

Preventing and reversing dementia is possible

Boost your brain starting TODAY with three natural ingredients

Mainstream medicine and big pharma are in the dark winter of our discontent when it comes to dementia.

They want us to believe that spending *billions* of dollars chasing their failed theories and drugs will eventually yield some real clues — and hopefully, some real cures.

But dementia is the prototypical disease of old age. Which means we have precious little time to keep waiting around for *them*.

The good news is that natural approaches to preventing and reversing dementia are readily available. The research is already on record and more is continuously coming out—leading to better and better dietary supplement ingredient solutions.

Of course, big pharma doesn't want you to know this. Because, like I'm always telling you, improving people's health isn't really top of mind for them. Rather, they focus solely on cashing in on one of their futile dementia drugs.

Which is why I'm so devoted to telling you the truth.

In fact, this month I'm presenting the latest highlights of current research showing the brain benefits of three natural nutrients.

So, let's dive right in...starting with one of my favorite kitchen spices.

Curcumin for brain health

Turmeric is an ingredient in popular curry spices, and curcumin is the active ingredient in turmeric. For centuries, turmeric/curcumin has been used in India's Ayurvedic medicine as a remedy for lung issues, fatigue, joint pain, and arthritis.

In modern times, studies show that curcumin is effective for lowering risk of heart disease, cancer, and other chronic, age-related diseases. It's also a superstar for brain health, having been shown in multiple studies to help fight depression, dementia, and Alzheimer's disease (AD).

But mainstream researchers, not content with simply accepting the Ayurvedic evidence for turmeric and curcumin's disease-fighting effectiveness, debate the "mechanism of action"—that is, how curcumin works in the body and brain.

What they've found through lab studies is that curcumin has antioxidant and anti-inflammatory properties. So, the idea that this spice works by reducing inflammation makes sense—because chronic inflammation lurks behind many chronic diseases, including dementia. (And for joint health, reducing inflammation allows the tissues of the joints to naturally repair and rebuild).

But scientists hadn't been able to figure out how curcumin gets out of

the gastrointestinal (GI) tract into the bloodstream, and to the brain—a concept known as bioavailability. So, over the years, there has been concern that curcumin is somehow not really bioavailable.

Which is somewhat ridiculous, in my view, when you consider all of the studies on a *billion* people in India that showed remarkable brain benefits from simply eating curry with turmeric/curcumin as a food ingredient.

Not to mention, the term "bioavailability" is most often used to describe the action of drugs.

But suddenly, the natural products industry has discovered the old science of bioavailability from pharmacology. And that's fine, but their discussions overlook the basic concept that natural products *are not drugs*. And thus shouldn't be expected to *act like drugs*.

In this issue:

Dealing with dementia: Is it time for professional memory care? 4

Update: What I've learned since ditching blood pressure drugs..... 6

Beware of winter weather heart attacks and treatments 8

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 available in a 6th edition and continuously in print since 1995.

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

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Biome-availability is what truly matters

So, what *should* we be focusing on instead? Well, I recently read a presentation about a new, high-tech, bioavailable curcumin ingredient. The manufacturers argued, with some merit, that their formulation is top-notch because it's better absorbed into the bloodstream and then across the blood-brain barrier into the brain itself. (This barrier protects sensitive brain cells and tissues from potentially harmful constituents that get into the blood.)

But what's missing from this bioavailability argument is that natural ingredients also act directly *inside* the GI tract *before* they ever get into the blood, let alone cross the blood-brain barrier.

Meaning natural substances like curcumin work directly on the all-important probiotics that make up your GI microbiome. And this microbiome is already directly wired to the brain and the rest of the body—*naturally*. So a natural remedy actually doesn't need to go beyond the GI tract to be effective after all.

It's what I call "biome-availability." And it's part of the *really* new science we need to understand to fully appreciate why natural remedies like curcumin are so safe and effective.

