



# The mainstream has finally struck out when it comes to diet

*Deliberate lies revealed—plus, tips on how to follow a “home-run diet”*

As harvest season approaches, we need to start thinking more about *how* our food is grown and processed. That raises a fundamental question for people who know how important good food is for optimal health.

So, what are we *really* meant to eat?

It seems like a simple question. But for decades, we’ve been subjected to major mistakes, misunderstandings, and outright misrepresentations from the mainstream medical establishment about what exactly constitutes a healthy diet.

These faulty guidelines are all based on the tendency to look at the little pieces, rather than a whole entity, when it comes to modern medicine’s research and recommendations. It’s too “complicated” for them to examine a person’s entire diet, so they only look at the dietary factors they already have the tools to study—however crude and unreliable.

Consequently, they missed the forest for the trees. While the mainstream has been busy classifying individual foods and nutrients as “good” or “bad” for our health, they’ve ignored the fact that this simply isn’t how our bodies work.

## **We’re at our biological best when we eat a wide range of different foods**

We’re naturally omnivorous—with the dentition, digestion,

and metabolism to eat just about anything (try looking at an authentic Chinese menu sometime). This free-ranging diet is one of the key ways we’ve successfully adapted to living on this planet.

In fact, the most poorly nourished populations around the world consistently, and without exception, have the most restricted diets—missing entire categories and types of foods. These populations typically don’t *choose* their diets. Rather, their restricted or isolated environments choose for them.

So why would anyone fortunate enough to have a wide range of food choices want to *intentionally* cut out entire categories of food from their diets—when the most consistent lesson from human biology and nutrition is to NOT restrict whole foods and nutrients?

This was the type of question that I and some of my colleagues in the National Institutes of Health’s (NIH) diet and cancer research program wanted to research back in the mid-1980s.

Instead, the mainstream implemented the old drug model of looking at one nutrient or food at a time, rather than focusing on the full picture.

As a result, we ended up with myth after myth:

• **The cholesterol myth**—led to

“banning” perfectly healthy foods like full-fat dairy, eggs, meat, and even certain kinds of seafood.

- **The low-salt myth**—emphasized the wrong dietary compound when it comes to heart disease.
- **The sugar and carbs myth**—contributed to the modern chronic disease epidemics of cancer, heart disease, obesity, and Type II diabetes now plaguing this country, as people were told neither were harmful to their health.

We now know these myths were built on intentional lies, misrepresentations, and secrets that were *deliberately* hidden from the American public—including doctors and scientists.

### *In this issue:*

- Debunking the latest “fake news” about vitamin D** ..... 3
- When you eat can dictate your health** ..... 5
- These three botanicals pack a punch against common women’s health problems** ..... 6
- Cage-free, grass-fed, organic... oh my!** ..... 7

**Marc S. Micozzi, M.D., Ph.D.**, is a worldwide leader in nutritional and complementary/alternative medicine. He has had a distinguished career as a researcher and physician executive at the National Institutes of Health and Walter Reed National Military Medical Center in Washington, DC, and the College of Physicians in Philadelphia PA. He has published over 30 medical and trade books, and founded and edited the first scientific journal, and the first textbook, on complementary/alternative and nutritional medicine, now going into a 6th edition (2018) and continuously in print since 1995.

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.

Author: Marc S. Micozzi, M.D., Ph.D.  
 Publisher: Katherine Wheeler  
 Executive Editor: Amanda Angelini

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action should be taken based solely on the contents of this publication; readers should consult appropriate health professionals on any matter relating to their health and wellbeing. The information provided in this publication is believed to be accurate and sound, based on the best judgment available to the authors, but readers who fail to consult with appropriate health authorities assume the risk of any injuries. The opinions expressed here do not necessarily reflect the views of the publisher. The publisher is not responsible for errors or omissions.

For questions regarding your subscription, please contact reader services at [www.drMicozzi.com](http://www.drMicozzi.com).

Copyright © 2019 OmniVista Health Media, L.L.C., 100 W. Monument St., Baltimore, MD 21201. Reproduction in whole or in part is prohibited without written permission of the publisher.

