Dr. Marlene's NATURAL HEALTH CONNECTIONS



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When Statin Drugs Can Harm You More than Cholesterol

If your doctor tells you to take a statin to prevent heart disease, this is what you need to know before filling that prescription.

The world of cholesterol is fraught with confusion, conflicting medical opinions, questionable science, and unnecessary prescriptions for cholesterol-lowering statin drugs. It may be hard to believe, given that lowering cholesterol is promoted as an important part of preventing heart disease. But the fact is, lowering cholesterol with statins can do more harm than good for many people.

Medications can be life savers and I'm all for them when there's a clear need and benefit. With statins, there is good evidence that they can help prevent a second heart attack or death among people who already have heart disease, especially if it's advanced and they are under the age of 75. In those cases, benefits outweigh potential side effects.

The reason the drugs are effective for people with advanced heart disease may be because they are anti-inflammatory, and cholesterol lowering may or may not be their main therapeutic value. But regardless of the mechanism, they can help in treating heart disease, once it's developed.

My concern is that statins are recommended for healthy people without heart disease, when they can harm more than heal. Unfortunately, the idea that cholesterol causes heart disease has been marketed so heavily that it's become a sacred cow in medicine. It's virtually taboo to disagree with the premise, but I'd like you to be aware of some facts.

Here's an example of how intense marketing can convey a skewed picture of benefits: A statin manufacturer once ran a TV advertising campaign, claiming that the drug could reduce risk for heart disease by 36 percent. But you may be shocked by the actual findings of the study supporting that claim.

Researchers compared the effects of a statin and a placebo, taken for about 3 years, in a group of more than 10,000 people. Among those who took a placebo, 1.49 out of 100 suffered a non-fatal heart attack or died of heart disease, compared to 0.9 out of 100 among those who took the statin.1

Imagine learning that a drug can reduce your odds of heart disease by 0.59 percent (1.49–0.9). It sure doesn't sound as exciting as 36 percent, but the marketing worked. Many people asked for and received prescriptions for the drugs from their doctors. because they saw and believed a compelling TV commercial.

In case you're wondering, the way those research results were presented in the marketing campaign is not considered to be technically incorrect in the scientific world. Studies can express risk in different ways and when taken out of context, a number can be misleading.

The Biggest **Cholesterol Myth**

Cholesterol has been unfairly labeled as a demon that provokes heart disease. That's the biggest myth. While there are cholesterolrelated processes that can go wrong and damage your arteries, which I'll get to in a moment, the substance itself is essential for the normal function of your entire body.

Let me say that again. Cholesterol is essential. There's a reason why your body makes it, and it isn't to cause disease. This is a very basic point that is widely misunderstood.

Why You Need Cholesterol

Your body needs cholesterol to carry on many essential processes that keep you alive and well. The following are some main ones.

Building Healthy Cells

In a cell, the membrane does a job similar to the walls and roof of your house. You know what happens when your roof leaks. What if it just kept springing more and more leaks? A damaged cell membrane is also disastrous.

Cholesterol is a building block of cell membranes. It enables that membrane to be an effective barrier, so that processes inside each cell, such as generating energy, can carry on in an optimum way. When cell membranes break down, so do the basic processes of life. The worse your diet, the more prone your body can become to "roof leaks" in cell membranes.

Making Hormones

Estrogen for women and testosterone for men are the hormones that get the most media attention. In fact, both are important for men and women, as are protective steroid hormones and others made by the human body. Cholesterol

How Research Results Can Mislead You

Researchers can quantify risk in two different ways, absolute risk and relative risk. Here's what each of these means:

Absolute risk: This is a number that give the odds of developing a disease over a period of time. If your odds are 1 in 10, that's 10 percent. In the statin study I mentioned, the risk of people developing heart disease was 1.49 percent in the placebo group and 0.9 percent in the statin group, during the 3 or so years of the study. These odds can also be described as 1.49 in 100 and 0.9 in 100.

