Dr. Glenn S. Rothfeld's

NUTRITION & HEALING

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DESTROY diabetes... with COFFEE?!

Just one cup a day delivers REAL results

By Glenn S. Rothfeld, M.D.

If you're anything like me, you can't survive without your morning cup of Joe.

But chances are if you ask your mainstream doc how much coffee you should drink, you'll get the same old answer: *NONE*.

They'll tell you it can increase your risk of heart disease... damage your digestive tract... and could even land you in an early grave.

But I'm here today to set the record straight.

COFFEE IS GOOD FOR YOU (in moderation, of course).

Research shows that coffee can help you lose weight... improve your mood... and even slash your risk of liver cancer and gallstones.

But that's just the tip of the iceberg for this steamy drink...

Because research now shows it can **DESTROY diabetes**, too.

And all you need is ONE cup a day to see REAL RESULTS.

The morning drink you NEED

Coffee has *long* been known to have many health benefits.

In fact, numerous studies have found just ONE cup a day can:

- Reduce your risk of colorectal cancer;
- Lower your risk of Alzheimer's;
- Protect against Parkinson's; and
- Lower your risk of multiple sclerosis.

And for decades, researchers have debated over whether or not this steamy drink could benefit diabetics...

And to answer this question, we need to know about the risks associated with diabetes.

Type 2 diabetes is responsible for about 90 percent of all diabetes cases, and is usually what we think of when we think of diabetes.

Type 2 diabetics usually have a combination of low insulin secretion and insulin resistance.

This illness is a major risk factor for cardiovascular disease—including strokes and heart attacks—and these health issues are the major cause of premature deaths in diabetics.

In 2017, it was estimated that about 451 million adults worldwide were suffering from diabetes. And this number is expected to increase to 691 million by 2045.

Folks, this is a real concern...

But the good news is, research has found that coffee may be the solution we've been looking for.

See, the association between coffee intake and diabetes has been known since the 1970s when it was discovered that **an increase in coffee intake resulted in lower blood sugar**. And a Japanese study later confirmed the link.

Starting in 2002, several population observational studies surfaced that showed a clear association between coffee intake and lower diabetes rates.

Since then, almost 1,600 articles in the medical literature have been published related to coffee and diabetes. Many are observational studies including various populations in the U.S., China, Japan, and various European countries—**and almost all showed the same results**.

One 2018 meta-analysis (a study combining other studies) included 30 studies with over 1.1 million patients, of which 53,018 had diabetes.

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NUTRITION & HEALING

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Our mission:

Nutrition & Healing is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

Glenn S. Rothfeld, M.D. operates the renowned Rothfeld Center for Integrative Medicine in Waltham, Mass., and he regularly scours the globe looking for the latest advances in natural health.

For nearly 35 years Dr. Rothfeld has helped patients identify and conquer the true underlying causes of diseases like diabetes, arthritis, and even cancer. His cutting-edge research into neurological diseases is creating exciting new avenues of treatment for seniors struggling with everything from Alzheimer's to Parkinson's disease.

Dr. Rothfeld's commitment to uncovering the latest health breakthroughs and educating his fellow physicians and patients is never-ending. He was named a fellow at Harvard University's prestigious Channing Laboratory, and developed one of America's first courses on alternative health for the world-class Tufts University School of Medicine.

As an author of nine books on everything from thyroid disorders to back pain, Dr. Rothfeld has helped thousands of patients find lasting solutions to even the most stubborn health problems. Now you can access all these latest health discoveries each month through Dr. Rothfeld's *Nutrition & Healing* newsletter.

Moving? Missed an issue? Please let us know within 60 days of moving or if you have not received an issue. (International subscribers, please notify us within 90 days.) After this time period, missed issues can be purchased for US$6.50 each. Postage costs may apply to international requests.

COFFEE

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The results were fairly consistent. With each cup of coffee drank, **the risk of diabetes lowered by six percent**. This per-cup association held until eight cups of coffee per day!

Another earlier meta-analysis found a seven percent per cup reduction in diabetes.

Interestingly, research has found the caffeine content in coffee doesn't seem to make *much* difference in reducing diabetes risk.

In one meta-analysis, **every additional cup of caffeinated coffee added a nine percent lower risk of diabetes,** while decaffeinated coffee added a six percent lower risk per cup.

Research shows even tea could play a role in diabetes risk.

