



The Great Salt Scam finally makes the “news”

Moderate quantities of salt won't kill you, but too little might

Suddenly, after a century of claims that salt causes high blood pressure and heart disease, what I call the Great Salt Scam has finally been exposed.

A new book, *The Salt Fix*, cites more than 500 studies and research papers. The ho-hum revelation? That what we've been told about salt has been all wrong, all along.

This “sudden” news came as a shock to the talking-head TV docs. For a change, the revelation about salt was not “fake news.” But it should not have been news at all to anyone paying attention.

Some of the key points in the book will not surprise you. After all, I first revealed the Great Salt Scam to you five years ago. And I have known about it since the late 1970s.

But here is something that is surprising: The book reports that not getting *enough* sodium can cause a variety of serious diseases.

Lack of salt can compromise kidney and thyroid function. It can also cause weight gain and insulin resistance — both of which can increase your risk of type 2 diabetes.

And most shockingly, low salt consumption may actually create *more* heart disease, rather than preventing it.

Show me the research

The Salt Fix author Dr. James DiNicolantonio has access to hundreds of salt studies as associate editor of the *British Medical Journal's* *Open*

Heart, published in association with the British Cardiovascular Society. (It's a good thing they still use English in the United Kingdom, otherwise Americans might never get the truth. Especially if they relied only on the emanations of the American Heart Association and their crony-capitalist co-conspirators and codependents in the U.S. academic-government-medical complex.)

Dr. DiNicolantonio is also a leading cardiovascular research scientist at Saint Luke Mid-America Heart Institute in Missouri — the “Show-Me” state. So here's what the evidence shows me — and you.

The current U.S. daily guidelines limiting you to just 2,400 mg of sodium per day (and even less than that if you're considered high risk for heart disease) are flat-out dangerous.

Koreans consume over 4 grams (that's 4,000 mg) of sodium per day by eating *tteokguk*, a broth loaded with salt, and *bulgogi*, grilled meat marinated in soy sauce, which is also full of sodium. They also regularly eat *kimchi* — fermented cabbage preserved in salt. This dish gives them vitamin C and is a healthy probiotic food that supports the GI microbiome.

And yet, Koreans have some of the world's lowest rates of high blood pressure and heart disease.

Of course, this was written off as the “Korean Paradox” (together with the French and Japanese paradoxes, plus the Roseto, Pennsylvania, paradox I

discuss in my upcoming Heart Attack Prevention & Repair Protocol — see the box on page 3). These so-called paradoxes actually provide real evidence in real populations that counter the politically correct narrative.

The Korean Paradox is hardly a revelation, considering that in the 1970s and '80s, reports from scientists (some of whom I knew personally) showed that fisherman throughout Southeast and East Asia who had astronomical salt consumption actually had lifelong low blood pressure by Western standards.

The healthy Mediterranean Diet is not exactly low in salt either, with all of the anchovies, sardines, and other salted seafood—but it's linked to lower rates of high blood pressure, heart disease, and strokes

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The Salt Fix also cites evidence showing that about 80% of people with normal blood pressure (120/80) do not get a blood pressure spike when they increase salt intake. Why? Because the kidneys filter out any extra salt they don't need, as they are supposed to do.

In addition, research shows that 75% of people with prehypertension, or slightly higher blood pressure, are not sensitive to extra salt. And even among those with full-blown high blood pressure, 55% are totally unaffected by increased salt intake.

Sodium and salt are essential for life

As you know, salt is an essential nutrient that our bodies depend upon every moment of every day to sustain life.

When people consume foods naturally, according to their tastes and normal thirst-regulation mechanism, we tend to settle at about a teaspoon and a half per day of salt (50% more than the current medical guideline). This biological reality has been observed for decades all over the world, among all cultures, climates, and socioeconomic backgrounds.

Salt cravings are normal, akin to our thirst for water — and, of course, both water and electrolytes are vital for maintaining healthy hydration and sustaining body fluids. We sweat salt through our pores; our cells are bathed in salt water, inside and out; and we cry salt in our tears — while our bodies cry out for salt.

Nature is replete with examples. The elephants of East Africa walk into the pitch-black caves of Mount Elgon to lick salt crystals off the walls. Gorillas follow the elephants through the mist to eat their salt-rich droppings. Monkeys groom each other not only to remove insects, but also to recapture salty sweat on the skin under the fur. And farmers know to put out salt licks for livestock that don't get enough salt from their vegetarian diets.

