



The surprising connection between hearing and longevity

Plus my simple, 5-step plan for protecting both

A few weeks ago, I sat down with the *Insiders' Cures* editorial team to map out some ideas for upcoming issues. One thing we realized we haven't devoted much attention to is the important topic of hearing, which in the medical world is part of the specialty practice of ear, nose, and throat—or simply referred to as “ENT.”

Hearing and ear function is, of course, critically important for the perception of sound (related to speech and language). But did you know the ear also has other vital functions that are strongly associated with longevity?

I'm not just referring to hearing issues, which we all know become more of a problem with age. In fact, hearing loss is consistently one of the top three complaints of older Americans.

Instead, I'm also talking about the inner ear's crucial role in helping you maintain your balance—and the surprising effect it has on your life span.

The inner ear plays a critical role in helping you maintain spatial awareness and balance.

In turn, balance is a key to your *gait*—otherwise known as the ability to walk steadily, efficiently, and quickly on a daily basis. And, as I've written before, studies show that

gait is the single best predictor of longevity.

So any steps you take to keep your ears healthy will not only protect your hearing, but also help you live a longer, more vibrant life.

What you put in your stomach goes to your ears

Just like any other part of your body, your ears benefit from a balanced diet, a healthy lifestyle, and daily doses of nutritional supplements.

And there are also some unique nutrients that have the particular ability to support good hearing, especially as you get older.

In a moment, I'll tell you all about the vitamins, minerals, and other nutrients that have been shown in scientific studies to support ear health—and improve longevity.

But first, I want to touch on why I haven't discussed ear health very much in *Insiders' Cures*.

Nothing “special” about this medical specialty

It's not that I'm *not* interested in the ear, nose, and throat. Rather, it's the over-specialization of medical practice that doesn't impress me—an opinion I formed early, during the sub-specialty rotations required by my medical school. These rotations encompassed a few days of “observing” half a dozen different

medical subspecialties.

But the fact is, there's nothing special about these specialties in terms of science, physiology, or medical concepts. They are all about the applied technology of using tools and procedures that are artificially and arbitrarily restricted to a subset of subspecialty doctors.

And ENT is no exception.

In my case, I'd already completed my medical courses, graduate courses, and overseas field research (for my MD, and master's degrees in biostatistics and epidemiology, and Ph.D. in anthropology). I'd chosen to go on to hospital training in general pathology, and eventually forensic pathology. I was about to leave medical school for a real job

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in the hospital, but my school's chairman of ENT, Dr. Lewis Lowery, said, "Not so fast."

Dr. Lowery found out that I hadn't completed all the required days of observing ENT procedures. He insisted I come back and do the whole rotation again, or he would hold up my graduation. I went back through the days with limited enthusiasm.

As you can imagine, I was not a fan of ENT after this experience. And an incident I had a few years later, when I was working as a young medical examiner (ME) in Miami, compounded that feeling.

My daughter had just been born, and I intended to visit her and my wife in the hospital as soon as I got off work. But a more senior ME insisted at the last minute that I take his overnight call, since he wanted a good night's sleep before he had to testify the next morning about a police shooting of an unarmed black man.

The whole city was on lockdown, expecting another Miami Riot, including the area around the hospital. I ended up driving around the city to investigate the scenes of four different homicides during the heightened tensions of that long night. Handing out cigars to the homicide investigators was the closest I got to observing the birth of my daughter.

I'll warn you, the next bit of this story takes a gruesome turn. One of the homicide victims I performed an autopsy on that evening had been shot in the face four times with small-caliber bullets. And one bullet was stuck somewhere inside an ear, nose, or throat sinus cavity. It took me *hours* to locate that bullet that night. More time away from what should have been one of the most joyous occasions of my life...

So, thanks to my personal experiences with the ENT sub-specialty I may have subconsciously been avoiding the topic.

Of course, that said, you know I always follow the science. And when research emerges that you should know about, I do my best to report it—personal issues aside.

But the truth of the matter is, despite the effect of the ear on human health and longevity—not to mention the problem of hearing loss in our rapidly growing older population—researchers have been slow to study the effects of nutrients on ear health.

Fortunately, that's beginning to change.

Vital nutrients for ear health

The shifting tide in research began a few years ago, in 2014, when the *American Journal of Clinical Nutrition* published a new study on nutrients and hearing.¹

The researchers found that higher intakes of vitamins A and C and magnesium were associated with better hearing in nearly 2,600 participants, ages 20 to 69. This data came from the National Health and Nutrition Examination Survey—the single best source of information on nutrition and health in the U.S.

