In this Newsletter I include recent research on the treatment of every type of medical condition imaginable. So, whatever your health concern might be, one of my Newsletters will contain the vital information you have been seeking.

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**ANTIBIOTICS PROVEN TO INCREASE BOWEL CANCER RATES**

New research shows women who had used antibiotics for two months or more were at an increased risk of developing colon polyps, which can be a precursor to colorectal cancer. Those who used the drugs for a total of at least two months in their 20s and 30s had a 36 percent increased risk of polyps compared to those who did not. Among women who used the drugs long-term in their 40s and 50s, the risk of polyps increased by 70 percent. Even taking antibiotics for 15 days or more, at any age range, was associated with an increased risk of polyps.
The researchers pointed out that not only do antibiotics "fundamentally alter the gut microbiome by curbing the diversity and number of bacteria, and reducing the resistance to hostile bugs," but bacteria that may require antibiotics treatment may also be inflammatory, another risk factor for colon cancer development.

Lead researcher Dr. Andrew Chan, an associate professor of medicine at Harvard Medical School, told CBS News, "This suggests that alterations in the naturally occurring bacteria that live in one's intestines caused by antibiotics might predispose individuals to colorectal cancer ... More research needs to be done to understand the interaction between alterations in one's gut bacteria and future risk of colorectal cancer."

This isn't the first time antibiotics have been implicated in colorectal cancer. In 2016, another study found increasing use of antibiotics was associated with an increasing risk of colorectal cancer, especially when used frequently. As the study noted, "Microbiotical dysbiosis induced by a Western diet seems to be associated with an increased risk of developing colorectal cancer," so why, too, wouldn't antibiotics usage, which also affects microbiota?

That is why it is critical for optimal health and wellbeing to include fermented food in your daily diet. Ask Louis for a list of 18 readily available fermented foods at your next appointment/medical tune-up. Reference: http://tiny.cc/Osscly

**WHY COLON CANCER SCARE IS FAKE NEWS**

An estimated 135,000 people are diagnosed with colorectal cancer each year (about 95,500 cases of colon cancer and 39,900 cases of rectal cancer), and more than 50,000 die from it. Incidence of colon cancer is rising in young adults. Since the mid-1980s, rates of colon cancer in those between the ages of 20 and 39 increased by 1 percent, now affecting 2.4 percent of the population in this age-group annually.

The risk of death from colonoscopy may be 'as high as 1 in every 1,000 procedures. According to one report, the combined injury and kill-rate of colonoscopy-related complications is 0.5 percent, or about 70,000 people per year. With some 15 million colonoscopies being performed each year in the U.S., that means as many as 15,000 Americans die as a result of this routine screening test, and numbers are likely to increase further if guidelines are changed to encourage people under 50 to get tested. Sigmoidoscopies tend to have 10 times fewer complications, yet most doctors still recommend colonoscopy 95 percent of the time. Moreover, while there are three acceptable methods to screen for colon cancer, colonoscopy — which is the riskiest of the three — is still most commonly recommended by doctors and chosen by patients.

Considering multi drug-resistant bacterial infections are on the rise, this is a tremendous concern. The good news is you CAN protect yourself and dramatically reduce your risk of infection by asking the right questions before you schedule your appointment:

- How is the endoscope cleaned between patients?
- Specifically, which cleaning agent is used?
- If the hospital or clinic uses peracetic acid, your likelihood of contracting an infection from a previous patient is slim.
- Glutaraldehyde, or the brand name Cidex (which is what 80 percent of clinics use), does NOT properly sterilize these tools. If glutaraldehyde is used, cancel your appointment and find a clinic that uses peracetic acid. Reference: http://tiny.cc/yuscly

**CHEESE DOES NOT INCREASE RISK OF HEART ATTACK OR STROKES, FIND RESEARCHERS**

Review of 29 studies involving nearly a million participants finds saturated fats do not increase risk of cardiovascular disease. The belief that cheese is bad for you is wrong, researchers have said, after finding no link between eating dairy products and a heightened risk of heart attack and strokes. Even full-fat cheese, milk and yoghurt, often avoided by the health-conscious due to their high saturated fat content, does not increase the risk of death or conditions such as coronary heart disease, according to a review of 29 different studies involving nearly a million participants.

