Your Eyes May Be Paying a Stiff Price

I’ve been researching and writing this newsletter for 30 years, and during that time, there have been some astounding discoveries and breakthroughs in the treatment of many diseases. When it comes to disease prevention, however, there haven’t been many substantive changes. In fact, it appears that we’ve actually lost ground in this arena. And I don’t expect to see any significant emphasis on real disease prevention anytime soon. As a result, each of us will have to take more responsibility for our health than we probably have at any other time in our lives.

A couple of emerging trends are creating this situation.

For one, conventional medicine and the pharmaceutical industry have successfully managed to redefine the term prevention for the majority of our society. If you mention prevention, vaccinations quickly become part of the conversation. Most people have now been convinced that vaccines are a quick, safe, proven, and foolproof way to prevent disease. We’re starting to see forced vaccination laws being drafted and even passed in some states. It’s just one of the many “side effects” of government-controlled health care. For many, this discussion is still a touchy issue, but it’s a fact that has repeated itself throughout history.

Additionally, prevention has been redefined as taking medication to treat a problem before it gets worse; for example, using blood pressure drugs to avert a heart attack. On the surface, this may sound reasonable, but whatever happened to the idea of curing high blood pressure rather than accepting it and treating it for life to ward off another problem?

Society has become so conditioned to the need for a lifetime of drug therapy that they associate the word “cure” with quackery. They have forgotten that the body is designed to cure itself of disease when it receives the right environment, nutrition, rest, etc.

Worst of all, our current health care system doesn’t provide any incentives for prevention. The incentive (money) is placed on treating disease and short-term results. The reimbursement of doctors, hospitals, and pharmaceutical companies is based on “budget pressures, and discourages the development of preventive, personalized, and precision medical interventions in favor of treatments that generate less value overall, but provide greater returns in the short term,” according to Dr. Victor Dzau, president of the US Institute of Medicine.

Studies have repeatedly shown that we could save hundreds of billions of dollars by identifying individuals with the highest risk of developing conditions such as heart disease, diabetes, and cancer and lowering their risk through prevention. But that would require a long-term view and incentives for doing so. It’s not going to happen. There’s far more money to be made (by

— Benjamin Franklin
others, of course) in treating your disease for life.

**Everyday Medications Cause Cataracts**

Our technological efforts aren’t focused so much on prevention as they are on treatment. Take something as common as cataracts. While the development of cataracts is most typically associated with aging, there are numerous other contributing factors that rarely get addressed. When you look at some of the causes of cataracts, it shouldn’t come as any shock that they just happen to be some of the most common health problems of our time.

We have known for more than 40 years that the use of antipsychotic drugs, which continues to increase yearly, is associated with cataract formation. *(Rev Bras Psiquiatr 2008 Sep;30(3):222–6)*

Cataract development has also been linked to acne medications, certain antibiotics, birth control pills, and antidepressants.

And these side effects don’t just come with prescription medications. For decades, millions of people have been downing painkillers like candy. They’ve been led to believe they are totally safe. Nothing could be further from the truth. Common over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs), including ibuprofen, aspirin, and naproxen sodium, can cause cataracts. And Tylenol (acetaminophen), though not an NSAID, is also harmful to the eyes.

*(It was just proven that these same NSAIDs raise the risk of heart attack and stroke, too. It will take more comparative studies to ascertain the exact degree of risk, but it now appears that the over-the-counter products increase your risk of heart attack and stroke by about 10 percent, the low-dose prescription ones by 20 percent, and the higher dosage prescription medications by 50 percent. The risk could be even greater, of course, if you smoke or have other health problems. And Dr. Peter Wilson of Emory University, who reported the findings, warned, “People over 65 with a history of heart disease should be especially careful.”)*

Always keep in mind that NSAIDs are never going to be completely safe. They, just like all medications, are synthetically produced chemicals that are foreign to the body.

**Cholesterol-Lowering Statins Harm the Eyes**

Statin drugs are another well-known cause of cataracts. Cholesterol is a component of the lens of the eye. In fact, the lens requires a constant supply of cholesterol and contains the highest cholesterol content of any known membrane in the body. As we get older, our cholesterol production slows down and that, in itself, becomes a contributing factor to senile cataracts. When you block cholesterol production with statin drugs, the lens of your eye becomes like a canary in a coal mine. It’s often one of the first places where the damage begins to manifest.

