



The Brave New World of Prediabetes

Are you overweight? Inactive? Over age 40? Then you likely have prediabetes and need to see your doctor. That's the message of a multimillion-dollar public health campaign (DoIHavePrediabetes.org) currently underway to increase awareness of prediabetes.

Diabetes is an insidious disease, and I'm all for anything that will turn the rising tide. However, I'm not convinced that diagnosing 84 million Americans—one in three adults—with a new disorder is helpful. Proponents claim a diagnosis is a wakeup call that will encourage people to exercise, eat better, and lose weight. But lifestyle changes and weight loss are hard, and when half-hearted efforts fail, the next step is a prescription drug.

We've been here before with prehypertension (borderline high blood pressure), pre-osteoporosis (osteopenia or low bone density), pre-heart disease (elevated cholesterol)... All these preconditions ended up slapping disease labels on millions of essentially healthy people and driving many of them onto unnecessary, often harmful drug regimens.

What Is Prediabetes?

Prediabetes is diagnosed when a fasting blood sugar, oral glucose tolerance, or hemoglobin A1C test is higher than normal but lower than the diabetes range. For example, an A1C (which gives an average of blood sugars over the previous three months) below 5.7 percent is considered normal, above 6.4 is

indicative of diabetes, and 5.7–6.4 is the gray area they're calling prediabetes.

According to the campaign website, "People with prediabetes are on the road to develop type 2 diabetes within several years." This just isn't true. Studies suggest that perhaps 30 percent of very high-risk individuals who make no therapeutic changes do develop diabetes. However, it is also estimated that just 5 percent of those on the low end of the prediabetes scale (5.7–6.0 percent) progress to full-blown diabetes.

I'm not saying to ignore blood sugar. We routinely test A1C at the clinic and underscore the importance of preventing and controlling diabetes and its

many complications. My beef with prediabetes—or pre-anything for that matter—is that by design or by chance, it leads to more and more medications.

Drugs Aren't the Answer

The most common drug prescribed for prediabetes is metformin. The renowned Diabetes Prevention Program Outcomes Study, which involved more than 3,000 high-risk patients, demonstrated that participants who took 850 mg of metformin twice a day had a 31 percent lower risk of developing diabetes than those in the placebo group.

But here's the interesting part. A third group in this study, which was assigned to lifestyle interventions (weight loss, diet, exercise), had a 58 percent lower incidence of diabetes. Lifestyle changes also

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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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Dear Reader,

Opioid abuse has been declared a national emergency. More than 2.6 million people in this country are addicted to heroin, methadone, fentanyl, oxycodone, and other opioid drugs. Every year 33,000 of them—90 per day—die from overdoses, and the toll is rising.

Drug addiction is a tragedy that deserves our attention. It's unfortunate, however, that it overshadows America's other drug problem. More than 2.1 million hospitalized patients per year suffer serious adverse reactions to prescription drugs, and 128,000 of them die as a result. That's 350 deaths each and every day from appropriately used medications—and no one seems to notice!

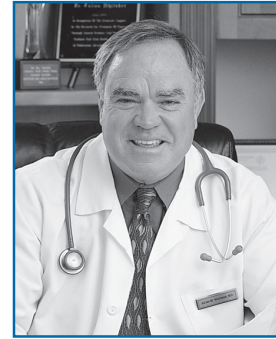
Because these well-documented statistics count only medication-related problems that occur in hospitals, the numbers are actually much higher. Every year, 1.3 million people go to emergency rooms because of medication-related issues. More than 1.2 million adverse drug events are filed with the FDA's voluntary Adverse Event Reporting System—and experts believe fewer than one in 10 is ever reported. Furthermore, serious side effects, including death, are often mistakenly attributed to the patient's condition or age rather than the medication itself.

Of course prescription drugs are sometimes necessary, but you need to understand how easy it is to get into trouble. For many opioid addicts, it all began with a prescription painkiller. More common mistakes include:

- Too many meds (polypharmacy): Nearly a quarter of Americans take three or more.
- Inappropriate drugs or dosages: Older people are at particular risk.
- Medications to prevent disease: The lead article on prediabetes is a case in point.
- Meds to reduce side effects caused by other medications: This is polypharmacy at its worst.

