Historians estimate that 20 million civilians worldwide died during World War II from starvation or malnutrition-related diseases. Famine hit the Netherlands particularly hard in the “hunger winter” of 1944–1945, when Nazi blockades cut off food shipments. Although disease and death were rampant during this time, pediatrician Willem Dicke, MD, noticed that one group of his patients unexpectedly got better: children with celiac disease.

Despite critical food shortages, these children, who suffered with intestinal symptoms, malabsorption, wasting, and other serious problems, essentially went into remission—until Allied planes began airdropping food. Once these kids started eating bread, they quickly relapsed. Dr. Dicke went on to document the critical role that gluten (a protein in wheat, rye, and barley) plays in celiac disease.

Today, everybody knows about gluten, and millions are doing their darnedest to avoid it. Going gluten-free is imperative for everyone with celiac disease, an autoimmune disorder triggered by even minute amounts of gluten. However, some proponents claim that everyone should avoid gluten—while critics dismiss it as just another passing fad. The truth lies somewhere in between.

Celiac: A Serious Autoimmune Disease

When individuals with celiac disease eat gluten, their immune systems go into overdrive, producing autoantibodies that attack their own tissues. The primary target is the villi that line the small intestines and are essential for the absorption of nutrients. Gluten causes inflammation and erosion of the villi, which prevents proper absorption of vitamins, minerals, and other nutrients and leads to a host of health problems.

Bloating, pain, diarrhea, and other gastrointestinal complaints are the most common symptoms of untreated celiac, and nutritional deficiencies may result in weight loss, anemia, osteoporosis, stunted growth in children, and fertility/pregnancy problems. Celiac disease is also linked with intestinal cancer and other autoimmune diseases.

Strict avoidance of gluten allows the gut to heal and symptoms to improve, but patients must be ever vigilant, as any amount of gluten sets off this damaging autoimmune reaction.

At the other end of the spectrum are people who have no issues with bread, pasta, and other gluten-rich foods. Then there are those who haven’t been diagnosed with celiac but experience unpleasant symptoms when they eat wheat and other grains—and feel much better when they avoid them.

Sensitivity/Intolerance Is Real

It’s possible that they have undiagnosed celiac. After all, most of the estimated 1–2 percent of the population afflicted with this disease have not been
Dear Reader,

The mother of a close family friend recently passed away after a long and adventurous life. Before she was widowed 10 years ago, Elli and her husband raised four sons, lived and traveled all over the world, and devoted their retirement years to church and missionary work.

Memory problems necessitated a move into an assisted living facility three years ago, but she was alert and social. Four days before her death, Elli celebrated her 90th birthday, laughing and chatting with her 12 grandchildren, six great-grandchildren, and other family members.

That evening she became increasingly unresponsive, refused to eat or drink, and was in obvious pain. The next day the family contacted a hospice team, who gave her nasal oxygen and morphine to make her more comfortable. She slipped into a coma and peacefully passed three days later.

Elli's son described it as a beautiful death, exactly as his mother would have wanted it. But it could have been a much different scenario had she not completed an advance healthcare directive specifying that when the time came, she wanted only comfort care, no heroic measures to keep her alive. Without prior planning, she could easily have ended up in the hospital on a respirator and feeding tube in a semi-vegetative state.

This isn't a topic most of us like to contemplate, but it's an important one. Seventy-four percent of American adults have no advance care planning—including one in four people age 65 and older. In addition to respecting your own wishes, a living will, as it is also called, saves loved ones from having to make difficult life-and-death decisions and prevents feuds and possible legal entanglements when family members disagree on the course to take.

The time to take care of this is now, while you're of sound mind and body. It involves deciding on your personal preferences for end-of-life care, completion of an advanced directive, and designation of a durable power of attorney for health care to make decisions on your behalf if you are incapacitated. Ask your doctor or a lawyer for advice, or visit prepareforyourcare.org or theconversationproject.org to get started.

Equally important, inform your close family members or friends and doctors of your wishes. An advance directive that nobody knows about stuck away in a drawer is no better than not having one at all.

Sincerely,

Julian Whitaker, MD,
America's Wellness Doctor
Founder of the Whitaker Wellness Institute, Newport Beach, California
diagnosed. It could also be a wheat allergy. Wheat is one of the more common food allergens, and dozens of potential allergens have been identified in this grain.

