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The Insiders' American Heart Month Revelation

Routine heart procedures just don't work—and the science reveals WHY

You CAN keep your heart healthy without dangerous, invasive surgery

Last summer, my brother on the west coast underwent heart screenings in preparation for a needed medical procedure. The tests revealed an old, partial blockage of a coronary artery.

The story I heard, from long-distance, was that doctors immediately wanted to scour out his artery—the way you would a blocked pipe in your home—with a catheter. Then, they wanted to place a stent in the artery to help keep it open and functional.

(I think of this arterial stent procedure as "Roto-Rootering" your heart, because it's as invasive and unpleasant as sending a metal plumbing snake down your sewer pipe.)

Fortunately, just like you, my brother is an *Insiders' Cures* reader.

And he's kept track of the research I've reported over the years about the dangers of popular but unnecessary heart procedures like stenting.

So, he said NO to the cardiac Roto-Rooter.

As a result, he was forced to look for other physicians who would sign a waiver so he could get his medical procedure without first having to undergo a useless, inappropriate, and dangerous heart procedure. And, let me tell you, that was a difficult if not impossible undertaking!

I, of course, was trying to help him through all of this medical hocus pocus with limited success. And it made me think about all of the people who *don't* have a physician in the family…or easy access to research showing just how many of the heart procedures cardiologists routinely perform actually *don't work*.

That's why, in honor of American Heart Month, I'm sharing some of these studies with you here.

And then, I'll tell you about the many *natural, nonsurgical* options that can safely and effectively keep your heart healthy for years to come.

Two common heart procedures many people don't need

For decades, cardiologists and heart surgeons have routinely recommended and performed two highly invasive surgical procedures for the millions of Americans with narrowed coronary arteries: Arterial stent procedures (like the one my brother refused) and coronary bypass (or open-heart surgery).

A coronary bypass redirects blood around the blocked section of an artery. This procedure involves stopping the heart, pumping the blood back into the body through an artificial heart-lung machine, performing the bypass, and then starting the heart again.

Clearly, both of these procedures are complicated, expensive, and dangerous. And a recent, huge study found that men and women with blocked arteries who had either of these procedures actually fared no better—*and often worse*—than people who had *no* surgical interventions.

Let's take a closer look…

More evidence that stenting and coronary bypasses don't work

In a $100 million study, researchers followed more than 5,000 men and women from 37 countries with severe but stable heart disease.[1]

In this issue:

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The participants were given CT scans or angiograms to detect any heart blockages. Three-quarters of the people with blockages received stents. The other quarter underwent heart bypass surgery.

Doctors then followed all of the participants to see who subsequently had heart attacks, heart failure, hospitalization, or deaths from heart disease.

After one year, 7 percent of the people who'd undergone an invasive cardiac procedure had suffered one of these adverse outcomes, compared with only 5 percent of people who *didn't* have a surgical intervention.

That means the heart procedures actually had a significant *40 percent greater relative risk*!

Plus, after a little over three years, the researchers found that 13 percent of the people who underwent a cardiac procedure had a heart attack, hospitalization for unstable angina or heart failure, or death due to a cardiovascular event. Meanwhile, almost 16 percent of people who *didn't* have a heart procedure had one of these outcomes.

In other words, IF you survive the first year following one of these invasive procedures, your relative risk does eventually go down. But only slightly.

In fact, the overall mortality risk at 3.3 years was *virtually identical* between both groups—6.4 percent in the surgery group and 6.5 in the non-surgery group.

The placebo effect

Overall, the researchers concluded that their study is the *strongest evidence yet* that tens of thousands of costly, risky stent procedures and bypass surgeries are unnecessary for people with stable heart disease. (Stable heart disease means a patient's symptoms are generally under control.)

In one 2018 study, people who underwent a *completely bogus placebo procedure* had the same modest cardiac improvements as the group that underwent a REAL coronary artery bypass![2]

That also suggests that any improvements that people have after undergoing a heart bypass are due to a placebo effect—or the healthy lifestyle changes that should be adopted post-surgery.

