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Here's why I no longer recommend *any* blood pressure medication

Plus, my 8-step plan to keep your heart healthy without drugs

I have a long-standing conviction that cardiology is one of the worst and least scientific medical specialties out there—all while trying to treat the number one cause of disease and death, especially as you get older. As a result, it's ultimately the most dangerous.

After all, cardiologists still insist on pushing deadly statin drugs. And, as I wrote in the June issue of *Insiders' Cures,* new research shows that only a paltry *7.9 percent* of cardiologists' recommendations are supported by data from multiple randomized, controlled clinical trials, which are mostly subsidized by your tax dollars.

This is particularly apparent when it comes to how cardiologists tackle high blood pressure.

You may recall that high blood pressure—*not* cholesterol—is one of the major risk factors for cardiovascular disease. And the *real* science endorses natural and nutritional approaches for preventing and reversing both high blood pressure and heart disease—through supporting the cardiac muscle, reducing inflammation, and stimulating healthy arteries and blood circulation.

Yet *none* of these scientific findings are included in the crony-corporatist cardiology recommendations. Instead, cardiologists persistently prescribe blood-pressure drugs—and disregard sensible lifestyle modifications, botanical and nutritional remedies, and natural approaches.

These drugs have dangerous side effects, and they *may not even work* for the people who need them most.

Through the years, it's been revealed that the costly clinical trials designed to push new heart drugs onto the market are performed on carefully selected *younger* adults. Meaning these studies typically don't include data about how or if such medications would work for *older* patients—you know, the people with heart disease who actually *need* safe and effective treatment options!

Why I'm rethinking my blood pressure drug recommendations

These faulty studies are the reason why I've advised taking older, generic blood pressure medications in the past, as needed, to keep your blood pressure normal and under control. (Though, recent research reveals different definitions of "normal" for older adults, as I'll discuss in a moment.)

These drugs have been around for many years, so we have a good understanding of their safety and side effects through "post-marketing surveillance." Plus, they're affordable.

But some new developments have made me reconsider that stance…

I've recently been barraged by letters warning doctors that popular blood pressure medications, like generic Losartan and related angiotensin receptor blockers (ARBs), are contaminated with carcinogens (substances capable of causing cancer). Pharmacists in three different states have attempted to reassure us of their safety, but my own personal physician of 30 years says he no longer knows what to think about these drugs.

Which leads me to this question: By taking any blood pressure drug—even a supposedly "safe" generic one—are you trading one deadly condition (high blood pressure) for another (cancer)?

Plus, the drugs that *do* work carry terrible side effects. New research even shows they increase the risk of chronic lung diseases—which isn't surprising when you know how they work. For instance, ACE inhibitors like Lisinopril can cause a chronic dry cough. And recent research shows they

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may be contributing to the epidemic of Chronic Obstructive Pulmonary Disease (COPD). Other generic blood pressure drugs can cause dizziness and an upset stomach, just to name a few potential hazards.

Not to mention, post-marketing surveillance of drug safety isn't all it's cracked up to be. Even supposed "tried-and-true" generic drugs have side effects. Meanwhile, naturopathic physicians (now licensed in many states) don't use *any* drugs, yet still manage to help thousands of patients with high blood pressure and heart disease.

My personal experience with blood pressure readings

Along with making healthy lifestyle choices, I had personally been managing my own blood pressure with Losartan—before all of the non-stop cancer warnings. But in light of these new concerns, I felt more comfortable discontinuing all blood pressure drugs. So, I began continually taking my blood pressure readings at home.

For three weeks, my "in-house" blood pressure readings remained "normal" for my age, at around 130/90. Which made me wonder why they're always higher in the doctor's office…

But then I realized that I'm usually not able to sit and rest for the recommended 15 minutes before any blood pressure reading is taken.

And for many years, I've been gearing up for disagreements with nurses and doctors about cholesterol measurements, flu shots, and assorted nonsense. (You may know it as "white coat syndrome"—the stress and hassle of visiting the doctor's office, which can raise anyone's blood pressure.)

