

## Even “Unnecessary” Organs Are Necessary

Over the years, I’ve talked about vestigial organs and structures in the body—those that modern medicine has deemed to be unnecessary, or ones that no longer have a function in the body. It seems the concept started in the late 1800s with many scholars of that period, including Charles Darwin.



Dr. David Williams

Charles Darwin’s list of vestigial organs/structures included the muscles of the ear, the tailbone (coccyx), body hair, wisdom

teeth, and the appendix. He felt that man had evolved to the point that these structures no longer

performed any vital functions and were useless. During that same period, the German anatomist Robert Wiedersheim added to Darwin’s list in his book, *The Structure of Man*. In it, he listed 86 vestigial organs, including the pineal, pituitary, and thymus glands.

While some structures and organs certainly may have lost their usefulness and are no longer necessary, many have been shown to be anything *but* useless, embryological remnants. In the decades since Darwin’s and Wiedersheim’s “findings,” we learned that the pineal gland regulates circadian rhythm through the production of melatonin. We also learned that the pituitary gland produces a variety of hormones and regulates numerous functions. It is so important that it is referred to as “the master gland.” Also, the thymus gland is essential in the development of the immune system.

Nonetheless, it took modern medicine decades to figure this out. And most still subscribe to many of Darwin’s and Wiedersheim’s beliefs. Many doctors today think nothing of removing one’s appendix. It’s considered problematic and a potential site for infection. The same holds true for the tonsils and adenoids. Tonsillectomy is considered the cure for chronic tonsillitis, and an

adenoidectomy has become a routine treatment for chronic middle ear infections.

On the other hand, practitioners of Oriental medicine have always understood the importance of so-called vestigial glands. They stress the importance of balancing these glands and supporting them with specific foods, herbs, and supplements. Unfortunately, conventional medicine continues to suffer from the “not discovered here” syndrome. Anything they didn’t discover, don’t understand, or can’t explain with their current research ability has no relevance or simply doesn’t exist. As a result, millions of people suffer needlessly and millions more die prematurely.

I’ve written extensively about the pineal gland and its influence on disease prevention. If you recall, most radiologists and other doctors feel that calcification and shutdown of the pineal is a normal process of aging. I’ve explained why that might not be the case and steps you can take to possibly stop that process. I’ve also talked about how important the appendix is. It not only serves as a safety valve between the small and large intestine, it has a role in immune function and a reservoir of beneficial bacteria to help reestablish

(continued on page 3)

### Inside

News to Use: All About Kids.....2  
Alternatives Mailbox:  
Heart Failure, Intermittent Fasting, and More.....4

*You will observe with concern how long a useful truth may be known, and exist, before it is generally received and practiced on.*

— BENJAMIN FRANKLIN

## NEWS TO USE *from around the world*

### All About Kids...

Most of the time, when button cell lithium batteries are ingested, they simply pass through the digestion system. However, when it comes to young children, swallowed batteries should never be taken lightly. The situation can prove to be fatal in small kids so it is important to get to the hospital as quickly as possible. These batteries' small size, shiny surface, and candy-like shape are attractive features to children, who instinctively like to put everything in their mouth. The nickel-size lithium batteries are the most hazardous since they tend to get stuck and burn the esophagus.

The batteries chemically react with saliva to create a hydroxide-rich, highly alkaline solution that can quickly dissolve in the esophagus. The initial symptoms might include sore throat, difficulty swallowing and/or breathing, cough, fever, and noisy breathing. Sometimes there are no specific symptoms. The child may appear to have an upset stomach, a viral infection,

excessive tiredness, loss of appetite, pain, or nausea.

As the esophageal tissue further dissolves, more serious complications can rapidly occur. The high alkalinity can result in perforation of the esophagus, vocal cord paralysis, erosion of the airways and major nearby blood vessels, and death. These batteries can burn through a child's esophagus in a little as two hours.

(If the batteries make their way through the esophagus, they rarely cause problems and simply pass through the gastrointestinal tract. However, to be on the safe side, the exact location of the battery should be determined by X-ray and the situation monitored by a doctor.)

Recently, using laboratory animals, researchers began testing a variety of different liquids commonly found in homes that might help delay the damage from these batteries. They were trying to find something that could be used to neutralize the extreme alkalinity and/or help create a protective barrier

between the tissues and a stuck battery. Of all liquids tested, it turns out that honey worked best.

