

High-tech gadgets may *seem* like a lifeline... but here's how they could actually be dragging you down!

By Dr. Glenn S. Rothfeld

There's a controversial subject I've been wanting to bring up here in *Nutrition & Healing*. But I've been waiting for the right moment.

Because it will be not just difficult for you to read... but also difficult for me to share.

It's clear that the time has now come to admit it: Mobile phones are dangerous.

I know! I didn't want to believe it either, but the evidence that we have to take these powerful devices seriously is mounting.

I remember the first time that the fear of mobile phones and cancer 'hit' me: It was about 15 years ago, when I'd seen my third brain cancer patient in about three months.

Even though I do see a fair number of cancer patients, it was a bit unusual to see that many brain cancer patients in such a short time.

The 'light bulb moment' really came as I realised that the aggressive tumour my 30-year-old female patient had was directly behind her left ear.

And that got me thinking – especially when her mobile phone rang in the middle of the appointment. She answered the phone quickly – putting the phone up to her left ear – and told the caller that she couldn't talk.

Could this be the cause of her cancer?

Though she was shocked at my asking the question, she admitted to using the phone excessively every day over the previous few years. She'd had her own concerns as well.

She said that she believed that it caused headaches – and not only that, but she 'feared', as I did, that it was the root cause of her cancer.

From that day forward, I've changed the way I use a mobile phone myself... and I've been actively researching mobile phones and cancer.

And now, not one but two recent public releases have exposed the truth about the dangers of these amazing devices.

To my surprise – and delight – both of these reports have come from official agencies!

Translation: If the feds are willing to go up against the deep pockets of Telecom Giants, you know that it must be bad.

Here's the latest of what we know in terms of how your mobile phone could be linked to your risk of cancer – and

how to dodge the proverbial electromagnetic bullet.

We're not admitting what we already know

Now, your mobile phone may seem innocent enough... but it's a powerful machine.

And all of that 'connectivity' it provides comes at a cost.

You see, mobile phones emit a form of radiation called non-ionizing radiation – very similar to what microwave ovens emit.

Except, unlike your microwave, your mobile phone is working all the time. That means it never stops emitting that radiation until you turn it off.

But who turns off their mobile phone? I bet most of us even sleep with it on. We don't think about how foolish that may be.

We would never purposely put our heads next to a 'working' microwave oven for multiple hours straight each day! (Personally, I don't even like to stand in front of it while it's 'nuking' anything, even just for a few seconds.)

The actual research about mobile phones and the related electromagnetic fields that

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Dr. Glenn S. Rothfeld's

NUTRITION & HEALING UK

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Nutrition & Healing UK 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.

Dr. Glenn S. Rothfeld, operates the renowned Rothfeld Center for Integrative Medicine in Waltham, Mass., in the US, 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 UK* newsletter.

CELL CANCER

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surround them is controversial, confusing, and, quite honestly... exactly what you'd expect from a multibillion-dollar industry.

Don't get me wrong – many studies have been done. But almost all of them simply imply that this form of radiation can cause bodily changes that can lead to disease. And they usually end with: “We need more research to show what this means.”

Meanwhile, scientists overseas are publishing controversial and damning studies and yet many so-called experts pooh-pooh them... and the media, in turn, ignore them.

But in May 2011, something happened that made the bigwigs at these large corporations take this subject a bit more seriously: The World Health Organization (WHO) categorised mobile phone radiation as a “possible carcinogenic hazard.”¹

That was a big deal. Believe it or not, that's the exact same label that's been slapped on known toxins like lead, engine exhaust, and chloroform!

More importantly, WHO stated that its warning was “based on an increased risk for glioma, a malignant type of brain cancer, associated with wireless phone use.”

That is pretty plain and

simple. In fact, as I'm typing this, I'm quite shocked that more people aren't talking about this... and that hardly any people seem to have really listened or cared!

Well, I'll tell you right now – I care. And by the end of this article, I hope that you care as much as I do, too.

