DR. MICOZZI'S
INSIDERS' CURES
JULY 2019 • VOLUME X • ISSUE 7

# The *real* causes of Alzheimer's disease and dementia are finally being revealed

## *Here's how you can protect yourself—naturally*

Alzheimer's disease (AD) and dementia continue to baffle big pharma and its mainstream medical minions.

But these terrible diseases wouldn't be so puzzling if the mainstream would keep up with the science. Because the fact is, convincing research has uncovered numerous factors that increase AD and dementia risk—beyond the plaques and tangles and other "usual suspects" the mainstream continues to cling to. But perhaps even more importantly, science has also revealed a number of natural approaches to *prevent* and *reverse* these devastating diseases.

In fact, one new, noteworthy study shows that when it comes to an AD cure, big pharma *shouldn't* put its money where its mouth is…so to speak. I'll explain more in a moment.

Another intriguing new study illustrates the importance of diet and some specific foods for brain health—something I've revealed to you before (but that big pharma continues to ignore).

Other new research links hormone replacement drugs with AD. (Which I don't recommend anyway.)

And finally, there's more evidence that vitamin D *is* good for brain function—despite some misleading headlines.

I think the most exciting thing about all of this new research is that you can easily apply the findings to your daily life to lower—or even *erase*—your risk of AD and dementia.

So without further ado, here's what you need to know…

### Gum health is linked to brain health

It's already well known that gum disease puts you at risk for other complications. In fact, research has shown that people with gum disease may be two to three times more likely to have a heart attack or stroke.[1] But now, a new study links gum disease with AD.[2]

This groundbreaking study was presented at the American Association of Anatomists' annual meeting in April. Researchers at the University of Louisville School of Dentistry reported that the bacteria associated with periodontitis—the most serious form of gum disease—may actually find its way from the mouth to the brain.

And once this bacteria is in the brain, researchers presented convincing evidence that it may actually *cause* AD.

The researchers looked at brain samples from deceased people and found that the periodontitis bacteria was more common in people who had AD at the time of their death.

From there, the researchers did subsequent studies on mice and found that periodontitis bacteria can migrate from the gums to the brain.

In fact, once periodontitis has escalated, all it takes is a simple act like brushing your teeth or chewing your food to release the bacteria into your bloodstream, where it can then cross into your brain.

Of course, big pharma wants to develop an antibiotic to target this bacteria. But, as the researchers pointed out, throwing more antibiotics at the problem can make matters worse by disrupting the normal gastrointestinal (GI) microbiome.

### In this issue:

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Dr. Micozzi's *Insiders'* Cures is published monthly by OmniVista Health Media, L.L.C., 100 W. Monument St., Baltimore, MD 21201 for $74 per year ($6.16 an issue).

POSTMASTER: Send address changes to Insiders' Cures, 100 W. Monument St. Baltimore, MD 21201.

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Publisher: Katherine Wheeler
Executive Editor: Amanda Angelini

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This is key because increasing evidence shows the importance of the gut-brain axis (the signaling that takes place between the GI tract and the central nervous system)—*especially* for AD and dementia. Not to mention, the oral cavity is the entryway into the GI tract.

So it makes sense that the *entire* GI tract—including the mouth—is connected to AD and dementia.

And that's yet another reason why proper oral hygiene is so important—not only for your teeth and gums, but also for your brain and GI tract.

**The natural solution:** You can substantially reduce your risk of gum disease and keep the growth of oral bacteria under control by brushing and flossing twice a day, and visiting your dentist regularly.

And forget about commercial mouthwashes as they disrupt your normal oral microbiome. If you have irritation of your gums or in the lining of your mouth, rinse daily with either a hydrogen peroxide solution (2:1 water to peroxide) or salt water.

It's also important to have a healthy, balanced, properly nourished immune system, which helps your body handle the occasional oral bacteria that *does* get into your blood.

One of the best ways to strengthen your immune system is to avoid inflammatory foods like sugar, white flour, and processed foods.

In other words, stick to a diet that's rich in nutritious, whole foods such as cheese, eggs, fruit, meat, milk, whole grains, and yogurt—like the Mediterranean-style diet.

## A different type of magic mushroom

Speaking of balanced diets, make sure to incorporate mushrooms—nature's nutritional powerhouses—into your meals to ward off diseases like AD and dementia.

A new study found that older adults who consume just a 1.5 cups of mushrooms per week can reduce their risk of developing mild cognitive impairment (MCI) *by 50 percent*.[3]

MCI is considered a precursor to AD and dementia, which makes this discovery especially striking. People with MCI typically display some form of memory loss, and may also have trouble with attention, language, and visual-spatial abilities.

