

URGENT: Why this month poses the deadliest risks to your health

How to safeguard yourself against winter's wrath

In his 1922 poem “The Waste Land,” T.S. Eliot wrote that April is the cruelest month. But I’d have to disagree. Instead, I think February should be deemed the cruelest of them all.

February weather is gloomy and the days are short. Holiday festivities are a distant memory, and the renewal that comes with spring is months away.

Not to mention, February is also one of the worst months for your health.

There’s plenty of scientific evidence that cold, wet winter weather can trigger seasonal asthma, make your joints ache, and even cause heart attacks. And, as I discuss on page 5, the seasonal lack of sunlight is associated with mental health disorders ranging from depression to schizophrenia.

And to top it off, February is also prime cold and flu season. Common cold and influenza viruses can spread through the air from person to person. And as people escape the cold by congregating in close indoor quarters, the risk of being exposed to those viruses skyrockets. (For cold and flu prevention tips, check out page 7.)

But that doesn’t mean you have to resign yourself to poor health this winter. Nor do you need to get

useless flu shots or take prescription drugs that can actually make some health conditions *worse* (especially heart and joint issues).

Instead, there are plenty of natural, effective ways to prevent—or even cure—even the most dangerous seasonal health problems. In this month’s issue, I’ll share my top tips for surviving winter’s wrath. But first, I want to explain *why* and *how* winter weather can be so tough on your body.

The common surgery that prompts more sickness

Doctors have known about winter’s health effects for centuries. Physicians in colonial America always recorded weather conditions when a patient died, as they believed the outside environment had a great influence on one’s health. They even coined a term for this phenomenon—bad air, or *malaria*—long before the discovery of infectious disease microbes.

I learned about this firsthand during my medical residency in pathology at Pennsylvania Hospital—the nation’s first hospital, founded by Benjamin Franklin in 1752. We recorded every postmortem examination in a huge ledger book, and I noticed that the 18th and 19th century entries always had a notation regarding the weather.

Today, we now attribute weather-related illness to the airborne microbes (like the cold and influenza viruses) that congregate and multiply in the soft palate at the back of your mouth. This is actually Nature’s way of protecting the rest of your body from these microbes.¹

It all has to do with an amazing collection of tissue called Waldeyer’s Ring, which surrounds the back of the soft palate. Waldeyer’s Ring consists of immune-system tissues (tonsils and adenoids) and infection-fighting white blood cells. It’s designed to prevent disease microbes in your soft palate from spreading throughout your upper respiratory system as you breathe.

Waldeyer’s ring is also a gatekeeper for your gastrointestinal (GI) system. When it fails at its role, viruses congregating in your soft

In this issue:

- The 3 biggest threats to safe, holistic health care 3**
- The dark days of winter bring harmful risks for brain health 5**
- The shocking flu vaccine contradiction no one is talking about 7**

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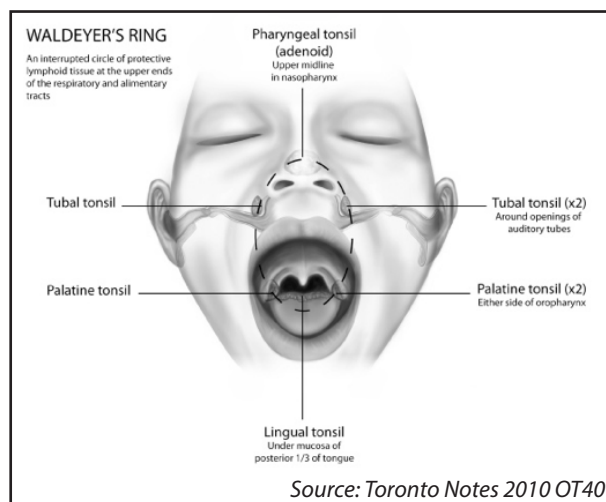
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palate can enter your GI tract, creating what's commonly known as the stomach flu.

But if you've had your tonsils or adenoids (a patch of tissue in the back of the nasal cavity) surgically removed, you've eradicated a chief line of defense in your Waldeyer's ring. And that's a key reason why you may be more prone to colds and flu.



Cold weather's constricting effects on blood flow

Of course, you can still get a cold or flu even if your tonsils and adenoids are intact. And it turns out that winter weather plays a big role.