## Scientists are finally processing the facts about whole foods

People eat foods (in lots of different ways, and for lots of different reasons), not nutrients. And these foods make up a whole diet, or what some of my colleagues and I at the NIH call a “home-run diet.”

Today’s scientists are finally realizing that what we’re really meant to eat is a diet of natural, whole foods. Not a diet full of processed foods with added junk ingredients, like sugar. Or foods that are artificially altered from their natural state—like fat-free and low-fat dairy products, or breads and pastas made with refined grains.

The bottom line is that it’s the *processing* of our food that’s killing us.

It’s not the cholesterol, saturated fats, or sodium naturally present in whole foods like dairy, eggs, meat, seafood, or natural plant-based foods.

It’s the *added* sugar, carbs, salt, and “fake fats” in unnatural, processed foods (and especially packaged, processed “plant-based” foods).

Over the years, I’ve been reporting about studies showing the importance of including *more* healthy foods in your diet, rather than only cutting out unhealthy foods (after first understanding which are which—more on that in a moment).

Scientists are *finally* setting aside studies that single out selected foods and nutrients and instead are looking at the total diet—and the extent to which it includes or excludes processed “foods” of all kinds.

And, believe it or not, the NIH has been a recent leader in this...

## New research shows processed foods lead to weight gain

We’re 40 years into the government’s multi-billion dollar research program on diet and health. So you’d think that when an NIH scientist set out to find a controlled clinical trial comparing how processed and unprocessed foods affect body weight, he’d discover plenty of research.

But sadly, he found nothing. Which isn’t *too* surprising considering the NIH’s fixation on micromanaged diets.

So the NIH scientist decided to conduct his own study on processed versus whole foods. He and his colleagues gathered 20 men and women of varying body mass indexes, who agreed to live in a group home for four weeks and eat only what was provided to them by the researchers.<sup>1</sup>

The study participants were divided into two groups:

- **Group 1** ate a diet of natural, whole foods for two weeks, and then ate a highly processed diet for two weeks.
- **Group 2** ate a highly processed diet for two weeks, and then ate a diet of natural, whole foods for two weeks.

Both the processed and unprocessed diets had the same caloric sources—carbs, fat, protein, sodium, fiber, and sugar. Each participant ate three meals a day, and could eat as much as they liked.

Here’s the most interesting finding: During the two weeks of the processed diet, participants ate an average of 580 *more* calories daily. Those extra calories came primarily from carbs and fats rather

than protein. They also ate more quickly—which has a major effect on digestion and metabolism.

Participants gained around two pounds during just the two weeks they were on the processed diet. But on the two weeks they were on the whole foods diet, they lost two pounds.

### Shop the perimeter of the grocery store for the healthiest foods

Researchers said they were surprised by the results, and (as always) explained that further research is needed. Which *should* mean further research into the benefits of whole versus processed foods...

But no. Amazingly, the researchers suggested that “ultra-processed” food could somehow be “reformulated” to prevent people from eating more and gaining weight!


Give me a break! The *real* message from this study—and from a recent French study that found that for every 10 percent increase in processed food intake there was a *14 percent higher risk of death*<sup>2</sup>—is simple. Stop eating processed foods. Period.

While the NIH may still firmly be in the camp of “better living through chemistry,” the rest of us need to get off the fake food kick.

For a simple, real-life lesson on whole foods versus processed foods, go to your local grocery store...

- **Whole foods** will be on display around the outside perimeter. Notice the fruits, vegetables, dairy, meat, and seafood.
- **Processed foods** will be featured down all of the center aisles of the store. Notice all the cans and packages.

Which looks more appetizing? And which looks better for your health? (Read the labels!)

So when it comes to questioning what you should *really* be eating, stop worrying about *categories* of foods and nutrients. Instead, eat only whole, natural, and organic foods of all kinds—found in those outside perimeters, or at your local farmer’s market. 

## Debunking the latest “fake news” about vitamin D

### Plus, why September is the perfect month to get your D levels tested

As the summer comes to an end, it’s more important than ever to keep your vitamin D levels elevated.

