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The Insider's guide to SLASHING colon cancer risk

Learn which dietary factors help protect you against this deadly cancer—and which contribute to your overall risk

Study after study shows that diet plays a key role in the development of colon cancer.

But there's a lot of misinformation about *which* foods and beverages *increase* your risk of this deadly cancer…and which actually *reduce* it.

The worst part? A lot of these fallacies stem from the study authors themselves.

In fact, when study findings go *against* the mainstream's misguided anti-fat and anti-meat dietary narratives, oftentimes, study authors try to hem and haw, twist and shout, and backtrack away from their own discoveries.

So, it's really no wonder why everyone gets so confused. When a large research review gives conflicting information, that's internally inconsistent and contradicts itself, how are you supposed to figure out what to actually eat and drink?!

That's why I'm revealing my top dietary recommendations to help prevent colon cancer.

I'll also tell you about…

- The foods you should be AVOIDING.
- Two popular nutrients you should be cautious about (including the one supplement you should NEVER take).
- New research on two key dietary supplements you *should* be taking every day to SLASH your risk of colon cancer and other chronic diseases.
- The ONLY drug that has been shown in studies to substantially lower your colon cancer risk.

So, let's get started with our first finding…

The two food groups you should ALWAYS eat

A new review of 45 meta-analyses looked at how 109 different dietary factors affect colorectal cancer (CRC) risk.[1] As expected, researchers found that consuming **fruits and vegetables** offers strong protection against CRC.

In fact, people who ate more fruit had *a whopping 52 percent lower risk*…and those who consumed more vegetables had an impressive 25 percent lower risk.

The researchers didn't say how many servings you need to eat to gain this benefit. But based on the latest science—which I've reported on in my *Daily Dispatch*—I advise enjoying **five servings** of fresh, organic produce per day.

The other highly beneficial food group was perhaps *not* as expected for some, given the mainstream medical establishment's frenzied warnings against it. But I've always reported on the many health benefits of it.

I'm talking about **dairy products.**

The researchers found a 19 percent reduction in CRC incidence in people who ate more dairy—especially yogurt and milk. *However,* the researchers somehow concluded that these benefits are associated with *low-fat* dairy (with no actual evidence to suggest that). And that the evidence for other dairy products is "suggestive."

This misdirection boggles the mind!

After all, as I wrote in the August 2020 newsletter, a growing number of studies associate natural, full-fat dairy—*not* artificial, low-fat dairy—with reduced risk of cardiovascular disease, type II diabetes, and obesity.

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And obesity is a major risk factor for colon cancer. In fact, the *researchers actually point this out in their own review!*

Now, some studies are linking full-fat dairy with breast cancer. But an interesting article from Harvard Medical School pointed out that studies usually lump *all* types of dairy *together*, including ice cream.[2] And we all know that eating bowls full of ice cream every day is *not* beneficial for your health—because of all the added sugar.

On the other hand, full-fat, plain yogurt *is* highly beneficial, as shown by many studies (including the new research review).

Meaning you should only eat full-fat dairy *with no added sugar.* NOT low-fat dairy (which includes added sugar in itself). That's why I recommend **three servings a day** of full-fat milk, yogurt, or cheese as part of a healthy, balanced diet (like the Mediterranean Diet).

Of course, these researchers could have easily reached this same conclusion from their own study. But eating full-fat dairy doesn't fit their anti-fat narrative—even if it *does* fit perfectly well with the science (including their own findings).

And that leads me to another questionable finding in this new research review…

The foods and beverages that aren't as harmful as advertised

In the new analysis, the researchers recommended following my all-time favorite diet, the **Mediterranean diet**. It's rich in the two food groups I just mentioned (fruits and vegetables, and full-fat dairy), as well as wild-caught fish and seafood, grass-fed and -finished meat (including red meat, like lamb), olive oil, nuts and seeds, beans (legumes), and moderate consumption of alcohol.

Then these researchers went on to state how they found "convincing evidence" that consuming **red meat** *increases* risk of colorectal cancer, "suggestive evidence" that **processed meat** does the same, and "convincing evidence" that consuming five or more **alcoholic drinks** per day also increases risk.