(Although admittedly, stopping the heart and then bringing the patient back to life again could be considered a pretty powerful placebo effect in itself, along the lines of resurrection!)

The real causes of heart attacks

These studies beg the question: Why don't these common cardiac procedures help reduce heart disease and boost longevity?

The answer? Because the procedures are treating *the wrong issue*.

The fact is, research has shown that cholesterol deposits in the arteries *aren't* the real problem when it comes to heart attacks and strokes. In fact, your body uses cholesterol to repair arteries and protect their linings from damage and rupture!

And it turns out, calcification in the arteries works in the same way. It doesn't signal that something dangerous is going to happen… rather, it's a sign that something already *did* happen, and the body is already in the process of healing.

So, a "blocked" artery is not typically an acute danger requiring emergency, invasive, dangerous heart procedures.

Furthermore, heart attacks (and strokes) don't even typically occur because of the *worst-looking* blockages. Instead, newer research shows they're due to *sudden inflammation* at the site of a smaller, minimal blockage. This inflammation can cause the thin plaque lining of an artery to suddenly burst…causing clotting and heart attacks or strokes.

That means the key to prevention is calming down inflammation (as so much other research also points to) before that life-altering event happens—through diet, lifestyle changes, and supplementation…*not* surgery.

Hardly "routine" surgery

Despite the growing evidence showing the ineffectiveness of stent procedures and coronary artery bypasses, doctors still routinely perform them—as my brother recently found out.

In fact, these procedures are performed so often that people have come to believe these surgeries are no big deal. But that couldn't be further from the truth.

Studies in recent years have uncovered many serious problems in people who have undergone these procedures.

Along with the risk of infection and surgical site complications with *any* invasive procedure, stents can lead to blood clots…which, ironically, can lead to heart attacks, strokes, and brain damage.

Cardiac bypass surgery can have even more complications. After all, doctors are cracking people's chests open and basically stressing them out from stem to stern.

So, it's hardly a surprise that there's a risk of infection, substantial blood loss, and blood clotting during and after this surgery. Patients can also develop pneumonia, breathing problems, and even lung or kidney failure or brain damage.

In other words, cardiologists and heart surgeons are really the *only* people to clearly benefit from the millions of stent procedures and bypasses.

Why do doctors keep persisting with heart surgeries?

For years, I remember the leading heart surgeon at the University of Pennsylvania Hospital had his own personal helicopter for getting around quickly. Meaning the benefits of these procedures are highy profitable.

Of course, there are other reasons as well. In a 2020 opinion piece in the *Los Angeles Times,* Dr. Rita Redberg, a cardiologist and professor at the UC San Francisco School of Medicine, wrote: "We asked doctors why they do these procedures, even when evidence suggests no better outcome than with medicines. Their responses included that patients expect it, that it is part of the medical culture, that doctors are afraid of getting sued if they do not insert stents (error of omission) and that they prefer the risk of harm by doing something (error of commission) to the risk of harm from doing nothing."[3]

Dr. Redberg also cited mainstream medicine as a culprit...

"To understand the popularity of stents, despite the lack of evidence in their favor, we must also consider our medical system," she wrote. "In it, doctors receive higher rewards for performing procedures than for talking about medications and lifestyle. Plus, we live in a culture that tends to believe high-tech solutions are always superior to old-fashioned things like medication." (And, I would add, diet and lifestyle modifications.)

Know the early warning signs of a heart attack

There are seven common signs of cardiac arrest, which can appear in the weeks and months leading up to an event. Here's what to watch out for:

- Chest discomfort
- Shortness of breath or breathlessness
- Weakness or fatigue
- Fast-beating, fluttering, or pounding heart (palpitations)
- Lightheadedness, dizziness, or fainting
- Neck or jaw pain
- Nausea or vomiting

If you experience any of these symptoms, seek immediate help. And always trust your instincts. If something feels off…it may well be. Don't hesitate to call your doctor or 911 in those cases.

The power of nonsurgical interventions

Even back in the mid-1970s, as a medical student at the University of Pennsylvania, I (and a few other traditional physicians) thought these types of invasive heart procedures were dangerous—and a huge mistake.