Finally, as I mentioned earlier, there's the ridiculous insistence by cardiologists that everyone must achieve an artificially "normal" *(for a 20-year-old)* blood pressure reading of 120 systolic over 80 diastolic. But this arbitrary number actually becomes somewhat less relevant as we age.

We shouldn't be treated like 20-year-olds

I conducted original research on blood pressure as a medical and graduate student in the late 1970s (and received the annual student research award from the American Heart Association [AHA] for my work). So I'm well aware that there are many years of observational data showing that blood pressure increases with age.

During the mid-20th century, this was called the "asymptomatic rate of rise"—and "normal" blood pressure (at least statistically speaking) was considered to be 100 plus your age. So at age 20, you started out with 120 (systolic). By age 70, that number could "normally" rise up to 170.

These kinds of increases in blood pressure were labeled "asymptomatic" because they didn't appear to cause any health problems. (Although people with systolic blood pressure in the 200s were always considered to need medical attention.)

But then big pharma began inventing expensive blood pressure drugs. And suddenly cardiologists wanted everyone to continue to have readings at 120—like a 20-year-old! Soon, there was an ever-increasing population taking blood pressure drugs. And the goal became clear: Keep blood pressures as low as possible as people got older.

However, as I've reported before, newer studies are showing that *higher* blood pressure readings of 130 or 140 in older adults are actually associated with *lower* rates of dementia, heart disease, and other chronic diseases.

In fact, researchers are discovering that slightly higher blood pressure helps older people's circulatory systems to deliver more blood, oxygen, and nutrients to the tissues—which, of course, helps prevent and treat disease.

Plus, several studies show how doctors fail to reduce patients' blood pressure medication doses, or stop prescribing the drugs altogether, as they get older and require less blood pressure treatments. (The same goes for diabetes drugs for high blood sugar.) Which means *a lot* of older adults continue taking these prescription medications for no reason at all—all while big pharma continues racking in the dough.

Science shows you can lower blood pressure *without* dangerous drugs

All of this new evidence, and continual warnings, leads me to believe that the safest choice is to avoid *every type* of blood pressure drug, including the older, generic ones. But, of course, that doesn't mean letting your blood pressure soar out of control as a result.

Now that I'm off my prescription meds, here's what I do to keep my blood pressure at healthy levels—based on the latest science…

Eat like you're from the Mediterranean. Of course, diet is fundamental for good health. But when it comes to blood pressure management, there's all kinds of confusing nonsense about sodium and nutrients.

All you *really* need to do is this: Follow a balanced diet. The Mediterranean-style diet is the healthiest on the planet, particularly for heart health and blood pressure management.

This diet includes plenty of fresh fruits and vegetables, seeds and nuts, beans (legumes), grass-fed and free-range meat, wild-caught fish, and full-fat, organic dairy (such as butter, eggs, cheese, and yogurt) at every meal. And don't forget the olives and olive oil!

Add some beets. While they're not a staple of Mediterranean diets, beets have many health benefits—especially for the heart.

One interesting new study of men and women ages 18 to 30 and 50 to 70 demonstrated that drinking 150 milliliters (mL) a day of beetroot juice significantly reduced diastolic blood pressure in the older group of people.[1]

Supplement with fish oil and omega-3s. Although fish are part of the Mediterranean diet, it's difficult to get optimal amounts of fish oil's heart-healthy omega-3 essential fatty acids unless you eat seafood every day. And, sadly, most Americans don't eat any fish at all.

That's why I recommend supplementing with high-quality fish oil daily, depending on your seafood intake.

If you eat fatty fish or seafood *almost* every day (about three to five times per week), I recommend supplementing with 1 to 3 grams of fish oil daily. If you eat it two to three times per week, then I recommend 4 to 5 grams of fish oil daily. But if you don't eat any fatty fish or seafood at all, then start supplementing with 6 grams daily.

For my own personal recommendations on high-quality fish oil, head over to my website and browse the "Shop" tab: www.DrMicozzi.com.

Spice up your life with garlic. A variety of studies show that garlic lowers high blood pressure by a significant percentage. In fact, a recent study of 88 people with hypertension showed that taking 1.2 grams of aged garlic extract daily for 12 weeks lowered both systolic (9.6 to 13.4 mmHg) and diastolic (5.2 to 7.4 mmHg) blood pressure readings.[2]

Lucky for you, there's plenty of fresh garlic in the Mediterranean diet to get these optimal effects. So don't hold back when you're cooking!

