

Atrial Fibrillation: What Works/What Doesn't

Sam knew something wasn't right when his morning walks left him exhausted and short of breath. Ann noticed it in the gym, when the pulse monitor on the exercise bike couldn't register her erratic heart rate. Louise's first episode occurred as she was rushing to catch a connecting flight and her heart began beating so wildly that she was sure she was having a heart attack. Karen never had any symptoms at all until she ended up in the hospital after a stroke.

All these people and millions more have atrial fibrillation (AFib), a cardiac rhythm disorder caused by a glitch in the heart's electrical system.

What Is AFib?

The heart consists of four chambers: the smaller upper atria where blood returns to the heart and the large muscular ventricles that pump blood throughout the body. Heart rate and rhythm are controlled by the sinoatrial node in the right atrium, which fires electrical impulses that cause the atria to contract and move blood into the ventricles. These impulses then travel through the atrioventricular (AV) node to the ventricles, signaling them to beat regularly and rhythmically.

In AFib, this system is short-circuited. Rapid, unsynchronized electrical signals cause the atria to quiver or "fibrillate." Erratic impulses may also affect the ventricles, resulting in a rapid and irregular heartbeat

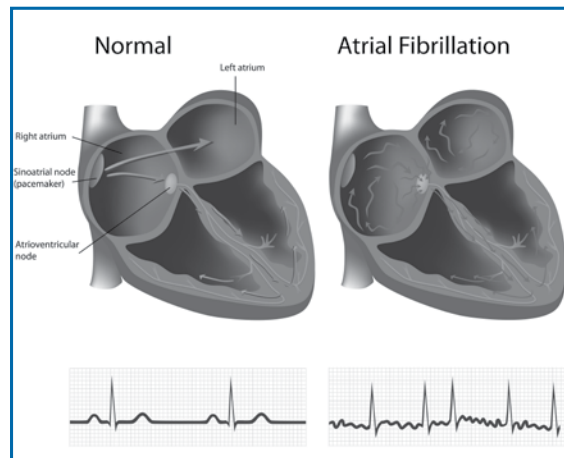
(rapid ventricular response), sometimes accompanied by breathlessness, fatigue, and/or lightheadedness.

Even without symptoms, AFib increases risk of stroke. When the atria fail to properly contract, blood pools and may form clots, which could travel to the brain, lodge in an artery, and cause a stroke. And because it decreases the heart's pumping efficiency, risk of heart failure also rises.

Interventions Are Overused

To reduce stroke risk, many patients are prescribed drugs that inhibit blood clotting. Prior to 2010, that meant Coumadin (warfarin), a medication that patients love to hate because it requires close monitoring and significantly increases risk of bleeding. Coumadin has since been joined by pricey "novel" anticoagulants such as Pradaxa and Xarelto. Although they're advertised as breakthroughs, they're quite similar in terms of blood clot/stroke prevention and also promote bleeding.

For high-risk patients—over age 65, with hypertension, diabetes, heart failure, or a previous stroke—anticoagulants may be lifesavers. However, research suggests that a quarter of AFib patients taking them are very low risk, and the drugs' dangers outweigh potential benefits.



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

Dear Reader,

Health & Healing celebrates its 25th year of publication this month. Back in 1991, I could never have imagined that this newsletter would eventually reach 2.5 million households and help grow my small clinic into a renowned wellness center.

All I wanted was to let people know that drugs and surgery aren't the only game in town, and that there are safer, more effective ways to treat disease and promote health. Based on a national survey showing that one in three adults now use complementary therapies—plus the proliferation of alternative practitioners, nutritional supplements, natural products, and health websites and publications—the message has been heartily embraced.

I'd like to say that this quarter-century of writing and lecturing, treating patients and mentoring physicians, and lobbying Congress and the FDA has made a difference, but I'm discouraged. Big Pharma continues to be the dominant force in medicine. Patients are treated by the book, and insurance refuses to reimburse for safe, noninvasive treatments. Innovative doctors are hounded and alternative therapies ignored. Americans get more screening tests, take more drugs, and have more surgeries, yet we rank dead last among high-income countries in many health outcomes.

