



THE
PATRIOT
HEALTH
PLAN



BY DR. MARC MICOZZI

THE PATRIOT HEALTH PLAN

As Americans and patriots, the citizens of this great country pride ourselves on our freedom – including the freedom to have different opinions on pretty much everything in our daily lives.

But there's ONE thing that virtually ALL Americans can agree on – that *health care is a right, not a privilege*. And NO American should be *forced* to needlessly suffer without the health care they need, especially as they grow older.

For more than 55 years, Medicare has helped Americans over age 65 (and younger folks with permanent disabilities) cover their medical costs. This national health insurance program pays for a variety of health care expenses, and has shelled out more than \$741 billion since it was created in 1966.

As you probably know, Medicare consists of Parts A, B, C, and D. But today, I want to tell you something you probably DON'T know – and it concerns Part A. It's one of the original parts of Medicare, and it's also known as premium-free Part A.

Now, if you're in your Golden Years and worked at least 10 years (40 quarters) – and paid Medicare taxes during your employment – there's a very good chance you were eligible to sign up for premium-free Part A when you hit 65.

That's great, right? So what's the problem?

I'm sorry to tell you, but **it's nearly broke**.

Friend, imagine this frightening scenario. Your doctor asks you to sit down. "I apologize for what I'm about to tell you," he says... **"but you have cancer."**

In the next breath, he adds, "There IS a drug that can treat it. But I'm afraid it will cost you \$10,000 a month."

"But I have Medicare!" you say, shocked.

"No," he says. **"Not anymore."**

Friend, unfortunately, this *doomsday scenario* isn't so farfetched.

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Because whether you already have Medicare – or will soon become eligible – I have an **urgent warning for you about your future Medicare access.**

You see, while the world has been fixated on the coronavirus, *there's a bigger crisis brewing for American seniors... that threatens Medicare itself.*

Because of government mismanagement, Medicare Part A – **the most important portion**, covering hospitals and major disease treatment – **is about to go BANKRUPT.**

And to make matters even *worse...* pandemic-related job losses meant fewer employees contributing portions of their wages to the program. And the CARES Act tapped \$60 billion from the Medicare trust fund to assist hospitals struggling to provide care to COVID-19 patients.

And all the while, the number of eligible Medicare recipients continues to *explode* as thousands of Americans reach age 65 every day.

But this looming Medicare crisis is our country's worst-kept secret.

Our own government's Congressional Budget Office – and even Forbes, Reuters, NPR, the Los Angeles Times and others – **admit Medicare Part A is in danger of running out of money.**

And, even if the President isn't mentioning it in his press conferences, **it's true and he knows it.**

In fact, Dr. David Shulkin, Ninth Secretary of the **Department of Veteran Affairs**, has predicted **Medicare Part A could run out of money as soon as 2023.**

And if you're worried that's right around the corner, it won't help to know that he may be wrong about the date – **it could even occur as soon as 2022.**

It's unclear what will happen to Medicare when it runs out of money.

But I'm here to help. I want to make sure **you and your family are READY** as the Medicare clock counts down...

In fact, thanks to my time in the top ranks of the US medical community, **I have a plan to "sidestep" Medicare.**

I'm **NOT** talking about something illegal... or even another healthcare plan, or insurance. No, this is *nothing* like that.

This is different. And **new.**

And while there are no guarantees with health, I've done all the research for you.

You see, I wear MANY hats – including **doctor, scientist, researcher** and so many others...

... but more than anything else, **I consider myself an American patriot.** I love our country, and our citizens, **and I consider our generation the backbone of this nation.**

But the way our government is **failing** older Americans like me and you... *has me seeing red.*

And if Medicare Part A collapses or becomes so expensive we can't afford it... well, that's the last straw. So, I've decided to do something about it – something **BIG.**

That's why I created my **Patriot Health Plan.**

I'm talking about a little-known strategy **I use myself, every day** – my full, personal, and *powerful* plan for... **fighting off cancer... avoiding mind-stealing dementia... preventing a deadly heart attack... and staying sharp, energetic, and healthy until my final day.**

I believe it will help me avoid Medicare premiums and services, by **NOT getting sick or diseased.**

And in a moment, I'm going to share it with **YOU.**

If what I just said sounds hard to believe, *I don't blame you.* After all, you're smart to be skeptical when someone makes a big promise.

But in the following pages, I'm going to show you how my **Patriot Health Plan** can help you avoid the looming Medicare Part A disaster and *sidestep* the whole mess – along with the well-studied research that backs it all up.

- Like how it's been linked to...
- Preventing **breast, colon, lung, prostate, and gastrointestinal cancers**
- Reducing **heart disease deaths** by 66%
- Improving **memory** by 28%
- Reducing **DEATH** by 31%
- And much more

My **Patriot Health Plan** is my way to help me *avoid deadly diseases*

and sickness as I age. And as others my age get sick and spend their life savings trying to recover, I intend to be **healthier and happier than ever**... especially now that I'm of Medicare age.

You see, I'm not some guy off the street – or a talking head on television. I've seen our US medical system from the **inside**.

For decades, I worked as a top health researcher and medical executive inside our own government. I was a Senior Investigator for Cancer Prevention at the **National Cancer Institute**. Then I was named Associate Director of the **Armed Forces Institute of Pathology** and the Director of the **National Museum of Health and Medicine**.

Later, I served as the Executive Director of the **College of Physicians of Philadelphia**...

...and then Founding Director of the **Policy Institute for Integrative Medicine** in Bethesda, MD.

Thanks to my specific expertise, I have been asked to contribute to the *New York Times*, *Washington Post*, *Miami Herald*, *Chicago Tribune* as well as *NPR*, *Good Morning America*, and the *CBS Evening News*.

And because of my research, **I've uncovered things few people know about.** *And that includes most US medical doctors.* In fact, 40 years in the trenches showed me the *mistakes* modern medicine is making when it comes to aging – and the **powerful solutions for older Americans** it's missing, downplaying, or just plain ignoring.

My **Patriot Health Plan** is based on what I discovered during my decades as a medical researcher. And now, **I use this disease-fighting weapon every single day.** So when the axe falls on Medicare, **I plan to be ok – and I want YOU and your loved ones to be, too.**

I truly believe **YOU can lead a healthier, more active, happier life** – and I'm here to help. You're about to know things your family, friends and neighbors — and doctors – DON'T. **That's a powerful position to be in.**

They're going to be so **appreciative** of you *sharing your knowledge*. So keep reading, because in the following pages, *I'll share mine*.

STEERING CLEAR OF CHAD

To start, here's a fact that might surprise you.

I actually think Medicare Part A is a *great* program – it's very good insurance to have if you're facing a catastrophic health problem, like a *heart attack* or a *cancer diagnosis*.

But it's in trouble.

And whether Part A runs out of money next year, or the year after, or whatever happens to it...

If you're of Medicare age, **the trick is to avoid needing Medicare by defeating CHAD.**

Who's CHAD, you're asking?

CHAD isn't a "person." CHAD stands for...

- Cancer
- Heart disease
- Alzheimer's, and...
- Death.

Death? Look, obviously none of us will live forever. *Who would even want to?*

I'm talking about **preventing EARLY death** – NOT dying *before* your time, but instead, **living happy and healthy to your natural lifespan.**

So if you want to stay out of the system... you need to focus on fighting these **4 killers**. And I have a plan to help you defeat CHAD – and for the first time, I'm going to reveal it.

You see, I've devoted my career to **uncovering little-known health breakthroughs**... researching **disease-fighting miracles** the rest of the world seldom gets to hear about.

These are things *your own doctor* has very likely never heard of... and that includes my **secret weapons against CHAD.**

You see, when I was a top scientist in my field... I discovered **a secret weapon against CHAD.** *That's what I'm going to show you right now.*

In my research, I learned about **3 powerful healing nutrients** found in

soil, plants, and even inside our own bodies that can be used to **fight cancer... Alzheimer's and dementia... heart disease...** and even potentially **EXTEND HUMAN LIFE**.

I call these 3 disease-fighters my “**Senior Savers**” – yes, they’re *that* powerful.

They’re my OWN secret weapon to help **defeat CHAD... prevent disease and early death...** and **stay out of the Medicare and health insurance system** as much as possible.

Yet all three are **simple** to get... **don’t require a prescription** or even a **doctor’s visit...** and **cost just pennies** a day.

In a moment, I’ll give you the details on each one. But first, I want to tell you that **Senior Savers #1 and #2** are both so vital to your health, **you NEED them to stay alive**.

Yet *so many Americans are deficient in BOTH*, it’s practically a silent epidemic.

Senior Saver #3, on the other hand, **is a natural health miracle I discovered decades ago...** *but is still mostly unknown to the American public*.

But in just a moment, *YOU’LL know* all about it – and so much more.

PULLING THE CURTAIN BACK ON THE 3 SENIOR SAVERS

So let’s jump right in with **Senior Saver #1**.

It’s called **Calcitriol** by science-types – but you know it much better as **vitamin D**. Not only is it a fat-soluble vitamin, it’s also a vital hormone produced by your kidneys. Frankly, you **NEED** it stay alive.

Not only that... I believe vitamin D might be *the most powerful weapon there is against cancer and other diseases – and early DEATH*.

But there’s a **BIG** problem. Because as we get older, **we make less of this life-saving hormone**. In fact, **you may not have enough** vitamin D in your body right now.

You see, unlike other vitamins, it’s produced by your body through sun

exposure. In fact, it’s known as the “Sunshine Vitamin” because our bodies naturally produce vitamin D when the cholesterol in our skin is exposed to the sun’s UVB rays.

That’s important, because it’s practically *impossible* to get the amount of vitamin D you need from food.

But unfortunately, the mainstream has been warning Americans to *shun the sun* for decades – and they’ve listened. So today, far too many folks regularly avoid sun exposure at all costs.

As a result, vitamin D deficiency has become a national **epidemic**. In fact, nearly **42%** of *all* Americans are dangerously **LOW** in this life-saving nutrient. And the risk of deficiency is even **HIGHER** for seniors.

Friend, that’s a **BIG** problem – in many ways.

First off, scientists have proclaimed that vitamin D has “profound effects on human immunity.” That’s because numerous studies have shown that getting adequate levels of vitamin D is *essential* to keeping your immune system strong, healthy, and functioning at peak capacity.

In recent years, studies have found that that vitamin D can *prevent heart disease, preserve muscle strength, stop diabetes, reduce belly fat, and fight osteoporosis*.

So it’s no surprise that even before the pandemic, vitamin D supplements were flying off the shelves. And after the coronavirus began spreading, researchers discovered that being low in vitamin D nearly **DOUBLES** the chances of COVID-19 infection.

Now, studies have shown that the single best supplement to take during a **pandemic...** may also protect against *developing* – and even *dying* from – **CANCER**, the dreaded C in CHAD. I’ll tell you more about that in just a moment.

But first, I want to pull back the curtain on the other life-changing Senior Savers...

Senior Saver #2 is **selenium...** and Senior Saver #3 is **curcumin**.

And when I say life-changing, I’m not kidding, as you’re about to see.

Selenium is a trace element, found in soil in certain areas of the world.

It's a powerful antioxidant that protects your cells and DNA from free radical damage. But it does a *lot* more than that. Selenium plays a key role in MANY important processes in the body – in fact, you NEED this vital nutrient to *stay alive*.

But sadly, it's estimated that **1 BILLION people worldwide have a selenium deficiency** – that's a global epidemic.

And last, but certainly not least, is **curcumin**.

While the first two Senior Savers are vital nutrients in your body right now, **curcumin is different**.

I discovered **this natural health miracle** *decades* ago during my medical research career, while investigating plants with medicinal abilities.

One of the botanical remedies I studied was so **powerful**, *my jaw dropped when I saw the research results*.

It was the **turmeric plant**, found in some exotic parts of the world.

Turmeric has been prized as both food and medicine in India for thousands of years – in fact, it was used by Ayurvedic healers as far back as 2,500 B.C.

Today, this fragrant yellow spice remains a staple of Indian cooking – it's what gives curry its distinctive color and flavor.

But turmeric's disease-fighting power is found in its stem – or rhizome – which contains its bioactive ingredients. One of turmeric's most powerful phytochemicals is a mouthful – its chemical name is “**diferuloylmethane**.”

But it's better known as **curcumin**.

And after studying this *health wonder* extensively, I can truly say that if I could only take ONE botanical supplement – **curcumin** would be it. Yet it's still mostly unknown by the American public.

For one thing, curcumin is a **powerful anti-inflammatory**. It helps relieve *acute and chronic osteoarthritis pain and musculoskeletal pain*.

And studies show that curcumin ALSO helps relieve rheumatoid arthritis symptoms – in fact, it's been shown to **relieve pain just as well as the popular NSAID ibuprofen (Motrin and Advil)** —*without* the

dangerous side effects.

In addition, curcumin acts as an **anti-microbial** by preventing or countering infections with bacteria, fungi and parasites. Used topically on the skin, it's also a safe and effective antiseptic for burns, cuts and scrapes.

So now that I've revealed what the 3 Senior Savers *are*... let's take a closer look at how each has been shown to help defeat the killer diseases that make up CHAD.

FIGHTING THE BIG “C”

Friend, as an older American, I'm sure you're concerned about cancer – after all, **HALF** of all cancers are diagnosed at age 66 or older.

That's not surprising, because as we enter our golden years, our risk **skyrockets**. In fact, if you're 72, statistics show **you have 9X the cancer risk** of when you were 42 – maybe the age your kids are NOW.

Do you know anyone close to you who has faced cancer – or DIED from it? Sadly, you probably know many. I do, too.

The high incidence of cancer is why it's our MOST dreaded illness – in fact, the majority of people fear cancer more than ANY other disease of all, according to the World Health Organization.

That's why I think it's a **CRIME** that these 3 Senior Savers are not frontline health tools in our medical system. Because if they WERE, maybe folks wouldn't be as *frightened* of cancer...

... especially, if they knew that science shows that they can help **shield our bodies... at the cellular level... against this terrible disease**.

Let's take a closer look at each.

VITAMIN D AND CANCER

In 3 different studies of vitamin D, folks with LOW blood serum levels of this vital hormone had **DOUBLE the risk of colon cancer**, compared to those with HIGHER levels.

And an article published in the *International Journal of Epidemiology* proposed that vitamin D is protective against colon cancer. That was

based on research that colon cancer DEATHS were highest in areas of the country receiving the LOWEST amounts of natural light... resulting in low levels of vitamin D in the local populations.

Another study reported that the evidence that HIGHER vitamin D levels inhibited colorectal cancer is “substantial.”

That’s astonishing, but it’s **nothing** compared to what we’ve learned about breast cancer.

In one clinical trial out of the U.K., women with the LOWEST amounts of vitamin D in their bodies had **5 TIMES the risk of breast cancer** as women with the HIGHEST levels. That same study showed that vitamin D was even more protective in OLDER women – those above the median age of 54 – than in younger women.

Another study, published in *Anticancer Research*, was conducted as a follow-up to previous research finding that premenopausal women with LOW vitamin D levels had a HIGHER risk of breast cancer.

This time, researchers wanted to see if **25-hydroxyvitamin D** — a metabolite the body produces after ingesting vitamin D — would affect breast cancer SURVIVAL rates.

In other words, could vitamin D help breast cancer patients SURVIVE the disease?

It sure could. Researchers found that breast cancer patients with HIGH serum levels of vitamin D were TWICE as likely to survive the disease as women with low levels.

Why isn’t this front-page news?!

Men, you’ll want to hear this too... because LOW vitamin D levels could **skyrocket the risk of prostate cancer**.

In a study of 19,000 middle-aged men out of Finland, those with the LOWEST vitamin D levels had a whopping **70 percent higher incidence** of prostate cancer.

On the flip side, the same study showed that HIGHER levels of vitamin D were linked to **lower rates of developing prostate cancer** in the first place.

In fact, science has shown that *raising* vitamin D levels can help prevent

ALL kinds of cancer – including *advanced* cancer.

For example, in one clinical trial out of Harvard, researchers investigated the effect of vitamin D supplements on cancer rates on more than 25,000 subjects.

When the study began, NONE of the subjects had been diagnosed with cancer. After five years, the researchers found those taking vitamin D supplements had a 17% lower risk of advanced cancer – including metastatic and fatal cancer.

Friend, in my scientific opinion, **vitamin D is one of the most effective ways an older American can prevent cancer**.

And since every passing year only increases our risks, I make getting enough vitamin D a BIG part of **my personal health plan**.

I’ll put it to you straight... If you’re over 60 and worried about cancer, you almost certainly need a good dose of vitamin D every single day!

But that’s just the start... because *adding the other two Senior Savers* – **selenium and curcumin** – are vital to my personal plan for protecting myself from cancer.

Here’s why.

SELENIUM AND CANCER

Several studies show that the level of **selenium** in the food of a given population is related to their rate of cancer – the LOWER the selenium, the HIGHER the risk.

And when levels are adequate, selenium can protect against the disease. In a massive review of scientific studies of more than 350,000 people, having enough selenium was linked to a **lower risk of developing breast, , lung, and prostate cancers**.

It also appears to help **lower the risk of gastrointestinal cancers**.

Similar results are found in China, where they actually fortify their foods with selenium to help counter deficiency. In a study conducted in 24 locations in China, there was a significantly lower rate of death from cancer and with higher amounts of selenium in the blood.

In China 25 years ago, my colleagues and I designed an experiment to test

the effectiveness of selenium at preventing liver cancer.

New islands had formed in the delta of the great Yangtze River, made of low-selenium soil that had washed down from a thousand miles away. During the Cultural Revolution, people were re-settled on these islands.

But over time, these new settlers had **HIGHER cancer rates** than those living on either side of the river, where selenium levels were higher.

We planned to supplement the island dwellers' diets with selenium to lower their cancer rates. But despite successful pilot studies using selenized salt and the amino acid *selenomethionine*, the U.S. government shut down our study – and all studies in China – following the protests at Tiananmen Square.

Early ideas about selenium's cancer-fighting capabilities centered on its **antioxidant** powers, especially in combination with vitamin E. Now, more emphasis is being directed to selenium's role in the **immune system**.

Our immune systems are designed to *remove* cells not normally found in the body, including bacteria, viruses—and cancer cells. But some cancer cells can actually *overstimulate* the immune system, rendering it impotent against cancer.

But researchers have found that certain selenium compounds, such as those found in broccoli and garlic, **BLOCK** cancer cells from exhausting the immune system and causing it to collapse.

Other studies have clearly shown selenium's protective effects, even when given after **exposure to carcinogens**. While the mechanism remains unknown, results like these suggest that selenium owes some of its effectiveness to its ability to decrease the spread of cancer cells that form.

CURCUMIN AND CANCER

And then there's **curcumin**, which *takes it up a notch* by **DESTROYING cancerous tumors**. In fact, **curcumin may be the most powerful natural cancer killer I know**.

In several *in vitro* laboratory studies, curcumin **prevented the formation and spread of tumors – or shrank them**.

It appears to do this by stimulating **apoptosis**, or natural cell death – essentially, actually **telling cancer cells to commit suicide**.

It also helps prevent cancer from metastasizing – or spreading throughout the body. It appears to do this by **STOPPING cancer cells from dividing and multiplying**... and **INHIBITING the molecular pathways** cancer cells use to travel throughout the body.

And it does all this while leaving healthy cells **unharm**ed.

Now that is one formidable cancer killer – especially when you compare it to the *agony* of chemotherapy or radiation. And friend, it gets *better*.

In a small study out of Egypt, researchers gave **curcumin** – along with a green tea extract called epigallocatechin-3 gallate (EGCG) and chemotherapy treatments – to 30 cancer patients.

And remarkably, they actually **CURED their cancer**.

It's TRUE. Within the 9-month trial period and 12-month follow-up, nearly *two-thirds* of the patients who got the combination therapy experienced **complete remission** of their cancers. And the other third went into **partial remission**.

Even more astonishing, the complete remission patients **remained cancer-free for nearly nine years of follow up** after the combination therapy.

In other words, almost **2 out of every 3 people in the study were cured**.

Now, this was a very small study, and more research is certainly needed – *but have you heard of any other cancer CURES out there?*

Me neither.

