

Dr. Marlene's NATURAL HEALTH CONNECTIONS

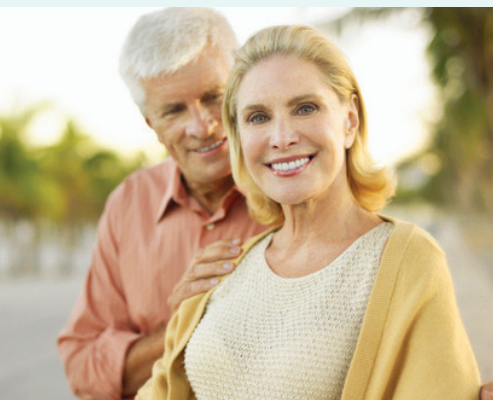
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The Preventive Health Scam Making Millions Sick

True prevention is missing from our healthcare system. Conventional tests don't detect risk until disease has taken root — much too late.

Our healthcare isn't designed to keep you well. What we actually have is a disease-care system.

Conventional "prevention" boils down to screening with medical tests that look for markers of disease. The idea is that if you catch a disease in its early stages, it's more likely that you can slow it down or stop it from progressing. While this is sometimes helpful, it isn't what I consider to be prevention. Real prevention would stop a disease from developing in the first place.

Screening for diabetes is an example. Blood glucose, another name for blood sugar, is the standard marker used to see if you're prediabetic, meaning at high risk of developing type 2 diabetes. If your blood glucose is over 100 mg/dL, that's prediabetes. If it's over 125 mg/dL, that's diabetes. But neither of these opens the door to true prevention.

We know that diabetes is a disease but what about prediabetes? The Centers for Disease Control and Prevention calls it "a serious health condition," and some people call it "borderline diabetes." It's far from a healthy state.

One in two people with the condition will develop diabetes within 10 years, depending upon whether they change their diet and lifestyle. However, even if you never develop diabetes, prediabetes increases risk for heart disease, stroke,¹ and dementia.²

Testing blood glucose doesn't tell you or your doctor that something is awry until it's "a serious health condition." This is one of the major problems with today's medical testing: It's detecting malfunctions after the fact. One in three Americans has prediabetes, and 90 percent don't know they have it, so this is a major health crisis.

Overlooked Tests

The medical test that could have detected a malfunction earlier — years before levels of blood glucose began to rise — is not generally given to patients who aren't already diabetic. I'll get into more details in a moment, but in case you're wondering, this is not an exotic or high-tech test that's available only from a few doctors. It's a blood test that any doctor can give you and any lab can analyze, nationwide.

There are other, simple tests that could also be used, but aren't, to detect underlying health issues before they become a diagnosable disease. This doesn't mean that doctors aren't doing their best.

Unfortunately, most physicians have been educated in a system that wasn't designed to keep people healthy. And often, Medicare or private insurance won't pay for valuable tests unless there's an indication that something has already gone wrong. It's a misguided effort to lower costs of healthcare.

My Mom's Dilemma

My mom, who lives in New York, had an experience that is not uncommon. She was complaining about feeling tired, but because her doctor found nothing wrong, she rationalized, "Oh, I'm getting old." And then she came to visit me in Texas.

Naturally, I wanted to find out what was really going on and ran multiple tests that, together, shed light on the situation. She wasn't just "getting old."

The tests showed that my mom was anemic, had low thyroid function, and the level of chronic

inflammation in her body was through the roof. Underlying all of this was a cracked, infected tooth, which she didn't consider a problem.

Some time ago, the tooth began to hurt, and her dentist prescribed an antibiotic. The drug reduced the infection, but although it was no longer painful, the tooth was still infected.

No one likes going to the dentist, and my mom is no exception, so she didn't go back for more treatment. The lingering infection started a chain reaction. She was also lacking some essential B vitamins and vitamin D.

When I did a thorough panel of tests, it turned out that the tooth

infection was preventing her body from using iron. Iron is essential for red blood cells to deliver oxygen from the lungs to the rest of the body, and when the process isn't working right, your entire system is somewhat starved of oxygen. No wonder my mom felt tired.

Low iron also led to low thyroid — another energy robber — because you can't make thyroid hormones without enough iron. This isn't the only possible cause of low thyroid, but it was in this case.