Relative risk: This is a comparison of risk in two or more groups of people. Each group could be following a different diet, or one group could be taking a drug or supplement while the other takes a placebo. As an example, if a study finds that risk among people taking a placebo — getting no treatment — is 2 percent and risk among those taking a drug or supplement is 1 percent, the relative risk reduction is

50 percent. The 50 percent is calculated this way: Without treatment, risk is 2 percent and with it, it's 1 percent, and 1 percent is half of 2 percent.

In some cases, a reduction in relative risk can represent a meaningful benefit. If 60 in 100 people were at risk for a disease and a treatment reduced it to 30 in 100, that would be a significant reduction of 50 percent. The real impact of relative risk depends upon the numbers used in the calculation.

When health professionals read studies, they should be aware of these details and be able to view benefits in a realistic way. However, marketing campaigns and headlines you see in the news tend to focus on the most dramatic numbers, which may be misleading.

I'm telling you about some of the ins and outs of scientific research in the hope that it will help you evaluate, for yourself, what's behind dramatic headlines. When it comes to cholesterol, there has been plenty of misleading and confusing information.

is a building block for hormones and when it's driven too low with drugs, hormone depletion and imbalance become a problem. Low testosterone is one I often see.

Healing Wounds

Cholesterol is a healing substance. It helps to repair wounds, including tears in arteries. This is part of the reason why nature created it. I know, this is the opposite of what you usually hear: that excess cholesterol builds plaque and blocks arteries. It isn't the cholesterol itself that does that, and I'll explain what really happens in a moment. But you should know that cholesterol rises when you have an injury or inflammation.

Making Vitamin D

It's called the sunshine vitamin because your body makes vitamin D after being exposed to the sun. In that process, cholesterol is a precursor. Without enough cholesterol, your body can't properly make vitamin D, which is essential for strong bones, calcium metabolism, good eyesight, and a healthy nervous system.

Supporting the Brain

Cholesterol is essential for the development and function of the brain and nervous system. In the brain, it's needed for proper functioning of serotonin receptors, believed to play a role in mood regulation. Memory loss, sometimes to a debilitating degree, can be a side effect of cholesterol lowering with statins.

Making Bile Salts

Bile salts are secreted to break down and help you digest fat in your food and fat-soluble vitamins. Cholesterol is a precursor to bile salts, so it indirectly helps you to digest fat.

Fighting Free Radicals

Cholesterol acts as an antioxidant. Just in case chemistry wasn't your favorite subject, let me put this in a simple way. When your body generates energy and performs all the processes that keep you alive, there are waste products. Free radicals are among these. They're damaged molecules that cause a harmful chain reaction much like rusting, or an apple turning brown. Antioxidants fight free radicals and reduce damage. Some antioxidants, such as vitamin C, come from food, but the human body also has some built-in antioxidant defenses, and cholesterol is one of these

The Two Essential Types of Cholesterol

If you look at cholesterol with a magnifying glass, here's what you'll see: Cholesterol is an oily substance, and blood is watery. As you know, water and oil don't mix, so how can cholesterol travel through blood? It's in tiny packages made of a certain type of protein, called lipoprotein.

There are two basic types of packages: Low-density lipoprotein, or LDL — the so-called "bad" cholesterol — and high-density lipoprotein, or HDL — the "good" cholesterol. To help keep track of which is which, HDL starts with "h," which stands for happy, and it should be high.

You can think of the lipoprotein part as a box and the cholesterol as its contents. The density refers to the lipoprotein. LDL, the

low-density lipoprotein, is like a thinner, lighter-weight box with more cholesterol inside. HDL, the high-density lipoprotein, is like a thicker, heavier box containing less cholesterol.

To get the idea of what each of these does, imagine a two-way road in your arteries. Most of your cholesterol is made in the liver and LDL delivers it to all the different parts of your body. HDL (the happy one) travels in the reverse direction, taking excess cholesterol back to the liver, from where it can

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Primal Health, LP 710 Century Parkway, Allen, TX 75013 be eliminated. Both sides of the road need to function properly for you to be healthy.

The High-Cholesterol Fallacy

If "bad" cholesterol causes heart disease, you would think that all or most people who develop atherosclerosis or have heart attacks would have high LDL. But this isn't the case.