One meta-analysis showed **an eight percent lower risk of diabetes for drinkers of more than three to four cups of tea per day** (this finding was not repeated in all studies).

Association and cause are frequently confused, so a 2014 study looked at changes in coffee and tea consumption, and whether these changes in four years affected the development of diabetes in the subsequent four years.

Approximately 120,000 patients were followed—their drinking habits and diabetes risk were assessed every four years.

Over 7,000 cases of diabetes were found to have developed in the time studied.

Amazingly, compared to those who made no changes in their coffee intake, those who increased their intake by more than one cup per day over four years were **12 percent less likely to develop diabetes in the following four years.**

And those who drank less coffee during the study? Well, they experienced a 17 percent HIGHER risk of developing diabetes in the four years following.

The change in risk was even greater for caffeinated (versus decaffeinated) coffee.

For those who drank more than one cup per day of caffeinated coffee, the risk was 13 percent lower. But for those who drank less caffeinated coffee, the risk was 20 percent HIGHER.

In all, **the risk went down by five percent for every increased cup of coffee drank**.

THIS type of coffee holds all the benefits

The type of coffee you drink makes all the difference.

There are two major ways to make coffee:

One is to brew the coffee—which simply means you mix the coffee with hot water, and then drink it as you do with French press coffee, espresso, and instant varieties.

The second is to brew with a filter as you do with a standard coffee pot.

But only one makes a big difference when it comes to lowering your risk of diabetes.

See, **filtered coffee has consistently shown better results than brewed coffee.**

One possible explanation for the effect of coffee on diabetes is how it benefits your weight and fat loss.

In a 16-week long randomized controlled trial looking at overweight men with high fasting glucose levels, researchers found that **drinking five cups of filtered coffee shrunk the participants' waists and lowered their glucose levels.**

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Considering a joint replacement? READ THIS FIRST!

This common surgery could WRECK your life

By Glenn S. Rothfeld, M.D.

I know there are millions of Americans walking around with life-wrecking chronic pain. So, I can hardly blame someone for getting in line the second their doctor dangles the idea of a joint replacement surgery.

There's only one problem: *It doesn't work*.

As an integrative doctor, it was easier for me to see the risks a long time ago, because I don't think it's natural to have a foreign substance (like a heavy metal) stuck inside your body for the rest of your life.

Even though joint replacement parts and dental implants don't contain toxic heavy metals such as mercury, lead, or cadmium—***they still pose a serious threat***.

The metals most commonly used in the different devices are made from cobalt, titanium, chromium, and nickel. And these metals pose TWO major risks to the human body... the one being **toxicity** and the other is **hypersensitivity (aka an allergy)**.

Having metal parts inside of your body is so dangerous because the negative outcomes are NOT immediate. Instead, you'll most likely start to see the side effects years... or even decades later.

Even worse? This slow and steady burn of medical issues is almost ALWAYS missed by your conventional medical doctor.

Folks, that nuts!!

The JIG is UP on this life-changing arthritis and pain "treatment"...

Today, I'll show you **better ways to tackle painful joints**.

The dangers of metal poisoning

Metal toxicity can cause <u>almost ANY symptom or disease</u>.

These include mildly annoying conditions like **tinnitus** (ringing in the ears), **chronic headaches, skin rashes** (eczema)—and even severe autoimmune disease like **lupus** or **multiple sclerosis**.

And the worst news? <u>The most common diseases are neurological—like **Parkinson's** or **dementia**</u>.

These types of risks occur because of wear and tear of the devices. This "rubbing" is what releases the metals into your surrounding tissue, as well as your bloodstream.

The metals are released from your joint in a *slow trickle*—this creates a sneak attack on your body that is usually not on your conventional doctor's radar.

To put it in perspective, integrative doctors and dentists feel that even grinding your teeth while having amalgam ("silver") fillings can release small amounts of mercury into your saliva and your bloodstream.

That's why we do NOT like our patients to have these mercury-based fillings in their mouth.