But red meat and alcohol, specifically, are key parts of the Mediterranean diet they recommend for colon cancer *prevention*!

Plus, as I reported in a June 2017 *Daily Dispatch* ("Three reasons why eating meat is still important"), the science shows that moderate consumption of grass-fed, organic red meat (like lamb) can actually *protect* you against chronic diseases like cancer, heart disease, and type II diabetes.

And, according to a meta-analysis conducted in 2019 that involved 61 studies and 4 million people, there's actually *no evidence* suggesting that eating red meat—or even processed meat—raises disease risk *in any way*.[3]

As for the researchers' confusion about **alcohol** consumption?

Well, nobody recommends *five or more* drinks per day. Not only does that amount indicate a potential alcohol abuse problem, but it's associated with *other* chronic diseases as well. That's why I always recommend moderate consumption (one to three drinks daily).

Of course, the researchers also say there's "suggestive evidence" that *moderate* consumption of alcohol is associated with an increase in CRC incidence, when compared with people who don't drink at all or only occasionally drink.

(Go figure! Some health "experts" want us to believe *all* alcohol is *always* bad for *everyone*…to support their politically correct agenda.)

But that flies in the face of science showing that moderate alcohol consumption can lower stress and improve circulation—which helps stave off everything from heart disease to cancer.

And, once again, it contradicts the researchers' own findings of the anti-cancer benefits of the Mediterranean diet—which includes moderate consumption of alcoholic beverages.

So, I recommend following the preponderance of the most convincing science, which shows enjoying a glass or two of wine, beer, or spirits with dinner (as part of a healthy, balanced diet) is actually quite beneficial.

Speaking about healthy diets, the new research review also digs into other controversial nutrients…

Two nutrients you should be cautious about

The researchers said they found "convincing evidence" that higher intakes of **dietary fiber** can lower CRC risk. But, as I've written many times before, not all fiber is created equal.

Generally speaking, the fiber in fruits and vegetables is healthier than the fiber in grains (which can actually be dangerous for gastrointestinal health and could *contribute* to colon cancer). It's an important distinction not known or understood by mainstream doctors or most "natural-know-it-alls."

So, skip the artificial fiber supplements and fake food items with added fiber. Choose to consume *natural* fiber from whole fruits and vegetables instead.

The research review also has questionable and inconsistent **calcium** recommendations.

On the one hand, the review concluded that a higher intake of *dietary calcium* is one of the biggest and most important ways to protect against CRC. (We've actually known about the importance of calcium for reducing colon cancer since the 1980s, so this is a sound finding.)

But the research review also associated *supplemental calcium* with reduced risk of CRC. And you already know my stance on this…you should *never* supplement with calcium. Studies show that calcium supplements can contribute to serious health problems, including hardening of the arteries, heart disease, and dementia.

So while calcium supplements may reduce CRC (although I think that finding is questionable), they *increase* your risk of other chronic disease. Why take that chance, when you can get adequate amounts of calcium from your daily diet?

Full-fat dairy and red meat are the two best dietary sources of calcium. That's why I suggest consuming both as part of a healthy diet—despite the research review's (inexplicable and unsubstantiated) recommendations against them.

And, speaking about the pros and cons of dietary supplements…

Two nutrients you SHOULD supplement with every day

The research review found strong associations between **vitamin B6** and **folic acid (B9)** and reduced risk of CRC. (Other studies have also found similar results for folic acid.)

So, I recommend taking a daily, high-quality B vitamin complex that contains all eight B vitamins. You'll not only help protect yourself against colon cancer, but you'll also boost your energy, brain health, cell health, and cardiovascular health.

In addition, **Vitamin D** has important protective effects against colon cancer. Along with the research review findings, two new studies show a direct link between vitamin D status and colon cancer risk.

In the first study, researchers used data from 186 countries to assess the association between the sun's UVB rays and the risk of colon cancer.[4]

The researchers found a strong link between countries with lower sunlight exposure and higher rates of colon cancer. Even when the researchers accounted for other risk factors, including life expectancy and skin pigmentation, the connection remained particularly strong for people ages 45 and older.