Cholesterol is required by every cell in the body to maintain the integrity of the cell membrane. Regardless of the advertising and constant campaign of fear surrounding cholesterol, it is essential for life and well-being. It isn’t the culprit it’s been made out to be.

It really should come as no surprise how common cataracts are when the Centers for Disease Control and Prevention (CDC) report than 28 percent of our adult population age 40 and over are on cholesterol-lowering medications and 93 percent of those drugs are statins. And newly recommended guidelines would increase these percentages even further.

If you’re taking statins, has your doctor informed you that you have up to a 50 percent greater risk of developing cataracts compared to someone not taking the drug? Or have you been told that, if you stop taking statins, your risk could return to normal within a year?
Most users haven’t heard this, and rarely do prescribing doctors even tell their patients.

Statins came to the marketplace 30 years ago, around the same time I started writing this newsletter. And the initial study that helped launch statins reported that one of most common side effects was “the potential for lens opacities” (cataracts). But the FDA didn’t even require the drug manufacturers to warn of that until 25 years later, in 2012. (BMJ 2010 May 20;340:c2197) (Drug Saf 2013 Oct;36(10);1017–24)

Last time I wrote about statins, I received a stack of letters from doctors who prescribe them and patients who take them. These people seemed outraged that I had the nerve to degrade a drug that could save lives by preventing heart attack and stroke. I’ll probably get another stack after this issue hits mailboxes.

If you’re someone who is still drinking the Kool-Aid, I would suggest reading a 2013 study published in the British Medical Journal titled “A statin a day keeps the doctor away: comparative proverb assessment modelling study.” (BMJ 2013;347:f7267)

After a thorough analysis of the available data on statins, this well-researched study concluded, “An apple a day or a statin a day is equally likely to keep the doctor away.”

Corticosteroids and Cataracts

Another “preventive” treatment that can cause cataracts is corticosteroids.

It was difficult for me to locate up-to-date figures on the prevalence

Natural Pain Relief

Pain is a signal that something is wrong or damaged in the body. As we age, however, the stiffness, aches, and pain can be a sign of wear and tear. Fortunately, there are numerous natural and safe tools you can use to help deal with this type of pain, rather than resort to NSAIDs.

**Exercise** can help lubricate the joints through movement. It increases circulation and flushes toxins from both the muscles and the joints. It also releases natural painkiller endorphins. Additionally, weight reduction takes excess stress off joints and muscles.

**Acupuncture** is a proven pain reliever that has been used for centuries. Not only does it work in acute situations, it can be very effective at breaking a chronic cycle of long-term pain.

**Fish and fish oil supplements** improve the body’s omega-3/omega-6 balance, reducing overall inflammation and pain.

**Gelatin and other cartilage components** can help stabilize and repair joints, leading to a reduction in pain and inflammation. I’ve found the best results when complete, undenatured cartilage compounds are used rather than just isolated components such as glucosamine and chondroitin.

**Turmeric** (200–400 mg daily) is an anti-inflammatory spice that has been used successfully for thousands of years as a painkiller. It doesn’t just “deaden” or mask the pain. Its anti-inflammatory components protect the body from further free radical damage.

**Capsaicin** (found in chili peppers) can be used orally, but topical use is where it really shines. It desensitizes nerve receptors called C-fibers, which are involved in the pain response. For most commercial products, the best results are achieved when a product is used for at least two weeks. However, with strong dosages, a single application can last for weeks. In one study, an 8-percent capsaicin patch applied for 60 minutes resulted in a painkilling effect that lasted for up to 12 weeks. (Br J Anaesth 2011 Oct;107(4):490–502)

**DMSO** seems to be the redheaded stepchild when it comes to pain relief. For some reason, this well-researched, safe compound has been relegated to the back shelves of animal feed stores. For joint and other pain, a 70-percent solution of DMSO (70 percent DMSO and 30 percent water) works best. It can be applied several times a day as needed. You can also combine two tablespoons of turmeric with roughly one tablespoon of 70-percent DMSO to create an amazing and economic paste. Apply the paste to the painful joint and cover with plastic wrap, and then a heating pad, for 20 to 30 minutes. (Word of caution: The paste will stain the skin temporarily, as well as anything else it comes into contact with.)