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The SHOCKING joint replacement risk you won't hear about:

The obvious joint replacement risks range from deadly blood clots, to infections, and failed surgeries. But there's another risk you won't hear about from your mainstream doc: **Leg length**. On some occasions, the surgeon does not pay close enough attention to the angle and the way that the new hip is done and the result is one leg coming up longer or shorter than the other. This may not sound like a big deal BUT it can be a huge deal. After recovery, a patient with this side effect will most likely start walking askew—which puts extra wear and tear on the joints on the other side of the body. This is like driving a car that is out of alignment, and the tires on one side get too worn out. Sometimes the leg length issue is so obvious that you can feel it while walking or see it in the mirror while looking at yourself. Others can tell because their pants are catching on the bottom of their heels. Some good chiropractors and bodyworkers (like craniosacral therapy) can help alleviate this if you have already had a hip replacement. And if you need to have a hip replacement in the future, please make sure to ask your doctor how he ensures that your leg length will be proportional postoperatively.

These foods SINK your blood pressure

Get the power of Big Pharma drugs WITHOUT the risks!

By Glenn S. Rothfeld, M.D.

There are an estimated **103 million Americans living with high blood pressure**—maybe even you or a loved one.

Let me put that into some context for you—*that's MORE THAN TWICE the number of people living in the country of Spain.*

So you'd think your doctor would have been adequately trained on this condition.

But prepare to be disappointed...

I can't tell you how many times I've heard from my patients that their mainstream doc put them on blood pressure drugs after just one reading.

Here's why this is a big problem...

Let's say you're going through a stressful period in your life. Maybe the stress raises your blood pressure.

All that doctor will notice is that your blood pressure is up—and he's probably not going to look any further.

And the next thing you know, you might be prescribed drugs you don't need—or diagnosed with a condition you don't even have.

But that doesn't have to happen to you... or anyone you care about.

Because today I'm going to show you how to **get your BEST blood pressure reading in years!**

Why docs recommend ACE inhibitors (And why they shouldn't)

If I find that blood pressure meds are ABSOLUTELY necessary for my patient, there are several options I choose from.

I'll usually measure two things in your blood: **aldosterone and renin.**

Aldosterone is the adrenal hormone that is responsible for keeping salt (and water) in your blood vessels. If your aldosterone levels are high (or relatively high in comparison to renin) then I know that salt is an issue.

I'll then recommend salt restriction, and frequently use a diuretic to enhance the elimination of salt from your body, leading to less pressure in your blood vessels.

On the other hand, if renin is relatively higher, I know that overstimulation and spasm of your blood vessels is a bigger issue for you than salt retention—turning my attention to focus on the **renin-angiotensin system.**

This system is integral to maintaining the tone of blood vessels. It starts with your kidneys producing renin—which then goes into your bloodstream—where it comes into contact with a substance produced in your liver, called **angiotensinogen.**

This substance is split by the renin into angiotensin I, a peptide (protein) which is inactive.

This inactive peptide is then acted on by an enzyme produced in the lining cells of the lungs, kidney, and other organs, called **angiotensin-converting enzyme** (ACE). The result is the active peptide angiotensin II.

Angiotensin II then binds to a variety of organs, including:

- Your kidneys—where it pulls sodium back into your body
- Your blood vessels—where it constricts the vessels, increasing peripheral resistance
- Your adrenal gland—where it stimulates the release of the previously mentioned hormone aldosterone
- Your brain—where it stimulates hormones to allow for more water retention in your blood vessels

The end result of all of this is an increase in vascular pressure.

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So what is... "PROBLEM BLOOD SUGAR" ANYWAY?

Many of my patients are eager to avoid prescription diabetes drugs. And they want to know whether there is a magic blood sugar number or "tipping point" beyond which some type of intervention is necessary. I believe a 6.0 three-month average on a Hemoglobin A1C test is high enough that we should pay attention to diet, exercise and natural blood sugar remedies. But it's not high enough where I'd encourage the use of the potentially dangerous prescription drugs that are now being pushed for patients at that level.

This multi-step system allows for several places to interfere with your blood pressure mechanism, and pharmaceutical drugs have been developed to take advantage of these opportunities.

Angiotensin-converting enzyme inhibitors (ACE inhibitors) are commonly used to block the production of angiotensin.

Angiotensin receptor blockers (ARBs) are another class of antihypertensives. These drugs prevent the binding of angiotensin to its receptors, effectively blocking their activity.

Aldosterone blockers and diuretics are another common class of medications for high blood pressure.

These medications are fairly effective, and in fact millions of people rely on them every day to treat hypertension.

But here's why they shouldn't...

Common ACE inhibitors such as lisinopril (Zestril), enalapril (Vasotec), captopril (Capoten), and quinapril (Accupril) can be VERY expensive.

