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## The silent culprit behind brain breakdown— and how to stop the damage before it starts

What if I told you there’s a stealth condition that starts stealing your memory—without warning—*years* before you ever notice a thing? Or that this same condition affects up to 11 percent of the population by the time they reach 70... whether they realize it or not?

You’d probably be pretty alarmed. And I’m not going to lie—you *should* be. Because the fact is, silent strokes are both very real and very common. So common you may have already suffered several without ever knowing it. In fact, you could be having one at this very moment...

That’s the bad news. But now, let me give you the good news...

You *can* prevent silent strokes from happening—and you can also repair any damage they may have already done, starting today. In order to do that, however, you need to know exactly what you’re up against.

### Why a silent stroke is just as dangerous as other types

This isn’t the first time I’ve tackled the subject of stroke in this newsletter. In fact, you might recall my most recent in-depth discussion on “mini-stroke” back in the July 2017 issue. (To access the *Logical Health Alternatives* archives, simply visit [www.DrPescatore.com](http://www.DrPescatore.com) and log in to the “Subscribers” section with your username and password.)

To be clear, a silent stroke is *not* the same thing as either a regular stroke or a mini-stroke. And the key difference between the three is important to understand. But for the sake of today’s discussion, let’s start with what they all have in common.

A stroke—of *any* variety—is a condition with origins in the arteries that supply your brain with oxygen, blood, and nutrients. When one of these blood vessels is blocked, either by a clot or a hemorrhage, it cuts off this vital nourishment to part of your brain. And as a result, brain cells in the affected area die.

The physical and neurological consequences of this condition depend on the location and severity of the stroke. Even minor strokes can cause irreparable damage. But in the most extreme cases, major disability—and even death—are common.

Your odds of facing stroke increase with age—the chances *double* with each decade after 55. This is especially true if you have a family history of stroke. Or if you’re diabetic, or obese. Stroke is also more common among African-Americans and women. (In fact, women not only suffer *more* strokes than men, but more women *die* from strokes as well.)

But again, today’s focus will be on *silent* stroke. It’s not a huge, life-altering event like a regular stroke.

*(continued on next page...)*

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“New” but NOT improved: Why the AHA’s blood pressure guidelines put you at risk ..... 4

URGENT WARNING: New research reveals why diabetics should avoid “diet” products at all costs ..... 6

Why dealing with erectile dysfunction is a matter of life and death ..... 8

But it's not the same as a mini-stroke either... and one major difference is exactly what makes silent stroke so dangerous.

What separates a mini-stroke from a silent stroke is simple. The symptoms of a mini-stroke—sometimes referred to as a *transient ischemic attack*, or TIA—come and go quickly. The most common symptoms include: vision changes, trouble speaking (dysphasia), confusion, balance issues, dizziness, weakness in one side of the face or body, and an abnormal sense of taste or smell. Symptoms can last a few minutes or a few hours. But they always disappear within a day.

With a mini-stroke, you're at least aware that *something* has happened. Silent strokes, however, don't have *any* noticeable symptoms at all. Though rest assured, they're every bit as damaging.

## Dementia linked to brain-killing “age spots”

In a lot of ways, silent stroke is better understood as a form of vascular cognitive impairment. Because while the event itself goes unnoticed, it nevertheless leaves behind a very distinct calling card—in the form of “white matter hyperintensities.”

These white matter hyperintensities appear as white spots on an MRI. Or as I like to call them, “age spots” on your brain. Except, unlike wrinkles, gray hair, or liver spots on your skin, these “age spots” aren't harmless. On the contrary, the more silent strokes—and subsequent age spots—your brain suffers, the greater the impact on your cognitive function.

In fact, research suggests this symptomless condition is the *true* cause behind a shocking number of Alzheimer's and dementia diagnoses.<sup>1</sup>

That's because age spots in your brain trace directly back to problems with your body's smallest blood vessels—like hardening of the artery walls, also known

as *arteriosclerosis*. These microcirculation issues are especially common with diabetes and obesity. And our growing awareness of silent strokes is probably due in part to the sharp rise in these twin epidemics.

Even scarier is that the age spots you can see on an MRI only represent a *fraction* of the ones that are actually there. Many more are too small to be visible. But they still play a major role in cognitive decline. And more specifically, vascular dementia—which, while slower to progress, may actually prove *more* lethal than Alzheimer's.<sup>2</sup>

What's worse, researchers estimate that by the age of 69, more than **one in 10** people will have suffered brain damage from silent strokes *they never even knew they were having*. That adds up to as many as 11 million Americans every year who thought they were stroke-free... but who have visible evidence of at least one stroke.<sup>3</sup>

## With silent strokes, you're better safe than sorry

So how do you know if you've been the victim of a silent stroke? Well without an MRI, you *don't*. That's the main challenge where silent strokes are concerned. And obviously, it's just not practical to dole out MRIs as a matter of routine.

But just as with any type of stroke, there are a few factors that can indicate if you might be at higher risk than most. If you check any of these boxes, it's time to rethink your habits before it's too late.