One study, at the University of California Los Angeles, looked at more than 136,000 people who were hospitalized for heart attacks. Based on their cholesterol levels, 75 percent of them were not considered at high risk, meaning their cholesterol was not always in an optimal range but, according to prevailing cholesterol standards, didn't pose danger. Nearly half of the people in the study had optimal levels of "bad" LDL cholesterol.²

If you're confused, you're not alone. You can bang your head against a wall trying to figure out how LDL levels predict who is likely to have a heart attack and you won't find the answer, because LDL doesn't predict heart disease or heart attacks. But another aspect of cholesterol can provide a better clue.

What Really Goes Wrong and Can Hurt You

In their natural state, LDL cholesterol packages are buoyant and fluffy, and they don't stick to artery walls or produce plaque. They travel well through the blood, enabling cholesterol to reach its destinations in the brain and other parts of the body, and to do its many jobs. Problems arise when

Beware of Statin Nutrient Depletions

Contrary to common wisdom, there is evidence that statins can harm the heart by weakening the heart muscle and increasing calcification of arteries, because they deplete these nutrients:³

CoQ10: The heart and other muscles need CoQ10 to generate energy. Lack of CoQ10, found mainly in organ meats, can contribute to heart failure and weakness and aches in other muscles. For more details about how CoQ10 reverses statin side effects, other benefits, food sources, and helpful supplement dosages, see page 7.

Vitamin K: Found mainly in leafy green vegetables, vitamin K is necessary for healthy metabolism of calcium. Sufficient vitamin K enables calcium to be used by bones. Without enough vitamin K, calcium may be deposited in arteries, causing hardening of the arteries.

Vitamin K daily requirements: 120 micrograms (mcg) for men and 89 mcg for women.

TOP FOOD SOURCES OF VITAMIN K	VITAMIN K (MCG)
Cooked collards, ½ cup	530
Cooked turnip greens, ½ cup	426
Raw spinach, 1 cup	145
Raw kale, 1 cup	113
Cooked broccoli, chopped, ½ cup	110

Selenium: Found in Brazil nuts, seafood, and meat, selenium is an essential trace mineral, meaning it's required in small amounts. It acts as an antioxidant, protects against infection, and is necessary for normal thyroid hormone production. An underactive thyroid can be an underlying cause or contributor to elevated cholesterol. Severe depletion of selenium can lead to cardiomyopathy, a disease that makes the heart enlarged, thick, rigid, or scarred.

Selenium daily requirements: 55 mcg for men and women.

TOP FOOD SOURCES OF SELENIUM	SELENIUM (MCG)
Brazil nuts, 6–8	544
Yellowfin tuna, 3 ounces	92
Halibut, 3 ounces	47
Canned sardines in oil with bones, 3 ounces	45
Roasted ham, 3 ounces	42

LDL is transformed into a small and dense form.

Small and dense LDL particles aren't as light and fluffy as their naturally formed cousins and can get stuck in artery walls and wreak havoc. They're viewed by the immune system as invaders, because they've been altered from their original form. Consequently, the immune system attacks them, creating inflammation. And that's what makes dangerous arterial plaque that leads to atherosclerosis and heart attacks.

When cholesterol testing began in 1972, the original technology had its limits. Newer tests measure different types of LDL particles, ranging from large and buoyant to small and dense. Studies using these tests show that small, dense LDL particles are a better predictor of heart disease than simply LDL.4 There are forward-thinking doctors who use these tests, but they're few and far between.

Why Statins Don't Solve the Problem

An ideal treatment to prevent heart disease would restore small, dense LDL particles to their natural light and fluffy form, but that isn't what statins are designed to do. Instead, they aim to drive LDL levels down by stopping a significant amount of your natural production of cholesterol. That's a bit like throwing the baby out with the bathwater, which doesn't make people healthier.