Once my mom saw how the offending tooth was affecting her life, she was ready to get it pulled. With the infection gone and nutritional deficiencies corrected, her anemia, low thyroid, and

How to Find a Hidden Energy Robber

Even if you get plenty of iron in your diet, any lingering infection interferes with your body's ability to use it and can lead to fatigue and anemia. I see many patients with this problem because of an infection in their gums, teeth, bladder, or urinary tract.

Such infections may not be painful or uncomfortable enough to make you seek treatment. However, they still wreak havoc by shutting off your body's ability to tap into its iron stores.

Iron exists in different forms in your body. It's in hemoglobin, the component of red blood cells that carries oxygen from the lungs to the rest of the body. Some iron also floats freely in the blood. And some is stored in ferritin, a type of protein that binds with iron.

Ferritin acts as a bank account. In this form, iron isn't usable, but it's ready for withdrawal when needed.

If you cut yourself and bleed,

more iron will be released from ferritin to make up for the loss. But if there's an infection, iron goes in the other direction: into storage in ferritin. This is a self-protective mechanism. Iron makes bacteria stronger, so your body stores iron in a form that can't be used, to help get rid of the bacteria.

If you're sick for a few days, the iron storage is not a problem. But with a longer-term infection, usable iron is chronically depressed.

Helpful Tests: A C-reactive protein, or CRP test, measures inflammation. If inflammation is elevated, it may signal a lingering infection, poor sleep, sleep apnea, or another health condition. If tests show that your hemoglobin (iron in use) is low but ferritin (stored iron) is high, it means you're storing too much iron and not using enough.

inflammation all resolved. And she's no longer complaining about "getting old."

What Medical Tests Can and Can't Do

When patients come to see me, they've often exhausted other options. Maybe they're tired, like my mom, or they can't lose weight despite meticulously following sensible diets. Or maybe they don't want to keep taking blood pressure or diabetes drugs for the rest of their lives. Whatever the situation, I want to make them well enough so that they don't need to rely on medications or, at worst, need fewer prescription drugs.

By themselves, tests can't make you healthy. They're clues that help me to be a detective, to find what lies beneath my patients' symptoms. And then, we can work out the best way to fix the situation.

In my experience, the tests I'm about to describe are often overlooked but provide valuable information about the most common health risks we face today. These are blood tests that can be done by any doctor, but you usually have to request them. For optimum levels of these markers, see *Optimum Test Numbers* on page 4.

The Best Diabetes Prevention Test

There are two usual tests for diabetes risk: fasting glucose, which measures the level of blood sugar when blood is drawn, and A1C, which measures average levels of blood sugar over the past few months. If blood sugar is above normal, prediabetes has already developed, and if it's high enough, it's diabetes.

These are useful tests, but wouldn't it be better if you could have an earlier warning sign? You can. It's a fasting insulin test. It isn't widely used on people who aren't diabetic, but any doctor can do it. Long before blood sugar starts to rise above normal, fasting insulin can predict trouble ahead.

Here's what happens in your body: When you eat carbohydrates, blood sugar rises, and in response insulin is produced. It enables your body to use blood sugar as fuel. If you eat more carbs, there's more blood sugar, and more insulin is secreted in response.

If you habitually eat a lot of carbs, your body will routinely produce more and more insulin to keep blood sugar under control. Eventually, it's trying so hard to keep up with demand that it

makes too much insulin. And then, a fasting insulin test will show elevated insulin levels. Meanwhile, blood sugar levels will be normal.

Insulin can be elevated for decades before blood sugar reaches unhealthy levels. In addition to signaling future diabetes risk, high insulin makes you store fat, makes weight loss virtually impossible, and contributes to elevated blood pressure and cholesterol.³

Eating less carbs will reduce insulin levels. Exercise also helps.

Dr. Marlene's NATURAL HEALTH CONNECTIONS

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Is a Test Right for You?

Some tests pose risks. In one situation, the value of a test may outweigh the risk, but in another, the potential harm may be too great. In other cases, a test may not be necessary, or may cover the same ground as a test you've already received. It all depends on your individual health situation and, in many cases, your age.