People today want the same things they've always wanted: affordable health care, reduced dependency on prescription drugs, avoidance of hospitals, disease prevention, healthy aging, respectful relationships with their physicians, and the freedom to choose the care they desire. The *Health & Healing* team and I will continue to provide unbiased information to help you navigate the system and make the best decisions—and we'll fight to keep alternative therapies available and freedom of choice alive.

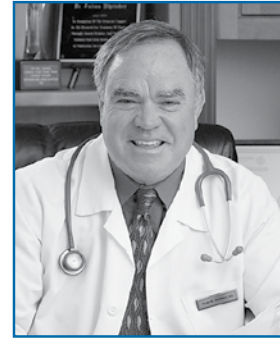
To your health,



P.S. Print newsletters may be old school, but *Health & Healing* is here for the long haul. I appreciate your loyalty and hope you'll stick around for the ride.

Happy 25th Anniversary, Health & Healing

I've been a subscriber for many years, and *Health & Healing* has been helpful to me in many ways. As a pharmacist, it has enabled me to share information with my customers. On a personal level, I walked out of the hospital 10 years ago because I knew there were better treatments for heart disease. Thanks, Dr. Whitaker, for edifying me about EECF and EDTA.
 — Robert Dustrude, RPh, Wausau, WI



Julian Whitaker, MD
 America's Wellness Doctor

Director of the Whitaker Wellness Institute, Newport Beach, California

Cardiologists also prescribe beta blockers, calcium channel blockers, and digoxin to slow the heart rate and antiarrhythmic drugs to control abnormal rhythms. I'm especially concerned about the latter, which include Cordarone (amiodarone), Tambocor, and Betapace. These are heavy-duty drugs that should be used only as a last resort, as adverse effects include life-threatening arrhythmias and sudden cardiac death. Furthermore, antiarrhythmics aren't very effective. In one study, 72 percent of patients had AFib recurrences.

For people with persistent AFib, cardioversion is another option. This procedure normalizes rhythm with an electric shock that stops then restarts the heart's electrical activity. It isn't a cure, but it's effective, at least temporarily, in 90 percent of patients—and a heck of a lot better than antiarrhythmic drugs.

Finally, there's ablation, which involves snaking a catheter up a vein into the atrium and zapping areas that trigger abnormal electrical signals. When ablation is successful, it eliminates AFib and the need for antiarrhythmic medication. Unfortunately, it doesn't work 20–40 percent of the time, one in four patients requires repeat treatment, and there's a 6 percent chance of major complications such as catheter-related damage and stroke.

Back to Basics

So this leaves us where doctors should begin in the first place: identifying and treating the underlying causes of AFib.

Obesity is an established risk factor—which partially explains rising rates of AFib in recent years. A 2015 study found that people who lost 10 percent of their body weight were six times more likely to be free of AFib during four years of follow-up than those without sustained weight loss.

Sleep apnea is another factor; researchers estimate that half of patients with AFib have this sleep disorder. Stroke, hypertension, diabetes, vascular disease, and heart failure are also closely associated, and getting a handle on these conditions reduces AFib risk and recurrence.

Increasing scientific evidence points to the significant role of inactivity, excessive alcohol, smoking, unmanaged stress, poor nutrition, and other modifiable lifestyle factors. On the other hand, moderate exercise, a good diet, and stress reduction improve AFib and the structure and function of the heart. Targeted supplements are also important. In a recent study, patients who added coenzyme Q10 to their usual medications had a dramatic reduction in AFib episodes and improvements in heart function. Many low-risk patients do well on natural blood thinners such as omega-3s, vitamin E, garlic, and ginger. And other supplements, including magnesium, antioxidants, folic acid, and vitamin D support multiple aspects of cardiovascular health.