Why curcumin's biome-availability is important

Biome-availability means that a substance doesn't necessarily need only to be absorbed into your blood to help fight disease. In fact, your body and brain are safest when remedies don't have to cross the blood-brain barrier to be immediately effective.

It's actually best when these natural substances are able to get to work

right away through the physiological wiring already in place between your gut, your body, and your brain. (Otherwise known as the remarkable gut-brain axis.)

Unlike drugs, which skip the important "gut" part of the gut-brain axis (and access), curcumin offers a double health benefit. It goes to work right in the GI tract, and then it works in the blood and in the brain.

A recent double-blind clinical study offers more evidence: Scientists from UCLA (which is a leader in AD research) gathered 40 men and women, ages 50 to 90, with mild memory issues, but *without* dementia.¹

The participants were given either 90 grams of curcumin or a placebo twice a day for 18 months. All participants completed cognitive function tests at the beginning of the study and then every six months, as well as blood tests to monitor their levels of curcumin.

Among those taking curcumin, memory improved by 28 percent over the course of 18 months. There were also mild improvements in mood.

Plus, brain scans of the curcumin group showed fewer signs of amyloid and tau proteins, which have been associated with AD. (Though I personally think the research shows these are waste byproducts that may incidentally occur in parallel with the same processes that produce dementia—and thus can also decline when dementia is reversed).

You can achieve these results by simply eating turmeric, but not everyone likes the taste of food that's sufficiently "curried" to get the right doses. That's why I recommend 400 mg of high-quality turmeric extract per day.

The little blue berry that boosts your brainpower

Over the years, I've shared numerous studies showing the benefits of blueberries for cognitive function and memory.

While concerns about dementia focus on long-term memory issues, some studies show that blueberries have immediate benefits for memory. In fact, the illusory search for a "smart pill" that can be taken to enhance brainpower on the spot may be no further away than a handful of these little blue berries...

A recent study not only confirms that blueberries benefit the brain, but it was also the first to show their specific connection to improving brain blood flow.²

This is key because better blood flow to the brain means more oxygen, glucose, and nutrients to brain cells. That helps the brain perform better, and also protects the sensitive brain tissue from inflammation and oxidation.

Meanwhile, diminished blood flow to the brain is a cause of stroke, cognitive impairment, and degenerative disorders of the brain like dementia.

For this new study, researchers in the U.K. gave a group of adults, average age of 68, either a blueberry extract or a placebo for two weeks. Then they conducted cognitive evaluations while the participants were undergoing MRI brain scans—allowing the researchers to see how certain brain centers behaved at the exact moment when people were taking the cognitive tests.

Results showed that the blueberry extract group had increased activity in the brain. They also had more blood flow in grey-matter areas and the

occipital lobe at the rear of the brain. These areas are where sensory, tactile, and visual information is processed.

The blueberry group also had improved working memory, which has to do with retaining temporary information, like a grocery shopping list, and decision making.

A brain booster for the ages

Other research shows blueberries have cognitive benefits no matter what your age.

In one study, older men and women who drank wild blueberry juice daily for 12 weeks had significant improvements in learning and memory.³

And a study in children ages 7 to 10 showed that blueberries are fast acting in the brain.⁴ The children were divided into two groups: One group was given a placebo drink, and the other group was given a drink made with blueberry extract.

Compared with the placebo group, the blueberry group had significant cognitive benefits just *75 minutes* after consuming the drink, as well as three hours and six hours after consumption.

The bottom line is that blueberries show both short-term and long-term brain benefits. And they're simple to add to your everyday diet.

When they're in season, there are few things more delicious than a handful of wild blueberries. You can find them at your local farmer's market, or they're also easy to grow yourself! Simply get a small bush at your local nursery or grocer this upcoming spring (after the last frost). But when they're out of season, like now, you can make smoothies and other tasty drinks with blueberry powder.

Or, even simpler, you can take a daily blueberry supplement. I recommend finding a polyphenol extract that combines blueberries and grapes, for a total of 600 mg daily.