**Bone broths** (made from fish, poultry, beef, lamb, or pork bones) contain numerous compounds such as hyaluronic acid, which can help rebuild and replenish joints and joint surfaces, resulting in a reduction of pain and inflammation.

**Other natural pain relievers:** ginger (200 mg daily), Devil’s Claw, feverfew (100 mg daily), white willow, wintergreen oil, boswellia (100–400 mg daily), arnica, and bromelain.
of corticosteroid use in this country, but the inhaled form of this drug has become the first-line therapy for thwarting asthma attacks.

Topical steroids are sold over the counter, and you can obtain prescription oral corticosteroids, too. Corticosteroid use, whether topical, oral, or absorbed through the nasal or pulmonary mucosa from inhalers, has been shown to lead to earlier and more rapidly progressive cataracts, as well as glaucoma. This type of cataract is particularly visually disabling because it forms nearest to the eye’s focusing point.

Diabetes Doubles Cataract Risk

High blood sugar levels characteristic of diabetes also contribute to cataracts. In fact, diabetes doubles the risk of cataracts.

Excessive sugar in the blood leads to formation of sugar alcohols in the lens of the eye, which causes over-hydration or swelling of the lens’ cells. They eventually rupture and are destroyed, leading to opacity.

The Biggest Culprit: Blood Pressure Meds

Finally, what may be one of the biggest contributors to cataract formation is blood pressure medication.

In most cases, any decent doctor can help a patient cure high blood pressure through diet, exercise, and nutritional supplements.

But we don’t cure high blood pressure anymore. We lower it, and we use medication to control it in an effort to fend off heart attacks and strokes.

Studies have shown that, compared to non-users, beta-blocker users were 61 percent more likely to end up having cataract surgery. Those who took ACE inhibitors were 54 percent more likely to require surgery. (Br J Ophthalmol 2009 Sep;93(9):1210–4)

The latest figures I could find from the CDC say that one out of every three adults (age 20 and older) have high blood pressure. That’s roughly 70 million people. Of those, about half take blood pressure medication. This report says that it costs our nation $46 billion a year in services, medications, etc. And that figure obviously doesn’t factor in the additional cataract surgeries. At that rate, you’d think we’d take every precaution to cure it (there I go with that word again) rather than just try to control it.

Prevent Cataracts... Really

Besides getting off of all these harmful medications and addressing other contributing health concerns, there are ways you can actually help prevent cataracts.

First and foremost, take a good multivitamin/mineral formula. Research has shown that individuals who have a higher intake of vitamins A, C, E, and other antioxidants such as lutein, zeaxanthin, bilberry, and selenium, as well as amino acids like L-histidine and L-cysteine, have significantly less cataract formation.

Both glutathione and alpha-lipoic acid (ALA) have also been shown to prevent cataracts. Cruciferous vegetables are the richest food source of glutathione. And ALA occurs primarily in organ meats such as the heart, liver, and kidneys, as well as vegetables like broccoli and spinach. (Proc Natl Acad Sci USA 1989 Nov;86(22):8727–31) (Free Radic Biol Med 1995 Apr;18(4):823–9) (Altern Med Rev 2001 Apr;6(2):141–66)

A preliminary study involving 50 patients found that taking 180 mg of bilberry extract twice daily, along with vitamin E, halted the progression of cataracts in nearly every case. (Ann Ophthalmol Clin Ocul 1989;115:109)

Don’t Get Trapped in the Vicious Cycle

Cataract surgery has become a $6.8 billion-a-year business in the US. And based on the continuing increase in “preventive” drug use, the prevalence of cataracts is expected to increase by almost 1/3 in just the next five years. Currently, more than three million Americans undergo cataract surgery each year, and it’s already the most frequently performed surgery in the Medicare population.

We can prevent cataracts, but regardless, we’ve been led to believe they are just an unavoidable consequence of aging.

Cataract formation is just one illustration of how medical “prevention” isn’t really prevention at all. There are many examples. If you look closely, it’s not hard to see that almost every preventive program is just another way to treat symptoms and keep patients on drugs for the rest of their lives.

Everyone seems to be overlooking the fact that this form of prevention only creates a long list of seemingly unrelated health
problems down the road...problems that require more treatment with drugs, surgery, etc.