But consider that curcumin is the main **curcuminoid** in turmeric. Curcuminoids are potent antioxidants and anti-inflammatories.

And **chronic inflammation** is linked to virtually *every major disease*, including **cancer** – along with the other CHAD diseases, **heart disease** and **Alzheimer's**, and many more.

Many people believe that the frequent consumption of the fragrant spice *turmeric* is a key reason India has a FAR lower incidence of cancer than the U.S. In fact, depending on the type of cancer, the rate can be anywhere from **eight to 17 times GREATER for Americans**, compared to folks who live in India.

Now, I truly hope neither you nor your loved ones EVER face cancer. But

truth is, it's a risk for *all* of us, and with every birthday, *that risk grows and grows*.

Friend, it's stunning how little American doctors know about **natural disease-fighting solutions**.

That's why I have my own **Patriot Health Plan** to help protect my cells, based on the latest scientific research.

All 3 **Senior Savers** – *vitamin D, selenium, and curcumin* – have been shown to fight cancer on their own. But in combination, I truly **believe they can help STOP me from getting cancer** —that why I take all 3 every single day.

And I'll tell you exactly where YOU can get them in a moment.

But first, I want to share how those 3 powerful nutrients can also protect against **heart disease, Alzheimer's, and even... death**.

GETTING TO THE HEART OF THE MATTER

Now, as scary as cancer is, **heart disease is actually the number one killer in America**. In fact, one American actually DIES of heart disease every *36 seconds*.

So in order to grow old – and stay out of the medical system – you must **protect your heart**.

That's why I want to share with you the results of the **world's LARGEST study** investigating whether a link exists between vitamin D and heart disease.

Turns out, it DOES – and it's *significant*.

This large-scale study – which involved over 155,000 participants – found that **low vitamin D levels CAUSE high blood pressure**.

Yes, I said CAUSE. You see, while previous studies found an *association* between low vitamin D and high blood pressure, this was the first to demonstrate that low vitamin D actually LEADS to hypertension.

The study also found that when you **increase vitamin D levels**, blood pressure risk goes down... *way down*.

In fact, in the study, for every **10% increase** in *vitamin D levels*, the risk of *developing high blood pressure decreased by 8.1%*.

These researchers concluded that taking vitamin D supplements may very well **prevent some kinds of heart disease**. Their words, not mine – but I wholeheartedly agree.

Friend, this is a truly *life-changing discovery* about vitamin D.

Especially when *another* study showed that the Sunshine Vitamin might just **prevent death**.

In the study, published in *Diabetes Care*, researchers out of Germany tracked the vitamin D levels and mortality rates of 1,800 patients with **metabolic syndrome** for about 8 years.

Metabolic syndrome is characterized by having at least 3 health conditions – like **blood pressure, cholesterol, blood sugar, and lipids (fats)** – that are in the “unhealthy” range.

If that sounds like it would affect a lot of us, you're right. In fact, it's estimated that almost **HALF of all Americans over 60 have metabolic syndrome right now**.

That's why the results of this study are so important. Researchers found that optimum intake of vitamin D **CUT the risk of death from heart disease by 66%** in people with **metabolic syndrome**.

But it gets bigger... Because that same study found that vitamin D reduced overall mortality risk in these folks **by a staggering 75%**.

That's a **75% reduction in death** from ANY cause – so *how is no one else talking about this?*

And it gets even BIGGER... Because a large Danish study of 10,000 people shows that LOW levels of vitamin D are associated with a **markedly higher risk of heart attack and early death**.

The study, published in the journal *Arteriosclerosis, Thrombosis and Vascular Biology*, found a vitamin D deficiency caused *the risk of a heart attack to soar by 64%*.

The scientists also found that **having low D levels makes it more likely for a person to DIE** of heart disease. In fact, folks with very low levels of vitamin D were a frightening **81% more likely to die of heart disease**,

compared to those with optimal levels.

And remember, **many older folks are deficient in this vital nutrient.**

That means YOU *could be deficient right now – and not know it.*

But while vitamin D might be the **most potent weapon against heart disease** I know, **selenium and curcumin** are extremely powerful in their own rights.

That's exactly why I've made **the 3 Senior Savers** the cornerstone of my own personal health plan...for *staying out of the hospital, fighting off disease, and staying healthy throughout my older years.*

SELENIUM AND HEART DISEASE

For example, in a meta-review of 25 scientific studies on **selenium**, researchers confirmed that folks who INCREASED their blood levels of this essential mineral **CUT their risks of heart disease by a full 24%.**

And it gets better. Would you want to **cut your risk of death by 40%?**

We all would.

That's why you need to know how **combining** selenium with just one additional nutrient, a heart-healthy antioxidant called **Coenzyme Q10**, did something **remarkable.**

In a study, combining selenium and CoQ10 gave people a **40% lower chance of cardiovascular death.**

Swedish researchers gathered 443 healthy men and women, with an average age of 78, and divided them into two groups. One group got a placebo, and the other group took **200 mg of CoQ10 and 200 mcg of selenium per day.**

This regimen lasted for four years, and then the researchers tracked each participant for another eight years.

At the end of the study, there were 181 participants (some died and some decided not to complete the study). The researchers found cardiovascular mortality for the supplement group was **28%**, compared with **39%** for the placebo group.

In other words, the group that took the CoQ10 and selenium had a

40 percent less risk of dying from cardiovascular disease than the placebo group.

The researchers also found that women had even less risk than men, perhaps because the women had lower CoQ10 levels to start with.

Supplements continue to work even after you stop taking them

That finding is impressive enough. But here's what *really* caught my eye.

The researchers found that *eight years* after they stopped taking the CoQ10 and selenium, the participants *continued* to have a 40 percent lower risk of cardiovascular disease compared to participants who had not taken the supplements.

And this risk reduction persisted among study participants with well-known cardiac risk factors associated with coronary heart disease, diabetes, or high blood pressure.

Let me repeat that – the selenium and CoQ10 continued to have protective effects for the study participants *almost a decade after they stopped taking the supplements.*

So CoQ10 and selenium actually sound like a **lifetime cure for heart disease**—not just another treatment to “manage” your medical condition.

In fact, because most folks *are deficient in CoQ10 and selenium* to begin with, you could actually **permanently reverse the nation's No. 1 killer** simply by correcting this nutritional deficiency.

CURCUMIN AND HEART DISEASE

As for **curcumin**, science is learning that it also does something unique to protect our hearts. It appears to **improve the function of the endothelium** – the inner lining of the veins and arteries.

Now, that *might* not sound too exciting, but **endothelium dysfunction** is actually a HUGE cause of heart disease.

You see, the lining of your blood vessels controls many functions of your cardiovascular system – for example, helping to regulate **blood pressure, blood clotting, and other cardio functions.**

But vascular endothelial function declines with age, which boosts the risks of cardiovascular disease in older folks.

So, keeping your endothelium healthy is absolutely VITAL for good heart health, especially as you get older – and that’s what curcumin has been shown to do.

In a study out of Japan, scientists compared the effects of curcumin and aerobic exercise on endothelial function in *postmenopausal women*.

You see, previous research had shown that **aerobic exercise** has a favorable effect on vascular aging. Would curcumin be equally up to the task?

It sure was. The study participants – 32 postmenopausal women – were randomly assigned to take curcumin supplements, perform aerobic exercise, or do neither as the control.

After 8 weeks, the researchers found that **curcumin promoted healthy endothelial function and blood circulation as WELL as regular aerobic exercise**.

In other words... when it comes to heart health, **curcumin is almost like exercise in a bottle**.

Curcumin has also been shown to help **reduce inflammation and cell-damaging oxidation**, both of which can play a role in **heart disease**.

And if you ever need **coronary bypass surgery**, curcumin just may even help save your life, as a 2012 study out of Thailand found.

According to the study researchers, it’s well known that heart attacks associated with these types of procedures typically have a “poor outcome.” They ALSO state that mainstream therapies to protect cardiovascular health after surgery are “lacking.”

But here’s what ELSE they knew. Previous animal studies found that **curcuminoids** like curcumin **DECREASED proinflammatory cytokines** during cardiopulmonary bypass surgery.

That’s a VERY good thing because proinflammatory cytokines are messaging molecules that regulate the body’s response to **infection, immune responses, inflammation, and trauma** – and make disease WORSE.

Animal studies also found that curcuminoids **DECREASED** the incidence of **cardiomyocytic apoptosis** – a.k.a. the programmed death of heart muscle cells – which is frequently seen in deadly cardiovascular disease.

Would curcuminoids have the same effect on people?

To find out, the researchers recruited 121 patients, aged 52 – 70, who were about to have coronary artery bypass surgery. The patients were randomly assigned to take either a placebo or **4 grams of curcumin**, beginning 3 days before surgery and continuing through 5 days post-op.

Did it do anything for their hearts? Considering curcumin **SLASHED their risk of having a heart attack in the hospital after surgery by a FULL 65%...**

...I’d say that answer is a big “YES.”

After their procedures, **30%** of the placebo group suffered a heart attack, compared to just **13.1%** in the curcumin group.

According to the researchers, the curcuminoids’ **antioxidant and anti-inflammatory powers** were likely responsible for its cardioprotective effects.

Now, I know I shared a lot of information, so here’s a brief recap...

- Vitamin D deficiency was shown to **boost the risk of a heart attack by 64%... and spike the risk of dying** from heart disease by a frightening **81%**
- Taking selenium was shown to **decrease the risk of heart disease** by a significant **24%**
- And taking curcumin was as **beneficial as regular exercise** for promoting heart health in post-menopausal women

Friend, ALL of this is true and verified by scientific research, just like the cancer information I told you a moment ago.

But I can almost *guarantee* that your doctor *hasn’t* told you to take ANY of these Senior Savers to help protect you against cancer or safeguard your heart.

Truth is, I doubt he’s even *seen* the research. Doctors today are too busy to read all the studies that come out. Often, they’re too busy to even answer your questions or listen to your concerns.

That’s why I’m excited to share this information with you now. I believe you have a **RIGHT** to know about powerful nutrients that could help protect you from the diseases that target seniors – especially, when Medicare is in jeopardy.

So let's keep going...

MINDING YOUR MEMORIES

Now I want to talk to you about something that's so important as we get older – **preserving our minds and precious memories.**

Alzheimer's disease is the A in CHAD – *and it's an absolute epidemic in our country.* An estimated **6.2 million Americans** age 65 and older are living with Alzheimer's today. And that number is increasing daily – and *quickly.*

If you've been lucky enough to escape dementia so far, it's important to keep **doing everything you can to keep it that way.**

That's what I do. And my Senior Savers are my own personal plan for helping me fight off dementia. All 3 have been shown to be **powerful protection against Alzheimer's and memory loss...** and could even **improve brain function for older folks** like us.

On the flip side, studies have shown that **being deficient in vitamin D was linked to being TWICE as likely to get dementia, Alzheimer's, or have a stroke!**

In one study, researchers tracked the vitamin D levels of 318 participants over a 4-year period. They found that **44 percent** of the participants were either deficient or had insufficient levels of this vital nutrient – and had **DOUBLE the odds of developing all causes of dementia, Alzheimer's and stroke.**

Now, remember, MANY older Americans have a vitamin D deficiency. I'm sure YOU'RE not willing to **DOUBLE your risk of getting Alzheimer's or dementia...** so it's vital to make sure you have *enough vitamin D in your system.*

In a moment, I'll tell you how to find out if your levels are too low... and what you can do to bring them back UP.

But first, let's take a closer look at **selenium** which has been shown to take on Alzheimer's in at least 2 powerful ways...

- By **stopping the formation of dangerous amyloid plaques in the brain** – the classic signs associated with Alzheimer's disease.

- And **preventing the death of the brain's delicate neuronal cells** – the vital cells that allow our brains to function properly.

Doesn't that sound like something you'd want on your side as you get older?

And bringing up the rear, **curcumin** has been shown to **improve memory, brain function, and even mood.** In fact, it was shown in one clinical trial to **improve memory up to 28% for seniors.**

In this double-blind, placebo-controlled study – considered the gold-standard of research – researchers recruited 40 adults, aged 50 – 90, with some memory loss.

Half of the participants were randomly given a placebo each day, and half received a daily dose of **90 mg** of Theracurmin, a highly bioavailable form of curcumin.

After 18 months, the placebo group saw NO improvement. But the seniors who took curcumin experienced something *amazing* – **their memories and ability to focus actually got BETTER.**

In specific memory tests, the curcumin group **improved by an astonishing 28%** over 18 months.

*That means that as time went on, **their memories got stronger and stronger...** and they **REVERSED their age-related memory loss.***

That's not all. The curcumin group also improved their mood... meaning, **they felt happier.**

And their brains showed significantly **less amyloid plaque** as well.

Look, it's perfectly normal for our brains to miss a beat every now and then – after all, there's a reason they're called “senior moments.” But when you're our age, every senior moment comes with that little twinge of **worry... could it be the start of dementia?**

Because that's exactly how it starts... with a few moments of memory loss or confusion. And when it starts, there's nothing your doctor can do.

Friend, I'm not trying to scare you – in fact, just the opposite. I'm sharing *great news* that it's possible to **fight dementia and Alzheimer's disease,** starting now.

Taking all 3 Senior Savers every day is my own plan for keeping my brain and memory healthy – and here’s some of the science that explains why...

- Low levels or a deficiency of **vitamin D** *DOUBLED* the risk of Alzheimer’s and dementia.
- **Selenium** appears to *protect senior brains* by both *preventing dangerous amyloid plaques... and stopping the death of vital brain cells*.
- And, in a study on older folks, taking **curcumin** *improved their memories by a full 28%*.

SORRY DEATH... NOT TODAY

So far, I’ve shown you how taking Senior Savers 1, 2, and 3 can help **prevent cancer, heart disease, and Alzheimer’s...**

But here’s the BIG one... the **D** in CHAD – **preventing early Death**.

And this one is *all about vitamin D*.

Because while the other Senior Savers help **fight off cancer, heart attacks, and deadly dementia...** vitamin D does something for older Americans that is so **extraordinary**, *it’s a CRIME that it’s not common knowledge*.

You see, a review of major studies on the effects of vitamin D on seniors found that those with adequate supplies of this vital nutrient **CUT their risk of death – from any cause– by a full 31%**.

For this meta-study, published in the *American Journal of Clinical Nutrition*, researchers analyzed 14 studies involving 62,548 participants. After crunching the numbers, they concluded that as **circulating blood levels of vitamin D went UP, the mortality risk went DOWN...**

... all the way down to 31%.

Friend, imagine what would happen if Big Pharma developed a drug that reduced death by 31%.

Imagine the television commercials... “**Seniors, cut your risk of dying – from ANYTHING – by over 30%.**”

They’d charge a *fortune* for it wouldn’t they? And their new “death-

defying” “drug” would be front-page news from Maine to Hawaii. And EVERY doctor would prescribe it to their patients.

But that isn’t happening. Most American doctors don’t even know about this study. And since vitamin D *isn’t* a drug and *can’t* be patented for billions of dollars, this life-changing research is *ignored* by Big Pharma.

But now YOU know. And I’m just getting started.

You see, in my opinion, **vitamin D, selenium, and curcumin** are the MOST important tools available for *long-lasting health...* which is why I believe **everyone over the age of 60** should have them on their side.

I have a LOT more I want to share about all 3 of these natural powerhouses – so keep reading to discover how they can deliver even MORE health benefits than the ones I’ve already described.

AND THE HITS KEEP COMING...

Now, I know I’ve gone over a LOT of science showing how all 3 Senior Savers help fight CHAD, so here’s a brief summary...

- **Vitamin D** protects against **colon cancer, cardiovascular disease, autoimmune diseases, and infections** – and was linked to a **31% DECREASE in death**. On the flip side, not having enough was associated with **TWICE the risk of colon cancer... 5X the risk of breast cancer... and DOUBLE the risk of a heart attack**.
- High levels of **selenium** were associated with a **lower risk of breast, colon, lung, and prostate cancer**. It’s also a “brain saver,” which helped **prevent brain changes and brain cell death**.
- Not only did **curcumin improve memory by 28%** in seniors whose memories were already slipping... it actually appears to provide **whole body disease protection**.

Did you catch that last part? Studies have shown that curcumin can deliver even MORE incredible benefits all over the body, like...

- Reducing heart disease by **24%**
- Up to a **28%** lower risk of diabetes
- Protecting against Alzheimer’s

- Boosting memory by **28%**
- Fighting gastrointestinal cancers
- Relieving arthritis pain – even testing *better* than the powerful prescription pain drug Voltaren (*diclofenac*), which is used to treat the pain of rheumatoid arthritis and osteoarthritis.

PUTTING THE 3 SENIOR SAVERS TO WORK FOR YOU

Now that you've seen some of the science behind these 3 Senior Savers, I'm sure you understand why they're at the core of my personal **Patriot Health Plan**...

... and why I take ALL 3 of them myself... every single day of the year.

I truly believe they're the key to helping my body **fight off diseases like cancer, Alzheimer's, heart disease, diabetes, and more.**

Plus, along with helping to defeat CHAD, they can help **relieve pain**... and help keep me **healthy, active, happy, and disease-free for the long run.**

They might even help **add great years to our lives.** More years to laugh with the children and grandkids... to see the world... and to be there for the loved ones who need us most.

What would you give for that?

Now, if you're *shocked* your doctors haven't prescribed them to you, it's because they **CAN'T** – after all, NONE of them are pharmaceutical drugs, so you **DON'T** need a prescription.

But they're all available today – if you know where to look. And in just a moment, I'll show you.

Friend, today I've revealed their full power to you as my service to all senior Americans who've been let down for a lifetime by inept government bureaucrats...

... and doctors who **DON'T** read the science, and instead, rely on drug company salespeople to “educate” them.

It only takes me about 20 seconds each day to take all three... **and I feel like my long-term health is on autopilot.** I'll tell you, having that peace

of mind is such a blessing. **And I want the same for you.**

Now, I promised to tell you where to find each of these Senior Savers, what type to take, and the dosage. So keep reading to find out everything you need to know.

HOW TO MAKE VITAMIN D WORK FOR YOU

Let's start with vitamin D. As I told you, so many Americans are deficient in this hormone, it's become a national *epidemic*.

Luckily, there's an easy way to tell if YOUR levels are dangerously low. First, there are obvious symptoms. Some of the most common signs of a vitamin D deficiency include:

- Frequent illness or infection, especially colds, flu, bronchitis, and other respiratory infections
- Fatigue
- Bone and back pain
- Depression
- Poor wound healing
- Hair loss
- Muscle pain
- Weight gain
- Anxiety

If you think you may be deficient, have your doctor check your vitamin D level at your next physical. The test can be done with your other blood work.

You can also perform a simple, inexpensive screening test in the comfort of your own home. A variety of do-it-yourself vitamin D testing options are available at [amazon.com](https://www.amazon.com).

If your reading is less than **20 ng/mL**, you need more vitamin D. Ideal levels are 40-60 ng/mL.

If it turns out you *don't* have enough vitamin D in your system, don't panic. To raise your level, get at least 15 minutes of sun during the middle of the day with your arms and legs exposed.

Now, anyone who has endured a northern winter knows that's not always

possible. Wearing sunscreen also prevents you from soaking up this sunshine vitamin. And there aren't a lot of good food sources — **salmon, tuna, and vitamin D-fortified milk and cereal** are your main options.

But a quality vitamin D supplement can easily raise your level – I take one myself. But please consult your doctor before taking this or any other supplement.

When choosing a vitamin D supplement, be sure to choose the **D3** form – it's *far* better absorbed by your body than D2, which is also widely sold as a supplement.

You can find vitamin D3 at health food stores, drug stores, and online retailers, like [amazon.com](https://www.amazon.com). Take **5,000 IUs** a day.

HOW TO MAKE SELENIUM WORK FOR YOU

Now let's talk about Senior Saver 2, **selenium**. Nearly one BILLION people across the globe are deficient in this hard-working mineral – even though almost no one is talking about it.

Selenium is found in soil, and the amounts in drinking water, foods, and animal feed vary from one region to another – with higher concentrations in the Midwest and Western U.S., compared to the South and Northeast.