Of course, at that time, the mainstream assumed that heart disease was a one-way street. In other words, once you were diagnosed with it, you could never reverse the course of the disease or get any better. Rather, you could only hope to "manage" your condition.

Then, in the 1980s, researchers in other areas of health began to show that you *can*, in fact, reverse heart disease with diet, lifestyle, stress reduction, and—importantly—community, emotional, and social support.

My colleagues Dr. Dean Ornish and Dr. Lee Lipsenthal (at the original Thomas Jefferson Clinic, that I

led 20 years later) even performed studies showing the reversal of heart disease due to diet and lifestyle. In fact, Dr. Ornish and former U.S. Surgeon General Dr. C. Everett Koop co-chaired my medical education conferences in the late 1990s to help bring these findings to a wide audience of health practitioners.

So, while it may be too late for the millions of Americans who were subjected to the costs and dangers of these useless procedures for decades, it's not too late for you—or someone you love—to improve your heart health safely, naturally, and non-surgically.

Here's what I recommend…

Six simple ways to lower your risk of heart disease

1.) Mind your peas…and other diet Qs. Study after study shows that one of the best ways to prevent heart disease is to eat a balanced diet that's rich in whole foods. While there are diets specifically geared to cardiovascular health, I prefer the time-tested Mediterranean diet, which emphasizes heart-healthy fruits and vegetables, full-fat dairy, lean meats like lamb, nuts and seeds, olive oil, and moderate consumption of red wine.

2.) Work out—but not too much. We all know that exercise benefits the heart. But *too much* exercise (or "excess-ercise", as I call it) can have the opposite effect (think of all those marathon runners who suddenly have heart attacks and drop dead while training). Research shows that about 150 minutes of *moderate* exercise *per week* (*not* per day!) is most beneficial for your heart. That breaks down to around 20 minutes daily. And includes walking, swimming, housework, gardening, or other enjoyable activities.

3.) Stress less. Chronic stress can lead to inflammation and high blood pressure—two of the biggest heart disease risk factors (for more about how to lower high blood pressure, see page 6). But meditation and other mindfulness exercises like breathing techniques and yoga can help you effectively manage stress, lower blood pressure, and improve your health. To find out more, consult my book, *New World Mindfulness*. (Order a copy for yourself or someone you know, including your doctor, from the "Books" tab of my website, www.DrMicozzi.com.)

4.) Get your ZZZs. There's a strong association between sleep disorders such as sleep apnea and heart disease. In fact, according to Harvard scientists, sleep apnea is found in up to 83 percent of people with cardiovascular disease, 35 percent of people with high blood pressure, and 53 percent of people with heart failure, atrial fibrillation (irregular heartbeat), and stroke. Worse yet,

Seven heart tests you should get…and two you should think twice about

Along with routine blood-pressure readings, here's a checklist of the tests your doctors SHOULD be performing to monitor your heart health.

Cortisol. This hormone is produced in your adrenal glands when you're stressed, and can be measured in your saliva. High cortisol levels can lead to heart damage, weight gain, and reductions in brain, bone, and muscle mass.

C-reactive protein (CRP). This substance is naturally produced in your liver and acts as a general marker for chronic inflammation in the body. Highly sensitive CRP (Hs-CRP) tests evaluate the health of your coronary arteries, and are a much better measure of heart health than cholesterol tests.

Homocysteine. High levels of this amino acid are a major risk factor for heart disease, stroke, and dementia. A variety of studies show that homocysteine levels lower than 9 umol/L are optimal.

Hemoglobin A1c. An HbA1c test tracks your average blood sugar levels over three to four months. Keeping your blood sugar balanced is key to avoiding complications such as heart disease and type II diabetes. A normal, healthy HbA1C level is under 7.0, or 7.5, according to standard studies.

Omega fatty acids. A blood test can measure the ratio of omega-3 fatty acids (from fish, seeds, and nuts) to omega-6 fatty acids (from most vegetable oils and shortening) in your cell membranes. You want your blood to be higher in omega-3s, which have been shown in many studies to help prevent heart disease. For an omega-3 boost, I often recommend supplementation based on diet. Refer to the sidebar in the April 2021 newsletter for more direct guidance.