- cerebrovascular diseases  
(This refers to a group of conditions that affect the blood vessels and blood supply to the brain—often resulting in damage to the arteries supplying oxygen and nutrients to the brain. Examples include: stroke, transient ischemic attack, aneurysms, and vascular malformations.)
- high blood pressure
- heart disease

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- ❑ diabetes
- ❑ clotting disorders
- ❑ smoking

These are all major risk factors for silent stroke. So dealing with them via lifestyle changes—including stress management and medication (if absolutely necessary)—is vital.

But the fact is, *everyone* is vulnerable to silent strokes if they live long enough. So you should never assume you're safe just because your risk looks low on paper.

This is one case where it's always better to expect the worst and take preventive steps accordingly. Because if silent strokes continue to occur unchecked, the damage can snowball into a full-blown cognitive crisis, culminating in vascular dementia (or other neurological conditions, like Parkinson's disease)—no matter how healthy you thought you were before.

This obviously requires taking control over your weight, blood pressure, and blood sugar. You can achieve this with regular exercise (just a 20 minute walk a day makes a difference) and good nutrition. (If you read last month's issue, you'll recall that my A-list Diet is particularly protective, due to its simple and delicious focus on the inflammation-lowering benefits of protein boosting, blending amino acids, and Mediterranean-style foods.)

Targeted supplementation can also help head any future silent strokes off at the pass. I discussed the importance of microcirculation back in my July 2017 feature on mini-strokes. This strategy is equally critical to the prevention of silent strokes, so if you missed it, I urge you to visit my website archives and read that breakthrough front-page article.

Today, I want to focus specifically on nutrients that can help prevent and reverse any hidden damage—offering your brain a full recovery *before* you even notice any changes.

### Critical stroke protection you didn't know you needed

Citicoline is one of nature's most powerful brain preservers—though I've found most people don't know a thing about it. Your body generates this molecule in the process of converting the nutrient choline into to *phosphatidylcholine*, a key component of cell membranes.

I've been recommending citicoline for memory enhancement for years. And the most recent research on this critical compound has cemented its rightful place at the top of any list of must-have brain supplements.

One 2013 study demonstrated that citicoline can safely and effectively address vascular cognitive impairment. (Which, once again, is often the end result of repeated

silent strokes.) Results showed that after just nine months of supplementation, subjects scored significantly higher on the Mini-Mental State Examination (MMSE)—a standardized assessment of memory and mood.<sup>4</sup>

And the best part? It only took 500 mg of citicoline twice a day—a relatively small dosage—to achieve this benefit.

This study is just one among many. Research has also shown that citicoline can protect the brain after an acute stroke, helping to ward off cognitive decline while helping repair the damage caused by the stroke.<sup>5</sup> And one of the ways it does this is by combating inflammation and oxidative stress in the brain—two factors implicated in brain aging, and which peak following a stroke, silent or otherwise.

In fact, EMTs in Europe keep citicoline on hand at all times for this very reason. In the immediate aftermath of a stroke,

### Five key brain-boosters to maintain an ageless mind

**Bluenesse®.** This is a patented and particularly potent form of lemon balm extract, grown exclusively in Bavaria, Germany. It has the same calming properties you'll find in any lemon balm product—but it also fires up brain receptors that are critical to focus, concentration, and memory. In fact, clinical studies show that it can supercharge cognitive function in as little as one hour. I recommend taking 300 mg every day.

**Alpha GPC.** This supplement combines choline and phospholipids (the prime building block of cell membranes). It helps jumpstart production of acetylcholine—a natural chemical that's essential for mental function including memory, concentration, and learning. Clinical research shows incredible benefits in patients with Alzheimer's, dementia, and acute stroke. Most of these studies used dosages between 800 mg to 1,000 mg per day. But in combination with other brain-supportive nutrients, you'll likely still see a benefit at lower doses.

**Phosphatidylserine (PS).** This is a component of your cells' membranes—and particularly your neurons—which helps keep them healthy and functioning at their best. I recommend 50 mg three times per day.

**Lion's Mane.** This medicinal mushroom offers critical support for memory and mood. Specifically, by supplying your brain with nerve growth factors (NGFs) that protect against brain cell death—and may even help to regenerate damaged cells. I recommend 1,000 mg two times per day.

**Ginkgo.** This botanical is a tried-and-true staple for microcirculation and memory. I recommend 120 mg per day.

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timely administration can make all the difference. So you can imagine the kind of insurance a daily dose offers.

Especially considering citicoline also strengthens precious neurons with protective phospholipids. All while stimulating the release of key neurotransmitters and increasing blood oxygen, and nutrient flow to the brain.<sup>6</sup>

This makes it a vital form of support for any patient with vascular cognitive impairment or vascular dementia—or anyone with Alzheimer’s disease, for that matter.

Bottom line: If you’re concerned with brain health (and by now, you certainly *should* be), you need to start taking citicoline—250 to 1,000 mg daily—today. (And if you’d like to read more about citicoline, I’ve written a great deal about it in past issues, as well as in my *Reality Health Check* e-letter. You can check these articles out simply by entering “citicoline” into the search function on my website.)

