



## Do You Really Need That Test?

Medical offices get busy the last couple of months of the year, as people who have met their deductibles squeeze in elective surgeries and screening/diagnostic tests while their out-of-pocket expenses are at their lowest.

Before you jump on the bandwagon, ask yourself if you really need that test or procedure. Experts estimate that a quarter of the trillions of dollars spent on health care every year are wasted. More than \$210 billion of that waste is on low-value medical services that provide little to no clinical benefit—and many of those unnecessary services involve testing.

Wasting money isn't the half of it. Some tests are invasive and can cause serious complications. Others involve exposure to radiation, which increases the odds of developing cancer. The greatest risk, however, is overdiagnosis: the diagnosis of a medical condition that would never have caused any symptoms or problems. Overdiagnosis leads to additional testing, stress and anxiety, and, worst of all, overtreatment: unnecessary or excessive treatment that has no possibility of benefit but may cause great harm.



CTs deliver a wallop of radiation, and the injected contrast dye used in CTs and MRIs may cause adverse reactions. But the biggest problem is that these highly sensitive scans pick up “incidentalomas”: abnormalities unrelated to the reason they’re done in the first

place. A very small percentage of these incidental findings are clinically significant, but most are asymptomatic and benign—perfect examples of overdiagnosis.

Here’s a common scenario. A patient complaining of low back pain has a lumbar CT or MRI, which is a frequent but inappropriate indication for imaging. The scan reveals a “suspicious mass,” so the patient is referred to a specialist to rule out

cancer. After weeks of worry and additional testing, the patient is either given a clean bill of health—or subjected to aggressive cancer treatment for an inconsequential, slow-growing tumor that would never have caused a whit of trouble.

MRIs and CTs are invaluable in some situations. However, in a 2019 JAMA article, Stanford and Mayo Clinic researchers urged physicians to curb their use, stating, “There is virtually no evidence that screening of this kind improves overall population health.”

### Imaging Scans: MRIs and CTs

Imaging studies such as MRIs and CTs top the list of overused medical tests. Doctors and patients are quite taken with these scans, which provide remarkably detailed images of structures inside the body. Americans are three to five times more likely to get an MRI or CT than people in other developed countries.

### Say No to Pre-op Testing

A friend of mine recently had cataract surgery. Although she is in excellent health, and cataract surgery is a safe, quick procedure performed under light anesthesia in outpatient facilities nearly 4 million

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times a year, she was required to have pre-op blood tests, an EKG, and a chest X-ray.

Studies dating back decades make it clear that preoperative testing for this and other minor procedures is of limited value, and many professional and scientific organizations now recommend against it. So why is it still ordered for most patients?

Follow the money. A recent study of the financial impact of pre-op tests for patients undergoing cataract surgery found that eliminating routine testing would obviously save money. However, losses would be incurred in fee-for-service systems, which they concluded is “a potential barrier to eliminating low-value care.”

## Downside of Cancer Screenings

Cancer screening is based on the premise that early detection and treatment saves lives. Screening programs, especially mammograms and PSA testing, have been resoundingly successful at detection. Since their widespread adoption, breast and prostate cancer diagnoses have soared. However, although advocates claim that screening programs are responsible for the decline in cancer death rates, many studies show that screening has a marginal effect, and that the credit actually goes to improvements in treatment.

Even diehard proponents must acknowledge the downside of cancer screening—the high frequency of false positives (false alarms that lead to additional testing), overdiagnosis (life-altering diagnosis of cancer that patients would never have known they had), and overtreatment (surgery, radiation, chemotherapy, and all their attendant risks and adverse effects).

Screening guidelines are conflicting and confusing, but there is general agreement that for older people, risks outweigh benefits. The US Preventive Task Force (USPTF) recommends

stopping cervical cancer screening at age 65, PSA at 70, and mammograms and colonoscopies at 75. Routine ovarian, skin, lung, and thyroid cancer screenings are not recommended. Nevertheless, Medicare spends close to a billion dollars a year on inappropriate testing of older men and women.

## Screening Tests Can Be Motivating

Most doctors routinely check blood pressure, blood sugar/A1C, cholesterol, and other lipids. My only beef is that when results fall outside the “normal” range, patients are labeled with a disease. Under current guidelines, one in three Americans has hypertension, 95 million adults have hypercholesterolemia (high cholesterol), nearly 10 percent of the entire population has diabetes—and way too many of them are taking prescription drugs.