From October to March, the sun will no longer get high enough in the sky to activate your skin’s natural synthesis of vitamin D. So it’s critical for your health to supplement with this essential vitamin—despite what you may have heard.

In recent months, vitamin D supplements have been gaining the *wrong* kind of attention. Maybe you’ve seen headlines about how “too much vitamin D can be a bad thing,” or articles citing highly questionable studies on D’s supposedly deleterious effect on the body or brain.

But today, I’d like to set the record straight. Here’s what you *really* need to know about the recent

“controversial” studies on the sunshine vitamin.

#### How much D do you need?

The first study purportedly analyzed how three different doses of vitamin D affected cognitive outcomes in postmenopausal, overweight women.<sup>1</sup>

All study participants were randomly assigned to take three different doses of D: 600 IU, 2,000 IU, or 4,000 IU daily, for one year. (Note that these dosages are much less than the 10,000 IU other studies have found to be optimal for reducing the risk of many chronic diseases.)

At the beginning and end of the study, researchers measured each woman’s levels of vitamin D, hormones, and amyloid beta (a factor that some scientists think is significant in Alzheimer’s disease).

But the researchers only tested the women’s mental function at the *end* of the study. Meaning any cognitive effects of D can’t be compared on a normal before-and-after basis—which is the whole reason for doing a clinical trial in the first place!

The women had average starting D levels of 27 nanograms per milliliter (ng/mL). Over one year, their D levels increased to:

- 30 ng/mL in the 600 IU group
- 36 ng/mL in the 2,000 IU group
- 41 ng/mL in the 4,000 IU group

But none of the women were able to achieve the optimal 50 to 60 ng/mL levels— illustrating that even 4,000 IU of D a day is *much too low* for good health.

In addition, the participants who took 2,000 IU of D daily performed



significantly better on learning and memory tests compared to the 600 IU group. However, researchers reported that the 4,000 IU group had a “slower reaction time” than the 600 IU group.

But in my view, because the researchers didn't do before-and-after cognitive tests on the study participants, it sounds like they led a “dose-finding” study to see how different D doses influenced overall D levels. And then they tacked on the cognitive measurements after the study was completed.

### What *really* causes bone breaks

As a result, the only clear and sensible finding in this limited study was that higher doses of D resulted in better learning and memory test performance—even when the doses were well below optimum.

But some articles about this study only highlighted the slower reaction times associated with the 4,000 IU dose—concluding that “too much” vitamin D may be linked to an increased risk of falls or injuries.

This is a completely ignorant, irresponsible take on this otherwise unremarkable study. In fact, plenty of research shows that bones are more likely to break when women (and men) have suboptimal, lower levels of vitamin D—not “too much.”

Also, ironically, in older women, it's *not* that they fall and *then* break a bone. It's that a weakened bone simply breaks, *and so they fall*.

Therefore, the real finding is this: Higher, optimal D levels prevent bone breaks and falls.

### Is vitamin D bad for your kidneys?

It's not often that medical literature reports on a single case of anything.

Usually, scientific journals demand so-called “gold-standard,” evidence-based studies on multiple people. But that rule seems to be readily suspended when it comes to attempts to discredit vitamin D.

One Canadian study reported on how a 54-year-old man went to the doctor with signs of kidney damage. He had just returned to Canada from a trip to Southeast Asia, where he had suddenly gone from getting very little D in the great white north, to sunbathing six to eight hours per day for two weeks in the tropical sun.

The man was already being treated with drugs for cholesterol, high blood pressure, and gout. He also had a strong family history of kidney disease.

His physician wisely discontinued the blood pressure drugs and diuretics, which can be damaging to the kidneys—especially with the probable heat exposure and dehydration the man experienced in Southeast Asia.

But the patient continued to show signs of kidney toxicity. Doctors then discovered he had been taking 8,000 to 12,000 IU of vitamin D for two and a half years. They also found that his blood levels of D were unusually high.

