

## BREAST CANCER BOMBSHELL

# New research reveals fatal flaws in all three of mainstream medicine's go-to treatments

*Plus, my 4-step plan for combatting breast cancer NATURALLY*

Last year, breast cancer topped the list of the most commonly diagnosed cancers globally—surpassing lung cancer for the first time, according to the International Agency for Research on Cancer (IARC).<sup>1</sup>

That's quite a development, considering lung cancer attacks both men *and* women, while nearly the entire brunt of breast cancer falls upon women (although male breast cancer is a rare but growing problem).

But even though breast cancer accounted for almost 12 percent of an estimated *19 million* new cancer cases in 2020, IARC data showed that it ranked only fifth in total cancer deaths worldwide. More people died from lung, colorectal, liver, and stomach cancer than from breast cancer.

Which *seems* like a silver lining. But here's a hidden statistic: Breast cancer still ranks first in mortality in 110 countries. In fact, IARC maps show that while breast cancer incidences are highest in the U.S., Canada, Europe, Japan, and Australia, mortality rates are highest in Africa and Southeast Asia. Meanwhile, Chile has elevated levels of both diagnoses and deaths. So, what's really going on?

Well, it all has to do with how breast

cancer is diagnosed and treated (or *not* diagnosed and treated) throughout the world. And it exposes how little progress has been made on both of those fronts in the U.S., despite our 50-year, trillion-dollar “war on cancer.”

But the good news is, you don't have to rely on antiquated, ineffective, and even dangerous breast cancer screening and treatment methods. There are simple, *natural*, effective steps you can take to substantially reduce your risk of all cancers—including breast cancer.

I'll share some of those steps in just a moment. But first, let's take a closer look at the current state of mainstream breast cancer diagnosis and treatment.

That includes shocking new research showing that common breast cancer treatments (like chemotherapy) and some surgeries (like mastectomies) are *useless* for quite a few women diagnosed with breast cancer...and how radiation can be much more toxic than doctors report.

### **Uncovering the disparity between breast cancer diagnoses and deaths**

Pink ribbons celebrate all of the lives that were saved from breast cancer—

but the truth is, most of those lives were never really at risk. And the IARC data exposes this as one of the biggest problems with the U.S. “cancer industry.”

In other words, since we've devoted so much time and attention to cancer *diagnosis*, we've reached the point where *any* sort of breast cell abnormality is frequently classified as cancer—even if it doesn't spread or kill. (But we should more accurately think of these incidences—including ductal carcinoma in situ [DCIS]—as “fake cancers,” because they're rarely fatal.)

Meanwhile, true, aggressive, and potentially deadly breast cancers are

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

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

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 Publisher: Katherine Wheeler  
 Executive Editor: Amanda Angelini

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woefully neglected.

But many other countries can't afford (or don't have the health resources) to diagnose and treat these "fake cancers." As a result, breast cancers detected in those countries are *real*—which helps account for the higher death rates in those 110 countries reported by the IARC.

Plus, the increase in breast cancer diagnoses worldwide is likely attributable to "marked changes in lifestyle, sociocultural contexts, and built environments," according to the IARC.<sup>2</sup> That obscure language translates to women bearing fewer children, along with delayed childbearing. I would also add earlier ages of puberty, later ages for menopause, and lack of breastfeeding.

The IARC also contributes being overweight or obese, with lack of consistent physical activity, to the growing numbers of breast cancer diagnoses worldwide. But I've observed this is difficult to demonstrate among the middle-aged and older women who are the typical victims of breast cancer (although *diet* is a factor in breast cancer risk, which I'll discuss in a moment).

### **How the U.S. lags behind in predicting breast cancer deaths**

Fortunately, breast cancer generally has good long-term survival rates, especially for women who get the disease in middle age or older. Many women survive breast cancer for the first five years (a typical milestone for success against cancers in general). And quite a few live 20 years or longer after their initial diagnosis.

But for some women, breast cancer can recur. In fact, the key statistic regarding whether breast cancer becomes fatal is based on recurrence. Knowing the rate, extent, and timing of breast cancer recurrence is key to planning medical care and predicting

long-term health status.

That's why studies on breast cancer should follow women for a long time, collecting accurate information about recurrence and survival. But, sadly, I've seen personally how cancer research has been in the dark for decades regarding the critical question of breast cancer recurrences.