The beneficial effects of magnesium as well as vitamins A and C were found at both normal speech and high-frequency ranges. And, interestingly, the impact of all three nutrients acting together was stronger than the individual effects of each of the nutrients.

There are other experimental studies showing magnesium's impact on hearing. And animal trials have also found that vitamins A and C, along with vitamin E, have a positive effect on hearing.

A, C, and E are considered antioxidant vitamins, and are thought to reduce the number of harmful substances that can damage nerve tissue in the inner ear.

Researchers believe magnesium helps restore blood flow to the cochlea after damage from excessive noise. It's well known that magnesium can help prevent headaches and migraines, likely because of its effects on blood flow in the brain. So it makes sense that it could have a similar impact on your ears.

There's also experimental evidence that vitamin B can help prevent noise-induced hearing loss.² Nicotinamide riboside (NR), a precursor to vitamin B3, appears to protect the nerves that transmit sound input to the brain. Research shows that NR may be particularly effective for people regularly exposed to loud noises.

My "sound" dosages for healthy ears

Of course, it's difficult to find NR on supplement shelves (it is, after all, a derivative of the "dreaded" nicotine).

You can, however, protect your hearing with a good vitamin B

complex that contains at least 50 mg of B3 (niacin).

Along with this daily vitamin B dose, I recommend supplementing your diet with 500 mg of vitamin C twice per day, 50 IU of vitamin E daily, and 200 mg of magnesium.

There's little data on the optimal safe human doses of vitamin A, so I recommend getting it from a diet rich in dairy, fish, and meat. All of these foods contain essential fats, which is key because vitamin A is fat-soluble.

You should also include lots of red-orange fruits and vegetables in your diet (for provitamin A carotenoids), and green-leafy vegetables for other carotenoids such as lutein—which has also been shown to be important for brain and eye health.

In fact, the ear is made up of neural tissue derived from the same embryological tissue as the eyes, brain, and nerves.

So many of the same natural substances that support your neural and optical tissue can also help to conserve and preserve your hearing.

And conversely, many of the nutrients I recommend for ear health

My daily natural protocol for optimum ear health

Follow this supplementation plan to keep not only your ears, but your entire body healthy and sound.

- **Vitamin A**—from dairy, fish, meat, red-orange fruits and vegetables, and leafy greens
- **Vitamin B complex**—a high-quality daily supplement should contain: 50 mg each of thiamine, riboflavin (B2), niacin/niacinamide, B6, and pantothenic acid, plus 400 mcg of folic acid/folate, 12 mcg of B12, and 100 mcg of biotin
- **Vitamin C**—500 mg twice per day
- **Vitamin E**—50 IU per day
- **Magnesium**—200 mg per day

(refer to the sidebar) have a great deal in common with another vital function for optimal health and longevity: your vision.

In fact, stay tuned for next month's issue of *Insider's Cures* where I'll discuss the latest research on keeping your eyes healthy, preserving your vision, and preventing and reversing age-related macular degeneration. [IC](#)

Why an alarming number of doctors know nothing about nutrition

And what you can do to get trustworthy health advice

There's an old saying: "Often wrong, but never in doubt." Sadly, this dangerous combination applies to the nutritional education of medical students, according to a new study. Next month, they're about to let loose on an unsuspecting public yet another class of inadequately educated graduates, so I thought this

would be a good time to warn you.

And unfortunately, this disturbing state of affairs doesn't get any better after students graduate and enter medical practice. Another new study has found that a whopping *two-thirds* of cardiologists lack up-to-date education about nutrition

and diet. Why? Well, there are several factors at work.

Med schools earn a failing grade on nutrition education

Let's start with the doctors in training. Ohio State researchers surveyed 257 first- and second-year medical students and found that 68

percent thought the role of a primary care physician should include nutrition counseling and meal planning.¹ (Maybe we'll get to 100 percent someday, but we have a lot more work to do until then...)

In the meantime, that 68 percent sounds good in theory. Except for the fact that over half (51 percent) of those students weren't able to pass a simple quiz on nutrition.

If there's anything that medical students are good at, it's taking tests (otherwise, they wouldn't be accepted into medical school to begin with). But apparently not when it comes to earning passing scores on some of the most basic aspects of human biology and health.

Even worse, only 12 percent of the students in the study were aware of the current dietary reference intakes (as woefully inadequate as they may be, thanks to the government). Despite this, 56 percent said they felt comfortable counseling future patients about nutrition recommendations.