Salt is so essential that insufficiency acts as a natural contraceptive in animals, including human beings. A low-salt diet reduces the sex drive, lowers the probability of becoming pregnant, and limits the birth weight of infants. Low-salt diets increase the risk of erectile dysfunction, delay the age of fertility in females, and cause fatigue (“sorry, honey, I’m just too tired tonight”).

Salt also helps protect the body from traumatic injury. We lose salty fluids as the result of bleeding or burns, because the injured areas draw these fluids to them to support healing. But if you don't have enough salt in your body, fluids are limited and can contribute to circulatory collapse (shock).

That's why as soon as emergency care is available, the first step is to provide intravenous water with salt. But before you get to medical treatment, just drinking water alone may not be enough if you have insufficient salt in your tissues.

Medical myth born from faulty physiology “facts”

Despite all of this basic physiology, the medical myth about salt intake was based on the simplistic idea that salt helps retain body fluids. This is normally a good thing. But too much water retention can lead to higher blood pressure, and thus to heart disease. So the theory was the more salt you ingest, the more fluid you retain, and the higher your risk of heart disease.

This may make a modicum of sense on the surface, but the facts never backed up it up.

According to *The Salt Fix*, the myth began over 100 years ago, when a pair of French scientists studied only six patients. Then, in the early 1950s at Brookhaven National Laboratory in New York, scientists prejudiced toward the salt myth intentionally modified lab animals (which were naturally impervious to increased salt intake) to make their experiments fit

the myth. They continued artificially breeding lab rats until they found a mutant breed that finally actually responded to higher salt intake!

Early human experiments did not fare well. One patient died after being placed on a severely salt-restricted diet, and another suffered circulatory collapse due to inadequate supplies of oxygen and nutrients, which is indicative of salt deprivation.

Maybe modern doctors succumb to the salt myth because they don't teach physiology anymore in medical school. In fact, at Georgetown University, where I serve as adjunct professor, the physiology department was abolished and merged into the pharmacology department — so they can teach more about drugs and forget about normal human physiology.

Stop the presses

Sadly, because *The Salt Fix* is published by a small British press, it's mainly only "news" in England.

As I learned long ago, if a book has the typical Madison Avenue trade-book publishing hype, the press release would end up on the desks of

the producers for American TV news shows. They would then book the author at no cost. In return, the author would get free publicity, and the media could charge a fortune for ad time (usually hawking a new, expensive, dangerous prescription drug).

Recently, I saw one of the grinning idiot TV docs (who should not be allowed outside a surgical operating room) contentedly advise viewers not to worry about salt so much, but he did advise against high-salt Korean food. As you read above, Korean food is one of the sources of real human evidence *against* the salt myth. Maybe this doc got a copy of the British press release, but not the book. Another media "expert."

Hopefully soon, everyone on this side of the pond will finally be treated to this "news" about the great salt scam. But it won't be because of a new study or research review. Or because a bunch of government political-science bureaucrats finally woke up to the facts that have been under their noses for decades. And it won't even be because some self-styled public interest group has finally actually spoken out in the public interest.

No, if this old news does finally see the light of day here in the U.S., it will be because somebody's come along and published a new book.

And that, ladies and gentleman, is how the news usually works, at least when it comes to health and medical information.

Stop the presses! And stop starving yourself of salt. 

COMING SOON: My new step-by-step Heart Attack Prevention & Repair Protocol

To learn about the real causes of high blood pressure and heart disease — and how to head them off at the pass without dangerous pharmaceutical drugs — keep an eye out for my brand-new, online Heart Attack Prevention & Repair Protocol.

It exposes ALL the myths that have contributed to the massive epidemic of heart disease in this country. And gives you practical, natural solutions for preventing and even reversing this deadly disease.

I'm putting the finishing touches on it now, and will let you know as soon as it's ready. Stay tuned!

Worried about your health? You actually should be

There is an old saying, "If you're not worried, you're not paying attention." And within limits, psychology shows the truth of this venerable axiom.