When I went to work as a young researcher at the National Cancer Institute (NCI) in the mid-1980s, the government had recently completed a huge, expensive study on screening for breast cancer called the Breast Cancer Detection Demonstration Project (BCDDP). The study included tens of thousands of women at 29 different medical centers around the country.

As young researchers, we recognized it was a perfect group of women to continue to follow. Not only could we learn more about survival from and recurrence of breast cancer, but we could also look at additional risk factors and other health issues for women (such as heart disease and hip fractures) that were of growing concern.

We went around the country to the different medical centers, meeting with leading doctors about ongoing study of these women who were currently being seen at their centers. The doctors and researchers were enthusiastic about our plans.

But then, suddenly, the big political boss at our division of NCI pulled the rug out from under us. (I heard he instead wanted to chase ridiculous theories about what causes breast cancer or what could prevent it.) And the "Further Follow-up" I had set up for the BCDDP group was abruptly cancelled. (Which was really disheartening and embarrassing for a young researcher after making commitments with leading cancer researchers around the country.)

And even though a BCDDP follow-

up did continue in some form, the NCI *still* doesn't have the data on breast cancer recurrence that doctors needed then—and still need today. But now, more than 40 years after the BCDDP began, there's finally hope that this crucial data will at long-last be collected...

### SEER-ing into the future

It's been a long time coming, but the NCI *finally* wants to track long-term breast cancer recurrence and survival—using another big, costly database called SEER (Surveillance, Epidemiology, and End Results).<sup>3</sup>

SEER, which began back in 1973, is the gold mine of all U.S. cancer data. At first, the focus was on getting accurate statistics on the incidences of different types of cancers. Then, SEER expanded to include subgroups of cancers at various stages of diagnosis.

But SEER has *never* included information on the recurrence of cancers. Even though that's the information that patients who survive cancer, and their doctors, really need to manage their lives and medical care.

Now, the NCI has reportedly added a long-term SEER goal of collecting data that will allow calculation of breast cancer recurrences—although it's expected to take a couple years.

But, of course, there won't be any real research investment into all of the *natural* approaches that help fight against and keep cancer at bay, including breast cancer. Which is really tragic in light of the new research I mentioned earlier about the perils of chemotherapy, radiation, and some common breast cancer surgeries.

Let's begin with the chemotherapy research...

### Researchers find chemo useless for many breast cancer patients

A new study out of Indiana University

looked at recurrence in women whose breast cancer had spread to the lymph nodes ("real" breast cancer). It was a follow-up to a previous study that included women with estrogen-receptor-positive breast cancer that hadn't spread to their lymph nodes.<sup>4</sup>

Both studies showed that in postmenopausal women, there was *no benefit* to chemotherapy treatments alone, without accompanying hormone treatments.

**"The results could not be more convincing,"** said Dr. Kathy Miller, one of the study authors. "In the postmenopausal patients, which was roughly 75 percent of the patients enrolled in this trial, there was absolutely no benefit to chemotherapy—not a trend, not a hint, not a suggestion."

I don't have to tell you what an amazing conclusion this is. When the researchers put it this way, it means there's no way statisticians can manipulate the data to make something imaginary appear.

In both studies, there was a slight benefit for chemotherapy in premenopausal women. But it's important to note that breast cancer in premenopausal women is a much rarer form, with differences in risk factors. According to Dr. Miller, the data suggests that the "lion's share, if not the entire benefit" of chemo in these younger women came from its impacts on the ovaries.

Although, in the younger women whose ovaries were still producing estrogen, chemo poisoned the ovarian tissue so it couldn't carry out its normal function of making estrogen—meaning that the "chemo effect" was really the result of hormone therapy as well.

Dr. Miller didn't go so far as to discount chemotherapy treatment for all women with breast cancer. But she did say that chemo is "no longer a mandate or a firm

recommendation" in women who are also getting hormone therapy.

Overall, she concluded: "This is a great day for our patients in terms of the more rational use of chemotherapy—that is, getting chemotherapy to those who need it and will benefit from it, and sparing the toxicity from those who won't benefit."