Based on this study, the recommendation is for parents or caregivers to give honey at regular intervals while waiting to get to the hospital.

Additional studies need to be done before researchers are able to provide the ideal amount and frequency. They also caution against giving honey to a child who has a known allergy to it, who is younger than one year, or if it is known that the esophagus has already been perforated. When I have more details on the dosage and frequency, I'll share. In the meantime, if you have children around, keep some honey on hand. Also be sure to store remotes and batteries in a location not easily accessible to children.

While I'm on the subject of children...

For decades, the prevalence of allergic diseases, including

### Alternatives® Author: Dr. David Williams; Editor: Larissa Long

ISSN# 0893-5025. Published monthly for \$69.99/yr. by Mountain Home Publishing at 6710-A Rockledge Dr. Ste. 500, Bethesda, MD 20817. Editorial Office: 6710-A Rockledge Dr. Ste. 500, Bethesda, MD 20817. Periodicals postage paid at Bethesda, MD, and at additional mailing offices. Postmaster: Send address changes to *Alternatives*, PO Box 11, Montoursville, PA 17754. © Healthy Directions, LLC. All rights reserved. Photocopying or reproduction is strictly prohibited without permission from the publisher.

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## NEWS TO USE *from around the world*

hay fever, has been steadily increasing in children.

Research has shown that children who are raised on farms with animals are about half as likely to develop hay fever as kids who don't. Farm children tend to have greater exposure to a wider variety of microorganisms as infants, which in turn "inoculates" their immune system. But researchers at the University of Gothenburg in Sweden have found another factor that can help protect children from allergies.

They surveyed about 4,000 parents about their children's diet and lifestyle at the age of 3 and then again at 12. They found the same farm/animal exposure connection as in earlier studies. They also discovered that children age 1 who consumed fish at least once a month were 30 percent less likely to develop hay fever by the age of 12.

*(Pediatr Allergy Immunol 2018 May;29(3):283-9)*

This helped confirm the results of a small earlier study done in 2003, which showed that children who ate fish in their first year of life had a 55 percent reduced risk of hay fever. Other studies have revealed that children whose mothers took fish oil supplements during pregnancy were less prone to hay fever, asthma, food sensitivities, and eczema.

I have little doubt that the dramatic increases we've seen in these conditions has to do with the omega-3/omega-6 fatty acid imbalance in the typical Western diet. Societies that consume lots of fish and other omega-3-rich foods typically have much lower rates of inflammatory and allergy-related conditions. Although I haven't seen any research to support it yet, I can't help but think fish may also contain specific proteins and other

compounds (like vitamin D) that are also helpful in prevention.

It's never too early to start reversing this ratio in children. Simply introducing fish into their diet can be one step in helping them avoid a lifetime of misery. Hopefully, parents can set an example by regularly eating fish as well.

It's important to also mention the role that antibiotics play in this scenario. Numerous studies have shown that antibiotic use during the first two years of life greatly increases the risk of asthma and other allergic diseases. Antibiotics disrupt the beneficial bacteria in the gut at a crucial time, when the immune system is developing. Although it hasn't received as much airplay, antibiotic use in the first year of life has also been linked to behavioral difficulties and symptoms of depression as the child gets older. *(Acta Paediatr 2017 Jan;106(1):87-94)* ■

these friendly microbes in the large intestine after bouts of infection or diarrhea. Removal of the appendix has actually been associated with long-term bowel issues.

Now the latest conventional research has finally confirmed the importance of the tonsils and adenoids. Practically everyone realizes these organs are part of the lymphatic/immune system, but very few people (including

doctors) understand the true health ramifications of removing them. Hopefully that will now change.

A study from Denmark analyzed the health data of 1,189,061 children born between 1979 and 1999, covering at least the first 10 years and up to 30 years of their lives. Of those children, 11,830 had tonsillectomies, 17,460 had adenoidectomies, and 31,377 had

adenotonsillectomies (the surgical removal of the both the adenoids and tonsils).

Future health risks were calculated depending on whether these surgeries were performed in the first nine years of life, when these tissues are most active in helping to develop the immune system.

The results are eye-opening and quite shocking...