Go cuckoo for CoQ10. Coenzyme Q10 (CoQ10) is another supplement that's key for heart health—particularly if you take statins. Statin drugs actually deplete your body's stores of CoQ10 and poison its mitochondrial energy factories.

I usually recommend 200 mg of CoQ10 daily. But a meta-analysis of 12 different clinical trials showed that just 60 to 100 mg per day reduces blood pressure by 17 points. That alone can make the difference between your doctor needing to prescribe a drug or not.

Try hawthorn supplements. This herb has been a European folk remedy for heart health for nearly 2,000 years. Hawthorn's antioxidant flavonoids are thought to dilate blood vessels and improve blood flow, which helps lower blood pressure.

One study of people with diabetes and hypertension showed that taking 1200 mg of hawthorn daily for 40 weeks significantly lowered diastolic blood pressure.[4]

Get moderate exercise weekly. You don't have to sweat or breathe hard to lower your blood pressure. In fact, getting up and walking around for five minutes each hour can add up to 40 minutes of activity over the course of the typical eight-hour workday.

You can also significantly improve your blood pressure by swimming, gardening, or even doing housework. I recommend around 30 minutes

of moderate physical activity daily. Studies show your moderate exercise should add up to a total of about 140 minutes per *week*—meaning you actually don't need to exercise *every* day to get benefits.

Meditate. Even the AHA, which seems to have never met a blood pressure drug it didn't like, has released a statement saying that meditation is effective for lowering blood pressure. Among other things, meditation reduces levels of the stress hormone adrenalin that causes blood pressure to rise.[5]

To learn more about meditation and how to fit it into your busy life, check out my book with Don McCown, *New World Mindfulness.* Head over to my website (www.DrMicozzi.com) and browse the "Books" tab to order a copy today!

And for more detailed, step-by-step instructions on the above recommendations—as well as even more drug-free, science-based recommendations for preventing and reversing heart disease—check out my *Heart Attack Prevention & Repair Protocol*.

To learn more, or to enroll today, **click here** or call 1-866-747-9421 and ask for order code EOV3VA00.

What's more effective: Modern medicine's flu shot, or the concoctions of Shakespeare's witches?

Here's everything you need to know about this year's vaccine

In October, I often think of Shakespeare's potions and poisons. These herbal concoctions made for intriguing plot devices in his plays. They also reflect the sophisticated medical knowledge of people in the Elizabethan era of the late 1500s and early 1600s. And they serve as a reminder that herbal medicine was once mainstream.

In Shakespeare's time, "wise women" passed down folk remedies from generation to generation. Many grew gardens of medicinal herbs, which is why Shakespeare's audiences understood the basic properties of these plants. In fact, Shakespeare often mentioned well-known folk remedies in his plays.

Ophelia's bouquet, as you may recall, contained rosemary "for remembrance." And modern studies show this herb benefits cognition and memory.

In *A Midsummer Night's Dream,* Tatiana, queen of the fairies, has four followers named for common household herbal and natural remedies of the time: Cobweb, Mustardseed, Moth, and Peaseblossom (which still offer unique health benefits today).

And one of the most famous Shakespearean potions appears in the cauldron of the three witches of *Macbeth*. The witches pronounce aloud the dark ingredients for their "charm of powerful trouble," including "Root of hemlock digg'd i' the dark." Hemlock is the poisonous potion that Socrates famously drank—probably because his doctors kept nagging him to get a flu shot.

I jest, of course, but flu shots themselves are no laughing matter...

Last year's flu vaccine was only 29 percent effective

A few years ago, I first joked that Shakespeare's witches' brew resembles today's influenza vaccine. But actually, their potion would likely be more beneficial to health than the flu shot for most people.

The Centers for Disease Control and Prevention (CDC) reported that last year's flu vaccine was only *29 percent effective*.[1] They said vaccine formulators were blindsided by a strain of flu they hadn't accounted for—but there are many other fundamental problems with the annual flu shot.