Tests such as these should not be used as a prelude to prescribing but as a motivator to make lifestyle changes. Hypertension is not an illness, and mildly elevated blood pressure is nothing to worry about. High blood sugar should be a wakeup call to lose weight, exercise, and eat better. Elevated cholesterol isn't a “statin deficiency,” just one of many modifiable cardiovascular risk factors.

Periodic monitoring of other blood tests such as liver and kidney function, immune markers, DHEA and sex hormones, homocysteine, and C-reactive protein also provides actionable information for improving health. I believe everyone should know his/her 25(OH)D blood level as well. Although there's been some pushback against vitamin D screening, maintaining optimal concentrations enhances numerous aspects of health.

Because fractures are increasingly common with age, a DEXA scan (a specialized X-ray that measures bone density) around age 65 for women and 70 for men is worth considering. Just remember that

DR.WHITAKERS



**Julian Whitaker, MD**, practiced medicine for over 40 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

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osteopenia (modestly reduced bone density) is not an indication for heavy-duty osteoporosis drugs but a call for increased focus on weight-bearing exercise, targeted supplements, and other natural bone-building therapies.

Likewise, since heart disease is our leading cause of death, a baseline EKG and exercise stress test aren't bad ideas—but never agree to an angiogram unless you're willing to have an angioplasty, stent, or bypass surgery. In fact, the USPTF recommends against screening EKGs and stress tests because often they lead to unwarranted, potentially harmful invasive procedures.

## Why So Much Unnecessary Testing?

Physicians recognize that there's too much testing and treatment. In a survey of more than 2,000 US doctors conducted by researchers from Johns Hopkins and Harvard, respondents estimated that 25 percent of medical tests were unnecessary. The number-one reason for ordering them was fear of malpractice, followed by pressure from patients requesting certain tests. Inadequate time to spend with patients and difficulty accessing prior medical records also ranked high.

Furthermore, 71 percent of these doctors agreed that physicians who profit from unnecessary tests and procedures are more likely to perform them. Testing is a multibillion-dollar-a-year business—\$10 billion is spent on mammograms alone—and many of the most avid screening supporters have skin in the game. As long as doctors, hospitals, and diagnostic centers get paid to do unnecessary testing, it is likely to continue.

Although I believe the primary responsibility for curbing low-value care lies with doctors, patients

need to step up as well. Screening/diagnostic tests are an easy sell. MRIs and CTs are sexy, and who wouldn't want to catch a disease early, before symptoms appear? In addition, there's a lot of pressure to get with the program, not only from physicians but also from friends who are true believers and nonprofits like the American Cancer Society and the Susan G. Komen Foundation.

## Don't Go Looking for Trouble

Diagnostic tests are invaluable when you're injured or ill, and certain screenings are appropriate for high-risk patients. But population-wide testing/screening of people who have no symptoms has a proven history of turning healthy individuals into overdiagnosed, overtreated patients.

Before consenting to any test, discuss the pros and cons with your doctor, and do your own research. Whether or not you agree to testing is your choice, but opting out is an entirely reasonable decision—and don't believe anyone who tells you it isn't. Remember, when you go looking for trouble, you're liable to find it.

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## Dear Dr. Whitaker

**Q** *I recently had my homocysteine tested for the first time. My level was on the higher end of the acceptable range. Even so, my doctor suggested I start taking a homocysteine-lowering supplement to bring the number down a little bit. However, I have read that homocysteine that's too low can also be problematic. I'm worried that may happen to me. What is your take?*  
— L.P., Florida

**A** I wouldn't worry about it. Although very low homocysteine may increase the risk of peripheral neuropathy, it is quite rare, affecting less than 1 percent of the population. High homocysteine is much more common—and more problematic, as it is linked with cardiovascular disease, cancer, neurodegenerative disorders, and more. Supplemental folic acid and vitamins B6 and B12 generally bring it down. However, many people (more than half of some ethnic groups) have gene variants that reduce folate (folic acid) metabolism, and they may require the more active 5-MTHF form of folate. If that doesn't help, consider adding betaine/TMG. A Mediterranean-style diet has also been shown to lower homocysteine.

**Q** *Are synthetic vitamins in supplements as good as natural?* — Vicki V., via email

**A** It depends on the nutrient, but in most cases, they are chemically identical. Exceptions include natural beta-carotene (mixed carotenoids) and vitamin K (K2 MK-7), which are superior to synthetics. Natural vitamin E is also safer and more effective, especially when several types of vitamin

E (tocopherols and tocotrienols) are included. Regardless, the bulk of the ingredients in nutritional supplements—including natural, food-based products—are highly processed to ensure purity, standardization, and good manufacturing practices.

