



Surprising Contributors to Weight Gain

In 1960, the average American man was 5'8" and weighed 166.3 pounds. The average woman was 5'3" and 140.2 pounds. Today we're about an inch taller (5'9.3" for men and 5'4.8" for women) but a lot heavier (195.5 and 166.2 pounds, respectively—an increase of 26–30 pounds). A lot of that extra weight is unhealthy belly fat: Waist circumferences for men/women now average 39.7/37.5 inches. Nearly 70 percent of adults are overweight, and a record 38 percent are obese.

The basic equation in weight gain is taking in more calories than are burned off. But there is increasing awareness that it's not that simple, that overeating and inactivity are not the only factors in our epidemic of obesity. Let's look beyond the obvious.

More Than Calories In/Calories Out

There is no doubt that we are more sedentary than we used to be. In 1960, one in two jobs required at least moderate physical activity, compared to just one in five today. We walk less and drive more, even to nearby destinations. Back then, half of all kids walked or rode their bikes to school as opposed to just 13 percent nowadays.

We are also eating up to 400 more calories per day than we did 50 years ago. We dine out more often, portion sizes are larger, especially in restaurants but also at home, and inexpensive, calorie-laden foods and drinks are everywhere.

But it's not just a question of calories. We're also eating fewer whole, nutritious, naturally satiating foods and more high-calorie, nutrient-depleted processed items loaded with ingredients that pack on the

pounds. For example, 13 percent of our calories come from added sugars such as high-fructose corn syrup, which is particularly adept at promoting fat storage.

Gut Microbes and Weight

Another casualty of an unhealthy diet is our gut microbiota, the trillions of microorganisms that reside in our intestinal tracts. Fiber-rich plants and fermented foods nourish gut bacteria, but these foods have taken a backseat in the average American diet, and it's impacting our weight.

Gut bacteria not only aid digestion but also influence appetite, fat absorption, metabolism—and whether we're heavy or thin. Everyone has a unique microbiota, but there are marked differences in the microbial makeup of lean versus obese people. Normal weight individuals have considerably more bacterial diversity and higher concentrations of types like *Bacteroidetes*, which break down fiber and starches.

Diet isn't the only culprit. Antibiotics, which are overprescribed by doctors and inappropriately used to fatten up livestock, also alter the gut microbiota and likely contribute to our growing girth.

Are Your Drugs Making You Fat?

Antibiotics aren't the only problematic drugs. Many medications increase appetite, promote fat storage, or slow metabolism and list weight gain as a side effect. Three out of five Americans take at least one prescription drug, and use of multiple medications has nearly doubled in the past decade.

Antidepressants, which are taken by one in 10 people and one in four middle-aged women, increase

continued on page 3

Inside This Issue

- Weight Gain 1
- Dear Reader 2
- Probiotics, Cortisol, Cipro 4
- Cold & Flu Remedies 4
- Works for Me 5
- Curb Cravings 5
- Stroke Recovery 6
- Success Story 7
- Wellness Medicine 8

Health & Healing

YOUR DEFINITIVE GUIDE TO WELLNESS MEDICINE

Julian Whitaker, MD, has practiced medicine for over 35 years, after receiving degrees from Dartmouth College and Emory University. Dr. Whitaker has long been an advocate of living a healthy life. Dr. Whitaker is compensated on the sales of the supplements he formulates with Healthy Directions, LLC. He is not compensated for other companies' products that he recommends in this newsletter. He is the author of 14 health books including: *The Mini-Fast Diet*, *The Whitaker Wellness Weight Loss Program*, *Reversing Hypertension*, *Shed 10 Years in 10 Weeks*, *The Pain Relief Breakthrough*, *Reversing Heart Disease*, *Reversing Diabetes*, and *Dr. Whitaker's Guide to Natural Healing*.

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Author: Julian Whitaker, MD
Research Editor: Peggy Dace
Managing Editor: Larissa Long
Associate Research Editor: Ryann Smith Groseclose

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Remember, you can read current and past issues of *Health & Healing* when you create or access your account at drwhitaker.com.