Not to mention, the side effects are known—and dangerous.

In my November 2019 issue of *Nutrition and Healing*, I shared with you the most common side effect of **lisinopril** is a **dry cough**.

More serious side effects of common ACE inhibitors include an increased risk of lung cancer, dizziness, weakness, skin rashes, and increased potassium levels.

In addition, there are many possible drug reactions between ACE inhibitors and other medications, including: **antacids, NSAIDs, lithium, and diuretics**.

The REAL cure for high blood pressure

If you've been put on an ACE inhibitor for high blood pressure, I've got news for you...

There's a good chance you may not need a blood pressure medication at all.

You see, there are several **possibilities for natural inhibition of ACE.**

Many of the possibilities come from dietary proteins, or are proteins themselves.

The relationship between higher protein intake and lower blood pressure has been observed in a variety of populations, including population studies in Japan, China, Britain, and the U.S.

The type of protein appears to make a difference. In general, **lower animal protein and higher plant protein diets were associated with lower blood pressure**.

Several studies have supported this finding:

- A recent study in Australia looking at metabolic syndrome, a condition involving high blood pressure, found a big improvement with a plant protein diet.
- In a large meta-analysis (a study that combines other studies) that looked at protein intake in patients with high blood pressure, the findings once again, were in favor of plant-based protein.
- A 2017 study of 5,324 patients followed 459 cases of metabolic syndrome for 11 years. And researchers found that plant protein diets were associated with lower blood pressure, while animal protein had the opposite association.

There are exceptions to this. One is whey protein, which is a protein found in dairy.

Several studies have demonstrated that **whey in the diet lowers systolic blood pressure**, probably by encouraging fat loss.

A recent Chinese study of 65 patients demonstrated this, along with an improvement in blood flow. This has also been shown in kidney dialysis patients who have low albumin as a result of their disease.

In another study study (called the Whey2Go trial) whey protein was again shown to lower blood pressure as measured by 24-hour constant measurements, as well as lowering

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Flu shots for some... BUT NOT ALL

We are officially in flu shot season, folks. And as I've told you before, I don't get flu shots... and by and large, I don't give them. I make a couple of exceptions, of course, but they're only for patients whom the flu vaccine was originally developed to help. That includes people with severely compromised immune systems or significant chronic lung disease... older folks over the age of 75 who are susceptible to the complications of flu illnesses... and SOMETIMES children. When flu shots first came on the market, these groups of patients were the ONLY ones to be encouraged to get one! And that made sense. But sometimes, issues of logic and science get eclipsed by the realities of money. And that's exactly what happened with the flu shot. You see, the flu vaccine is fragile— and that makes the cost of it unreasonable. Not only do pharmaceutical manufacturers of flu vaccines have to develop a new one each year... but they also have to preserve them enough to maintain effectiveness. So—by necessity, I suppose—they expanded their indications for flu vaccine (with an assist from the CDC) to include everyone with a pulse. Drug stores started handing them out, and doctors were encouraged to push them on their patients. But selling the flu shot is more about the bottom line than actually keeping influenza from bringing you down.

COFFEE

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The antioxidant properties of coffee have also been well studied.

Coffee has multiple bioactive components, most noticeably caffeine and phenolics (particularly chlorogenic acid or CGA) as well as flavonoids and lignans.

Brewed coffee is actually a major source of antioxidants, along with fruits and vegetables, in some countries.

Medium roast coffee appears to have a greater antioxidant capacity than light or dark roasts.

Since oxidative stress is thought to be a factor leading to insulin resistance, the antioxidants in coffee may have their effect in this manner.

Also, caffeine is known to inhibit activity of adenosine receptors, which have to do with everything from tasting sweets to regulation of lipid metabolism and insulin, so this may be a factor.

CGA by itself also plays a role in weight loss, as shown in mice and humans studies.

In one study, supplementing with CGA lowered body weight of subjects versus placebo, and in another study CGA-rich coffee lowered body weight and body fat more than non-enriched coffee.

Coffee (specifically, caffeine) is also known to be thermogenic, meaning that it increases metabolism and uses up energy, which affects weight gain and obesity.

There is also some research suggesting that coffee leads to a feeling of fullness (called satiety) and affects weight and fat metabolism that way.

But that's not all this steamy drink can do...

Coffee has also been shown to FIGHT OFF inflammation.