There is also increasing recognition of non-celiac gluten intolerance or sensitivity. Common symptoms, which appear after eating gluten-containing foods, include bloating, pain, and irregular bowel movements. Fatigue, brain fog, headaches, joint achiness, congestion, and skin problems are also often reported.

To be clear, this is not a gluten allergy, nor is there autoimmune destruction of the villi. In fact, gluten may not be the only trigger. Other proteins in wheat, such as amylase trypsin inhibitors, can also provoke symptoms, and imbalances in gut bacteria and leaky gut syndrome likely factor in as well.

Another potential culprit is FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides, and polyols), carbohydrates that are abundant in wheat, barley, and rye as well as milk and a number of fruits and vegetables. Bloating, cramping, and diarrhea often improve with a low-FODMAPs diet—which obviously excludes gluten-rich foods.

Gluten is most often consumed in bread, pasta, and flour-based snacks and desserts: high-glycemic, calorie-dense foods that can cause blood sugar swings, food cravings, weight gain, lipid abnormalities, and other aspects of metabolic syndrome. By eliminating these foods and replacing them with healthier options, you’ll feel better even if you’re not sensitive to gluten.

More Than a Passing Fad

Gluten-free is today’s hottest food trend. Products once relegated to small sections in health food stores now line the shelves of supermarkets, and surveys suggest that nearly one in four Americans have tried a gluten-free diet.

Gluten isn’t bad for everyone, and giving it up is no guarantee of weight loss and boundless energy. A gluten-free diet can be very healthy—or loaded with calorie-dense, sweetened, highly processed junk food.

On the other hand, criticisms leveled against this approach are absurd. It’s true that whole grains are linked with reduced risk of heart disease, diabetes, and other chronic diseases—but so are fish, vegetables, fruits, and many other foods. Grains are by no means an essential component of a healthy diet.

The abundance of gluten-free products is a blessing, especially for patients with celiac disease who need to avoid all traces of gluten. Increased awareness has also helped many people understand the importance of identifying and eliminating problematic foods. However, the gluten craze has also made non-celiac gluten sensitivity easier to dismiss—especially by doctors who view diet therapy as unworthy of serious consideration.

Why Not Give It a Try?

Diet changes are a cornerstone therapy at Whitaker Wellness. Most of our patients are advised to cut out sugar, grains, and flour-based foods and eat more lean protein, vegetables, eggs, healthy fats and oils, and a little fruit. This diet treatment not only eliminates gluten but also other common triggers, FODMAPs, high-glycemic carbohydrates, and excessive calories.

Patients with a wide range of symptoms and diagnoses—from obesity and diabetes to autoimmune diseases and irritable bowel syndrome—do quite well on this diet. R.N., who suffered with gastrointestinal problems for as long as she can remember, had rapid relief from stomach distention, cramping, and nausea. She also reports feeling mentally sharper. Ninety percent of Jess’s rheumatoid arthritis symptoms resolved after eliminating gluten and sugar. William lost most of his belly fat, and Bill’s blood sugar control improved to the point he was able to discontinue his diabetes medications.

I’m not saying a gluten-free diet is necessary for everyone. But a healthy diet like the one recommended at Whitaker Wellness is a giant step on the road to optimal health. Why not give it a try?

References

Dear Dr. Whitaker

Q I've been following your advice and using the supplements you recommend for 25 years. I was wondering if you could offer some help for my friend, who suffers from neuropathy. The only advice his doctor gave him was to stay away from sugar and anything that turns into sugar in the body—breads, starches, milk, etc. Any thoughts? — Mary Lou A., via email

A In addition to dietary changes, exercise, weight loss, and supplements such as berberine and chromium also improve blood sugar control, which helps slow neuropathy progression. For symptom relief, I suggest alpha lipoic acid (ALA). In a small 2015 study, patients with diabetic neuropathy who took 600 mg of ALA three times a day for 16 weeks had significant improvements in pain and sensation. Other helpful supplements include benfotiamine 300 mg and borage oil 2–3 g or evening primrose oil 4–6 g. If symptoms are severe, I strongly recommend more intensive therapies such as IV ALA, chelation, infrared light, hyperbaric oxygen, microcurrent, and EECP. To learn more about treatment at Whitaker Wellness, call 800-488-1500.