So where you live – or where your food comes from – can contribute to a selenium deficiency. So can gastrointestinal illnesses, which can also deplete selenium in your system.

Problem is, there are NO clear signs that your levels are too low. Your first symptom could be *low immunity, high blood sugar...* or something much worse. Bottom line? Don't wait until you *know* you need more before you start paying attention.

A good way to raise your body's level is to eat more selenium-rich foods. **Brazil nuts, oysters, and organic sunflower seeds** are a good start. You'll also get selenium by eating **grass-fed meat** and **mushrooms**.

Another option is to take an inexpensive supplement, which can help keep your levels where they need to be. You can find selenium supplements at health food stores, drug stores, and online retailers, like [amazon.com](https://www.amazon.com).

But when it comes to dosage, it's very important to exercise caution.

You see, selenium's cancer protection is generally observed in studies at concentrations greater than the standard RDA requirements. In addition, continuous intake of selenium is necessary for maximum inhibition of cancer.

However, while selenium toxicity is rare, it is a real concern. To avoid side effects and potential toxicity, it's best to keep selenium intake at or below **400 mcg** per day. For optimal health, I recommend taking **100 mcg** of selenium per day.

HOW TO MAKE CURCUMIN WORK FOR YOU

And last – but certainly not least – is Senior Saver 3. **Curcumin's** healing properties are so astonishing, not only do I take it myself every single day... *I recommend it to every older person I know.*

It's important to know that curcumin can be difficult for the body to absorb, so look for a formulation designed to improve bioavailability. Typically, that means it includes black pepper, which contains *piperine* – a compound that dramatically boosts curcumin absorption.

Some supplements also include oil, which also helps absorption, since curcumin is fat-soluble.

Cooking with curcumin, in the form of turmeric, is also an option to boost your body's level, especially if you include a healthy oil, such as *avocado, olive, or coconut oil*.

Turmeric is a natural in curries, or try it on *cauliflower* and other vegetables with olive oil. I like to cook and mash cauliflower as a potato substitute, or add turmeric to *turkey salad, meatballs, pork tenderloin, and seafood*, including *halibut* (or other wild-caught white fish) or butterflied prawns.

However, not everyone likes the taste of food that's been sufficiently "curried" in order to get the adequate dosage. That's why I recommend **400 mg** of high-quality turmeric extract per day.

You can also find curcumin supplements at health food stores, drug stores, and online retailers. I recommend taking **400 – 450 mg** per day.

One bioavailable form is called **BCM-95** which includes natural oils from the turmeric plant to help the body metabolize curcumin. You can find it at amazon.com.

Just be aware that although curcumin is generally safe, you should always consult your physician before taking it – or taking any other supplement. And if you're taking a blood thinner, such as Coumadin (warfarin), exercise caution. Curcumin is not a blood thinner itself, but it can increase the effect of Coumadin and similar drugs.

MORE ADVICE FOR A LONGER, HEALTHIER LIFE

Friend, the looming Medicare Part A crisis is real... in fact, some say it's practically *inevitable*.

That's why I want to reveal a whopping 15 MORE natural ways to protect your health... and extend your life.

So in addition to the powerful 3 Senior Savers I've already discussed, I've compiled some of the best information I've found to help you do just that.

Let's kick things off with this *stunner*...

#1 Want to rewind 9 years off the age of your brain... for free?

A study on sedentary seniors with mild cognitive impairment showed that eating a delicious diet and just moving their bodies in a specific way... improved their brain function SO much, it was the **equivalent of being 9 years younger**.

The diet is called the Dietary Approaches to Stop Hypertension Diet (**DASH**). It includes high-fiber foods, such as fruits and vegetables, legumes, nuts, and grains, dairy, and meat.

While the DASH diet is advertised as "low salt," all these foods contain natural amounts of sodium, as well as other electrolytes and minerals.

The study, published in *Neurology*, was conducted to investigate whether the DASH diet and aerobic exercise – individually or together – would affect brain function in patients with cognitive impairment.

Researchers recruited 160 men and women aged 55 or older with mild cognitive impairment and at least one risk factor for cardiovascular disease. All were also sedentary, defined as exercising less than 30 minutes per week.

The participants were randomly divided into four groups.

The first group walked, biked, or jogged moderately for 45 minutes, three times a week, totaling about 2.5 hours of exercise weekly.

The second group followed the DASH diet.

The third group followed the DASH diet AND participated in the first group's exercise routine.

And the fourth group was a "control" that only received health information through phone calls.

Researchers assessed the cognitive function of all four groups by measuring memory and reasoning skills (executive function) at the beginning and end of the six-month study period.

At the conclusion of the study, researchers found that the group that **followed the DASH diet AND exercised** had a five-point average increase in executive function, compared to the other groups.

That's impressive enough. But there's more...

At the start of the study, the executive function of the participants was equivalent to that of 93-year-olds, although their actual chronological ages were, on average, 28 years younger. But following six months of exercise, cognitive functions improved to that of 84-year-olds.

That's a *9-year improvement*. And all it took was moderate exercise for about 2.5 hours a week.

In other words, combining the DASH diet and moderate aerobic exercise **SHAVED 9 years off their brain age**.

Friend, it's free, easy, and backed by *ironclad science*.

2) This simple "trick" could add a DECADE to your life.

Yes, not only could you enjoy a **10 YEAR longer life**... it's free, and will

make you feel **GREAT**. It may sound too good to be true, but the science doesn't lie.

What is it? Being **optimistic**.

As the Classical Roman statesman Cicero said, "Gratitude is not only the greatest of virtues, but the parent of all the others."

Being grateful leads to an optimistic, positive attitude about life. It allows you to recognize all of the things that came out well in the past... and optimism allows you to believe things *will* come out well in the future.

For my own gratitude list, I'd like to thank researchers from Boston University, Harvard University, and National Center for PTSD (post-traumatic stress disorder), who published a very interesting study on how a positive attitude affects longevity.

One of the key findings is that men and women who are more optimistic can actually live **11 to 15% longer** than their pessimistic counterparts, who DON'T believe good things will happen.

And this finding makes perfect sense to me. After all, as my readers know, the body and brain need to be viewed as a whole when it comes to good health — not as separate, unconnected entities that don't influence one another.

For this study, researchers analyzed two large, long-term clinical trials: The Nurses' Health Study, which has tracked nearly 70,000 women since 1976, and the Veterans Affairs Normative Aging Study, which has observed nearly 1,500 men since 1961.

In 2004, the Nurses' Health Study participants completed an optimism assessment. In 1986, the veterans did the same. The assessment asked how much a person agreed or disagreed with statements like the following:

- In uncertain times, I usually expect the best
- It's easy for me to relax
- If something can go wrong for me, it will (Murphy's Law)
- I'm always optimistic about my future
- I hardly ever expect things to go my way
- I don't get upset too easily

The answers were then tallied to create a personalized "optimism score" for each study participant.

Researchers found that women with scores in the top 25% for optimism lived **15% longer**, compared to those in the lowest 25% of scores. The most optimistic were also **50% more likely to live past age 85**.

Plus, men with scores in the top 20% for optimism lived **11% longer** than those in the lowest 20%. And they were **70% more likely to live to be 85 or older**.

Amazingly, factors like chronic diseases, physical activity levels, and diet *didn't influence these percentages at all*.

The researchers said it's not clear why optimism is associated with longevity, but they do have some theories.

They noted that other research shows that optimistic people may be better able to regulate their emotions and bounce back from stressful situations more quickly. This helps lower the levels of stress hormones in their bodies, which reduces their risk for many chronic diseases.

Optimistic people are also more likely to set goals and feel confident they will reach them. This can include healthy lifestyle goals like regular, moderate exercise and following a balanced diet— both of which contribute to longevity.

Even if you're not a naturally optimistic person, you can choose to "make" yourself optimistic. In fact, there are many other studies suggesting that mental attitudes can be modified or adjusted. And, going back to Cicero's adage, gratitude is fundamental to that.

One of my favorite ways to improve my gratitude and optimism levels is through mindfulness meditation.

For instance, I like to use guided imagery meditation to visualize my best self and a fruitful future. While laying down to sleep, I imagine good things literally raining down from the heavens. Give it a try – after all, you could add YEARS to your life.

3) Do you live alone?

You might be surprised to know that **living alone is as dangerous as smoking more than half-a-pack per day**.

You see, while heart disease remains our country's No. 1 killer, it's

important to look at the impact of mental and emotional health on long-term survival as well.

Indeed, a handful of new studies show just how crucial this is for older adults. The studies looked at several different aspects of mental and emotional health on longevity, and all homed in on the importance of **social engagement** as we get older.

In one study, published in the *American Journal of Neurological Health*, researchers discovered that people who live alone have a **65% increased risk of dying**, compared to those that don't.

That's the same risk as being a regular cigarette smoker.

Not only that, another study found that **loneliness can increase diabetes risk as much as 84%**.

And in another study, researchers analyzed data from nearly 13,615 men and women, average age 69, who participated in the U.S. Health and Retirement Study.

Specifically, they looked at behavioral, economic, psychological, and social factors associated with a higher risk of death and a shorter lifespan.

Out of the top 10 factors the researchers found were most associated with an early death, four can be linked to **loneliness or social isolation**: a history of divorce, lower life satisfaction, never having been married, and a negative mood.

The common theme here is the importance of social engagement for better health and a longer life. In fact, more than one study found that social factors were far more important than the physical factors the mainstream so often stresses.

The bottom line is this: Social isolation works against health and longevity. Whether we're enduring a global pandemic or simply living under ordinary circumstances, there's a greater emotional burden of isolation among older people.

Luckily, if you do live alone, there are things you can do to combat the health risks. Here are four simple, effective steps to help you cope with feelings of boredom, emptiness, or isolation... and ultimately, help boost your longevity.

1) Talk it out. Regular conversations with family members,

volunteers, and even strangers can head off the onset of deeper loneliness and a sense of isolation. Even if you can't converse in person, phone or online video chats can help you feel more connected.

2) Share your wisdom. Older people have accumulated a lot of knowledge and wisdom over the years. Sharing your experiences can help you feel more valuable – and it's also quite valuable for younger people.

3) Get creative. Cooking, reading, listening to or playing music, painting, dancing—any sort of creative activity helps engage your brain and turns off negative thinking. You might also find online groups to join for your newfound hobby.

4) Take a hike. Recreational activities can be restorative and refreshing. Plenty of studies show that getting out into Nature, water, and green spaces (even while socially distancing) is highly beneficial for your mental, emotional—and physical—health.

4) Can a combination of 3 natural nutrients REVERSE Alzheimer's memory loss?

In my opinion, this could be **one of the most important breakthroughs of the past 30 years.**

Listen to this shocker... Researchers found that, when Alzheimer's patients drank a beverage containing 3 special nutrients, **it created NEW synapses in their brains.**

Synapses are how your brain cells communicate with each other.

This nutrient combo consists of **1,200 mg of DHA** (and omega-3 fatty acid), **400 mg of choline** (a B-vitamin), and **625 mg of uridine** (a substance produced naturally by the liver and kidneys).

Researchers combined these nutrients into a beverage formula called **Souvenaid**. And they found that, when patients drank it, it appeared to stimulate growth of new synapses in the brain.

They also found that roughly **HALF** of the patients who took Souvenaid had **improvements** in verbal memory.

On the flip side, the control group continued to **decline**.

Incredibly, the researchers found that over the course of the study, patients taking this 3-nutrient “brain beverage” began to **shift towards normal brain activity**.

In other words, **Souvenaid actually began to REVERSE Alzheimer’s memory loss**.

Can you see how important it is you know how to get this “brain-saving” drink – for yourself, your spouse, and your friends?

Unfortunately, the Souvenaid beverage formula is still in clinical trials. And its developers say they have no immediate plans to make it available to the U.S. public.

But the good news is, all three of the nutrients this “brain beverage” contains ARE readily available, without a prescription.

And they’re as close as your supermarket. You see, these nutrients are found in some very common foods. Here are some of the best food sources of the dynamic Alzheimer’s-fighting nutrient combination:

- **DHA:** fish, eggs, flaxseed and meat from grass-fed animals
- **Choline:** eggs, meats, and nuts
- **Uridine:** tomatoes, beer, broccoli, and organ meats like liver

But I would add one more natural remedy to this already-powerful trio — **berberine**.

New experimental results have found that berberine can safeguard your brain from the dangerous oxidation damage that can “eat away” at brain tissue. It also targets and destroys memory-killing enzymes that play a major role in the development of Alzheimer’s. And berberine promotes healthy blood flow directly to the brain— an essential element to combatting dementia.

In order to get enough of this breakthrough natural healer, this is one of those instances where I do recommend taking a supplement.

I recommend a daily dose of **500 mg of berberine**, taken two or three times per day to achieve steady levels. You can find it at drug stores, health food stores, and online retailers like [amazon.com](https://www.amazon.com).

And one more thing to consider: Other current research shows that **caffeine** can be helpful for Alzheimer’s. So have that cup of coffee, which is also loaded with beneficial anti-oxidants that are important for many

chronic diseases, including dementia.

5) Did you know there are 4 early warning signs of Alzheimer’s?

I’m talking about 4 little-known red flags to look out for – including the date you pay bills, where you live, and even *how often you eat cheese*.

FOUR EARLY WARNING SIGNS OF AD AND DEMENTIA

1) Follow the money. Problems paying bills and managing personal finances can simply be a sign of the times after a full year of coronavirus-related economic shutdowns. But one study shows that even in normal times, these problems can often rear their heads *years before* doctors ultimately make a diagnosis of dementia.

Researchers analyzed consumer credit reports from 1999 to 2018, along with medical claims for 81,364 Medicare recipients living in single-person households (meaning the participants were most likely the ones managing their own finances, without the aid of a spouse or other family member).

Overall, 27,302 of the study participants, with a mean age of 79 years, received a diagnosis of dementia between 1999 and 2014.

The researchers discovered that up to *six years before* these people were diagnosed, they were more likely to miss scheduled credit card payments—compared to their peers who weren’t diagnosed with dementia. They were also more likely to have poor credit scores up to 2.5 years before diagnosis.

Plus, within three months following diagnosis, people with dementia were more likely to miss credit card payments and have poor credit ratings when compared with people without dementia. And these payment delinquency and credit score issues were likely to persist for at least 3.5 years *after* a dementia diagnosis.

What you can do: This study shows that changes in judgment may occur *years* before clinical cognitive impairment can be picked up by medical evaluation. Which translates to potentially years of erratic bill payments, poor financial decisions, and victimization by fraud, as people struggle on their own, wondering what’s wrong.

So if you or a loved one are having a hard time paying bills or managing credit scores, take it seriously, and ask your doctor about dementia and AD.

2) Location, location, location. New studies are revealing that where you live may be a factor in whether you develop dementia, too. Researchers are looking at “hot spots” across the country where AD and dementia rates are inexplicably high.

Indeed, in the 1980s, my colleagues and I found dramatic differences between populations and countries around the world—and among succeeding generations of immigrants—that strongly pointed to location-based dietary risk factors for chronic diseases. Not to mention, early research links *diet* and chronic disease-risk, too.

And since AD is both a chronic disease *and* one influenced by diet, it makes sense that geographical location could play a role.

In fact, according to the Centers for Disease Control and Prevention (CDC) data, out of the top 10 states with the highest AD death rates, seven are in the South (Alabama, Arkansas, Georgia, Louisiana, Mississippi, South Carolina, and Tennessee); two are in the West (Utah and Washington); and one is in the East (Vermont).

In addition, researchers and public health experts note that people who live in poorer neighborhoods can suffer from chronic stress, sleep disturbances, lack of exercise opportunities (it’s hard to take a walk if you live in a dangerous area), air pollution, poor nutrition, and even toxic metals in the water supply — all of which are key risk factors for AD and dementia.

Now, researchers don’t believe that living in certain areas actually increases your risk of Alzheimer’s. But the truth is, where people live may affect their access to healthcare and nutritious food — and even education about other AD risk factors.

What you can do: The links between geography and AD tend not to do with your actual environment, but rather the socioeconomic factors present in your community.

So there’s no need to pack up and move if you live in an area with higher incidences of Alzheimer’s (unless you want to, of course).

Just continue to educate yourself about the risk factors for dementia (and if you’re one of my readers, continue reading *Insiders’ Cures* and my *Daily*

Dispatch e-letter for insight). I also recommend following my core dietary and lifestyle recommendations—like engaging in regular exercise, communing with Nature as much as possible, and following a healthy, balanced diet full of fresh, whole foods.

3) Go with your gut. In the past few years, medical science has increasingly discovered that the health of your gastrointestinal (GI) microbiome is linked to the risk of many chronic diseases. And it turns out, AD and dementia is no exception.

For a new study on this subject, a team of researchers from Italy and Switzerland recruited 89 men and women between the ages of 65 and 85 years.

Some folks had been diagnosed with AD and related dementias, and others had normal memory. The researchers performed brain scans on the study participants, and analyzed their blood for inflammatory markers and proteins produced by intestinal bacteria.

These tests found a correlation between imbalances in GI probiotics (“good” bacteria) and the appearance of dementia precursors in the brain. As a result, the researchers think proteins produced by certain GI microbes can influence interactions among the immune system and the brain and nervous system.

The researchers also discovered that “good” probiotic bacteria in the normal microbiome produce a fatty acid called butyrate that has anti-inflammatory properties and protects the brain.

Prior research has shown a strong association between specific intestinal bacteria and AD. In fact, research reveals the GI microbiome in people diagnosed with Alzheimer’s is actually different than the microbiomes of people without AD. In fact, people *with* AD have less diversity of probiotics, among other factors.

In addition, since chronic inflammation is a suspected risk factor in dementia and AD (as with many other chronic diseases), inflammation in the blood could also provide a direct link between the GI microbiome and the brain.

What you can do: Researchers are now trying to find an AD treatment that can be administered as a probiotic “bacterial cocktail” to feed good bacteria in the GI microbiome. But, as I often report, lots of other research

shows that trying to make and take probiotic pills simply doesn't make sense, doesn't work, and can be dangerous.

Instead, I recommend nurturing the natural probiotic bacteria in your GI tract through **prebiotic** foods, such as *fermented* vegetables like *sauerkraut*, as well as *apples, asparagus, avocados, bananas, garlic, leeks, onions, whole grains like barley and oats, and full-fat cheeses and yogurt*.

As an added benefit, prebiotic foods also help your gut produce the butyrate fatty acids that the researchers found help protect the brain.

4) Break the “rules”. I recently came across a study with findings that run completely *contrary* to the mainstream, politically correct, anti-dairy and anti-meat “dietary experts,” *and* the neo-prohibitionist, total abstinence, “anti-alcohol” crowd who I frequently warn you about.

Iowa State University researchers analyzed data collected from 1,787 British men and women, ages 46 to 77 years.⁷ The study participants underwent cognitive tests over a period of 10 years. They also completed questionnaires about how often they ate a variety of foods and beverages.

In the end, there were four key findings:

- Cheese lowers the risk of age-related cognitive problems *far more than any other food*—even as you age.
- Daily consumption of alcohol, particularly red wine, helps improve cognitive function.
- Weekly consumption of lamb (a red meat) improves long-term cognitive function.
- People at risk for AD may need to watch their salt consumption to avoid cognitive problems as they age.

6) How often do you get a great night's sleep these days?

If you answered with a big yawn, you should know that not only does bad sleep make you groggy and irritable...

... it can also be deadly.

In fact, **poor sleep is linked to diabetes, depression, arthritis, heart disease, and even cancer?!**

But if you have trouble slipping off to dreamland, you're far from alone. According to the Centers for Disease Control and Prevention (CDC), more than one-third of U.S. adults routinely get less than a healthy seven hours of sleep a day.

According to the CDC:

- 10% of people who sleep less than the minimum recommendation of seven hours a night have been diagnosed with cancer;
- 11% have diabetes;
- 23% have depression;
- 25% have asthma or chronic obstructive pulmonary disease (COPD); and
- 29% have arthritis.

The CDC also reports that 13% of people with insomnia have had a **heart attack, stroke, or heart disease**. In addition, a new study shows that poor sleep may be linked to **heart failure**.