You see, flu vaccines are formulated to fight three or four strains of influenza that epidemiologists guess will turn up in the next year. So when you really think about it, a flu vaccine is about as scientific as a witches' brew.

And yet, the CDC has already begun its yearly campaign for their largely useless and dangerous concoction. In fact, when I recently went to the doctor for a regular check-up, at least three people in the office offered me the flu vaccine. And they didn't want to take no for an answer.

So I mentioned that the U.S. Air Force had stopped giving the flu shot to its civilian employees, which got their attention. For a moment, at least. People generally think of the Air Force as an intelligent group of people—especially the Air Force Medical Service, which helps prepare pilots to fly at high altitude and launch into outer space. (I was studying to join them when I was a cadet at the U.S. Air Force Academy in Colorado Springs from 1971-72.)

I suspect the Air Force Medical Service was very careful about its decision to stop administering the flu vaccine. So while other government agencies continue pushing it, I suggest we pay attention to what the smart people in the Air Force are *not* doing.

But unfortunately, that isn't the case. And when the zealous staff at my doctor's office still urged me to get the flu shot? Well, I went back to Shakespeare and finally told them I use the "Lady Macbeth" plan to prevent the flu. Clearly, from the looks on their faces, I needed to explain myself…

How to avoid a winter of discontent

In Shakespeare's play, Lady Macbeth conspires to have her husband's royal rivals assassinated. Then, she develops a spot on her hand, which she takes as a sign of guilt. So she keeps washing her hands, over and over, crying, "Out, damned spot. Out, I say!"

Then, she asks, "What, will these hands ne'er be clean?" And the doctor in attendance answers honestly, "This disease is beyond my practice." Later, Macbeth says, "Throw the physic to the dogs; I'll have none of it!"

So, while the "physics" at the CDC undergo their annual ritual of "double, double, toil and trouble; fire burn and cauldron bubble," in preparing the next flu vaccine, you can channel Lady Macbeth instead.

Protect yourself from the flu *and* the CDC's vaccine by simply washing your hands regularly with soap and water.

And if by chance you do get the flu, the CDC's calculated contagion factor says you'll likely only infect one other person. So, rest assured, you won't be starting an epidemic. That is, *unless* you got the flu shot.

In a 2018 *Daily Dispatch* ("Flu vaccines increase airborne flu transmission by more than 600 percent"), I reported on a study about people who still contracted influenza even after getting the flu shot (sadly, a frequent situation). And it turns out these people are actually six times more likely to pass on influenza viruses in their exhaled breath.

Bottom line: For most people, the flu vaccine is useless at best—and downright deadly at worst.

You're much better off taking measures to protect yourself naturally. To read my full list of flu-prevention recommendations, see the sidebar on this page.

My flu prevention checklist

To boost your immune system and help ward off cold and flu viruses, I recommend the following:

- High-quality **vitamin B complex** with at least 55 mg of B6 daily
- 250 mg of **vitamin C** twice a day
- 10,000 IU of liquid **vitamin D** daily
- 400 mg of **Magnesium** daily (but never in the form of magnesium glutamate, magnesium aspartate, or magnesium oxide)
- 100 mcg **selenium** daily

If you feel a cold or flu coming on, I recommend adding the following:

- 300 to 400 mg each of **echinacea**, **goldenseal**, and **elderberry extract supplements** as soon as symptoms begin. You can also brew these botanical remedies together into a tea.
- **Wash your hands regularly, and avoid air dryers.** In the February 2015 issue of *Insiders' Cures*, I first wrote about a study showing that hand dryers blast viruses that can linger in restroom air for up to 30 minutes. Whereas simply drying your hands with a paper towel or handkerchief can scrape off any remaining germs left over after hand washing.

Now, please excuse me as I decline the latest robocall from CVS, reminding me to get a flu shot… IC

Men: Protect your prostate and slash your risk of other chronic diseases with this fall favorite

Linus Van Pelt made his debut in the "Peanuts" comic strip in the fall of 1952—when I did—just in time for the Halloween sighting of the Great Pumpkin.