Dear Reader,

The holidays are wrapping up, but winter and its unique health challenges will be with us for a while. I don't know about you, but I seem to have less energy and need more sleep at this time of year. According to my wife, I'm also grumpier. (She says I'm part grizzly.)

A lot of it has to do with the shorter duration and intensity of light. Sunlight entering the eyes stimulates the synthesis of serotonin, a neurotransmitter that influences mood and appetite. Light also plays a role in the production of melatonin, the hormone that orchestrates circadian rhythms and sleep. Fluctuations in serotonin and melatonin affect everyone to some degree, but seasonal affective disorder (SAD) hits one in 10 people hard, causing depression, irritability, carbohydrate cravings, and weight gain.

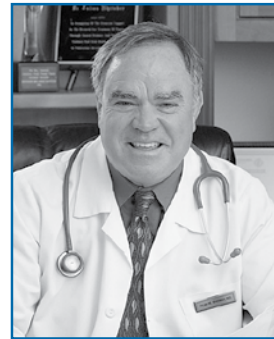
Winter is also peak season for heart attacks and strokes. When you're cold, blood vessels near the skin constrict to reduce heat loss and maintain core temperature. Blood pressure increases and the heart works harder, which can be problematic for anyone with underlying cardiovascular disease.

This trend is as consistent in Florida as in New York, so there's more to it than cold weather, and a likely contributor is vitamin D. A study presented at the American Heart Association Scientific Session in November 2015 linked low blood levels of vitamin D (less than 15 ng/mL) with a 35 percent increased risk of cardiovascular events.

Vitamin D is also active in the bones, muscles, brain, and immune and endocrine systems. It's no coincidence that autoimmune diseases flare up and cold and flu season comes around like clockwork every winter. This vitamin's production is dependent on UVB radiation from the sun striking the skin, and levels plummet during the winter.

Protect yourself by taking enough vitamin D3 to keep your blood level in the 50–80 ng/mL range. For most of my patients, this requires about 5,000 IU per day. Do your best to get some sun exposure every day—not easy in some parts of the country, but try. And if you suffer with symptoms of SAD, get treated with full-spectrum light therapy. For more information on SAD, visit the nonprofit Center for Environmental Therapeutics at cet.org.

To a happy, healthy, and prosperous new year,

Julian Whitaker, MD
 America's Wellness Doctor
 Director of the Whitaker Wellness
 Institute, Newport Beach, California

Weight (continued from page 1)

weight in most of those who use them, and about 25 percent put on 10 pounds or more. Antipsychotics are even worse; a gain of 10 pounds during the first couple of months and 25–35 pounds over a year is not unusual. These potent meds used to be prescribed only for people with serious mental illnesses like schizophrenia, but today they are best-selling drugs for depression.

Insulin, used by nearly 30 percent of people with type 2 diabetes, is notorious for weight gain. I've had patients who put on as much as 100 pounds while taking insulin! With the exception of metformin, oral diabetes drugs are associated with weight gain as well.

Other classes of drugs that increase the odds of gaining weight include steroids, statins, beta-blockers, birth control pills, antihistamines, and anticonvulsants.

Why Sleep Matters

Inadequate sleep is also linked with weight gain, and we're definitely sleeping less than we did in the past. Average sleep duration in the 1960s was more than eight hours; today it's six and a half, and 30 percent of us get fewer than six hours.

Sleep deprivation or disruption causes changes in hormones that affect appetite and fat storage. It reduces leptin, which signals when you're full, and increases ghrelin, the "hunger hormone" that stimulates appetite. Cortisol, a hormone released in response to stress, also rises, contributing further to increases in appetite and storage of visceral (abdominal) fat.

The most serious sleep disorder, sleep apnea, is closely tied to obesity, but is it the chicken or the egg? Obesity is clearly a risk factor for sleep apnea, which causes periods of breathing cessation and precipitous drops in oxygen. However, it goes both ways. Sleep apnea disrupts the deep, restorative stages of sleep and worsens these metabolic and hormonal changes, making weight control all the more challenging.