While there is evidence that statins reduce deaths among people who already have heart disease, the same isn't true when the drugs are used for prevention. For example, a review of 11 studies included a total of more than 65,000 people who were at high risk for heart disease. It found that statins did not reduce the number of deaths when they were taken for prevention of heart disease.5

At the same time, statins have side effects. The FDA lists memory loss, confusion, higher levels of blood sugar, increased diabetes risk, and muscle weakness and pain. Lesser-known side effects include increased risk for cataracts, neurological disorders such as Parkinson's, cancer, and calcification of arteries. One study noted: "Statins are associated with triple the risk of coronary artery and aortic calcification."6

Although the FDA, and many doctors, consider side effects to be a minor issue, it's estimated that more than half of those who fill a statin prescription stop taking the drugs within a few months, mainly because of side effects. Within a year, 75 percent stop taking them.⁷

How to Fix the Real **Cholesterol Danger**

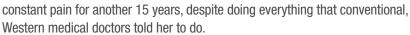
Conventional wisdom hasn't accurately pinpointed what, in your diet, makes cholesterol go up or become dangerous. Neither saturated fat nor cholesterol in food, such as egg volks, is the culprit for most people. What is? Sugar.

By sugar, I mean all the foods that raise blood sugar, and these include obvious sources such as sodas and desserts, and starchy foods, such as grains, chips, pretzels, fries, corn, and all types of potatoes. Starch is treated the same way as sugar in your body.

When you eat sugars and starches, blood sugar goes up and your body produces insulin to enable it to use that sugar as energy (or store an excess as body fat). Continually eating too many sugary and starchy foods leads to high insulin, and that does two things: Insulin drives

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



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.

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up cholesterol⁸ and turns large, buoyant LDL particles into small, dense ones that become inflamed and lead to plaque in your arteries.

Insulin is what I call the "antistatin." Insulin stimulates an enzyme, HMG-CoA reductase,9 which triggers production of cholesterol in the liver. Statins reduce cholesterol production by interfering with that same enzyme. They're called "HMG-CoA reductase inhibitors."

Research shows that substituting protein or fat for some starchy and sugary carbohydrates reduces cholesterol (and blood pessure and blood sugar) more effectively than a high-carbohydrate diet.¹⁰

Stress Always Raises Cholesterol

When you're under stress, your body produces extra cortisol, the fight-or-flight hormone. Cholesterol is the precursor to all your hormones so when you're stressed, your body produces extra cholesterol, and then some. Remember this, as temporary stress can inflate numbers and lead to needless medications.

Reducing stress lowers cholesterol. You might need to change your schedule or adopt a stress-relieving habit, such as meditating, engaging in a favorite hobby, spending time with friends, or a leisurely walk may do the trick. Illness, such as an untreated dental or bladder infection, is a form of stress and the only way to relieve it is to treat the condition.

The Hidden Thyroid-Cholesterol Connection

An underperforming thyroid, called low thyroid or hypothyroid,

Effective Cholesterol Tests

The basic cholesterol test that is a routine part of check-ups was developed in 1972 and since then, much has been learned. Testing levels of small, dense LDL particles is a more effective way to determine risk for heart disease than testing only LDL. Your doctor may be able to do the test for the small particles, if you ask. If he or she isn't familiar with it, you can ask for one of these:

VAP Test: www.vapdiagnostics.com
Cardio IQ: www.questdiagnostics.com

Small Dense LDL Cholesterol: www.bostonheartdiagnostics.com

In addition, there are two pieces of information your doctor can provide from routine cholesterol testing: HDL and triglycerides, which are other blood fats routinely tested at the same time as cholesterol. Here's what to look for:

HDL should be over 50 Triglycerides should be under 100

If HDL is lower than that and triglycerides are higher, it's likely that you're depositing plaque in your arteries. Reducing the amount of starchy and sugary carbohydrates you eat will help to raise HDL and lower triglycerides, tipping the odds in your favor.

can lead to elevated cholesterol, as well as high blood pressure and high blood sugar. Doctors typically test TSH, short for thyroid stimulating hormone. A healthy range is between 1.5 and 2.5 mIU/L (milli-international units per liter).

Should You Take Statins?

Your personal choices are just that: your choices. If prevention of heart disease is the reason why you might be considering or taking a statin, I highly recommend becoming educated about the potential effects.

In medical care today, doctor visits are getting shorter and shorter while insurance paperwork is becoming more complex. All this makes it difficult for a doctor to have an in-depth discussion with a patient about risks and lifestyle changes, rather than medications. Having all the facts can help you make the best decision for your own health.