Q About once a month I wake up in the night with excruciating pain in one foot and my toes stuck in an odd position. I bend the toes and massage the foot and the cramp goes away in a few minutes. But I wonder if it could be a sign of a serious problem and if it can be prevented. — P.L., Newport Beach, CA

A An underlying vascular or neurological problem is possible but unlikely. The most common causes of foot cramps are high heels or tight shoes, muscle overuse or strain, and electrolyte imbalances. Make sure you stay hydrated, eat lots of potassium-rich produce, and take a daily multivitamin to replenish minerals. I also recommend extra magnesium at bedtime to relax the muscles. At the clinic we use Magna-Calm, which contains 365 mg of powdered magnesium citrate; to order call 800-810-6655. If these cramps become frequent, consult your physician.

Q I suffer with vaginal atrophy and all the uncomfortable symptoms. I also recently had surgery for vaginal prolapse. Now, an additional prolapse has occurred. I’ve read that subsequent surgeries will not prevent prolapse from happening again since the tissues continue to weaken. Is there anything that can help? I’d also like your opinion on pessaries. — S.S., via email

A Unfortunately, these problems affect many women as they get older. Our doctors at Whitaker Wellness regularly prescribe topical bioidentical estrogen to address vaginal atrophy, with good results. Pessaries, removable devices fitted into the vagina that support the pelvic organs, can be very effective but may be difficult to keep in place in severe cases. You’ll have to discuss surgery with your surgeon and OB/GYN. However, I can tell you that 30 percent of women who undergo pelvic organ prolapse surgery require additional prolapse repair procedures. You can increase your odds of successful repair by strengthening the pelvic floor muscles (Kegels) and minimizing straining, heavy lifting, excess weight, etc.

From My Blog

Coffee, Energy, and Your Genes

If you can’t live without your morning java, blame it on your parents. Recent studies link certain genes to caffeine metabolism. People with the greatest expression of these genes reported drinking less coffee—they simply didn’t need as much to feel alert and energized. Genetics aside, caffeine in all its guises has numerous benefits, including improving mental focus, boosting cognitive function, and enhancing athletic performance. And coffee, Americans’ favorite caffeine fix, also helps stave off serious health problems such as Parkinson’s, Alzheimer’s, type 2 diabetes, and liver disease. Don’t like to drink your caffeine? Although caffeine pills can be too much of a jolt to the system, a new supplement extracted from whole coffee berries contains not only natural caffeine but other protective phytonutrients as well. To learn more about the benefits of coffee and natural energy boosters, visit my website.

Get the rest of this story at drwhitaker.com.
Whitaker Wellness suggested he take a teaspoonful of sugar under his tongue. We were skeptical, but he was willing to try anything at that point. To our surprise and delight, it worked! — C.W., via email

While everyone knows I'm no fan of sugar consumption, this is one instance where a spoonful of the sweet stuff does seem to help.

**Joints, Skin, and Hair** I used to drink bone broth every day for my joints, skin, and hair but I recently switched to collagen hydrolysate. Each scoop contains 12 g of hydrolyzed collagen and 11 g of protein. I mix a scoop in hot or cold drinks—even in coffee—and it dissolves easily. The product I use is by Great Lakes Gelatin. I love it. — Rebecca S., Austin, TX

Hydrolyzed collagen is an abundant source of proline, glycine, and other amino acids. Reported benefits include relief from aching joints, better bone density, improved skin tone, stronger nails, and even hair regrowth. This product, sold in health food stores and online, gets glowing reviews on Amazon.com.

**Hiccups** My husband had the hiccups off and on (mostly on) for the better part of a week. He was miserable. A friend of mine who is a doctor at Whitaker Wellness suggested he take a teaspoonful of sugar under his tongue. We were skeptical, but he was willing to try anything at that point. To our surprise and delight, it worked! — C.W., via email

While everyone knows I'm no fan of sugar consumption, this is one instance where a spoonful of the sweet stuff does seem to help.

**Healing Tip**

Probiotics steal the limelight, but don’t overlook prebiotics, fiber-like compounds such as inulin, oligosaccharides, and resistant starches that feed the healthy bacteria populating your gut. Foods rich in prebiotics such as onions, leeks, garlic, asparagus, and wheat bran ensure more robust intestinal flora and better overall health.