The study included more than 600 men and women, ages 60 and older. Researchers conducted extensive neuropsychological evaluations and dementia ratings on all study participants from 2011 to 2017.

They discovered that the people who ate 1.5 cups of mushrooms every week slashed their MCI risk in half. Even as little as 3/4 cup of mushrooms per week was protective against MCI.

Researchers think the brain benefits of mushrooms may be due to a "magic bullet" ingredient called ergothioneine (ET). This is based on their prior study that found older adults with MCI had lower blood levels of ET.

But it may be a little early to "phone home" about ET as the "magic mushroom" ingredient. ET is present in a variety of foods—but mushrooms also contain other compounds that promote brain health.

**The natural solution:** Any type of mushroom is a nutritious, brain-healthy addition to your balanced diet—including oyster, cremini, shitake, portabella, and white button varieties.

It also doesn't matter how the mushrooms are prepared. In fact, the above study showed you can get brain benefits from raw, cooked, dried, or canned mushrooms.

Cooked mushrooms make a delicious addition to soups and stews, and as a garnish on top of beef. You can also stuff big portabella mushrooms with spinach and cheese and bake them. Or cover them in Bolognese sauce, like Italians do. And of course, sliced, fresh mushrooms make a great addition to any green salad.

## Good news for postmenopausal women

I recently came across a significantly flawed study that looked at vitamin D's cognitive benefits for postmenopausal women. Most vitamin D clinical trials in older women tend to concentrate on bone health, so I was thrilled to finally see research focused on brain health.

The study was performed on postmenopausal women with an average age of 58.[6] All study participants were obese (which can interfere with the availability of vitamin D in the body) and had very low vitamin D blood levels.

The women were randomly divided into groups and given either 600, 2,000, or 4,000 IU of vitamin D daily for one year. Then, researchers analyzed the women's vitamin D levels at the beginning and end of the study, but only administered cognitive function tests at the study's conclusion. So unfortunately, there was no before-and-after cognitive comparison.

However, the researchers still found cognitive benefits for higher vitamin D consumption. Results showed that the 2,000 IU group performed significantly better in learning and memory tests compared with the 600 IU group.

In addition, all of the groups boosted their vitamin D blood levels. But again, the increase was dose-dependent.

At the start of the study, the women averaged 27 ng/mL in serum vitamin D. At the end of the study, the 600 IU group's levels increased to 30 ng/mL, the 2,000 IU group rose to 36 ng/mL, and the 4,000 IU group hit 41 ng/mL. But none of the women were able to achieve the optimal 50 to 60 ng/mL levels.

This is likely because the vitamin D doses used in the study were significantly lower than the daily 10,000 IU I recommend—a dose that's backed by several studies. (For more about D doses, see page 8.) So just imagine what these researchers (and women) could have found with the right, optimal doses!

### Another reason to avoid hormone replacement therapy

For years, mainstream medicine claimed that the hormone replacement therapy (HRT) drugs given to premenopausal and postmenopausal women were supposed to reduce the risk of AD, based on "studies" that weren't even placebo-controlled.

Thankfully that faulty theory was debunked by the Women's Health Initiative Memory Study in the late 1990s. (I helped initiate the forerunner of this study back in the mid-1980s.)

Instead, researchers actually found that postmenopausal women who took HRT drugs suffered *increased* risk of impaired cognitive function and, potentially, dementia.

And now, a new Finnish study has found a clear link between postmenopausal HRT use and increased risk of AD.[4]

Researchers identified nearly 85,000 postmenopausal women who were diagnosed with AD between 1999 and 2013. The majority of these women *didn't* use HRT drugs, such as estrogen, progestin, or estradiol. Eighteen percent took some sort of HRT, and 13 percent used topical estradiol.

Researchers found that the women who took an estradiol HRT drug had a 9 percent greater risk of developing AD. Women who took estrogen or progestin HRT had a 17 percent higher risk. And there was no increased risk associated with the use of topical estradiol only.

Overall, researchers estimated that for every 10,000 women between the ages of 70 to 80 who took HRT drugs, nine to 18 would be diagnosed with AD every year.

That doesn't sound like much, but why take that chance? *Especially* when there are effective, natural options to ease menopause symptoms—without taking dangerous HRT drugs.

**The natural solution:** I first discussed this effective, drug-free treatment for hot flashes in my June 2015 issue ("Forget useless bone scans! Two common menopause symptoms signal serious osteoporosis risk").