Toxins May Play a Role

More than 85,000 industrial chemicals are in use in the US, but only a few hundred have been tested for safety. The health effects of even low-level exposure are unknown, but mounting research suggests that some of these chemicals are implicated in obesity.

Of greatest concern are endocrine disruptors, which interfere with the signaling of hormones and adversely affect growth, development, and metabolism. These chemicals are everywhere—in plastics, food containers, flame-retardants, heavy metals, pesticides, and more. Levels in animals and humans have been steadily increasing for decades, and studies show that concentrations are higher in obese individuals. Scientists are particularly worried about fetal and early childhood exposure and increased risk of obesity later in life.

Other Weighty Contributors

There are a number of other factors that may also contribute to obesity. Some researchers suspect certain viral infections. Others point to prenatal influences, such as maternal obesity or malnutrition. Increased use of central heating and air-conditioning has been proposed, because it reduces the need to burn energy maintaining normal body

temperature. Genetics and epigenetics, the switching off or on of genes that can be passed down from one generation to the next, also play a role.

The take-home message is not that any one of these is *the* answer. Diet and exercise are still the most powerful tools for achieving and maintaining optimal weight. But even if the impact is small, the cumulative impact may be significant. It's time we get a handle on this health crisis, and tackling all potential risk factors is as good a place as any to start.

Reference

Dhurandhar EJ, et al. The aetiology of obesity beyond eating more and exercising less. *Best Pract Res Clin Gastroenterol*. 2014 Aug;28(4):533–44.

My Recommendations

- ▶ Exercise and diet are essential for weight loss and maintenance. Although most any program will work as long as you stick with it, I recommend the mini-fast with exercise because it doesn't require dramatic calorie cutting, targets fat burning, and improves multiple aspects of health. Visit drwhitaker.com or read *The Mini-Fast Diet* to learn more.
- ▶ Support optimal gut bacteria by eating lots of fiber-rich vegetables, fruits, beans, etc., yogurt and other fermented foods, and taking probiotic supplements.
- ▶ Talk to your doctor about reducing your medication load. Natural alternatives are available for virtually all health challenges.
- ▶ Do whatever it takes to improve your sleep, including getting tested for sleep apnea.
- ▶ Avoid obvious exposures to environmental toxins, and consider chelation for serious detoxification.

Dear Dr. Whitaker

Q *If probiotics are live bacteria, shouldn't they all be refrigerated? Some brands are sold in the refrigerated section of my health food store and some are not. Is there a difference in quality? — Lou D., via email*

A Years ago, most probiotics did require refrigeration. However, advances in freeze-drying, encapsulation, and other technologies now enable manufacturers to make products that are stable at room temperature. Probiotics sold in the refrigerated section aren't necessarily superior and may be pricier because of increased shipping costs. Many brands do recommend refrigerating after opening, and all live bacteria are sensitive to heat and moisture. Storing probiotics in the fridge is a good idea, but whether or not it's necessary depends on the product.

Q *Can you recommend ways to reduce cortisol? My brother has had two surgeries back-to-back and has since put on weight, especially around his abdomen. His doctor says it is caused by stress from the anesthetic and is common after surgery but has not told him how to bring it down. — D.L., Costa Mesa, CA*

A Cortisol could be a contributor since the “stress hormone” increases appetite and promotes visceral (belly) fat storage, but reduced activity after surgery may also play a role. A low-glycemic diet and exercise are the best ways to lose fat, and relaxation techniques and sleep are great stress reducers. Phosphatidylserine (100 mg) and an herbal blend called Relora (500 mg) may help lower cortisol, but I wouldn't expect much of a weight loss effect. DHEA

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(25 mg for women, 50 mg for men) also counters the negative effects of cortisol and may help reduce abdominal fat. Excess estrogen and low testosterone increase belly fat in men as well, so hormone levels should also be checked.