Still kicking the can down the road

Recently, what's had the most attention are two studies that tried to figure out how mobile phone radiation exposure would affect the health of rodents (mice and rats).

Of course, the hope was that whatever that radiation did to the animals would give us some idea of what it might do to us.

Both studies were government funded and the American Food and Drug Administration (FDA) not only sanctioned them... but actually commissioned the researchers to conduct them.

We waited a long time for these studies. But the results that came out of them were, well... mixed.

The researchers found that male rats do have an elevated risk of developing a form of nerve tumour, called malignant schwannomas. There were also sex-and species-dependent

We're starting to come around

In December 2017, California became the second state to release a public health warning about the dangers of mobile phone radiation. (Connecticut was the first... in 2015!)

Neither the press release nor the actual online document about the warning are earth-shattering (far from it!)... and both are as politically correct as you might imagine. But I commend the officials from these two states for at least having the guts to write the following: “Some scientists and public health officials believe radiofrequency energy may affect human health.”⁸

They also admit that long-term high-use of mobile phones may be linked to “brain cancer and tumours of the acoustic nerve and salivary glands”.

Yikes! And that's just the tip of the iceberg – mark my words.

moderate upticks in certain cancers, such as lymphoma, prostate, skin, lung, liver, and brain cancer.²

On top of that, there was also a moderate increase in frequency of lower birth weights in baby rodents – evidence of DNA damage and heart damage.

The bad news is that these results weren't consistent enough across the species and sex of the rodents to 'rock' the medical community, so to speak. Nor did they give mobile phone radiation a clear 'thumbs up' or 'thumbs down' once and for all.

But they did put a spotlight on the fact that cancers CAN come from this kind of radiation, at least at high levels of exposure.

If you ask me, the slightly weird part of these studies is that they used technology that's now considered antiquated: 3G. This smells a bit fishy to me... because while the study was being conducted, 4G was by far the norm in most developed countries.

And by now, the latest on the horizon is a move towards 5G technology.³

Were the researchers trying to 'stack the deck', as it were?

The scary truth is that because there are no real definitive guidelines on what is safe and what is not safe... and the tech industry is making so much money off of this that it is a no-holds-barred race to get the WiFi and electro-magnetic fields stronger and faster... the emergence of new technology is outpacing the ability to study its safety!

Get that mobile phone away from your head

I'll admit that I don't love talking about this. It's impossible to live in today's society, run a busy medical practice, and have a plentiful life – with a family and grandchildren – and not rely on mobile phones and WiFi!

I hate to be a 'Debbie Downer', because I love

the freedom, power, and information that I get from my own mobile phone. Quite honestly, I'm not sure how I could do all that I do without this technology.

So, I know that all of this isn't easy to read, either.

But I think that it's my duty to give you the most up-to-date research... and tell you the truth about the dangers to your health.

There are, of course, some obvious things that you can do to reduce your risk, such as:

- Use the speakerphone function instead of holding the phone up to your ear (or use ear buds or headphones if you cannot use the speaker).
- Send a text message instead of calling.
- Try to keep the phone away from your pocket or bra.
- Don't put the mobile phone near your head while you sleep (such as on the nightstand).
- Turn off your phone – and your WiFi router – when you go to bed.

Remember that if something seems too good to be true, it probably is too good to be true.

So, which do you care more about: keeping your technology or staying free of cancer?

And do you care enough to slow down for a bit and decide if you really want to know what's inside Pandora's box?

Unfortunately, cancer isn't the only health issue that we need to be concerned about when it comes to electromagnetic fields and mobile phone radiation. Stay tuned for my follow-up to this topic, in which I explore the MANY diseases that may be associated with the electronic 'smog' that's hanging over all of us – both in our homes and pretty much everywhere we go in public.

GR

An industry that kills its best customers

One of the best articles on mobile phones and cancer was published in 2010 – by the magazine *GQ* of all places!⁴

It was a great exposé on the dangers of mobile phones and cancer (and even other diseases).