Two simple tests to rule out dementia

Let's be honest: We've all had "senior moments." And that can create fear that you're "coming down with" dementia or AD. So, with all of the distractions, overstimulation, and upsets of our modern world, how can you tell if a bout of forgetfulness is a temporary mental overload, or something more serious—and permanent?

Fortunately, new research reveals that two five-minute screening tests for people with mild memory problems may not only rule out your chances of getting dementia now, but also for years into the future.

Plus, these tests are a lot better, less costly, and less dangerous than traditional AD tests—like PET scans or puncturing the spinal canal to get fluid for analysis of biomarkers.

The tests are called the University of Pennsylvania Smell Identification Test and the Blessed Orientation Memory Concentration Test. Researchers

administered them to nearly 750 older men and women with mild cognitive impairment, and then tracked the study participants for four years.⁶

During this follow-up period, 101 of the participants developed AD, and another eight developed another type of dementia.

But the researchers also found that a whopping 97 percent of the people who performed well on both tests *didn't* get dementia during the four-year follow-up period. Meaning that the tests were highly accurate in not only predicting current incidences of dementia, but also in predicting future risk of developing the disease.

These two simple tests can be done by primary care doctors right in their medical offices, without the need and expense for medical specialists. So if you're concerned about memory issues, consider asking your doctor about them today.

How a glass of wine can prevent dementia

Blueberries aren't the only fruits with brain benefits. In fact, research shows an extract of grape seeds can reduce cognitive impairment in mice genetically modified to develop a brain condition similar to AD.⁵

Researchers gave the pre-symptomatic mice either a placebo or an extract of grape seeds with multiple plant phenols. These are naturally occurring compounds found in certain fruits and vegetables, chocolate, and wine.

After five months, the mice were at an age when they would be expected to develop the signs of AD.

But instead, the mice given grape seed extract had reduced cognitive decline and improved spatial memory, compared with the mice given the placebo.

And while further research is needed—especially in humans—this

is an exciting finding. It shows that grape seed may actually *prevent* or slow the cognitive decline associated with AD.

Plus, there has already been research on how moderate consumption of red wine, with its natural grape compounds, shows many health benefits in humans—including for the brain. And previous research by the team that did the grape seed study showed that red wine also reduced cognitive decline in the Alzheimer's mice.

Why you need *all* of grape seed's compounds


There are nearly 5,000 different biomolecules contained in red wine (now, that's some kind of bouquet). Out of these, people tend to get most excited about one called resveratrol. But I've always found this to be short-sighted, as resveratrol only tends to be effective at high doses.

Plus, as with any other botanical,

grape seed's health benefits come from the synergy of *all* of its compounds. Isolating one so-called "key" compound like resveratrol is how *drugs* work—and we all know that drugs don't work very well... especially for AD and other forms of dementia.

That's why I recommend sticking with a glass or two of red wine a day, or supplementing with the 600 mg of grape seed extract I mentioned previously. That way, you'll be sure to get *all* of grape seed's brain-boosting benefits.

And there you have it! Three ingredients—backed by good, solid science—that can help boost your brain health: turmeric (curcumin), wild blueberry extract, and grape extract. Plus, incorporating them into your daily diet is much easier than you may think.

To learn more, search for a blend of these three ingredients on my website, www.DrMicozzi.com. 

Dealing with dementia: Is it time for professional memory care?

As I've written numerous times, Alzheimer's disease (AD) and dementia *are* preventable—and sometimes even reversible—with simple lifestyle modifications like dietary changes and supplementation.

(I tell you about three standout natural ingredients that can help in the lead article of this issue. And many, many more natural therapies are outlined in my *Complete Alzheimer's Prevention and Repair Protocol Protocol*—order information can be found towards the end of this article.)

But sometimes even these highly effective natural interventions aren't

enough on their own, and patients may need what health professionals call "memory care." Which means getting help beyond what caregivers can provide inside the home or during home visitations.