Researchers found that postmenopausal women who learned a technique called "applied relaxation" were able to prevent an average of five hot flashes daily.[5] Basically, this includes consciously focusing on relaxing your muscles and practicing sustained, deep breathing.

Hot flashes occur when blood suddenly flushes a particular

region of the body due to rapid shifts in blood vessel tone—so it makes sense that this technique can help. Plus, research shows that the mind influences blood flow by communicating with the small muscles in arteries and adjusting the blood vessels' tone, size, and flow.

**Learn all of the natural ways to prevent and reverse AD**

Four years ago, UCLA researchers found that a dozen natural and nutritional approaches could actually *reverse* AD in nine out of 10 people. Although 10 cases isn't a lot, a 90 percent cure rate is a big deal.

As I reported recently in my *Daily Dispatch* e-letter, that UCLA study has expanded to 100 people around the country. Some of the new cases come from the George Washington University Center for Integrative Medicine in Washington, D.C. (My friend, the founding director of the center, is now retired near our home in Sarasota, Florida, and we keep in touch with the current director for all the "insider" information.)

I've learned that it's difficult to get a spot for yourself, or a loved one, in the George Washington clinical program or the UCLA case studies. And if you *do* get admitted, it can cost you up to $40,000 per year!

Luckily, you don't have to go through the trouble—or expense—of trying to claim a spot in these programs. Instead, you can follow my own online learning protocol: *The Complete Alzheimer's Cure.*

It goes *even further* than the UCLA study, showing you how to apply natural medicine's most cutting-edge treatments for AD and complete brain recovery. Plus, you can follow my protocol from the comfort of your own home—without any inconvenient visits to university clinics.

Simply click here or call 1-866-747-9421 and ask for order code **EOV3V700** to enroll today!

# A cancer screening technique that actually works

## *Plus, my natural solutions for optimal lung health*

The government's "war on cancer" has been a big bust, no matter how much the mainstream tries to manipulate the statistics.

The key problem is that the mainstream medical establishment has been limited in what it can do to actually *prevent* cancer—known as "primary prevention"—because government recommendations regarding diet and lifestyle were so wrong for so long.

Instead, their cancer prevention focuses on big crony-corporatist cancer screenings—or "secondary prevention." This approach involves letting cancer develop, but then trying to catch it soon enough—through screenings and other early detection methods—that it can be treated before it actually kills the person.

That doesn't sound very promising, does it? Especially when you consider that there's no real, science-backed evidence that routine cancer screenings like mammograms, colonoscopies, and prostate-specific antigen (PSA) tests actually reduce death rates.

The good news is that there's one early-detection cancer screening technique *that actually works.*

In fact, new research shows that an ultra low-risk lung imaging test called low-dose computed tomography (LDCT) can not only substantially reduce your risk of dying from lung cancer—but it can also decrease your risk of dying from any cause.

Now here's the irony…"Experts" at the National Cancer Institute (NCI) and other government agencies downplay and ridicule this test for anyone other than smokers or ex-smokers. And they're not even particularly keen on this high-risk group getting LDCT tests.

But their reasoning is faulty—and I actually advise *everyone,* smoker or not, to ask their doctor about LDCT early-detection cancer screening.

After you see the impressive research on this life-saving technique, you'll understand why…

**The simple test that can slash your risk of dying from lung cancer by 58 percent**

During the LDCT test, an x-ray machine scans your body using low doses of radiation to make detailed pictures of your lungs. It's safe, effective, pain-free, and noninvasive—unlike most other cancer screening techniques out there.

And even better, there are three

convincing studies that show how LDCT can find lung cancer early enough to treat and actually *cure* it.

The newest of these studies is the Multicentric Italian Lung Detection (MILD) trial, which was just published in April. Researchers gathered nearly 4,100 current or former smokers, ages 49 to 75, and divided them into two groups. The first group had three LDCTs over a 10-year period. The second group didn't have any lung-cancer screenings.[1]

Ten years later, the LDCT group had a *39 percent* reduced risk of dying from lung cancer when compared with the control group. Plus a *20 percent* reduction in overall mortality from any cause.

That's impressive enough. But researchers also observed that the cancer-prevention benefit actually *increased* as time went on. After five years of screenings, the LDCT group had a whopping 58 percent reduced risk of dying from lung cancer, and a 32 percent reduction in overall mortality.

This likely means that the LDCT screening is cumulative. The more tests you have, the more likely your doctors are able to identify and treat lung cancer early—when it can still be cured.