Back then, what tipped us off to the possibly carcinogenic nature of these mobile devices was strikingly similar to what I'd seen in my own clinic: Young business professionals were being diagnosed with more and more brain cancers at the same time that the mobile phones became omnipresent on Wall Street.

It was most likely 'not a coincidence', the article says, that the cancers were occurring in those who had mobile phones pressed up next to their brains all day long.

Even more interestingly, the first page of the article showed a picture of a cell phone next to a pack of cigarettes. Now, that really said something because this is all scarily reminiscent of what we've seen happen with cigarette smoking and the tobacco industry.

After all, many people (especially teenagers) are addicted to mobile phones and technology!

And, as with smoking, the evidence about mobile phone dangers exists... but there's way too much money involved for the powers-that-be to disclose the truth fully.

Banish this ingredient from your plate... forever!

You won't believe how much better you'll feel

By Dr. Glenn S. Rothfeld

As you know, I love sharing the newest discoveries and the latest findings with you. I find nothing more exciting than when a new natural cure is unearthed or some new tech gadget comes to market.

I try them on myself first, of course, and then after some personal success, I introduce them to my patients and, eventually, subscribers like you.

But there are so many tried-and-true therapies that we've known about for a long time... and that are sitting right under our noses... that don't get nearly the attention they deserve.

And sometimes, when they finally do, all of the naysayers come out of the woodwork to knock them down.

Such is the case with gluten and our awareness of the role that it may play in a variety of diseases (and not just those of the gut).

But not to worry – because the proof is in the proverbial pudding. Long before 'gluten-free' became a catchphrase on menus, grocery shelves, and natural medicine prescriptions, I started taking my patients off of their gluten grains – even whole grains – and saw their health improve.

Sometimes, it takes a bit of convincing to get them to give up gluten. And some people – especially those in the mainstream media – still aren't convinced.

So... what's the REAL story with gluten?

Here's what I've learned thus far... both in my own dietary choices and with the patients in my care.

A lesson that lives on

Before I get into what gluten is... where it's found... and how

it can impact your health... I want to tell you a story.

It's about a young med student who was so influenced by a ground-breaking nutritional writer named Adelle Davis that he arranged for her to speak to his class (a first for her, he later found out).

It was 1972. And that student was a young Glenn, a few years before he became better known as Dr. Rothfeld.

I remember how my roommates and I cooked stir-fried brown rice and vegetables and tofu (which we'd just learned to eat) for Ms. Davis. And I remember how heartbroken I felt upon receiving the news of her untimely death just two years later.

But still, I'm comforted by the fact that she left a lasting legacy.

Thanks to her, I learned to be aware of the many roles of B vitamins in the body... and how our diets have become progressively deficient in these vitamins.

At such an early stage of my medical career, I also learned about the critical role that the digestive tract plays in all diseases... and how attention to a proper diet can help to ward off these diseases. This is a soapbox I refuse to come down from even today.

And finally, I learned the importance of whole grains – rather than white flour and other processed grains – in the many illnesses that I would eventually be treating as a physician.

Through the first decade of my practice after I was out of school, I continued to emphasise the importance of whole grains.

And then in 1981, I started realising that even whole grains – particularly grains

containing the protein gluten – could actually make some people 'sick'.

That turned out to be a turning point in how I approached treating my patients from that point forward.

Are you the 1%?

I'm sure that you've heard the word 'gluten' mentioned plenty of times, but there's a lot of confusion as to what the darned thing is.

Gluten is a protein found in wheat, rye, barley, and some oats – even 'whole grain' versions. Some people have a difficult time digesting it, and they can be pretty sensitive to any undigested bits of it that remain lurking in their bodies. (More on that in a moment.)

First and foremost, I should clarify that the sensitivity that some people experience when exposed to gluten is not coeliac disease. Coeliac is a genetic autoimmune disorder – meaning that when triggered by a reaction to gluten in the diet, the immune system attacks the lining of the digestive tract, causing severe symptoms and even death in some circumstances.

If you've got coeliac, it's dangerous for you to ever eat something containing gluten again.