Q *Please inform your readers about the dangers of Cipro. My injuries from this drug have been beyond nightmarish: suffocating breathing problems, depression, insomnia, sleepiness, hyperosmia (everyday scents were asphyxiating), blurred vision, and a ravaged GI system with a 30-pound weight loss in two months. Truly a nightmare, with virtually no help from the medical community. I have seen some improvements thanks to twice-weekly IV drips but still suffer breathing problems (related to nerve damage, not lungs). — Linda L., via email*

A Thanks for the input. Cipro belongs to a class of antibiotics known as fluoroquinolones, which are notorious for their adverse effects. These drugs require a black box warning of increased risk of tendinitis and tendon rupture, and critics are calling for stronger warnings about risk of permanent nerve damage. Links were also recently discovered with aortic aneurysm. These powerful drugs should be reserved for serious infections that are resistant to other antibiotics. However, more than 20 million prescriptions are written every year, mostly for minor illnesses such as urinary tract and respiratory infections. If your doctor prescribes Cipro, Levaquin, or another fluoroquinolone, make sure you really need an antibiotic, ask for safer medications, and consider non-drug alternatives.

From My Blog

Reader Remedies for Colds and Flu

I learn a lot from readers and over the years have received thousands of helpful suggestions for common health problems. A perennially popular topic is remedies for colds and flu, and this seems like a good time to share a few of them. Kevin recommends drinking **cayenne pepper** mixed in water to soothe a sore throat. B.D. survived several Wisconsin winters free of colds and flu thanks to **Echinacea** and **colostrum**. Kimberly gives her family **Oscillocoquinum**, a homeopathic product, at the first sign of cold or flu symptoms. And Canadian subscriber I.H. swears by **eucalyptus oil** for loosening mucus and shortening the duration of coughs and upper respiratory tract infections. For more reader remedies, visit my blog. And if you have solutions of your own for any health concern, please email them to worksforme@drwhitaker.com.

 [Get the rest of the story—and share your opinion—by visiting my blog at “Connect with Dr. Whitaker” on drwhitaker.com.](http://drwhitaker.com)



Works for Me...

► **Weight Loss** *For the past three months, I've been using Metabolic Essentials. I take two capsules with meals twice a day, eat 1,600 calories per day, and exercise moderately, alternating between walking two to three miles and biking six to eight miles a day, five days a week. I've lost a total of 27 pounds and two inches off my waist—and I had a week in Aruba with no calorie counting! You can't argue with those results. I'm at my lowest weight in the last 30 years, and I'd like to lose even more. And by the way, I'm 70 years old, and it's mighty hard to lose weight as you get older. Would I have lost the weight by counting calories and exercising without the pills? I can't say for sure, but I've never had this type of success just by lowering my calorie intake. I'm not going to chance it. — Taubie, online review*

Fantastic! Metabolic Essentials is available at drwhitaker.com or by calling 800-722-8008.

► **Skin Care** *My sweet grandmother absolutely swore by Aminocare face cream. She had the smoothest, most lovely skin, and all the way up to*

her recent passing at age 88, hardly a wrinkle could be found on her beautiful face. I'm sure genetics helped, but that cream is pretty great too. Thanks for the recommendation. — R.S.G., via email

And thanks for the feedback. My patients and subscribers always have such positive things to say about Aminocare. To order, call 800-722-8008 or visit drwhitaker.com.

► **Arthritis** *I am a retired farmer and at 58 years old, the cartilage in my knees and shoulders was worn out. I was waiting, trying to avoid replacement knees, so I started taking a multivitamin and glucosamine for rebuilding cartilage. At the end of the six months, my knees were much better, and by the end of a year, my knees and shoulders were like new. Now, I am almost 80 years old walking on those same knees with no pain. — Lloyd G., Hartstown, PA*

What a great testament to the power of natural therapies. The suggested dose of glucosamine is 1,500 mg per day. Remember, supplements geared toward cartilage repair can take a few months to kick in, so be patient. It's worth the wait.