Mainstream medicine's shocking definition of "nutrition"

Not surprisingly, the researchers concluded that doctors-to-be need a lot more nutrition training. The National Academy of Science recommends at least 25 hours of nutrition education for all medical students, but the study's researchers concluded that most medical schools don't even come *close* to hitting this minimal target.

Of course, when your teachers know nothing about a subject (and most of what they "know" is actually wrong), that's not a good recipe for success either.

In mainstream medicine, "nutrition" often means "intravenous

hyperalimentation"—a surgical technique pioneered by Dr. Stanley Dudrick, and the late Dr. Jonathan Rhoads, while he was the head of surgery at the University of Pennsylvania, my alma mater. This duo's technological innovation delivers nutritional requirements to a patient through a feeding line directly into a major vein, so that it enters the bloodstream.

This scientific breakthrough occurred nearly half a century ago, but mainstream nutrition education still focuses on it—while completely bypassing everything we've learned since then about natural foods, plants, the human diet, and digestion.

The high price of mainstream "acceptance"

One of the things I found most troubling about the Ohio State study is that it was conducted with doctor of osteopathic medicine (DO) candidates.

A quick background on osteopathic physicians. Traditionally, they're trained to use a whole-person, natural approach to treatment and care. Not too long ago, osteopathic medical schools routinely taught about diet and nutrition as well as modern medical technology—and about one-quarter of DOs still included natural medicine in their practices.

In other words, once-upon-a-time, these doctors treated the big picture—not just the symptoms.

But osteopathic physicians have long had a goal of being accepted and "integrated" into mainstream medicine. And they've finally succeeded. DOs are now licensed to practice in every medical specialty, have hospital privileges everywhere, and provide a full range of services (from writing prescriptions to performing surgery).

However, as I recently realized, their devil's bargain is causing them to leave behind more than they're gaining for their patients.

In fact, DOs' traditional, natural approaches have fallen off so badly in recent years, I couldn't even keep a chapter on osteopathic medicine in the latest edition of my medical textbook, *Fundamentals of Complementary & Alternative Medicine* (which can be found at www.DrMicozzi.com/books).

And if that's the sorry case in osteopathic medicine, one shudders to think of the situation in mainstream (MD) medicine. But I'm afraid we know that story all too well.

Their heart just isn't in it

Which leads me to the other new study I mentioned earlier, which surveyed 930 cardiologists, cardiology fellows, and cardiology team members throughout the U.S.²

The researchers found that 31 percent of the cardiologists received absolutely no nutrition education in medical school.

And apparently they didn't remedy this after they graduated. Less than one-third of the practicing cardiologists described their nutrition knowledge as "mostly up to date" or better.

In fact, only a jaw-dropping *8 percent* described themselves as having "expert" nutrition knowledge. And yet, 95 percent of the cardiologists surveyed said they believe their role includes personally providing patients with nutrition information.

This despite the fact that the vast majority can't even achieve basic nutrition levels themselves. Just *20 percent* of the cardiologists in the survey reported that they ate five or more servings of fruit and vegetables a day.

Is it any wonder they keep giving out lousy, outdated advice about cutting cholesterol and saturated fats, and avoiding dairy and meat—all while ignoring the scientifically documented problems of sugar and carbs?

This study also found that almost *two-thirds* of the cardiologists surveyed reported spending three minutes or less per visit discussing nutrition with their patients.

Sadly, this may be for the best, because it appears most cardiologists are only spreading their ignorance and misinformation—just repeating a few old, politically correct platitudes (that have been all wrong, all along).

Where to look for trustworthy nutritional advice

As these studies show, chances are that your doctor (whether a DO or MD), and *especially* your cardiologist, won't really help you when it comes to learning about nutrition.

And, as I wrote in a November 2016 *Daily Dispatch* ("Dieticians aren't as healthy as you might think"), recent revelations about the worrisome attitudes, behaviors, and motivations of dieticians and nutritionists are also a real problem (although they too, sadly, are not a surprise).

However, your local pharmacist may be a bright spot on the horizon at least when it comes to dietary supplements. (I covered this in my February newsletter: "How a 'medicine cabinet makeover' could save your life." To revisit this article, sign in to the archives via www.DrMicozzi.com.)

The bottom line: You have to educate yourself about nutritional science and the benefits of a balanced diet, natural health approaches, and dietary supplements. Of course, you'll get plenty of help from my *Daily Dispatches* and monthly *Insiders' Cures* newsletters.