In fact, a new research paper reports that there are real benefits to a little well-placed worrying.¹

The researchers found that worrying can actually help people perform better at work or school — by motivating them to seek more information about whatever they're worrying about, and then engage in behaviors that help prevent problems or unpleasant outcomes.

People who worry also tend to take more steps that promote health and

prevent disease. And the study found that moderate worrying can even help you recover from traumatic events and depression.

It's all about the mind-body connection

So how does this work?

Basically, the research paper suggests that if you're really worried about something, that means the situation is serious, needs your attention, and may require action.

So if you're worried about your health, you're more likely to eat extra fruits and vegetables, take some vitamin D, or add a daily walk to your

schedule.

Worrying also benefits your health and well-being in more subtle ways, by acting as an emotional buffer.

For instance, we often hear the "Pollyanna" advice that worrying doesn't do any good because most of the time, the outcome is not as bad as you fear. "What's the worst that can happen?" they say.

Well, it turns out that when worry motivates you to solve, prevent, or mitigate a negative possibility, the ultimate outcome feels great compared to the worried state that preceded it (or what might have been the worst possible outcome).

The worry also helps you “brace” yourself for a possible unpleasant outcome. When it is (usually) not as bad as you feared, you come out ahead emotionally.

I believe that unexpected events, like the sudden, unexpected loss of a loved one, are so devastating partly because there is no time to worry and brace yourself. Thus, the outcome *is* the worst possible scenario. As I wrote in the June issue of *Insiders' Cures*, I experienced this myself when I lost my mother a year ago. I had no time to worry because her passing was a sudden shock, like a bolt from the blue, followed by darkness.

What to do when you worry too much

In the study I mentioned above, the researchers concluded, “worrying the right amount is far better than not worrying at all.”

But just what is the “right” amount? Of course, extreme and excessive levels of worry are harmful to one’s health...again, because the mind and body are connected.

What the researchers did *not* mention is that to help achieve the “right” amount of worry, you need to separate the beneficial effects of worry on the mind, from the negative effects of stress on the body.

In other words, it’s possible for your body to be relaxed while your mind is productively and usefully engaged in motivational worrying (which also helps improve your overall health by stimulating and supporting cognitive function in your brain). I call this “worried relaxed.”

So how do you achieve this state? By using mind-body approaches for relaxation and stress reduction, tailored to your individual personality type.

You can discover which non-drug, natural therapies will work best for reducing your stress by taking my short “emotional type” survey at

www.drnicozzi.com, and reading my book with Mike Jawer, *Your Emotional Type*.

You can also take a cue from the French, who have made an art out of productive worrying.

Worried world, or world weary?

Rene Descartes, the 17th century French philosopher, is often credited (or blamed) for achieving the philosophical separation of mind and body.

That insight effectively made it possible for the body to be studied according to the laws of natural philosophy, while the mind could be reserved for understanding the influences of moral philosophy.

This allowed early medical science to progress, but also imposed an artificial separation of mind and body (that doesn’t exist in the natural medical approaches I discuss every day).

We should not be so hard on Descartes by “blaming” him for helping to set up a paradigm that influenced medical

research and practice for centuries. There have been plenty more recent opportunities to update his 17th century views of health and healing, but the modern crony-capitalist medical research and healthcare system hasn’t really been interested (for more about that, see the sidebar below).

And don’t forget that Descartes also famously stated *cogito ergo sum*, or “I think, therefore I am.” Thinking is intrinsically part of worrying, so the trait of worrying may be an inescapable part of being human.

In other words, there is “no way out” of worrying, or *huis clos* (“no exit”) — in the words of the 20th century French philosopher Jean Paul Sartre.

The new study about worrying reminded me of another French phenomenon — in *Les Fables de La Fontaine*, about the story of the ant and the grasshopper.

According to this fable, during the lazy days of summer, the grasshopper lays in the grass, fiddling his time away. (In a popular cartoon from my

How the “worried well” effect skews research results

Scientists have long noticed that a group of people known as the “worried well” are much more likely to volunteer to participate in medical research, compared to those who don’t think or worry about their health (the “healthy volunteer” effect, which means the study does not represent the general population).

The “worried well” tend to follow many different steps, all at once, to help prevent negative health outcomes. So while a study is trying to observe the effects of just a single “active intervention” versus placebo, the “worried well” participants are doing other beneficial things for their health on their own — typically diluting or even masking the real results of huge, expensive clinical trials.