It all starts with blood circulation. Your blood carries glucose, oxygen, and nutrients to your brain and body. It also carries the white blood cells of your immune system that help you fight off infection.

When you're exposed to cold temperatures, your blood vessels naturally constrict to help you conserve body heat. (That's why extremities like your fingers, toes, face, and nose, are prone to frostbite. They simply don't have enough circulating blood to fight off tissue damage from prolonged exposure to freezing temperatures.)

Reduced blood circulation also means fewer white cells in your outer respiratory passages and Waldeyer's ring—which makes it more difficult for your body to fight off cold and flu viruses.

Frigid winter temperatures can also cause a seasonal form of asthma. Just as it can constrict

your blood vessels, cold air can also tighten up your airways. Your lower respiratory tract reacts to this onslaught with asthma symptoms such as coughing, wheezing, and shortness of breath.

Cold weather prompts aching, crackly joints

For years, people with rheumatoid arthritis have reported that cold, damp weather or changes in atmospheric pressure before a snow (or rain) storm makes their joints stiffen, swell, and ache.

Their mainstream doctors often tell them these symptoms are psychological. But, research shows that wintery weather conditions really do influence joint pain.

The first real research on weather's effect on joints was conducted by the University of Pennsylvania, back in 1960. Scientists used the school's environmental physiology laboratory and barometric chamber to study the effects of humidity and atmospheric pressure on patients with arthritis. They found that these people had more symptoms when subjected to a combination of increased humidity and falling air pressure.

Other studies have shown that high air pressure also aggravates

joint symptoms. In fact, a recent Dutch study revealed that almost two thirds of men and women with osteoarthritis reported that precipitation, increases in barometric pressure, and cold temperatures caused pain and stiffness in their joints.²

I have a theory about why this happens. The fluid space around your joints has an internal pressure system (just like the middle ear adapts to changes in altitude). When outside pressure changes, it affects the pressure inside the joints. And that can increase pain and swelling in joint tissues that are already inflamed due to arthritis. Meaning that *any* change in barometric pressure can make you “feel it in your joints.”

The curious connection between cold weather and heart attacks

Winter weather has long been associated with higher risk of a heart attack, as I've reported on before.

Every time it snows, we get

warnings that strenuous shoveling can put serious strain on the heart, especially in people who are otherwise sedentary.

Lack of sunlight and vitamin D during the winter can also put you at higher risk of cardiovascular disease and many other chronic health conditions.

And now, a new study from Sweden (where cold weather is a chronic condition in itself) shows that winter weather itself can actually *trigger* heart attacks.²


Researchers analyzed about 280,000 people admitted to a hospital with a heart attack between 1998 and 2013. They also examined nearby weather conditions, and found that lower temperatures, higher wind velocity, lower atmospheric pressure, and shorter daily duration of sunshine were all risk factors for heart attacks.

And some weather conditions were found to be more dangerous for your heart than others.

For instance, lower air pressure (stormy conditions) and higher winds were associated with an increase in heart attacks. Study participants also had more heart attacks on days when temperatures were below 32 degrees. And each 13 degree increase in temperature resulted in 3 percent less risk of heart attacks.

Researchers believe this has to do with the blood vessel constriction I mentioned earlier. That constriction sends less blood to the heart, even when it has to pump harder. Which, of course, is a prime risk factor for a heart attack.

But like many other winter health woes, these seasonal heart attacks are preventable. And you can do it without dangerous, expensive drugs.

Check out all of the drug-free, heart-healing strategies in my popular *Heart Attack Prevention and Repair Protocol*. For more information about this online learning tool, [click here](#) or call 1-866-747-9421 and ask for order code EO3V201. 

The 3 biggest threats to safe, holistic health care

How to keep yourself safe and get the quality treatment you need

One of the big problems with modern healthcare in the U.S. is medical overspecialization. Physicians these days tend to have a blind focus. That is, they're learning more and more about less and less—specifically when it comes to the holistic health of your body and mind.

These doctors are looking at your organs as a series of disconnected parts. And they're quicker than ever to recommend numerous

drugs and procedures that only affect the medical condition they're specifically interested in. All while essentially ignoring the toxic side effects these “solutions” can have on the rest of your body and brain.