Multiple experimental and clinical studies have shown that coffee intake is related to reducing pro-inflammatory markers in both normal patients and in those with diabetes, while anti-inflammatory markers are increased.

NFkappaB (NF-kB) for instance, a critical component of the inflammatory cascade, is inhibited by both caffeine and CGA in the laboratory.

There has been plenty of recent interest in the microbiome, or the bacterial balance in your intestines. It is now known that specific types of organisms in the gut are more prevalent in patients with diabetes. Anti-diabetic treatment actually changes the balance of organisms in the gut, and this is thought to contribute to their glucose-lowering effects.

Polyphenol-containing drinks such as wine, fruit juice, and coffee can improve the quality of gut flora.

A recent study of 1,135 healthy people showed that **regular coffee intake helped to improve gut microbe diversity**, while high-sugar drinks like sodas lowered it.

What's not to love about this steamy drink??

If you want to experience the benefits of coffee, **just be sure to drink your cup of Joe BLACK.** Flavored creamers, whipped cream, and add-ins have plenty of hidden sugar.

And drink your coffee in the morning. Drinking it later in the day can affect your sleep—leading to other health complications. **GR**

BLOOD PRESSURE

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blood lipids and increasing blood vessel function and blood flow.

Another exception are proteins derived from bonito fish, a dark fish related to tuna which is used in Japanese cooking (where it is known as katsuobushi).

Many animal studies, and at least one human study, have shown that bonito peptides lowered blood pressure and increased blood circulation.

The evidence for plant protein, as I stated previously, is stronger with positive results shown in soy protein as well as canola seed, pea, peanut, and hempseed protein.

The reason that these peptides are so effective in lowering blood pressure seems to be that **they are similar to ACE inhibitors in structure**, and therefore act the same as pharmaceutical ACE inhibitors.

Garlic is a food that is known to have ACE inhibitor activity, as well as calcium channel-blocking effects (calcium channel blockers are another common class of anti-hypertensives).

In particular, aged dry garlic extract contains biochemicals such as allicin, flavonoids, and sulfur compounds that are responsible for this action.

A meta-analysis of randomized, placebo-controlled trials demonstrated a decrease of 4.6mm mercury in the treated group versus placebo. This finding was even greater in the group identified originally as having hypertension.

Another food that appears to

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Because the risks of medical devices slowly leaching metals into your body is similar to the risks that humans faced decades ago from lead paint and lead gasoline.

Even though there is not a lot of risk surrounding a one-time exposure to a metal, the slow leaching over time can cause some serious damage to your health.

Here's why this really grinds my gears...

The fact that it takes a long time for these symptoms and diseases to develop, **the "blame" can rarely be LEGALLY tied back to these devices and metals**.

Do YOU have a metal allergy?

The other major risk of implantable medical devices is having an allergic or hypersensitive reaction to the metal.

This is considered less of a controversial issue and thus conventional doctors are less willing to address or acknowledge this as an actual medical risk.

But here's why they should...

This risk is hard to predict and **can occur weeks to months after the procedure is done**.

Symptoms can be localized and include pain in the replaced joint, rash on or near the surgery site, or discoloration of the skin near the joint. Some patients even experience whole body itching, headaches, or even neurological issues.

About 10 percent of the population experiences delayed hypersensitivity to implanted metals. And up to 25 percent of people that already have an implant show a hypersensitivity. That percentage skyrockets to **60 percent** if their joint is loose.

But the reason the mainstream overlooks this subject is that there are really no accepted and validated medical tests that can confirm this risk.

There are allergy "patch tests" that can be done at the dermatologist office which are somewhat reliable. There is also a blood test called a **LTT test (Lymphocyte Transformation Test)** which challenges your own cells to the substance to see if there is a reaction. This testing is considered more accurate. BUT it is usually NOT covered by insurance.

The integrative medical world does advocate a more sophisticated version of LTT testing called **MELISA (Memory Lymphocyte Immunostimulation Assay) testing** which is a blood test that specifically detects hypersensitivity to metals.

Ugly medical industry secret EXPOSED

There is a film on Netflix called "The Bleeding Edge" which is an eye-opening documentary that dives into the fast-growing medical device industry—and how the rush to innovate can lead to devastating consequences.

The film reveals the shocking truth that **98 percent of all of the medical devices implanted in the human body do not have direct FDA approval**.

Yep, you read that right, folks!