### LDCT is particularly effective for women

Another large LDCT study, presented at the 2018 Conference on Lung Cancer, involved more than 15,000 men and women who had smoked for 25 years or more.[2]

Again, the study participants were divided into two groups. One group received no lung cancer screenings, and the other group had four LDCT tests—at year 1, 2, 4, and 6.5 of the study period.

Again, the researchers analyzed results at year 10 of the study. They found that in the LDCT group, men had 26 percent fewer lung cancer deaths compared with the control group. And women had a remarkable 61 percent reduction in lung cancer deaths when compared with the control group.

This echoes the 2010 findings of the National Lung Screening Trial—the largest randomized study of LDCT screening in the U.S., involving 53,000 male and female current or former smokers, ages 55 to 70.[3]

Researchers found that study participants who underwent annual LDCT tests for three years had a 20 percent lower death rate from lung cancer during an average follow-up period of 6.5 years.

### Why many doctors don't think to screen for lung cancer

These three studies show that lung cancer screening shouldn't stop after only a few years, since the risk of cancer continues to increase as we age.

And yet, lung cancer screenings rarely occur in mainstream healthcare—despite the fact that lung cancer is the second-most common cancer diagnosis in the U.S. (behind breast cancer) and the leading cause of cancer-related deaths *by far*.[4]

I've even read estimates that only a paltry 2 to 3 percent of the at-risk population are actually being screened for lung cancer.

Sadly, compared with the "routine" screenings for far less fatal cancers, fewer facilities even offer lung cancer screenings—and there is less health insurance reimbursement for the facilities that do.

Some of this is due to public health "experts" claiming that people at risk of lung cancer don't "bother" to get lung screenings, supposedly because they don't care about their health anyway.

In fact, as I reported in a 2013 *Daily Dispatch*, studies even show that healthcare providers think lung cancer patients are somehow less deserving of treatment than other cancer patients. And unfortunately, there hasn't been much change six years later.

### Why lung cancer is on the rise in people who have never smoked

This "blame the victim" mentality is particularly despicable because it's not even based on fact. The *government's own figures* show that 15 percent of new lung cancer cases are diagnosed in people who have never smoked.[5]

And yet, the NCI has made the fateful decision to channel almost all funding for lung cancer research into smoking cessation and prevention—despite the growing evidence that some people have genetic abnormalities that increase their risk of lung cancer and other lung diseases. Plus, some people develop lung cancer after exposure to toxins like asbestos.

In addition, there's new research showing that estrogen levels and hormone-replacement therapy (HRT) may account for the increasing numbers of female non-smokers diagnosed with lung cancer (see page 3 for more dangers of HRT).

That's why LDCT lung cancer screening should be widely expanded.

At the very least, doctors should

be asking about family history and discussing whether this test is right for *all* of their patients—smokers or not.

If your doctor isn't doing this, don't be afraid to speak up and ask for a referral to your nearest cancer-screening facility.

And in the meantime, there are numerous ways to strengthen your lungs and protect yourself from lung disease. In fact, I'm putting the finishing touches on my brand new lung protocol, which will be available later this year. In it, I discuss all of the newest, most natural ways to strengthen your lungs to protect you from lung disease—America's *third* most lethal killer.

As always, you'll be the first to hear about when this unique protocol will be available to the public, so stay tuned!

# Summer produce hits and misses

## *What this year's "Dirty Dozen" list tells us about the dangerous state of pesticide use*

Summer is here, which means there's no better time to find fresh fruits and vegetables—whether it's in your local grocery store, farmers' market, or, if you're a gardener like me, in your own backyard.

But sadly, not all of that produce is good for you.

I'm always telling you to add fruits and vegetables to your diet because of their healthy nutritional content. But a lot of the produce sold in supermarkets is doused in pesticides and other toxic chemicals. Which is why I'm committed to updating you on the "Dirty Dozen" and "Clean Fifteen" lists of fresh fruits and vegetables each year.

These lists are compiled by the nonprofit Environmental Working Group (EWG). And they're based on more than 40,000 samples of 47 different fruits and vegetables, tested by the Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA) to determine levels of pesticide contamination.[1]

Fortunately, you can avoid contamination risk by eating organic—which, by law, is prohibited from being grown with chemical pesticides or fertilizers (or genetically modified [GMO] foods, for that matter).

Of course, it can be expensive to eat organic. So if you have to make a choice, try to always buy organic versions of the produce that falls on the Dirty Dozen list. Because you can feel pretty safe buying conventional versions of the EWG's "Clean Fifteen" foods.