### Doctors underestimate toxicity of radiation treatments

If this new chemotherapy research weren't enough to make doctors and patients completely rethink conventional cancer treatments, a new study shows that radiation therapy for breast cancer has much worse side effects than doctors acknowledge.<sup>5</sup>

Researchers analyzed reports of side effects from nearly 10,000 women who underwent breast irradiation following a lumpectomy. They then compared the women's reports with their doctors' reports of side effects.

The researchers assessed that physicians failed to recognize four key symptoms of radiation toxicity—pain, swelling, heat and redness, and fatigue.

(It appears these doctors need to go back to Medicine 101, where all students are taught that these symptoms are the cardinal signs for recognizing injury—known 2,000 years ago to the ancient Romans as *tumor*, *calor*, *rubor*, and *dolor*. It doesn't get any more basic than that for examining the patient—unless you're too busy fiddling with fancy, high-tech radiation beams and tubes.)

In fact, data showed that the doctors failed to recognize at least one of these symptoms in a whopping *53 percent* of patients who reported radiation side effects.

More specifically, doctors ignored or underreported symptoms in 31 percent of women who had moderate to severe pain, 37 percent who had frequent

itching, 51 percent who had frequent swelling, and 19 percent who had severe fatigue.

This is a key finding because, typically, it's the doctors' underestimated figures that make it into the scientific literature and are reported to government "watchdogs." (I had reported years ago that doctors tended to ignore the side effects of cancer screenings and treatments, but it didn't look *this* bad at the time).

This ultimately means that the so-called "scientific conclusions" that radiation only has minimal side effects should now be in question. And perhaps in the future, mainstream medicine will listen more closely to the women actually *experiencing* the side effects, rather than the physicians who ignore them.

Just because toxic side effects of any treatment are "routine" and "expected" doesn't mean that patients don't experience them—and that they shouldn't speak up about them.

### **Breast cancer surgeries you should avoid**

Of course, radiation and chemotherapy are relatively new treatments for breast cancer. But new research shows that even the old standby of surgery may no longer be needed for some women.

Surgery has been the signature medical treatment for breast cancer since the 19<sup>th</sup> century. The basic idea is to take out the cancerous tumor and any tissue that might also harbor cancer cells.

There are many different kinds of surgical procedures for breast cancer, but the new study reports that two of the most common actually have no meaningful clinical benefit.

Researchers evaluated data on surgeries involving nearly 1 million U.S. women who had been diagnosed with breast cancer between 2004 and 2016.<sup>6</sup>

They found that rates of contralateral prophylactic mastectomy (taking off the healthy breast along with the breast with cancer) more than doubled during the study period—despite being determined by surgeon groups to be a "low value" procedure for women at average risk of breast cancer.

In addition, rates of lymph node biopsies among women ages 70 years and older with hormone-responsive tumors increased from 78 percent in 2004 to a whopping 87 percent in 2012...despite findings from a 2013 study showing *no survival benefit* to this procedure.

So why are doctors continuing to perform these useless, painful, disfiguring, and expensive surgeries?

As for biopsies, researchers speculate that surgeons are either unfamiliar with the evidence that they're ineffective, or they may feel the procedure adds only minimal time and risk to a patient's operation.

For contralateral prophylactic mastectomies, the researchers believe the decisions are actually being made by the patients themselves. Women undergoing mastectomies of a cancerous breast may be afraid they'll get cancer in the other breast—even without any evidence showing that will happen.

The researchers said one way to avoid this is to prioritize lumpectomies (where affected breast *tissue* is removed) over mastectomies in women with smaller cancers.

In my view, I think this all goes back to what I discussed earlier about the American mania with overdiagnosis and overtreatment of breast cancer. Surgeons are determined to "cut out cancer" any way they can. But women can combat that thinking by making sure they're properly educated and counseled about *all* of the risks and benefits of a procedure.

So, my advice is this: Never be afraid to ask your doctors why they recommend any kind of breast cancer treatment—and insist they share any evidence behind their decisions.

### **Four steps to safely and effectively lower your risk of breast cancer**

It's clear that the U.S. medical establishment has been way off on its approach to breast cancer diagnosis and treatment—from refusing to track key statistics like recurrences, to insisting on useless and toxic surgeries, chemo, and radiation.

But there are some simple ways you can reduce your risk of breast cancer—and eliminate the need for questionable screening and treatment methods in the first place.

Here's my four-step, evidence-based approach...