My Recommendations

- ▶ Talk to your doctor about safer approaches to atrial fibrillation. Do not stop medications on your own and be aware that anticoagulants are sometimes necessary.
- ▶ To consult a physician at Whitaker Wellness for a second opinion and a personalized supplement, weight loss, and lifestyle program, call 800-488-1500.

The Rhythm of Life

AFib can be scary, but it's not life threatening if managed properly—and this can often be done with lifestyle changes and natural therapies. John Mandrola, MD, a cardiologist from Louisville, Kentucky, who specializes in rhythm disorders, explains the paradigm shift currently underway:

“We saw atrial fibrillation as a disease rather than seeing it as a result of other diseases. That

explains why our treatments (drugs and ablation) have performed so poorly... From now forward, when a patient with [AFib] sees a doctor who recommends rhythm drugs or ablation without first exploring how that person sleeps, eats, drinks, moves, and deals with stress, it will be a signal to get another opinion. Rushing to drugs or ablation will be as wrong as prescribing antibiotics for a viral infection.”

References

- Hsu JC, et al. Oral anticoagulant prescription in patients with atrial fibrillation and a low risk of thromboembolism. *JAMA Intern Med.* 2015;175(6):1062-5.
- Mandrola J. Atrial fibrillation care: put the catheter (and Rx pad) down. *Medscape.* Apr 07, 2015. <http://www.medscape.com/viewarticle/842739>
- Miller JD, et al. Obesity, exercise, obstructive sleep apnea, and modifiable atherosclerotic cardiovascular disease risk factors in atrial fibrillation. *J Am Coll Cardiol.* 2015 Dec 29;66(25):2899-906.
- Zhao Q, et al. Effect of coenzyme Q10 on the incidence of atrial fibrillation in patients with heart failure. *J Investig Med.* 2015 Jun;63(5):735-9.

Dear Dr. Whitaker

Q *Can caffeine shampoo really restore hair loss? I am tempted to try it, but it's very expensive. I would like your opinion. — Robert W., Dallas, TX*

A Although I don't have clinical experience with caffeine shampoos, a 2014 study found that caffeine does have a stimulating effect on hair follicles in both men and women. In addition, thousands of online reviewers give these shampoos a thumbs-up for halting hair loss and promoting new growth. If it fits your budget, I'd give it a shot. And if you're not already taking a high-quality multivitamin/mineral, I suggest starting immediately. Several of our patients have reported new hair growth once they started on multivitamins, probiotics, and fish oil.

Q *How true is it that coenzyme Q10 (CoQ10) relieves symptoms of Parkinson's disease? — Q. Gomez, via email*

A You may have heard that some studies have shown no benefits from this antioxidant powerhouse for Parkinson's disease. However, several clinical trials have demonstrated that high doses of CoQ10 (1,200 mg per day) do indeed improve symptoms. A 2015 study conducted in Japan showed that just 300 mg of ubiquinol (the reduced, active form of CoQ10) daily resulted in significant improvements. Read labels closely to ensure you're getting the ubiquinol form and use the study dose of 300 mg per day. At Whitaker Wellness, we've also had remarkable success using IV glutathione (the "master" antioxidant) and hyperbaric oxygen therapy to improve gait, reduce tremors, and

otherwise relieve Parkinson's symptoms. To learn more, call 800-488-1500.

Q *You've written about cast iron skillet, but is nonstick cookware safe? — Marie B., CA*

A Nonstick cookware is fine, provided you use it properly. High temperatures (over 500 degrees) can cause the pans to emit toxic fumes, so use low to medium heat, and don't heat empty or unattended pots and pans. Buy high-quality cookware and protect the integrity of the nonstick coating by avoiding metal cooking utensils and using a soft brush or sponge to clean.