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CoQ10: Essential Heart Nutrient

Coenzyme Q10, or CoQ10 for short, is a natural substance both made by your body and obtained as a nutrient from food. It's essential for a healthy heart, overall energy, and vitality, and it's an antioxidant. You make less CoQ10 as you get older, so the dietary need increases but unfortunately, the richest food sources are things few people eat: organ meats.

Lack of CoQ10 is an even bigger problem if you're taking cholesterol-lowering statin drugs, as they suppress levels of the nutrient. Statins reduce your body's production of cholesterol by interfering with an enzyme, HMG-CoA reductase, which also prevents formation of CoQ10. This mechanism contributes to side effects of the drugs.

I'm a big believer in getting nutrients from food, but that's difficult to do with CoQ10, so I recommend CoQ10 supplements. They should definitely be taken by anyone who takes statins, but that isn't their only application. CoQ10 supplements can be beneficial for anyone over the age of 40, when internal CoQ10 production begins to decrease.

How CoQ10 Works

CoQ10 is essential for the production of energy in every cell. It's most concentrated in the heart, which works harder than any other muscle in your body. Many studies have been done on the effect of



CoQ10 among people with heart failure, which is difficult to treat.

One study looked at 420 heart failure patients and compared a placebo with 100 mg of CoQ10, taken three times daily, during a period of two years. People who took CoQ10 were much less likely to experience cardiac arrest, strokes, or early death. Other

studies found that CoQ10 improves the strength of the heart muscle, enabling it to pump more blood with each beat of the heart.¹

How to Get Enough CoQ10

If you're taking statins or concerned about the health of your heart, take 100 to 200 mg of CoQ10 daily. Take it with a fatty food or at the same time as a fish oil supplement, as fat improves absorption of CoQ10.

Types of supplements: Some CoQ10 supplements are in a "ubiquinol" form, which is promoted as being more bioavailable. Your body naturally changes CoQ10 into different forms—ubiquinol being one—from one moment to another, so it doesn't matter which type of CoQ10 supplement you take.

Reducing Statin Side Effects

When someone stops taking statins, the side effects can linger, and this can happen among people who already have a weak heart. A study of 50 heart patients in that situation, at an integrative cardiology clinic in Texas, tested the effects of 240 mg of CoQ10 daily, on average, for 22 months. After stopping statins and taking CoQ10, patients' heart health either improved or stayed stable, and there were no heart attacks or strokes.² Here's a summary of how many patients experienced various side effects:

	BEFORE COQ10, WHILE TAKING STATINS	AFTER STOPPING STATINS AND TAKING COQ10
Fatigue	84%	16%
Muscle Pain (myalgia)	64%	6%
Shortness of Breath (dyspnea)	58%	12%
Memory Loss	8%	4%
Peripheral Neuropathy	10%	2%

¹ DiNicolantonio, J.J., et al. "Coenzyme Q10 for the treatment of heart failure: a review of the literature." Open Heart. 2015; 2(1): e000326. 2 Langsjoen, P.H., et al. "Treatment of statin adverse effects with supplemental Coenzyme Q10 and statin drug discontinuation." Biofactors. 2005;25(1-4):147-52.

The Big Steak Myth

All-American steak has been demonized as an unhealthy food high in saturated fat, but here are a few facts that might surprise you: A typical steak is 71 percent water, 21 percent protein, 5 percent unsaturated fat, and only 2 percent saturated fat.1

Where Saturated **Fat Really Lurks**

Major sources of saturated fat in the American diet are popular processed foods such as pizza, pasta, potato chips, desserts, candy, burritos, and tacos. All sorts of other packaged and pre-made foods are also contributors, including chicken dishes, sausages, burgers, hot dogs, and the like.

Saturated fat is not a demon. However, processed dishes and snacks are typically not nutritious and contribute to a harmful overload of carbohydrates and sugars, as well as fat.

I'm not suggesting that you feast on steaks every day. Not at all. I'm a proponent of getting protein from many sources, including meat, fish, and plant foods.