The researchers pointed out that our bodies need UVB exposure to naturally produce vitamin D. Therefore, they recommend that older people who don't live near the Equator—where UVB rays are strongest—and who don't go out in the sun, take vitamin D supplements or eat foods naturally rich in D (eggs, fatty fish like salmon and tuna, milk, and mushrooms).[5]

Plus, another new study found that D is key for lowering colon cancer risk in *younger* people as well.

Of course, I've been reporting on an emerging epidemic where people under the age of 50 are increasingly being diagnosed with colon cancer. And this study shows that low vitamin D levels are an important factor behind this alarming trend.

Researchers analyzed data from more than 94,000 women who participated in a long-term study that started in 1989, when they ranged in age from 25 to 42 years.[6]

The study found that the women whose vitamin D intake was at least 7.5 mcg (300 IU) per day had a staggering *50 percent* lower risk of early-onset colon cancer. And higher D intake was associated with a lower risk of precancerous colon polyps detected before age 50.

Of course, 7.5 mcg (300 IU) a day of vitamin D a day is woefully low. So just imagine what an adequate dose might offer against colon cancer! In fact, based on the latest science, I recommend 250 mcg (10,000 IU) of vitamin D daily, which can be taken in an easy-to-use liquid form on its own, or combined with the potent marine carotenoid astaxanthin.

Along with these two key dietary supplements, there's a common drug I also suggest adding to your daily arsenal against colon cancer…

One drug that really *is* effective against colon cancer

There's substantial evidence that taking low-dose **aspirin** every day can reduce CRC risk in people under the age of 70. But there haven't been many studies in older people—until recently.

A team from Harvard Medical School looked at two large studies involving nearly 100,000 men and women ages 70 and older. The studies measured the participants' aspirin use over about 35 years.[7]

The researchers found that the people who regularly took aspirin had an impressive 20 percent lower risk of CRC. But there's a caveat—the benefits were only found in men and women who started taking a daily aspirin *before* they turned 65.

In general, aspirin gets a strong recommendation from me. It's a time-tested, inexpensive, over-the-counter drug that's been safely used by millions of people for more than a century.

Not to mention, it originally derives from a natural ingredient called salicylic acid in white willow bark and meadowsweet grass, which Native Americans used to combat pain and other common ailments.

Of course, big pharma and some of their "experts" try to discredit aspirin because it may cause gastrointestinal (GI) irritation and bleeding. It seems they would prefer you take their harmful, expensive, prescription drugs instead. But when taken properly, aspirin has a very low risk of bleeding for most people.

If you're concerned about GI effects, take a buffered aspirin—which includes an antacid effect. I recommend 75 to 150 mg a day (the most common low-dose aspirin is 81 mg). And, of course, talk with your healthcare provider.

Bottom line: If you follow the dietary do's and don'ts I've outlined above, you can substantially lower your risk of colon cancer. And for dozens of other safe, natural alternatives to help prevent, detect, AND treat colon cancer—I encourage you to check out my *Authentic Anti-Cancer Protocol*. To learn more about this comprehensive, online learning tool, or to enroll today, click here or call 1-866-747-9421 and ask for order code EOV3XB00.

The Thanksgiving table staple that fights tooth decay, reduces cancer risk, and more

Here's why I enjoy this tiny treat all year long

Cranberries are a favorite addition to the holiday table this time of year. But these tart little red berries don't have to be just seasonal treats…

In fact, when enjoyed regularly, they offer some surprising health benefits. That's why they're a staple to my diet—not only for Thanksgiving, but year-round. (Keep reading for some of my favorite cranberry-infused recipes!)

Of course, cranberries are well known as natural remedies for urinary tract infections. But research shows that cranberries also help keep your gastrointestinal (GI) tract healthy—from one end (your mouth) to the other end (your colon). And as I just discussed on page 1, GI health is imperative to a longer, healthier life.

So, let's "digest" three of the newest and most compelling of those studies. And then, I hope you'll consider making fresh, dried, or frozen cranberries a staple to your healthy, balanced diet, too…

From the mouth to the stomach

The first study, published earlier this year, involved 16 children ages 7 to 11 with oral plaque.[1]

(Yes, even young children can have plaque and tooth decay—despite widespread fluoridation of municipal water supplies, as noted by the researchers. And actually, fluoride often causes more harm than good, as I wrote in the 6th edition of my textbook, *Fundamentals of Complementary, Alternative, and Integrative Medicine*. You can order yourself a copy from the "books" tab of my website, www.DrMicozzi.com.)