The problem is, it can be difficult to determine when to seek memory care. So, let's go over some telltale signs to look for, so that, if and when the time comes, you can be sure to get the additional help you or a loved one needs without delay.

Pay attention to these five factors

Generally, health professionals

recognize five changes or circumstances that may indicate someone needs memory care.

1.) Behavior changes. If someone starts acting in dramatically different ways, that may be a sign of AD or dementia.

For instance, an older person who has always been independent in their decisions and actions may suddenly become apprehensive about driving or going out in social situations. They may also become withdrawn, anxious, and agitated.

Of course, there could be a variety of

reasons for these behavior changes. They may be due to sudden lack of interest or awareness. Or the person may have a physical inability but is too embarrassed to ask for help. There may also be emotional or psychological reasons. So it's important to get professional help in determining cause.

2.) Confusion and disorientation.

These are cardinal signs of dementia. In addition to interfering with daily life, confusion and disorientation can be dangerous for the person experiencing them—and others around them.

Auto accidents may occur when people lose track of the traffic rules, or run a red light or stop sign. On foot, they may forget where they went, or why, and are unable to get back home.

When physical safety is at risk, it's time to consider professional memory care.

3.) Decline in physical health. A noticeable change in health may be one of the first indicators of AD or dementia.

Weight loss and frailty may be a sign that someone is neglecting to shop for food, prepare food, or simply eat. People on prescription drugs can lose track of how many they're taking, particularly with the growing problem of polypharmacy in older people (as I often report).

As with behavior changes, there can be many reasons behind declines in physical health. That's why it's important to get a complete physical exam, along with cognitive evaluations, to learn the cause.

4.) Incontinence. This side effect of dementia can become a big problem for caregivers in the home. It may exceed their physical or emotional capacities and require the type of outside help available in memory

care facilities.

Again, there may be non-dementia-related reasons for incontinence, so a thorough medical exam is imperative.

5.) An incapacitated or overwhelmed caregiver. Many people with dementia are cared for by family members—frequently a senior-aged spouse. But when a caregiver can't continue, it may be time for professional help.

Memory care checklist

If any of the above factors apply to you or a loved one, then it might be time to consider the following checklist to determine if memory care is appropriate.

- Is it safe for the person to continue in their current circumstances?
- What are the person's opinions, needs, and wants regarding the situation?
- What do health professionals and other family members suggest?
- Are there resources and support systems in place, in the home and the community, to help the person continue to "age in place?"

Regarding the last question, here's one practical rule of thumb: Does the person require the assistance of only one person for daily living, or do they need the help of more than one person (this is where incontinence comes into the picture, for example).

If only one caregiver is needed, then staying in the home to age in place may be preferable to relocating to a long-term care (LTC) facility. But if the help of two or more caregivers is needed, it's often more efficient and practical to seek an appropriate LTC facility.

The ins and outs of LTC insurance

Of course, LTC is not covered by

Medicare. It may be covered by Medicaid if certain circumstances are met.

If you work for the federal government, taxpayers have been providing you with LTC insurance for many years. But most taxpayers can't afford this coverage for themselves. And it becomes even trickier when two spouses are debating the probabilities and costs of one or both needing care in the home and/or in a LTC facility.


The calculations for purchasing LTC insurance never made sense to me. That is, until my financial advisor pointed out a new kind of LTC insurance wrapped around a life insurance policy. This approach can be more sensible, and somewhat more affordable when there are two people in the picture.

When someone needs professional memory care as part of LTC, there are also some options that vary in price.

For instance, general assisted living may be sufficient for people with mild to moderate dementia. For people with mid- to late-stage dementia, there are dedicated memory care communities that offer a specialized form of assisted living in which residents can move about securely indoors and outdoors.

Finally, a secure memory care unit in a skilled nursing facility is the best option for those who also have other chronic or complex diseases that need treatment.

So, if you believe that you or a loved one are at risk, consider getting professional help.

And if you'd like to learn more about the natural approaches for brain health that I mentioned above, [click here](#) or call 1-866-747-9421 and ask for order code EO3W101. 