Q *My doctor prescribed Brisdelle for hot flashes. In your recent article on menopause, you did not mention this drug. Thoughts? — Rhonda M., CA*

A I wouldn't recommend it. Although it's approved for reducing hot flashes, Brisdelle is an SSRI antidepressant, in the same family as Prozac, Luvox, Paxil, Zoloft, and others. Side effects include loss of sexual desire, weight gain, irritability, anxiety, and increased risk of aggression and suicide. Just what you need when you're going through menopause! It doesn't make sense to use these drugs when natural bioidentical hormone replacement works better and has a superior safety record. To locate a physician in your area who is well versed in natural hormones, visit acam.org or a4m.org, or come see us at the clinic. For more information on menopause, refer to the July 2016 issue.

 [Read more Q&As online at drwhitaker.com/featured-questions-and-answers](http://drwhitaker.com/featured-questions-and-answers). Send your own questions to drwhitakerquestions@drwhitaker.com.

From My Blog

The Facts on Flax

Flaxseed is no one-trick pony. These tiny, nutty-flavored wonders, also known as linseeds, are nutritional powerhouses loaded with fiber, healthy fats, lignans, and other protective compounds that boast a number of impressive health benefits. Flax's soluble fiber lowers cholesterol, enhances insulin sensitivity, improves metabolic syndrome, and supports the digestive tract. Its abundance of omega-3 essential fatty acids helps counter inflammation. Flaxseed has even been shown to reduce risk and slow progression of some forms of cancer, as flax lignans modulate hormones and inhibit angiogenesis (the growth of new blood vessels). At Whitaker Wellness, we recommend our patients make a quarter-cup of freshly ground flaxseed part of their daily health regimen. For more information on the bountiful benefits of flaxseed and a few suggestions on how to best incorporate it, visit my blog.

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



Works for Me...

▶ **Hypertension** *I want to let you know that my mother read your book Reversing Hypertension, made the suggested lifestyle changes, and was able to get off Zestril. Thanks! — Anonymous*

Happy to help. For my latest recommendations on high blood pressure, refer to the October 2015 issue of *Health & Healing*.

▶ **Prostate Health** *I have been taking your prostate health supplement and have noticed a tremendous difference in my ability to sleep at night without numerous trips to the bathroom. — T.C., via email*

▶ **Leg Cramps** *I get cramps in my legs, and my doctor at Whitaker Wellness suggested Bioplasma. It is wonderful. It works fast, and usually within minutes the cramping is gone. — Jean W., Newport Beach, CA*

Bioplasma is a combination of homeopathic concentrations of 12 different minerals, or “cell salts,” that is often used as a general health tonic. Look for Bioplasma online or call 800-810-6655 to order. Use as directed.

▶ **Shoulder and Knee Pain** *After getting PRP at Whitaker Wellness, the pain in my right knee is 100 percent better. My left knee, which was so bad that I was ready for a knee replacement, is 80 percent better. PRP also helped my shoulder. I could barely lift my arm before but now I can even reach behind to hook my bra. — A.H., CA*

Platelet-rich plasma (PRP) therapy is a regenerative treatment that utilizes a patient’s own platelets to help heal injuries and degenerative disorders. For a free consultation to learn if PRP is right for you, call 800-488-1500.

▶ **Skin Care** *I tried the SophytoPRO skin care products you wrote about, and I love the cream moisturizer and antioxidant gel. My skin looks and feels light and fresh. Some creams feel oily and thick, but this is not one of them. If you wear a lot of makeup, removing it with the cleanser could be a bit difficult as it is so mild. For me, it is a great adjunct to my supplements and healthy eating. — L.V., via email*

Free from harsh and potentially dangerous chemicals, this all-natural skin care line is a safe, nontoxic alternative for healthy skin. Look for SophytoPRO online or call the clinic to order.

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

Healing Tip

Rinsing fruits and vegetables under running tap water for one minute is the best way to remove bacteria and pesticide residues. Scrubbing with a vegetable brush and peeling also work well. These approaches are more effective than commercial fruit/veggie washes, so save your money.