🔗 **Have a Health Tip to share? Send it to worksforme@drwhitaker.com. Read more tips at drwhitaker.com/works-for-me.**

Healing Tip

Want to curb a craving for food, alcohol, or nicotine? Play Tetris or another strategic video game for a few minutes until it passes. New research reveals that distracting your brain in this manner makes it nearly impossible to vividly imagine (a.k.a. crave) anything at the same time.

🔗 Like my Facebook page at facebook.com/WhitakerMD to receive daily healing tips and join the conversation.

Monthly Health Quiz

Help for a Hangover

The best hangover cure is prevention—don't overdo it. But if you do celebrate a little too hard this holiday season, what might help?

- A) Have a Bloody Mary.
- B) Drink herbal tea with honey.
- C) Eat eggs and bananas.
- D) Take a multivitamin.

Answer:

Only A is incorrect—alcohol will delay recovery. Rehydrate with ginger or peppermint tea to quell nausea, and add a little honey to ward off hypoglycemia. Eat eggs for liver-protective cysteine and bananas for potassium. And take a good multivitamin to replace lost nutrients.



25 Years of Health & Healing

Health & Healing is celebrating its 25th anniversary, and throughout the year, we will be marking the occasion with pertinent blasts from the past, along with new information you can use to improve your health. We also plan to highlight longtime subscribers. If you're an "old timer," we'd love to catch up with you. Share your story and how the newsletter has helped you over the years at hhanniversary@drwhitaker.com.

No computer? Mail your question or health tip to *Health & Healing*, 6710-A Rockledge Dr., Ste. 500, Bethesda, MD 20817.

Stroke Recovery: What Works/What Doesn't

The day started out like any other. J. recalls feeling a little dizzy when she first woke up, but she chalked it up to the flu that was going around and went back to sleep. When she woke up again, she had trouble getting out of bed, felt off balance, and fumbled with the coffeepot, but she just figured she was coming down with something. That afternoon her son called and, concerned about her garbled speech, came over. He took one look at his mother and called 911—seven hours after her first signs of a stroke.

J. did what many people do when they're having a stroke. She brushed off the warning signs and hoped they'd go away. Big mistake. Two million neurons die and 14 billion synapses are lost every minute a blood clot or bleed cuts off oxygen to the brain. Minutes can mean the difference between function and disability; hours can mean the difference between life and death.

Hospitals have a pretty good treatment for acute ischemic strokes (the most common type): drugs like tissue plasminogen activator (tPA), which dissolve the clots that disrupt blood flow. The problem is these medications must be administered within four and a half hours after a stroke, and most people, like J., don't get to the hospital in time. As a result, just four percent of patients are treated with clot-busting drugs.

Survivors have some spontaneous recovery, and physical, occupational, and speech therapy help them relearn lost skills and cope with their disabilities. But at some point, usually after about six months, rehab is stopped and patients are told there's nothing else to be done.

J., however, did something most people do not do. She came to Whitaker Wellness for hyperbaric oxygen therapy (HBOT).

HBOT for Acute and Chronic Stroke

HBOT is a safe, noninvasive outpatient treatment that could save thousands of lives, billions of dollars, and unimaginable pain and suffering. Administered by

breathing 100 percent oxygen in a pressurized chamber, HBOT suffuses the brain and body with high concentrations of oxygen. This influx of oxygen decreases pressure in the brain, relieves fluid buildup and inflammation, and boosts production of energy needed for repair and regeneration. It also promotes the growth of new blood vessels in damaged areas, thereby improving cerebral blood flow over the long term.

In addition to the focal area of neurons irreversibly damaged by a stroke, there's a surrounding zone of cells that are dysfunctional but still alive. HBOT not only wakes up these stunned neurons but also stimulates the proliferation of new neurons by increasing the expression of brain-derived neurotrophic factor (BDNF) and mobilizing the body's stem cells. Bottom line, HBOT facilitates neuroplasticity, the ability of the brain to modify and create new neural pathways to compensate for deficits.

Many hospitals have HBOT chambers, but they never use them for stroke treatment. It's inexplicable. Restoring cerebral blood flow and oxygen delivery is the primary goal in the treatment of acute stroke. HBOT has a good chance of reducing the extent of irreversible brain damage, even in the 96 percent of patients who miss the tPA treatment window. But it isn't even considered. In fact, patients aren't even told about it!