**Q** *I had a bone scan that showed I have borderline osteoporosis. My doctor recommended exercise, calcium, 800 IU of vitamin D, and Fosamax. I have not filled the prescription yet because I want to try the natural methods first. Am I needlessly concerned about this drug? Will exercise, calcium, and vitamin D really help?* — Roberta, Oklahoma

**A** Your concerns are valid. Despite the hype and the billions of dollars in annual sales, the effectiveness of osteoporosis drugs is questionable—but there's no doubt about the severity of potential side effects. I think you're on the right track, but you'll have to get serious about exercise. The Australian LIFTMOR study found that older women with low bone mass who did 30 minutes of supervised resistance exercises (deadlifts, overhead presses, back squats) and high-impact jumps twice a week for eight months had significantly greater improvements in bone strength and functional performance than low-intensity exercisers. You probably need more vitamin D as well; 5,000 IU per day is often required to maintain optimal blood levels. Other recommended supplements in addition to calcium include a multi with robust levels of magnesium and other minerals, vitamin K2, boron, MBP milk protein, and strontium. Visit [drwhitaker.com](http://drwhitaker.com) for dosages and additional information.

 Read more at [drwhitaker.com](http://drwhitaker.com), and send your own questions to [drwhitakerquestions@drwhitaker.com](mailto:drwhitakerquestions@drwhitaker.com).

## New Online: Spotlight on Indoor Air Quality

Respiratory disease is a leading cause of death worldwide, and a primary reason is indoor air pollution. The World Health Organization estimates that 2 billion people in developing countries are exposed to airborne toxins from inefficient, poorly ventilated stoves and fireplaces. But we're not off the hook. Cooking, cleaning, and outgassing from flame-retardant furniture, building materials, and other products in our homes and offices release volatile organic compounds, chemicals, and particulates that are linked with asthma, COPD, cardiovascular disease, and other health challenges.

It's especially important to be aware of this as we head into winter and spend 90 percent of our time indoors with the windows closed. Stay on top of furnace, fireplace, carbon monoxide detector, and dryer maintenance and repair. Also check for water leaks and other sources of moisture accumulation that encourage the growth of mold. Use natural, non-aerosol cleaning products when you can, and consider investing in air purifiers, especially for your bedroom. And get some houseplants. They really do improve air quality—and bringing a little nature inside is good for the soul. For more practical tips on cleaning up indoor air, visit [drwhitaker.com](http://drwhitaker.com).



# Works for Me...

▶ **Hypertension** *When my doctor wanted me to start on a blood pressure drug, I took your advice and started drinking 12 ounces of low-sodium V8 juice every day. It is still working after several years.*  
— Ted R., California

Potassium-rich low-sodium V8 has served many of my patients and subscribers well. A 2019 Japanese study found that men and women with cardiovascular risk factors who drank unsalted tomato juice had significant improvements in LDL cholesterol as well as blood pressure. Keep it up!

▶ **Depression & Anxiety** *I suffer from depression and panic attacks. I read about holy basil and started taking two capsules each day and drinking a cup of tulsi-holy basil tea. It took about a week to build up in my system. Now, as long as I keep up my regimen, I never suffer from depression or have any panic attacks.* — K.W., via e-mail

Tulsi (holy basil), an honored herb in Ayurvedic medicine, has a well-deserved reputation as an

adaptogen, as it promotes resilience to stress and enhances overall well-being.

▶ **Burns** *The best thing to put on a burn is honey. I got a large burn on my arm from my grill. On went the honey, and the next day I had no pain. Last week, my friend burned his hand on a hot weld. He tried it, no blister, no nothing. People think I am crazy until they try it, but it really does work.*  
— R.L., Kansas

▶ **HDL Cholesterol** *After taking 6,000 IU of vitamin D for about four months, I had blood tests done. My vitamin D level was 45.7 ng/mL—still a little below what you recommend. But the real news was that my HDL went up, from 85 to 103!*  
— Debra D., Arizona

▶ **Carpal Tunnel** *A couple of years ago, I developed carpal tunnel syndrome. I was at the point of not being able to lift a frying pan or a cup of coffee. Surgery was recommended, but I'd had enough of the knife. I read that vitamin B6 could restore my wrists, so I started taking 200 mg daily. Within three months, my wrists were back to normal. I've continued on B6 ever since.* — E.R., Wisconsin