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

Monthly Health Quiz

The Skinny on Skin: True or False?

- A) Your skin sheds more than 25,000 cells every minute.
- B) The skin releases about a quart of sweat every day.
- C) Skin is your body’s second-largest organ.
- D) Everyone has fingerprints.



Answer: A, C, and D are false. You actually shed 50,000 skin cells per minute. Skin is the largest organ of the body covering roughly 21 square feet and weighing between 8–9 pounds. And two rare disorders (Naegelel syndrome and dermatopathia pigmentosa reticularis) result in skin without ridges.

25 Years of Health & Healing

August marks *Health & Healing*’s 25th anniversary: 300 issues, hundreds of articles, thousands of reader letters and comments, and 1.5 million words covering a broad range of topics. (Subscribers can read past issues by creating an account or logging in at drwhitaker.com.) Our goal has been and continues to be to provide you with solutions for your health problems. Your questions, suggestions, and stories are highlights for me and for readers, so please keep them coming (hhanniversary@drwhitaker.com). Here’s to the next 25 years!

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

Screening Scams: Too Much Testing

It's one thing to get blood tests, X-rays, EKGs, or other diagnostic tests when you're ill, injured, or suffering with a chronic disease. Results help your doctor determine what's wrong, make treatment decisions, and monitor disease progression.

Screening tests are another thing altogether. They're looking for disease in healthy people. The presumption is that finding problems in their early stages before symptoms appear allows for easier, more effective treatment and better outcomes. Problem is, results aren't always reliable and early treatment doesn't necessarily improve health or save lives. Worst of all, screening leads to overdiagnosis, overdiagnosis leads to overtreatment, and overtreatment leads to serious harm.

An Epidemic of Overdiagnosis...

There's no question that screening tests have fulfilled their mission of detecting early disease. Routine screenings have labeled a third of Americans with hypertension and/or high cholesterol. Bone density scans have created an army of women with osteopenia. Twenty percent of cardiovascular screenings find elevated risk of heart attack or stroke. PSA tests, mammograms, thyroid ultrasounds, lung CTs, and skin cancer screenings have sent cancer rates soaring.

Nor is there any argument that screening benefits some people. But there's a dark side that you rarely hear about: overdiagnosis, "the diagnosis of a disease or condition that is unlikely to ever cause harm." Malignant hypertension is a killer; mild hypertension is not. High LDL cholesterol and other risk factors are not heart attacks or strokes waiting to happen. Osteopenia ("pre-osteoporosis") has no real clinical value. And cancer comes in many forms and stages, some deadly, some not.

Researcher Gil Welch, MD, describes cancers as birds, turtles, or rabbits. Birds are so fast growing and aggressive that they're incurable, regardless of when they're detected or treated. Turtles are nonlethal cancers that are never going to grow out of control or cause problems. Rabbits are potentially lethal; they could metastasize and should be treated. Screening can't help the turtles or birds. Only the rabbits, which might escape, proliferate, and wreak havoc, can possibly benefit from screening and early treatment.

...And Overtreatment

Unfortunately, it's hard to tell the turtles from the rabbits, so the tendency is to go after all cancers aggressively. Screening proponents brag about increasing cancer survival rates, but this is terribly misleading because it includes overdiagnosed indolent cancers that didn't need treatment in the first place.

Although the number of people diagnosed and treated for breast, prostate, thyroid, and skin cancer has risen precipitously with screening, the incidence of late-stage disease hasn't changed much. Nor has all-cause mortality, indicating that death from other diseases occurs at about the same time in life, with or without screening. We all know people who are convinced their lives were saved by early detection and treatment, brutal as it may have been. But the hard truth is that population-wide cancer screenings benefit just one person in a thousand.