Vitamin B12. There are varying opinions on what constitutes "normal" levels of this heart-healthy vitamin—anywhere from 200 to 400 ng/L or higher—so you'll need to discuss your blood test results with your doctor.

Vitamin D. A 25(OH)D test measures the amount of vitamin D in your blood. Your levels should be in the 50-75 ng/ml range, and up to 90 ng/ml looks fine according to the latest science. It's best to get tested at the end of winter (when your D levels are likely the lowest) and the end of summer (when they're at their height, due to sun exposure). Then, vitamin D supplementation can help reach—and maintain—optimal levels.

Now, let's move on to two heart tests that are commonly prescribed, but often unnecessary.

EKG. Routine EKGs are mostly a waste of time—unless you're being monitored for a known heart condition.

Lipid panel. This overblown blood cholesterol test is most often used as a reason to prescribe dangerous and useless statins. Not to mention, numerous studies tell us that cholesterol is not a major risk factor for heart disease.

untreated sleep apnea may increase your risk of dying from heart disease by up to 500 percent![4] That's why it's important to get quality shuteye, night after night. Science shows most adults need at least seven hours of sleep each night. If you need some support, I recommend aromatherapy. The practice of aromatherapy involves applying essential oils directly to your skin and/or inhaling them through a mist diffuser. And research shows these plant oils are the most effective for supporting sleep: chamomile, lavender, limonene, orange, and peppermint.

5.) Develop your social networks. There are plenty of studies linking loneliness and isolation to heart disease. In fact, one review of the literature found that a lack of social support can *double* your risk of heart disease.[5] But in this time of social isolation, finding friends and social support can be difficult. One idea is to join in-person or virtual groups of people with the same hobbies or interests as you. You may also choose to get a pet for added companionship (I'll report more on the health benefits of owning a pet in next month's issue).

6.) Use supplements for support. There are a several key nutrients that have been shown in numerous studies to support heart health. Here's what I recommend:

- A high-quality vitamin B complex that contains at least 30 mg of B6, 800 mcg of folate, and 1,000 mcg of B12, taken daily.
- Vitamin D3 (25 mcg [10,000 IU] per day).
- Vitamin K2 (150 mcg per day). Note: Vitamin K may interact with anticoagulant drugs, which are often prescribed to people with heart conditions. As always, consult with your physician before adding any supplements to your diet.
- Betaine (500 mg per day).
- L-carnitine (500 mg per day).
- Coenzyme Q10 (200 mg per day). For more about this essential nutrient, see page 7.

The bottom line on heart surgery

There may be situations when a heart procedure is right for you… or a loved one. But, like my brother, you're more likely to be the victim of an overzealous or underinformed cardiologist who can't see beyond "routine" procedures and surgeries when it comes to heart health.

That's why I recommend finding a good internal medicine doctor who listens, takes time with you, and stays up–to–date with the science. These doctors are far less likely to push costly, invasive heart procedures than your typical cardiologist—who still seems to know nothing better.

And, as always, follow the science, which clearly shows performing these dangerous procedures is often just locking the barn door after the horses have already gotten out. But thankfully, as I explained here, you don't need to follow the herd—or be left out of the barn—when it comes to heart health.

For additional science behind safe, effective, natural approaches to help protect your heart—*without* ineffective and dangerous procedures or drugs—check out *my Heart Attack Prevention and Repair 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 EOV3Y200.

Urgent CPR warning (especially for women)

According to the American Heart Association (AHA), nearly 400,000 Americans die each year from sudden cardiac arrest.[6] Death from a heart attack can occur within minutes unless the heart is restored back to a normal beat—meaning there are a few precious, "golden" moments to react and perform cardiopulmonary resuscitation (CPR).

That's why I encourage every able adult to learn CPR. (Check your local Red Cross for classes.)

Of course, even when bystanders are trained in CPR, a recent study revealed that women having a heart attack are less likely than men to get help from people witnessing their collapse.[7] The researchers found that 74 percent of men were given assistance, compared with 69 percent of women.