The conclusion was that these supposedly “high” doses of D led to kidney disease—despite all the man's long-term risk factors mentioned above.

Not to mention his short-term risk factors... After all, the man had just gone from subarctic Canada to tropical Southeast Asia, ramping up his vitamin D production to higher than any dietary supplement could deliver.

The *real* lesson from this study

is to avoid cholesterol drugs, which damage the kidneys and other organs. Instead, practice non-drug methods for controlling blood pressure, like following the Mediterranean diet.

This diet consists of plenty of fresh fish, free-range meat, nuts, seeds, legumes, fruits, vegetables, and full-fat dairy (such as butter, cheeses, and yogurt). (I'll tell you more about reducing your blood pressure and risk of heart disease, *without drugs*, in October's newsletter.) And, of course, if you have a family history of kidney disease, you and your doctor should be extra careful.

So putting aside this highly unusual case, there's no real reason to go against all of the other research showing that 10,000 IU of vitamin D a day is best (and safe) for optimal health.

### Believe it in your heart: You need D

Last but not least, let's look at yet another study that was blown out of proportion by the mainstream. When in reality, all it *really* showed was that miniscule doses of vitamin D are useless in protecting against heart disease. Gee, what a surprise!

As you know, studies consistently show that vitamin D decreases your risk of cardiovascular diseases by directly influencing heart calcium, muscle relaxation, and heart function—and reducing the risk of blood clots.

But a young doctor decided to set the world straight and get his name in the headlines by claiming that vitamin D has “no effect” on heart disease.

The doctor, who was only a hospital resident when he conducted his analysis, purportedly reviewed a

staggering 7,816 studies. But, he cherry-picked just 21 studies for his final analysis.

The vast majority of the studies he chose used pathetically low doses of vitamin D—100, 300, 400, or 800 IU daily. Four of the 21 studies used daily doses of 1,000 IU. Two used 2,000 IU, and one used 4,000 IU.

Furthermore, large numbers of participants in the studies were also prescribed calcium supplements—which, as I often report, *increase* your risk of heart disease.


Also, given the widespread D deficiency in the U.S., study participants likely didn't have optimal D levels to start with—and certainly weren't getting enough sun exposure, or supplementation, to correct it.

### Get your blood tested this month

Despite all of these shortcomings, some of the studies did show benefits of vitamin D for heart and cardiovascular diseases—and a trend for reduced cardiovascular events in older people. But these were buried behind all the junk studies the young

doctor included in his analysis.

Still, at the end of the day, the real lesson is nothing new: Don't use doses of dietary supplements that are *too low!*

Instead, ask your doctor to measure your vitamin D levels *this month*, at the end of summer, and again at the end of winter. (Remember, you'll want to achieve blood levels of 50 to 60 ng/mL.) And then, discuss supplement doses based on your blood levels, medical history, health conditions, and treatments. 

## When you eat can dictate your health

### Follow these two rules to keep chronic diseases at bay

We all know that *what* we eat has a profound effect on our health. But new research reveals that *when* we eat is just as crucial.

It all has to do with the circadian clock—the internal clock that tells every mammal, including humans, when to eat, sleep, and perform other key metabolic processes.

But environmental factors and poor lifestyle choices can wreak havoc with this system.

Fortunately, it's easy to keep your circadian clock on time. Here's what you need to know...

#### What ancient and modern science tells us about the circadian clock

Virtually everything in the natural world has daily and seasonal cycles. Ancient Chinese and Ayurvedic medical practitioners have always known this—and modern research shows these sages were way ahead of their time, yet again.

One recent study found that

the first 12 hours of a 24-hour circadian cycle are associated with cortisol release, a rapid increase in blood pressure, higher alertness, better motor coordination, fastest reaction times, and highest body temperatures. The second 12 hours bring melatonin secretion, deepest sleep, and lowest body temperatures. Then, the cycle starts all over again.

(This is another reason why it's better and safer to add an extra hour of dark in the morning rather than in the evening, when it comes to fooling around with our internal clocks for “daylight savings time.”)

Other research shows that the circadian clock influences all cell and organ functions. And that more than half of the genes in the human body are also regulated on a circadian cycle.