You can also refer to my six online learning protocols for more detailed advice on specific health concerns, spanning various topics affecting billions of people worldwide including arthritis, Alzheimer's, cancer, diabetes, heart disease, and longevity. You can learn more about them by visiting learning.omnivistahealth.com.

For overall health in your day-to-day life, I recommend abiding by four basic principles:


1. Eat a Mediterranean-style diet. This consists of lean proteins, extra-virgin olive oil, fresh produce, nuts, and whole grains. It provides your body with essential healthy fats and

nutrients, while promoting weight loss.

2. Don't worry about saturated fat/cholesterol. The low-fat, low-cholesterol crazes were manufactured by the government decades ago and still haven't died out, despite the plethora of research against this advice. Avoid processed meats and trans fats, but don't be afraid of olive oil, butter, eggs, and grass-fed meats.

3. Stay adequately hydrated at the cellular level. During my travels years ago, I came across a little-known, truly remarkable plant called South African red bush—also known as rooibos or aspal.

This plant has been linked to improved gait and physical performance, as well as powering the mitochondria—your cells' energy factories. In fact, I wrote an entire special report about aspal called *The Miracle at Red Bush*. (You can access this by logging into the Subscribers Sign-In via my website.)

4. Stay away from processed foods and especially sugar (which has been shown to fuel cancer cells—as I recently covered in the lead story of my January issue of *Insider's Cures*.) Instead, focus on whole, natural foods. 

URGENT UPDATE: Research reveals even MORE deadly risks and complications of colonoscopies

Plus safer, less invasive screenings to ask your doctor about

It was about five years ago when I first divulged to my readers the hazards of "routine" cancer screenings—particularly colonoscopies.

Make no mistake, a colonoscopy is

a *highly invasive* procedure—and certainly one you shouldn't chalk up as being "routine."

And while this type of cancer screening is necessary in some cases, I've often shared with you the

safe, inexpensive, and convenient alternatives that are effective for most people, most of the time.

I was, of course, attacked and criticized bitterly about not drinking the colonoscopy Kool-Aid like

“everyone else.” The so-called “experts” came out of the woodwork in attempts to expose flaws with my detailed warnings and alternative recommendations.

One arrogant character in particular, who calls himself “Doc Gumshoe” (not an MD or a PhD), made sure to get in on the act. He couldn’t question my facts, so instead attempted to castigate us for not being in a position to publish all our information completely free of charge. This all from a source without any health credentials whatsoever, and who makes his living by pushing stock market and financial hype.

Yet, as time has gone on, my concerns and early warnings about colonoscopies have only been validated in scientific literature time and time again.

In fact, some brand new research shows that colonoscopies can *quadruple* your risk of a potentially *deadly* attack of appendicitis. I’ll tell you more about that shocking news in just a moment, along with important information on safe, noninvasive alternative screening options for colon cancer.

But first, let’s take a quick look back at the gruesome history of this so-called “routine” procedure.

The well-known, fatal side effects of colonoscopies

There’s a deadly list of colonoscopy complications medical professionals have known about for a long time—such as perforation of the colon, laceration of the liver, and obstruction of the abdominal and intestinal blood supply.

Indeed, I’ve observed each of these kinds of fatalities in my previous career as a medical examiner, and also in my consulting practice in

forensic medicine and pathology. And it turns out, the statistics have borne out my own observations regarding the unacceptably high complication rate for a “routine” procedure. A procedure that tragically, more often than not, was unnecessary in the first place.

Not only that, but there have also been numerous recent reports about contaminated medical devices being used in the GI tract and causing fatal “super bug” infections. The FDA regulators were asleep for *years* regarding the safety problems with these devices. That’s just abominable.

It got so bad that in the summer of 2017, I started a citizens’ petition called “Safe Colon Cancer Screenings.” The petition called for more government transparency about the costs, dangers, and impracticality of “routine” colonoscopies as currently practiced in the United States. It said that implementation of “routine” colonoscopy should be limited, and replaced with safer, effective tests, as has already been done in other countries worldwide.

And now, there’s even more evidence about colonoscopy’s dangerous side effects.

Colonoscopy’s link to IBS and appendicitis

In one of my recent *Daily Dispatch* e-letters (titled “Colonoscopies present grave dangers to those with Irritable Bowel Disease”), I wrote about a large new study showing that people with ulcerative colitis had a 30 percent higher rate of colonoscopy complications, and increased risk of colon perforation, sepsis, and blood infections. And people with Crohn’s disease had a *60 percent* higher risk of complications from a colonoscopy. (To retrieve this article from my e-letter archives, simply enter the article title in the right-hand search bar via www.DrMicozzi.com.)