So what can you do find it difficult to get a good night's sleep?

Well, one thing NOT to do is to turn to sleeping pills. Research shows these pills don't help you sleep better over the long term – instead, they lead to a dangerous cycle of drug dependency.

The good news is, there are safe, effective, drug-free solutions that *do* address the underlying issues that lead to insomnia and other sleep problems.

In fact, after consulting the latest research, I've developed a comprehensive, natural guide for getting healthy sleep. It consists of a series of dietary and lifestyle changes you can easily adopt to help you get a good night's sleep — without pills or special pillows – now *and* as you get older.

That's why I outlined my **full plan for better sleep** – without pills or special pillows. Depending on your particular sleep issues, you can try a few or all of the following steps to help you sleep more soundly ...

1) Changing your thinking can change your sleep

Insomnia can lead to a vicious cycle of emotional and physiological

disturbances. People can develop an obsession about their sleep. They begin to fear not sleeping and the consequences they'll suffer during the day. And that emotional distress feeds into the sleep problem and perpetuates itself, night after night.

The good news is, these problems *can* be treated with counseling that specifically helps people change their behaviors and thinking patterns.

For example, **cognitive behavioral therapy (CBT)** can focus on changing poor sleep habits, sleep scheduling, and the ways people actually think about and experience poor sleep. CBT for sleep issues typically involves six to eight weekly sessions with a trained specialist.

Research shows that CBT can be highly effective, with 70 to 80% of patients experiencing improvements in sleep—including less time falling asleep, more time spent sleeping, and fewer times waking up during the night.⁴ And, unlike with medications, most people tend to sleep better even *after* CBT treatment ends.

CBT can also delve into emotional factors that influence sleep—or that result from sleep issues. Which leads me to my next step for healthy sleep...

2) Scale back on screen time

As the CDC figures I cited earlier show, insomnia can be a key factor in depression. And now, a new study shows that more sleep—and **less screen time**—are critical for stopping depression and other mood disorders from taking hold.

An international team of researchers analyzed information from nearly 85,000 participants in the U.K. Biobank Study. The researchers found that the people who got seven to nine hours of sleep per night were less likely to become depressed. They also reported that more time spent in front of a TV, computer, phone, or other screen was associated with a higher frequency of depression.

And that certainly makes sense to me. Put simply, time spent sitting in front of a screen late at night is time spent not sleeping. Plus, research shows that the blue light emitted from electronic screens interferes with your body's production of melatonin, a hormone that helps you sleep.

Another drawback of increased screen time is that it takes away valuable opportunities to get outside in Nature and engage in some moderate

exercise – which both deliver mood-boosting and sleep health benefits.

Plus, the researchers from the study I just discussed noted that engaging in **moderate physical activity** during the day is important for good sleep at night.

They also found that poor dietary patterns are at least partly responsible for exacerbating depression and sleeplessness (which probably includes the unfortunate habit of mindlessly eating in front of a screen).

And that leads me to my next set of sleep steps...

3) Eating and drinking...and sleeping

There's plenty of research showing that what—and how—you eat can significantly impact your sleep quality. So, I've culled the top recommendations to share with you here...

- **Think about your meal timing.** Research shows you should wait at least two to three hours after your last meal before going to bed, to allow your digestive system to slow down and prepare for sleep. That means the later you eat dinner, the more trouble you may have falling asleep.
- **Move up “last call.”** Sure, a drink or two may help relax you in the evening, but the cut-off time should be around 8 p.m. Higher blood alcohol levels can disturb the rapid eye movement (REM) sleep cycle—the most restorative, deepest sleep, during which short-term memory is processed. Plus, if you drink too much alcohol right before bed, you're more likely to be awake for the second half of the night.
- **Watch your caffeine intake.** Depending on how sensitive you are to caffeine, wait up to six hours after consuming coffee or tea before bedtime — that's because caffeine can metabolically block biochemicals that are important for inducing sleep. And don't forget about the caffeine found in chocolate. Just a few ounces of dark chocolate (the healthiest kind) can have as much caffeine as half a cup of coffee!
- **Stay away from sugar.** Sugar is the ultimate metabolic disrupter, which is why I recommend avoiding it. But if you do give in to temptation, avoid sugary foods or drinks after 8 p.m. You'll get a quick energy boost, but then that added sugar

will delay your sleep. And that sets off a vicious cycle. Lack of sleep also leads to increased production of a hormone called *ghrelin*, which stimulates appetite and cravings for sugar and calories.

- **Avoid acidic foods.** Citrus fruits are loaded with B vitamins, vitamin C, and other healthy nutrients. But they're also acidic and can cause difficulty when lying down at night if you're prone to acid reflux. Citrus and other acidic foods are also natural diuretics, which can cause you to wake in the middle of the night for bathroom breaks. (Drinking coffee and tea can have the same effect.)
- **Ditch the late-night pizza.** Not only is the tomato sauce highly acidic, but the cheese may contain neurotransmitter-precursor chemicals that have been linked to nightmares. (The same can be true with shellfish.)

Along with establishing a good-sleep diet, the following simple lifestyle alterations can also signal to your body and brain that it's time to go to bed...and stay asleep throughout the night.

- **Learn how to relax.** Relaxation and stress-reduction approaches like meditation and yoga during the day can help you fall asleep at night.
- **Keep a schedule.** A regular pattern of sleeping and waking times helps your body adhere to its natural circadian rhythm, which signals when it's time to sleep, eat, and carry out other key body functions. Research shows that the older you become, the less reliable your circadian rhythm. That means it's important to establish and stick to a sleep schedule, night after night.
- **Wind down before bedtime.** Stimulation in the evening works against relaxation and the other steps needed for sleep. So stopping activities like exercise and work several hours before bedtime will help prepare your body and mind for sleep. Instead, engage in relaxing activities like listening to pleasant music, reading (*not* on an electronic screen), or any hobby that takes your mind away from the day's toils and troubles.
- **Learn what to do when you can't sleep.** When you find

yourself tossing and turning—either before you fall asleep or if you awake in the night—it's best to get out of bed and do something to relax and reset.

Again, do some light reading, try a yoga posture, or engage in a relaxing hobby until you start to feel sleepy again. Do *not* check your phone or email or turn on the TV. As I mentioned earlier, the blue light emitted from these screens can interfere with your natural production of the sleep hormone melatonin and will only cause you to stay awake for longer (and mentally, you don't need the stimulation from personal or general news — especially since you can't do anything about until the morning anyway).

Of course, there's one more lifestyle change you can make—and it happens to be my favorite recommendation of all...

MY ULTIMATE SLEEP SOLUTION

There are a variety of botanical remedies you can take for relaxation and sleep. But I've found that the most powerful, pleasant, and safe botanical approaches involve plant essences that are *inhaled* and *absorbed* through the skin, rather than ingested.

The ancient practice—and modern science—of **aromatherapy** distills essential oils from plants (the same compounds that give the aromas to perfumes). Those oils can then be applied directly to your skin and inhaled.

A key reason why aromatherapy is so effective at inducing healthful, restful sleep is because the olfactory nerves of the upper nasal passage are wired *directly into* the brain. And when these olfactory nerves are gently stimulated by the aromas of certain plant essential oils, they send signals to the brain that help you relax, which supports sleep—without the harmful side effects of sleeping pills.

Research shows that the aromas of the following organic plant oils are most effective for supporting sleep:

- Chamomile
- Lavender
- Limonene
- Orange
- Peppermint

I like to use a combination of *all* of these oils, blended with vitamin E in organic coconut and eucalyptus oil.

The bottom line is that even if you find your sleep quality decreasing with age, that doesn't mean you're relegated to a future of tossing and turning—and making yourself more susceptible to chronic disease. Nor do you have to turn to sleeping pills with a whole host of dangerous side effects (or “specialty” pillows).

Instead, follow my simple steps for sound sleep. Eventually, you'll find that bedtime doesn't have to be a nightmare after all.

7) If you're a man, this one's for you.

If you're tired of **your prostate ruining your sleep**, making the toilet an exercise in frustration – and generally being a constant annoyance – I have great news.

In a clinical study, men who got 2 inexpensive botanical extracts saw a **19% improvement in urinary flow**.

Not only that, they experienced **44% less residual urine** (urine left over in the bladder after trips to the bathroom).

And, best of all, they experienced a whopping **53% improvement in overall prostate symptoms**.

I'll tell you more about it in a moment. But first, if you're over age 50, you may already be experiencing prostate problems... without even knowing it.

You see, some of the most common prostate health issues might not produce any symptoms at first.

But they can continue to develop with age.

The good news is, there are simple, natural steps you can take *right now* to support your prostate. Which means you may be able to avoid the embarrassing, painful symptoms associated with these conditions altogether.

Benign prostatic hyperplasia (BPH) is more commonly known as “enlarged prostate,” and it becomes more frequent after age 50.

In fact, some research shows that half of all men over age 60 may have

some degree of prostate enlargement, and as many as 90% of men in their 80s are affected.

No one's exactly sure *why* the prostate becomes enlarged in BPH, although there's a theory (but no real evidence) that it's caused by hormones. That would explain why it's more frequent later in life, as men's hormone levels change.

Most men with BPH have no symptoms. But for some, the prostate begins pushing on the urethra, which carries urine out of the body. That makes the bladder muscles work harder to force urine into the urethra.

This can cause several problems. The bladder muscles may contract more frequently, meaning more trips to the bathroom. Or the muscles may have difficulty contracting, leading to “dribbling” or painful urination. These symptoms may be your first (and usually only) sign that something is wrong.

In rare cases, the prostate completely blocks the urethra, and a man can't urinate at all. If this happens to you, **consult your doctor immediately**. He or she may want to do a procedure to remove some of the excess prostate tissue.

Prostate enlargement is easily detected by your doctor during a digital rectal exam — when the physician places an index finger into the rectum to feel the prostate. (This procedure also detects the possible presence of colorectal cancer.) The doctor checks the size of the prostate, along with its texture and firmness.

So get an annual physical exam, including a digital rectal exam, starting at age 50. That means the doctor actually has to examine you physically, not just gloss over some questions while staring at his or her computer screen.

If for some reason you have a doctor who doesn't routinely do this exam during your annual check-ups, find another doctor right away.

If it turns out your prostate is enlarged, you have a few options.

First, there's “watchful waiting.” If you've ever heard this term, it was probably in reference to prostate cancer. But this approach is also a common recommendation for enlarged prostate. Watchful waiting is just what it sounds like. It includes regular exams to see if the prostate gets bigger, or if serious symptoms develop. But it doesn't necessarily mean doing nothing.

In fact, there are some very effective natural remedies that can help alleviate the uncomfortable symptoms of BPH. (I'll discuss one of these in just a moment.)

Of course, these sensible, natural approaches don't make any money for big pharma. So, some years ago, drug companies decided that an enlarged prostate isn't simply an inconvenient sign of aging, but rather a "disease" that must be treated. So now we have two types of drugs – **alpha blockers** and **alpha-reductase inhibitors** – that are supposed to "relieve" BPH symptoms.

But like with any drug, they can cause serious side effects, like *erectile dysfunction, low blood pressure, nausea, weakness, weight gain, low sex drive, and depression*.

Of course, doctors often prescribe *more* drugs to take care of the side effects associated with these medications. Meanwhile, most refuse to recommend the *solid science* showing that natural substances can help relieve symptoms of BPH with minimal or no side effects.

Two herbal remedies, **saw palmetto** and **stinging nettle**, are well known in natural medicine—and for good reason. Both have impressive research supporting their benefits for relieving the symptoms of BPH.

For instance, a review of 27 studies involving about 5,800 men found that compared with a placebo, saw palmetto improved urine flow and reduced the number of times men got up in the night to urinate. And it had similar results when compared with Flomax® and other alpha blockers. Most of these studies used **320 mg** doses of saw palmetto extract per day.

And in another clinical trial, 257 men with BPH symptoms who took a combination of **160 mg of saw palmetto extract and 120 mg of stinging nettle root extract** daily for 18 months experienced:

- 19% improvement in urinary flow
- 44% reduction in residual urine (urine left over in the bladder after a trip to the bathroom)
- And a whopping 53% improvement in overall prostate symptoms²

Both of these supplements are available at drug stores, health food stores, and online retailers, like amazon.com.

8) Ripping back the curtain on a disgusting failure of "modern" medicine.

And it's something I witnessed with my own eyes.

You see, when our National Cancer Institute started its studies on nutrition and cancer 40 years ago, I remember there being 10 times more evidence for the **anti-cancer effects of one common vitamin** *than for all other nutrients combined*.

I'm talking about **vitamin C**... and yet, the NCI blatantly **ignored** the mounds of evidence supporting it.

Instead, in my opinion, they followed a politically driven agenda, focusing their nutritional cancer research on *beta carotene* —which had no real evidence to back it up, whatsoever.

This misstep set back this field of research for *decades*.

But truth is, we've known for decades that vitamin C is a powerful immune booster. And it can prevent more than just colds.

The science is overwhelmingly clear that vitamin C, when given intravenously, is a bona fide cancer fighter. Unfortunately, the "political scientists" in Washington, DC, are just as blind to this fact today as they were when I was working at the National Cancer Institute (NCI) 30 years ago.

As a senior investigator at NCI, at the outset of their research program on diet, nutrition, and cancer, I saw the potential for vitamin C firsthand. And I also saw how it was blatantly ignored.

Wondering why the government would ignore the science and throw its weight behind ineffective and potentially harmful remedies instead? As always, you can find the answer by following the money. The NCI scientific advisory board included members from the industry that makes and sells synthetic beta-carotene!

As for vitamin C, it lost out for ridiculous and political reasons. Namely, the NCI felt it had been given a "bad name" by Linus Pauling, who had brought so much attention to it.

Yes, you read that right. The fact that a two-time Nobel prize winner was such a strong and vocal advocate of the scientific truth was actually a mark

against vitamin C in the eyes of the NCI.

But facts are stubborn things, and the truth will always win out. That's why it's so important to reveal the truth about vitamin C. You see, when it's delivered at high doses, it **starves cancer cells of the blood they need to grow and survive.**

When they don't have this blood supply, **the cancer withers and dies.**

Unfortunately, you can't reap the vitamin's anticancer benefits by drinking more orange juice or popping a pill. The doses required for such intensive therapy are only achieved by continuous IV infusion of vitamin C directly into the bloodstream.

Studies have shown that these levels of vitamin C in the blood are safe and well tolerated by patients. Especially when compared to toxic intravenous chemotherapy treatments.

I'm not exaggerating when I say that **vitamin C might be the single most important breakthrough in cancer treatment.**

I pray you'll never need it. But if you or a loved one ever faces cancer, **you'll want to know about this breakthrough cancer therapy.**

9) Want to reduce your risk of breaking a bone by 51%?

According to new research, simply start cooking with **olive oil.**

You see, the rate of fractures due to osteoporosis is lower in countries in the Mediterranean, compared to northern Europe or North America.

Why? Well, most Mediterranean people tend to get more exercise year-round than most of their northern counterparts, and that helps keep their bones healthy. And the Mediterranean diet is rich in foods containing vitamin C, which is a key component of strong bones.

But many Mediterranean people aren't milk drinkers, so they don't get much calcium through their diet. And, as we all know, *calcium and vitamin D* are essential for bone health.

So what's behind this new Mediterranean paradox? According to a new study, it may very well be their olive-oil rich diet.

In fact, a Spanish study called PREDIMED found that when consumed

regularly, extra virgin olive oil can lower the risk of bone fractures by a whopping 51%.

Although this study – which stands for “Prevencion con Dieta Mediterranea” – primarily evaluated cardiovascular risk factors, its researchers focused on osteoporotic fractures.

They looked at data on 870 people, aged 55 to 80, who were at high risk for cardiovascular disease, but had not actually experienced a cardiovascular event, such as heart attack or stroke. This included people who smoked, were obese, had low HDL (so-called “good”) cholesterol and high LDL (so-called “bad”) cholesterol, or high blood pressure.

The participants were divided into groups that ate either a Mediterranean diet with high levels of extra virgin olive oil (EVOO), a Mediterranean diet with high levels of nuts, or a low-fat diet.

Over an average of nine years, the study participants had a total of 114 bone fractures. But the participants in the highest third for olive oil consumption had a 51% lower risk of fractures, compared to those in the lowest third of olive oil consumption.

The study found these bone benefits were specifically associated with EVOO, which has higher plant phenolic content.

But be aware that not all brands of EVOO are created equal. In fact, recent investigations show that many companies making extra virgin olive oil dilute their products with cheaper, lower-grade oils like canola, safflower, or sunflower oils.

Researchers at University of California tested 186 different olive oil samples.

Popular brands that **failed** to meet the extra virgin testing were: Bertolli, Carapelli, Mezzetta, Mazola, and Pompeian.

Brands that **passed** the University of California test were: Bariani, California Olive Ranch, Cobram Estate, Corto, Kirkland Organic, Lucero (Ascolano), Lucini, and McEvoy Ranch Organic.

You can look for the seal denoting approval by the California Olive Oil Council, labeled as “COOC Certified Extra Virgin.” Seals of approval from the Italian Olive Growers' Association, the Extra Virgin Alliance (EVA), and UNAPROL also signal a good, pure product.

You can also get health benefits by eating whole, organic olives. But skip the pre-packaged varieties, and opt for fresh olives instead. Many grocery stores now have open olive bars that offer a wide selection of these tasty delicacies. They can be expensive, but considering the health benefits olives deliver, they're well worth the indulgence.

10) An ancient way of healing can help improve the shortness of breath that comes with COPD.

No *drug* can do that. But **acupuncture** CAN.

You see, chronic obstructive pulmonary disease (COPD) is the 4th most common cause of death in the United States. And just like America's other top killers, all mainstream medicine has to offer are drugs that barely keep symptoms in check and that are laden with side-effects that would (and often do) make your head spin.

All the while, acupuncture is a safe, proven, natural solution that's been left in the wake of Big Pharma...and lost in the quagmire of what western scientists call "research."

While acupuncture is finally being well-accepted for the treatment of pain, it still lags way behind as a treatment for anything else. Which is tragic.

Given its history and the science, acupuncture could safely and effectively help millions more suffering from all sorts of ailments.

But you're not likely to hear it from the "modern medical establishment" anytime soon.

Of course, the Yellow Emperor of China had all the proof he needed 2,000 years ago. He based an entire healthcare system on acupuncture. For the world's largest population with the most advanced civilization, no less!

Unfortunately, western researchers have yet to embrace the obvious—acupuncture works.

Shortness of breath – or **dyspnea** – is a major problem with COPD. It's particularly bad during physical exertion. Dyspnea on exertion (DOE) is a major symptom of COPD. It's notoriously difficult to control—even with the drugs currently available.

But a study performed by Japanese researchers—in which acupuncture was actually performed properly, instead of blundered as it often is in western studies—proved acupuncture beats placebo in improving DOE in patients with COPD receiving standard medication.

Apparently the "standard" medications were not helping. They were still considered standard—but of course, for ethical reasons, the patients still had to be given the drugs that weren't working anyway, because the experimental acupuncture treatment might not have been effective!

And that was despite the fact that half the study participants – who were given acupuncture treatments – had a significant reduction in DOE.

The researchers concluded that acupuncture is a "useful add-on" therapy. So if you suffer from COPD, keep taking those drugs (that apparently don't help for shortness of breath). But for real relief, also try something safe that really does work – without side effects. And that should help you breathe easier!

11) Amazingly, something about how a person walks can actually *predict* how long they'll live – and whether they have, or will get, Alzheimer's.

I'm talking about **gait speed** – how fast you can walk.

Scientists are finding that gait speed in older adults may help account for differences in longevity.

You see, it takes several important capacities to be able to walk efficiently and quickly.

First, you need **balance**, which comes from your brain's ability to process input from your *eyes* (visual), *inner ear* (vestibular), and *limbs* (proprioceptive).

Your eyes orient you to your position in space. Your inner ear is like a little gyroscope, sensing the position of your head against gravity. Your limbs send signals to the brain about pressure, heat, vibration, and other signals about the ground under your feet.

Maintaining balance requires your brain to rapidly process and integrate

all this information to keep you upright and on your feet. Even more so when you're moving.