For example, a recent major finding was that the so-called “benefits” of following a vegetarian diet in earlier studies were not the result of this marginal, restricted

diet itself — but were the result of other healthy behaviors and lifestyles followed by these “worried well.”

In other words, a new “miracle” drug may not be miraculous at all. The positive effects shown in the study may instead be due to the “worried well” participants’ superior diets, supplement use, and other natural health interventions.

These are more reasons why the one-size-fits-all, “single pill for every ill” approach, which is rigidly tested in clinical trials, is often not realistic for the way that people need and want to live their lives.

Instead, what it really benefits is the careers of the researchers, who always say their only real result is that “more research is needed” — provided the taxpayers keep paying, and the big-government health bureaucrats stay in control.

childhood, the cricket sings while he fiddles, “The world owes me a living...”)

Meanwhile, the ant goes about building his nest for the winter and gathering food and fuel.

Later, when winter comes, the grasshopper is shown shivering and starving in the cold, while the ant has a warm shelter (too small for the grasshopper to fit into).

The moral: Don't be like Sartre, who

was so existentially worried by the world that he became world weary.

Be like the ant. The ant was worried... and stayed well. Channel your worry into beneficial mental outcomes for your life and health. **TC**

Is there any safe way to use calcium supplements?

Calcium supplements are a huge part of the natural products market. But that doesn't mean they're actually good for you.

You know I generally recommend against taking calcium supplements, because they can lead to serious health issues. Instead, I advise that you get your daily calcium from a balanced diet that includes dairy and meat.

But there are some instances when it's necessary to take a calcium supplement. For instance, you may have dietary restrictions that make it difficult to get calcium from food.

Or your doctor may inexplicably *insist* you take a calcium supplement. Some doctors prescribe calcium supplements to postmenopausal women who are on hormone therapy after undergoing a hysterectomy — even though there's usually no reason to do so.

If you have one of those doctors, I think it's better to pick your battles. Draw the line at taking a toxic statin drug, rather than discouraging your doctor from actually prescribing a dietary supplement. That said, there are some important precautions you should follow.

Not all calcium supplements stack up

If you find that you must take a calcium supplement, it's important to remember that not all supplements are created equal. Some will give you more benefits for your health and your pocketbook — and cause the least harm.

But how do you find these calcium

supplements? An independent health and nutritional products testing lab may have the answer.

Recently, ConsumerLab performed an independent evaluation of 27 calcium supplements, analyzing them for quality, price, dosage, and formulation.¹

The good news is that all 27 products actually contained the raw amounts of calcium listed on the labels. But for a 500 mg dose of calcium, prices varied wildly — from 4 cents to 80 cents per dose.

ConsumerLab's top pick was GNC Calcium Citrate, which provides 500 mg of calcium per two-capsule serving, at a cost of 9 cents per dose. Note the “citrate” designation, which is an organic form of calcium that is actually digestible. (Taking calcium in mineral form is like literally trying to eat rock.)

For combination calcium and vitamin D supplements, which is what you really should look for if you are going to take calcium in supplement form at all, ConsumerLab recommends Bayer's Citracal Petites. It has 400 mg of calcium and 500 IU of vitamin D per two-capsule serving, at a cost of 11 cents per dose.

Of course, this is a *much* lower dosage of D than the 10,000 IU a day I recommend from diet, sun exposure, and/or supplements. And it's not enough calcium either. Most adults need 1,000 mg of calcium per day, from all sources.

(Some studies have suggested that

1,000-2,000 mg of calcium citrate together with 400-800 IU of vitamin D daily may help slow bone loss in postmenopausal women, but these claims are controversial).

Why food is better than pills

Rich dietary sources of calcium include beans, dairy, dark leafy greens (like spinach, kale, collards, and bok choy), oranges, meat, seafood, and sesame and chia seeds.

And you don't need to eat much. Just one cup of milk or yogurt provides 300-400 mg of calcium, or about a third of your daily requirement.

But it's important to note that calcium from food does not have the same effect in the body as calcium from supplements.

It is impossible to get too much calcium from food. In fact, higher levels of calcium from the diet are associated with many health benefits. But too much calcium in the form of supplements is associated with cardiovascular disease.