The researchers took plaque samples from the children's mouths and then added samples of sweetened and unsweetened cranberry juice, or green,

black, and raspberry teas, to the plaque. Then, they analyzed whether plant polyphenols in these drinks could inhibit the formation of biofilms in the oral microbiome, which can harden into plaque. (This is one of the main causes of gum disease and tooth decay.)

The researchers discovered that *all* of the beverages restricted biofilm formation to some extent, but the two fruit-based drinks—raspberry tea and cranberry juice—performed the best.

(The green and black teas didn't have as much benefit—which is yet another reason why tea doesn't merit all of the health lore it's been steeped in, as I often warn.)

Of course, the oral microbiome is linked to the GI microbiome. So, it makes sense that another research review found that cranberry juice or cranberry extract can suppress a type of bacteria found in dental plaque (*Helicobacter pylori*) that's linked to ulcers and stomach cancer, too.[2] But that's still not all cranberries can do…

Another argument for whole fruits

Moving further down the GI tract, researchers at the University of Massachusetts (UMass) have done quite a bit of investigation into cranberries' effect on colon cancer.[3] And one of their studies, published in 2015, is particularly notable.

The researchers fed three types of cranberry extracts to mice with colon cancer—one extract contained cranberries' polyphenol compounds; one had cranberries' non-polyphenol compounds; and one was made from the whole fruit.

The extracts were mixed into the mice's regular meals. After 20 weeks, the researchers found that all three extracts reduced colon tumor size and biomarkers of inflammation. But the mice given the whole cranberry extract had *half* the number of tumors compared with the mice that didn't eat any cranberry at all.

Plus, in their prior experimental lab studies, the UMass researchers found that cranberry phytochemicals killed cancer cells without harming normal cells. And that *more than one* of the cranberry constituents was found to be active against cancer.

Of course, this was no surprise to me. As I always say, contrary to single ingredient, "magic bullet" solutions, plants contain numerous related compounds that work synergistically to help fight disease.

That's why I recommend consuming the whole fruit—fresh, frozen, or dried. You can also choose a high-quality, powdered cranberry extract made from the whole fruit. (Research shows 600 to 800 mg per day is an effective dose.)

Understandably, the UMass researchers cautioned *against* cranberry juices—but we can't discount the research that does look at the health benefits of it, like the first two studies I mentioned. However, there *is* a caveat…

If you choose to drink cranberry juice, always opt for the *unsweetened* kind. That's because cranberry juice "cocktails" typically contain sugar or artificial sweeteners that can destroy the "good" probiotic bacteria in your GI microbiome. (The exact opposite from what we want!)

Sure, unsweetened cranberry juice can be tart. But that's why some like to mix it with fizzy mineral water. It's a unique and refreshing way to stay hydrated, plus you'll gain health benefits from both beverages.

More than just desserts

Of course, cranberry juice cocktail isn't the only dietary choice to be wary of. Many cranberry recipes also use sugar and artificial sweeteners.

The good news is, there are plenty of *savory* uses for cranberries, too. I personally like to sprinkle a handful of fresh or dried berries on a post-Thanksgiving salad containing leftover turkey, nuts, broccoli, spinach, and hearty lettuces. I also enjoy them with some plain, organic, full-fat yogurt in the morning.

Cranberries also make a great side dish for turkey, pork, and other meats—along with roasted butternut squash or Brussels sprouts. I even like to combine them with wild rice. Here's one of my favorite recipes, which can be enjoyed as a side dish or a main meal...

Wild rice pilaf with apple cider and cranberries

(Serves 6 to 8 people)

Ingredients:

- 3 tbsp olive oil
- 2 tbsp white wine vinegar
- 1 cinnamon stick
- 2 cloves garlic—1 chopped, 1 smashed
- 2 onions, chopped
- 4 scallions, chopped
- 2 cups wild rice
- ½ cup fresh apple cider
- 2 ½ cups water
- ½ cup dried cranberries
- ¼ cup chopped parsley
- Sea salt and fresh ground black pepper

Directions:

Heat 1 tbsp olive oil on medium heat in a saucepan. Add cinnamon and smashed garlic; cook for 1 minute. Add rice and toss. Add cider, water, and ¼ tsp each of salt and pepper. Reduce heat, cover, and simmer for 16 minutes, until rice is tender. Add cranberries during last 10 minutes of cooking.