Probably because of all these different faculties needed to walk efficiently, gait speed can tell doctors a lot about your health. In fact, it's as accurate a predictor of **longevity** as any other factor—including age, gender, use of medical devices, chronic conditions, smoking history, blood pressure, BMI, and history of hospitalizations!

A 2011 study published in *JAMA* followed more than 17,500 seniors, aged 65 or older, for up to 21 years.

Their gait speed was associated with better survival in every group of older adults studied. There was a direct correlation between how fast they could walk and their longevity across a full range of speeds.

Not only that... according to the researchers, “our findings indicate that high gait variability is a marker of cognitive-cortical dysfunction, which can help to identify Alzheimer’s disease dementia.”

So, for a true measure of “anti-aging,” ask your doctor to measure your gait speed. And the next time someone advises you to “slow down” as you get older, think again – after all, knowledge is power when it comes to your health.

12) Did you know you can build a stronger brain and memory for free, and without drugs?

In fact, *you don't even need to leave your chair.*

I'm talking about practicing **meditation**.

Over the past decade, it's been well established that meditation has real effects for the mind and body, which are both connected.

One of my favorite approaches to meditation — mindfulness meditation — has been shown to produce positive effects on well-being that extend beyond the actual time spent in meditation. That includes *benefitting anxiety, depression, blood pressure, addictions, eating disorders, and even chronic pain.*

Now, two new reputable studies may explain how these long-lasting

benefits are achieved...

One study found that meditation does, in fact, affect the *actual structure* of the brain. It can shrink certain areas of the brain that generate “alarm” signals. And it can expand other areas that relate to “connectivity.”

And my colleague Dr. Sara W. Lazar and her research team at Harvard demonstrated that practicing mindfulness techniques increases the density of actual gray matter in different regions of the brain. And one of the primary functions of gray matter is **memory**.

In other words, you can sharpen your memory and literally build a better brain simply by meditating.

My Harvard colleagues worked with the best mindfulness program in the country here at the University of Massachusetts. However, what I find interesting is that it doesn't seem to matter which particular mindfulness meditation technique you use.

The real benefits of mindfulness meditation can be attained in many ways, among many traditions.

And there are dozens of variations, such as Insight, Zen, Tibetan, Buddhist, Zazen, Vipassana, and Samatha, just to name a few. They *all* appear to be able to alter the brain's actual structure, by increasing gray matter.

This observation fits with my long-held view that it's not the particular technique or tradition of any one health practice that provides the most benefit. They have all discovered ways to help the body heal itself.

And getting started with mindfulness meditation can really be very simple. *In fact, you can get started right this second.*

You see, when most people think of meditation, they picture the stereotypical cross-legged pose, eyes closed, repeating the word “Om” over and over again. But mindfulness meditation doesn't have to include any of those things. In fact, you can practice it right now. And you don't even have to get up out of your chair to do it.

Start simply by sitting still, trying not to move. Then, focus your attention on your *breath*. Be aware of the thoughts, emotions, and environmental changes (sounds, sensations, etc.) that arise from moment to moment. If your thoughts drift, try to bring your attention back to the present. Refocus on your breathing and what is occurring in the moment.

Really, that is the essence of mindfulness meditation — **being “present.”** Not thinking ahead to the future or back to the past. But just being fully aware of everything in the moment. It’s a very simple concept. But one that has some astonishing—and proven—benefits.

13) If you’ve been diagnosed with heart problems, eating one tasty food just twice a week can drop your risk of heart attack or stroke by 16%.

I’m talking about **fish**.

For optimal health, I recommend five to six servings of omega-3 rich fish or seafood (like salmon or tuna) a week. But let’s face it...that can be *a lot* of fish — and many people have trouble attaining that goal.

That’s why I was intrigued by a new analysis of four large studies. It included nearly 192,000 participants from 58 countries on six continents. And the researchers who conducted this analysis found that you can still reduce your risk of cardiovascular disease by eating only a moderate amount of fish.

In fact, the researchers reported that people who already have cardiovascular disease and consume fish just **twice a week** can lower their risk of a heart attack or stroke by about 16%.

Of course, you gain a lot more by eating more fish, or by taking higher doses of fish oil to supplement what you’re not getting from your diet.

But don’t let the perfect be the enemy of the good. If you can’t eat fish five or six times per week, twice a week *still* does your heart good.

For those who don’t eat *any* fish, try to work your way up to this very reasonable goal. It’s well worth it—especially when it comes to your heart.

Then, once you’re enjoying fish twice a week, I still recommend 4 to 5 grams of fish oil daily. You can find fish oil supplements at drug stores, health food stores, and online retailers, like amazon.com.

14) Are you in PAIN?

From arthritis to back pain to chronic illness, pain is a part of the lives of so many older Americans.

And while opioid drugs can provide some temporary relief, they carry a high risk of terrible addiction and overdose.

The fact is, there are **many, many alternatives that can offer you *real relief*** for just about any type of pain.

And you won’t hear about them from the government medical bureaucracy.

For example, there are **treatments for back pain** that are much safer—*not to mention more effective*—than dangerous painkilling drugs and potentially disastrous back surgery.

And **arthritis pain can melt away** when you reduce the joint inflammation causing the pain.

That’s why I’m devoting this **entire section to safe, EFFECTIVE ways to relieve and even erase pain**. All of these herbal remedies are readily available at drug stores, health food stores, and online retailers, like amazon.com. But as always, please speak to your doctor to get his approval before starting any new supplement.

In the history of American medicine, alleviating pain has been one of the two central tenants of “rational medicine.” (Preventing death was the other). Unfortunately, there’s nothing rational about the way mainstream medicine handles pain relief these days.

From the arid mountains of Afghanistan to the jungles of Honduras, from the gritty urban streets of New York to the fruited plains of Nebraska, the government is hard at work protecting you from pain... medications.

You see, we live in an era where another misguided government “war”—this one on drugs — is intimidating competent and honest doctors and nurses. Keeping them from prescribing and administering adequate pain medication in effective doses. Even for those on their deathbeds, who often must suffer their last moments on earth in debilitating pain.

All under the guise of “protecting” the public from becoming addicted to painkillers.

If the situation sounds bleak, well, in many ways, it is. But before you give up hope, there is good news.

The fact is, there are many, many alternatives that can offer you *real relief*. For just about any type of pain. Ones you won't hear about from the government medical bureaucracy. (Whose agenda has nothing to do with actually helping those who are suffering.) I'll go over some of the most effective natural solutions in just a moment.

But first, let me tell you a bit about why the "War on Drugs" has turned into a "War on People in Pain."

Turns out that the best painkiller on earth...

... is one that the government is desperate to *keep out of your hands*.

You see, despite its potential for misuse, the opium poppy (*Papaver somniferum*) has been one of nature's best gifts to humankind. It is, without a doubt, the world's most effective pain medicine. Opium is the source of morphine and all its various modern derivatives.

And to this day, even in our era of modern pharmaceuticals, morphine and morphine derivatives still have *unmatched* pain-relieving and other healing properties. And they remain in widespread use throughout the world.

The reason they're so effective is that our brains and central nervous systems have built-in receptors for the opiates in these medications.

It's a match made in pain-relief heaven.

But, unfortunately, like many good things, opium also has a history of abuse. And that's where the focus has been for centuries.

So although morphine, hydro-morphone, oxycodone, and codeine remain the gold-standard opioid analgesics, the ham-fisted prosecution of drug wars has made many good doctors afraid to prescribe them.

And as a result, the pharmaceutical industry has put out a slew of rival analgesics. These rival pain meds are less restricted than the opioids.

The problem is, they're also typically less effective. And more TOXIC.

53 YEARS OF USELESS — AND DANGEROUS — "RELIEF"

For example, until recently, roughly 10 million Americans were taking the painkilling drug propoxyphene (sold as Darvon and Darvocet). But in November 2010, the FDA pulled it from the market because of serious heart risks. But here's the really interesting part of the Darvon story...

While it is classified by the DEA and FDA as a narcotic, it has never been shown in controlled studies to be even a **weak** analgesic.

In other words, it has all of the stimulating, addictive effects of opioids — but NONE of the pain-relieving benefits. Yet the FDA approved it for that very use back in the 1950s. Putting millions of people at risk for addiction, heart complications, and who knows what else for 53 years. Risk with absolutely no "reward" in the form of relief.

Then, to add insult to injury, the FDA recommended doctors switch patients to other painkillers, notably Extra Strength Tylenol (acetaminophen).

Take that advice and you trade in risk of heart problems for liver failure.

That's right. This common, over-the-counter painkiller — found in nearly every medicine cabinet in America — causes hundreds of deaths each year due to liver toxicity. But until now (there is finally a class action suit being filed in 2012) nobody talked about it.

It's yet another example of major medical mismanagement spawned by ill-informed politicians and misbegotten government regulatory agencies.

Here are a few more of the most common examples where the government also denies people effective pain relief—and the alternatives you *can* get...

WHY BACK SURGERY SHOULD BE YOUR LAST RESORT

Low back pain is the most common cause of pain and disability in working Americans. Nearly everyone experiences it at some point. After all, it's an unavoidable consequence of walking upright. But living with it doesn't need to be.

And there are treatments for back pain that are much *safer* — not

to mention more effective — than dangerous painkilling drugs and potentially disastrous back surgery.

In fact, surgery should be your absolute LAST resort. The results can be debilitating. And there's no "going back" from surgery.

In fact, back surgery has become such a problem that it has actually spawned a new medical condition, called "failed back" syndrome. And there are doctors who specialize in treating people with it. It's become a kind of "crisis."

But as I said to Pennsylvania Governor Ed Rendell at a US Congressional Field Hearing in Pennsylvania in February 2003, perhaps this crisis is a blessing in disguise. Because it should finally help open the door for the effective, non-surgical treatments that can help the vast majority of people with back pain.

To his great credit (on this and many other public policy issues), Governor Rendell was genuinely concerned and refreshingly open-minded. And a few weeks later, he contacted me to provide all the details on these alternatives to his office in Harrisburg.

That information included overwhelming evidence about one particular—and *completely non-invasive*—treatment that works for almost every person who tries it...

It's called **spinal manual therapy (SMT)**, and it's the most effective and cost-effective treatment for most patients with low back pain. SMT is the primary treatment provided by chiropractors.

In fact, a decade ago the former US Agency for Health Care Policy & Research conducted a review and found SMT to be the most safe and effective treatment. Unlike the NIH, this agency was focused on using research and science to help guide rational medical practices. Things that would actually benefit the public.

Of course, their recommendation for SMT outraged orthopedic surgeons. So much so that they attempted to have the agency shut down. When that didn't work, they tried to have it de-funded. Eventually, they managed to at least get the office reorganized.

But I digress...

At about this same time—during 2002-2003—I received a grant from the

US Health Resources and Services Administration (another rare honest broker) to review all the studies on low back pain that had been done worldwide.

I worked with the Palmer College Research Consortium and a dozen other universities and scores of scientists around the country. And found that spinal manual therapy (SMT) is indeed a safe and effective treatment for low back pain.

And, even better, it's easy to access. There are over 50,000 practicing chiropractors in the US (all of them from accredited schools). They are licensed in every state.

But if you can't find a chiropractor near you for some reason, physical therapists also provide effective SMT.

Other useful therapies for low back pain include **massage** and **acupuncture**. But with the overwhelming evidence for and easy availability of SMT, most people should try it first.

WHY THOSE TIRED, OLD NATURAL ARTHRITIS "FIXES" DON'T WORK

I would have bet my right knee that at least 90% of my readers think **glucosamine** and **chondroitin** are a one-stop solution to arthritis pain. But since I researched the secrets to real natural joint relief, I am going to keep that knee after all. Which just goes to show that "it pays to advertise," or *marketing works*.

If only glucosamine and chondroitin actually worked as well.

If glucosamine and chondroitin were truly the wonder nutrient supplements that marketers claim they are, we wouldn't still be talking about arthritis. In fact, with all the "solutions" that have been dumped onto the public for decades, joint pain should have gone the way of the dinosaurs years ago.

Yet, as long as there have been joints, there has been joint pain.

Historians tell us that, unlike many common diseases that have become more prevalent in our modern industrialized era (think cancer and heart disease), **arthritis** has been afflicting humans since prehistoric times.

In fact, paleopathologists estimate almost *half of early humans* — as far back as Neanderthal man — suffered some sort of joint condition.

Unfortunately, the best- documented health problem in human history is plaguing us still. And it will for generations to come... if we keep putting faith in supplements that get it all wrong.

But the good news is when an ailment has this much history, we have the benefit of millennia of trial and error before us. And our ancestors have left us clues that point us to real solutions for joint pain.

I've spent years investigating history's clues, and I've found alternatives to glucosamine and chondroitin that actually work.

I'll tell you about that solution in a moment, but first we need to understand what causes joint problems as you age.

GLUCOSAMINE CAN'T TOUCH THE REAL CAUSE OF JOINT PAIN

Joint pain fits into one of four categories:

- 1) **Osteoarthritis.** Deterioration from “wear-and-tear” on joints that leads to painful inflammation.
- 2) **Rheumatoid arthritis.** The immune system itself attacks joints, causing pain and deterioration.
- 3) **Degeneration of the discs.** The discs between the vertebrae in the spine wear down, causing neck and back pain.
- 4) **Pains of undetermined nature.** These may be linked to mind-body-immune system connections, as explained in my book with Mike Jawer, *Your Emotional Type* (www.drmicozzi.com).

But while there are different types of joint pain, they ultimately have one thing in common—**inflammation**.

So if we can treat inflammation, we can do away with these ailments. Simple, right?

But here's the thing: glucosamine and chondroitin—the most common natural products used to treat joint deterioration and pain *do not have the power to correct inflammation in the joints.*

Joint remedies that actually do the job need to address the cause of joint damage. And the fact is that inflammation plays a central role.

Here's what you need to know about joints and bones, and why **you can't treat joint pain effectively without treating inflammation:**

- 1) Our body is constantly *absorbing and replacing old bone with new, healthy bone.*
- 2) Where one bone meets another, the *bones are covered in cushioning called **cartilage**. This keeps bones from rubbing against each other.*
- 3) Cartilage is nourished by fluid called **synovial fluid**, which *fills the spaces in the joints, between the bones.*
- 4) When the joints are **inflamed**, cartilage CAN'T get the nourishment it needs from the synovial fluid. So inflammation *destroys normal cartilage tissue* and gets in the way of new, healthy cartilage being formed.
- 5) If inflammation is controlled, the body can again begin forming and nourishing new, healthy cartilage. The result? **Normal, healthy, comfortable joints.**

In some cases of joint pain, such as *rheumatoid arthritis*, inflammation comes first and destroys cartilage and, if left unchecked, BONE.

In other cases, like osteoarthritis, the “wear and tear” destruction of cartilage leads to inflammation in the joint tissues.

Either way, what results is a vicious cycle that can only be interrupted in one way – by **controlling inflammation**.

Here's why that's so important: once you control inflammation, the damaged joints and underlying bones can *begin to heal themselves*.

This self-healing ability of bones and joints is the basis of all natural healing in all tissues of the body.

No matter how many so-called bone-supporting nutrients you pour into the system (assuming they even make it into your joints), *they won't work if you don't stop the inflammation cycle.*

CAN YOUR BODY EVEN USE GLUCOSAMINE AND CHONDROITIN?

Many doctors and medical scientists have questioned for decades whether glucosamine (a sugar amine) is even sufficiently absorbed into the joint tissues, believing that it is destroyed in the gastrointestinal tract and/or the bloodstream before it can even enter the joints.

It is, after all, a combination of glucose or sugar (which is readily metabolized for energy) and an amine, which like most protein constituents, are broken apart by digestion and enzymes.

Chondroitin comes with its own list of issues. Concerns have been raised about the source it comes from and how well the body can actually absorb it, and to what extent.

It seems like most all the “new” discoveries over the years when it comes to chondroitin have to do with some new, exotic species or location from which this common natural substance is harvested. This has made for some attractive marketing pitches... but *not* evidence that it is absorbed into the body and actually works for joint pain. That’s why chondroitin has become widely regarded in the medical community as *worthless*.

Side effects of glucosamine include *digestive complaints* such as *abdominal pain, poor appetite, nausea, heartburn, constipation, diarrhea, and vomiting*. Which makes sense for something that is not being absorbed properly in the gastrointestinal tract.

HISTORY HOLDS THE SECRET TO JOINT RELIEF

Modern science is proving what our ancestors knew – natural remedies can curb inflammation and promote bone and joint health.

Do you remember what the wise men brought as gifts to celebrate the birth of Jesus? Gold, frankincense, and myrrh. Believe it or not, all three of those are proven arthritis remedies (and you can trust men who just walked halfway around the world to know what soothes achy joints!). *No wonder they were so valuable.*

Gold injected into the joints actually does help arthritis, but its expense puts it out of reach for most of us. Frankincense and myrrh, on the

other hand, have a long history in supporting joints—and new research continues to support their use.

Frankincense, also known as **Boswellia**, is best known in the West as a potent incense that fills churches with a familiar fragrance. But far beyond smelling good, frankincense is valued for its medicinal properties. In fact, it has held an important place in Asian medicine for millennia. Ayurvedic practitioners have known for ages that Boswellia is a key treatment for joints. And the reason it works: It stops inflammation.

And, again, that allows your cartilage to rebuild itself. Like most natural healing, rebuilding healthy bone and cartilage to a permanent solution is a slow and steady process that takes time. But if you take care of the inflammation in the meantime, it helps stop the pain and increases mobility, while allowing the joint to repair itself over time.

Look for a standardized extract and take **150 to 450 mg** three times per day. You may also be able to find a formula combining Boswellia with **curcumin** and/or **ashwaganda** – Ayurvedic ingredients also known for their anti-inflammatory properties (more on ashwaganda in a moment).

Myrrh, found in abundance in the Middle East, is valued for its anti-inflammatory effects too. In fact, it’s held in such high esteem that it was one of the gifts the Queen of Sheba brought to King Solomon.

If you’re looking for a joint supplement today, you’d do well to find one that has these potent herbal anti-inflammatories, as well as some specific nutrients whose effectiveness is proven by modern science.

That’s why I want to talk about two nutrients I’ve discussed earlier for their health benefits.

The first is **vitamin D**, one of my powerhouse Senior Savers.

Even the government recognizes vitamin D as being critical for bone health (though it largely ignores its other health benefits). A healthy dose of vitamin D is **1,000–2,000 mg** per day.

The second is best known for preventing and treating colds— and even cancer—but it’s rarely discussed for bone health. However, the importance of vitamin C for bone and connective tissue health should not be overlooked. An effective dose of vitamin C is in the range of **500 to 1,000 mg** a day.

- ***Capsicum frutescens*** (cayenne pepper). You generally see capsaicin as an ingredient in topical creams (usually in 0.025% and 0.075% strengths). They can be very effective for relieving joint pain. However eating red chili peppers (if you like spicy food) can also have remarkably beneficial effects.
- **Vitamin C** (500 mg/day), **vitamin D** (2,000 IU/day), and **vitamin E** (400 to 600 IU/day). These nutrients are always important for bone and joint health. And yes, you need all three to work best together.
- **Omega-3 fatty acids.** The essential fatty acids in fish oil are another tremendous natural anti-inflammatory. However, to get as much as you need—3 to 10 grams per day—you’ll likely need to increase the amount of omega-3 containing foods you eat (like salmon, sardines, and walnuts) and take a fish oil supplement as well. Fish oil supplements are widely available. Just be sure to look for one that contains both the DHA and EPA fatty acids. Nordic Naturals makes several great fish oil products.

Some people also find that eliminating foods from the “deadly nightshade” family helps relieve their arthritis pain. Nightshade foods include white potatoes, peppers, eggplant, and tomatoes.

However, one caveat: There is no way to tell if eliminating these foods will make a difference for you until you actually do it. And you’ll need to give the elimination diet at least six months (although some report almost immediate relief).

And saving one of the best for last is **ashwaganda** – a *powerful, natural anti-inflammatory*.