Studies show that most people have better health outcomes when they visit primary care physicians (like family practice doctors, pediatricians, and general internal medicine doctors), instead of putting their health in the hands of medical

specialists who over-diagnose and over-treat. This particularly applies to cardiologists, urologists, and orthopedists—who I view as the “big three” threats to safe, natural, and holistic healthcare.

In fact, one meta-analysis of 10 studies found that the more primary care doctors a state has, the better the health of its residents.¹

The researchers reported that adding one primary care physician

per 10,000 people decreases average mortality by 5.3 percent.

Why there's a shortage of primary care doctors

Despite the huge amounts of money we taxpayers spend on subsidizing our dysfunctional (and frequently harmful) healthcare system, a growing problem is that there are simply not enough primary care physicians to go around—either to provide general, holistic care, or to grant access to medical specialty care when you really do need it.

In fact, a new report from UnitedHealth Group found that only one-third of U.S. physicians are primary care doctors.² It shows that 13 percent of people nationwide (almost equally urban, suburban, and rural residents) don't have *any* access to a primary care physician.

In my view, one main reason is because specialty medical care pays better, making it a more attractive option for new doctors with massive medical school loans, and making up for many prime years spent in school, out of the workforce. The UnitedHealth report found that in 2017, only one in six med school graduates chose a primary care residency program.

Also, the report pointed out that primary care physicians work grueling hours. A physician who serves 2,000 patients (which is certainly not unheard of, especially in rural areas) would need to work an impossible 17.4 hours a day to provide all the primary care those patients need.

Finally, the attraction of being a small-town primary care doctor has waned in the 21st century. The problem is fueled by a lack of health insurance providers in rural

communities due to the Affordable Care Act (Obamacare). (For more about this, see the sidebar on page 5.)

Other problems with healthcare

Of course, not all medical specialists are unnecessary. Modern medical technology has created some nearly miraculous treatments for certain conditions when appropriate and when indicated—such as heart valve replacements or cataract surgery.

But unfortunately, you may never be able to use these treatments. Health insurance companies block access and reimbursement at every turn, until you finally get on Medicare.

And when you *are* able to visit a primary care doctor or specialty physician's office, there may be another problem...

We often think of a doctor's office or clinic as a healing place, or at least a safe space. But it's also a complex workplace—especially in large specialty or multispecialty group practices—with many employees.

And despite all of the emphasis on “empathetic” workplaces today, and the utopian demands and expectations of younger employees, what goes on in these healthcare settings is shocking.

In his new book *Dying for a Paycheck*, Stanford professor Jeffrey Pfeffer cites evidence showing that toxic workplaces are the fifth leading cause of death for Americans.³

The characteristics of what Pfeffer defines as a toxic workplace sound like a model description of a typical healthcare setting—with employees feeling they can't speak

their minds to physician “bosses,” or receiving more criticism than praise, or getting the short end of the stick when doctors devote too much attention to prima donna practitioners at the expense of other employees, and more.

So it's no surprise that in addition to burning out their employees, physicians and surgeons themselves suffer from higher rates of burnout and suicide, as I've reported before. And that contributes to the growing shortage of healthcare workers, making it even harder for patients to get quality care.

4 easy ways to reduce your dependence on doctors

Of course, there's nothing you can do about any of the factors I just mentioned.

But you can take control of how the current state of medical care impacts you—and you can reduce your number of visits to the doctor in the first place.

Here's what I recommend:

1) Avoid useless “preventive screenings.” Unless you have specific risk factors, yearly mammograms and prostate screenings aren't really necessary. Same with colonoscopies (as I've often reported).

In fact, if your doctor recommends any kind of test, I suggest checking the American Board of Internal Medicine's Choosing Wisely website (www.ChoosingWisely.org). It gives you well-researched explanations of many common tests, along with the pros and cons of undergoing said tests.

2) Consider major medical or hospitalization insurance. This useful type of insurance

was formerly impossible under Obamacare rules, but it's now allowable with recent changes.


Major medical insurance slashes your premiums while still covering you for the “big stuff.” And you can spend the money you save on the healthcare you *really* need that isn't covered by most insurance plans—including mind-body therapies, massage, naturopath visits, and acupuncture.