Take control of your drug regimen. Begin by making a detailed list of all your medications, prescription and over-the-counter. (Forms are available at worstpills.org, and Medisafe and CareZone are helpful apps.) Set an appointment with your doctor to review your list, fill in any blanks, and discuss the necessity and safety of each medication. If a new drug is recommended, ask about nondrug alternatives and add it to your list only if you clearly understand all the pros and cons. Finally, assume any new symptoms such as fatigue or digestive changes are drug side effects and follow up immediately.

To your health,

Julian Whitaker, MD
 America's Wellness Doctor

Founder of the Whitaker Wellness Institute, Newport Beach, California

Prediabetes (continued from page 1)

reduced the prevalence of metabolic syndrome by one-third, whereas metformin had no effect. In fact, hypertension and lipid abnormalities increased in the metformin and placebo groups.

I believe metformin is the safest of the diabetes drugs, but it is far from benign. Side effects include nausea, stomach upset, vomiting, diarrhea, rare hypoglycemia and lactic acidosis, and vitamin B12 deficiency. However, the primary reason we seldom prescribe it at Whitaker Wellness is because, as this study shows, drugs don't hold a candle to natural therapies.

Lifestyle Changes...

If you want to focus on just one thing to prevent—or for that matter treat—type 2 diabetes, make it weight loss. You don't have to get down to your fighting weight or fit into your wedding dress to reap benefits. Losing just 5–7 percent of your initial weight, say 10–15 pounds, makes a difference.

Lifestyle changes in the Diabetes Prevention Program weren't draconian: simply a healthy diet and at least 150 minutes of exercise per week. A combination of aerobic exercise and strength training to increase muscle mass is ideal for improving weight, blood sugar, and insulin sensitivity. As for diet, I have found after treating thousands of patients at Whitaker Wellness that a low-glycemic Mediterranean diet works best for most people.

Avoid sugars and processed carbohydrates and eat mostly nutrient-rich whole foods: high-fiber vegetables, lean protein, eggs, dairy, olive oil, nuts, seeds, legumes, and modest amounts of fruit and whole grains.

Other protective items include coffee and, believe it or not, alcohol.

People who drink three or more cups of coffee per day are significantly less likely to develop diabetes. And a 2017 Danish study found that one or two drinks three or four days a week reduced risk by about 30 percent. Just don't overdo it; heavy drinking is damaging on many levels.

...And Targeted Supplements

Although lifestyle changes are paramount, I also recommend a daily multivitamin with robust levels of magnesium, which has been shown to improve glucose control in prediabetes; antioxidants to protect against oxidative stress caused by elevated blood sugar; and vitamin D, since deficiencies increase risk.

For added protection, take berberine, chromium, and cinnamon. These three natural ingredients, which have been independently shown to reduce blood sugar and improve insulin sensitivity, are also a proven therapy for preventing diabetes. In a 2016 placebo-controlled clinical trial, people with prediabetes were randomly divided into two groups and assigned to take either a supplement containing berberine, chromium, and cinnamon or a placebo pill for 12 weeks. When they were retested, those who had taken the supplement had dramatic

improvements in oral disposition index (DI_o), a predictor of the likelihood of developing diabetes over a 10-year period.

An Epidemic of Overdiagnosis

I'm not the only physician who is concerned about prediabetes. Mayo Clinic endocrinologist Victor Montori, MD, and colleague wrote an insightful article in *The BMJ* discussing the limited value of the entire concept of prediabetes and citing concerns about its predictive value, likelihood of causing patient anxiety, excessive medication use and side effects, bloated medical costs, and lack of real health benefits.

The article includes a quote by Aldous Huxley, author of *Brave New World*, that nails the downside of prediabetes: "Medical science has made such tremendous progress that there is hardly a healthy human left."

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My Recommendations

- ▶ A diagnosis of prediabetes is only useful if it motivates you to get serious about lifestyle changes and weight loss. Visit drwhitaker.com to learn more about diabetes prevention.
- ▶ Suggested supplements include a daily multivitamin, magnesium 400–500 mg, vitamin D 2,000–5,000 IU (aim for a blood level of 40–60 ng/mL), berberine 1,500 mg, chromium 300 mcg, and cinnamon 1,000 mg, taken in divided doses daily.
- ▶ For information on Whitaker Wellness' Back to Health Program, which teaches lifestyle changes for preventing, managing, and even reversing diabetes, call 800-488-1500.