**1.) Load up on fruits and vegetables.** A study of 1,042 women found that carotenoids in foods—alpha-carotene, beta-carotene, lycopene, lutein, and zeaxanthin—may help prevent breast cancer.<sup>7</sup> (I helped discover the roles of these carotenoids in human nutrition and metabolism, and their nutrient composition in foods, back in the mid-1980s.) Not only are carotenoids powerful antioxidants that can protect against DNA damage, but the researchers noted that they may even help keep normal cells from mutating into cancerous cells.

Alpha-carotene is found in orange foods like pumpkin and carrots. Beta-carotene is also found in carrots, along with leafy greens and peppers. Lycopene is what makes foods like tomatoes, watermelon, and grapefruit red. And you can find high doses of lutein and zeaxanthin in leafy greens.

**2.) Take your daily vitamins.** All of these carotenoid-rich fruits and

vegetables are also high in B and C vitamins. But I also recommend taking a high-quality B complex vitamin every day (with at least 55 mg of B6), along with 250 mg of C twice a day.

A variety of studies have shown that vitamin E can also help prevent breast cancer. I recommend 50 mg per day, together with a healthy, balanced diet.

And it's no surprise that the wonder vitamin, D, has been shown in numerous studies to be protective against breast cancer. Plus, if you're diagnosed with breast cancer, a long-term study involving 4,443 women found that taking higher levels of vitamin D improves quality of life and **doubles** your chances of survival.<sup>8</sup> As always, I recommend 250 mcg


(10,000 IU) of D3 every day.

**3.) Eat calcium-rich foods.** Research shows that calcium and vitamin D together are protective against breast cancer. As I often report, it's essential you get calcium from your diet, as calcium supplements are ineffective and dangerous. So be sure to eat plenty of wild-caught seafood, grass-fed and -finished meat, and organic, full-fat dairy.

**4.) Supplement with selenium.** Research shows this mineral can help suppress a protein involved in tumor development, growth, and metastasis. In fact, an analysis of nine studies involving more than 150,000 people found that selenium supplementation cut the risk

of *all types* of cancer by 24 percent.<sup>9</sup>

Of course, there are *dozens* of natural approaches—without toxic side effects—to help fight against all types of cancers, including breast cancer. I've outlined them all in great detail in a groundbreaking online learning tool, my *Authentic Anti-Cancer Protocol*.

This all-inclusive protocol is the sum total of more than 40 years of personal research, study, and experience in natural cancer treatment. And every solution you'll hear about has been studied and researched by countless, cutting-edge medical institutions. To learn more about it, or to enroll today, [click here](#) or call 1-866-747-9421 and ask for order code EOVS3X500. 

## Fact or fiction: Can you really swap that healthy salad for a little pill?

I recently received a question from a reader that made me think of the 1960s cartoon, "The Jetsons."

Even though the show was supposed to be set 100 years in the future, some of us already use its "space-age" technologies. We chat via video, use robotic vacuums, and watch flat-screen TVs (although I'm still waiting for my flying car!).

We could debate about whether these innovations add to or subtract from our daily lives. But one thing there's no dispute about is humankind's increasing reliance on fake, supposedly "new-age" foods—like the "food pills" Mrs. Jetson would serve for dinner.

Which brings me to my reader's question:

*Dr. Micozzi has commented on fruit juice relative to the actual fruit and the significance of its matrix. But I would like to ask him about dehydrated fruits*

*(and veggies) that are then ground and sold as an expensive pill. Is the water an important part of the matrix? Does grinding the dehydrated fruit also further destroy that matrix? Is this form still of nutritional value for someone who doesn't eat fruits and veggies in their fresh mode?*

My short answer is this: Fruit and vegetable pills may have been adequate nutrition for the Jetsons, in a cartoon, but they do next to nothing for the rest of us, in real life. So, let's take a deeper look into why I think you should avoid these cartoonish concoctions—now *and* in the future...

### The numbers don't add up

When you eat a "rainbow" of fresh produce, you're ingesting dozens of nutrients—including vitamins, minerals, phytochemicals, antioxidants, and dietary fiber. That's why I always advise consuming six

to eight servings of whole fruits and vegetables a day.