UPDATE: What I've learned since ditching blood pressure drugs

And the secret to why natural approaches are a simple, safe, EFFECTIVE solution

It's been seven months now since I declared my own independence from blood pressure drugs (last July 4th).

It was a decision that was a long time coming. After all, I had mounting concerns about warnings that popular generic blood pressure medications can be contaminated with cancer-causing chemicals. And of course, I worried about the side effects that come with any non-natural remedy.

In fact, a recent study found that people who take angiotensin receptor blockers like Avapro and Benicar have a whopping 63 percent higher risk of suicide than those who take other types of blood pressure drugs (or no drugs at all).¹

Plus, another study found a 29 percent heightened lung disease risk among participants who specifically took popular ACE inhibitor drugs for blood pressure.²

So I felt confident about my decision to kick even supposedly "safe" generic blood pressure drugs to the curb. Because a growing body of science on basic biology and clinical research is showing that nutrients, botanical remedies, and mind-body approaches safely lower blood pressure as well as—or *better* than—most drugs...for most people...most of the time.

This evidence for using non-drug, natural approaches for blood pressure, and what actually constitutes "normal" blood pressure as you get older, has long been hiding in plain sight. But now it's finally coming out in the open.

A recent, unprecedented, two-part article by Dr. M.C. Houston really

brought down the hammer, and neatly summarized many of the non-drug approaches to maintaining healthy blood pressure.^{3,4}

Dr. Houston, we no longer have a (drug) problem—when it comes to blood pressure, at least.

Here are some of the key takeaways from that article, along with what I've learned from my own professional and personal experiences with naturally supporting healthy blood pressure.

Why natural approaches for blood pressure work

Unlike some of the medical myths that suggest "high" cholesterol and "high" salt are linked to cardiovascular diseases, there's no doubt that managing "high" blood pressure is critical for preventing such conditions—including heart attacks, heart failure, strokes, and kidney disease.

After all, science shows that the *real* factors that raise blood pressure relate to the biology of blood vessels, nitric oxide, and nutrient deficiencies, as well as chronic inflammation and immune dysfunction, and oxidation (free radical formation). In other words, it's all about the health of the cells that line your arteries, and preventing ongoing damage.

Study after study shows that dietary supplements—including vitamins, minerals, and natural plant compounds—as well as small dietary and lifestyle changes, produce the same physiological effects as blood pressure drugs. But *without* the side effects.

So it's not surprising that one key finding in Dr. Houston's article is that people with high blood pressure are more likely to manifest certain dietary deficiencies.

Let's take a look at each one...

Minerals are a gold mine

There are several minerals that are key for healthy blood pressure, but perhaps most basic to your diet and nutrition is **potassium**.

Studies show that potassium supplementation for as little as 12 weeks can reduce blood pressure by as much as eight points systolic (top number) and 4 points diastolic (bottom number). And a meta-analysis showed that 1,600 mg of potassium per day reduced stroke risk by 21 percent.

My recommendation: These studies essentially used food quantities of potassium. The best sources include bananas, melons, citrus fruit, spinach and other leafy greens, broccoli, potatoes, and avocados.

With the right diet, I don't believe there's any need to take a potassium supplement—particularly when you're not using a blood pressure drug that makes your body lose this mineral in the first place (they're literally called "potassium-wasting" drugs pharmacologically).

Another mineral of note is **magnesium**. A meta-analysis showed that taking 370 mg or more of magnesium per day reduced blood pressure by three to four points systolic, and two to three points diastolic.

In another analysis of 34 clinical trials, totaling just over 2,000 participants, taking 270 mg or more of magnesium daily reduced systolic and diastolic blood pressure by two points each.

My recommendation: It's easy to fit magnesium-rich foods into your diet. Good sources include leafy greens, nuts, seeds, legumes, avocados, and dark chocolate.