You may be thinking, "What's the harm? Better safe than sorry." Think again. Overtreatment hurts, maims, and sometimes kills. Cancer surgery, radiation, and chemotherapy are almost as frightening as the disease itself. Overtreatment is not limited to cancer. Tens of millions of healthy people are on side-effect-riddled drugs to control mildly elevated blood pressure or cholesterol or to boost bone mass. Asymptomatic patients undergo cardiac catheterization, angioplasty, and carotid endarterectomy, invasive procedures that should be reserved for serious cardiovascular disease.

To submit healthy people to any of these interventions is unconscionable.

Pitfalls of Screening

Overtreatment isn't the only potential hazard. Some screening tests, such as those that involve medical radiation, pose dangers in and of themselves. Results aren't always accurate; for example, women who get annual mammograms for 10 years have a 50–60 percent chance of a false positive (a suspicious test that turns out to be fine), subjecting them to additional testing, which may include biopsy—not to mention the anxiety of waiting for a terrifying diagnosis. Regular screenings also suck you into the medical system and keep you coming back for more.

Awareness of the pitfalls of screening is increasing, and guidelines have tightened in the past few years. The US Preventive Services Task Force now

recommends no prostate, ovarian, or skin cancer screenings, less frequent Pap tests and colonoscopies, biannual mammograms beginning at age 50, lung CTs for heavy smokers only, and no screening after a certain age.

Unfortunately, testing intervals and age limits are routinely ignored, and patients are pressured to undergo inappropriate screenings. Much of this has to do with the business of medicine and the billions of dollars at stake. Testing facilities and hospitals depend on a constant flow of patients, screening campaigns are the lifeblood of pink (and other colored) ribbon charities, physicians have concerns about the risks of under-treatment—and some get rewarded for reaching screening goals.

People line up for testing because they believe the scary propaganda and assume doctors know best. As a result, millions of healthy Americans have been turned into overdiagnosed, overtreated patients.

Screening Test Checklist

If you have signs or symptoms of illness, by all means get tested and treated. If you have a personal or

family history of certain diseases, screening is entirely appropriate. Otherwise, ask these questions before consenting to any screening test:

How would early detection benefit me at my age and current state of health? What side effects are associated with the test? What are the rates of false positives? What would the next step be if my test were positive? What are the pros and cons of additional testing and treatment? What is likely to happen if I decide against screening?

Never forget that although screening tests are positioned as preventive services, nothing could be further from the truth. True prevention is about eating right, exercising, taking supplements, managing stress, and avoiding smoking, excessive alcohol, and the like—not the misguided, expensive, manipulative overreach screening has become.

References

Hoffman RM, et al. Lack of shared decision making in cancer screening discussions: Results from a national survey. *Am J Prev Med.* 2014 Sep;47(3):251-9.

Welch HG. *Less Medicine, More Health: 7 Assumptions That Drive Too Much Medical Care.* 2016. Beacon Press, Boston, MA.

Whitaker Wellness Success Story

125 Pounds Lighter, 100 Percent Healthier

When Kent Moore first came to Whitaker Wellness in 2013, he was a classic example of diabetes treatment gone wrong. He was on 220 units of insulin plus 10 other medications, weighed 341 pounds (100 of them gained after starting insulin 10 years before), and had multiple complications. We stopped his insulin and most of his other drugs and started him on a therapeutic diet, exercise, and supplement program. Here's the latest in Kent's journey back to health. (You can read his entire inspiring story on our blog at whitakerwellness.com.)

"I haven't had any real issues, just wanted to recheck levels and update my supplements. I have lost 125 pounds. The first 100 took a year and a half to come off, and I've lost 20 more pounds in the last year. My energy is so much better. I do the mini-fast Monday through Friday and feel really good, and then I'll eat pancakes with my daughter on Sunday and just feel blah. I exercise three days a week and get a lot of exercise and walking with my job.

"After I was here last year, I saw my doctor for a regular scheduled appointment. He told me I was foolish to go off all my medicines and wanted me to go back on almost everything, including insulin. I didn't do anything he recommended, and I didn't go back. I was on so much medication I felt like a slug. I couldn't walk up a full flight of stairs without pausing in the middle. I was so heavy. I just felt so rotten all the time. Now I can chase my daughter around the yard.