*(continued on page 8)*





## Alternatives MAILBOX

### Congestive Heart Failure

**Question:** *I have congestive heart failure. I'm on various diuretics and other medications, and fortunately my doctor is open to alternative treatments and supplements so I'm also taking hawthorn extract. I have gradually improved and I'm hoping to turn things around without resorting to surgery. I know I have a complicated problem and don't expect any silver bullets, but in addition to hawthorn, what other suggestions might you have?*

— Philip T., Huntington Beach, CA

**Answer:** I suggest discussing arjuna with your doctor. It's a fantastic herb that never seems to get the respect it deserves.

Arjuna is a tree native to India. The bark has been used for centuries in Ayurvedic medicine as a heart tonic.

In my experience, arjuna works great with hawthorn. And in all the studies I've seen, arjuna doesn't interfere with, and was safely used with, various heart medications.

Arjuna contains a long list of active components. It exhibits anti-inflammatory activity, enhances heart muscle tone and pumping efficiency, and significantly improves lymph flow and drainage.

A dose of 200–500 mg daily has been shown to reduce the frequency of angina episodes by 50 percent or more. In one study, chronic smokers given 500 mg of arjuna daily experienced dramatic improvement in the ability of their arteries to dilate (relax and open). Blood flow increased more than 9 percent, which is pretty amazing considering smokers typically have very poor arterial dilation. ([Indian Heart J 2004 Mar–Apr;56\(2\):123–8](#))

As you probably know, chronic heart failure is often designated as class I, II, III, or IV, depending on the

severity—with class IV being the most serious, leaving individuals bedridden.

In another study, a group of class IV patients who were not responding to heart medication were given 500 mg of arjuna every eight hours, in addition to their medication. Within a few weeks, their condition improved to the point that they were rated class III. After four months on this dosage, 75 percent of the patients taking arjuna had moved from class III to class II. ([Int J Cardiol 1995 May;49\(3\):191–9](#))

You can purchase arjuna in capsules from companies like Vadik Herbs and Himalaya (both available online). Or you save money by buying bulk powder from Banyan Botanicals ([banyanbotanicals.com](#)). Both are effective, but I prefer the whole herb powder. More research has been done on the powder and oftentimes there are compounds in the whole herb that provide a synergistic effect. Arjuna doesn't have the most pleasant taste, but you can try mixing the powder with food, or better yet, warm water to make a tea.

On a final note, I find it interesting that the inner bark of arjuna is reddish in color. This seems to be true for many of the herbs and plants that have the ability to improve lymph flow, including manjistha (*Rubia cordifolia*), red root powder, beets, cranberries, strawberries, raspberries, etc.

I think you'll discover that arjuna is an amazing adjunctive treatment to your program. Best of luck.

### Intermittent Fasting for Weight Loss

**Question:** *In the past, you've discussed the benefits of fasting, but could you update us on your thoughts concerning fasting and weight loss? I need to lose some weight and it seems like intermittent fasting might be the way to go. What is your take on it? — Carolyn V., Eugene, OR*

**Answer:** I think intermittent fasting can definitely be a viable method to help you lose weight, improve insulin sensitivity, lower blood pressure, and enhance your overall health.

Thirty years ago, it was common to fast for a week, consuming only water. That took a considerable amount of discipline and adjusting to one's work

schedule. Today, intermittent fasting achieves many of the same results without nearly as much effort.

### Three Types of Fasting

The three most popular forms of fasting are alternate day fasting, the 5:2 diet, and the 16:8 diet. (Some have promoted the idea that fasting one day a week can provide all the benefits of calorie-restricted diets, but studies have shown there is very little benefit to fasting only one day a week.)

Alternate day fasting consists of consuming only 500 calories every other day. On the non-fasting days, you're free to eat what you want. This alternating pattern is repeated continuously.

With the 5:2 diet, you fast two days a week (again, limiting yourself to 500 calories on those two days), and then eat whatever you want without limitations the other five days.

The 16:8 diet limits your food intake every day to an 8-hour period, and the other 16 hours you fast, consuming nothing but water. Personally, I think this is the best of the three programs to follow. It doesn't require counting calories and it's the easiest method for most people to adhere to.