Indeed, this cornucopia of compounds helps protect against diseases (like breast cancer, see page 4) by balancing your immune system, fighting inflammation, lowering blood pressure and blood sugar, and supporting a healthy gastrointestinal (GI) microbiome.

So the real question is: How can a couple little "fruit and veggie pills" possibly provide meaningful doses of *all* of the many different nutrients found in six to eight servings of whole fruits and vegetables?

Well, they can't. It's scientifically and mathematically *impossible*.

### There's proof behind my logic

I don't often talk about "proving" something in science because it's a matter of weighing evidence from

many different sources, which are constantly evolving and adding data. But when it comes to physics and mathematics, there are indeed proofs in which we can know something to a degree of metaphysical certitude.

And that applies to “food” pills.

I’ve performed calculations proving beyond a shadow of a doubt that the tens of thousands of milligrams of individual nutrients and phytochemical ingredients present in the recommended six to eight daily servings of whole fruits and veggies (totaling about 4 kg wet weight) cannot possibly be packed into supplement capsules containing only a few hundred milligrams total.

In fact, a proper dietary supplement formulation focusing on just one specific kind of nutrient combination typically requires hundreds of milligrams, in multiple capsules, and ultimately is only able to address just a half-dozen targeted nutrients and phytochemicals.

So when you try and substitute pills for whole fruits and vegetables, there’s no question you’re missing massive quantities of vital nutrients. It’s simple physics, biology, and chemistry—and arithmetic.

### But what about the water?

Fruits and vegetables can be up to 90 percent water, so the argument some pill manufacturers try to make is that they concentrate the nutrients by taking out the water. But you also can’t possibly dehydrate *meaningful* amounts of whole produce, with meaningful doses of all their ingredients, into those little pills.

Think of it this way... I like the old Contadina tomato paste commercials about getting “eight great tomatoes into a little, bitty can.” (Eating eight tomatoes is a great way to get nutrients like lycopene, which I helped discover back in the mid-1980s—as I

discuss on page 4).

But the small can that holds eight dehydrated tomatoes (or any other fruit or vegetable) is only about 14 ounces (the equivalent of about 400 grams or 400,000 mg).

Meanwhile, most standard-size, high-quality dietary supplement capsules only contain about 400 mg of any single nutrient as a starting dosage. So how could a 400 mg pill contain the entire 400,000 mg smorgasbord of nutrients that’s supposedly packed into fruit and veggie pills?

You could dehydrate your produce to be as dry as the Gobi Desert, or the sands of the Kalahari, and it’s still arithmetically, physically, and chemically impossible! In fact, for the theory behind dehydrated fruit and veggie capsules to work, the whole food would need to be 99.99 percent water—which you know, taste, see, and feel just can’t be the case.

### Beyond the matrix

Of course, my concerned reader astutely pointed out the importance of the matrix in fruits and vegetables. This fiber matrix, which is essentially the connective tissue in produce, holds the nutrients in place. It also influences the digestion, metabolism, and absorption of all of the ingredients, creating a slow, gentle effect that adds to the overall nourishment of the blood and the body.

For example, the matrix is what makes the fructose (or fruit sugar) “safe” in fruits, helping to release it slowly into the body. Eating whole fruits with fructose in their natural food matrix is *nothing* like consuming ultra-processed confections or soft drinks with refined sucrose (table sugar), or so-called high fructose corn syrup—which is a really nasty misnomer because it’s only a little isolated fructose artificially added to refined corn syrup.

(Store-bought fruit juices have some of the food matrix broken down, and possibly some of the pulp, fiber, and nutrients removed, depending on how the juice is processed and bottled. As liquefied fruit, you end up getting a bigger dose of fructose.)

So, the upshot is that the matrix in fruits and vegetables is *very* important to ensure that the healthy constituents are properly absorbed and used in the body. And that’s yet another reason why fruit and veggie pills, which remove that weighty matrix, are not a good choice.

### The importance of plant chemicals

Having said all of this, one question remains: Do you absolutely NEED fresh, whole, organic fruits and vegetables in your daily diet? Or can you be adequately nourished on a diet of full-fat dairy, organic, free-range meats, and wild-caught seafood—without plant-based foods (or with a daily dose of fake fruit and veggie pills)?