The Great Pumpkin, of course, bestows gifts to all who believe in it. But if Linus had aged like the rest of us, the pumpkin might bring him a different type of gift today—a healthy prostate.

Men's prostate glands may swell as we get older. This condition, known as benign prostatic hyperplasia (BPH), isn't as serious as prostate cancer. But the swelling can obstruct urine flow, causing bladder, urinary tract, or kidney problems.

Urologists treat BPH by removing the prostate or prescribing drugs that reduce the swelling. But as you might guess, I'm not a fan of either "solution."

Especially when you consider there

are so many natural ways to support prostate health…including with pumpkin seeds. I'll tell you more about the health benefits of "The Great Pumpkin" in a moment. But first, let's take a look at another new study that makes me even more skeptical of prostate drugs.

Because as it turns out, some commonly prescribed prostate medications can actually *increase* your risk of Type II diabetes…

Another reason to avoid steroid drugs

The study involved nearly 55,000 men in the U.K. and in the Republic of China (Taiwan) over the age of 40 who had been diagnosed with BPH.[1] The goal was to determine whether a common drug treatment for BPH—steroid 5-alpha reductase inhibitors (finasteride, dutasteride, and tamsulosin)—is linked to higher risk of Type II diabetes.

Of course, all steroid drugs cause problems. They interfere with the immune system and disrupt normal metabolism. And since balancing blood sugar is a fundamental ongoing metabolic process in the body, it's no surprise that previous studies found a connection between steroid drugs and Type II diabetes.

But the results were mixed on whether finasteride, dutasteride, and tamsulosin specifically increased risk. So British researchers designed a large, long-term study to find out.

The study was divided into two parts. The British portion of the study ran from 2003 to 2014, and the Chinese arm lasted from 2002 to 2014. As a whole, researchers evaluated just over 8,000 men taking dutasteride, more than 16,000 on tamsulosin, and nearly 31,000 on finasteride.

During an average follow-up period of 5.2 years, almost 2,100 new cases of Type II diabetes were diagnosed in the study participants. In fact, for every 10,000 men, there were 60 new cases per year in those taking tamsulosin, 76 for dutasteride, and 77 with finasteride.

That translates into a 26 percent increased risk of diabetes in the British finasteride group and a 32 percent higher risk in the dutasteride group. In the Republic of China, the diabetes risk was 34 percent for dutasteride and 49 percent for finasteride.

Compounding the risk

Researchers tried to claim that these increased risks were small. But increasing your chances of getting diabetes by almost *50 percent* hardly sounds "small" to me.

Of course, nobody looked at the "small" risks that accumulate with taking these prostate drugs…*and* a questionable blood pressure drug (see page 1)…*and* a useless statin drug.

Because each of *these* drugs have also been linked to increased risks of developing Type II diabetes—creating a triple threat for the millions of older men who are routinely prescribed this toxic drug cocktail.

But you don't have to be a statistic here. As I discuss in my new online learning tool, *Insider's Ultimate Guide to Perfect Prostate Health*, there are many natural approaches to preventing and reversing prostate diseases that don't require taking steroid drugs—or ANY drugs that increase your risk of other deadly diseases. (For more information, or to enroll today, **click here** or call 1-866-747-9421 and ask for order code EOV3VA01.)

Which leads me back to the new pumpkin study…

Carving out pumpkin's impressive prostate benefits

Austrian researchers gave 60 men with moderate or severe symptoms of BPH 500 mg of pumpkin seed extract every night before bedtime.[2]

After four weeks, 36 percent of the men showed improvement in frequency of urination during the night and retention of urine in the bladder—with symptoms going from "moderate" or "severe" to "mild."

These findings aren't surprising, considering pumpkin's long history of use in traditional medicine. Along with prostate conditions, practitioners use pumpkin to treat rheumatism, swelling, urinary conditions, and intestinal parasites. And modern research shows pumpkin and pumpkin seed extracts and oils have anti-cancer, anti-diabetic, anti-inflammatory, and antimicrobial properties.

Pumpkin seeds are also low in fat and high in protein, linoleic acid (an essential fatty acid), and minerals. Plus, the flesh of the pumpkin contains a lot of natural beta-carotene, an antioxidant and metabolic precursor of vitamin A, as well as other vitamins and minerals.