With the 16:8 program, you typically limit your consumption of food to between the hours of 10 am and 6 pm. After 6 pm and until 10 am the next morning, you consume nothing but water. Theoretically, during those eight hours, you can eat as much of whatever food you choose. And generally, everyone loses weight. A very recent study of the 16:8 program detailed this and other benefits. ([Nutr Healthy Aging 2018 Jun 15;4\(4\):345–53](#))

A group of 23 obese individuals participated in a 16:8 program for a period of 12 weeks, and their results were compared to a group of 23 controls that had used other types of fasting.

On average, the 16:8 group consumed 350 fewer calories per day. They lost about 3 percent of their body weight and also saw their systolic blood pressure drop 7 points.

The 5:2 program was shown to result in a greater percentage of weight loss, but the dropout rate was over 25 percent. No one dropped out of the 16:8 program because it was so easy to follow, and the 16:8 program only created a daily caloric deficit of 20 percent, compared to a 25–35 percent deficit with the 5:2 program. In simple terms, no one on

the 16:8 program felt like they were starving and couldn't continue, unlike those on the 5:2 program.

Losing weight, like many things in life, requires consistency. Consistency becomes easier with success. When you start to see results, it increases your motivation to continue. And once motivation kicks in, it's much easier to start fine-tuning your diet to get even better weight loss results and health benefits.

### Tips for Success With the 16:8 Diet

Although you can lose weight by eating anything you want and as much as you want (within reason) during the eight-hour eating period, start cutting back on (or completely eliminate) sugar and refined carbohydrates. Sugar is nothing but empty calories that get stored as fat.

I would also strongly suggest eliminating diet (zero-calorie) beverages with this program. If you can stick to drinking only water for 16 hours, you can do it for the other eight. Artificial sweeteners may not have calories, but the body reacts to these chemicals in a similar fashion to sugar, and all the long-term studies show they don't satisfy any sweet cravings and eventually lead to excess calorie consumption and weight gain.

It's also very important to eat sufficient amounts of protein and healthy fats. Don't limit yourself to salads. Without protein and fat, you won't feel satisfied and it will be harder to stay on the program. Don't look at it as a diet or program, rather a healthier way of eating. Not only do you want to keep your hunger at bay, it's important that you maintain your muscle while you're shedding body fat. Your body requires protein to maintain muscle mass, and clean, healthy fats provide the satiety.

Protein typically makes up about 15 percent of the total caloric intake of people in the US. Fats account for around 33 percent and carbohydrates 52 percent. By just increasing protein to 30–35 percent of total caloric intake in place of carbohydrates, you can significantly boost weight loss and metabolic activity and change body composition. We've seen that with the Atkins diet, and studies have confirmed it.

In one study, switching from the traditional 15 percent protein intake to 30 percent resulted in major changes in just 12 weeks. Body weight dropped 10 percent, visceral and abdominal fat decreased, and lean body tissue increased 9 percent. ([Nutrients 2016 Jul 30;8\(8\)](#)) This particular study also

incorporated six meals daily instead of the typical three (protein pacing). However, simply substituting protein calories for carbohydrate calories can have similar effects.

Another thing that's important is to take a quality multivitamin/mineral supplement. This is a period of time when your body is starting to detox, burn excess fat, and reshape itself. Macro- and micronutrients in a multivitamin fill in any nutritional gaps and help with the process.

Before you start, make sure you check your thyroid function. This can be done using the axillary temperature test (discovered by Dr. Broda Barnes). I have an article on my website ("[Dangers of an Underactive Thyroid](#)") that has details on testing and remedies for correcting an underactive thyroid. I've also covered this topic in numerous back issues. It can be extremely difficult to lose weight or keep it off when your thyroid gland is underactive.

When you start to see results, it's an ideal time to gradually increase your exercise. If you haven't worked out in a while, don't overdo it. Ideally, you should try to keep your food consumption at the same level. If you can gradually ramp up your daily exercise but keep your calorie intake the same, you'll be creating a slightly greater daily caloric deficit, which will result in even more weight loss. If you feel the need to eat more, make sure it is high-protein food—eggs, a protein shake, raw nuts, cottage cheese, etc.

Exercise has been shown to prevent the breakdown of protein tissues that can happen with fasting. Combining exercise with fasting shifts the body's metabolism in such a way that it starts to burn fat and prevents the breakdown of protein. In other words, intermittent fasting combined with exercise spares muscle tissue and ramps up fat burning. They are the ideal combination if you want to change your body composition.