The good news is that if you're sensitive to gluten, there's a very good chance that you don't have coeliac – because coeliac only affects around 1 per cent of the population.

Some people who don't have coeliac may experience an allergic response to wheat – similar to someone with, say, a peanut allergy. This type of allergy might cause hives, asthmatic attacks, or allergic rashes – in other words, symptoms that can be irritating

and disruptive, for sure, but aren't as pervasive as what you might go through if you're struggling with non-coeliac, non-allergic gluten sensitivity.

That's in a class all of its own.

Although this condition is called many things, the scientific literature has been referring to it more and more as non-coeliac gluten sensitivity (NCGS).

For a while, research had been slow to catch up... but that's no longer the case. In fact, several international meetings have been held to clarify NCGS for the medical community.

Although different numbers have been tossed around, the prevalence of NCGS in the population at large is anywhere from 1 to 30 per cent. I think it's probably at the higher end of that range – in my practice, at least a third of my patients noticeably benefit from eliminating gluten from their diets.

And unlike coeliac, there are ways to actually treat NCGS.

Ditch the trigger

Now, I should point out that NCGS is a clinical diagnosis. That means that it must be recognised by the symptoms, rather than laboratory data. (More on that in a moment.)

One of the hallmarks of NCGS is digestive disturbances in reaction to eating gluten grains – and, in fact, there's quite an overlap between symptoms of irritable bowel syndrome (IBS) and those of NCGS.

According to a paper describing the findings from a London conference held in February 2011, the 'classical' symptom pattern of NCGS includes symptoms of IBS including abdominal pain, bloating, diarrhoea, and constipation.¹

In addition, a number of non-intestinal symptoms are common in NCGS – including an increase in autoimmune disorders, joint and muscle pain or dysfunction, leg or arm numbness, 'foggy brain',

headaches, fatigue, depression, anaemia, and skin disorders (like eczema or rashes).

And that's just to name a few.

Diagnosing NCGS in the laboratory is usually much more difficult.

There are number of autoimmune antibodies that identify coeliac disease – including IgG and IgA antibodies, gliadin (the most common protein antigen in gluten), tissue transaminase 2 antibodies (tTG2), and endomysial antibodies (EMA).

In our office, we also test for the genetic marker HLA DQ, looking for patterns that are associated with coeliac disease.

But here's the problem with that: As I mentioned, coeliac is actually incredibly rare, and most of the people who have a 'problem' with gluten don't have coeliac.

Only half of NCGS patients will show any positive antibodies to gluten at all in laboratory testing.

So, that means that the best way of testing for NCGS is by eliminating gluten for a good three weeks minimum... and up to six weeks. More often than not, my patients will come back telling me how much better they feel, and we agree that they should stay off of gluten indefinitely.

Sometimes, I will have patients 'challenge' themselves by eating gluten at the end of the six weeks to see if the symptoms recur.

And usually, the symptoms do return. But it helps to convince my patients by having them experience the success of this elimination diet first-hand.

We're just getting started

In the past couple of years, I have started to see articles – particularly in popular culture magazines and newspapers – complaining that the 'gluten-free revolution' has gone too far. And I've seen an occasional

patient roll their eyes when I've suggested that they eliminate gluten from their diet as a trial.

But 25 years later, I continue to be vigilant – because I know that some level of gluten sensitivity can possibly play a role in almost any illness.

Besides coeliac and NCGS, any digestive problem you may have – from reflux to ulcerative colitis, irritable bowel syndrome, and symptomatic diverticulosis – warrants a trial of a gluten-free diet.

In one long-term study of GERD patients using PPI drugs, a gluten-free diet helped resolve GERD symptoms completely in 86 per cent of coeliac disease patients.

And all it took was eight weeks.²

And that applies to anyone with an autoimmune disease, too. We don't know exactly why – perhaps because the immune reactions against gluten protein cause the immune system to attack other tissues that look similar. Or there just may be an association of the two, whereby people with a genetic tendency toward autoimmune disease also have a tendency to be sensitive to gluten.