The Hindi word ashwaganda translates to “mare sweat” — probably describing the tangy aroma of the roots. Known botanically as *Withania somniferum*, or winter cherry, ashwaganda belongs to the biologically active nightshade family, which also includes eggplant, tomatoes, potatoes, and peppers.

In ancient Ayurvedic medicine, ashwaganda is traditionally administered for a variety of musculoskeletal conditions, such as arthritis and rheumatism, and as a general “tonic” to support overall health.

Of course, one of the keys to a botanical medical tradition like Ayurveda is knowing which part of the plant contains the most potent disease-fighting compounds. For ashwaganda, the **roots** have been reported to have both antioxidant and anti-inflammatory properties.

There have been a few clinical trials that found positive effects of ashwaganda root extracts, in combination with other ingredients, for people with knee joint pain and disability.

One older controlled clinical trial showed that people with **arthritis** who took a supplement, containing ashwaganda root, had a significant reduction in pain and disability. This plant root also produced an analgesic effect that soothed the nervous system and reduced central pain responses.

Interestingly, the new study I mentioned earlier looked at a water extract of ashwaganda roots *plus* leaves.

SAFE AND NATURAL JOINT PAIN RELIEF AFTER ONLY FOUR WEEKS

This new study included 60 men and women, ages 40 to 70, who had experienced knee joint pain for at least six months. The participants discontinued taking ALL pain treatments — including topical analgesics and NSAIDs — for seven to 10 days prior to the start of the study.

They were then divided into groups that were given either **250 mg** or **500 mg** daily of an ashwaganda root-and-leaves extract for 12 weeks. A third group got a placebo.

By the end of the study, **both** of the ashwaganda treatment groups showed significant improvements in knee pain, stiffness, and disability compared to the placebo group.

But the **500 mg ashwaganda group had even better outcomes** than the 250 mg group. And they experienced those benefits sooner — after only four weeks of treatment.

In other words, ashwaganda shows benefits at different doses. It is just a matter of how long it takes to get optimal effects.

None of the participants dropped out of the study, suggesting that there weren’t any acute safety issues or side effects associated with ashwaganda.

FIVE “ARTHRITIS SUPPLEMENT REMEDIES” THAT OFFER MORE RISK THAN RELIEF

Knee joint discomfort and pain are the most common of the chronic rheumatic symptoms. In fact, knee osteoarthritis is estimated to be the fourth leading cause of disability for women, and number eight among men, in most countries around the world.

The mainstream medical establishment approaches this problem with NSAIDs like aspirin, ibuprofen, and Celebrex. But NSAIDs are associated with serious short-term adverse effects, particularly in the GI system. Longer-term NSAID side effects can include an increased risk of **dementia and liver and kidney problems** — but too many doctors are not aware of all these serious problems.

Diet and dietary supplements are the key for most people with joint pain, and for most everything else when it comes to your health. But there are some so-called “natural arthritis” supplements you need to avoid. I recommend you steer clear of the following:

- **Aconite** can be dangerous when taken as an herbal infusion (because you can’t really control the dose). It may cause nausea and vomiting, as well as interfere with your heartbeat.
- **Arnica** can relieve arthritis pain when applied directly to the skin. In tiny doses, it has long been approved as a safe homeopathic oral remedy by the U.S. Pharmacopeia, but I suggest using it only under the supervision of a knowledgeable homeopathic or health practitioner.
- **Cat’s claw** can cause dizziness, headache, nausea, and vomiting, according to the Arthritis Foundation. It also thins the blood and lowers blood pressure. That’s why I never recommended this herb for anything.
- **Chaparral** may be toxic to the liver. I never recommended this herb for anything.
- **Kombucha**, which is black tea fermented with yeast and bacteria, can become easily contaminated. And there have been reports of liver damage, nausea, and vomiting in people who drink kombucha.

Note the common side effects of all of these treatments. Nausea and vomiting is an obvious sign the body is having a hard time digesting a substance, and liver damage is the first thing that happens when toxic constituents get into the blood from the GI tract.

Those are important signs that you should not be ingesting any of these supplements. And it’s certainly worth noting that many drugs, especially drugs for arthritis, have the same unpleasant side effects.

A LITTLE BIT OF “UN-LEARNING” GOES A LONG WAY

I hope what I’ve shared helps you un-learn what the natural products marketing masterminds have led you to believe about protecting and rebuilding joints, but just to make sure, let me put the issue to rest once and for all...

Glucosamine and chondroitin are NOT your one-stop arthritis cure!

Because they *do not stop joint inflammation!* If you want to stop arthritis pain today and give your joints a chance to heal naturally tomorrow, you need to stop inflammation. And to do that, trust the natural anti-inflammatories with centuries of history backing them up.

MANAGING MIGRAINES WITHOUT DRUGS

Headache is probably the single most common cause of pain experienced regularly by most people. And the most difficult type of headache to treat is the migraine. But, again, there are very effective natural treatments. Ones that can actually keep migraines from occurring in the first place. And if you’ve ever had a migraine, you know that an ounce of prevention is definitely worth a pound of cure.

Feverfew is probably the most well-known natural migraine remedy. This herb is a short, bushy flowering plant that grows in fields and along roadsides and blooms from July to October. The leaves have been used for all sorts of medicinal purposes since the ancient Greek and Roman physicians. Recently, though, it was approved for treating migraine headaches in both the United Kingdom and Canada.

A dried feverfew leaf preparation containing a minimum of 0.2% parthenolide (the active ingredient) is effective for preventing migraines. You'll need at least **125 mg** per day.

Although its most commonly used to improve cognitive function, **Ginkgo biloba** may also help ward off migraines. The effective dose is 120-240 mg per day.

And anyone who experiences regular migraines should be taking 200-600 milligrams of **magnesium** per day. Low levels of magnesium can contribute to migraines.

Food allergy may also be a problem for some migraine sufferers. The most common allergens (in decreasing order) **include wheat (gluten), orange, egg, coffee/tea, milk, chocolate, corn, sugar, yeast, mushrooms, and peas**. A small proportion of migraine sufferers may also react to the presence of tyramine in foods such as **aged cheeses, yogurt, beer, wine, liver and organ meats**.

If you use the above remedies and for some reason still find yourself battling a migraine at some point, there are a couple of reports that say ginger may help them go away sooner. Mix **500-600 mg** ginger powder with water and drink it every 4 hours until the migraine subsides (for up to four days—but hopefully not that long!).

15) Finally, real help for Parkinson's sufferers might be here

Parkinson's disease is a difficult condition. There are no mainstream treatments that can cure this disabling disease. But some natural treatments do show promise for relieving symptoms.

In studies, **people who took a simple, inexpensive supplement had fewer symptoms**. But that's not all. They also had **better cognitive function** – and **felt less depression**.

That supplement is **vitamin D** – yes, one of my 3 Senior Savers.

And now, research suggests vitamin D can also make a big difference for people suffering from Parkinson's. This powerhouse vitamin has so many positive health benefits, it's getting hard for doctors to keep up. But I'll keep you ahead of the rest.

A study published in the *Journal of Parkinson's Disease* investigated the effects of vitamin D on 286 men and women with Parkinson's disease.

Researchers found that the Parkinson's patients who had higher vitamin D levels in their blood had *fewer symptoms, better cognitive function, and lower depression rates*.

Results were even *stronger* in the subjects who already showed some signs of dementia.

Other studies have found evidence that vitamin D is associated with verbal fluency, verbal memory, and mood in Parkinson's patients. Plus, higher vitamin D levels may be linked to less severe motor symptoms.

As I told you earlier, you can get vitamin D from exposure to the sun. Just 15 minutes, without sunscreen, can get the job done.

There are also a few food options, including **salmon, tuna, and vitamin D-fortified milk and cereal**.

But a simple way to get the amount you need is by taking a vitamin D3 supplement (**5,000 IU**) every day. This dose is good for general health and well-being. If you have Parkinson's disease, you should work closely with a physician to determine the best dose for your individual needs.



BONUS REPORT



MAINSTREAM MEDICAL MADNESS

Friend, I'm not finished sharing yet – far from it.

You see, in addition to giving you the advice you need to help you live a longer, healthier life, I want to help you **avoid deadly mistakes** your own doctor might be telling you, without knowing it.

And just a heads up – Big Pharma is going to *hate* that I'm sharing this information, but it *could save you a lot of pain and money*.

Let's start with...

10 COMMON MEDICAL PROCEDURES YOU SHOULD REFUSE

Here's why. Hundreds of thousands of Americans are injured, poisoned, and killed each year by modern medical technologies.

Even the most *respected* medical journals and institutions have confirmed in various reports over the past 10 years the failures of American “modern medicine.” Including deaths from **unnecessary surgery, medication errors, clerical errors, hospital- acquired infections**, and even from the “**expected**” **negative side effects of drugs**.

All the while, health care costs are spiraling out of control and insurance companies are requiring patients to pay a greater share of the cost.

So despite all our breakthrough technology, American medicine often appears to be doing more harm than good. In fact, you may be surprised at what can be done without it!

It's time to rethink some of the medical myths and rituals that result in millions of useless tests, procedures, and “interventions” that appear to do more harm than good. Besides the huge waste of time and money they represent.

And now the “Choosing Wisely” campaign is doing just that.

Choosing Wisely was created by the American Board of Internal Medicine Foundation – comprised of doctors from nine of the top U.S. medical societies – with participation from the National Physicians Alliance and *Consumer Reports*.

The campaign asked medical societies to identify common medical tests and procedures that are commonly misused or overused. The result? More than 250 procedures considered to be of little or no value, from tests, to surgeries, and even commonly prescribed medications.

Below, I’ll review the most commonly performed tests now considered inappropriate. Removing this kind of waste and abuse from the healthcare system could save *billions* of dollars a year.

But first, even the benefit of the routine yearly “checkup” is being questioned for most patients now. As reported in a *New York Times* article, back in 1979, a Canadian government task force recommended giving up the standard top-to-bottom annual physical exam.

They said it was “inefficient, nonspecific” and even “potentially harmful.” That Canadian diagnosis was made the same year I graduated from a U.S. Ivy League medical school where we all sincerely believed the annual “checkup” was just practicing good medicine!

But the potential danger or harm of unneeded exams is that they may show “false positives,” potentially lead to risky procedures and treatments, and/or more tests, which leads to more of the same. It’s a vicious cycle. And every step along the way comes with the potential for harm. The controversy over the **PSA test** to try to detect prostate cancer is a good example.

But from the first day out of medical school, there remains a lot of simple inertia about what doctors expect they should be doing for their patients, and about what patients expect from their doctors. Not to mention all the economic incentives from the health care industry to provide more “care” whether needed or not.

There are also perverse incentives in medical research to discover more and more “biomarkers” for screening and “early detection” of diseases like cancer, despite the repeated abject failures of this approach for decades.

And, sad to say, there are many diseases where early detection, even if “biomarkers” are found, simply doesn’t make any difference in the

prognosis, management, or treatment of the disease. There are also many problems that may correct themselves over time due to the body’s ability to heal itself without any need for dangerous tests, procedures, or treatments.

So, before you make your next doctor’s appointment, be sure to consider the following very carefully. According to “Choosing Wisely” and other medical professionals, here are 10 common medical procedures you should REFUSE.

1. Annual physical exam: For healthy adults, rather than detecting real problems, it is more likely to find false positives or meaningless results leading to useless and dangerous procedures and/or more tests that lead nowhere.

2. Annual EKG: For folks without heart disease, it is more likely to mislead than to find early problems—leading to further needless and dangerous tests, drugs, and even surgery.

3. Annual “blood panel” tests: For people who feel well in the first place, it is more likely to lead to false positives than to detect new disease.

4. Annual cholesterol test: If cholesterol previously tested “normal” (although what is considered normal is constantly being manipulated by industry- motivated NIH “reviews”), this test is needed only once *every five years*.

5. Annual Pap Smear: Although this is one very important and successful test for early detection of cervical cancer, it is only needed *every three years* in women who have tested normal.

6. Prostate Specific Antigen (PSA) to detect prostate cancer: Experts from the U.S. Preventative Services Task Force no longer recommend this test, saying it causes more harm than benefit. The harm is not from this test itself but that it is frequently misleading, resulting in useless procedures and surgery that frequently cause permanent disability or even death. Studies show that patients not given the PSA test have no higher mortality than patients faithfully screened for prostate cancer by this test.

7. Pre-operative chest x-ray: Many hospitals still require a

routine chest x-ray prior to surgery but it's a wasted effort unless the patient has heart or lung disease. The annual routine chest x-ray as part of a yearly physical exam was given up long ago, since the risk from radiation far exceeded any benefit at detection of lung cancer. Of course, now you can give up the annual physical as well.

8. Bone scans in women under 65 years: Efforts to detect osteoporosis in younger women have resulted in many women taking dangerous drugs with terrible side effects that are unnecessary (besides, if you wait until you're 65, Medicare will cover this test if medically necessary).

9. Radiologic tests for low back pain: If back pain is of short duration (less than 2- 4 weeks), doing imaging studies add no benefit or improvement in outcome. And, as I've said before, the vast majority of patients with low back pain should be treated first with spinal manual therapy, provided by physical therapists and chiropractors, rather than drugs or surgery. And one hospital in Seattle is now doing just that with success (see below).

10. Radiologic tests for headaches: The common headache is sufficiently diagnosed by taking a careful medical history and doing a comprehensive neurological exam. Find a doctor who still knows how to provide that.

DID YOU KNOW... EARLY MRIS COULD MAKE BACK PAIN WORSE?!

In the above list of 10 medical tests you may be better off without, #7 was radiologic screening for back pain.

Now a study from Seattle shows that getting an early MRI may actually **prolong** back pain — and even increase “disability”!

How does doing a useless test actually become *harmful*?

Well, besides the obvious problem of having to wait longer for treatment, researchers suggest that the MRIs may uncover other “conditions” that “require” treatment — whether or not they're causing symptoms (essentially “false positives”). S

Patients are then subjected to further useless tests and counter-productive

procedures, potentially getting trapped in a vicious cycle. Still with no help for the original — and REAL — problem of back pain.

Meanwhile, hospitals and health systems that have actually paid attention to the studies on back pain over the past 15 years are skipping MRIs — and sending patients for spinal manual therapy (as I mentioned earlier) or physical therapy the same day.

If you experience back pain, go directly to the nearest good physical therapist or chiropractor for spinal manual therapy. You will most likely be walking, or running, out of there in no time.

SOME OSTEOPOROSIS DRUGS ACTUALLY INCREASE BONE FRACTURES OVER TIME!

For older people with osteoporosis, even a *minor fall* can result in a *major fracture*.

Osteoporosis weakens bones, making them more likely to break. Ironically, the drugs that are typically prescribed for osteoporosis can do the same thing over time (rather than helping to prevent it).

Yes, that's how *broken* our pharmaceutical system is.

But a new study found that taking bisphosphonate drugs like Risedronic acid, Alendronic acid, Ibandronic acid, or Zoledronic acid for as little as three years can *substantially increase your risk of serious leg fractures*. (These types of drugs include Actonel®, Fosamax®, Boniva®, or Reclast®.)

In a moment, I'll reveal the details of this important study — and how you can protect against osteoporosis and bone fractures naturally *and* effectively. But first, I'd like to explain why bisphosphonate drugs are so dangerous... and unnecessary.

How big pharma ignores the basic biology of bones

Years ago, I revealed the problems with bisphosphonate drugs. It all has to do with two types of bone cells, which are at work in our bodies at all times—**osteoclasts** and **osteoblasts**.

The bones are living tissues that rely on osteoclasts to remove old, weak

bone cells. Then, osteoblasts lay down new bone cells. Both osteoclasts and osteoblasts need to be nourished and kept in balance in order to maintain strong, healthy bones and prevent osteoporosis.

Yet somehow, Big Pharma got the “brilliant” and sophomoric idea to create bisphosphonate drugs that actually *poison* the osteoclasts. But without osteoclasts, your body is *no longer able to remove the old, weak bone cells*—so *healthy* bone cells are just laid down on top of *unhealthy* bone cells.

That’s like trying to build a brand new house on top of a rotten foundation. Just as you would expect that house to develop cracks over time, your bones are more prone to fractures when you take bisphosphonate drugs.

Which leads me to the study, which was presented at the American Society for Bone and Mineral Research’s annual meeting.¹

Between 2010 and 2015, researchers identified nearly **5,000 leg fractures** among Danish men and women older than 50 years. Nearly 200 of those people had a serious type of bone break called an atypical femoral fracture (AFF).

The researchers found that 58 percent of AFFs occurred in people taking bisphosphonates. And the risk of AFFs increased after three to five years of taking these drugs. Not surprisingly, the risk quickly dropped after people stopped taking bisphosphonates.

The researchers also cited a prior study showing that 78 percent of AFFs occur in people who take bisphosphonates. In addition, another study found that a whopping 94 percent of AFFs were associated with bisphosphonate use. (These studies also showed that taking **steroids, proton pump inhibitors, statins**, and other drugs increase the risk of AFFs. Just another reason to stay away from prescription drugs whenever possible.)

But since the new study found that “only” 58 percent of AAFs were caused by bisphosphonates, the researchers concluded that people could take these terrible and useless drugs for three to five years without adverse effects.

But if older patients with osteoporosis take bisphosphonates for that many years, what’s going to make them stop? They will just be three to five years older and will still suffer from osteoporosis, since these drugs

certainly don’t cure (or even help) the condition.

Prescription-happy doctors, along with the government’s faulty dietary recommendations, are big factors in our current epidemic of osteoporosis. But you *don’t* have to be a victim.

Instead, follow my four-step, all-natural plan to help effectively prevent osteoporosis and fractures:

- **Eat a healthy, balanced diet with plenty of organic, full-fat dairy, eggs, fish, and meat.** These foods are excellent sources of calcium and magnesium, which are essential for healthy bones. (As I often report, you should always get your calcium from your diet rather than supplements. That’s because it’s nearly impossible to get a meaningful dose from a supplement.)
- **Cut out sugar and simple carbohydrates.** Sugar reduces the number of osteoblasts that help rebuild your bones. Plus, it can deplete your body’s calcium and magnesium stores.
- **Take 10,000 IU per day of vitamin D**, which, along with calcium, helps build strong bones.
- **Engage in moderate exercise totaling 140 minutes per week.** Research shows this is an ideal amount for optimal bone health. You can try walking, hiking, gardening, or swimming.

And, of course, take precautions when walking on icy surfaces. Choose shoes with no-slip soles, move slowly and carefully, and consider using a walking aid like ski poles or a rubber-tipped cane.

CHEMOTHERAPY HAS BEEN SHOWN TO DO AGAINST BREAST CANCER FOR THE VAST MAJORITY OF OLDER WOMEN

But it’s still prescribed all the time. Just another *shocker* no one is talking about.

In 2020, 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).

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).

Yet despite our 50-year, trillion-dollar “war on cancer,” little progress has been made.

But the good news is, you don’t have to rely on antiquated, ineffective, and even dangerous breast cancer screening and treatment methods. In a moment I’ll share some simple, *natural*, effective steps you can take to substantially reduce your risk of all cancers — including **breast cancer**.

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.

Chemo could be *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.

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, one study shows that radiation therapy for breast cancer has much worse side effects than doctors acknowledge.

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.

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%** of women who had moderate to severe pain, **37%** who had frequent itching, **51%** who had frequent swelling, and **19%** who had severe fatigue.

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 19th 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.

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.

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.

Friend, it’s clear that the U.S. medical establishment has been way off on its approach to breast cancer — including 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.⁷ (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 – yes, Senior Saver 3 – has been shown in numerous studies to be protective against breast cancer, as I previously told you.

3) Eat calcium-rich foods. Research shows that calcium and vitamin D together are protective against breast cancer. It's essential to 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 – the one I called my Senior Saver 2 – 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.

A COMMON DRUG YOU COULD BE TAKING RIGHT NOW TRIPLES CANCER RISK

Friend, this one is really *scary*.

Blood pressure drugs are one of the most common and widespread medical treatments in the U.S. today. And breast cancer is generally the No. 1 concern of women in the U.S.

So, why has it taken until now to perform a study on the risk of breast cancer from long-term treatment with blood pressure drugs?

For years, the NCI has supported research into dietary factors that may increase cancer rates.