Men were also more likely to survive the "golden moments" after a heart attack and get to the hospital for needed care. In fact, 37 percent of men made it to the hospital alive, while only 34 percent of women did.

Overall, men who suffered cardiac arrest outside the hospital had a 20 percent chance of getting to the hospital, recovering, and being discharged. By comparison, only 12 percent of women achieved this outcome. (That's almost 50 percent worse!)

Why the large disparity?

Well, for one, bystanders are probably less likely to recognize when females suffer a cardiac arrest. And women themselves may not recognize the urgency of their symptoms.

Men who have a cardiac arrest tend to experience classic heart attack symptoms such as chest pain. But women may experience vague, "masked" symptoms, such as fatigue, fainting, nausea, vomiting, and neck or jaw pain. Delay in recognizing symptoms can lead to delays in calling emergency services, and in providing CPR on the spot.

In addition, in this era, men are more reluctant to touch women, anywhere, for any reason. And they're particularly reluctant to touch their chests and mouths, as required for CPR.

If you see someone in distress, however, please don't hesitate. Learn CPR and use it… you just might save a life.

Lower your blood pressure in just six weeks without dangerous drugs

An effective, natural approach

One of the best ways to reduce your heart disease risk—and avoid dangerous, unnecessary procedures (see page 1)—is to manage your blood pressure (BP).

Unfortunately, for many doctors, that means pushing potentially dangerous drugs to keep systolic blood pressure readings at or below 120 mm Hg.

(They continue to insist on this metric despite a growing body of evidence showing that a moderately "high" reading of 130 to 140 mm Hg is acceptable as you get older—and may even be beneficial. Some studies show this modest increase in BP helps oxygen and nutrients better circulate throughout your system, also improving brain health and lowering your risk of dementia.)

Fortunately, there's been more scientific research in recent years about how natural approaches can effectively manage blood pressure—*without* the serious side effects of many prescription drugs.

These approaches have mainly focused on vitamins, minerals, and other dietary supplements.

But a recent study reminded me that there are other options as well. In fact, researchers found that a simple, five-minute, daily breathing exercise can lower blood pressure in older people as well as…*or even better than*… some drugs. Let's dive right in.

The power of resistance breathing

Researchers examined 36 men and women between 50 and 79 years old. All of the participants were healthy, but had systolic BP (the top number) higher than the "normal" limit of 120 mm Hg.

The participants were given handheld IMST devices, which help people with respiratory diseases strengthen their diaphragms and other respiratory muscles. (Basically, as the user breathes in air, the IMST device tries to suck it back out—creating resistance that exercises the muscles.)

The participants were divided into two groups. One group did high-resistance IMST breathing (30 inhalations, for about five minutes a day) six days a week. The other group used their devices on a much lower setting that *didn't* exercise the lungs.

After six weeks of this regimen, the researchers found that the high-resistance group had an average

Nutrient of the Month: Coenzyme Q10

In the lead story this month, I discuss dietary supplements that help support heart health. One of the most important is coenzyme Q10 (or CoQ10).

This coenzyme is a vital nutrient that is naturally produced by the body. In fact, it's found in every single cell in your body—and the heart has the highest concentration of it.

CoQ10 plays a critical role in cellular metabolism, carried out by your mitochondria (your cells' energy factories). It helps the mitochondria do their job better—providing enough energy to the heart to keep it pumping throughout the day (not to mention providing water for direct hydration to the heart cells).

This nutrient also acts as an antioxidant, protecting all of your cells and cell membranes from oxidative damage. This is important because oxidative damage can lead to dangerous, chronic heart problems.

CoQ10 also helps your body "regenerate" the antioxidant vitamins C and E, preventing deficiencies.

If that weren't enough, CoQ10 supports your immune system and helps ward off chronic inflammation, too. Remember, chronic inflammation plays a major role in the development of chronic diseases, and especially heart disease.

Unfortunately, as you get older, your body stops producing as much CoQ10 as it did before. And to make matters worse, research shows that cholesterol-lowering statin drugs further impair CoQ10 production and cellular metabolism. (Yet another reason to stay away from them if you can!)