The irony here is that colonoscopies are supposed to guide clinical diagnosis, prognosis, treatment, and management of inflammatory bowel diseases like colitis and Crohn’s. But instead, this “routine” procedure creates *more* health hazards.

And if that weren’t bad enough, researchers have just discovered that performing colonoscopies can even cause appendicitis.

How a colonoscopy can land you in the emergency room

Appendicitis may sound old fashioned, but it still affects 7 percent of the population—and can be deadly.

In fact, appendicitis led to the death of Dr. Walter Reed, who discovered the cause and prevention of yellow fever in the late 19th century, while serving as director of the Army Medical Museum. I served in the same position as Dr. Reed a century later, at what became Walter Reed Army Medical Center.

Dr. Reed died of appendicitis in 1902 at the relatively young age of 50. This is the same age at which people today are urged to undergo “routine” colonoscopies, which, ironically, could lead to appendicitis, according to this new study.

In a younger person, appendicitis can be identified either through a visible inflammation of the appendix or abdominal cavity. Within a day, the appendix can rupture, causing death—which is why rapid surgical intervention is so important.

As we age, the appendix and associated tissue become older and less active. As a result, appendicitis can be lower grade and may smolder undetected for days—until the appendix suddenly ruptures, causing a quick death if surgery isn’t performed immediately.

In 2002, I investigated the case of a U.S. veteran who was admitted to the VA Hospital in Washington D.C. with vague symptoms of fever and abdominal discomfort. Over the course of a week, he spent most of his time waiting in hallways on a gurney for medical care.

Doctors evaluated him for heart attack, stroke, peptic ulcers, metabolic disorders, and just about everything else—except appendicitis.

He released himself after a fruitless week in the hospital, despite still suffering a fever. So this poor veteran went home, where sadly, he died later that night due to a ruptured appendix.

Suffice it to say, the latest news of colonoscopies causing appendicitis is something that hit me in the gut, so to speak.

Colonoscopies quadruple the risk of deadly appendicitis

Researchers at the University of North Dakota in Fargo noted that a number of patients “suddenly” came down with appendicitis after undergoing colonoscopies—some within a few days after the procedure. So they decided to investigate.²

The researchers looked at data on nearly 400,000 veterans across the U.S. who had undergone “routine” colonoscopies between January 2009 and June 2014. They found that during the week following a colonoscopy, the rates of appendicitis were at least four times higher than during the other 51 weeks of the year. By some measures, the rate was actually *12 times higher!*

The researchers concluded that the extensive preparation of the GI tract prior to a colonoscopy may alter a person's microbiome in ways that increase the likelihood of infection and inflammation. They also

suggested that blowing air into the colon during a colonoscopy, which inflates the intestines so they can be examined, could adversely affect the cells lining the intestines.

The researchers didn't appear to consider what seems obvious to me—that inserting a large foreign object throughout the colon damages tissue and disrupts normal bacteria and physiology.

And because the appendix is located at the beginning of the ascending colon, this could lead to potential damage to the appendix or tissue around it, or obstruct the appendix.

How to reclaim your colon health

Finally, after an increasing number of studies like the ones I just discussed, mainstream medicine is beginning to debate the appropriate use of colonoscopy screening.

Public health experts, who have access to the data, are recommending fewer colonoscopies over longer intervals for the general population.

But, as I warned you in a January *Daily Dispatch* (“Lowering screening age for colonoscopy would be a huge”), doctors who actually perform colonoscopies want more people to get these procedures more often, at younger ages.

So what's the right choice for you?

5 safe, effective alternatives to colonoscopies

Flexible sigmoidoscopy has been shown to be much safer and less expensive than colonoscopies. And studies show that flexible sigmoidoscopy screening benefits can last an upwards of 16 years or longer.

Like a colonoscopy, flexible sigmoidoscopy involves insertion

of a tube with a camera. But unlike a colonoscopy, it doesn't require anesthesia and only takes about 20 minutes.

And it's so effective that in Europe, doctors use sigmoidoscopy for colon cancer screening almost exclusively, instead of colonoscopies.

Granted, sigmoidoscopy doesn't reach the upper colon, but in the August 2016 issue of *Insiders' Cures*, I reported on research showing that colonoscopies aren't so effective in the upper colon either. (You can access my newsletter archives by using your username and password to log into the “Subscribers Sign-In” section of www.DrMicozzi.com.)