“There’s quite a widespread but mistaken belief among the public that dairy products in general can be bad for you, but that’s a misconception,” said researcher Ian Givens, a nutrition professor at Reading University. “There’s been a lot of publicity over the last five to 10 years about how saturated fats increase the risk of cardiovascular disease and a belief has grown up that they must increase the risk, but they don’t.”

“While it is a widely held belief, our research shows that that’s wrong,” said Dr. Givens. NHS guidelines suggest people cut the amount of saturated fat they eat, because a diet high in saturated fat can raise the level of cholesterol in the blood, increasing the risk of cardiovascular disease.

Overall levels of dairy consumption did not appear to be associated with an increased risk of circulatory conditions such as stroke and heart attacks, according...
Research from the University of Bergen in Norway found fatty foods such as cheese, butter and cream could in fact help protect people from heart disease when eaten as part of a diet where overall calorie intake is restricted. Simon Dankel, who led the study, told The Independent in December the research showed the human body “can do perfectly well with fats as its main energy source.”

“People will say: ‘you can’t lose weight, you can’t go on any diets with saturated fats, no matter what’,” said Dr Dankel. “But in this context, we see a very positive metabolic response. You can base your energy in your diet on either on carbohydrates or fat. It doesn’t make a big difference.”


EAT REAL FOOD FOR OPTIMAL HEALTH

If you love cheese, there’s plenty of evidence to suggest real cheese is a boon to your health, and there’s no reason to avoid it for fear of its fat content. The healthy fats found in real cheese will neither pack on pounds nor contribute to heart disease. On the contrary, these fats will actually boost your weight loss success and lower your cardiovascular health risks.

One caveat is to make sure you’re eating real cheese. Natural cheese is a simple fermented dairy product made with just a few basic ingredients — milk, starter culture, salt and an enzyme called rennet. Salt is a crucial ingredient for flavor, ripening and preservation.

You can tell a natural cheese by its label, which will state the name of the cheese variety, such as “cheddar cheese,” “blue cheese” or “Brie.” Real cheese also requires refrigeration. Processed cheeses are typically pasteurized and otherwise adulterated with a variety of additives that detract from their nutritional value. The tipoff on the label is the word “pasteurized.”

A lengthier list of ingredients is another way to distinguish processed cheese from the real thing. Velveeta is one example to avoid, with additives like sodium phosphate, sodium citronate and various coloring agents. A final clue is that most processed cheeses do not require refrigeration. So, be it Velveeta, Cheese Whiz, squeeze cheese, spray cheese or some other imposter — these are not real cheeses and have no redeeming value, so they are best avoided. Reference: http://tiny.cc/7wscly

TRUTH ABOUT THE SAFETY OF CHOLESTEROL AND SATURATED FAT KNOWN SINCE 1957 BUT CONCEALED

In 2013, the upshot of a “ground-breaking” review covering what was known about cardiovascular disease from as early as 1937 found that low magnesium levels—not high cholesterol or consumption of too much saturated fat—are the leading cause of many aspects of heart disease.

The 10-year review, conducted by research scientist and author Andrea Rosanoff, Ph.D., was based on the earlier research of Dr. Mildred Seelig, who studied the relationship between magnesium and cardiovascular disease for more than 40 years.

“These numerous studies have found low magnesium to be associated with all known cardiovascular risk factors, such as cholesterol and high blood pressure, arterial plaque build-up (atherogenesis), hardening of the arteries and the calcification of soft tissues. This means we have been chasing our tails all of these years going after cholesterol and the high saturated-fat diet, when the true culprit was and still is low magnesium.”

As early as 1957, Rosanoff says, it was very clear that low magnesium was “strongly, convincingly, a cause of atherogenesis and the calcification of soft tissues. But this research was widely and immediately ignored as cholesterol and the high saturated-fat diet became the culprits to fight.”