Well... meat, seafood, and dairy contain essential fatty acids, fat-soluble vitamins (A,D,E), bioavailable essential minerals (calcium, iron, magnesium, selenium, and more), and complete proteins—which are difficult to get from plants—and they also contain the water-soluble nutrients (vitamins B and C) *you do* get from plants. (Red meat actually holds the primary storage reserves for vitamin C in the body.)

As I’ve written before, there are human societies from both prehistoric and modern times that grow no crops and eat mostly meat or seafood (for example, the Inuit people in the Arctic). So it *is* possible to survive and even thrive without eating plant-based foods. On the contrary, science shows there are all kinds of nutritional deficiencies associated with a purely plant-based diet.

BUT, if you don't eat any fruits and vegetables, you're missing out on phytochemicals. Phytochemicals aren't classified as nutrients, but have many beneficial properties that are just coming to light. They're not yet well enough studied to be considered *essential* nutrients, but we do know they're important for health (to some extent, it's a semantic question).

So the single, most important thing you can do to ensure you're providing your

body with optimal nutrition is through focusing on your diet. After all, a healthy, balanced diet is the No. 1 way to boost your health and longevity. Just remember, dietary supplements should only "supplement" a healthy, balanced diet. Meaning you shouldn't *ever* take them as a replacement or substitute for eating fresh, whole, organic fruits and vegetables.

Plus, you know my concern that many supplements—including

so-called "combo" formulas like multivitamins—don't contain anywhere near the necessary dosages to have a truly lasting effect.

That's why my Smart Science Nutritionals line *doesn't* include a multivitamin—or a "fruit and veggie" pill. Because at the end of the day, these pills are a non-starter, a flawed concept, and impossible to achieve what they claim. **IC**

## The easy, 2-minute "test" that can identify Alzheimer's with 70 percent accuracy

I periodically report about new research on the best single predictor of longevity and lifespan. You don't hear much about that science from the so-called "anti-aging experts"—who often don't have a leg to stand on, so to speak!

I'm talking about walking patterns... technically known as "gait".

Gait brings together a number of different functions, including muscle strength, nervous conduction, and coordination (vision, internal ear, and proprioception—your body's ability to sense its position and movements in space).

All of this gets processed together in your brain. Meaning that a seemingly simple activity like taking a walk has significant impacts on both your body and your mind.

So it's hardly surprising (except to the "anti-aging experts") that an increasing amount of research shows that the better and faster you walk, the more likely you are to increase your lifespan.

Researchers have also discovered that gait impairment—specifically, stride-to-stride fluctuations in distance and time—is linked to neurodegeneration

and cognitive issues. But until now, there hasn't been any evidence about the impact gait may have on neurological diseases like dementia.

However, I recently found an exciting new study showing, for the first time, that how you walk can help doctors more easily and accurately identify your risk of Parkinson's disease (PD), different types of dementia, and Alzheimer's disease (AD). Let's take a closer look...

### Predicting cognitive decline with stunning accuracy

Researchers analyzed brain function and walking patterns in 500 men and women ages 60 years and older. Participants were given tests to determine if they were cognitively normal or had mild or significant cognitive impairment, PD, AD, Lewy body dementia, or frontotemporal dementia.

Each participant walked for eight meters, and then repeated that walk pattern another two times. They were able to set their own pace, but the average among all the participants was just under two minutes. The researchers looked at four gait

characteristics: pace, posture control, rhythm, and variability.

At the end of the study, the researchers found strong evidence that variability in gait (lack of consistency in each step you take) is linked to cognitive impairment and muscle control.

And here's the really amazing finding: The researchers discovered that large differences in stride-to-stride fluctuations identified Alzheimer's with *70 percent accuracy!*

For a long time, doctors have noted that poor memory and impaired executive function (like decision-making and setting priorities) are predictors of dementia. But these new findings indicate that motor performance (like walking patterns) can help detect and diagnose different cognitive conditions as well.

### Simple strategies to fine-tune your walking pattern

There are steps you can take, so to speak, to improve your gait—along with your longevity and brain health. Here's what I recommend:

**Maintain good balance.** This allows your brain to rapidly process and

integrate information from your eyes, inner ears, and limbs to help keep you upright and on your feet.

One of the best ways to improve and maintain your balance is through yoga and exercises like sit-ups that strengthen your core.