Dear Dr. Whitaker

Q *In your article on skin problems, you did not mention liver spots. I never used sunscreen when I was younger and now I have these unattractive spots on my face and hands. Is there any way to get rid of them?* — June H., Oklahoma

A Liver spots, also known as age spots or solar lentigines, are simply hyper-pigmented patches of skin, typically appearing on areas that get the most sun exposure (face, chest, arms, hands, and legs). Although they're harmless and don't require treatment, there are a few things you can do to reduce their appearance. Over-the-counter creams that contain niacinamide (2–5 percent) or glycolic acid (5–10 percent) reportedly work pretty well over time. Prescription creams such as hydroquinone and tretinoin are more effective—and more expensive. Laser treatments and peels, which are also pricey, are another option. To prevent further age spots, use sunscreen, eat plenty of antioxidant-rich vegetables and fruits to protect your skin from the inside out, and take a daily multivitamin for good measure.

Q *Nobody ever talks about weight gain. Could you make some suggestions for those of us who are underweight?* — A.B., via email

A Not to be flippant, but you need to eat more calories if you want to gain weight. One of the challenges is that many calorie-dense foods, especially snacks, are loaded with unhealthy sugars and fats. Rather than chowing down on candy bars and milkshakes, have a couple of protein shakes

between meals. Many protein powders target weight loss, so add an extra scoop and throw in some fruit to boost calorie count. Make sure you eat three meals daily and don't skimp on healthy fats such as olive oil, avocados, nuts, etc. Also add a protein-rich snack (hard-boiled eggs, cheese, turkey, nuts/nut butter) an hour or two before bedtime. And don't forget to exercise. In addition to increasing appetite, resistance training builds muscle, which puts on the best kind of pounds. If weight loss is sudden or unexpected, consult your physician.

Q *My wife has restless leg syndrome. Is there anything you can recommend?* — S.S., California

A This is a surprisingly common condition that can cause significant discomfort and interrupted sleep. The best-studied natural therapy is supplemental iron, but it should only be taken if a blood test reveals a low ferritin level. Exercise is helpful for some, and beyond that there's a whole slew of anecdotal remedies for restless leg syndrome. Some people swear by supplemental magnesium (400–500 mg) before bedtime. Others say drinking a glass of water with a quarter teaspoon of baking soda mixed in does the trick. And, strange as it seems, several folks claim that a bar of soap under the bed sheets at night gives them relief. These “cures” can't hurt, and they're certainly safer than the heavy-duty medications prescribed by neurologists. Readers, let me know if you have any remedies that have worked for you.

 Read more Q&As at drwhitaker.com, and send your own questions to drwhitakerquestions@drwhitaker.com.

From My Blog

Bountiful Benefits of Berberine

Berberine is best known as a natural therapy for lowering blood sugar. In fact, it has been shown to work as well as prescription diabetes medications. But this botanical is no one-trick pony. Research reveals that berberine improves multiple aspects of metabolic syndrome, including weight, waist circumference, blood pressure, and cholesterol and triglyceride levels. It ameliorates non-alcoholic fatty liver disease, which is also associated with insulin resistance. Berberine's traditional use as a treatment for diarrhea and other digestive disorders has been confirmed in clinical trials involving patients with irritable bowel syndrome and bacterial overgrowth. And early research suggests this supplement even offers protection against cancer and Alzheimer's disease. The typical dosage is 500 mg two to three times a day, taken with meals. Visit drwhitaker.com to learn more about the remarkable benefits of berberine.

 Get the rest of this story at drwhitaker.com.



Works for Me...

► **Cancer** *I have passed the five-year mark—actually closing in on seven years—cancer-free! I thank everyone for their help and guidance at the clinic. You all were such a blessing to me at a time of real struggle. Thanks again, and God bless!*
— Brian P., Florida

What an inspiring update! Brian came to Whitaker Wellness in 2010 with a diagnosis of stage IV melanoma with metastasis to the lymph nodes and a large inoperable tumor in his liver. Doctors at two leading cancer research hospitals told him that even with treatment, he wasn't expected to live longer than a year. After doing extensive research, he came to Whitaker Wellness for IV vitamin C, hyperbaric oxygen, and nutritional therapies, in addition to radiation treatment with an oncologist. A PET scan 11 months later showed no evidence of cancer. We do not claim the therapies offered at Whitaker Wellness cure cancer, but research suggests that they do improve outcomes and reduce adverse

effects of conventional treatments. For more information, call 800-488-1500.