On top of that, consider supplementing with 150-400 mg of magnesium citrate per day, depending upon your health condition and goals. Just be sure to avoid magnesium glutamate, aspartate, and oxide.

At the end of the alphabet, we find **zinc**, another important, but often neglected, nutrient. Plenty of studies show that zinc acts in tissues like the heart and blood vessels to reduce chronic inflammation, oxidative stress, and—you guessed it—blood pressure.

My recommendation: Meat, shellfish, eggs, dairy, legumes, nuts, and seeds are good sources of zinc. I also suggest supplementing with 50 mg daily.

Finally, let's talk about **calcium**. There's no evidence to suggest that calcium supplementation can reduce blood pressure. In fact, studies show quite the contrary...that taking calcium supplements *increases* the risk of heart disease and dementia.

That's why calcium *must* come from a balanced diet that includes plenty of full-fat dairy, leafy greens, and bony fish like sardines—and not from supplements.

Meat and seafood for healthy blood pressure

Next are some strong findings that won't go down easily with the anti-meat, low-protein, low-fat, politically

correct crowd. (Another reason why the faulty recommendations of cardiologists and their co-dependents, such as the American Heart Association, go against the grain, so to speak).

I recently reported on a new bombshell analysis of prior studies totaling almost 4 million people. The conclusion? **Red meat** consumption *does not* make you unhealthy.

That's right...researchers found no convincing data that suggested eating red or processed meat increases the risk of developing cancer, Type II diabetes, or heart disease. In fact, they found the exact opposite—eating red meat in place of other processed foods filled with sugars and refined carbs was associated with a *lower* risk of developing these diseases.

Meanwhile, other research shows that a *higher* intake of **complete proteins** (the kind found in meat and seafood) is strongly associated with *lower* blood pressure.

A huge analysis of 40 controlled clinical trials showed that a diet higher in protein and lower in carbs was associated with *reduced* blood pressure.

And one study found that adding protein to the diet was associated with reductions of six points systolic and three to four points diastolic in people with high blood pressure. Plus, another study found that eating an extra 20 grams per day of protein for six weeks reduced blood pressure by 8 points systolic and 5 points diastolic.

Seafood is an excellent source of this type of protein. One study found that consuming 1.5 grams of protein daily from mackerel and tuna lowered blood pressure by more than 10 points systolic and 7 points diastolic.

Part of the benefits of protein may

relate to its **amino acid** content. In fact, consuming 12 grams a day (a food quantity) of the amino acid arginine has actually been found to lower blood pressure by six points systolic and seven points diastolic.

Plus, a small study of people who consumed 6 grams a day of the amino acid taurine for seven days showed a blood pressure reduction of nine points systolic and four points diastolic. And finally, a larger study of 120 participants found that taurine reduced blood pressure by seven points systolic and three points diastolic.

My recommendation: A healthy amount of protein is 1.5 grams per kilogram of body weight per day. But you don't have to break out the calculator if you follow my simple, balanced diet.

Eat at least two servings of wild-caught fish a week, including fatty fish like salmon and mackerel. And three to four times a week, eat meat from organically raised, grass-fed cattle.

Combined with daily doses of full-fat dairy, this gives you the optimal amount of protein and amino acids that will help keep your blood pressure in check (not to mention protect you from many other chronic diseases).

Don't forget the healthy fats

Like red meat, fats are often demonized by the mainstream. But even the most crony-corporate doctors are starting to see the value of **omega-3 fatty acids** for a variety of health conditions—including high blood pressure.

A huge analysis of 70 clinical trials found that taking 300-15,000 mg of omega-3s for four to 26 weeks reduced systolic blood pressure by up to five points.

Of course, that's a big range. So here's what I suggest...

My recommendation: Fish oil is the best source of omega-3s. But even if you eat my recommended two to three servings of fish or seafood a week, that's likely still not enough. So I recommend supplementing with 4-5 grams of fish oil daily. Look for a product that contains 1,400-1,800 mg of EPA fatty acids and 1,000-1,300 mg of DHA fatty acids.