Just be sure to *always* wash ALL of your produce—organic or not. Because there's still a concern that pesticides can drift from conventional crops grown next to organic crops. It's even important to rinse produce after you've removed the inedible skins, shells, or other coverings to wash away any remaining residue as well.

With that in mind, let's take a look at the biggest surprise on this year's list.

### The "surprising" addition to this year's Dirty Dozen

The Dirty Dozen and Clean Fifteen don't change much from year to year. But a notable exception this year is that kale—a supposed "super food"—has been added to the Dirty Dozen… and in the third-highest position.

The last time kale appeared on the list was a decade ago in 2009, when it ranked eighth. But popularity seems to have spoiled this "super food"—yet another reason it's really *not* so super.

In fact, the EWG reports that kale and spinach had 1.1 to 1.8 times higher pesticide residues than other produce. And *92 percent* of kale samples tested positive for two or more pesticides. Shockingly, some kale samples contained up to *18 different pesticides*.

As if that weren't bad enough, EWG revealed that nearly 60 percent of kale is contaminated with Dacthal—a pesticide the Environmental Protection Agency (EPA) classified as a possible carcinogen back in 1995. Dacthal is associated with liver and thyroid tumors, and also considered harmful to the kidneys and lungs.

But that's not the only reason why I think you should avoid kale...

### Why I don't think kale is super

I don't like to use the word "super" to describe any food, because the only thing that's really "super" is a balanced diet that contains a variety

of healthy foods.

And kale is essentially no different nutritionally from other vegetables in the Brassica family (broccoli, Brussels sprouts, cauliflower, and cabbage), which were all originally cultivated from the ancient wild mustard plant in Eurasia.

To me, the only difference is that it's difficult to prepare, it tastes bad, and it's hard to digest.

But for some reason, the marketing miracle workers decided to give kale a PR makeover. They took a plant that's difficult to sell (and that's really only good for composting) and encouraged millions of consumers to *pay more than they should* in a quest to "eat healthy."

**2019's Dirty Dozen**
*(In order of most contaminated)*

1. Strawberries
2. Spinach
3. Kale
4. Nectarines
5. Apples
6. Grapes
7. Peaches
8. Cherries
9. Pears
10. Tomatoes
11. Celery
12. Potatoes

**2019's Clean Fifteen**
*(In order of least contaminated)*

1. Avocados
2. Sweet corn
3. Pineapples
4. Frozen sweet peas
5. Onions
6. Papayas
7. Eggplant
8. Asparagus
9. Kiwis
10. Cabbage
11. Cauliflower
12. Cantaloupe
13. Broccoli
14. Mushrooms
15. Honeydew melons

Kale has never been on my list of top vegetables. There are many other tastier and nutritious green, leafy vegetables to eat. And now that kale's a member of the Dirty Dozen, why bother?

Save your money, and your digestive system, by eating kale's Clean Fifteen counterparts—cabbage, cauliflower, and broccoli. You'll get all of the nutrition without any of the unappetizing hype. IC

# New research reveals why adopting a pet may be just what the doctor ordered

I recently read an interesting new study about the many ways older adults benefit from having a pet. It reminded me of the 1950s song "I'm Walkin' the Dog" by country-western singer Webb Pierce.

In just a few lines, he captures pretty much the whole story:

> *"Well, I'm full of pep, I just can't grow old*
>
> *I got a one track mind, so I've been told*
>
> *But I'm fancy free, I don't worry no how*
>
> *And I'm walking the dog all the law will allow"*

While the study synopsis is certainly less poetic than Mr. Pierce's rhyming couplets, its content is similar.

It involved a little over 2,000 men and women, ages 50 to 80. And 55 percent of the participants had at least one pet.[1]

The researchers found that an overwhelming majority of older pet owners believe that their pets help them enjoy life to its fullest and give them a sense of purpose.

Plus, all kinds of pets—dogs, cats, fish, birds, small mammals, or other types of animals—were found to help people deal with the physical challenges of aging. Research indicates that pets reduce their owners' stress levels, keep them physically active, and even help them cope with health issues like pain.

The study also found that pets help reduce loneliness. And research shows that people who are lonely not only have greater rates of chronic disease, but are also more likely to suffer an early death.

I have become an animal lover myself, and all of these findings make perfect sense to me. After all, who isn't delighted by a pet's good-hearted antics? Not to mention the heartwarming feeling created by their loyalty, attention, and affection.