Before getting any medical test, I encourage you to educate yourself about it. These are two excellent sources of independent, evidence-based information that my patients have found easy to understand and insightful: www.choosingwisely.org and www.thennt.com

Essential Nutritional Deficiency Tests

Vitamin D tests are widely recommended but aren't done by all doctors. There's a myth that in summer, or in southern climates, there's no need to test levels because sun exposure leads to natural production of the vitamin. Most of my patients, in Texas, have low vitamin D levels if they don't take supplements.

I recommend 5,000 IU daily of vitamin D3, an absorbable form, with vitamins A and K. Without these additional vitamins, long-term vitamin D supplementation can misfire and contribute to calcification of arteries.

Vitamin D2 is another, vegan form, found in plant milks, vegan supplements, and some prescription vitamin D pills. I don't recommend the D2 form because it isn't well absorbed.

Vitamin B12 tests are important for people who don't eat animal foods and for older people, who may not absorb B12 well from food due to low stomach acid. Confusion, memory lapses, and disorientation from lack of the vitamin can be severe enough to be mistaken for dementia.

Low B12 also contributes to elevated levels of homocysteine, an amino acid. Elevated homocysteine indicates it isn't being broken down properly, a situation that can increase risk for heart disease and stroke.⁴

Homocysteine levels can be tested. If they are high, supplements of vitamins B6, B9 (folic acid), B12, and minerals can restore normal levels. I recommend a B complex supplement with between 400 and 800 mcg

(micrograms) of folic acid. More is not better, because too much folic acid can mask a deficiency of B12.

Trace minerals, found in small quantities in multivitamins, and magnesium are also necessary for healthy homocysteine. Magnesium supplements can cause loose stools but there are alternatives. Magnesium in a gel can be rubbed on your skin. Or, take a bath in Epsom salts, which contain magnesium. These forms are well absorbed without side effects.

Optimum Test Numbers			
Some of these numbers are more stringent than those considered normal in today's medical world, because they reflect good health. Today's "normal" increases risks for lifestyle-related diseases like diabetes, heart disease, and dementia.			
TEST	WHAT IT MEASURES	TARGET NUMBERS	UNIT OF MEASUREMENT
Fasting insulin	Insulin level at time of test	Under 6	mcU/mL or mIU/mL (microunits per milliliter)
A1C	Blood sugar average in the past 2–3 months	Under 5.5	Percent of hemoglobin in red blood cells that is coated with sugar
Fasting blood glucose	Blood sugar at time of test	85–92	mmol/L (millimoles per liter)
Vitamin D	Vitamin D level	50–80	ng/mL (nanograms per milliliter)
Vitamin B12	Vitamin B12 level	In the upper 2/3 of the normal range	
Homocysteine	Need for B vitamins and minerals	Under 7	mcmol/L (micromoles per liter)
TSH	Thyroid function	1.5–2.5	mIU/L (milli-international units per liter)
HDL	Risk of plaque in arteries (combination of 2 tests)	Over 50	mg/dL (milligrams per deciliter)
Triglycerides		Under 100	mg/dL (milligrams per deciliter)
Iron	Iron level	Depends upon the type of test used	
C-reactive protein (CRP)	Inflammation	Under 1	mg/L (milligrams per liter)

Effective Thyroid Testing

Undiagnosed low thyroid is very common, especially among women. In addition to producing uncomfortable symptoms such as lack of energy, brain fog, and weight gain, it can eventually raise risk for high blood pressure, unhealthy cholesterol, heart disease, and diabetes.⁵

Unfortunately, most doctors are not trained in thorough thyroid testing and typically rely on a TSH test that misses many cases. Short for thyroid stimulating hormone, TSH is an indirect marker of thyroid function. High TSH indicates low thyroid function.

This creates two problems. The “high” threshold is too high, so “normal” results are often not normal at all. The other problem is lack of more detailed testing.

In addition to TSH, I recommend measuring free T4 and free T3. The T4 is a form of

thyroid hormone. To be usable, the body needs to convert it to T3. If there aren’t adequate levels of these forms of the hormone, low thyroid continues to be a problem.

I see many patients who have been told, in error, that their thyroid levels are normal, despite persisting symptoms. And they are at their wits’ end. Relief begins as soon as tests confirm that there really is a physical problem and they aren’t just imagining things.