For whatever reason, I've seen it work.

In fact, even just for a one- or two-month trial, I've witnessed how banishing gluten from the diet can restore a greater sense of health and balance – no matter whether the complaint is of a symptom I already mentioned or something that may seem unrelated – even dementia, autism and autistic spectrum conditions, arthritic conditions, elevated liver enzymes with no seeming cause, and anything inflammatory.

Heal your gut, and the rest will follow

At my clinic, once we've ascertained what the troublesome symptoms are, we'll look for gut issues like 'leaky gut', 'dysbiosis' (an overgrowth

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GLUTEN

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of yeast in the digestive tract), or bacterial overgrowth in the small intestine (SIBO).

If the stool sample comes back positive for any of those conditions, we address them first and foremost by eliminating digestive tract triggers... like gluten.

But we don't stop there – because we also add fibre (including prebiotic fibre to help make the gut lining healthier) and a variety of probiotics (to recolonise the intestinal lining).

Because gluten turns out to be a difficult substance for the stomach and intestines to break down (particularly if you already have some digestive weakness), I may also recommend taking digestive enzymes – particularly

ones that will help break down the gluten protein.

You see, if those gluten proteins aren't broken down completely, the little bits of protein that remain are indistinguishable from other proteins that are part of your hormone system, immune system, and organs. That tends to confuse things a bit.

And if your immune system is particularly vigilant, it can easily mistake these bits for invading viruses and other substances. Hence, the autoimmune response.

Although taking these enzymes is no substitute for complete withdrawal in coeliac patients, they can sometimes be helpful when someone with NCGS might be taking a little gluten. For instance, I recently ordered

some sushi in a restaurant... and realised too late that one of the dishes included fish that was lightly breaded.

Fortunately, I had the enzymes with me. But most of the time, I just try to follow my own advice... and avoid gluten altogether.

I tell my patients who are eliminating gluten to ask for the gluten-free menu if one is available when dining out... but to make sure their server (and therefore the chef) knows that they don't have coeliac disease... and they don't have to worry about micro amounts of gluten protein getting into the food that they serve.

Have you tried giving up gluten? I'd love to hear your stories, so drop me a line at askdrrothfeld@nutritionandhealing.com. **GR**

Don't turn a blind eye to these essential nutrients – because they might just save your vision!

By Dr. Glenn S. Rothfeld

There's a kind of parlour game that some people like to play – a variation of 'Would You Rather?'

I've heard it many times before, and I've thought about it myself.

If you had to lose one of your senses – sight, hearing, smell, taste, or touch – which one would you choose?

I love the sound of laughter... the smell of a nice juicy steak cooking on the grill (and how it tastes when it's done)... and the feeling of my wife's hand in mine.

I can't imagine giving up any of those.

But my eyes? There are so many wonderful things in this world to gaze upon, some that I haven't seen yet and some that I can't wait to see again.

So, I would argue that this question is a trick – because you should never have to sacrifice ANY of your senses. And losing your sight is not just a matter of getting older, no matter how

many older people experience it.

In the March 2016 issue of *Nutrition and Healing*, I shared some of my favourite herbal approaches to various eye disorders.

Today, I would like to concentrate on one particularly disabling age-related disorder of the eye – age-related macular degeneration (AMD). It's the leading cause of blindness in the United States for those over 55 years of age, and it affects almost 40 per cent of those over the age of 75.

By the year 2020, there will be an estimated 3 million cases of AMD in the US alone, and in the UK things aren't looking any better with an estimated 1 in 10 people suffering with the condition.

That means that it's something we can't ignore as we get older.

Fortunately, you can delay or even prevent the occurrence of AMD.

Here are the various nutrients

you need to know about (and start incorporating into your routine) while your eyeballs are still working.

The eye-opening truth

But first: a primer about AMD if you're lucky enough to not have experienced it for yourself yet. (Hopefully, you never will!)