But it seems that in order to find the risk factors that *really* increase cancer, they should be looking at **drugs**, not foods.

Turns out, one study found that calcium-channel blocking blood pressure drugs cause **double to triple** the risk of breast cancer with extended use.

But the study researchers seem determined to *under*-interpret their shocking discovery regarding blood pressure drugs and breast cancer.

In fact, they were quick to say there was no reason to change clinical practice in any way. Despite the fact that women who took the calcium-

channel drugs for 10 years or more were **two-to-three** times more likely to develop invasive lobular breast cancer (2.6 times) or invasive ductal breast cancer (2.4 times).

These cancer-causing, calcium-channel blood pressure drugs are now among the most frequently prescribed medications in the U.S. They account for nearly **98 million** of the 678 million prescriptions filled per year.

While the researchers expressed “surprise” at their findings, OTHER scientists suspect that these drugs increase cancer risk by preventing **apoptosis** – a kind of programmed cell death.

So if you're taking a calcium channel blocker for blood pressure, consult with your doctor to see if you might be able to *switch* to another blood pressure medication.

When it comes to choosing a blood pressure drug, the safest course of action is to work with your doctor to choose one that's been around for many years. As I always say, newer is not always better—or safer.

Just remember, everyone is an individual and may react differently to different medications. It may take some trial and error, with very close monitoring, to find the right medication for you. But the time you invest could very well save your life.

IT'S TIME TO DEBUNK TWO OF BIG PHARMA'S CASH COWS: STATINS AND ANTIDEPRESSANTS

Fact is, **they're both based on absolute JUNK science.**

Let me start by saying that of all the potentially life threatening illnesses, *heart disease* may be the one surrounded by the most confusion and misdirection. And no aspect is more rife with misunderstanding than **cholesterol**.

No matter how much headway we seem to make in uncovering the real threats to your heart, cholesterol seems forever etched in the public perception as the **No.1 risk factor**.

And, unfortunately, that's just one of the myths associated with cholesterol. But if you're truly going to protect yourself from cardiovascular disease,

you need to know the TRUTH about this misunderstood and much-maligned substance. Including why following the mainstream cholesterol guidelines may put you in danger.

But let's start by exposing a few of the most **predominant myths about cholesterol**.

Myth #1: Cholesterol is a harmful substance

The human body needs cholesterol for *normal metabolism, hormonal function, and other physiologic processes*. In fact, when your body doesn't have enough cholesterol it makes *more*.

Chemically, cholesterol is a fat. But unlike other fats, it supplies *no calories* to the body. Instead, it's an essential building block for *molecules, cells, and tissues*. It forms a component of all cellular membranes throughout the body — and is particularly *critical* in **brain** and **nerve cells**.

Cholesterol is also an essential component of many hormones, including *estrogens, testosterone, and cortisone, the adrenal cortical hormone*.

Skin cells also convert cholesterol to vitamin D in the presence of sunlight. And vitamin D is a critical nutrient (which also functions like a hormone in many ways).

Myth #2: High cholesterol in the diet raises your risk of heart disease

Heart disease is only partially related to cholesterol levels in the blood. And researchers have known this since the 1950's and 1960's.

Actually, University of Pennsylvania scientists studying primates at the Philadelphia Zoo initially made this discovery. They found that changes in cholesterol in the diet did **not** explain changes in blood cholesterol levels in the animals. And, further, changes in blood cholesterol did **not** explain changes in heart disease!

So, starting more than 50 years ago, there were clues that dietary cholesterol is at least two steps removed from actually developing heart disease.

And, when it comes to heart disease, there are two *silent killers* — **high blood pressure and stress**—that are *much* more dangerous than cholesterol.

Myth #3: You should keep your cholesterol below the recommended “normal” level of 200

Of course, 200 is considered normal today. But who knows what “normal” will be tomorrow?

A “normal” blood cholesterol level for a given sex and age group in the U.S. is really just a statistical average for a population. One in which half (or more) of all individuals die of heart disease anyway.

Still, NIH reviews continue to revise the recommended levels of cholesterol further and further downward. And the depths they're reaching can really no longer be considered “normal” by any standard.

Myth #4: Eating foods that contain cholesterol will raise your cholesterol levels

Even before these ridiculous NIH standards, cholesterol-containing foods have long been the villains of the supermarket and restaurant menu.

People are literally afraid to eat some fantastically nutritious (not to mention delicious) foods, for fear that their order of poached eggs or shrimp cocktail will send their cholesterol levels through the café roof.

And the mainstream dietary recommendations only encourage that mindset.

The metabolic reality is that cholesterol in the diet is **not** related to cholesterol in the blood. But fat in the diet is.

Any cholesterol that is present in foods (such as shellfish or eggs) is chemically broken down during digestion. The body manufactures its own cholesterol from fats that are consumed in the diet.

In fact, the liver actually uses cholesterol to form bile acids. Bile acids facilitate the digestion of dietary fats by emulsifying them. Which also helps the body absorb fat soluble vitamins like vitamin A, D, and E, from foods.

This whole misunderstanding was actually uncovered by the early 1980s at Harvard University. But obviously, even 30 years later, there's still a great deal of confusion. So, allow me to set the record straight, once and for all:

It's **too much fat in the diet** (*not cholesterol*) that leads to higher cholesterol levels in the blood.

But that doesn't mean you need to banish fat from your diet, either. Your

body needs some fat. (They're called "essential" fatty acids for a reason). But unfortunately, these days, most people are getting too much of a good thing. Which explains why there has been such a dramatic increase in the health concerns associated with excess fat.

Since fats are primarily associated with animal products, early humans probably had a difficult time getting *enough* fat for a healthy metabolism.

Early humans hunted for and ate meat when they could. But wild game has only 4-6% fat compared to 40-60% in modern domesticated animals. So today, we have the opposite problem as our prehistoric ancestors.

There have been many changes in the American diet over the past century as we moved from family farms to massive agribusiness. Increased fat consumption is one of them. So is a dramatic decrease in fresh fruit and vegetable intake — plunging from 40% to only 5% of the diet. And along with both of these changes, we also find increased heart disease rates.

Of course, pinning down the exact cause-and-effect nature of these dietary shifts in relation to heart disease is easier said than done (as hard as the scientific statisticians try). But one thing is certain: Improving your diet certainly won't hurt.

However, the answer isn't cutting any one food group or substance out entirely. Rather, a truly balanced diet is key. Unfortunately, you may not find the right balance for you in any government-created "pyramid" or "plate."

The best way to lower cholesterol — permanently

While lowering fat consumption may lower cholesterol levels, it's only a partial solution. After all, achieving a healthy cholesterol level is much more important than simply driving it lower and lower.

And the best way to do that is to **lose weight—and keep it off.**

While I was working as a research investigator at the NIH, I helped analyze the largest study ever done in the U.S. on health and nutrition (the U.S. Health and Nutrition Examination Survey, or NHANES). And the research clearly showed that **lighter body weight and lower body fat** are associated with lower cholesterol levels.

In individual patients, I observed decreases in cholesterol levels in women following 14 weeks of a controlled diet and weight loss.

But it also depended on what the cholesterol levels were at the outset.

Women who began with average cholesterol levels showed modest declines in cholesterol. However, women who began with high cholesterol showed large declines after losing 20 pounds over the course of 12-14 weeks.

The bottom line here? Be careful of attempts to keep reducing cholesterol forever lower. It is one thing to lower high cholesterol to "normal" levels. But it's another thing to try to reduce levels that are already "normal." Our bodies may be trying to tell us something.

The real difference between "good" and "bad"

You've undoubtedly heard the terms "good" and "bad" cholesterol. But as widely accepted as these terms have become, not many people really understand why LDL and HDL are labeled as such. Or how these types of cholesterol behave in the body.

In order to be transportable in the blood, cholesterol is bound to proteins. These proteins are called lipoproteins (the "L" at the end of both LDL and HDL).

High-density lipoproteins (HDL) are made in the liver to scavenge excess cholesterol from the blood. Then they bring it back to the liver where it is broken down into bile acids, released into the intestines, used in digestion, and eliminated from the body. HDL is therefore, the "good" cholesterol.

Low-density lipoprotein (LDL) carries cholesterol from the liver to the heart and other tissues. One of its specific jobs along the way is to help repair damaged blood vessels and arteries by "patching" them with deposits of cholesterol. Unfortunately, this action has given LDL a bad name — literally.

But it's important to remember that cholesterol is there to repair damage caused by other factors (high blood pressure, for example). *It's not causing the damage.* So managing the underlying conditions in the first place is a much more effective heart-protective strategy than trying to lower cholesterol after the fact.

Why cholesterol is especially important for women

Ask 10 women what their biggest health fear is, and 9 of them will likely answer "breast cancer." But heart disease is actually the leading cause of death in both sexes.

And this risk becomes especially pronounced for women after menopause.

Estrogen seems to protect against heart disease. And when estrogen levels *decrease* during menopause, heart disease risk *increases*. Researchers think this may be one reason women live longer than men. Estrogen delays their getting heart disease until they become post-menopausal.

It may also partially explain lower rates of heart disease in men who drink. Alcohol interferes with metabolizing the small amounts of estrogen that normally appear in men. So their estrogen levels increase. Which leads to less heart disease in men who drink.

It was easy for me to understand this paradox long ago as a result of the “mind-body” benefits of alcohol for reducing stress. But the metabolic effects of moderate alcohol on estrogen production shouldn’t be overlooked.

Estrogen is clearly heart protective in men *and* women.

And since cholesterol is a building block of estrogen, we should be thinking twice about interfering with cholesterol metabolism.

Big Pharma’s blockbuster cholesterol “cure” – from bad to DEADLY

But while cholesterol in foods has been mistakenly portrayed as a “heart attack on a plate”...

... cholesterol drugs are turning out to be a “disaster in a pill.”

Some people can’t take cholesterol drugs at all because of their almost immediate crippling effects on skeletal muscles.

Believe it or not, they are the fortunate few.

Millions of others who have been able to “tolerate” taking these drugs are now turning out to suffer other long-term, chronic health consequences.

As my readers know, I’ve written previously that studies show that people taking cholesterol drugs *don’t* have a lower death rate from heart disease. In fact, overall, the World Health Organization has found LOW cholesterol to be associated with HIGHER death rates worldwide.

Now recent research is providing more details about statin drugs’ disastrous effects – and that they have NO real health benefits whatsoever.

Interestingly, we have to turn to countries outside the U.S. for these

revealing studies. Countries that have unquestioned high standards for medical practice and research — but are perhaps less dominated by drug industry priority.

For instance, a study from Sweden shows that a massive increase in statin use has provided no health benefits whatsoever. At the height of the statin craze, the number of people taking statins tripled in just two years (between 1998 and 2000).

Yet the number of people suffering or dying from heart attacks was unchanged.

Appropriately enough, this study was published in the *Journal of Negative Results in Biomedicine*. Of course, these days such a journal isn’t just appropriate, it has become *critical*.

As I’ve said before, there is massive bias among researchers, funders (frequently drug companies) and journals NOT to publish negative studies regarding drugs. Nobody ever hears about all the studies that fail to show benefit, although these results are just as valid and just as important.

So much so, an entire journal has emerged to make such results available.

This study covered nearly the *entire population* of Sweden between the ages 40 and 79 for the years 1998-2000. It included morbidity and mortality data from 289 municipalities—urban, suburban, rural, industrial, and in-between. The numbers added up to nearly 4 million people.

And results showed **NO** benefit from tripling the use of statins.

In order to try to make these results go away, critics would have to find “something else” that must have counter-acted the “benefits” of statins. A huge upswing in unhealthy diets or other lifestyle factors, for example.

But lifestyle factors take many years to show their effects. And this study occurred over a matter of *only two years*. During which the only significant change was the massive increase in statin drug consumption.

The fact is, once you have nearly the whole population of a country taking a drug, it provides the ultimate “post-marketing” surveillance — well beyond anything that can be observed in any clinical trial.

From this standpoint, it’s a shame the study didn’t look at ALL of the *negative* effects statins also cause, in addition to the complete LACK of any benefit.

Negative side effects like **pancreatitis, rhabdomyolysis** (destruction of muscle cells that leads to severe pains and cramps), **hepatitis, swelling of the blood vessels, hives, shortness of breath, edema, severe skin itching, and blood in the urine.**

And more new research offers yet another dangerous side effect. As well as another clue to explain why statins don't appear to decrease death rates from heart disease, but do increase overall death rates.

It turns out patients taking statins may be dying of **diabetes** instead.

A full-scale public health crisis

One study found that statins pose an increased risk of diabetes. Just as diabetes has emerged as the No. 1 growing threat to health.

The study looked at more than 17,000 patients aged 65 years or older who had been hospitalized for a heart attack.

Just over half (52%) were treated with *intensive* statin therapy (higher doses of atorvastatin, rosuvastatin, simvastatin). The other 48% were given only *moderate* statin therapy (lower doses of the three drugs listed above, or any dose of fluvastatin, lovastatin or pravastatin).

Five years later, there was a 5% higher rate of developing diabetes in the higher statin group.

Of course, since everyone in the study received statins, it wasn't possible to compare the rate of diabetes with patients who didn't receive the drug at all. (They would probably argue that it would have been "unethical" to "deprive" any heart patient of the drugs.)

But it's not the only study to find this damning evidence.

Another study published in the *British Medical Journal* also found that patients are at an increased risk of new onset of diabetes after being given statins.

This study looked at 471,250 patients with no history of diabetes prior to being treated with a statin.

After a 14-year follow-up, researchers again found the more intensive, high- dose statin drugs showed increased rates of diabetes compared to the more moderate treatment: atorvastatin (22% higher), rosuvastatin (18%) and simvastatin (10%).

There was also an increased risk of diabetes from *moderate-dose* compared to *low-dose* statins.

(Again nobody in the study escaped without being on some such drug, so we don't know whether non-drug users have an even lower rate of diabetes. But based upon average population studies, it is highly likely)

Although the researchers didn't comment on it, this is a classic dose-response effect: The higher the dose, the greater the toxicity – in this case, risk of developing diabetes. So, if this drug were being studied as a poison (and it probably should be) it fulfilled one of the primary proofs of toxicity.

But these studies aren't even the first ones to uncover increased diabetes risk among statin users. This effect first emerged last year in the JUPITER study, which found a **27% higher rate of diabetes in patients taking rosuvastatin.**⁴

And The Women's Health Initiative (the forerunner of which I helped get started at NIH in the 1980s) found a **48% increased risk in women.**

In these large cohort studies, it WAS possible to perform comparisons with people who were not being given statins at all. Thus the much larger risks of 27 and 48 percent.

These rates aren't just some statistical finding. They represent a full-scale public health crisis.

So, what can be done?

Protect yourself with CoQ10

For a long time, some REAL experts have been recommending that any patient taking a statin should also take **coenzyme Q10 (CoQ10)**. In fact, Merck even took out a patent on a combination statin-CoQ10, but never made it available to the public. When a colleague and I contacted Merck about why they weren't offering this formula, their response was "no comment."

In research presented at the 2013 Heart Failure Congress, Co-Q10 was able to **cut the risk of death among heart patients in half.**

This study from Europe also found that patients with heart failure taking **100 mg of CoQ10** three times per day had fewer heart events, fewer hospitalizations, and a lower risk of dying from *any* cause — including heart disease.

Like cholesterol itself, CoQ10 is normally produced in the human body and is found in all cells. It is present in highest concentrations in the heart, liver, kidneys, and pancreas. CoQ10 plays a key role in energy production and acts as a powerful antioxidant.

In addition to being produced in the body, there are a few dietary sources, such as **beef, chicken, and fish**, that offer small amounts.

However, statins *disrupt* the body's natural production of CoQ10. So if you still take a statin drug, be sure to take a CoQ10 supplement to offset this effect.

Co-Q10 is fat-soluble, so it's best to take a softgel formula, rather than dry tablet. And taking divided doses — **100 mg twice a day** with meals — may enhance absorption and minimize any side effects. CoQ10 supplements are generally well tolerated and have minimal side effects (although they may interfere with certain medications, including the anti-platelet drug Plavix, which has its own dangers, the anti-coagulant Coumadin, and even aspirin).

Look for the CoQ10 product **Ubiquinol**. It's generally more expensive than other CoQ10 supplements, but it's the active form of the nutrient. So it's worth the extra investment to ensure you're getting a quality formula. You can find Ubiquinol at drug stores and online retailers, such as amazon.com.

WHY I NEVER RECOMMEND BLOOD PRESSURE DRUGS

In fact, **I dumped my blood pressure medication** years ago, and I feel better for it.

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

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

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

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

Why I'm rethinking my blood pressure drug recommendations

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

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

But some new developments have made me reconsider that stance...

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

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

Plus, the drugs that *do* work carry *terrible side effects*. New research even shows they increase the risk of chronic lung diseases — which isn't surprising when you know how they work.

For instance, ACE inhibitors like Lisinopril can cause a chronic dry cough. And recent research shows they may be contributing to the epidemic of Chronic Obstructive Pulmonary Disease (COPD). Other generic blood

pressure drugs can cause dizziness and an upset stomach, just to name a few potential hazards.

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

My personal experience with blood pressure readings

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

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

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

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

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

Friend, we shouldn't be treated like 20-year-olds.

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

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

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

But then Big Pharma began inventing expensive blood pressure drugs. And suddenly cardiologists wanted everyone to continue to have readings at 120 — like a 20-year-old!

Soon, there was an ever-increasing population taking blood pressure drugs. And the goal became clear: keep blood pressures as low as possible as people got older.

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

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

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

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

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

Now that I'm off my prescription meds, here's how I **naturally** keep my blood pressure at healthy levels — based on the latest science...

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

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

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

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

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

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

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

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

Spice up your life with garlic. A variety of studies show that garlic lowers high blood pressure by a significant percentage. In fact, a meta-analysis of 20 trials and 970 participants found that garlic supplements not only help lower blood pressure in hypertensive individuals, but also regulate slightly elevated cholesterol concentrations, and stimulate the immune system.

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

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

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

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

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

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

You can also significantly improve your blood pressure by swimming, gardening, or even doing housework. I recommend around 30 minutes of moderate physical activity daily. Studies show your moderate exercise should add up to a total of about 140 minutes per *week* — meaning you actually *don't* need to exercise *every* day to get benefits.

Meditate. Even the AHA, which seems to have never met a blood pressure drug it didn't like, has released a statement saying that meditation is effective for lowering blood pressure.

SOME COMMON DRUGS COULD BE STEALING YOUR MEMORY – AND MAKE A DOCTOR THINK YOU HAVE DEMENTIA

During the 1970s when I was in medical training, we saw cases of confusion and cognitive deficits in older people. It was just called “age-associated” dementia then — before the subsequent explosion and awareness of Alzheimer's disease.

Even after we learned about Alzheimer's, there was a lot of misinformation about the causes. For instance, doctors thought you could "acquire" the disease through mysterious infections similar to mad cow disease and scrapie in sheep.

But even in those days when we didn't know much about Alzheimer's, we still recognized one common culprit behind the vast majority of memory loss: **prescription drugs**.

That's why I want to tell you which drugs cause the most memory problems — and how you can protect yourself, and your memory, using natural alternatives.

Too many drugs equals too little memory

Back in the '70s, we found that our elderly patients with mental confusion were often being given up to *nine* different drugs simultaneously for various chronic medical conditions.

Amazingly, their confusion often cleared up within *just one day* of temporarily stopping these medications. And cutting the doses once they started back on the drugs kept their confusion from returning.

The problem of polypharmacy (taking too many drugs) was an immediate, clear, and present cause of mental deficits in older patients. But research since then shows this problem isn't restricted only to senior citizens.

You don't have to be elderly to have drug-related memory loss

Studies show that taking many common drugs *over a lifetime* causes memory loss as well.

In fact, the proliferation of drugs — both prescription and over-the-counter — may be the reason why Alzheimer's disease has *exploded* in recent years.

But in this case, just stopping these drugs won't always clear up your memory overnight. That's because it isn't just the drugs you took yesterday that may be causing problems. Drugs you took in your 40s... or even your 20s... could be directly contributing to your memory loss.