That's why it's no surprise that disruptions to the cycle have been linked to chronic diseases, like:

- Cancer
- Diabetes
- Obesity
- Heart disease

- Dementia and neurological disorders
- Chronic inflammation
- Sleep disorders

The good news is that you can help restore your circadian clock when it starts running too fast or too slow. And it's as simple as knowing *when* to eat your meals.

#### Why it's important to eat earlier in the day

At the American Society for Nutrition conference in June 2019, researchers presented studies showing that diet and nutrition, including meal times and patterns, influence the circadian clock at the cellular and molecular levels.

In particular, time-restricted feeding and intermittent fasting (IF) help balance the circadian clock. And, it turns out, these two approaches tend to go hand-in-hand.

IF means you don't eat for at least 12 hours. This can be as easy as not eating anything up to four hours before you go to bed—and then

having a hearty breakfast after a good night's sleep.

Time-restricted feeding follows the ancient Chinese and Ayurvedic medical practices of timing meals with the daily cycle of the sun. When the sun is climbing highest in the sky (in late morning), your "metabolic fires" are burning at their hottest—so it's a good time to eat.

In fact, the highly recommended Mediterranean-style diet's tradition of consuming the heartiest meal at mid-day is keyed to the daily sun as well. So, make sure your lunch includes Mediterranean components like full-fat dairy, meat, fresh fruits and vegetables, nuts, herbs, and spices,

along with liberal use of olive oil and moderate consumption of wine.

### Two simple ways to keep your circadian clock ticking


When I was a child in France, two- or three-hour lunch "hours," with a little nap after the mid-day meal, were *de rigueur*. Stores and businesses completely shut down between noon and 3 p.m., and the streets would grow quiet. Then, shops would re-open and stay open until 7 p.m.

Many schools and businesses would also close early on Thursdays (or simply not re-open after the noon hiatus), and then operate on half days on Saturdays. Of course, *nothing* was open on Sundays or

holidays. Plus, there are the five week-long summer vacations mandated by French law.

Practices like these made it easy for people to keep their circadian clocks ticking strongly. Today, in the U.S., you may have to work a little harder. But all you have to do is follow these two easy steps:

- 1.) Eat your biggest meals before evening.
- 2.) Try to have at least a 12-hour break between dinner and breakfast.

Voila! What a simple way to help prevent virtually every chronic disease associated with aging! 

## These three botanicals pack a punch against common women's health problems

As the summer blooms start to fade and the fall harvest begins, plants that help promote women's health come to mind.

Many of these botanicals have been used for centuries in traditional medicine. And in recent years, there's been a growing body of research backing up their ancient uses. So today, I'd like to highlight three key (and well-studied) botanicals for women's health.

### 1.) Hibiscus for urinary tract infections

Hibiscus is a spectacular flowering plant that grows throughout the U.S. It's a member of the rose family and is the national flower of Malaysia, where it's known as *bunga raya*, which translates to "celebratory flower."

Traditionally, all parts of the hibiscus

plant are used for food and medicine:

- Seeds are boiled and eaten in soups
- Flowers are used in drinks, herbal teas (cold or hot), jams, jellies, and sauces, or made into a brilliant pink-red-fuchsia natural food coloring

While some data shows that hibiscus has potential as a fertility treatment, most research has focused on preventing and treating urinary tract infections (UTIs).

One study on older residents in a long-term care facility found that a hibiscus drink substantially reduced the amount of UTIs. Researchers thought this was due to hibiscus' ability to reduce renal inflammation.<sup>1</sup>

Hibiscus may also have a diuretic effect that helps prevent UTIs. And other studies show that hibiscus' ability to decrease inflammation may help prevent chronic kidney disease.

Hibiscus is available as a supplement and appears to be safe at **1,000 mg or less** daily.

Although there's no scientific information on effective dosages for hibiscus in teas and beverages, just follow our ancestors' lead and make an infusion. . . using a glass jar, combine dried hibiscus and boiling hot water. Seal the container with a tight lid, and allow to steep until the water cools to room temperature.