Plus, the essential fats in **olive oil and olive leaf extract** have also been shown to lower blood pressure. In one study, doses of 500 mg per day reduced systolic pressure by six

points and diastolic by five points. Meanwhile, 1,000 mg per day of olive leaf extract reduced systolic pressure by 13 points and diastolic by five.

In a study of older people with high blood pressure, olive oil reduced systolic pressure by 14 points. And another study found that people who regularly consumed olive oil cut their use of blood pressure drugs in half.

My recommendation: Olive oil is a key component of a heart-healthy Mediterranean diet (which I often write about). You can take olive oil supplements, but I prefer a hearty drizzle of extra-virgin olive oil on my vegetables, seafood, and salads.

Of course, there are many more natural ways you can maintain healthy blood pressure—*without* resorting to drugs. You can read all about them in my *Heart Attack Prevention and Repair Protocol*.

This innovative, online learning tool provides step-by-step guidance, unlocking the natural, heart-healing pathway to low blood pressure, a stroke-free brain, and never taking a dangerous heart medication again. To learn more, or to enroll today, [click here](#) or call 1-866-747-9421 and ask for order code EOV3W100. 

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

NEWS BRIEF

Beware of winter weather heart attacks and treatments

A new study shows that cardiologists perform more treatments for heart attacks during winter than at any other time of the year. And the researchers believe air pollution may be part of the reason for this trend.

I've warned you many times before about both cardiologists and their useless, unnecessary treatments. And, of course, how the best way to avoid them is to keep your heart healthy.

But that can be more difficult during winter. Extreme changes in temperature can put physiological stress on blood vessels and the heart. Shoveling snow and overexerting yourself is a very real danger for heart attacks. Plus, it can be hard to keep up moderate exercise routines, like daily walks, when it's icy and cold outside.

And now, the very air you breathe may contribute to winter heart attacks—leading to invasive and useless cardiologist procedures.

Air pollution and heart attacks

Polish researchers measured air particulate matter—ranging from mining and quarrying byproducts, to wood and coal heating smoke, to lawnmower and automobile exhaust—in various parts of their country. They then designated six “clean,” or

unpolluted areas, and five “dirty” areas.¹

Next, researchers looked at the medical records of 5,648 people from clean areas, along with 10,239 people from dirty cities, who had all undergone stent insertions after a heart attack. Then they compared the dates of those procedures with air-quality data.

They discovered that stent procedures were done more frequently in winter, when air pollution was at its highest.

Not surprisingly, the mean particulate matter concentrations were twice as high in polluted cities compared with unpolluted areas. But even in areas where pollution was low, a day-to-day increase in particulate matter was still associated with greater numbers of stent procedures.

More people equals more cardiologists

Although it wasn't considered by the study researchers, I would also point out that these same polluted, urbanized environments have more heart doctors and more facilities that perform dangerous, invasive procedures for heart attack treatment in the first place (like angioplasty and stenting).

Plus, cardiologists may simply be around more during winter—instead of away on summer vacation or

junketing to big pharma-sponsored medical meetings in fall and spring.

Remember the studies showing heart patients in Canada do better in more rural areas where there are fewer cardiologists and, consequently, residents make fewer visits to cardiologists? And how other studies show death rates among patients who suffer heart attacks are lower when they're admitted to hospitals on weekends and holidays, when cardiologists are NOT around?

Well, that makes it tempting to think how much heart health would improve, and heart attack deaths would decline during the winter, if cardiologists simply got snowed in at a remote location for a while.

At the end of the day, just be cautious. While you know I'm a fan of getting outdoors in Nature whenever you can, you may need to rethink your routine during extreme cold weather. Especially if you live in a place with higher levels of air pollution.

And take extra steps to protect your heart this winter (and year-round) with the steps outlined in my online *Heart Attack Prevention and Repair Protocol*. To learn more, or to enroll today, [click here](#) or call 1-866-747-9421 and ask for order code EOV3W100.