How? Well, supplements can create excess calcium in the blood, which contributes to calcification of the arteries. Otherwise known as arteriosclerosis, this “hardening of the arteries” is an underlying cause of heart disease, stroke, and peripheral vascular disease of the legs.

High calcium intake from supplements (but not from diet) also increases the risk of dementia, kidney stones, and prostate cancer. In addition, calcium supplements may affect thyroid hormone production and interfere

with certain antibiotics (although I generally advise against taking these drugs in most instances).

And if that weren't enough, calcium can interfere with absorption of other minerals taken at the same time. That's another nail in the coffin for ridiculous multivitamin pills. Even if

they possibly could contain the right doses and combinations of vitamins and minerals, *these nutrients often can't be taken together!*

So, the bottom line of the Great Calcium Supplement Debate?

If you already get enough calcium from

your diet, you don't need supplements. But if you do have to take a calcium supplement, never exceed 1,000 mg per day. Always take it along with vitamin D. And since your body has a hard time absorbing calcium from supplements (but not from food), take only a few hundred milligrams at a time, preferably with meals. **LC**

The sweet summertime staple that can help you head off Type II diabetes

Yesterday, I bit into a peach at the perfect stage of ripeness. The taste and the aroma were an experience to remember.

What we call "taste" is actually largely due to the aroma. And as I was eating the peach, the unmistakable aroma of roses came to mind. I literally stopped and smelled the roses by simply savoring the peach.

Of course, nothing is more powerful than aroma for stimulating memory.

Like Marcel Proust's *madeleine* confection, which I always remember because it is my daughter's middle name.

Peaches and other pit fruits actually belong to the large botanical family Rosacea or rose. Rosacea is a huge botanical family found all over the world. It includes decorative roses, pit fruits, and luxuriant hibiscus (Chinese rose, or *Rosa sinensis*, known as *bunga raya*, the national flower of Malaysia). What we call a nectarine is botanically a peach with a recessive gene for fuzz.

If you pay attention, you will find the same brilliant hues on ripening peaches as the natural pigments of rose varieties. And, of course, the complex aromas of peaches include hints of rose.

It sounds like I am describing a wine. And in fact, in Europe they make peach wine. In the summer, they also toss peach slices into glasses of red or

white table wine. It makes a perfect dessert wine, instead of the sickly, sweet vintages sold specifically for that purpose.

Peaches pack a nutritional punch

Peaches also provide a lot of nutritional punch. Just one peach provides 570 IU of vitamin A from conversion of carotenoids to retinol in the liver; B vitamins (folate, niacin, pantothenic acid, riboflavin and thiamin); 12 mg of vitamin C; and about six percent of the daily values of vitamins E and K.

Plus, like all fruits and vegetables, peaches also have fiber. One peach has 3,000 mg of fiber on average.

Peaches are also an excellent source of bioavailable minerals. They are high in potassium at 333 mg, and also provide some calcium, copper, iron, magnesium, manganese, phosphorus, and zinc.

In addition, other plant compounds found in peaches appear to help prevent inflammation, obesity and "metabolic syndrome," which can lead to Type II diabetes.

As I often advise, eating more vegetables *and* fruits, including peaches, remains the best prescription for avoiding all chronic diseases, including Type II diabetes.

Indeed, there is a world of difference between eating fructose in whole fruits

and sucrose (cane sugar) or "high-fructose" corn syrup, artificially added to packaged foods.

Peaches are naturally sweet and can replace added sugars. Cut them up and add them to unsweetened whole grain cereal, yogurt or plain cottage cheese for a natural sweetener that won't cause metabolic spikes.

Magic fruit from the ancient Chinese "Tree of Life"

Historians believe peaches originated in China where they were documented as the "Tree of Life" and traded extensively beginning in the 10th century during the Tang dynasty.

In the ancient Ramayana of India, the peach features in a legend when the white-jawed monkey, Hanuman, steals a "magic fruit."

The scientific name *Prunus persica* is a direct European reference to peaches' early travels on the Silk Road from China to ancient Persia. Persians introduced the fruit to the ancient Romans, who called it "Persian apple," or *malum persicum*, in Latin.

Alexander the Great of Macedonia brought peach trees back to the Mediterranean. Columbus then brought them to South America on his second and third voyages. The French introduced them to Louisiana, and the English brought them to Jamestown, Virginia, and even as far north as Massachusetts Bay colony.