If you suspect your thyroid is low, start by getting a TSH test, which is available from any doctor. For optimum function, TSH should be between 1.5 and 2.5 mIU/L (milli-international units per liter). However, anything between 0.5 and 5 mIU/L is typically considered in a normal range.

Why such a broad range? Some tests have desirable, high, or low numbers set by medical experts but others, such as TSH, are based on

lab results. “Normal” is the range where most people fall. Since many people have undiagnosed low thyroid, “normal” doesn’t mean healthy.

Meaningful Cholesterol Testing

Cholesterol, in the way it’s typically tested, has not proven to be an effective predictor of heart disease.⁶ I’ll be covering this in more detail in the next issue of this newsletter, but meanwhile there are two widely used tests that, together, are useful.

One is your “good” HDL cholesterol. The other is your triglycerides, another type of blood fat that is routinely tested along with cholesterol. If HDL is low and triglycerides are high, that combination indicates that you’re probably depositing plaque in your arteries.

A simple way to tip the ratio in your favor is to cut back on carbs and sugar. Doing this can lower triglycerides — in as little as a week — and can raise HDL. Getting some regular exercise will also help.

3 Tests Most People Should Avoid

This might surprise you, but doctors sometimes recommend tests that have little or no value, carry risks that outweigh potential benefits, or aren’t supported by evidence. Despite their best intentions, they may be obligated to follow outdated guidelines, or may not have the opportunity to become familiar with the latest research. Even experts don’t always agree on what should or shouldn’t be done.

About Dr. Marlene

Dr. Marlene Merritt’s passion for natural medicine is fueled by her drive to help others, and her own experience of overcoming a debilitating heart condition, diagnosed at the age of 20. A competitive cross-country cyclist at the time, she suddenly began experiencing severe chest pains. Forced to quit the sport, she suffered from extreme fatigue and constant pain for another 15 years, despite doing everything that conventional, Western medical doctors told her to do.

And then, the tide turned. A physician trained in naturopathic healing recommended a whole-food vitamin E supplement. A week after starting the supplement regimen, her energy began to return, and the pain began to disappear.

Dr. Marlene is a Doctor of Oriental Medicine, has a Master’s in Nutrition, and is an Applied Clinical Nutritionist. She is Board Certified in Bariatric Counseling, and certified in the Bredesen MEND Protocol,TM a groundbreaking method of reversing Alzheimer’s disease. She sees patients at the Merritt Wellness Centers in Austin, Texas, and Santa Fe, New Mexico, trains health practitioners nationwide, and is the author of the *Smart Blood Sugar Solution* and the *Blood Pressure Solution*.



Patients also play a role. Some have a Star Trek mentality and want the latest and greatest testing technology, regardless of its merits in their case. Others prefer to avoid anything that requires a pin prick.

Healthcare is complicated. However, the final decision about whether to receive a test is always yours. Before making a choice, I strongly recommend that you check out the resources in *Is a Test Right for You?* on page 3.

Among the many tests available, there are three common ones that most people should avoid: a colonoscopy, a mammogram, and a Prostate-Specific Antigen (PSA) test. This doesn't hold true for everyone. You or someone you care about may be in a situation where one or more of these tests is necessary, but even then, it's a good idea to be informed.

Hidden Colonoscopy Risk

Colonoscopies can be life savers, by detecting precancerous polyps so that these can be removed. But risks of the test include perforation of the bowel, bleeding, infection, and bad reactions to laxatives. Anesthesia or sedation during colonoscopies poses another, rarely discussed risk of dementia.

General anesthesia is known to produce disorientation and confusion after surgeries, and after age 40 increases risk for dementia. Sedation is considered less risky, but there's evidence that it can put a person so deeply "under" that effects on the brain are comparable to general anesthesia.⁷

For anyone who is not at high risk for colorectal cancer, a fecal DNA test is a safer, non-invasive option. If it detects higher risk,

then a colonoscopy may be a necessary follow-up test.

Mammogram Myths and Facts

Mammograms are controversial, and women's fears of breast cancer are much greater than the actual risk. A panel of experts, the United States Preventive Services Task Force, has faced much backlash for stating that benefits of mammograms are greater when screening begins at age 50 rather than 40, and should be done every second year rather than annually.⁸ The perception of mammogram benefits is quite different from the evidence.