The Worst Mistake with Meat

When it comes to meat, whether it's beef, pork, lamb, buffalo, chicken, turkey, duck, or any other type, the worst mistake we make is eating only muscle meat. We should be eating all the edible parts of an animal, including organs and the cheap, gristly cuts



that require slow, long cooking methods to make them tender. Properly prepared, they're packed with flavor

Before industrialized farming, few people could afford to eat only the pristine cuts you see packaged in the supermarket. It turns out that the old style was better for your health, because the parts that are now discarded contain nutrients we are sadly lacking today.

Collagen is one example. It lubricates joints, keeps skin and arteries elastic, and helps to keep the digestive system healthy. It's found in the joint tissue of animals. rather than the muscle meat.

If you like steak, view it as an occasional treat and enjoy it. Feeling guilty about eating it just adds stress and impairs digestion. Meanwhile, try preparing a whole chicken or cheaper cuts of meat in a slow cooker, or buying some bones and making your own broth.

Slashing Alzheimer's Risk by 90%

It's been known for some time that being physically fit enhances mental fitness, too, and lowers risk for dementia. However, just how much of a difference it can make is astounding. A study of women found that those who were fittest in middle age were 90 percent less likely to develop dementia decades later, compared to those who were the least fit.2

At the start of the study, which included 191 women, their average age was 50. A challenging bicycle test determined their fitness level. During the next 44 years, they were tested for dementia at six different points, and here's what happened:

Fitness Level on Test	How Many Developed Dementia Later in Life
High	5%
Medium	25%
Low	32%
Could not finish test	45%

On average, the small number of fittest women who developed dementia did so 11 years later than their least-fit counterparts, at age 90 compared to age 79. While these are averages and individual risk always varies, there's no doubt that regular exercise will deliver excellent health rewards.

^{1.} Harcombe, Z. "Could we agree to demonize processed food, not saturated fat?" Response to: BMJ 2018;361:k2139. https://www.bmj.com/content/361/bmj.k2139/rr-3. 2. Hörder, H., et al. "Midlife cardiovascular fitness and dementia: A 44-year longitudinal population study in women." Neurology. 2018 Apr 10;90(15):e1298-e1305.

Is Your Doctor Burnt-out?

If your doctor is in a small, independent practice, he or she is much less likely to suffer from burnout, compared to doctors in larger institutions. Burnt-out doctors are not happy with their jobs. Symptoms can include feeling emotionally drained, frustrated, or impatient at work, being constantly tired, or feeling it's an effort to deal with patients.

Did You Know?

Doctors experiencing burnout are more than twice as likely to make medical errors.1

We've all observed those symptoms, somewhere along the line, and a recent study shed more light on the subject. A survey of 235 doctors in small practices — with fewer than five doctors — found that 13 percent of them experience burnout, compared to the national average of 54 percent, where many doctors are working in hospitals and large practices.²

Skip Low-Fat and Non-Fat Dairy

The go-to health advice is to eat low-fat or non-fat milk, yogurt, and cheese, but I routinely tell my patients that these are the worst choices. Without its natural fat, any type of dairy-based food is higher

in lactose, the natural sugar in milk, and it's less satisfying. On top of that, yogurts are notorious for their added sugar in flavorings, partially to make the fat-free and low-fat versions more palatable. Now, a study has found that dairy fat is not harmful and may help to reduce death from stroke.3 However, if you don't easily digest dairy foods, it's best to avoid them.

Where Antibiotics Are Most Over-Prescribed

Most colds and other respiratory infections are viral, so antibiotics, which kill bacteria but not viruses. don't help. However, they're often prescribed anyway, and this contributes to antibiotic resistance and growth of superbugs, while also

Type of Healthcare Setting	How Often Unnecessary Antibiotics are Prescribed
Urgent Care Centers	45.7%
Emergency Departments	24.6%
Medical Offices	17%
Drug Store or Other Retail Clinics	14.4%

damaging the beneficial bacteria in your gut.

Here's something to keep in mind: A recent study found that your odds of getting unnecessary antibiotics depend on where you go for help with a respiratory infection. See the chart below.



How Long Will a Joint Replacement Last?