Like my Facebook page at facebook.com/WhitakerMD to receive daily healing tips and join the conversation.
Turn the Tide on Heart Disease

For the first time in decades, life expectancy in the United States has fallen. It’s nothing dramatic, just a slight dip from 78.9 to 78.8 years. What is disturbing is that it’s driven by a rise in death rates from diseases that had been declining for years. Stroke, diabetes, Alzheimer’s, respiratory and kidney diseases as well as suicides and accidental deaths all saw small increases in 2015, the year of the most recent statistics.

Heart disease also saw an uptick. After decades of steady improvements, cardiovascular mortality rates actually increased for the first time since 1969. And things may get worse before they get better. An American Heart Association (AHA) study predicts that by 2035, 45 percent of the population will have coronary artery disease, stroke, congestive heart failure, atrial fibrillation, high blood pressure, or another cardiovascular condition.

Some of this can be attributed to the graying of the Baby Boomers. An estimated 80 percent of people aged 65 and older have at least one cardiovascular condition. However, the AHA study concludes, “The burden of cardiovascular disease is now growing faster than our ability to combat it due to the obesity epidemic, poor diet, high blood pressure, and a dramatic rise in type 2 diabetes—all major risk factors for heart disease and stroke.”

Risk Factors Within Your Control

Don’t let the statistics get you down. You can’t turn back the clock or change your genes, which also play a role. But the risk factors deemed most significant are within your control.

Obesity is the single most important challenge to tackle. An unprecedented 37.9 percent of US adults are obese—not merely overweight but clinically obese. Central obesity (fat around the midsection and in the abdominal cavity) is particularly harmful, as it is associated with adverse changes in blood pressure, triglycerides, cholesterol, blood sugar, and increased risk of hypertension, diabetes, and cardiovascular disease.

Weight loss requires making lifestyle changes that enhance all aspects of health. I know that adopting a new diet and exercising regularly isn’t easy. We’re hardwired to crave fats and sweets, efficiently store fat, and conserve energy. Today’s environment, with constant access to food and minimal requirements for physical activity, has turned basic instincts that were once a survival advantage against us. But it can be done—and the payoff is priceless.

Lifestyle Changes

Exercise is a powerful therapy for reducing weight and cardiovascular risk, but diet is where most people trip up. If you’re on a program that is working for you, stick with it. If you’re struggling, however, try focusing on high-quality, nutrient-rich whole foods. Naturally low in sugar, unhealthy fats, refined carbohydrates, processed foods, and calories—and rich in vitamins, minerals, phytonutrients, fiber, low-glycemic carbs, protein, and natural fats—this approach is highly therapeutic for weight problems, heart disease, diabetes, and overall health.

It’s what we recommend to Whitaker Wellness patients and serve to our Back to Health Program participants, who come from all over the country for a week or more of medical evaluation, treatment, and education in lifestyle changes. A typical day’s meals might include Southwest scrambled eggs and Greek yogurt for breakfast; Chinese chicken salad for lunch; pesto salmon with ratatouille, quinoa, and berries for dinner; and mixed nuts for snacks.

Granted, there’s nothing gimmicky or sexy about “real” food, but it doesn’t have to be bland or boring. Our patients love these meals, and no one goes hungry.

Cardiovascular “Poly-Supplement”

Although doctors often prescribe statin drugs to prevent heart attacks—they’re recommended for
half of Americans over age 40—benefits are wildly overblown. Polypill, a combination of low doses of aspirin, a statin, and blood pressure meds, is another proposed preventive approach, although it hasn’t really gotten off the ground.

Nevertheless, the polypill concept got me to thinking about a “poly-supplement”—a combination of natural ingredients that address the underlying mechanisms of cardiovascular disease. If I were to create such a supplement, I would start with high doses of vitamins C, E, selenium, and other antioxidants to protect the arteries and LDL cholesterol against oxidative damage. Folic acid and B vitamins would be included to reduce homocysteine, along with magnesium to relax the arteries and calm the heartbeat.

Vitamin D would be featured, as deficiencies are linked with increased risk. Omega-3s would also be front and center for their ability to curb inflammation, reduce blood clots, and lower triglycerides. So would coenzyme Q10, which energizes the heart muscle and protects against heart failure. I also would add red yeast rice for cholesterol lowering and sneak in low-dose aspirin because of its proven cardiovascular benefits.