Here's an alphabetical list of commonly prescribed drugs that have been linked in studies to memory loss. In people of *all ages*.

Antidepressants

I've told you many times about how these widely prescribed drugs are frequently not effective. Not to mention they increase the risk of suicide (a very dangerous side effect in depressed people) and epidemics of violence such as mass shootings.

(In fact, research shows that GlaxoSmithKline actually falsified data about how its antidepressant paroxetine — better known as Paxil—was no better at treating depression than a placebo. And it caused suicidal thoughts in more than **10% of children** to whom it was prescribed. This deliberate fraud may be one of the biggest scandals in modern Big Pharma history.)

Antidepressant drugs associated with memory loss include Anafranil, Elavil, Norpramin, Sinequan, and Tofranil. These are the older "tricyclic antidepressants" (TCAs) from the 1950s.

But even though these drugs are tied to memory loss and are also linked to heart toxicity, they're still prescribed today.

Natural alternatives: I created a 7-step plan to fight depression at its root, rather than just treating the symptoms with drugs.

It includes talking about your problems with friends, family or professionals; modifying your thinking and behavior; using light therapy for seasonal affective disorder; and exercising regularly.

And of course, eating healthfully and taking proven depression-busting supplements like vitamin D, B vitamins, omega-3s, zinc, and magnesium.

Antianxiety drugs

Research shows benzodiazepine drugs like Valium, Xanax, Ativan, and Halcion that are used for anxiety and sleeplessness can have an unexpected side effect. These powerful pharmaceuticals may interfere with both short-term and long-term memory.

These effects remind me of the old phrase, "If you can remember the 1960s, then you weren't really there." While I was director of the Center for Integrative Medicine at Thomas Jefferson University Hospital in Philadelphia, I remember patients taking benzodiazepine drugs who were not sure whether something had occurred in a dream or had really happened.

They could not always distinguish between whether we had discussed a

topic before or whether it was something they had only thought about... or dreamed about.

Natural alternatives: The book I wrote with Don McCown, *New World Mindfulness*, is full of tips on how you can beat the anxiety and stress of today's hectic world. Additionally, taking **10,000 IU of vitamin D daily**, along with a **high-quality vitamin B complex**, has been shown in studies to improve anxiety and stress levels.

Beta-blockers

These drugs, which are prescribed for high blood pressure and other heart issues, include Betapace, Coreq, Inderal, Lopressor, and Tenormin.

But beta-blockers do more than just tackle hypertension. They also hinder the actions of critical hormones and neurochemicals such as epinephrine (adrenalin), which can cause memory problems.

Natural alternatives. First of all, don't let your doctor go crazy trying to lower your blood pressure if it's only moderately high. I've written before about how research shows that blood pressure levels as high as 159/99 do not significantly increase your risk of heart disease and death, especially as you grow older.

But if your blood pressure reading is 160/100 or higher, then by all means take immediate steps to lower it (I shared some effective natural tips a moment ago).

Sleeping pills

Ambien, Lunesta, and Sonata are all sedatives. These drugs may help you sleep but, like the benzodiazepine anxiety drugs, their mechanism of action affects the conversion of short-term memory to long-term memory.

So you may get more sleep, but you really won't remember (like the popular song from the '70s about the guy who'd never been to Spain, but had been to Oklahoma...) Patients have told me about having an otherworldly experience or sensation as they went through the day awake (or were they?) on these drugs.

Natural alternatives: Research shows that melatonin, valerian, hops, and ashwagandha supplements can all help you sleep. So can tart or wild cherries.

Statins

As I told you, cholesterol-lowering drugs (Crestor, Lescol, Lipitor, Mevacor, Pravachol, and Zocor) are just a bad idea all around. And they are the only class of drugs that can compete with antidepressants as the biggest "blockbuster" drug scandal of modern times... and perhaps all time.

I have never had anything good to say about these loony metabolic toxins that are based on a failed theory of heart disease. (And I have been warning you about statins for years, long before it was popular to blow the whistle on them.)

Thankfully, despite decades of denial, delusion, and double-talk from Big Pharma and its cardiology co-dependents, the truth is finally coming out far and wide about the long list of problems commonly caused by statins.

I'm talking about cataracts, diabetes, muscular disorders, and even heart disease itself!

And those aren't the only serious health issues associated with statin-induced cholesterol reduction. Cholesterol is a critical nutrient for the brain and nervous tissue. Artificially lowering cholesterol causes connections among brain and nerve cells to suffer...and that affects your memory.

What a surprise. Before it's too late, remember to tell your doctor to cancel your statin prescription.

Natural alternatives: The best way to protect yourself from heart disease is *not* to lower cholesterol, but rather to maintain a healthy blood pressure and reduce stress.

I mentioned my favorite hypertension-busting, stress-reduction technique above. You can also support overall heart health with a daily dose of a high-quality B vitamin complex, vitamins D (10,000 IU) and E (200 IU), magnesium (200 mg), selenium (100 mcg), CoQ10 (100 mg in ubiquinol form), and fish oil (1-2 grams).

Simple, natural solutions can halt — even reverse — ALL stages of memory loss.

DID YOU KNOW THAT TOO MUCH TYLENOL IS THE NUMBER ONE CAUSE OF ACUTE LIVER FAILURE?

That's why I only take **ONE** over-the-counter pain reliever. I'll share it in a moment.

But first, let's take a look at why too much Tylenol – one of the most common pain relievers around – is a metabolic TOXIN.

In fact, my best advice is to NEVER take Tylenol for anything. Ever. Period.

However, millions of people still take it every day for aches and pains. It baffles me why, since studies show it doesn't work for common pain — like back and joint pain.

Avoiding Tylenol is also easier said than done. Many people unwittingly take it because Big Pharma adds it to more than 600 different combination medications. Most notably, they add it to opiates, like oxycodone, which really *are* effective against pain. That sneaky tactic just sells more Tylenol, while hiding its ineffectiveness.

Plus, nobody actually knows just how Tylenol works. If we were talking about a natural remedy, mainstream minions would object that we don't understand everything about the “mechanism of action,” explaining *how* it works.

Yet this has never been an issue with Tylenol. They recommend it at every turn, regardless of having no clear knowledge of its mechanism of action for pain. (Probably because there isn't one.)

Furthermore, evidence links this less-than-worthless drug to more than 110,000 injuries and deaths per year. In fact, as I told you a moment ago, it's **the leading cause of fatal liver failure in the U.S.**

But Tylenol's dangers go far beyond the liver...

Tylenol crosses blood-brain barrier

Scientists now know Tylenol gets past the protective blood-brain barrier. Once there in the brain, it depletes a biochemical called **glutathione**, an antioxidant required for brain health. So they may not know how it works as a treatment (if indeed it does work as a treatment). But they DO know it is a metabolic poison.

Plus, a recent study showed that people who took Tylenol had **increased risks of GI bleeding, heart damage, kidney damage, and overall risk of dying**. There was also a dose-response effect. In other words, the more Tylenol a person took, the more organ damage suffered.

Tylenol also affects mood. After taking **1,000 mg**, people had blunted positive emotions and showed less empathy for others. (No wonder the drug was actually developed in Nazi Germany nearly 100 years ago!)

Of course, that dose — 1,000 mg (one gram) — seems very high.

I never recommended any dietary supplement ingredient in amounts that high, unless we get into food quantities for constituents that essentially *are* foods, like fish oil.

Unfortunately, 1,000 mg of Tylenol (far from being any kind of food) is just two “extra-strength” Tylenol tablets. They claim the “safe” dose is up to 3,000 mg per day. (“Extra-strength” is just another way of selling more of this useless and dangerous drug.)

Natural Alternatives

Fortunately, you have many natural alternatives to this dangerous drugs.

An excellent choice is **turmeric**, the yellow root found in curry powder. It contains curcumin – one of my 3 Senior Savers – which is a powerful, natural anti-inflammatory and pain reliever.

Unlike many anti-inflammatory pain relievers, it doesn't suppress the normal immune response. In fact, turmeric exhibits increased activity against infections as well as many other health benefits.

One study showed turmeric works as well as ibuprofen to alleviate pain from osteoarthritis of the knee.

IF YOU'RE A MAN TAKING PAIN MEDICATION, BEWARE – SOME PAIN PILLS CAN DRAIN THE TESTOSTERONE RIGHT OUT OF YOUR BODY.

An estimated 4.3 million Americans use opioids on a daily basis for pain. Of course, there are a number of natural alternatives for managing pain – like turmeric, as I mentioned above.

But if you do take an opioid-based pain reliever, such as Oxycontin or Vicodin, at the very least, opt for a short-acting version. That's one you take every 4-6 hours, instead of a long-acting one that you take every 8-12 hours.

This may sound like a strange recommendation. And, in theory, long-acting pain medications *seem* like a good idea – longer relief, less medication.

Indeed, doctors were told for years that these longer-acting opioids would be somehow safer, more effective, and less subject to abuse. Yet *no study has been able to show such benefits*.

However, research HAS found a substantial difference between the short-acting forms and the long-acting versions. And the results are, well... painful.

A large study of 1,500 men taking pain pills is currently underway. And researchers have already determined that the long-acting medications are causing **five times the rate of low testosterone**.

Fully three-quarters of the men on long-acting pain medications had **low-T**, compared with only one-third using short-acting meds.

After controlling for body mass index, the risk of low-T was **4.8 times greater** for the men taking long-acting medications. The researchers didn't attempt to explain why pain medications could cause low-T.

But Dr. Andrea Rubinstein, lead study author, said that “We are now finding that long-term use of opioids may have important unintended health consequences.”

Unfortunately the unintended consequences of “low-T” can snowball. Low-T in turn causes *decreased muscle mass, bone density (osteoporosis), cognition (dementia), mood (depression), libido and generally poor quality of life*.

All of these are, in turn, associated with chronic pain as well, leading to a greater need for pain medications—a vicious cycle.

THE WRONG FIBER COULD CAUSE CANCER

Know how everyone is always hounding you to get more **fiber** in your diet? It's supposed to be healthy, right?

But is dietary fiber a cancer *cure* – or its cause?

To answer that, let's start with the colon – an amazing part of anatomy. It's really a complex ecosystem within the body. Inside, its contents act as a growth medium for both intestinal bacteria and colonic cells. This growth medium, in turn, is influenced extensively by “host conditions.” Primarily, the **foods you eat**.

For the most part, this colonic ecosystem adapts to whatever you throw at it (or *into* it, as the case may be). But there are limits to its flexibility. And pushing those limits can result in some serious consequences — like **cancer** and other diseases.

Of course, on the flip side of that coin, there must also be specific substances that offer a protective effect in the colonic ecosystem. And, for decades, **fiber** has been the most widely accepted colon protector.

But beware — fiber is more complicated than you've been led to believe...

The major fiber source that's wreaking havoc on your health

The idea that a high-fiber diet lowers cancer risk first attracted attention back in 1971. All because one British pathologist named Denis Parsons Burkitt proposed that the reason Africans were at low risk of colon cancer was because their diets were high in fiber.

This hypothesis is attractive, but has actually proven to be problematic.

In the previous article on cholesterol myths, I mentioned how large amounts of fat weren't part of a “normal” human diet among our ancestors. But neither was a diet high in grains. Which, today, are considered a major source of fiber.

Grains weren't a part of a typical human dietary pattern until about 10,000 years ago (which is relatively recently in the overall history of the human species on this planet).

And archaeologists have shown how this move toward a more grain-based diet has actually created dietary problems. Most notably, it has completely altered the “feast or famine” situation our ancestors lived by.

All feast, no famine

Today, we live in a constant “feast” environment. And while that sounds

like a good thing, it's not. We need the balancing effect of "famine" (or at least fasting). Constant exposure to so much food — and food so different from what human bodies originally adapted to — can have some extremely *negative* consequences on your health.

During "feasts," cell proliferation (the growth and spread of cells) in the intestines increases. This can actually have a disease-promoting effect. After all, unhealthy cells will spread as much as healthy cells.

Normally, this increased growth and spread would be negated during times of famine, as an energy-conserving mechanism.

But since most of us no longer experience periods of famine, our capacity to adapt has all but disappeared. Leading to obesity, chronically high G.I. hormone levels, and, again, elevated colonic cellular proliferation.

In other words, **high intake of fiber in the form of grains** results in *increased risk* of cancer.

This may explain why there *hasn't been any real evidence of lower cancer rates* in the popular macrobiotic diet. The high-fiber content may perhaps be counter-productive.

It also explains why the association between "dietary fiber" and colon cancer has produced mixed findings. And why even the interpretations of the existing data aren't consistent.

Fiber is a common constituent in the foods that consistently appear to prevent cancer. But it isn't the only protective factor.

The whole package

What has never been clearly recognized by the NIH or statistical research is the most consistent finding in diet and cancer. And it's not a high intake of fiber. At least, not by itself.

It's a **high intake of fiber-containing fruits and vegetables** in *general* that lowers risk of cancer. And not just in the colon — but in a wide variety of cancer sites.

Hundreds of studies looking at the role of vegetable and fruit intake in relation to cancer reveal a very consistent picture of *lower* risk in association with *higher* consumption. And these effects simply cannot be linked solely to the foods' fiber content. Fiber may just be a "proxy" for other protective nutrients.

Given the consistency of high fruit and vegetable intake as protective against cancer — and the opposite effect of grains—it's obvious that *fiber itself* isn't the answer.

But why waste time, money, and resources debating which nutrient (or even which food) is most crucial?

A better, simpler way to get the cancer protection you need

Fruits and vegetables contain a wide variety of substances besides vitamins and minerals that have anticancer properties. *Phenols, isothiocyanates, flavonoids, indoles, lignans*, etc. have all proven their anti-cancer potential in studies.

But it isn't really possible to provide required dosage estimates for these "non-nutrient" substances. Government food tables certainly don't provide this information.

In fact, most of the relevant analyses needed to determine these values haven't even been done. Besides, it's likely that whole classes of beneficial constituents of fruits and vegetables still remain to be identified.

So rather than grasping at straws — waiting for scientists to separate every nutrient in a particular vegetable or fruit, and test it for its potential effects — why not make it easy on yourself?

Simply eat more of them in general.

Fruits and vegetables are "purpose-fitted" packages of required nutrients for humans.

After all, humans evolved in the presence of plants, not just nutrients. And people eat *foods*, not nutrients.

COLONOSCOPIES ARE JUST PLAIN DANGEROUS

There are better — and much safer — alternatives, so be sure to read this before you get another **colonoscopy**.

Now, I understand that the pressure to get regular colonoscopies is intense. Everyone from the CDC to Katie Couric shamelessly touts this

screening method as the “gold standard” for detecting the polyps that they breathlessly warn could become deadly cancers.

Well, it turns out Katie and company are *dead wrong*.

A recent study reports that a whopping **92%** of large colorectal polyps are *noncancerous*.

You read that right. Those large polyps that are detected during colonoscopies — and then often scraped out surgically because mainstream medicine thinks they will eventually become cancerous — most likely DON'T have to be removed *at all*.

That means there's no need for dangerous endoscopic or abdominal surgeries. And, most importantly, no need for dangerous colonoscopies if, like most people, you are at *low or average* risk for colon cancer (you're older than 50 and have no more than one close relative who was diagnosed with colon cancer before age 60).

Which, of course, I have been saying for years. I only hope this study will *finally* help show the government political-science bureaucrats and deluded mainstream medical establishment that colonoscopies are *far* from the gold standard of screening tests. More like the *tin* standard, if you ask me... and other doctors who actually study the science.

Paving the way for massive colon “cancer” overdiagnosis

For the study, researchers at the Cleveland Clinic reviewed the medical records of 439 patients who had a colectomy (surgical removal of all or part of the colon due to polyps or other bowel disease issues. All of the patients had polyps that were large, but NOT diagnosed as cancerous prior to their colectomy.

After the polyps were removed, they were biopsied for cancer. The researchers found that just 37 of the patients — **only 8%** — had cancerous polyps.

This finding is particularly upsetting because, as the lead study author Dr. Emre Gurgun noted, “Colon resection doesn't come for free — it's a major abdominal operation associated with the risk of serious adverse events.”

In fact, nearly **20%** of the patients in the study developed complications from their colon surgery.

The researchers recommended that less-invasive, endoscopic techniques be used to remove colon polyps rather than surgery. But what they unfortunately didn't recommend is cutting back on the colonoscopies that *overdiagnose* these polyps in the first place.

The case against colonoscopies

This study is just one more nail in the colonoscopy coffin. As I've written before, there are many other reasons why you should consider alternative screening procedures for colon cancer.

Colonoscopy is portrayed as a benign, safe procedure for everyone. But in my forensic medicine practice I saw case after case of *perforated intestines and peritonitis* (a potentially fatal inflammation of the abdominal lining), *lacerated and punctured livers with massive bleeding, and other fatal complications*. All from “routine” colonoscopies.

I even had one case in which the air pumped into the colon (to inflate it for easy examination) escaped into the patient's abdominal cavity. It put so much pressure on the liver that it cut off blood supply back to the heart. The patient died from shock.

You can also pick up infections and diseases from contaminated testing instruments used for colonoscopies (which is sadly becoming more common). Not to mention, complications from the anesthesia you need for highly invasive — and painful — colonoscopies.

All of this *might* be acceptable if there were no other effective way to diagnose colon cancer. After all, even though colonoscopies too often detect polyps that aren't cancerous, they can sometimes find the cancerous ones as well.

But the bottom line is this: *no study has shown that colonoscopy prevents colorectal cancer incidence or mortality any better than the other safer, less-expensive screening methods*.

Better alternatives to colonoscopies

The good news is that unlike the doctors who believe the colonoscopy codswallop, I've done the research into other colon cancer screening methods that are **safer, less expensive**, and, in many cases, more **effective**.

Here's what I recommend you ask your doctor to consider as an alternative to colonoscopy.

- **Flexible sigmoidoscopy** has been shown to be much safer and less expensive than colonoscopies. In fact, one study of 100,000 folks over 50 in Norway showed that flexible sigmoidoscopy detected colon cancer and significantly reduce mortality from the disease. This 20-minute procedure involves insertion of a tube with a camera into your colon but, unlike a colonoscopy, it doesn't require anesthesia.
- **Hemoccult tests** detect blood in the stool. Research shows that fecal occult blood testing (FOBT) can decrease the risk of death from colorectal cancer by 33%. Not bad for a test that is cheap, completely safe, noninvasive, and that you can administer yourself in the privacy of your own bathroom.
- **CT colonography** is a simple, 15-minute CT scan that allows a radiologist to see anything that remotely looks like cancer both in your colon *and* your abdomen. In general, CT colonography is done every five years, but radiologists have worked out several more specific guidelines for individual cases — including instances of positive fecal occult blood tests, and to deal with the frequent problem of an “incomplete colonoscopy.”
- **An ingestible camera pill** was approved by the FDA in 2014 for colon cancer screening. The pill is about the size of a dietary supplement capsule. You swallow it, and it takes multiple photos over an 8-hour period as it passes through your GI tract. The camera pill can identify polyps, cancer, and even any sources of GI bleeding. It can also find inflammation, Crohn's disease, celiac disease, diverticulitis, and ulcers. Even though this amazing camera can take clear images of 25 feet of the small and large intestines—compared to the 2 to 3 feet of the upper intestines shown in an endoscopy—unfortunately, it has only been approved by the FDA for secondary use. Meaning it can only be used after an inadequate colonoscopy, rather than as a safer, easier substitute for any type of colonoscopy.
- **DNA stool testing** is beginning to gain wider acceptance as a colon cancer screening alternative, particularly with the FDA approval (and Medicare coverage) of a specific testing kit, called Cologuard®, in 2014.

Cologuard is designed to test for blood in your stool—which

could indicate you have a tumor. It can also detect mutated DNA, which could signal cancer or a precancerous polyp. Only if the test is positive for cancer do you then have another procedure, such as a colonoscopy or sigmoidoscopy, to remove the growth or polyp.

The bottom line is that unless you're at high risk for colon cancer, there is no reason to just blindly accept mainstream medicine's insistence that you have a colonoscopy. Not only does it often not help, but in many cases colonoscopy *can* hurt—both your health and your pocketbook.