3) Eat right. A balanced, Mediterranean-style diet and high-quality dietary supplements can go a long way toward keeping you out of hospitals and doctors' offices.

4) Spend time in Nature. Moderate, outdoor activities on sunny days (like walking) can help your body generate vitamin D, improve your mood, and lower your risk of chronic disease. And all it takes is a *total* of about two hours per week!

It's worth noting that one of the

most popular books in colonial America was called *Every Man His Own Doctor*. Nearly 300 years

later, it's still a good alternative to today's dysfunctional medical practice and healthcare system. 

Healthcare in rural America

A new Henry J. Kaiser Family Foundation report echoes what I've said all along—that the Affordable Care Act (Obamacare) is all about “urban health.” According to the report, in 2018, 87 percent of all ACA enrollees lived in metro areas.⁴

The worst predictions that some rural counties wouldn't have *any* ACA health insurance providers at all by 2019—and that 50 percent of rural counties would only have one provider—didn't entirely come true (probably because the new administration in Washington began correcting the worst of these problems last year).

However, the report does note that five entire states with large rural populations (Alaska, Delaware, Mississippi, Nebraska, and Wyoming) now have only a single provider.

The report also points out that while

insurance company profits are actually increasing under Obamacare, insurers are leaving the ACA marketplace at least in part because of “legislative and regulatory uncertainty.” So we can likely expect even worse rural healthcare and insurance as the lingering effect of Obamacare drags on.

Information technology could help provide a partial solution through telehealth video conferencing (interacting with primary care providers on a computer) that offers healthcare outside an office setting.

In fact, the technology is available and doctors are willing—but they're facing problems getting reimbursed by our old friends in the insurance industry. Meanwhile, these same insurance providers have no problem transmitting your x-rays and imaging studies all the way to India to keep from having to reimburse more expensive U.S. radiologists.

The dark days of winter bring risks for brain health

The major link between dementia and winter depression.

Plus, the simple, low-cost solution.

During winter in the Arctic and Antarctic regions, the sun completely disappears below the horizon for months at a time. Some people who experience this phenomenon suffer from a mental disorder known as “arctic hysteria.” The Eskimos call it “piblokto.”

In Canada and the northern U.S., folks nonchalantly refer to this mental condition as “cabin fever.” But whatever term you use, there's scientific evidence that not seeing

the sun for extended periods of time can trigger mental changes, ranging from dementia to depression.

And a lot has to do with a lack of vitamin D.

Darker days can trigger dementia

During the dark days of winter in many parts of the northern hemisphere, your body is unable to produce enough vitamin D from sunlight exposure.

That's because the sun doesn't get high enough in the sky for the proper wavelengths to penetrate through the atmosphere to activate D in the skin.

And that's a real problem, because in addition to its benefits for the body, D has a profound effect on the brain.

I recently reported on a new study of nearly 3,400 people from Canada, France, and the U.S. About 20 percent of the study participants

had Alzheimer's disease, and the rest were cognitively healthy.¹

The researchers found that new cases of dementia and mild cognitive impairment in study participants were *30 percent more likely* to occur in winter and early spring. The participants (including the ones with Alzheimer's) also performed significantly worse on cognitive tests during the same time of year.

And yet, somehow, the researchers couldn't seem to figure out why. They considered every cockamamie explanation, except for the most obvious one—that vitamin D blood levels start to get lower in most people after the summer and early fall.

Meaning that the study participants likely had their lowest D levels of the year during winter and early spring. This makes perfect sense considering that all the participants lived in areas where there's not enough winter sun present to help the skin make vitamin D.

Winter-related depression

Vitamin D also has an effect on mood, and deficiency can make you feel blue. Indeed, experts now recognize that low sun exposure causes seasonal affective disorder (SAD) in millions of people.

SAD can be difficult to distinguish from typical depression, but there are some specific signs. If you're feeling depressed during the winter months, have low energy, sleep too much, have difficulty concentrating, crave carbs, and are gaining weight, you may have SAD.

Mainstream medicine cites various reasons for SAD, including a family history of depression.

I guess we shouldn't be surprised that low vitamin D levels are often at the bottom of their list. Even though the common treatment for SAD is to sit in front of a therapeutic light box (also called SAD lamps, or light therapy boxes) for a half an hour every day after waking up. They emit either yellow or white filtered ultraviolet light and can be found on Amazon.com.