**Build muscle mass.** Strong muscles help promote a healthy, brisk gait. You can support your muscles by upping your daily protein intake from sources like wild-caught fish, grass-fed and -finished meat, eggs, and full-fat, organic dairy. And the good news is, if you're already following a healthy balanced diet, this will be easy to do!

As always, I suggest you aim to eat between 1.0 to 1.5 grams of protein per 1 kilogram of body weight a day. (To calculate your optimal protein

intake, simply divide your weight by 2.2 [since there are 2.2 kilograms in one pound].)


And, of course, regular, moderate walks—especially out in Nature, where the terrain is natural (not man-made and monotonous)—activates and engages a variety of muscle groups to help keep your muscles strong and healthy.

**Supplement your diet.** A healthy, balanced diet builds the strong bones and muscles you need for a healthy gait. But I also suggest adding two dietary supplements to your regimen.

Plenty of research shows that 400 mg of magnesium a day supports healthy bones and muscles. And it helps promote heart health, lowers your stress levels, regulates blood sugar, balances

immunity, and prevents inflammation.

Research also shows that South African red bush (also known as rooibos or aspal) has been shown to improve gait in older men.<sup>2</sup> Aspal can be found in dry, powdered extracts and dietary supplements. I recommend consuming at least 450 mg daily.

For additional natural approaches to extending both your “leg span” and your lifespan, I encourage you to check out my comprehensive online learning tool, my *Insider's Ultimate Guide to Outsmarting 'Old Age.'* To learn more, or to enroll today, [click here](#) or call 1-866-747-9421 and ask for order code EOVS3X501. 

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## NEWS BRIEF

### Researchers reveal a modern health warning hidden in ancient caveman droppings

#### Six simple ways you can protect yourself—starting today

Over the past decade, science has revealed the importance of the gastrointestinal (GI) microbiome as a cornerstone of human health. In fact, new research shows that some of the same probiotics found in our microbiomes today date all the way back to our Neanderthal ancestors.

But that research also offers a warning: It's quite possible that there have been more changes to the GI microbiome during the past 100 years than there were during the 700,000 years preceding.

And those changes may be contributing to the current rise in chronic inflammatory diseases like dementia, heart disease, metabolic syndrome, and type II diabetes.

The study was conducted as part of an archaeological dig at El Salt, located near Alicante, Spain.<sup>1</sup> There's evidence that Neanderthals resided in this area, before they mysteriously disappeared from the face of the earth.

The researchers extracted DNA from coproliths (feces that fossilized and are preserved like stones) from the ancient site. And they discovered a variety of probiotics that are found in humans

today—but that are increasingly disappearing in Western populations.

The researchers labeled some of these ancient microbes as “old friends” because of their ability to protect the health of our human ancestors all the way back to when the separation of modern humans from Neanderthals occurred about 700,000 years ago.

The researchers (and many other scientists) believe these ancient, essential probiotics are now disappearing from the modern microbiome for a number of reasons...

Dietary changes that emphasize probiotic-killing processed foods and artificial ingredients are a big culprit. So is mainstream medicine's reliance on antibiotics, which wipe-out the probiotics in our gut.

Plus, our fixation with living in highly sanitized and sterile environments—and eating sanitized and pasteurized foods—is also reducing the diversity of the beneficial bacteria that naturally grow in our GI microbiome.

So, to help restore the diversity and health of our probiotics back to ancestral levels, I recommend doing the following:

- 1.) Eat a balanced diet of whole foods to nourish your entire body, including your microbiome.
- 2.) Cut out processed foods, refined carbs, and sugars—all of which poison probiotics.
- 3.) Eat *prebiotic* foods that feed your natural probiotics, including fermented vegetables like sauerkraut, apples, asparagus, avocados, bananas, garlic, leeks, onions, whole grains like barley and oats, and yogurt.
- 4.) Consider taking botanical supplements, like curcumin and ginger, or incorporate them into your home-cooked meals, as they help support metabolism in the GI tract, *before* sugar is absorbed into the blood.
- 5.) Skip the antibiotics, unless they're absolutely necessary to help clear a serious, life-threatening infection.
- 6.) Say “no” to probiotic pills. They just don't make sense, don't work, and can be dangerous to your health.

(Next month, I'll present some groundbreaking research on the microbiome and long-neglected lung health. So, as always, stay tuned!) 