It all depends on how old you are when you first get an artificial joint implant, according to a study of more than 117,000 patients.4 When a knee or hip is replaced after age 70, there's a 1 in 20 chance that it will need to be revised with a second surgery. But when men in their early 50s have a joint replaced, more than 1 in 3 will need surgery again on the same joint. For women in that younger age group, about 1 in 5 will need another surgery.

^{1.} Tawfik, D.S., et al. "Physician Burnout, Well-being, and Work Unit Safety Grades in Relationship to Reported Medical Errors." Mayo Clin Proc. 2018 Jul 4. pii: S0025-6196(18)30372-0. doi: 10.1016/j.mayocp.2018.05.014. [Epub ahead of print]. 2. Blechter, B., et al. "Correlates of Burnout in Small Independent Primary Care Practices in an Urban Setting." J Am Board Fam Med. 2018 Jul-Aug;31(4):529-536. 3. de Oliveira Otto, M.C., et al. "Serial measures of circulating biomarkers of dairy fat and total and cause-specific mortality in older adults: the Cardiovascular Health Study." Am J Clin Nutr. 2018 Jul 11. doi: 10.1093/ajcn/nqy117. 4. Bayliss, L.E., et al. "The effect of patient age at intervention on risk of implant revision after total replacement of the hip or knee: a population-based cohort study." Lancet. 2017 Apr 8;389(10077):1424-1430.

Q&A

Q: I've started going for a walk, almost every day. I know it's good for me, but I'm wondering: how fast should I walk?

— Jo-Anne G.



A: A lot of my patients ask the same question. The basic idea of exercise is to make your body work a bit harder than usual so that it gets stronger. In the case of the heart muscle, you know that it's working harder if your heart rate speeds up. Breathing harder is another sign.

How fast you need to walk to make that happen depends upon your fitness level — the more fit you are, the faster you have to walk to raise your heart rate. That threshold varies tremendously, where one person can run to catch a bus and not get winded, while another walks down the driveway and gets out of breath.

Although there are these big differences among individuals, the general recommendation is to walk at least 100 steps per minute, if you're on level terrain.

One study looked at people with an average age of 32 and found that a good pace was 92 to 102 steps per minute for men, and 91 to 115 steps for women. Those numbers could be a bit different for older age groups, because as you get older, it takes less intense movement to raise your heart rate.

I applaud you for taking a daily walk. Keep in mind that as you get more fit, you will need to walk either faster or uphill to speed up your heart rate. Another, effective way to walk is go as fast as you can for a minute and then, at a slower pace for a minute, and keep alternating speeds. Walking for 10 minutes, three times a day, works as well as a daily half-hour walk.

Q: I just ordered your Smart Blood Sugar book and have a question. Are the recipes okay for my 16-year-old son? He isn't overweight or diabetic but wants to eat healthy, and I want to make sure there isn't something "missing," should he decide to eat what I eat. — Jeff M.

A: I'm glad you asked, because the approach I recommend is sometimes misunderstood to mean a "low-carb diet," with plates full of meat, few or no vegetables, and zero grains. This isn't what I'm recommending. The recipes are simply healthy meals that are nutritious for people of all ages. My plan includes plenty of vegetables and doesn't exclude any food group.

For people who are overweight, diabetic, or at risk for diabetes, I recommend limiting carbohydrates from specifc foods: grains, fruit, fruit juices, milk, soda, candy,

desserts, and starchy plant foods, such as beans, potatoes, and corn, to 60 grams per day. But even then, I'm not suggesting that you completely exclude any category of food.

If your son is really active, he might be able to eat more carbs from the types of foods I listed, but probably no more than 100 grams daily. It would be great if he developed good eating habits, such as drinking water instead of soda, eating real food instead of junk food, and eating a variety of non-starchy vegetables.

We tend to overdo grains, potatoes, and corn. I'm not suggesting that your son shouldn't eat these, but it would be better if he also ate plenty of other vegetables, such as spinach, kale, broccoli, and other greens, raw or cooked. All vegetables can be delicious when prepared with the right seasonings. If your son develops a taste for them while he's young, it will help him to stay healthy for the rest of his life.

Do you have a question for Dr. Marlene?

Send your health-related questions to drmarlene@naturalhealthcon nections.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.