AMD is classified as wet or dry, the wet form being less common but more dangerous. Both affect the tiny portion of the retina called the macula, which is the most critical part of the 'machinery' that helps you see.

Early signs of AMD include loss of a portion of vision, loss of night vision, and inability to recover from glare. Other symptoms include blurriness, changes in the ability to read, and inability to distinguish between colours and even faces.

AMD has many risk factors – and while some are related to genetics, in other cases, AMD is an entirely treatable condition!

For instance, smoking, blood pressure elevation, lack of exercise, and obesity are all associated with increased AMD – and those are all so-called ‘lifestyle’ factors that you have complete control over.

AMD is even related to body shape, as the increased waist-to-hips ratio (associated with the condition known as ‘metabolic syndrome’) is a separate risk factor for AMD.

What’s more, other potentially treatable AMD risk factors include elevated levels of cholesterol, blood sugar, an inflammatory marker known as hs-CRP (a type of C-reactive protein), the inflammatory cytokine called IL-6, and homocysteine.

For instance, elevated homocysteine can usually be modified by a combination of B vitamins – usually B6, B12, and folic acid.

In a large long-term double-blind study of risk factors, women who took this combination of B vitamins had a 34 per cent lower incidence of developing AMD.¹

You see, as we age, nutrients don’t circulate into this area as much as they used to – or as much as they need to – and the resulting build-up of debris can contribute to atrophy in the macula and adjacent structures.

In other words, if you don’t nourish your eyes, they can waste away. Just like any other part of your body.

Time to fatten up your eyes

As I’ve shared with you in the past, several antioxidant flavonoids can protect our eyes. But there are also a number of well-researched nutritional interventions that you should know about.

And if you love seafood, feast your eyes on this: It seems that people who eat fish at least two times per week have a lower risk of AMD.

There are a couple of reasons for that – including possibly the taurine content of the fish – but more on that in a moment. Right now, I want to talk about fat.

Research has focused specifically on one of the omega-3 fatty acids,

a component of fish oil called docosahexaenoic acid, better known as DHA. DHA is the main essential fatty acid in neurologic tissue – including in your eyes. And laboratory and animal studies have both shown that decreasing concentrations of DHA in the diet have led to visual problems (among other things).

Therefore, it stands to reason that if you want to protect your vision, you should eat lots of fatty fish and/or take a fish oil supplement with plenty of DHA in it.

But on its own, that may not be enough. Because you need the right balance of your omega-3s versus the other fats you’re getting in your diet... otherwise you may be sabotaging yourself.

For example, omega-6 fatty acids such as corn and soy oils are associated with diminishing vision and risk increase of AMD. This may be because they compete with the omega-3 oil, making it less usable.

Likewise, the so-called trans fatty acids that are common components of processed and packaged foods limit the positive effects of omega-3 fatty acids like DHA – and pretty dramatically so.

A man cannot see by carrots alone

Now, considering the fact that your eyesight depends on not just the retina but a number of other visual organs – ones that work together in intricate and involved ways – it’s no surprise that there are several nutrients that are essential for protecting them.

Some of the main antioxidants that are important for your eyes to function properly – and to protect them against diseases – are vitamins A, C, and E. I list these together because they work in harmony in your body to perform the various antioxidant and protective functions.

People in conventional medicine usually talk about one ingredient in isolation, without acknowledging one key bit of info: It’s the harmony of ingredients together that make our bodies run well.

And vitamin A/beta-carotene

requires other antioxidants in order to function effectively.

This was clearly demonstrated when the National Eye Institute funded a large study, the Age-Related Eye Disease Study (AREDS), which looked at patients age 55 to 80 with various degrees of AMD. Those patients with the worst cases of AMD got the most benefit out of taking an antioxidant combination of vitamin C, vitamin E, and beta-carotene.²

I suspect that this was just a step in the right direction... but that it’s not the entire story.

In fact, we already know that in addition to protecting macular and other retinal tissue, alpha lipoic acid – a different kind of antioxidant that also has potent vision-protecting properties – also protects other antioxidants from becoming damaged.