The same panel found that screening 1,904 women between ages 40 and 49, for 10 years, prevented one cancer death. But there were 1,000 false positives, which led to painful, unnecessary biopsies and chemotherapy. Other research found similar trends among older women.⁹

Instead of mammograms, I recommend screening with thermography, which uses infrared imaging. It detects changes in breast tissue eight years earlier than mammograms. Such changes are potential precursors to cancer years later, making it possible for nutritional and lifestyle changes to prevent the disease.

Prostate Test: Risk Without Benefit

Medicare and some private insurers cover PSA tests for men age 50 and older, but the tests aren't recommended after age 75 or if life expectancy is less than 10 years. The American Urological Association recommends testing only if a man is at high risk for

the cancer,¹⁰ because PSA tests often suggest prostate cancer when it doesn't exist. False positives prompt unnecessary surgery, radiation, and hormone therapy, causing pain, urinary problems, and anxiety. If actual cancer is detected, it's unlikely to cause problems or shorten life if left untreated.

Being Smart about Testing

I'm a big believer in tests that can pinpoint nutritional deficiencies, which are easy to correct, and provide early warning signs that your diet and lifestyle need improvement. Making the right changes and getting retested can help you get and stay on a healthy path.

¹ American Heart Association. "About Pre-diabetes." http://www.heart.org/HEARTORG/Conditions/More/Diabetes/AboutDiabetes/About-Prediabetes_UCM_461494_Article.jsp. Accessed June 10, 2018.

² Xu, W., et al. "The effect of borderline diabetes on the risk of dementia and Alzheimer's disease." *Diabetes*. 2007 Jan;56(1):211-6.

³ Sung, K.C., et al. "Elevated fasting insulin predicts the future incidence of metabolic syndrome: a 5-year follow-up study." *Cardiovasc Diabetol*. 2011 Nov 30;10:108.

⁴ Peng, H.Y., et al. "Elevated homocysteine levels and risk of cardiovascular and all-cause mortality: a meta-analysis of prospective studies." *J Zhejiang Univ Sci B*. 2015 Jan;16(1):78-86.

⁵ Mehran, L., et al. "Variations in Serum Free Thyroxine Concentration Within the Reference Range Predicts the Incidence of Metabolic Syndrome in Non-Obese Adults: A Cohort Study." *Thyroid*. 2017 Jul;27(7):886-893.

⁶ Ravnkov, U., et al. "Lack of an association or an inverse association between low-density-lipoprotein cholesterol and mortality in the elderly: a systematic review." *BMJ Open*. 2016;6:e010401.

⁷ Schönenberger, S., et al. "Effect of Conscious Sedation vs General Anesthesia on Early Neurological Improvement Among Patients with Ischemic Stroke Undergoing Endovascular Thrombectomy: A Randomized Clinical Trial." *JAMA*. 2016 Nov 15;316(19):1986-1996.

⁸ US Preventive Services Task Force. "Final Recommendation Statement. Breast Cancer: Screening." <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1>. Accessed June 10, 2018.

⁹ Biller-Andorno, N., et al. "Abolishing Mammography Screening Programs? A View from the Swiss Medical Board." *N Engl J Med*. 2014 May 22;370(21):1965-7.

¹⁰ American Urological Association. <http://www.choosingwisely.org/patient-resources/psa-blood-tests-for-prostate-cancer/>. Accessed June 10, 2018.

Don't Be Afraid of Whole Eggs

Should I eat eggs? I get asked that a lot, and my answer is usually a resounding “yes.” The rare exception is when someone reacts badly to eggs. If you do, I suggest trying organic, pasture-raised eggs. If you still feel they don't agree with you, don't eat them.

Any eggs are usually better than none, but conventionally raised chickens eat food grown with pesticides and herbicides. Some of these chemicals end up in their eggs and can disagree with you.

Yolks Won't Harm You

Eggs became demonized because the yolks contain cholesterol, and egg whites gained the status of a healthy food. However, the cholesterol in eggs doesn't affect cholesterol levels of the people who eat them.