Meanwhile, heat 2 tbsp of olive oil on medium heat in a skillet. Add onions and ¼ tsp each of salt and pepper. Stir and cook 18 to 20 minutes, until onions are browned and tender. Add chopped garlic and cook 1-2 minutes. Stir in parsley, vinegar, and scallions.

Combine the onion mixture with the rice mixture and enjoy!

Exercising outdoors this winter? Beware of THIS health danger!

Physical activity is good for the mind, body, and soul. But there are a myriad of problems associated with engaging in excessive exercise (or what I call, "excess-ercise").

First of all, it violates the cardinal rule of moderation in all things. Research shows that the excessive mechanical stresses and unnatural sheer forces of *too much* exercise can harm your joints, gastrointestinal (GI) system, genito-urinary system, and even your eyes.

This is particularly true with repetitive motions and flat, hard, artificial surfaces—like those found in indoor gyms. Meanwhile, enlightened exercise experts like Erwan Le Corre, the modern-day "Tarzan," have explained for years how the body is designed for *non*repetitive exercise outdoors in Nature, instead.

Secondly, contrary to some belief, excessive "fitness" is no guarantee of longevity. In fact, it can lead to heart problems—affecting blood circulation, the nervous-conduction system of the heart, and even the heart muscle itself. That's why we routinely hear about relatively young, healthy marathon runners and cross-country endurance skiers dropping dead of heart attacks.

And now, a new study points out a third potential problem with excess-ercise: It can disrupt your body's normal thermal (temperature) regulation.[1]

As a result, it's possible to encounter frostbite, hypothermia, or even death if you overexercise outside in cold weather.

To understand how this can happen, it's necessary to know some basics about body temperature and exercise…

The link between excess-ercise and low body temperature

Body temperature is critical to all cellular and metabolic functions. And it's regulated in many ways.

To help maintain a constant temperature, the body has several natural reflexes—including shivering, sweating, and dilation or constriction of the blood vessels—to adjust blood circulation, energy, and fluids. Your conscious choices and decisions also play an important role, like seeking shelter from the cold or shade from the heat.

When you exercise, excess heat produced by your muscles is partially dispersed through temperature-regulating reflexes like sweating. But research shows that the sensation of temperature via the skin may be reduced during exercise.

Some scientists speculate that this loss of normal temperature sensation may relate to the built-in mechanism that dulls pain during exercise by releasing naturally occurring opiates into the brain, known as the "runners high."

Of course, the new study I just mentioned found that this lack of temperature-regulating reflex doesn't only affect your sweating mechanism.

In fact, the researchers reported that the normal cold-adaptive mechanism of *shivering* also doesn't kick in until your core body temperature has reached a lower level than it would if you *weren't* exercising.

The physiology of cold-weather exercise

To reach these conclusions, the researchers gathered 11 healthy, young men and measured their core body temperature, skin sensation of heat or cold, and perception of cold. They also monitored the study participants' blood pressure, heart rate, and oxygen uptake.

These measurements were performed while the men were resting in a stable environment with normal temperatures during low-intensity exercise—and again when they were partially submerged in a cold-water tank.

Results showed that the participants' body temperatures dropped while they were exercising in the cold. But they couldn't perceive this decrease as well as they could when they *weren't* exercising.

Meanwhile, their skin temperature sensation appeared to be unaffected. Researchers explained that the exercise likely wasn't intensive enough to elicit the "runners high" response that dulls pain and blocks skin sensations.

And it stands to reason that the core temperature would continue to drop—and participants would perceive it even less—with increasing exercise. Meaning they might not feel cold enough (or have the good sense) to stop exercising and go inside, or to put on more clothing to protect themselves from the cold.

And, as I mentioned earlier, that can lead to serious—or even fatal—health issues.