In addition, most of the antioxidant enzymes in the body not only USE zinc... but depend on it to help them protect the fatty acid membranes of our neurologic system and provide general antioxidant support to our tissues.

And I bet there’s lots more to be discovered about what the wonderful world of antioxidant combinations can do to protect our vision.

Currently under way is a new study, appropriately called AREDS 2, whose researchers are looking at plant-based antioxidants lutein and zeaxanthin, as well as omega-3 fatty acids.³

Of course, as always, I will ‘keep an eye’ on these developments and report back with the latest.

Don’t forget this clean-up crew

In addition to the antioxidants I just mentioned, there are also some amino acids that can protect your visual tissue – and, therefore, your vision.

One is L-cysteine, which is known as a ‘conditional essential amino acid’. That means that under ideal conditions, your body can make it... but when

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VISION

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under stress, you may need to take it in dietary form.

Cysteine is necessary for the formation of glutathione, the most potent antioxidant in the neurological system (which is why we call it the 'master antioxidant').

It's also necessary to form the amino acid L-aurine.

Together, glutathione and taurine are critical in protecting your retina, as animal studies have shown.

L-cysteine itself, in the form of N-acetylcysteine (NAC), can be a potent antioxidant and a scavenger of toxic heavy metals.

In fact, as I shared with you in the September 2017 issue of *Nutrition & Healing*, NAC is a big part of my treatment plan for anyone who's become ill after being exposed to some of the toxic contrasting agents used in certain types of MRIs.

Its toxin-scavenging mechanisms have also been shown to help alleviate Parkinson's disease – something that, as you're well aware, I know a little something about myself.

Hit the market!

Now that you know which nutrients you need to deliver to your eyeballs to keep the world around you from dimming (or worse yet, going completely dark), we've got to talk about

how you can get them. Because it's not always a matter of just taking a single supplement or even one of those 'vision support' formulas.

Take zinc, for instance. As I mentioned earlier, it's gotten to be a little tricky.

You see, throughout most of civilised history, zinc has been plentiful in both our food sources and our bodies. However, in the past few decades, this has all changed.

According to one study, the amount of zinc in broccoli grown in the United States is only about 15 per cent of what was present in broccoli grown 50 years ago!⁴

You can still get plenty of zinc in shellfish like oysters, Alaskan king crab, and lobster... but if that's a little too highfalutin for you, other good sources include beans, nuts, and animal proteins.⁵

Here's the kicker: You could be getting plenty of zinc in your diet and yet your eyes STILL aren't getting enough of it.

And that could be because your body needs an acidic environment in order to absorb zinc well, but thanks to the recent explosion of acid-blocking drugs (including so-called proton pump inhibitors, or PPIs), the zinc isn't getting to where it needs to go.

However, the answer isn't

necessarily to supplement with zinc (unless, of course, you're beaten down by a cold) – because you can definitely get too much of a good thing when it comes to zinc.

Work with an integrative doctor to try to maintain the right balance of stomach acid – especially since there IS such a thing as stomach acid levels that are too LOW – and get the right amount of zinc.

Alpha-Linolenic acid (ALA), thankfully, is a little less complicated. It's found throughout the food supply... and it's particularly abundant in broccoli and other cruciferous veggies, which have been shown to protect retinal tissue and prevent the damage to the macula that can occur from overexposure to light.

One unique thing about ALA is that it has the ability to dissolve in both water and fat... in the neurologic system or in the circulation... which means that your body can absorb it easily under nearly any circumstance, unlike other nutrients that require either water or fat in order to be soluble in your body.

But why not drizzle a little extra-virgin olive oil over your broccoli or Brussels sprouts? They'll taste better... and it'll give you a little extra boost of healthy fat. **GR**

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High-tech gadgets may seem like a lifeline... but here's how they could actually be dragging you down!

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Banish this ingredient from your plate... forever! You won't believe how much better you'll feel

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Don't turn a blind eye to these essential nutrients – because they might just save your vision!

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