Domestic production began in Delaware, Maryland, Georgia and Virginia during the 19th century. During Queen Victoria's reign, at every meal a fresh peach was presented in a fine cotton napkin, both brought from the far-flung colonies of the British Empire.

China remains the world's top peach grower today, followed by Italy and Spain. In the U.S., Georgia is known as the Peach State, but more than half of peaches in U.S. are grown in California.

Local is better

Global agricultural seasons seem to


allow farmers to grow a wide variety of fruits year-round. But I recommend taking advantage of the local growing season and look for locally grown peaches in August.

In Florida, where it seems they can grow just about anything, I have noticed long periods when I can't find peaches (or other fruits of the genus *Prunus*, almonds, apricots, cherries, nectarines, plums). So — you may have to look a bit harder in the sunshine state.

For ideal ripeness, the flesh of the peach should have a slight give. Hold it in your whole hand because a fingertip can easily bruise the

fruit. Also make sure to appreciate the beautiful yellow-orange-red colorations and the aromas.

When peaches are out of season, you can get a highly potent fruit from another member of the Rosacea family — the rose itself. The “rose hip,” located under the floral bloom of the wild rose plant, is actually a delicious and nutritious fruit.

Rose hips are extremely high in vitamin C and other nutrients. And it's the only botanical shown to metabolize fat and remove inches from your waist and hips. You can now find it in supplements and dry powdered extract. 

6 killers the FDA allows in our food

While some manufacturers are removing toxic ingredients from packaged foods, the sad fact is that many foods still contain unhealthy additives.

And the FDA does nothing about it.

In fact, this government agency — which is supposed to protect us from harm — actually approves certain toxic ingredients that are used in thousands of foods commonly found on grocery shelves.

Of course, while I recommend eating whole, unprocessed foods as much as possible, sometimes your only option is something that comes in a package.

In that case, it's a good idea to scrutinize the ingredients label.

Six common food additives that are particularly poisonous to your health

High fructose corn syrup. As I have warned before, the name high fructose corn syrup (HFCS) is particularly devious.

Why? Because corn syrup is primarily glucose (sugar). But by adding a little fructose (metabolically safe, natural

sugar from fruits), the sellers of sugar water and other sugar products hope to fool consumers into thinking their products are somehow more nutritious—or less unhealthy.

HFCS is not “high” in fructose compared to any real food standard. It is just relatively “high” when compared to zero natural level. And make no mistake—HFCS has never been the innocuous fructose that has sweetened the natural fruits eaten by humans since time began.

Instead, it's high in sugar. And, as I wrote in the May issue of *Insiders' Cures* (“The metabolic poison hiding in plain sight”), sugar is a major cause of obesity, diabetes, cancer, dementia, liver disease, and other chronic health conditions.

Furthermore, virtually all corn grown in the U.S. today (except organic corn) is genetically modified. So not only are you eating corn sugar disguised as something that sounds healthy, but it's a GMO to boot. And it's most likely grown with toxic pesticides.

And yet, the FDA allows HFCS to go by the name “natural sweetener.” Of course, “natural” has no real

meaning when it comes to food labels. As permitted by the FDA, food companies are printing “100% natural” all over packaged foods regardless of what is in, or what is missing from, the contents.

Aspartame (Equal, NutraSweet). This toxin is called an “artificial” sweetener, although, as we just learned, even so-called “natural” sweeteners may really be artificial too.

Aspartame appears to cause damage to neural tissue in your brain and nervous system. And recent studies link artificially sweetened beverages with diabetes, obesity, and other diseases typically caused by excess sugar and carb consumption.

In other words, you are not gaining anything from aspartame, except unwanted body weight.

Hydrogenated oils. These oils are created when hydrogen is added to vegetable oil. The goal is to make the oil less likely to spoil. But what it really does is spoil your health.

That's because the hydrogenation process creates trans fats, which can substantially increase your risk of

heart disease.

While some manufacturers are eliminating hydrogenated or partially hydrogenated oils, there are still plenty of them around in bread, crackers, other baked goods—and even salad dressings.

The FDA allows a food that contains less than 0.5 grams of trans fats to claim that it actually has *zero* trans fats. While 0.5 grams doesn't seem like much, if you eat a lot of processed food, it adds up.