"I would like to have a doctor back home. If I could find one that believed in a more holistic approach, I would see them in a heartbeat. But it's like all they ever do is medicate, medicate, medicate. That's their approach to doctoring, when that should be the last resort. I am glad to have found Whitaker Wellness. It's really changed my way of how I look at health. It's been a gradual but steady improvement, but my health is 100 percent better than it was before."



Kent at 341 pounds, and after his dramatic weight loss

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

Innovations in Wellness Medicine

Curcumin for Psoriasis

About 125 million people worldwide are affected with psoriasis. This autoimmune condition, which results in rough, raised, dry, and sometimes itchy patches on the knees, elbows, scalp, and elsewhere, causes physical discomfort and mental anguish. Topical moisturizers, steroid creams, medicated shampoos, light therapy, and, in serious cases, immune-suppressing drugs may relieve symptoms, but what if a supplement could help?

In a 12-week study, volunteers with mild-to-moderate psoriasis took 500 mg of a highly bioavailable oral curcumin supplement called Meriva or a placebo twice a day, in addition to using a topical steroid cream. After three months, improvements were noted in all participants. However, the group that took curcumin had the greatest improvements, both in symptoms and in markers of inflammation, leading the researchers to conclude that Meriva is an effective adjunct therapy for psoriasis. Curcumin/Meriva's potent anti-inflammatory and antioxidant properties also make it an excellent treatment for arthritis, pain relief, and enhanced cognitive function. Look for it online or call 800-810-6655 to order.

Neurofeedback for ADHD

Soon, children across the US will be returning to school. One in 10 of them, and nearly 15 percent of our boys, have been labeled with attention-deficit/hyperactivity disorder (ADHD), and more than half are taking Ritalin, Adderall, or other stimulant drugs. Folks, these dangerous medications are not the answer—but neurofeedback might be.

In a clinical trial conducted in Boston elementary schools, 104 children ages 7–11 with ADHD were treated with 40 sessions of either neurofeedback or computer-based cognitive training (CT); a third group served as a control. Marked improvements were noted in attention, executive functioning (planning and organizing), and hyperactivity/impulsivity in the group that had neurofeedback—improvements that were sustained at a six-month follow-up. Furthermore, while children in the control and CT groups had increases in their medications, the neurofeedback group did not. Wouldn't it be great if, instead of handing out Ritalin, schools could offer kids a couple of neurofeedback sessions per week? Neurofeedback, which retrains and normalizes brainwaves, is also a great therapy for anxiety, depression, addiction, post-traumatic stress disorder, and more. To learn about treatment at Whitaker Wellness, call 800-488-1500.

Did You Know?

- Low magnesium status is associated with increased risk of depression.
- Common causes of bloating are chewing gum, drinking through straws, carbonated beverages, and swallowing air.
- A quarter of hospitalized people with diabetes have undiagnosed retinopathy.
- Eating a lot of fruit during pregnancy is linked with better cognitive development in offspring.
- Three in four physician visits involve drug therapy.
- About half of fruit drinks, juices, and smoothies have at least 19 g (4.75 teaspoons) of sugar per serving.
- Standing desks at work and school improve productivity and test scores.
- Eight billion bacteria are transferred in a 10-second kiss.
- The ADHD drug Ritalin is associated with increased risk of arrhythmias.
- The UN estimates that one-third of food produced worldwide is spoiled, discarded, or otherwise wasted.
- There's been a dramatic rise in childhood rickets due to vitamin D deficiencies.

Health & Healing Resources

- **Renew Your Subscription** 800-539-8219 (M–F 9 AM–5 PM EST)
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- **Sign Up for My Free E-News** drwhitaker.com
- **Make an Appointment at Whitaker Wellness** 800-488-1500 or whitakerwellness.com

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