If you’re a patient, it’s a vicious cycle. If you’re a pharmaceutical company or a conventional doctor or surgeon, it’s one of the greatest programs ever developed. It keeps pharmaceutical companies from having to find new customers and prevents doctors from ever having to worry about getting new patients. If you’ve tried to schedule a doctor’s appointment lately, you’re probably aware of the long wait times and how many doctors are no longer accepting new patients.

Next time you approach your doctor with a health problem, tell him/her you’re looking for a plan to cure it. Don’t be surprised if you get a dumbfounded look in return, along with the urging that you instead need to “get the problem under control” or “monitor or manage it to stop it from getting worse.”

For most in the medical community, curing disease is a concept of the past. I urge you to find a physician who bucks this trend and cares enough about your health and future to focus on you and your unique needs, not the prescription pad.

More Evidence that the Gut/Nerve/Brain Connection Exists

In my October 2014 issue, I wrote a short article explaining how the microbes in our gut can actually control not only our mood but also manipulate our behavior. I know this concept seems pretty far-fetched to some readers. But if you study some of the more arcane research like I do, it’s clear from a microscopic level that gut microbes have a direct connection to our brain via the vagus (or tenth cranial) nerve.

Gut bacteria have evolved from the beginning of mankind with the intent of doing what it takes to survive in their host (us). At the risk of over-simplifying, for bacteria to survive, they “train” us through the release of various chemicals that trigger nerve signals to the brain.

Over time, bacteria learn that if they need a certain nutrient to survive, they can release a chemical. That, in turn, sends a signal through the vagus nerve to the brain, causing a craving for carbohydrates, fats, protein, or whatever contains that nutrient. Once that food is consumed, the learning process is reinforced. In the beginning, it might be hit or miss (or it could already be inherent in the bacteria that passes from a mother to her child). (J Neurosci 2014 Aug 6;34(32):10488–96)

Keep in mind, this isn’t necessarily a bad thing. If the majority of the bacteria in our system are good, friendly bacteria, it’s to their benefit to help keep us alive and healthy. We supply them with a constant source of nutrition and in return they perform vital functions for us, including food processing, digestion of complex polysaccharides, synthesis of vitamins, fatty acid production, and the inhibition of pathogens. They also play key roles in our metabolism and overall immunity. It has taken a while, but the scientific community has finally confirmed all of these functions of gut bacteria.

Bacteria’s Role in Neurological Health

One function still being debated and studied, however, involves the role our gut microorganisms play in human behavior and neurological brain diseases.

Personally, I’ve never had any doubt they play a major role in these areas, and the latest research studies are confirming this.

It has been postulated that without intestinal bacteria, humans would not have developed to our current level of cognitive performance, nor would humans be able to properly control emotional activity and behavior. Studies have found that animals raised without any bacteria exhibit altered social activity and clear autistic-like patterns of behavior. (Front Integr Neurosci 2013 Oct 7;7:70) (Mol Psychiatry 2013 Jun;18(6):666–73) (Mol Psychiatry 2014 Feb;19(2):146–8)

Years ago, I discussed how children born vaginally (as opposed to being delivered by C-section) must be at an advantage since they are “inoculated” through the mouth and skin with their mother’s bacterial flora as they pass through the birth canal. After several decades, science has now confirmed this. Researchers are now able to tell the birthing method of a child simply by taking fecal samples during the infant’s first year of life and comparing them to the mother’s. Vaginal deliveries help colonize an
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infant’s healthy bacteria, which is much different from the bacteria found in babies born via C-section.

After birth, the primary driver of an infant’s gut microbiota being able to develop into adult-like microorganisms depends on the decision to breastfeed or bottle feed. (Cell Host Microbe 2015 May 13;17(5):690–703)

I wouldn’t be the least bit surprised if we learn that the lack of establishing and preserving infants’ microbiota has a direct relationship between the high incidence of autism and psychological disorders we have been witnessing in the last couple of generations. Gut bacteria generate many neurotransmitters and neuromodulators that can directly influence how we act and feel. In the absence of certain microbes, the underlying neurochemistry is profoundly altered. (Mol Psychiatry 2014 Feb;19(2):146–8) (J Psychiatric Res 2015 Apr;63:1–9)

If you or someone you love suffers from depression, anxiety, autism, or some other mental disorders, it’s vitality important to ensure that the microflora of the gut is supported through the daily use of a quality probiotic and the inclusion of live, fermented foods in the diet. Not only can this be a lifesaver, it can help prevent some of the most horrible and debilitating neurological diseases of our time.