Don't be left out in the cold

The bottom line is to beware of exercising too much or too long in cold environments this winter—as you may not be able to safely regulate your body temperature or realistically feel the intensity of the cold.

Of course, that doesn't mean you shouldn't take a ramble through the

winter wonderland or build a snowman with your grandchildren. Just be *moderate* with your physical activity—and dress appropriately.

Studies consistently show optimal health benefits are associated with getting 140 minutes of *weekly* moderate exercise, preferably outdoors in Nature, especially as you get older.

It's also important to pay close attention to your body temperature when you're outdoors in cold weather—*especially* if you're exercising. Just because you're not shivering does NOT mean your core body temperature isn't dropping to dangerous levels.

So, bundle up when the temperatures drop, and monitor how much time you spend outside—and please, don't overdo it.

As veteran actor Michael Conrad said each week on *Hill Street Blues,* "Let's be careful out there."

Listen up! The silent way to boost brain health

When gathered around the Thanksgiving table this month, try being a good listener. It will help keep you out of conversational trouble—and you might actually learn something!

New research shows that being a good listener can do your aging friends and family a lot of good.

In fact, it can actually *improve their brain health.*

Researchers at New York University used data from one of the longest community-based studies in the U.S., the Framingham Heart Study (FHS). (Although the FHS was originally begun to research heart health, it has provided numerous opportunities to look at brain health as well.)

The NYU study included 2,171 FHS participants with an average age of 63 years.[1]

The participants told researchers about how often they had supportive social interactions, including people who listened and gave advice, affection, and emotional support.

After looking at the participants' brain scans and neuropsychological assessments, the researchers found better cognitive function in the people who felt they had someone available to listen to them all or most of the time.

And this cognitive resilience was apparent even in people with smaller brain sizes or physical brain changes associated with aging or diseases like Alzheimer's.

This provides strong scientific evidence and measurable biological reasons why people need good listeners—and should be better listeners themselves—to improve brain health as they age.

But of course, those of us who practice mind-body approaches have known that for centuries…

The ancient healing method of listening

When I was first writing my textbook, *Fundamentals of Complementary and Alternative Medicine*, I found that listening and talking to patients is a common theme in all traditional and natural approaches to healing.

Even though it doesn't require any special tools or technology, listening to the patient is, of course, key to a diagnosis. And it can be a highly therapeutic part of a patient's treatment.

For instance, many homeopathic medicine doctors initially listen to a patient for about two hours. This helps the doctor completely characterize all of the patient's physical and emotional states, signs, and symptoms. Then the doctor can formulate a personalized prescription for each patient, and carefully observe the results.

In 1995, when the first edition of my

A moment of gratitude

This month, as we gather with friends and family to enjoy the bounty of the fall harvest, I also hope you'll join me in giving thanks. After all, gratitude is one of our most powerful and healthy emotions. The ancient Roman statesman Cicero said, "Gratitude is the greatest of all the virtues and the parent of all the others."

So, join me in writing down three things you're grateful for—no matter how big or how small. I hope that you may vow to practice this daily. (It's a simple step with BIG impact!)

Here's what I'm thankful for this year…

- **I'm thankful for all the delicious, healthy food we consume on Thanksgiving.** Including organic turkey, carrots, fresh cranberries (see page 4), squash, sweet potatoes, walnuts, yams, red wine, and more. All of which contain various health benefits, as I often report.
- **I'm thankful to spend time at Thanksgiving with friends and family.** Including my 1-year-old granddaughter, Charlotte Grace. This day together renews and refreshes relationships that last throughout the years. And provides a prime opportunity to practice being a good listener (the benefits of which I just reported on).
- **I'm thankful for my work, my coworkers, and for you, dear reader.** I'm grateful to have an avenue to inspire positivity, optimism, and hope to others—as you all do the same for me.

Happy Thanksgiving!

textbook was published, I was an adjunct professor of medicine, and of physical medicine and rehabilitation, at the University of Pennsylvania School of Medicine. I was quickly called upon to present an overview of my book to a physician group at Penn.