So make sure and read the ingredients label—especially on baked goods. If the label says “partially hydrogenated vegetable oil,” that means it contains some trans fat—even if it claims it doesn't.

Polyunsaturated, non-hydrogenated soybean oil. Sure, it sounds better than trans fats, which is why this type of oil is replacing hydrogenated oils for deep-fat frying.

But when non-hydrogenated soybean oil is heated, it turns into an oxidant (opposite of antioxidant) and inflammatory agent. And, as you know, inflammation is a culprit in many chronic diseases, including Alzheimer's, cardiovascular disease, diabetes, and arthritis.

Not to mention that just like corn, most of the non-organic soybeans grown in the U.S. today are GMO. So not only are you getting an inflammatory agent when you ingest polyunsaturated oil, but you're getting a genetically modified one as well.

Sad to say, it was considered some kind of achievement when good, old-fashioned lard was replaced by toxic, artificial polyunsaturated vegetable oils. I recommend you go back to cooking with butter, olive oil, and lard — and watch out for conventional fried foods.

And if you find yourself ordering a burger on the go, do NOT get the fries to go with it.

Monosodium glutamate (MSG) is

a crystalline chemical that has been around for more than a century. It's most commonly added to Asian foods. But beware — MSG is also frequently used in fast-food chicken and in a surprisingly large number of prepared sauces and spices.

In the West, there are four taste sensations: sweet, sour, bitter, and salty. But in Asian food and medicine, there's a fifth taste: *umami* — which is stimulated by MSG. Unfortunately, MSG also stimulates cells, including brain cells, to the point of irreversible damage.

MSG consumption may ultimately lead to learning disabilities, Alzheimer's, Lou Gehrig's disease, and Parkinson's. Furthermore, many people experience acute allergic reactions that involve itching, sweating, and swelling. Some people may also have circulatory collapse and shock.

The FDA allows this toxin in our foods, with all kinds of tricky labeling. Here's the agency's convoluted reasoning: “FDA requires that foods containing added MSG list it in the ingredient panel on the packaging as monosodium glutamate.

However, MSG occurs naturally in ingredients such as hydrolyzed vegetable protein, autolyzed yeast, hydrolyzed yeast, yeast extract, soy extracts, and protein isolate, as well as in tomatoes and cheeses.

While FDA requires that these products be listed on the ingredient panel, the agency does not require the label to also specify that they naturally contain MSG.”¹

Rather than trying to decipher FDA-approved labeling for MSG, it's easier to list which foods to watch out for.

Shockingly, some baby foods and infant formulas contain glutamate as a “flavor enhancer.” Most bottled sauces and some bottled salad dressings have added MSG. Protein powders and soy veggie burgers that list “hydrolyzed vegetable protein” on the label contain MSG.

Many soups — even homemade ones — that use bouillon are spiked with MSG. And spice blends, like Cajun or Tex-Mex, frequently contain MSG. Look for “autolyzed yeast” or “yeast extract” on the label. And, of course, make sure to ask if a dish has MSG when you eat in an Asian or Latin restaurant.

Sodium nitrate. This chemical is used as a preservative in processed meats. Nitrates in general are important for cell physiology and are good for blood circulation. However, some studies have found a link between the sodium nitrate added to foods and pancreatic cancer.

In a June *Daily Dispatch* (“Three reasons why eating meat is still important”), I deconstructed another screaming headline about a study showing that eating red meat is “bad.” But in the same study white meat was good, and overall meat eating was just fine.


The real problem appeared to be processed meats. Is the addition of sodium nitrate the culprit? The jury is still out. But in the meantime, it's a good idea to keep processed meat consumption to a minimum.

Processed meats include bacon, corned beef, ham, hotdogs, and some kinds of cold cuts.

Practical tips for your summer celebrations

So this Labor Day weekend, you can “get away” with a bacon burger, and a hotdog or two, at cookouts. But if you fry foods, avoid vegetable oils and go back to lard.

Watch for HFCS and MSG in buns, sauces, condiments, and desserts.

And stay away from “diet” drinks spiked with aspartame and other artificial sweeteners. Instead, choose healthy bottled mineral waters or one or two beers or glasses of wine. 

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