### When you should—and shouldn't—get a pet

Of course, not everyone wants a pet. Some study respondents were concerned about caring for the animal's health (and the associated costs), as well as the losses and heartbreak that occur due to pets' naturally short lifespans.

In addition, pets require you to make adjustments to your schedule and adapt to their needs. Or, some people are simply allergic, although as I explained in a recent *Daily Dispatch*, exposure to pets and farm animals in early childhood is associated with *lower* rates of asthma and allergies in later life.

These are certainly valid concerns. But if you *are* an animal aficionado, I encourage you to have a pet. And I think you'll be able to relate to the following tongue-in-cheek personal observations of the benefits of having a furry (or feathered or gilled) friend by your side.

In Florida, we live in a mile-long waterfront development set on acres of green space on a barrier island (or "key") off the coast of Sarasota. The development acrimoniously split into "north and south" sections years ago on the issue of keeping pets.

Our side allows pets, and generally speaking, the people here are friendly, easy-going, intelligent, well-informed, and accommodating. But next door, where they don't allow pets…well, let's just say, they seem quite the opposite.

Of course, it makes me wonder what would happen if they added a pet to their lives. Because according to this study, their lives would be a lot happier, more fulfilling, and lengthier.

So, adopt one if you can. There are many abandoned animals looking for a home that would make fine pets. Because at the end of the day, research shows it will be good for both of you (and even the people around you). IC

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

NEWS BRIEF

## The vitamin every colon cancer patient should be taking

There's certainly nothing new about vitamin D's role in fighting colon cancer. In fact, in my very first medical textbook in 1989, *Nutrition and Cancer Prevention: Investigating the Role of Micronutrients*, I made sure to include a chapter on "Vitamin D and Colon Cancer," by Dr. Michael Wargovich.

Since then, there have been many studies on this topic—most recently with the SUNSHINE trial.

This study included 139 people with metastatic colon cancer—cancer that has spread beyond the colon. Treatment for this advanced-stage cancer usually involves chemotherapy.

Researchers wanted to find out how vitamin D affected cancer progression in these subjects. So they divided them into two groups.

The first group ("high-dose") took 8,000 IU daily for 14 days, followed by 4,000 IU daily.

The second group ("low-dose") took 400 IU daily for the duration of the study.

Both groups also received standard cancer chemotherapy.

After 23 months of follow-up, researchers found that cancer progression in the high-dose group was halted for an average of 13 months, while the low-dose group saw an 11-month delay. Members of the high-dose group were also less likely to die during the follow-up period.

So it seems that the high-dose group fared better, partially because vitamin D helped counter some of the toxic effects of chemotherapy—as well as having direct anti-cancer activity.

We're always hearing about the "dangers" of too much vitamin D. But these supposed perils pale in comparison to the <u>real</u> toxicity of cancer chemotherapy.

(And as I reported in a recent *Daily Dispatch*, many patients diagnosed with cancer die from the chemotherapy itself—within the first 30 *days*!) So if "high dose" vitamin D helps offset those effects, it's certainly well worth incorporating into *any* cancer treatment regimen (not just colon cancer).

But the fact is, these supposedly "high" doses aren't actually high at all.

**Busting the "high dose" myth**

The SUNSHINE trial also gave us some interesting data on vitamin D dosages. At the start of the study, only *9 percent* of all participants had blood levels of vitamin D in the "sufficient" range (50 to 60 ng/mL).

This is typical of the population in general, as most everyone is deficient or insufficient. But it's even more typical of a population of patients with cancer—since optimal vitamin D levels markedly reduce the risk of getting cancer and other chronic diseases in the first place.

At the end of the study, researchers found that the low-dose group had no substantial change in their vitamin D blood levels. But those in the high-dose group reached the sufficient range soon after the study began—AND maintained those optimal levels as they continued to take vitamin D.

So you may be wondering: How was this too high of a dose if it's the only dose that actually helped people reverse their D deficiency?

Well, it wasn't "too high." In fact, plenty of science shows that, contrary to what the mainstream tells you, a dose of 4,000 IU or even 8,000 IU daily is actually <u>*too low*</u> to help you reach optimal blood levels of vitamin D, or optimal health, for that matter.

Which is why I recommend 10,000 IU daily of a high-quality vitamin D3 supplement to help prevent and reverse colon cancer and many other chronic diseases.

You can now even find vitamin D in a convenient liquid form, together with the potent marine carotenoid astaxanthin. (To learn about my personal recommendations, visit <u>www.DrMicozzi.com</u>.)