🔗 **Do you have a Health Tip to share? We'd love to hear it! Send it to [worksforme@drwhitaker.com](mailto:worksforme@drwhitaker.com).**

## Health Hack: Can Humidifiers Ward Off Flu?

Flu season is ramping up, and one reason for the seasonal surge is low humidity of indoor air. Lab studies show that influenza viruses are much more infectious when relative humidity falls below 24 percent, as it often does when heaters are in use. Low humidity also makes us more susceptible to infections, according to Yale scientists, by hindering antiviral defenses and repair mechanisms. So, would a humidifier help? Mayo Clinic researchers studying viral infection rates in preschool classrooms with low or normal humidity have proposed humidifiers as a viable intervention for reducing influenza and other viral outbreaks.

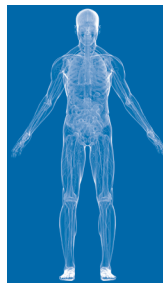
## Monthly Health Quiz

### Thanksgiving Dinner: True or False?

- A) The average person eats about 3,000 calories during Thanksgiving dinner.
- B) Tryptophan-rich turkey makes you drowsy.
- C) Most pumpkin pies are really squash pies.
- D) Cranberries protect against urinary tract infections, cancer, cardiovascular disease, and digestive problems.
- E) Almost all yams sold in the US are actually sweet potatoes.

### Answer:

All are true except B. The "food coma" associated with Thanksgiving dinner is due to overeating, especially high-carb potatoes, stuffing, desserts, etc.



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## Thanksgiving Quote

“When it comes to life, the critical thing is whether you take things for granted or take them with gratitude.”

— G.K. Chesterton, British journalist and author of *Father Brown, 1874–1936*

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

# How Many Types of Diabetes Are There?

The Ebers Papyrus, the world's oldest known medical text, discovered in Egypt and dating back to 1550 BC, includes remedies “to eliminate urine which is too plentiful.” Ayurvedic narratives from fifth and sixth century BC India describe a condition marked by “honey urine”—so sweet it attracts ants and flies—along with extreme thirst and foul breath. Ancient Chinese scribes wrote about “wasting-thirst” disease, marked by decreases in weight and increases in thirst, hunger, and urine.

These are all apt descriptions of diabetes mellitus, although it wasn't until the first century BC that the term diabetes (from the Greek word meaning to siphon or pass through) was first used. Mellitus (Latin for honey-sweet) was added some 600 years later. By the fifth century AD, two distinct categories of diabetes mellitus were recognized: one that occurred in young, lean people and had a poor prognosis, and a less severe chronic condition that was more common in heavy, older people. Centuries later, these were labeled type 1 and type 2 diabetes, the classifications that are still in use today.

But it's not that simple. Research makes it increasingly clear that, based on underlying causes and patient characteristics, there are more than two types of diabetes mellitus. Some are serious and require aggressive treatment while others are mild and can be managed with lifestyle changes—and patients do much better when these differences are recognized and treatment is personalized rather than handled with a one-size-fits-all approach.

## What Is Type 3 Diabetes?

*Type 3 diabetes* as a descriptive term for Alzheimer's disease was proposed by researchers from Brown University 15 years ago after they discovered similarities between the two conditions. Like diabetes, Alzheimer's is marked by insulin deficiency, insulin resistance, and impaired insulin signaling, which reduces the neurons' ability to utilize glucose and deprives brain cells of energy. Both conditions are also associated with excessive inflammation and oxidative stress, which further damages neurons and alters brain structure and function. Type 3 diabetes may not be a household word for Alzheimer's, but evidence is accumulating—and there's no question that the higher the A1C, the greater the risk of cognitive decline.

## Five Clusters of Diabetes

In an article published in *The Lancet*, researchers from Sweden and Finland analyzed data on thousands of patients with newly diagnosed diabetes. Focusing on weight (BMI), age at diagnosis, blood sugar levels (A1C), degree of insulin resistance, function of insulin-producing beta cells, and presence of GADA antibodies (indicative of autoimmune diabetes), they identified five distinct “clusters” or types of diabetes.

The first cluster (6 percent of study participants) is classic type 1 diabetes. Characterized by the presence of GADA antibodies, it is an autoimmune disease in which the immune system attacks beta cells in the pancreas, resulting in severe insulin deficiency. This type used to be called juvenile diabetes because it typically develops at a young age. But it can also come on later in life (latent autoimmune diabetes in adults/LADA), when it is often mistaken for type 2.