I want to make it clear that there is no magic bullet—drug or supplement—for cardiovascular disease. However, lifestyle changes, weight loss, and the supplements mentioned (which you can get in a good multivitamin plus a handful of additional products) are a pretty darn good defense.

References

When It’s Too Late for Prevention, Get EECP

Cardiologists treat heart disease with statins, beta-blockers, nitrates, and other medications. However, if angina and shortness of breath persist, angioplasty and stenting or bypass surgery is often recommended. These interventions reduce symptoms but can also have serious adverse effects—and studies show that except for very sick patients, they work no better than medications and lifestyle changes.

Many of the patients we see at Whitaker Wellness with symptomatic heart disease come to us as a last resort. They either want to avoid invasive procedures, or they’ve run out of treatment options. G.B. from Wisconsin is a perfect example.

“I decided to go to Whitaker Wellness after my doctor told me I didn’t have long to live and to get my affairs in order. I already had bypass surgery plus two stent procedures, and he said there was nothing else they could do for me. When I told him my plans, he yelled at me and told me I was crazy. I came anyway, and I am so glad I did.

“My angina was so bad that I couldn’t walk 10 steps without chest pain. I also had trouble breathing and no energy or motivation, couldn’t exercise, and felt like sleeping all the time. I was treated with EECP along with glutathione therapy for my lungs, IV nutrients, and laser and acupuncture for pain.

“I haven’t felt this good in 20 years. I can walk half a mile and my breathing is better. I have a lot more energy and strength and I am exercising again. I recommend EECP to anyone who wants to be around for many more years.”

EECP (enhanced external counterpulsation) is a noninvasive treatment that dramatically increases blood flow to the heart and throughout the body by rhythmically squeezing blood up from the lower extremities. It is particularly effective for relieving angina and other symptoms of heart disease and also increases exercise capacity in patients with heart failure.

The remarkable thing about EECP is that improvements following a 35-session treatment course often last for years. That’s because it has enduring effects on arterial health. EECP enhances endothelial function, inhibits atherosclerosis, and promotes the growth of new collateral blood vessels to bypass blockages. These regenerative effects on the vascular system also improve other conditions, including peripheral artery disease, vascular dementia, neuropathy, erectile dysfunction, and restless leg syndrome. And because its benefits mimic those of exercise, EECP is even being used as a rehabilitative therapy by some elite athletes.

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

Berberine for Irritable Bowel Syndrome

Berberine, a plant alkaloid with roots in ancient Chinese and Ayurvedic medicine, is a powerful nutritional supplement. In addition to reducing blood sugar, it has impressive blood pressure- and lipid-lowering effects. Furthermore, new research highlights another area in which this botanical really shines.

In a recent placebo-controlled study, 196 patients with diarrhea-predominant irritable bowel syndrome were given either 400 mg of berberine or a placebo twice a day. After eight weeks, the group taking berberine experienced significant improvements in frequency of diarrhea, urgency, and abdominal pain. As could be expected, reduction in these troublesome symptoms also markedly improved quality of life. Berberine’s antimicrobial properties and positive effects on the intestinal microbiome, gut hormones, and mucosa also make it a useful therapy for ulcerative colitis and other bowel disorders. The recommended dose is 400–500 mg two or three times a day.

Protection Against Sunburn

Consumer Reports tested 62 sunscreens earlier this year and reported that more than a third of them did not pass muster. Twenty-three products, which were tested for protection against both UVA and UVB rays, failed to perform at even half of their labeled SPF. They also found that mineral sunscreens (titanium dioxide and zinc oxide) were less effective than chemicals such as avobenzone. “Best buys,” based on efficacy and price, included Walmart’s Equate Sport Sunscreen (30 and 50 SPF), Trader Joe’s Spray Sunscreen (50+), and Pure Sun Defense Lotion (50). For more on these ratings, visit consumerreports.org.

The report also addressed common sunscreen mistakes and emphasized the importance of shaking the bottle, using enough (1 teaspoon per area: face, back, each arm and leg, etc.), applying 15–30 minutes before sun exposure, and reapplying after two hours or getting wet. Sunscreen aside, research suggests that carotenoids in the skin also offer some defense against sunburn. Even if protection is minimal, eating foods rich in beta-carotene (carrots, squash), lycopene (tomatoes, watermelon), and astaxanthin (salmon), or taking carotenoid supplements is a boon to your health.