Fasting may not be for everyone, but it works. Just start slowly and settle into the time frames, without doing anything drastic. Aim for consistency. Your goal should be a long-term, permanent change.

I'll conclude by saying that, besides weight loss, other health benefits of intermittent fasting are lessened inflammation; increased energy; lower glucose levels; improved insulin sensitivity; decreased risk of diabetes, high blood pressure and heart disease; and protection against memory impairment and loss

of motor function. Fasting also helps to shift stem cells from a dormant state to a state of self-renewal, which slows the aging process and increases lifespan.

## Dehydration Concerns

**Question:** *My dad is in his late 70s and in pretty good health. He suffers from a little memory loss from time to time, and he has a mild prostate issue as well as high blood pressure, which he keeps under control with diuretic medication. I worry sometimes that he doesn't drink enough water, but he says he's trying to rid his body of excess water to stabilize his blood pressure. His doctor has also told him to not drink liquids near bedtime so he won't have to get up all night to empty his bladder. He probably only drinks a glass or two of water and a cup of coffee daily. How much should he be drinking? — Jimmy T., Portland, ME*

**Answer:** Your concerns are valid. I suspect your dad might be dehydrated.

Most people don't realize that dehydration can have a huge impact on brain function, cognitive performance, and mood, as well as muscles and other vital organs. Young children and the elderly are particularly at risk.

Dehydration has been linked to several problems you might suspect like headaches and fatigue, but it has also been implicated in the lack of visual attention, cognitive performance, hand-eye coordination, and word recognition. It may be contributing to your dad's memory lapses.

During states of dehydration, brain volume actually shrinks. Scientists have now shown with brain scans that there is over-recruitment of certain brain areas during more difficult cognitive tasks. Fortunately, these problems are reversed just minutes after drinking water.

You would think human hydration would be an area where we have a great amount of understanding, but that doesn't seem to be the case. There isn't a lot of usable research in the area. Unfortunately, most studies deal with extreme dehydration, while I suspect a large part of the population suffers from chronic "subclinical dehydration." Children don't perform as well in school and suffer from mood swings and headaches, none of which are recognized as dehydration symptoms. And the elderly suffer from

cognitive performance issues, memory lapses, falls, heart palpitations, low blood volume (dizziness upon standing, falls, blackouts, etc.), urinary tract infections, constipation, etc.

Obviously, simply forgetting to drink enough water or working in the heat can result in dehydration, but there are many other situations to consider.

Various medications, like laxatives or the diuretics your dad takes, pull water/fluid from the body. Low sodium levels keep the body from storing and holding on to any water it has. High intakes of calcium, chromium, magnesium, or zinc can cause dehydration. A constant craving for salt is often a sign of low sodium levels and/or adrenal gland fatigue.

When someone is dehydrated and then drinks a pint of water, two things happen rather quickly (depending on age). In young adults, the blood vessels dilate (open) and the heart rate drops, since it becomes easier for the heart to pump. In healthy older individuals, blood pressure rises. In both groups, the cardiovascular system reacts by increasing blood flow to the brain and the rest of the body, supplying it with additional oxygen and glucose. (The brain is the most energy-demanding organ in the body, and it requires glucose for energy. In fact, it uses at least half of all glucose energy in the body.)

Based on this reaction, it's apparent that an adequate supply of oxygen, glucose, and other components to the brain and other organs is highly dependent on our level of hydration. I'd much rather be drinking too much water than too little. And I certainly wouldn't suggest that your dad limit his water intake during the day thinking it will improve his health. (Drinking less before bedtime shouldn't be a problem though.)

How much water should he be drinking? That's a tough question. Activity levels, heat exposure, and dozens of other factors make water needs somewhat different from person to person.

A crude method of determining if you're getting enough water is to check the color of your urine. A light straw or pale yellow color is generally thought to be an indication that enough water is being consumed. Darker, brownish-yellow, and rust colors are usually indicative of more concentrated, undiluted urine found with dehydration. (Keep in mind that vitamins, especially B vitamins, beets or beet juice,

paprika, rhubarb, carrot juice, and other foods/vitamins can also influence the color.)