A study from the University of Sydney in Australia proves the point. In a group of people with prediabetes or type 2 diabetes, half ate no more than 2 eggs a week while the others ate 12 eggs a week. Researchers tracked their cholesterol, other markers of heart health, and weight for a year and found no difference between the groups.¹

Yolks Contain Essential Choline

Egg yolks are a top source of choline, a nutrient that's essential for healthy cell membranes and



for production of acetylcholine, a neurotransmitter, meaning it transmits signals in the nervous system. Choline supports healthy memory, mood, muscle control, and other functions of the brain and nervous system. At least 90 percent of the choline in an egg is found in the yolk.

Egg Muffins

These muffins aren't eggs inside a regular muffin, which is packed with carbs. They're eggs in a muffin shape and they're packed with healthy protein and flavor.

Eat them for breakfast, with a salad for lunch or dinner, or have one as a filling snack. Enjoy some warm, fresh out of the oven, and keep the rest in the fridge and eat them during the next couple of days. If you prefer a smaller batch, cut the recipe quantities in half.

Ingredients

10 eggs
10 ounces turkey bacon or sausage pieces (optional)
1 cup diced red bell pepper
1 cup diced onion
¼ tsp. salt
⅓ tsp. ground black pepper
2 Tbs. water
Shredded cheese (optional)

How to make them

1. Preheat oven to 350°F. Grease 10 muffin cups or line them with paper liners.
2. Beat eggs together in a large bowl.
3. Mix bacon, bell pepper, onion, salt, black pepper, and water into the beaten eggs.
4. Pour egg mixture, evenly divided, into prepared muffin cups. (Optional: Sprinkle cheese on top.)
5. Bake until muffins are set in the middle, 18 to 20 minutes.

Nutritional Power of Eggs

One whole egg contains about 70 calories, 6 grams of protein, 5 grams of fat, 0 grams of carbohydrates, and essential vitamins and minerals. Eggs are also a major source of choline, necessary for a healthy brain and nervous system.

Daily choline requirements

Men: 550 mg

Women: 425 mg

Choline in 1 large

egg: 147 mg

In comparison, 3 ounces of lean beef, top round, contains 117 mg of choline; 3 ounces of chicken breast or ground beef contains 72 mg. A 3-ounce portion of beef liver contains 356 mg, a bit more than 2 eggs.²

¹ Fuller, N.R., et al. “Effect of a high-egg diet on cardiometabolic risk factors in people with type 2 diabetes: the Diabetes and Egg (DiABEGG) Study—randomized weight-loss and follow-up phase.” *Am J Clin Nutr.* 2018 Jun 1;107(6):921-931.

² National Institutes of Health, Office of Dietary Supplements. “Choline: Fact Sheet for Health Professionals.”

Calories on Restaurant Menus Can Trick You

You may have noticed that many chain restaurants are displaying calories in each menu item. This is now a requirement for establishments with 20 or more locations. The intent is to help you control weight, but it can backfire.

If you've been reading this newsletter or my books, you know that I recommend limiting your carbohydrates from these sources:

- Drinks
- Fruit
- Foods made with grains
- Beans
- Potatoes
- Corn

These are the main sources of excess carbs. Grain foods include all baked goods, pasta, cereals, rice, and other grain side dishes. Potatoes include all varieties, such as white, red, purple, sweet potatoes, and yams. Corn includes all forms, including plain or creamed corn, corn cereal, cornbread, and popcorn.

You don't need to count carbs in other foods. But from those I've listed, I recommend consuming no more than 30 grams of carbs per meal (a 12-ounce can of soda generally contains more than that), and no more than 60 grams per day. This way, your food will be more satisfying, your blood sugar and energy will be stable, and you won't experience cravings that make you gain weight.

What's Wrong with Calories?

Looking only at calories can steer you toward a high-carb meal and



cravings for more of the same. That's good for the restaurant business but not for you.

High-carb, starchy foods like pasta and potatoes are not inherently high in calories, but eating too much of these elevates levels of the hormone insulin, which makes you store fat. In contrast, healthy fats contain more calories per mouthful but are more satisfying. They help to keep levels of insulin and blood sugar at lower, more stable levels and make it easier to reach or maintain a healthy weight.

Get the Nutrition Facts

How do you get the carb content of dishes that appeal to you?