The connection between mood and the presence or absence of specific strains of intestinal bacteria is an area of great interest to me. Simple changes in the ratio of bacterial flora can often have a profound impact. It provides a natural way of letting the body rebalance itself without the use of dangerous psychiatric medications.

For example, research has shown the bacterial strains Lactobacillus helveticus Rosell-52 and Bifidobacterium longum Rosell-175 not only relieve gastrointestinal distress, nausea, and abdominal discomfort, they also reduce the symptoms of stress. (To learn more about these strains, and about probiotics in general, visit drdavidwilliams.com.)

Parkinson’s Disease Link

Researchers at Aarhus University in Denmark have just reported that from all indications, Parkinson’s disease begins in the gut and spreads to the brain via the vagus nerve.

Between 1970 and 1995, one of the accepted methods of treatment for ulcers was to cut all or part of the vagus nerve. During that period of time, a vagotomy was the gold standard of treatment for ulcers. However, with the availability of drugs that block acid secretion, severing the vagus nerve is no longer all that common.

Some astute researchers noticed that individuals whose vagus nerve was severed didn’t seem to develop Parkinson’s disease as frequently as the general population. (Their risk of developing the disease was halved after 20 years.) Those who only had a small part of the vagus nerve severed were not protected. (Ann Neurol 2015 May 29)

We typically think of nerves as living “electrical wires” that send impulses either to or from the brain to other parts of the body. In reality, it’s more complicated than that. Nerves also serve as pathways for what are called neurotrophic factors. These are various proteins and compounds that are needed to help new nerves grow and mature nerves survive. Just like every other living tissue, nerves need nutrients to stay alive. Compounds can move up or down a nerve from other parts of the body.

Constipation preceding Parkinson’s is common for 20 or more years prior to the development of neurological symptoms associated with the disease. One large epidemiological study showed that men who reported less frequent bowel movements had a significantly higher risk of developing Parkinson’s within the next 24 years. (Neurology 2001 Aug 14;57(3):456–62) (Neurology 2009 Nov 24;73(21):1752–8)

From this latest research, it appears that it takes at least 20 years for Parkinson’s disease to develop. During that period of time, some form of pathogen like a toxin, bacterium, or inflammatory agent travels from the gut and up the vagus nerve, crossing synapses of connecting neurons until it reaches the brain. The progressive pattern of where the disease initially develops in the brain coincides with the vagus nerve connections.

We also know that Parkinson’s patients experience leaky gut syndrome. This is where the intestinal walls are permeable, allowing toxins, bacteria, and other gut contents to more freely enter the bloodstream. It is caused in large part by an imbalance of proper bowel bacteria, the lack of essential fatty acids necessary to feed beneficial bacteria, and very often a gluten intolerance. It appears that the bacterial imbalance isn’t
limited to just the large intestine, but the small intestine as well.

This research further proves that our health begins in the colon. Probiotics are essential for good health and for preventing debilitating and fatal diseases. With Parkinson’s disease (and most other conditions), the time to start prevention is now, not five, 10, or 20 years from now.

Most of the time, diseases don’t just appear overnight. They’ve been developing for years, if not decades. It’s only when symptoms begin to develop that we’re able to diagnose them. In Parkinson’s, lesions and destruction occur in the brain four or five years before there’s any drop in dopamine levels, which triggers the telltale motor signs.

**Stopping/Slowing the Progression of Parkinson’s Disease**

If you or someone you know is suffering from Parkinson’s, this new research supports the idea that it is more important than ever to reestablish beneficial bacterial flora in the gut and throughout the entire body. (Personally, I would consider undergoing a fecal transplant, which I’ve explained several times, including in the May and June 2012 newsletter issues.)

Although there are no known cures for Parkinson’s, there are several other things that may stop or, at the very least, slow its progression.

**Turmeric**

The culinary spice turmeric (specifically curcumin, one of the most active components in turmeric) can help in cutting down on the inflammation and free radical damage to the brain, nerves, and other tissues. Curcumin is one of the few compounds that can actually cross the blood-brain barrier.

The one problem with curcumin, though, is that it doesn’t have the best absorption rates. In fact, some of the early Alzheimer’s disease researchers actually felt it was worthless for this very reason. But it is still a fact that in India, where more curcumin is consumed than in any other population, the incidence of Alzheimer’s disease is almost negligible.