The other four clusters are subgroups of type 2 diabetes. Cluster 2 (18 percent of participants) is similar to type 1/cluster 1—severe insulin deficiency, relatively young age at diagnosis, not overweight—except for one significant difference. These patients have no GADA antibodies, so they do not have autoimmune diabetes but some other defect in their insulin-producing beta cells. They were the most likely to develop diabetic eye disease.

Cluster 3 (15 percent of study subjects) consists of overweight individuals who are producing adequate insulin but their cells are severely resistant to its signals, so blood sugar remains high. This group had a significantly increased risk of kidney problems and other chronic diseases.

Clusters 4 and 5 are by far the most common types of diabetes (22 and 39 percent of participants, respectively) and the most benign. Obesity is the defining characteristic of cluster 4, along with younger age and less severe insulin resistance. Cluster 5 is age related, diagnosed only in older people and marked by relatively mild insulin resistance.

## One Size Doesn't Fit All

Different types of diabetes, different treatments, right? Unfortunately, no. The researchers reported that treatment did not correspond with disease severity, underlying causes, or risk of complications, and inappropriate treatment was noted in each cluster. For example, low-risk patients in clusters 4 and

5 were treated similarly to those with far more serious disease (cluster 3).

That is precisely my problem with the current approach to diabetes. American Diabetes Association standards of care do encourage individualized A1C goals and treatments, but there's a strong focus on medication—which one to take first, when to add other oral drugs or insulin, and why cholesterol-lowering statins and blood pressure meds should be prescribed.

Diet, exercise, and education are also emphasized in the guidelines, but given the bureaucratic constraints of modern medicine, there's little time or incentive for educating patients and getting down to the nitty-gritty of helping them adopt lifestyle changes.

### In an Ideal World...

In an ideal world, every patient with any type of diabetes would be started on a low-glycemic, nutrient-rich, whole-foods diet and an exercise program. Because adequate weight loss can literally reverse diabetes in obese patients, they would get intensive weight loss counseling, and insulin and oral medications that cause weight gain would be strictly avoided. These people would be treated instead with supplemental berberine or metformin, one of the few diabetes drugs suitable for heavy people.

For older individuals, less emphasis would be placed on strict blood sugar control, and if drugs were prescribed, they would be limited to safe, simple regimens that minimize the risk of hypoglycemia (very low blood sugar associated with confusion, dizziness,

falls, hospitalization, and premature death). In fact, patients of all ages would be steered clear of most oral diabetes drugs because they increase risk of heart attack, stroke, and other cardiovascular complications.

Every patient with diabetes would be encouraged to take a potent daily multivitamin and mineral supplement plus lutein and zeaxanthin to protect the eyes, B vitamins and lipoic acid to stave off neuropathy, extra antioxidants to help preserve kidney function, and fish oil, coenzyme Q10, and vitamin D to reduce the risk of cardiovascular disease. In addition, those at greatest risk of complications would be closely monitored for early signs and symptoms and undergo more intensive treatments.

These five types of diabetes aren't the final word, but acknowledging individual differences, targeting treatment, and prioritizing lifestyle changes rather than piling on prescriptions is a safer, saner, more effective approach to this increasingly common condition.

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## Diabetes Success Stories

“Three months ago, I weighed 226 pounds, my A1C was 9.6, and my cholesterol was sky high. My doctor prescribed six new drugs, including insulin. I went online looking for answers and decided to give your method a try. I began taking supplements, walking three miles a day, and cooking from the recipe book. I have lost 26 pounds, my A1C is 7.6, and my cholesterol has dropped. To think I accomplished this in only three months!” — *L.G., West Virginia*

“Berberine has turned my life around. I am off insulin! As a pharmacist, I believe everyone should know about this supplement. Berberine and diet have given me a new life.” — *D.T., Kentucky*

“When I first went to your clinic, I weighed 268 pounds and was on the maximum doses of several

diabetes medications. My doctor took me off all of them, which scared the heck out of me. But you monitored me closely, and within two weeks I had lost 20 pounds, and my blood sugar readings were near normal. Today, my blood sugar is controlled, and I'm down to 195 pounds.” — *John R., Washington*