So after you carve your Halloween jack-o'-lanterns this month, scoop out the pumpkin flesh and cook it in soups, cornbread, or whole-grain risotto. And don't forget to roast the seeds for a prostate-healthy snack.

If you've never roasted your own pumpkin seeds before, it's very easy to do. After cleaning off the pulp, dry the seeds out on a paper towel, toss with olive oil and salt, then roast in the oven at 325°F for 10 minutes. Crack the dried, roasted seeds, extract the inner soft seed, and enjoy!

Many people prefer to eat pumpkin seeds whole, along with the shell. And when you roast your pumpkin seeds to perfection, the outer shells don't really need to be removed in order to eat the seed inside. So it's really up to you, as either option makes for a healthy—and delicious—snack!

The simple treat you can (and *should*) indulge in daily

Don't be tricked by the wrong kind of chocolate this Halloween

I'm not a fan of candy and other sweets. So you'd think that would create quite a dilemma when trick-or-treaters show up at my doorstep…

But I happily hand out dark chocolate to the little ghosts, goblins, and ghouls. Because not only are they getting a tasty treat, but they're also receiving a health boost.

It's no secret that dark chocolate is "choc-full" of beneficial ingredients that significantly reduce the risk of cardiovascular disease, and is one of the natural approaches to a healthy heart and blood pressure (I discuss others on page 3). Research shows it even supports mental health and cognitive function, too.

And now, a large new study shows that eating a few squares of dark chocolate daily may actually help you live longer. Plus, a trio of pioneering studies show that dark chocolate can improve everything from mood to inflammation.

But the key here is eating *dark* chocolate—the kind made with *at least* 70 percent cacao. *Not* the so-called "milk" chocolate, which is mostly sugar.

I'll tell you why this distinction is so important in a moment. But first, let's back up…

The historical importance of chocolate

Chocolate comes from the cacao tree, a tropical plant that originated in Central and South America. The tree produces seed pods packed with as many as 50 cacao beans each.

Ancient Aztecs roasted cacao beans, pounded them into a powder, and then added water. They called this beverage "xocolatl," and often added seasonings like honey or cayenne pepper to mask cacao's bitter taste.

When Spanish explorer Hernán Cortés arrived in Mexico in the early 1500s, he discovered the drink and then brought it back home. Cacao products soon became popular across Europe, and in the mid-1700s, the Dutch began to extract the fat from cacao beans—creating cocoa butter.

This opened the door for all kinds of cocoa confections. One of the most popular being sweet chocolate—a combination of cocoa butter, powdered chocolate, and sugar. In 1875, Henri Nestlé in Europe added condensed milk to this mixture, creating milk chocolate.

The difference between milk and dark chocolate

But, as I discussed earlier, this moniker is deceiving. Milk chocolate only has to contain 10 percent cacao (in the form of "chocolate liquor") and 12 percent milk solids, according to the Food and Drug Administration (FDA).[1]

So what makes up the bulk of a milk chocolate bar? You guessed it—*sugar*. In fact, in your typical 1.6-ounce bar, you'll find a whopping 23 grams of sugar.[2]

On the other hand, the FDA doesn't have requirements for dark chocolate. But these treats are usually defined as containing between 70 and 100 percent cacao.

And cacao content is important for two reasons:

1) The more cacao, the less sugar and other artificial additives

2) The more cacao, the more healthy nutrients you'll ingest

Which leads me to the key study I mentioned earlier…

Dark chocolate has a real leg up on milk chocolate

There's clear evidence that dark chocolate can help lower risk factors of cardiovascular disease. But Italian researchers wanted to see if eating *any* kind of chocolate would improve symptoms of arterial disease in the legs (otherwise known as peripheral artery disease, or PAD).[3]

Their study involved 20 men and women, with an average age of 69, with PAD.

In the first phase of the study, participants walked on a treadmill in the morning. Then, two hours after eating 40 grams (just under 1.5 ounces) of dark chocolate that contained more than 85 percent cacao, they walked again on the treadmill. Researchers measured how far and long the participants walked during each session.