Considering the reams of scientific evidence showing that vitamin D can help prevent or manage other types of depression, it certainly makes sense that daily D supplementation may also help improve SAD symptoms.

Other D-related mental disorders

Unfortunately, SAD may be just the tip of the iceberg when it comes to the more prevalent winter-triggered brain and mental disorders. Research also links vitamin D deficiency with schizophrenia and other major mental illnesses.

Scientists in the United Kingdom (which is too far north for winter vitamin D activation) recently published a study of 69 people with major psychosis (such as schizophrenia) and 69 people without.

The researchers made special note of the vitamin D levels in the people after their first psychotic episode. In other words, the researchers wanted to see if the patients had low vitamin D when they first experienced their mental illness.

Other studies have shown that psychotic people at in-patient facilities frequently suffer from low vitamin D.

But this study used blood samples

taken directly *after* the patient had first been diagnosed with a mental disorder.

Overall, the researchers found that the study participants with psychosis had significantly lower levels of vitamin D during their first psychotic episode. In fact, the psychotic patients were almost three times more likely to have a vitamin D deficiency than their healthy, age-matched peers.

Which led the researchers to a fascinating conclusion: Low vitamin D might be a risk factor for psychosis, and may actually *trigger* the initial episode in vulnerable people.

The link between mental health and other diseases

The U.K. researchers reported another amazing finding—patients with schizophrenia also often suffer from early-onset osteoporosis. And, of course, vitamin D is critical for bone health—the one role of the vitamin that the mainstream minions actually recognize.

Without a doubt, vitamin D is crucial for both the mind *and* the body. That's why it's critical to take 10,000 IU of D3 daily, especially at this time of year.

I recommend easy-to-take liquid forms combined with the potent marine carotenoid *astaxanthin* for added health benefits. (Simply visit, www.DrMicozzi.com and type "astaxanthin" into the top right search bar to learn more about my personal formula recommendations.)


I also suggest aiming to get more D by working specific food sources into your diet. Foods rich in Vitamin D include:

- Beef liver and organ meats
- Egg yolks (preferably from farm fresh or cage-free eggs)
- Herring
- Organic mushrooms
- Oysters
- Sardines

- Shrimp
- Wild-caught Pacific salmon

So there you have it—an all-natural plan to support your mental health and prevent dementia and cognitive decline this winter and year-round.

I encourage you to educate yourself about all the other important ways vitamin D can boost your health.

Simply search my website archives—all of which are available to my newsletter subscribers. 

The shocking flu vaccine contradiction no one is talking about

Plus, how to survive the "home stretch" of this year's flu season—without a useless shot in the arm

The brunt of the influenza vaccine propaganda machine is dying down, at least for this year. But that doesn't mean you're completely in the clear...

And if years past are any indicator, the vaccination fanatics will have one last ditch effort to pressure you to get a flu shot to ward off supposed "late-season" illness. (After all, they've got inventory to move and quotas to meet!)

Meanwhile, the abject failures of this government flu vaccine continue to become more evident.

It's gotten to the point where even doctors will admit how ineffective the vaccine is, right before recommending you just run out and get one anyway.

That's because these doctors are facing their own onslaught from the government, which is now advising that everyone *6 months and older* get a flu shot each year by the end of October. And shockingly, that recommendation even includes pregnant women...

Seemingly, these government propagandists are so busy deciding

who should get the vaccine that they failed to account for exactly what has been happening to those who do.

For instance, the CDC claims the flu epidemic is getting worse each year. Yet, at the same time, more and more people are getting the vaccine every year. I think there's a connection between the two.

Something isn't quite adding up here. Let's look at why these trends are so contradicting...

Why flu vaccines don't work... and what does

The truth is that flu strains are unpredictable. They morph and change from year to year. And that's one reason the flu is still around. Plus, a new study from the University of Chicago found that even the slightest change in a virus can cause a vaccine to stop working.¹

Ideally, flu vaccines encourage the immune system to produce antibodies that recognize the specific strains of an influenza virus.

These antibodies target and disable

unique sites on the virus—and are supposed to activate any time they encounter that site again, even if it's years later. (That's basically the way the immune system is always supposed to work.)