Consequently, I believe that anyone taking a statin must always supplement with CoQ10. (In fact, about 25 years ago, a big pharma manufacturer took out a patent application for a statin–CoQ10 combination formula. But it never brought the product to market. When I asked why not, the company's answer was "no comment.")

But even if you've made the good choice not to take a statin, it's still a good idea to boost your levels of this important nutrient…especially as you age…through diet and supplementation.

CoQ10 is naturally found in organ meats (like liver), fatty fish (like salmon), spinach, cauliflower, broccoli, oranges, strawberries, lentils, peanuts, pistachios, and sesame seeds. (All part of the healthy, balanced Mediterranean diet.)

I also recommend 200 mg per day of a high-quality CoQ10 supplement (think of the Q in CoQ10 as standing for "quality.")

systolic BP decrease of *9 points*.

The researchers said this kind of improvement in blood pressure is equal to or better than what people can see from walking 30 minutes a day, five times a week. And it's an even better result than some blood-pressure drugs!

Not to mention, the high-resistance IMST group had *significantly lower* markers of inflammation and oxidative stress—both of which can substantially boost heart attack risk.

And this group's average blood pressure reading continued to stay lower even *after* stopping the breathing exercises for six weeks!

The link between lung and heart health

The researchers also noted that the high-resistance IMST group had an average 45 percent improvement in vascular endothelial function—or the ability of the arteries to relax and expand, which lowers blood pressure.

Plus, this group had significant increases in levels of nitric oxide, which helps arteries open wider and prevents obstructions. The researchers believe that the breathing exercises stimulate the cells lining the blood vessels to produce more nitric oxide.

The best part? All of this dovetails with results from other studies. Over the last few decades, researchers have discovered just how closely the heart and lungs are linked in terms of circulation and metabolism.

In fact, two of my professors at the University of Pennsylvania were leaders in studying these connections: Dr. Alfred P. Fishman in physiology and Dr. Domingo M. Aviado in pharmacology. I worked closely with both of these influential researchers at different points in my career.

An option for postmenopausal women

Of course, as I often report, 150 minutes of moderate exercise *per week* can also improve blood pressure and heart health. But if you're unable to exercise due to an injury or other impediments, an IMST device can be a useful alternative.

The researchers also said that postmenopausal women not taking supplemental estrogen may be good candidates for IMST breathing exercises as well.

This is important because in previous studies, the researchers found that these women don't reap the benefits of traditional approaches to blood pressure management as much as older men do.

Specifically, aerobic exercise doesn't appear to improve key measures of cardiovascular health for postmenopausal women not taking estrogen—making alternative methods like IMST viable options.

So, I recommend consulting with your doctor about using an IMST breathing device. It can be another tool in your drug-free approach to managing your blood pressure and improving your heart health for many years to come. IC

The Valentine's treat that boosts mood in more ways than one

This month, you may be thinking about getting someone a box of chocolates for Valentine's Day. It's a heartfelt way to bring joy to a loved one's life…and not only symbolically.

In fact, over the years, I've written about studies showing that dark chocolate improves mood not only on an emotional level, but also on a physiological level. And now, a new study reveals how chocolate does just that.[1]

Surprisingly, it has more to do with the GUT than the brain…or the heart.

South Korean researchers recruited 48 healthy young adults and divided the participants into three groups. For three weeks, one group ate an ounce per day of chocolate with 70 percent cacao content. The second group ate an ounce a day of chocolate with 85 percent cacao. The third group didn't eat any chocolate at all.

All of the participants took tests assessing their moods and emotional states throughout the study. And results showed that mood scores significantly improved in the 85 percent cacao group, but not in the 70 percent cacao group or the non-chocolate group.

And I have to say, this isn't surprising. Other research I've reported on shows the MORE cacao content in chocolate, the BETTER its health benefits.

But the researchers *also* discovered something totally intriguing…

Along with the mood assessments, the researchers analyzed the probiotics (good bacteria) in all of the participants' gastrointestinal (GI)

microbiomes.