I was initially concerned about how to relate the simple, noninvasive approach of listening and "talk therapy" in my book to doctors steeped in modern, high-tech medical technology. But the audience had many psychiatry, psychology, and social work practitioners, so they had no problem with the concept.

Of course, many family practitioners and general physicians also recognize the importance of listening. (Their medical literature contains scientific studies on the therapeutic benefits of talking and listening after all.) But sadly, these doctors have fewer opportunities and time to put this research into practice.

In the foreword to that first edition of my textbook, former U.S. Surgeon General C. Everett Koop wrote about the importance of listening and talking to the patient. He was concerned this was becoming a lost art, with more and more restrictions on the amount of time that doctors are allowed to spend with their patients. That was 26 years ago, and it's only become worse since then.

But the importance of being a good listener hasn't changed. I think the lyrics in the 1960s anthem "For What It's Worth" by Buffalo Springfield got it right: "It's time we stop; hey what's that sound? Everybody look, what's going down?"

So, the next time someone wants to talk to you, stop, look, and listen to that sound. It will do both of you good. And during your next healthcare visit, make sure to have your practitioner's full attention. Don't be afraid to speak up *and* take your time. (For guidance, I provide a comprehensive guide to getting the most out of your doctor's visit in the May 2017 issue of *Insiders' Cures*.)

For additional, non-conventional ways to help keep your brain sharp as you age, check out my *Complete Alzheimer's Fighting Protocol*. To learn more, click here or call 1-866-747-9421 and ask for order code EOV3XB01.

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

NEWS BRIEF

The No. 1 way to stop spreading viral infections (EASY!)

Every year, as the traditional cold and flu season approaches, I tell everyone who will listen about the importance of handwashing. (Yes, even long before the COVID pandemic hit!)

But you should never use toxic "antibacterial" cleansers and hand sanitizers. And you shouldn't try to kill every germ in sight with nasty disinfectant sprays, either. These "habits" put yourself and your normal probiotics at risk while also poisoning the environment.

Instead, you really just need to remove microbes, like pathogenic bacteria and viruses, from your *hands*. And plain old soap and water will do the job.

Your hands pick up microbes from contaminated surfaces and can then transfer them to your face, eyes, nose, and mouth—where they can enter your body and cause colds, flu, and other viral infections. So, the idea is to physically "wash away" these germs and, literally, get them off your hands.

But the basic physics of handwashing has rarely been studied, despite all the "science-based, expert" recommendations promulgated to the public—especially during the past two years.

Researchers affiliated with the American Institute of Physics set out to change that. In a new study, they simulated handwashing and estimated the amount of time needed to remove bacteria and viruses from the hands.[1]

They created a mathematical model in two dimensions for one wavy surface moving past another, with a thin film of fluid flowing between the two. (In non-physics terms, two hands and water from a faucet.)

Since microbes can hide in depressions in the rough surfaces of hands, the researchers reasoned that both water flow and movement of the hands must be strong enough to flush these microbes up and out (and down the drain).

Ultimately, the researchers' model supports the widespread recommendation to wash your hands *vigorously* for at least 20 seconds. You can use soap and water, or just plain water, to help lubricate the process—but it's still about physically removing the microbes. The detergent action of soap "greases the skids" to help the germs slide away, but the soap isn't actually needed to kill those germs. That's why non-toxic, environmentally friendly soaps work just as well for handwashing as the harsh, "antibacterial" kinds.

(I'm reminded of a middle-school science fair experiment my daughter did more than 20 years ago. She tested for microbes on unwashed hands, hands washed with water and plain soap, hands washed with water alone, and hands washed with antibacterial soap. She found that washing with water alone removed microbes about as well as washing with plain soap and water. And even though antibacterial soap also left fewer microbes behind, my daughter demonstrated they were far more "scary looking.")

So, now you know the basic physics behind my handwashing recommendations. When more people wash their hands for at least 20 seconds, they spread fewer microbes to surfaces where other people's hands can pick them up. And fewer infected people means less risk of contagion for *everyone*—from *any* viral infection.

So if we really want to stop the spread of common colds, seasonal flus, and even the coronavirus—we need to practice basic hygiene by washing our hands, vigorously, for 20 seconds. (As backed by physics.)

That's one science-backed recommendation that has always made sense…and still does.