Ask for more complete nutrition information and check the grams of "total carbohydrates." Big chain restaurants are required to make this data available, just like Nutrition Facts on packaged food labels, but they don't have to display it in plain sight.

Nutrition Facts, including carbs, are also on restaurant websites. It's a good idea to check these online before heading out the door. You may find that some chains in your neighborhood offer better options than others.

How Music Affects Food Choices

You're more likely to choose healthy food, such as a salad, while hearing soft music. With loud music, a greasy cheeseburger and fries are likely to have more appeal, according to research at the University of South Florida in Tampa.¹ Softer music has a calming effect that makes you more likely to eat healthy food, whereas loud music triggers stress and makes it easier to throw caution to the wind.

Weight Loss = Less Knee Pain

This might seem like a no-brainer: If you're overweight and have osteoarthritis of the knee, weight loss can relieve pain by reducing the load on your knees. Unfortunately, too many people with arthritic knee pain don't realize that a relatively small amount of weight loss can have a big effect.

Many studies have shown this to be true. The latest one, from Wake Forest University in Winston-Salem, N.C., found this: Losing 10 percent of body weight can reduce pain by 50 percent; losing another 20 percent of weight can relieve pain further by 25 percent.²

Why such a big impact? Each pound of excess weight adds 4 pounds of pressure on knees, so 10 excess pounds adds 40 pounds of pressure on knees, 20 adds 80, and so on. And, fat cells generate chronic inflammation, which triggers or contributes to any form of arthritis.

Depression: Side Effect of Many Drugs

More than a third of Americans take prescription medications that have depression as a potential side effect. And the types of such drugs may surprise you. They include some beta-blockers for high blood pressure, heartburn drugs, antihistamines, allergy and asthma medications, hormone contraceptives, and drugs for an enlarged prostate, anxiety, pain, and convulsions.

Rates of drug-related depression vary and increase when someone

takes two or more of these drugs. Common combinations include blood pressure or heartburn drugs. For example, depression has been a side effect in nearly 16 percent of those taking omeprazole (such as Prilosec) for heartburn and finasteride (such as Proscar) for an enlarged prostate. Among those taking gabapentin (such as Neurontin) for seizures or nerve damage from shingles, and cyclobenzaprine (such as Flexeril) to relieve muscle spasms, 60 percent have experi-



enced depression as a side effect.

These insights come from a study led by the University of Illinois at Chicago and published in *JAMA* (once called the *Journal of the American Medical Association*).³ Researchers analyzed data from more than 26,000 American adults, collected in government surveys.

Leg Exercise Boosts Brain Health

We often underestimate how some simple things can make a big difference in our health and ability to enjoy life. When we walk, jog, crouch, or use our legs to lift things, our bodies do a better job of making new cells in the brain and nervous system. This leg-brain connection was identified by Italian researchers in an animal study, published in the journal *Frontiers in Neuroscience*.⁴

We have big muscles in our legs, and when we make them work, more oxygen is pumped through our body, signalling the brain to make new nerve cells. Healthy production of these cells helps us deal with stress and life's challenges and may help lower risk of developing

neurological diseases such as ALS, multiple sclerosis, and other diseases that impair our ability to control our muscles.

If you think about how much work the brain does behind the scenes as you move around, the far-reaching effects of leg exercise make a lot of sense. Walking down stairs, for example, involves a lot of coordination, calculating which leg carries the right amount of weight at each moment, maintaining balance, and so forth. Fortunately, the take-home message is simple: Rather than sitting around, put your legs to work.

Why Walnuts Are a Good Snack

Known for their healthy fat, walnuts are also good for your gut bacteria — collectively known

as the microbiome — according to research at the University of Illinois at Urbana-Champaign, in Urbana.⁵ Beneficial gut bacteria enhance the immune system, the brain, and pretty much every aspect of health. I recommend eating just a small handful.

¹ Biswas, D., et al. "Sounds like a healthy retail atmospheric strategy: Effects of ambient music and background noise on food sales." *Journal of the Academy of Marketing Science*, 2018; DOI: 10.1007/s11747-018-0583-8.

² Messier, S.P., et al. "Intentional Weight Loss for Overweight and Obese Knee Osteoarthritis Patients: Is More Better?" *Arthritis Care Res (Hoboken)*. 2018 Jun 18. doi: 10.1002/acr.23608.