Hemoccult testing detects blood in the stool. Research shows that fecal occult blood testing (FOBT) can decrease the risk of death from colorectal cancer by 33 percent. Not bad for a cheap, completely safe, noninvasive test you can administer yourself in the privacy of your own bathroom. (These tests are available at sites such as www.ezdetect.com, www.quidel.com, and www.amazon.com for approximately \$25-\$35.)

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

In general, CT colonography should be administered every five years, but radiologists have worked out specific guidelines for individual cases—including instances of positive FOBTs and the frequent problem of an “incomplete colonoscopy.”

Camera pills for colon cancer screening were approved by the FDA in 2014. But unfortunately, the FDA approved them for secondary use (*after* a colonoscopy)—instead of as a safer, easier substitute for

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

The camera is about the size of a dietary supplement capsule. It takes multiple photos of your intestines, including the colon, over an eight-hour period as it passes through your GI tract.

A camera pill can see and take clear images of 25 feet of the duodenum and small intestine, whereas the endoscopes used in colonoscopies can only show the doctor about two to three feet of the upper intestines.

Camera pills can also identify polyps, cancers, and even any

sources of GI bleeding. And they can find conditions such as inflammatory bowel disease, celiac disease, diverticulitis, and ulcers.

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

The procedure is simple. You send a stool sample to the lab, and the Cologuard test detects any blood in your stool. The presence of blood could indicate the presence of a tumor.

Plus, Cologuard can detect mutated DNA, which could signal cancer or a precancerous polyp. If the test is

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

So the next time you visit the doctor and the word “colonoscopy” is used, be sure to ask about your options, or even bring in this very newsletter to discuss with your care provider.

As with all health-related matters, I suggest doing your own research. Look into the alternatives I recommended to determine what option would be best for you.

Don't put your health at risk over a “routine” colonoscopy that you never really needed in the first place. **IC**

Citations for all articles available online at www.DrMicozzi.com

NEWS BRIEF

Nature's ultimate healthy-aging compound hiding in your spice rack

If you're a fan of Indian food, you are probably familiar with turmeric, the spice that gives curry its flavor and bright yellow color.

But turmeric is much more than that. It's also an ancient herbal remedy that benefits both the brain and body.

For instance, it's long been observed that older people in India, where curry and turmeric are a daily dietary staple, have much lower rates of Alzheimer's disease and dementia—and better cognitive performance and memory.

And there is also evidence that curcumin—an active component in turmeric—helps relieve joint pain.

The dietary supplement industry is *finally* discovering the science behind curcumin, but it's only one of many therapeutic ingredients in turmeric. I always find that a whole plant has multiple components with synergistic health benefits—while medical science insists on looking for the single-ingredient “magic bullet” in hopes of capitalizing upon it.

And one new studies back me up.

Turmeric trumps Tramadol for pain relief

In this study, researchers looked at different components (or fractions) extracted from turmeric—and compared them with the addictive narcotic drug Tramadol in experimental animals.¹

Of course, the researchers had an ulterior motive—they were trying to find a unique “new” compound in turmeric that could then potentially be developed as a “safe” drug.

But the study also revealed plenty of information for people (like you and me) who are interested in more natural approaches.

The researchers administered a single dose of a pain-causing chemical into the knee joints of lab rats. Then they gave the rats turmeric doses that contained two different fractions that are naturally found in the plant.

The fractions were administered orally as a single dose five days after the onset of pain, and then the rats' functional pain was measured one, three, six, and 24 hours later.

Both fractions of turmeric reduced pain, at all intervals measured—and were found to be as effective as or even *more* effective than Tramadol. Specifically, one of the turmeric fractions resulted in a 57 percent pain reduction, and the other showed a 35 percent pain reduction.

My conclusion: Neither fraction is the “magic bullet” researchers were looking for. So instead of trying to figure out which component of turmeric is most effective for joint pain, just use the whole plant.

The study also showed the potency of just a single dose of turmeric for reducing joint pain. Other studies show turmeric works by reducing inflammation, which also has a long-term benefit for rebuilding healthy joints over time—as I have personally observed.

I recommend 400 to 500 mg per day of the powdered root of whole turmeric (*Curcuma longa*), along with my other two ABCs of joint health—ashwaganda (500 mg) and boswellia (450 mg). You can search my website for more information on these powerful ingredients.

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