### 2.) Chamomile for PCOS

Polycystic ovarian syndrome (PCOS) is an increasingly common hormonal disorder in women. The exact cause of PCOS is unknown, but excess insulin, low-grade inflammation, heredity, and too much of the androgen hormone may be factors.

PCOS symptoms include irregular or infrequent menstruation, infertility,

hair growth or loss, acne, and weight gain. PCOS also has longer-term risks for diabetes, heart disease, and uterine cancer—so catching and treating it early is imperative.

Mainstream medicine prescribes a cornucopia of drugs for PCOS, including birth control pills, hormone therapy, and even breast cancer treatments. But, of course, the mainstream ignores the significant amount of science on natural substances that lower androgen hormone levels and improve insulin resistance in women with PCOS.

Specifically, chamomile contains natural phytoestrogens that have hormonal and metabolic effects. This flowering herb is traditionally used for allergies, anxiety, digestion, and painful menstruation. And a recent clinical trial found that chamomile is also effective for PCOS.

Researchers randomly assigned 90 women with PCOS to take 370 mg of dried chamomile flower, or a placebo, three times daily for 12 weeks.<sup>2</sup> At the end of the study, researchers discovered that androgen hormone levels declined significantly in the women taking the chamomile supplements.

So, along with a balanced, low-sugar diet that reduces inflammation and helps you maintain a healthy weight, chamomile may also be a powerful, drug-free way to prevent PCOS.

Chamomile is available as a supplement. I recommend **350 to 400 mg** daily. Or, chamomile is also available as a tasty tea, which you can brew to taste.

### 3.) Citrus fruit for endometriosis

Endometriosis is a disorder where the uterine tissue starts growing outside of the uterus. This displaced tissue can spread into the pelvis and wrap around organs, creating painful periods, intercourse, bowel movements, and urination.

As many as 50 percent of all women with endometriosis have difficulty getting pregnant. And the condition is associated with higher rates of uterine cancer, too.


As with PCOS, mainstream medical treatment for endometriosis includes hormone therapy—which has dangerous side effects, including cancer. Some women with endometriosis may even have to undergo a hysterectomy.

But a recent study shows that something as simple as increasing your consumption of citrus fruit can substantially lower your risk of endometriosis.

Researchers gave food-frequency questionnaires to nearly 71,000 women who participated in the Nurses' Health Study II.<sup>3</sup> The questionnaires showed that the women who consumed one or more servings of citrus fruit daily had a 22 percent lower risk of endometriosis compared to those who ate less than one serving of citrus per week.

The researchers noted that citrus fruit is high in vitamin A-precursor nutrients like carotenoids, and women with endometriosis tend to have lower vitamin A levels.

So, if you're at risk for endometriosis, I recommend **at least two servings of citrus fruit** daily—such as an orange, grapefruit, kumquat, tangerine, or a sweet lemon or lime.

The bottom line is, if you or a loved one suffers from any of these common women's health conditions, look to your garden—rather than your medicine cabinet—for a simple (and tasty) cure. 

## Cage-free, grass-fed, organic...oh my!

### *What does that food label really mean?*

After exposing the benefits of a whole-food diet and the perils of processed foods this month, let's dive a little deeper into the labels of whole foods. Because while it can be easy to identify processed foods (just look for a bunch of packaging, added sugar, fake fats or sodium, or claims like "fat-free" or "low-fat"), non-processed food labels can be just as—if not, *more*—confusing.

Here are some of the most common labels you'll find on meat, dairy, eggs, fruits, vegetables, and other whole foods.

**Cage-free eggs.** According to the Humane Society of the United States, most chickens are raised in cages that average only 67 square inches of space. There's not even enough room for these poor birds to spread their wings.

Cage-free chickens can roam around, dust themselves off, and lay their eggs in nests, which are key natural behaviors. But that doesn't mean these birds can go outside. Instead, they may spend their lives on the floor of a big warehouse-type facility with thousands of other chickens. So when you buy cage-free eggs, you're helping prevent *some* animal cruelty, but not necessarily all of it.