Because of curcumin’s structure, it isn’t able to cross the intestinal wall and remain intact. It gets broken down into various components first. For the most part, it is not water soluble, but fat soluble.

In India, the key seems to be the way people in that country prepare and use curcumin. It is often mixed with heated butter or oil. This creates a crude form of liposomes. Liposomes are little capsules of fat that carry the curcumin across the intestinal wall without allowing it to break down.

Various companies figured this out and have created what is called liposomal turmeric or liposomal curcumin, which has greatly improved absorption rates over just turmeric or curcumin itself.

With Parkinson’s (and other diseases such as Alzheimer’s and cancer), you want the most efficient absorption you can get. There are a few different liposomal products on the market. One brand I recommend is Turmeric Phytosome with Meriva. Studies have shown plasma curcumin levels were over 20-fold greater with Meriva compared to standard curcumin. Meriva utilizes phosphatidylcholine, a natural phospholipid, which is derived from non-GMO soy, but the product doesn’t contain any soy protein or other soy-based ingredients.

**Glutathione**

Glutathione, one of nature’s most powerful antioxidants, is also helpful for Parkinson’s disease. Many clinics administer it intravenously and there are ongoing studies for even using intranasal applications. It is well known that the loss of glutathione in the brain of individuals with Parkinson’s disease occurs years before the onset of the motor symptoms.

Glutathione increases the brain’s sensitivity to the neurotransmitter dopamine. A shortage of dopamine causes the movement problems you see in people with the disease.

Glutathione’s antioxidant abilities protect the brain from free radical damage. It is also one of the liver’s most important detoxification compounds.

Unfortunately, glutathione supplements are expensive. However, you can boost levels of this antioxidant by taking its precursor, N-acetyl cysteine (600 mg per day).

Another one of the most cost-effective methods of raising glutathione levels, and one that I’ve utilized for decades, is consuming whey protein isolate. It’s one of the primary reasons I drink a whey protein shake every morning.

Whey protein is rich in both cysteine and glutathione precursor peptides. It’s an excellent way to increase plasma glutathione levels. The use of whey protein is probably one of the most overlooked
and least used health-promoting tools I can think of.

Cruciferous vegetables are also great food sources of glutathione and glutathione precursors. As a side benefit, they contain the compound sulforaphane, an extremely protective antioxidant.

**Caffeine**

Some of the most frustrating Parkinson’s symptoms are the rigidity and tremors that result from the death of motor nerves.

It has recently been discovered that caffeine can be a promising therapeutic tool to help restore both the early motor and non-motor symptoms of Parkinson’s disease, particularly those that don’t improve with dopaminergic drugs.


In one study, Parkinson’s patients were given daily capsules containing the caffeine equivalent to about three cups of coffee, or a placebo. Those getting the caffeine had significant improvement in their general mobility and tremors. (Neurology 2012 Aug 14;79(7):651–8)

Those on the caffeine received 100 mg twice daily for three weeks and then 200 mg twice daily for three weeks. Both dosages seemed to work equally well, and there weren’t any side effects. The caffeine didn’t affect their sleep or change their quality of life or any depression they experienced. It only improved their mobility and lessened their tremors.

Caffeine pills can be purchased very inexpensively at discount stores such as Wal-Mart, where you can buy the Equate brand called “Stay Awake.” Each tablet contains 200 mg of caffeine and costs about 7 cents.

**Vibro-Acoustic Lounge Chairs**

Another therapeutic tool that can reduce the motor symptoms of Parkinson’s is a vibro-acoustic lounge chair or cushion. These aren’t inexpensive, but for some patients they can be a godsend. For more information, refer to the November 2010 issue of *Alternatives* or visit vibroacousticparkinsonsrecovery.com.

**Start Preventing Now**

If you have Parkinson’s disease, I hope you find this article helpful and useful. But for the majority of you, the purpose of this information is to reinforce the importance of beginning a prevention program now. As with most diseases, the natural therapies you use to treat them are the same ones you’d use to prevent them.

It’s far less difficult and stressful to eat a healthy diet and take a quality multivitamin/mineral supplement, probiotic, and whey protein in an effort to prevent Parkinson’s, than it is to get the disease and treat it. Surprisingly, most people wait—out of sight, out of mind. However, this is one area where you don’t want to be like most people.

Until next month,