But the University of Chicago researchers found that if a flu strain changes, the site your antibodies recognize may still be there, but they may not be able to neutralize the virus.

They also noted that antibodies produced from your first encounter with the flu (either from a vaccination or actually being sick) tend to take precedence over the antibodies created by subsequent vaccinations.

In other words, you're most likely protected from the flu strain you were initially vaccinated against, and subsequent vaccinations might only produce a weakened immune response to newer flu viruses. And that's why you can still get sick even if you've had a flu shot.

What *is* effective for preventing the flu—and common cold—are simple hygiene measures, like washing

your hands regularly and avoiding crowded spaces. (For other ways to stay out of the doctor's office this winter, see pages 4 and 5).

Of course, your doctor may not tell you about these types of preventative measures, depending on how brainwashed he or she is by the government's "Flu Force." But it's important to know the good, the bad, and the ugly when it comes to the flu, so you can arm yourself against the vaccination onslaught.

The not-so-secret life of the flu virus

As you know, cold and flu viruses are typically spread by touching a contaminated surface, and then touching your eyes, nose, or mouth. And of course, you can inhale the virus particles when an infected person coughs or sneezes near you.

But sometimes, sensible prevention isn't so obvious. Especially since people *without* obvious symptoms (fever, fatigue, coughing, or sneezing) can still transmit the flu. In fact, once infected, people can pass along the virus for 5 to 10 days.

All-Natural Feel-Better Remedy

If you feel a cold or flu coming on as the winter winds down, take action with my all-natural prescription for feeling better:

- Take 300-400 grams of **echinacea, goldenseal, and/or elderberry** daily. I prefer to take ALL of these herbal remedies in hot infusions (teas) together with honey, lemon, and flu-fighting ginger.
- In addition, **50-60 mg of zinc** twice a day
- **200 mcg of selenium** daily (in organic form, such as selenomethionine).

Notably, children are typically contagious longer than adults are. (And people with immune deficiency may pass on the virus for weeks.)

Plus, the incubation period between contamination with the virus and onset of symptoms ranges from one to four days. So your seemingly healthy friend could be brewing up a nice batch of flu, just for you. (This is how viruses survive and spread among people.)

The difference between a cold and the flu

So if you start coughing and feeling feverish, how do you know if you have a cold—or the dreaded flu?

Both usually start out with some coughing and respiratory symptoms that usually progress.

But you'll start to realize it's the flu if you experience a few of specific, concrete differences:

- **A sudden feeling of illness.** The flu can come at you fast. For example, you may start out watching a movie or TV show feeling fine, and be completely sick by the end of it (and not because of the poor Hollywood performances).
- **Fever.** You'll usually have a fever between 100 and 104 degrees (although it's typically lower in older people).
- **Elevated heart rate.** This is typically due to high fever, also causing your skin to feel hot to the touch (especially if you're dehydrated).
- **Red and watery eyes.**
- **Dry cough or sore throat.** Of course, this is a shared symptom with the common cold, but the key difference is that you won't

have a runny nose.


- **Serious fatigue.** However, you likely won't have vomiting, stomach cramps, or diarrhea. Those GI symptoms are more common in children than adults.

So if you do get the flu, be sure to get plenty of rest and drink an ample amount of fluids. And if you develop symptoms in your lungs (like coughing up mucus or blood, breathing trouble, or experiencing chest pain), make an appointment with your doctor as soon as possible, and ask if you need a chest x-ray to detect any presence of pneumonia.

So if you do end up with either a cold or flu as the winter winds down, remember that there are all-natural, effective ways to treat it—without subjecting yourself to a useless vaccine.

And of course, as I mentioned above, the best tactic is always early prevention. In addition to hand washing and avoiding crowded spaces, one of the best ways to keep yourself healthy is to focus on your GI system—where a large portion of the body's immune cells live.

For tips on keeping your GI in good working order, I urge you to revisit "Seven keys to a whole-body health reboot" in the June 2018 issue of *Insiders Cures*. (Simply visit the Subscribers Sign-In portion of my website to access all of my newsletter archives.)

And remember, if you DO feel a cold or flu coming on, take immediate action to lessen your symptoms. See the sidebar to the left for my personal prescription for easing cold and flu symptoms. 

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