**Free-range eggs.** Like cage-free eggs, the definition of free-range eggs is regulated by the United States Department of Agriculture (USDA). Free-range eggs must come from hens that are allowed some access to the outdoors.

But the label can be misleading. The USDA permits as many as 100,000 birds in a facility with just a few doors—which don't necessarily have to be opened to let the chickens outside.

**Pasture-raised eggs.** Although this isn't a USDA-regulated term, these are the types of eggs you really want. Especially if they carry "Certified Humane" or "Animal Welfare Approved" stamps, which means the chickens that produce the eggs are guaranteed access to outdoor space.

My daughter and son-in-law have started keeping chickens on our summer property in New England. They range free across our one-acre of grass and woodland, with adjoining wetlands on three sides. They eat ticks, grubs, and other insects, along with high-quality chicken feed. At sundown, they go inside a wooden coop, which protects them from roaming coyotes, fisher cats, and the occasional raccoon. At sunup, we let them out again. They lay plentiful eggs, and our health-conscious neighbors ask to buy them.

A growing number of towns now allow backyard chicken farming. If you're lucky enough to live in one of these areas, I encourage you to consider having your own flock. The best hope for our diet and our health is local, small-scale farming. And you can't get any more local than raising and growing your own!

**Fair trade.** These labels are increasingly showing up on produce, beverages (especially coffee and tea),

chocolate, nuts and seeds, and even seafood. You can also find fair-trade clothing and personal care products.

There are a variety of fair-trade labels, but none are regulated by a governmental entity. So you may need to do some homework to ensure the label really does "walk the talk" for the fair trade mission—which includes environmentally, financially, and socially responsible partnerships with farmers.

A fair trade certification should guarantee that these growers, who are often indigenous people in Africa, Asia, or South America, are being treated and paid fairly, and that they're using sustainable farming methods. Since all of this can be expensive, fair trade foods may cost as much as 30 percent more than their conventional counterparts.

**Grass-fed.** This label applies to meat and other products from cattle, bison, goats, sheep, and pigs. Grass-fed animals have unfettered access to pastures at all times, and aren't fed a grain-based diet. And unlike conventionally raised animals, they usually aren't given antibiotics or growth hormones. The American Grassfed Association offers reputable third-party certification.

I've often written about the health benefits of grass-fed meat. It's a great source of omega-3 fatty acids and conjugated linoleic acid, which has been shown to help lower your risk of breast, prostate, colon, liver, and skin cancer.

**Non-GMO.** In my experience, this label isn't worth much. Sure, many genetically-modified (GM) crops are engineered to be grown with glyphosate—the herbicide found in Roundup®, which is a disaster for the environment and your health. But non-GMO crops can

still be conventionally grown using pesticides and artificial chemicals.

Big GM crops include corn, canola, sugar beets, soybeans, and wheat. If you truly want to protect yourself from these and other GM foods, choose organic—which, by law, can never be genetically modified.

**Organic.** This label is the best for the environment and your health. Anything that carries an organic label has to adhere to rigorous USDA standards, which ban artificial chemicals, fertilizers, pesticides, and GMOs.

Organic farmers may use composted animal manure as fertilizer, and control pests with natural predators, crop rotation, and planting diverse crops. Not only does this produce the highest-quality food, but it also helps reinvigorate soil destroyed by factory farming.

Organic standards require that animals be treated humanely, have access to pasture, and be fed only organic feed. That's the main reason why organic meat, eggs, and dairy are often more expensive than conventional versions.

If you can't always afford organic, check out last July's issue of *Insiders' Cures*. In it, I disclose the Dirty Dozen fruits and vegetables that are most contaminated with pesticides. I advise buying organic versions of these foods whenever possible.

You can also shop locally. If you buy food within 50 miles of where it was grown or raised, you can even check out the farm or ranch yourself. After all, there's no need for labels when you or a trusted neighbor produces your food. Happy eating!

*Citations for all articles available online at [www.DrMicozzi.com](http://www.DrMicozzi.com)*