► **Green Banana Flour** *I appreciated your article on gluten. Although I do not have celiac disease, gluten does not agree with me. I want to put in a plug for green banana flour. I bought it for baking, and with a few recipe alterations it works fine. However, I also discovered that it has its own health benefits. It is high in potassium and very high in resistant starch, which improves intestinal bacteria and function. I now add a couple of tablespoons of banana flour to smoothies and love the creamy texture it provides. The brand I use is NOW Foods.* — Marie B., California

Great suggestion. To learn more about resistant starch, visit drwhitaker.com.

► **Oscilloccinum** *At the very first sign of flu-like symptoms (fever, body aches, chills, headaches, etc.) my family takes Oscilloccinum. This homeopathic remedy claims to “reduce the duration and severity of flu symptoms” and I’m here to tell you that it really works. It’s safe even for children as young as age 2.* — R.S.G., via email

📢 Do you have a Health Tip to share? We'd love to hear it! Send it to worksforme@drwhitaker.com.

Healing Tip

Rice contains naturally occurring inorganic arsenic, an element that is toxic in high quantities. To reduce exposure, rinse rice well prior to cooking and cook with extra water, then drain (similar to how you cook pasta). If you eat a lot of rice, consider substituting some of it with quinoa, buckwheat, farro, or bulgur.

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

Monthly Health Quiz

Brainy Facts: True or False

- A) The three-pound brain uses 10 percent of the body's total oxygen.
- B) While it senses pain signals from all over the body, the brain itself does not feel pain.
- C) The brain is made up of 50 percent water.
- D) People with higher IQs tend to dream more.
- E) We use only 10 percent of our brains.



Answer: A, C, and E are false. The brain actually uses closer to 20 percent of total oxygen. An incredible 80 percent of the brain is water, and 60 percent of its dry weight is fat, making it our fattiest organ. And E is a myth with no scientific basis.

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Notable Quote

“He that takes medicine and neglects diet wastes the skill of the physician.”
— Chinese Proverb

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

Real Answers for Osteoarthritis

When I was in medical school I wanted to be an orthopedic surgeon. I was initially drawn to surgery because my dad was a general surgeon—and to orthopedics because, as a college football player, tennis buff, and marathoner, I was around a lot of folks with orthopedic problems. Then I got sidetracked by nutritional medicine, and I never looked back.

If I had become an orthopedic surgeon, I probably would have done my share of arthroscopic surgeries on patients with osteoarthritis, a degenerative joint disease that is our country's leading cause of disability. It's only natural to seek relief from pain, immobility, and activity limitations, but this intervention isn't the way to go.

Meniscus Surgery Is Ineffective

Arthroscopic knee surgery is the most common orthopedic procedure in the US. Using a scope inserted through small incisions in the knee (as opposed to the large incisions of open surgery), the procedure trims or repairs the meniscus, a thin strip of cartilage that has been torn or frayed as a result of injury or age-related degeneration.

There's just one catch: It doesn't help! Evidence of its ineffectiveness has been building for years, most recently in a 2017 review of 25 studies comparing it with conservative management (physical therapy/meds or sham surgery). The researchers found that arthroscopic surgery offers no significant lasting benefits and concluded, "Patients and their health-care providers must trade-off the marginal short-term benefits against the burden of the surgical procedure (pain, swelling, limited mobility, restriction of activities, over a period of 2–6 weeks)."

So why is it still being done? Arthroscopic surgery is dangled in front of patients as an alternative to knee replacement, and hundreds of thousands per year take the bait. It's a multi-billion dollar industry.

Injection Therapies, Good and Bad

Injections are also popular for osteoarthritis. Corticosteroids are powerful anti-inflammatory drugs

that do provide temporary relief. However, repeat treatments have a serious downside. Earlier this year, researchers found that, compared to saline injections, corticosteroid injections every three months for two years made little difference in pain relief—but much greater cartilage loss.