On a different day, the men and women repeated the process…except this time, they ate a milk chocolate bar with cacao content below 35 percent. Again, researchers measured walking time and distance during both sessions.

Results showed that after eating the *dark* chocolate, participants walked an average of 11 percent farther and 15 percent longer than they could earlier that day. *But,* their walking distance and time didn't improve at all after

eating *milk* chocolate.

How dark chocolate supports healthy aging

Researchers concluded that eating dark chocolate results in more blood supply to the legs, which allows people to walk significantly longer and farther compared with those who only eat milk chocolate.

This is important because other studies consistently show that the ability to walk well, faster, and longer is the single best predictor of longevity.

In other words, dark chocolate may actually be one of those magic "anti-aging" compounds that everyone seems to be searching for.

Researchers also noted that dark chocolate is rich in polyphenols, which likely reduce oxidative stress and improve blood flow in peripheral arteries—making it easier to walk. Milk chocolate, however, has far fewer polyphenols—and the sugar content hurts your metabolism.

In fact, researchers measured the participants' blood levels of some of these polyphenols, including the well-known epigallocatechin gallate (EGCG). And they found that levels only increased after eating dark chocolate—a much better source of EGCG than green tea, for example.

Cacao is also a major source of a type of polyphenols known as flavonoids. Which leads me to another pair of recent studies…

Dark chocolate's role in metabolic health

Both studies were conducted in 2018 by researchers from Loma Linda University in California. Participants were given 48 grams (about 1.7 ounces) of dark chocolate (70 percent cacao and 30 percent organic cane sugar).

All participants' blood and brainwaves were measured at baseline and then at various intervals after eating the chocolate.[4,5] Results showed that consuming dark chocolate had positive benefits for inflammation and the immune system, and for memory, mood, and relaxation/stress reduction.

The authors noted this was the first study to determine the effects of dark chocolate on cognitive, endocrine, and metabolic health in humans. Amazingly, the lead researcher explained that before, his team had "looked at the influence of dark chocolate on neurological functions from the standpoint of sugar content—[meaning] the more sugar, the happier we are."[6] (It's hard to believe that *anyone* could still harbor a notion like that in the first place.)

But, of course, it's not the sugar. It's the flavonoids.

It's well known that cacao flavonoids are highly potent antioxidants and anti-inflammatory agents that are beneficial for brain and heart health. And these studies simply drilled into the specifics. As did another…

Results from a seminal study on chocolate and depression

In what is said to be the first study to examine how different types of chocolate affect depression, researchers analyzed data from just over 13,500 participants in the U.S. National Health and Nutrition Examination Survey.[7]

Researchers looked specifically for links between symptoms of depression and chocolate consumption. Other factors from the survey, such as height, weight, marital status, ethnicity, education, income, physical activity, smoking, and chronic health conditions, were controlled to ensure the results measured only the effect of chocolate on depression.

Researchers found that people who consumed *any* kind of dark chocolate during two 24-hour periods had a whopping 70 percent lower risk of depression compared with those who ate no chocolate at all. And the top 25 percent of participants who consumed the most chocolate were less likely to report symptoms of depression.

In contrast, milk chocolate, "white chocolate," and other cacao derivatives had *no effect* on depression.

The "magical" mood lifter

Of course, chocolate is widely reported to hold almost magical mood-enhancing properties. And many people tell me they eat chocolate when their mood is low.

There have been different theories about the chocolate-depression connection. But the one that makes the most sense to me is that cacao contains a number of ingredients that produce a feeling of euphoria, similar to cannabinoids (which are widespread in Nature—not just in marijuana).

Cacao also contains phenylethylamine, a neuromodulator thought to be important for regulating mood. And the well-known anti-inflammatory properties of the flavonoids in dark chocolate may be important, since chronic inflammation has been shown to play a role in the onset of depression (as with many chronic diseases and disorders).

Not to mention, the process of eating delicious dark chocolate can't be separated from the experience. Meaning that the enjoyment of eating chocolate is its own mood booster.

But don't overdo it. Both you and your Halloween visitors can benefit from this simple health treat—without any tricks—by eating just a few squares of dark chocolate a day. IC

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