## Glucose and Migraines

**Question:** *I was recently reading one of your past issues where you discussed migraine headaches. I've suffered from migraines since I was in high school. (I'm in my 60s now.) There might be a hereditary component since my son has the same problem. Years ago, someone told me that at the first sign of an impending migraine (the "aura"), I should take some glucose. It has worked wonders for me and I've been able to stop the headaches most of time. It has also worked for my son. Why don't most doctors never mention this, and why isn't it more widely recommended? I buy containers of glucose online. They are very inexpensive—tons cheaper than medications and shots. — Dan K., San Antonio, TX*

Studies have repeatedly shown that people with insulin resistance or diabetes, and therefore higher blood sugar levels, have a significantly reduced migraine risk than the general population. The reason appears to be that low blood sugar "triggers" migraines. When you ingest glucose, it causes a rapid rise in blood sugar, therefore averting the migraine.

Conventional medicine doesn't typically acknowledge that low blood sugar (hypoglycemia) exists in the general population. If you've read my past newsletters, you obviously know I feel much differently. I would conservatively guess that it affects probably 75 percent or more of the population. This is due to the standard American diet, which is high in refined carbohydrates and sugar and deficient in healthy fats and quality proteins.

Preventing your migraines with a quick dose of glucose is much better than allowing it to manifest, but keep in mind you're treating a symptom and not the underlying cause. It should be apparent that hypoglycemia is triggering your migraines. For long-term prevention, I would suggest correcting this problem. It may require eating a better diet and addressing weak adrenal glands and possibly an underactive thyroid.

Thank you for sharing this tip. It could be a godsend for people dealing with migraines, and may even help them understand and finally address a possible underlying cause. ■



Tonsillectomies tripled the risk of developing diseases in the upper respiratory tract later in life, including asthma, pneumonia, and chronic obstructive pulmonary disease (COPD), which encompasses chronic bronchitis and emphysema.

Adenoidectomies more than doubled the risk of COPD and nearly doubled the risk of upper respiratory tract diseases and conjunctivitis (pink eye). Also, individuals who had adenotonsillectomies had a four-to-five-fold higher risk of developing middle ear infections and sinusitis.

Any short-term benefits that might have resulted from these surgeries didn't continue after the age of 30. At that point, those who had these procedures had a significantly increased risk of developing abnormal breathing problems, sinusitis, and middle ear infections. Simply put, the concerns that these surgeries were supposed to correct actually became problematic once again later in life. (*JAMA Otolaryngol Head Neck Surg.* doi:10.1001/jamaoto.2018.0614)

I've always said, if you want to predict the next epidemic, monitor what drugs the pharmaceutical companies are spending their research dollars on. And if you want to learn what the public should be doing in terms of disease prevention, watch what drugs the pharmaceutical companies are advertising.

Many years before diabetes became the health epidemic it is today, pharmaceutical companies had already begun construction on some of the largest facilities dedicated solely to producing diabetes drugs. They had already started their push to change the guidelines for prescribing diabetes medications.

They ramped up lobbying efforts to ensure Medicare and insurance companies would be required to pay a large portion (or all) of the costs of diabetes medications.

The pharmaceutical industry doesn't just react to the drug market, they help create it. I'm not saying that the pharmaceutical companies are responsible for the type 2 diabetes epidemic, because that lies squarely with people and their lifestyle choices. They just knew how to best capitalize on the situation.

What are some of the most common drug ads you see today? Close to the top would be those for COPD, asthma, and chronic bowel issues.

Don't think for a moment that pharmaceutical companies weren't aware of the type of research I covered earlier. The removal of tonsils and adenoids in the last several generations of kids has provided a guaranteed market for these types of drugs for many decades to come. COPD and asthma are already commonplace. And the oldest millennials are just now reaching their 30s, the age when these respiratory issues start to become a long-term problem. Appendectomies will also ensure a steady market for drugs to treat chronic inflammatory bowel diseases like Crohn's and ulcerative colitis.

The removal of vestigial organs is not something to be taken lightly. Do not let a doctor convince you that removing one (or more) is the best course of action to correct a problem. In a few cases, it may be; but usually, the long-term effects are worse.

Until next month,

*Dr. David Williams*

## This Month Online



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- [\*Treat Poison Ivy With This Oil Blend\*](#)
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