Another type of injection is hyaluronic acid (HA), a thick, gelatinous substance that is akin to a lube job for arthritic joints. Although some studies report significant relief and suggest HA injections can delay joint replacement surgery, others aren't so optimistic. One comprehensive review concluded that this therapy is associated with "a small and clinically irrelevant benefit

and an increased risk for serious adverse events."

There is, however, a promising new generation of injection therapies. Platelet-rich plasma (PRP) involves injecting concentrations of a patient's own platelets, separated from a small blood sample, into joints to stimulate repair and healing. Originally used for acute and chronic injuries, research now shows benefits, including cartilage regeneration, for arthritis.

Stem cell therapy is like PRP on steroids because the injected substances—stem cells obtained from the patient's own fat—are the most potent growth factors and tissue rejuvenators ever discovered. Research is exploding on these therapies, and although few physicians offer them at this time, they are available at some clinics, including Whitaker Wellness.

Joint Replacement and Drugs

The ultimate treatment for osteoarthritis is joint replacement. We all know people who are pain-free and back on the golf course or dance floor following surgery. But joint replacement, like arthroscopy, is big business, and some experts believe a fair percentage of the million-plus annual hip and knee surgeries are inappropriate.

If your pain level and functional limitations are severe and unresponsive to other interventions, surgery is likely your best option. Make sure you select an experienced surgeon, and be compliant with physical therapy, exercise, etc., afterwards.

My Recommendations

- ▶ Suggested daily doses of supplements are glucosamine sulfate 1,500 mg, UC-II 40 mg, fish oil 1–2 g EPA/DHA, curcumin (Meriva) 200–500 mg, boswellia 100 mg, ginger 100–200 mg, and hyaluronic acid 100–200 mg. To order the brands we use at the clinic, call 800-810-6655.
- ▶ To learn more about PRP, stem cell therapy, and other treatments for arthritis at Whitaker Wellness, call 800-488-1500.

Do give noninvasive options a serious try before submitting to surgery. If you're heavy, lose weight. Exercise regularly. Better yet, ask for a referral to physical therapy, and commit to the at-home exercises. As noted above, PT beats arthroscopic surgery, and a recent study found that a structured exercise program topped NSAIDs (ibuprofen, naproxen) and acetaminophen (Tylenol) for relieving pain and stiffness.

Occasional pain meds are acceptable, but use them judiciously, as these drugs are linked with liver failure (acetaminophen), internal bleeding and heart attack (NSAIDs), and addiction (opioids). At Whitaker Wellness, we sometimes prescribe topical NSAIDs and other analgesics. Because they're applied to the skin over aching joints and not absorbed systemically, they're much safer and equally effective.

The Natural Approach

Several nutritional supplements also relieve pain and inflammation, and some actually stimulate cartilage growth. Omega-3 fatty acids, curcumin, boswellia, and ginger are renowned for their anti-inflammatory effects. Glucosamine sulfate, chondroitin, undenatured type II collagen (UC-II), and oral hyaluronic acid supplements have been shown to slow or reverse cartilage deterioration.

Combination products seem to offer the biggest bang for your buck. For example, Italian researchers demonstrated benefits with the combination of glucosamine and curcumin (Meriva). Whatever you take, be patient. Natural ingredients may not have the immediate effect of painkillers, but results accrue over time.

For more immediate relief, over-the-counter creams and gels are helpful. Capsaicin, which gives hot peppers their heat, stings a bit but has well-studied benefits. My favorite topicals are DMSO, which is smelly but very effective, and Oxy-Rub, which contains oxygenated oil and menthol and really works. And if you can find a clinic that offers them, acupuncture, laser, microcurrent, and infrared light are terrific therapies for relieving joint pain.

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Whitaker Wellness Success Story Shingles: Keep the Healing "Moving Forward"

"I developed a painful, blistery rash on my face between the bridge of my nose and my eyebrow. It was quite painful, so I went to urgent care and was told it shingles. The doctor prescribed Acyclovir (an antiviral drug) and a painkiller. I took the Acyclovir but declined the pain medication, thinking I could manage with Tylenol.

"There were times over the next couple of weeks when I had second thoughts because the pain was intense. So I decided to have my doctor at Whitaker Wellness take a look at it. He recommended IV infusions of vitamin C and other vitamins, and hyperbaric oxygen. (Viruses can't live in oxygen, and high-dose vitamin C is a proven treatment against viral infections.)