“My daughter was diagnosed with type 1 diabetes at the age of three. Nine years later she had early signs of kidney failure, and her endocrinologist said she required a medication to prolong the inevitable dialysis. I came across *Reversing Diabetes* and called you. You advised against the drug and recommended a healthy diet with no more than 25 grams of protein per day plus supplements. It changed her life. She is now a beautiful young woman, and her kidney function remains in the normal range.” — *Diane D., Minnesota*

# Innovations in Wellness Medicine

## Low-Dose Naltrexone for Psoriasis

Anyone who has had to deal with the scaly, itchy rashes of psoriasis knows how stubborn it can be. Light therapy, topical treatments (moisturizers, steroid creams, retinoids, etc.), and immune-suppressing drugs may provide relief, but psoriasis is a chronic condition and flare-ups usually recur. That's why interest in low-dose naltrexone (LDN) is increasing. Psoriasis is an autoimmune disease, characterized by an overactive immune system and excessive inflammation. LDN is a compounded prescription medication with unique anti-inflammatory and immune-regulating properties.

A 2019 review of clinical trials published in *JAMA Dermatology* concluded that LDN has the potential to treat a variety of chronic inflammatory skin conditions, including psoriasis. Several recent case studies also demonstrate benefits. One of them involved a woman with psoriatic plaques that covered 10 percent of her total body surface, despite being treated with light therapy and steroid ointments. Three months after starting LDN (4.5 mg at bedtime), she had significant improvements, and after six months, only one percent of her skin's surface area was affected. To learn more about LDN for psoriasis and other conditions—and find a doctor who prescribes it—visit [ldnscience.org](http://ldnscience.org).

## Vitamin D for Optimal Health

At the risk of sounding like a broken record, I want to remind you to make sure you're taking enough vitamin D. Although the RDA of vitamin D is 600–800 IU for adults, that is rarely enough to raise blood levels into the optimal range, especially during the winter months when levels tend to be at their lowest. I generally recommend 5,000 IU of vitamin D3 a day, or enough to maintain a blood level of around 50 ng/mL.

Hundreds of studies underscore the benefits of this vitamin. Recent research includes a meta-analysis showing that vitamin D improves cardiovascular risk by significantly reducing blood pressure, inflammation, LDL cholesterol, and triglycerides. Another review study found that supplementation substantially reduced moderate/severe COPD exacerbations in patients with low baseline levels. Numerous clinical trials have demonstrated that high-dose vitamin D reduces flare-ups and improves symptoms of multiple sclerosis, rheumatoid arthritis, ulcerative colitis, and other autoimmune diseases.

A finding of particular interest at this time of year is a *BMJ* study which concluded that vitamin D supplementation protects against acute respiratory tract infections. [VitaminDcouncil.org](http://VitaminDcouncil.org) provides a wealth of additional research, including tips for optimizing levels and protecting against colds and flu.

## Did You Know?

- Cereal sales have fallen significantly as consumers opt for healthier breakfast foods.
- Dancing is being studied as an intervention for preventing cognitive decline.
- The average household wastes \$1,800 a year on food that never gets eaten.
- Thinking burns calories; the brain uses about 320 calories a day, or 20% of total energy expenditure.
- Regular sauna use is highly protective against hypertension, heart disease, stroke, and memory loss.
- Citrate in lemonade and orange juice helps prevent kidney stone formation.
- Delta-tocotrienol (a type of vitamin E) added to Avastin was shown to increase survival time following ovarian cancer surgery.
- Sleep boosts immunity by improving the ability of T-cells to attach to and destroy infected cells.
- Mood-enhancing foods include salmon, eggs, dark chocolate, nuts, blueberries, and green tea.
- Cipro, Levaquin, and other fluoroquinolone antibiotics are linked with deadly aortic artery tears and ruptures.
- Performance on exercise stress testing is a better predictor of longevity than chronological age.
- Hip replacements can be expected to last at least 25 years in more than half of patients.
- Americans spend more on food away from home, mostly at quick-service restaurants, than food prepared at home.
- A quarter of people with type 1 diabetes and 80% with type 2 have high blood pressure.
- Bacopa (an Ayurvedic herb) improves attention and impulsivity in kids with ADHD.

## Health & Healing Resources

- **Buy Supplements**.....800-722-8008 or [drwhitaker.com](http://drwhitaker.com)
- **Sign Up for Free E-News** .....[drwhitaker.com](http://drwhitaker.com)

## Coming Next Month:

- Highlights from 28 Years and 329 Issues of *Health & Healing*



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