³ Qato, D.M., et al. "Prevalence of Prescription Medications With Depression as a Potential Adverse Effect Among Adults in the United States." *JAMA*. 2018 Jun 12;319(22):2289-2298.

⁴ Adami, R., et al. "Reduction of Movement in Neurological Diseases: Effects on Neural Stem Cells Characteristics." *Front Neurosci*. 2018 May 23;12:336.

⁵ Holscher, H.D., et al. "Walnut Consumption Alters the Gastrointestinal Microbiota, Microbially Derived Secondary Bile Acids, and Health Markers in Healthy Adults: A Randomized Controlled Trial." *J Nutr*. 2018 Jun 1;148(6):861-867.

Q&A

Q: I've been drinking coffee every morning since I was a teenager, but now I'm wondering if it's bad for me. My friends keep telling me I should stay away from caffeine. Should I quit coffee? — Alice J.

A: I don't have a problem with my patients drinking up to two or three cups of coffee a day. Because so many diets don't contain enough vegetables, coffee is the top source of antioxidants for many Americans.

There isn't anything inherently wrong with coffee by itself, but sweeteners and milk can be problematic. If you prefer coffee sweetened, I recommend xylitol or stevia. These are natural sweeteners that don't raise blood sugar or make you crave sweet foods.

Milk contains lactose, a natural sugar, which can also cause problems with blood sugar. Whole cream doesn't affect blood sugar because it doesn't contain lactose. Better yet, add some coconut oil. Your body doesn't store it as fat, but uses it immediately as energy, so coconut oil can give you a quick boost in the morning.

When it comes to caffeine, most people think espresso contains the most, but it doesn't. The flavor of coffee is more concentrated in a shot of espresso than in a cup of regular drip coffee. However, an

espresso shot is only an ounce, compared to 8–12 ounces in a typical cup. If you're sensitive to caffeine but like coffee, try decaf.

Caffeine content also varies among regular cups of coffee, depending on the coffee beans and how much coffee per cup was used in brewing. There are two basic families of beans: Robusta beans grow on flat land, usually on large plantations, and are higher in caffeine. Arabica beans, grown in hilly terrain at higher altitudes, naturally contain less caffeine.

They tend to be the higher-priced, gourmet brands, such as “estate” coffees.

I recommend organic coffees, if possible.

Otherwise, herbicides and pesticides can end up in your cup. Needless to say, I'm not a fan of sugary, creamy flavoring that turns a cup of java into a liquid dessert.

Q: Should I eat breakfast? I'm really confused because I've heard that intermittent fasting, where you skip meals, is good for you. — Jeffrey G.

A: Yes, you should eat breakfast. The word is a combination of “break” and “fast.” We fast while we're sleeping, and there's a reason to break that fast in the morning.

Today's typical carb-heavy diets lead to rollercoasters in blood sugar and energy. This puts stress on your adrenal glands, which make hormones that help you get going in the morning and maintain energy levels during the day. Skipping breakfast puts more stress on your adrenals, leads to energy sags, and

makes it more likely that you'll crave sugar and starch.

Skipping breakfast can be part of a beneficial intermittent fasting regimen, where you go without food for 12 hours or more. However, I've found that most people don't do well on such a plan unless they stabilize their blood sugar and adrenal function beforehand.

Breakfast doesn't have to be a whole big meal. It can be just an egg. Eating protein in the morning will give you more energy, both physically and mentally.

We've been trained to think that cereal is a go-to breakfast food, but it isn't necessarily the best choice. A wholesome cereal, such as steel-cut oats, is nutritious but also high in carbohydrates, which are already overabundant in most diets.

Leftovers from yesterday's dinner, with protein-rich meat or fish, and vegetables, also make a good breakfast. However, cold pizza doesn't make the grade.

Do you have a question for Dr. Marlene?

Send your health-related questions to drmarlene@naturalhealthconnections.com. Please include your first name and the initial of your last name. Although she cannot answer each question directly, Dr. Marlene will select a few in each newsletter and will address other questions and concerns in articles in future issues. Answers are intended for educational purposes only and should not be viewed as medical advice.