"He also advised me to see an ophthalmologist, since it was so close to my eye and the virus can cause serious eye damage. Fortunately, it was not in the eye nerve, and the ophthalmologist prescribed another three days of Acyclovir.

"So I returned to Whitaker Wellness where I was treated with five one-hour-long hyperbaric oxygen sessions and five multivitamin IV infusions over the next

two weeks. I also regularly rubbed Ravensara essential oil into my scalp over the area and along the nerve pathway, as advised by a nurse at the clinic.

"It has been about two months now, and I'm doing much better. The shingles didn't spread, and although I still have some numbness and occasional tingling, I am no longer in pain. I am especially thankful for that because the doctors said that pain from shingles can last a long time and in some cases never goes away because of the deep nerve damage from the virus.

"I can't say for certain what helped the most, but I believe it was the combination of IV vitamins, hyperbaric oxygen, and the essential oil, which I continue to use for deep nerve healing. All these therapies together have kept the healing moving forward." — *Gwen D., California*



Whitaker Wellness patient Gwen

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

Innovations in Wellness Medicine

Saffron for Depression

A staggering one in six American adults currently takes psychiatric medications, and the majority of those meds are antidepressants. These drugs have a laundry list of detrimental side effects ranging from weight gain and insomnia to agitation and suicidal thoughts. Worse still, studies suggest that antidepressants are largely ineffective for mild-to-moderate depression. But what if there were a safe, natural way to fight depression, elevate mood, and improve quality of life?

Saffron, a culinary spice with a vibrant yellow hue, seems to fit the bill. Clinical trials have shown that saffron extracts alone or in combination with curcumin ease depressive symptoms such as anxiety, stress, poor sleep, and low mood. Tested head to head against a popular prescription antidepressant, patients with major depressive disorder who took 30 mg of saffron had improvements similar to those who took 40 mg of Celexa. Saffron was even shown to negate the sexual side effects experienced by people taking antidepressant medications. When a supplement performs as well as a drug with no side effects, it is certainly worth considering. Use as directed.

Vitamin D for Cold and Flu Prevention

If you're not already being hounded to get your flu shot, it's bound to happen sooner rather than later. Before you line up at the pharmacy or doctor's office, here's some food for thought. Supplemental vitamin D is a safe and easy way to stave off respiratory infections such as colds and flu and boost your immune system.

A recent meta-analysis comprised of 25 clinical trials and involving more than 11,000 patients concluded that daily or weekly vitamin D supplementation was effective for preventing acute respiratory tract infections—particularly for those with a low vitamin D status to begin with. Although vitamin D supplementation was found to be protective across the board, individuals who were highly deficient prior to taking vitamin D slashed their risk of developing a respiratory infection in half. Have your vitamin D level tested and aim for a blood level of 40–60 ng/mL. Most people can achieve this with 2,000–5,000 IU of vitamin D3 daily.

Did You Know?

- Pomegranate juice has been shown to reduce oxidative stress and speed recovery after intense workouts.
- The windiest US city last year was Nashville.
- Obesity rates are considerably greater at low altitudes compared to high altitudes.
- Fewer than 20% of young Americans meet the requirements to join the military.
- Nearly a quarter of practicing physicians in the US are age 65 or older.
- Diabetes is associated with increased risk of periodontal disease and tooth loss.
- Cell phones, rings, money, and other often touched but seldom cleaned items are breeding grounds for bacteria.
- Melatonin, 3 mg at bedtime, may reduce the frequency of migraines.
- A quarter of US malls are expected to close within the next five years.
- Thyroid cancer diagnoses have soared, mainly due to excessive screening, detection, and overtreatment of harmless nodules.
- Hospital ERs treat more than 333,000 kitchen knife injuries each year.

Health & Healing Resources

- **Renew Your Subscription** 800-539-8219 (M–F 9 AM–5 PM EST)
- **Buy Supplements** 800-722-8008 or drwhitaker.com
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- **Make an Appointment at Whitaker Wellness** 800-488-1500 or whitakerwellness.com

Don't Sugarcoat It!

On Nov. 1, we are kicking off a 10-day sugar-free challenge to increase awareness of how much sugar we eat—and how cutting it out can improve our health. Visit drwhitaker.com for details.



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