As it turns out, most medical devices on the market get approved through a 1976 "loophole" that was created by the FDA called the 501K Pathway.

Sadly, only two percent of medical devices use the traditional, safer PMA (pre-market approval) process which involves human trials with the device.

This means that almost all devices are NEVER subjected to medical studies in humans... and there is no proof showing that they are safe.

The 501K Pathway only requires that the manufacturer show that their product is "substantially equivalent" to another device that has gone through the PMA.

Better alternatives to joint replacement surgery

The one thing I want you to take away from this is that knowledge is power, folks.

I think knowing and understanding the unsettling facts about joint replacement is CRUCIAL to a long healthy life.

Now, if you have already had a joint replacement surgery, some things can be done if you suspect that you are having a toxic or allergic reaction.

First, **you need to find out exactly what kind of metal implant you have inside your body**. You can ask the doctor who performed the surgery. You can also do an internet search of the name of the device to see the materials.

If you had a joint replaced with chrome-cobalt, you can ask for a cobalt urine test—which should be easy to get done at a local lab.

But if other materials were used, it will be hard to get a conventional doctor to order urine tests for those. So, if they will not do it, integrative doctors in your area will be able to order a test for you.

And if it turns out that you do have toxic levels of these metals, the first step is to **consider the replacement of that joint or you can**

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BLOOD PRESSURE

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have ACE inhibitor activity is **spirulina**, the sea vegetable chemically known as Arthrospira platensis.

Spirulina was tested in a 2018 pilot study, and was found to successfully lower systolic blood pressure as well as protect the lining of blood vessels (endothelium). The ACE inhibition has been attributed to a particular tri-peptide (three amino acids) that has been isolated from spirulina, and shown in the laboratory to lower blood pressure.

A similar ACE inhibiting peptide has been isolated from another sea alga, **chlorella**, and this also has been shown to lower blood pressure.

And last but not least, we know that **olive oil** has heart-disease preventing effects.

But almost 25 years ago, components of the olive leaf were isolated and found to have ACE inhibiting effects.

Subsequently, studies have shown the antihypertensive effects of olive leaf extract and peptides from unfiltered olive oil and even olive seeds, in rats.

More recently, olive leaf extract was tested in a double-blind randomized controlled study against the antihypertensive medication Captopril, and **found to be JUST AS EFFECTIVE in doses of 500mg twice daily**.

You can pick up an olive leaf extract supplement at your local brick-and-mortar supplement shop or online. **GR**

METAL ALLERGY

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discuss different forms of therapy with an integrative doctor.

At my clinic in Massachusetts, I treat patients with heavy metal poisoning often.

One of the therapies that I use is called **chelation**.

Chelation therapy is a treatment for the removal of heavy metals in the body—such as lead and mercury—and it's done through oral or intravenous methods.

If you feel that you are having an allergic or hypersensitivity reaction to the metal implant, you can get a dermatologist to order the skin testing or the surgeon can order you a LTT test.

Most conventional doctors do not know about the MELISA testing. But you can contact the MELISA company yourself to get a test kit—and then you will have to ask your doctor to draw the blood for you. Be aware that the LTT or the MELISA testing is not covered by insurance.

I also recommend you starting a joint protection with supplements such as **curcumin, glucosamine, chondroitin, and MSM**.

Strengthening your muscles and staying in shape is very important to take the pressure off of your joints, and this can even be where considering testosterone replacement (males and females) plays a role.

I am also a believer in keeping your body in alignment. So, seeing a gentle chiropractor or craniosacral therapist can help your joints wear equally.

If the joint is in pain and clearly arthritic, consider modalities such as physical therapy and acupuncture.

I am also a fan of the **hyaluronic acid injections** that I discussed in a recent edition of this newsletter—they help to lubricate the joint and are usually covered by insurance.

But if your joint issue is so bad that you need to have surgery, then please be armed with the knowledge that you do not want any chrome-cobalt in the materials used in the replacement.

Here's my advice for choosing a good thorough surgeon: **Make sure the surgeon asks you if you have had any allergic reaction to jewelry in the past.** **GR**

ALTERNATIVE HEALTH RESOURCES

American College for Advancement in Medicine (ACAM)
Phone: (800) 532-3688
www.acam.org

American Academy of Environmental Medicine (AAEM)
Phone: (316) 684-5500
https://www.aaemonline.org

American Academy of Anti-Aging Medicine
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www.a4m.com

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