And they found that in the 85 percent cacao group, a probiotic associated with improved mood—*Blautia obeum*—was elevated. The researchers said other studies show that the GI microbiomes of healthy people are also higher in this specific type of probiotic, compared to people with psychological and cognitive disorders.

Ultimately, the researchers believe that dark chocolate acts as a prebiotic, feeding and nurturing this mood-boosting probiotic.

This makes perfect sense to me. As the GI microbiome's wide-ranging role in human health becomes better understood, we're learning more about the gut-brain axis—or how a probiotic in your GI tract can have a direct influence on the emotional and psychological centers in your brain.

We're also learning how *diversity* of probiotics is key for good health—which is another reason why taking single strains of probiotic bacteria in pills doesn't make sense. Instead, you should support *all* of the good bacteria in your gut through probiotic and prebiotic FOODS (see the sidebar for my suggestions).

Bottom line: Giving chocolate (as long as it has at least 85 percent cacao content) to help improve emotional states and mood for Valentine's Day (or any other day) has a basis not only in romance—but also in modern science. So go ahead and indulge! IC

How to feed your gut

You need both probiotic and prebiotic foods to adequately nurture the "good" bacteria in your gastrointestinal tract. Here's what I recommend:

Probiotic foods

- Full-fat cheese (particularly cheddar, Gouda, and mozzarella)
- Full-fat cottage cheese
- Full-fat, plain yogurt (without added sugar)
- Pickles
- Sauerkraut

Prebiotic foods

- Apples
- Bananas
- Flaxseed
- Leeks
- Onions
- Asparagus
- Chocolate
- Garlic
- Oats
- Wheat bran

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

NEWS BRIEF

Name that tune: Your favorite music can amplify brain function (even in Alzheimer's patients!)

Whether it's classical, jazz, or early rock and roll, I like to have music playing in my home or car. It's emotionally uplifting and, depending on the tune, a good toe-tapping workout.

And it turns out it's good for brain health as well.

In fact, a new study reports that listening to music that's personally meaningful is beneficial for people with mild cognitive impairment (MCI) or early Alzheimer's disease (AD).

The researchers asked eight musicians and six non-musicians with early-stage cognitive impairment to put together a playlist of music they found meaningful—like the first dance at their wedding.

All of the participants listened to this familiar music for one hour per day for three weeks. They also listened to newly composed music that was similar in style to their favorite tunes, but didn't hold any personal meaning.

Throughout the study, the participants also took cognitive tests and had their brain activity measured by an MRI.

The MRIs showed that when the participants heard any type of music, they had activity in the auditory region of the brain, which controls the listening response. (And that certainly makes sense.)

But when the participants heard their favorite, familiar music, parts of the brain involved in cognitive function—like memory, judgment, and decision-making—were also stimulated. (This is important because these types of functions are often impaired in people with Alzheimer's and MCI.)

Specifically, the study showed that the "personalized" music appeared to benefit brain plasticity, which means changes can occur in the brain's neural pathways. And those changes can lead to improvements in memory.

Even more importantly, the study showed that the more the participants listened to their favorite music, the more their brain function improved. This was true for both the musicians and the non-musicians, with some subtle differences.

The researchers said that typically, it's difficult to show positive brain changes in people with Alzheimer's.

Well…they must not have read my *Complete Alzheimer's Fighting Protocol*, which details how nutritional approaches and lifestyle changes have been shown to have remarkable brain benefits. (To learn more about this online learning tool, click here or call 1-866-747-9421 and ask for order code EOV3Y201.)

Of course, I'm always looking for natural approaches to combat Alzheimer's, dementia, and cognitive impairment. And it looks like I'll add listening to musical favorites to that roster.

What are some of your favorite songs? Leave me a note in my inbox (feedback@DrMicozzi.com), as I'd love to add some of your favorites to my own personal playlist.

Three of my all-time favorite songs include: Albinoni, Sinfonia in G Major; Corelli Concerto Grosso in D Major; Scarlatti, Keyboard Sonatas (but that's just me). And of course, the first dance at my daughter's wedding was Aram Khachaturian - Masquerade Suite – Waltz.