Increases Chances of Recovery

Most of the hundreds of stroke patients we've treated at Whitaker Wellness are either well-informed *Health & Healing* readers, former patients—or they're lucky enough to have a knowledgeable friend or loved one who encouraged them to try HBOT.

J.'s son brought her to the clinic six months after her stroke. She was using a walker, her speech was slurred, and she required help with self-care. Within three weeks of starting treatment, she was walking on her own, speaking normally, and eventually returned to most of her former activities.

My Recommendations

- ▶ Recommended supplements include a potent multivitamin and a minimum of 800 mcg folic acid, 1,000 mg vitamin C, 2,000–5,000 IU vitamin D, 500 mg magnesium, 1,000 mg EPA/DHA, and 200–300 mg coenzyme Q10. Aim for 5,000 mg potassium from plant foods, Low-Sodium V8 juice, and potassium chloride salt substitute.
- ▶ To learn more about hyperbaric oxygen therapy and stroke treatment at Whitaker Wellness, visit whitakerwellness.com or call 800-488-1500. To find an HBOT treatment center in your area, visit hyperbariclink.com.

The majority of patients seek treatment only after conventional medicine has given up on them, but HBOT can perform miracles months, even years after a stroke. Israeli researchers demonstrated this in a clinical trial of patients who received 40 HBOT treatments six months to three years post-stroke. Compared to the control group, virtually every study participant had significant improvements in function and quality of life after HBOT, as well as SPECT scan changes showing increased activity in the brain.

Life After Stroke

About a quarter of the 800,000 strokes that occur in the US every year are recurrences, so you need to be extra vigilant about prevention. Most doctors prescribe medications to prevent clot formation and lower blood pressure and other risk factors, and in some cases drugs are necessary. But there are other ways to reduce risk.

Lifestyle changes are a surprisingly powerful therapy. Swedish researchers found that a healthy lifestyle (good diet, regular physical activity, moderate alcohol intake, no smoking, and optimal weight) reduced risk of ischemic stroke by 54 percent. A Mediterranean diet with healthy oils, adequate protein with an emphasis on fish, and lots of plant foods appears to be particularly protective.

I also recommended a good supplement program, including folic acid, vitamin C and other antioxidants, vitamin D, magnesium, fish oil, and coenzyme Q10. Potassium also deserves a callout, although it is best obtained from diet.

At Whitaker Wellness, we also test for sleep apnea, which is a significant risk factor for stroke. If a patient has serious cardiovascular disease, we suggest a course of EECF, and for those with lingering memory problems, depression, or anxiety, neurofeedback does wonders. The clinic also has an arsenal of therapies for relieving pain, which many patients experience after a stroke.

After spending three weeks at the clinic with her husband, who was recovering from a stroke, Jane commented, “You can really tell his brain is being repaired, and I expect him to get better and better as he continues with his therapy. Thank God my friend urged me to come here, and thank God I listened.”

References

Efrati S, et al. Hyperbaric oxygen induces late neuroplasticity in post stroke patients—randomized, prospective trial. *PLoS One*. 2013;8(1): e53716.

Larsson SC, et al. Healthy diet and lifestyle and risk of stroke in a prospective cohort of women. *Neurology*. 2014 Nov 4;83(19):1699-704.

Whitaker Wellness Success Story

So Long, Shoulder Pain

“For the last couple of years my shoulder pain had been getting worse and worse. I talked to my doctor at Whitaker Wellness and she mentioned PRP, so I decided to give it a shot. It was painful for the first couple of days, but a week after my treatment, my shoulder was about 50 percent better. Two weeks later, it was almost 75 percent better.

“I used to work out at the gym a lot, as well as do construction work, but I couldn’t do these things before I had PRP. Within three to four weeks, I was back in the gym, and as of right now, my shoulder is 95 percent better than it was before treatment. It’s pretty exciting to be able to work out and to have no restrictions in my day-to-day activities.”