The “wrong turn” scientists took when the research was so clear, Rosanoff asserts, created a trajectory in the way heart disease and other cardiovascular issues have been dealt with across the board. This had resulted in entire populations failing to balance their magnesium intake with their calcium intake, and it’s getting worse.

Studies continue to show that when calcium and magnesium intake aren’t on an even keel, Rosanoff asserts, the risk of heart disease increases. See the entire article at: http://tiny.cc/iyscly

CHRONIC FATIGUE AND PARKINSON’S NOW LINKED TO GUT BACTERIA
Your gut microbiome is intimately related to your overall health, including your emotions, energy level, mood, neurological conditions and allergies. New research has identified how your gut microbiome may impact development of chronic fatigue syndrome and Parkinson’s disease, two distinctly different illnesses. Using strategies to support your mitochondria, produce more energy and support your gut microbiome may reduce your risk of illnesses such as Parkinson’s disease and chronic fatigue syndrome.

**Chronic Fatigue Changes Your Gut Microbiome**

Chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) usually causes debilitating symptoms. Sufferers may experience unrelenting fatigue, no matter how much rest they get, along with pain and inflammation throughout the body. Without an ability to pinpoint an exact cause, many physicians in the past attributed the condition to a psychological origin, leaving patients without real hope for improvement.

It wasn’t until the 1980s that the condition received an official name, and only recently did researchers discover biological markers in microbes through serial sequencing of bacterial RNA that indicate differences between healthy individuals and those with CFS/ME. Researchers from Columbia University undertook the first study to investigate a relationship between irritable bowel syndrome (IBS) and CFS/ME, as up to 90 percent of people with CFS/ME have IBS.

Fifty participants were recruited and matched with 50 healthy control participants. Stool and blood samples were taken from each, looking for bacterial species and immune molecules. The bacterial colonies in people who suffer from CFS/ME were distinctly different from healthy controls.

The levels of different bacteria also changed based on the type and severity of symptoms experienced. The first study to link CFS/ME with IBS, it builds on a previous trial that demonstrated 80 percent with CFS/ME could be diagnosed based on their gut bacteria. When the species of gut bacteria were analyzed, the researchers found seven that were strongly associated with CFS/ME: Faecalibacterium, Roseburia, Dorea, Coprococcus, Clostridium, Ruminococcus, and Coprobacillus.

According to Medical News Today, when an individual had other species at different levels, it indicated the potential presence of IBS. The top bacteria markers for CFS/ME with IBS were increased levels of unclassified Alisteiipes and decreased levels of Faecalibacterium. Patients with CFS/ME and without IBS had increased levels of Bacteroides and decreased Bacteroides vulgatus. Reference: [http://tiny.cc/2yscly](http://tiny.cc/2yscly)

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**WHY BEANS MUST BE VERY CAREFULLY COOKED**

Red kidney beans contain very high amounts of the toxic lectin phytohaemagglutinin. Many other beans also contain it, albeit in lower amounts, including white kidney beans and Greek butter beans. This lectin is why you should never eat beans raw or undercooked, lest you come down with bloody vomiting and other symptoms reminiscent of severe food poisoning. As few as five undercooked beans can cause severe symptoms.

Cooking at high heat deactivates this lectin, making the beans safe to eat. Research has shown cooked red kidney beans contain only 200 to 400 units (hau) of hemagglutinating, compared to the 20,000 to 70,000 hau found in the raw beans. While most people would never consider eating dry beans without cooking them, skipping steps or undercooking them are common kitchen faux pas that send many to the hospital.

As noted in The Atlantic: “Stories of lectin poisoning are not especially rare. In ‘The Independent’ the food writer Vicky Jones describes a dinner party in which she used Greek butter beans in a dish without boiling them first. Soon everyone was violently ill. It came on so quickly that before they could consider going to the emergency room, death seemed preferable to [trekking to the] hospital. Jones recovered fully, as most lectin-poisoned people do.”

Reference: [http://tiny.cc/u5xcly](http://tiny.cc/u5xcly)

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