. The calcium and magnesium in the salt causes the soy protein to gather and form into a block. The block is then pressed to remove the fluid containing the antitryptic toxins.

Soy can also be fermented, which allows natural probiotic bacteria to break down the chemical toxins. Fermented soy is used in products like soy sauce.

Just say no to GM soy

Soy has now become a major cash crop worldwide. But the soy grown today (except for organic soy) is

almost entirely GM. That concern is causing a serious, critical evaluation of soy's role in human nutrition.

GM plants are designed to be resistant to herbicides, which are basically pesticides with a more natural-sounding name. But don't be fooled.

The World Health Organization has declared that glyphosate—the herbicide used in Roundup—is a probable human carcinogen.

And the widespread use of GM soy, corn, and cotton in the U.S. has spawned a new class of “super weeds” that are resistant to herbicides and are overtaking millions of acres of cropland across the South and Midwest.


If that weren't bad enough, soy is also one of the top eight food allergens, according to the FDA.

And there are concerns about the

plant hormones in soy that may mimic the effects of estrogen hormones in humans. Estrogen exposure has been linked to breast and other cancers, as well as disruptions in the normal reproductive cycle.

So with all of these concerns, why bother with soy? After all, there are plenty of sources of natural proteins in a balanced diet that are healthier for you and the environment—including other legumes like beans, peas, lentils, and peanuts.

To stop the takeover of agriculture by GMOs and the toxic herbicides required to grow them, start voting with your pocketbook.

We are not living in ancient China anymore. It may very well be time to say soyo-nara, or simply “soy-long,” to soy—especially GM soy. 

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NEWS BRIEF

The nutrient trio that can slow down aging

Anyone who has been paying attention knows that higher vitamin and mineral intakes are good for your health. They lower the risk of every major chronic and degenerative disease. Which, of course, adds up to a longer and healthier life.

But new research shows there's another reason why vitamins and minerals may help you live longer. They may actually be able to slow down biological aging.

Researchers in South Korea followed nearly 2,000 middle-aged and older adults for 10 years. They found that higher consumption of potassium, vitamin C, and the B vitamin folate is associated with delayed biological aging.¹

The researchers discovered that these specific vitamins and minerals influenced the length of cell telomeres, which studies have shown are linked to longevity.

Telomere length relates to the number of older cells that are replaced with newer, younger cells. Theoretically, we should be replacing old cells with new cells indefinitely. But that process is limited by telomeres, which get shorter as we get older—eventually leading to aging. So, in essence, the longer your telomeres, the longer your life.

The findings from this study show the importance of eating plenty of fruits and vegetables—particularly those high in vitamin C, folate, and potassium—during youth and middle

age for long-lasting effects on longevity.

Vitamin C is abundant in many fruits, and also bell peppers, leafy greens, broccoli, cauliflower, Brussels sprouts, tomatoes, and sweet and white potatoes. I also recommend taking 250 mg of vitamin C twice a day.

Potassium can be found in bananas, citrus fruit, leafy greens, carrots, and potatoes, as well as meat and seafood. One note of caution: Many blood pressure medications (diuretics) cause the kidneys to lose potassium. So if you are taking these drugs, I recommend supplementing with 90 mg of potassium per day. (And, of course, consider ways to lower your blood pressure naturally.)

Folate is hard to get from a plant-based diet alone, although some is found in leafy greens, asparagus, fruits, nuts, and legumes. A better source is dairy products, poultry, meat, eggs, and seafood—which is why a balanced diet with a full range of healthy foods is key. You can also supplement with a high-quality vitamin B complex that contains 200 mcg of folate.

I've always known that getting higher levels of vitamins and minerals is important for health and longevity—despite the mainstream medical skepticism. But now that research scientists can see how these micronutrients directly affect “anti-aging” telomere length, they may finally be ready to believe it.