— Chris Campbell, Irvine, CA

PRP (platelet-rich plasma) harnesses the healing properties of platelets. Best known for their role in blood clotting, platelets also contain dozens of growth factors and other compounds that are attracted to sites of injury or degeneration and jumpstart the healing process. During a PRP treatment, platelets are separated from a small amount of the patient’s own blood, concentrated, and injected into or around an injury or wound.

Rapid results for acute and chronic injuries make PRP popular among athletes, including many professionals, but it’s also a great treatment for degenerative arthritis, chronic neck and back pain, diabetic ulcers, pressure sores, and other wounds. In addition, PRP is being used for cosmetic purposes, including hair loss and aging skin. (They call it a vampire facelift.) I can’t attest to the latter two uses, but Chris’ story is a great example of PRP’s ability to speed healing and regeneration. To learn more, call the clinic at 800-488-1500.



Chris Campbell

To make an appointment at the Whitaker Wellness Institute, call 800-488-1500 or visit whitakerwellness.com.

Innovations in Wellness Medicine

Acupuncture for Carpal Tunnel Syndrome

If you're one of the millions of Americans suffering with carpal tunnel syndrome (CTS), I've got great news for you—and it doesn't involve drugs or surgery. In a 2015 study, participants with chronic CTS were divided into two groups and treated with wrist splints to wear at night (a standard CTS treatment) plus either acupuncture or ibuprofen. The acupuncture group received two treatments per week for a total of eight sessions, while the ibuprofen group took 400 mg of this anti-inflammatory drug three times a day for 10 days. When they were reevaluated after a month, significant improvements were noted in both groups, but the acupuncture group had the most dramatic relief.

Acupuncture is a safe, effective, and, believe it or not, painless treatment for a broad range of health challenges. Other helpful therapies for CTS include vitamin B6 (100 mg daily) and natural anti-inflammatories such as curcumin (Meriva 500 mg daily) and fish oil (1–2 g EPA/DHA per day). Order these supplements online or by calling 800-810-6655. To find an acupuncturist near you, visit nccaom.org.

Mushrooms for Health

Want to boost your immune system, manage your weight, balance your blood sugar, support healthy lipid levels, enhance your nutrient intake, and ward off infections and possibly cancer? Eat more mushrooms. Though all these health benefits may seem too good to be true, these fungi are living up to the definition of a true superfood.

In addition to their high concentrations of vitamins, minerals, and other nutrients, mushrooms act as a “prebiotic” that aids in digestion and supports normal gut flora. Low in calories and carbohydrates, they are also a rich source of immune-boosting beta-glucan. Brief cooking releases these protective compounds and destroys agaritine, a potential carcinogen that may be found in trace amounts in raw mushrooms. Furthermore, mushrooms' unique “umami” flavor bolsters the taste of other foods, making them more satisfying and satiating. The most commonly consumed fungi are button, cremini, and portabella. However, other types worth experimenting with include reishi, shiitake, and porcini, to name a few. Mushroom teas, tinctures, and supplements are also available as targeted natural therapies. Use as directed.

Did You Know?

- Statin drugs reduce the effectiveness of flu vaccines in older people.
- Sleep apnea is associated with a 50 percent increased risk of gout.
- Compulsive chewing on ice (pagophagia) is a sign of iron-deficiency anemia.
- Eating peanut butter from a very young age reduces risk of peanut allergies.
- Falls are the leading cause of emergency room visits.
- Every day, 44 people in the US die from prescription painkiller overdoses.
- Only 9 percent of adults eat the minimum recommended 2–3 cups of vegetables daily.
- Frequent ejaculation is linked with a reduced risk of prostate cancer. (Tell your partner it's doctor's orders.)
- Taking 900–1,000 mg EPA/DHA per day helps reduce nicotine cravings.
- Eating more home-cooked meals is linked with a lower risk of developing diabetes.
- Vitamin D deficiency is a risk factor for macular degeneration.
- Repeating something aloud to another person increases your chances of remembering it.

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