### **Your brain’s first and best defense against free radicals**

While there’s a long list of valuable brain-supporting supplements you can consider (check out the sidebar on page 3 for a rundown of my favorites), there’s one more I would like to draw special attention to—ME-3.

You may recall my brief mention of this cutting-edge probiotic in last month’s issue. But I’m bringing it up again today because you’re not likely to see it turn up in most memory-preserving protocols. Though it really should be included in any serious brain health regimen.

Here’s why...

ME-3 is a specific bacterial strain called *Lactobacillus fermentum*. It’s the only known substance able to supercharge your body’s production of glutathione. That’s important because glutathione is one of your body’s main protective antioxidants. It’s generated by your liver—and like so many vital compounds, your ability to produce glutathione declines rapidly as you age.

Glutathione depletion directly correlates with sharp increases in memory lapses as you age. Which makes sense considering this compound plays an essential protective role in neutralizing destructive oxidative stress in the brain. And, as I mentioned earlier, oxidative stress peaks during and after silent strokes.

In short, anything that boosts glutathione levels is going to be a clear winner in the war against memory loss—and it’s a perfect natural complement to citicoline. It’s important to also note that you can’t just take glutathione orally, as the body can’t properly absorb it—unlike other antioxidants. That’s why I recommend taking at least 60 mg of ME-3 every single day.

I take a more in-depth look at the vast benefits of ME-3 and why it’s the most effective method in boosting your glutathione levels in Lesson 6 of my newly released online learning protocol, my *Drug-Free Protocol for Reversing Alzheimer’s and Dementia*. You can also find dozens more natural strategies that are important to consider when battling the Alzheimer’s epidemic. For more information, or to enroll in this protocol today, [click here](#) or call 1-866-747-9421 and mention the order code **EOV3U202**.

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## **“New” but NOT improved**

### ***Why the AHA’s blood pressure guidelines put you at risk—and what you should do instead***

You’d better buckle up, because here we go again...

Back in December’s newsletter, I shared the good, the bad, and the ugly of the new “official” blood pressure guidelines for diabetics. (You can check out my archives via [www.DrPescatore.com](http://www.DrPescatore.com).) Now, in a shot heard round the world, *another* set of U.S. hypertension guidelines has also been released. This time, from the American College of Cardiology (ACC) and the American Heart Association (AHA).<sup>1</sup>

Of course, not everyone is happy about these recommendations. Including myself and a bunch of European experts who can see right through this ruse for

what it is—a shameless attempt to justify overmedicating the public.

But the American medical community and Big Pharma are quite pleased with themselves. And it’s not hard to see why.

### **Half of all Americans are now officially hypertensive**

For one thing, the new guidelines lower the threshold for hypertension to a reading of 130/80—down from 140/90—for everyone. Obviously, this means a lot more people than usual will be diagnosed with high blood

pressure. And accordingly, more patients will be eligible for drug therapy.

Are you surprised by this? I'm certainly not. But just you wait, because there's plenty more where that came from...

With this lower threshold comes a new designation called "stage 1 hypertension." Patients with top numbers between 130 and 139 mm Hg, or with bottom numbers between 80 and 89 mm Hg, fall into this category. Whereas previously, they'd be classified as having prehypertension.

Patients with systolic pressure above 140 mm Hg, or diastolic pressure above 90 mm Hg, will now be diagnosed as having "stage 2 hypertension."

These new guidelines also prescribe drug therapy for anyone with stage 1 hypertension considered to be at high risk of atherosclerosis. (In this case, that's anyone with a 10-year risk over 10 percent—including patients with diabetes or kidney disease, or anyone over the age of 65.)

Another change: The guidelines indicate that treatment should always include at least *two* drugs—and that's just to start.

The only thing remotely sane about these new guidelines is the emphasis on more accurate blood pressure readings. Though doctors should have already been as thorough as possible—relying on multiple readings over several visits, as well as readings out of the office—before even *thinking* about prescribing medication in the first place.

The bottom line is that we are now looking at a situation where half—yes, *half*—of the American population will be officially labeled as having high blood pressure. And with lower treatment targets in place for people of all ages, it's not just these newly diagnosed patients who are facing the prospect of overmedication.

### Treatment by the numbers puts older patients at risk

Aside from the unnecessary anxiety this new "normal" is likely to cause, the potential for collateral damage is crystal clear. Especially since elderly patients—who, according to plenty of solid research, should be shooting for systolic numbers under 150 mm Hg—will now have their blood pressure target pushed down to dangerous new lows.

That's because these guidelines relied heavily on the results of the National Institutes of Health's incredibly flawed SPRINT trial. This study proposed that *all* patients aim for systolic blood pressure below 120—no matter how many drugs it takes to get there.<sup>2</sup>

That could mean three or more prescriptions for many hypertension patients. Needless to say, that suggestion has been met with some skepticism in the global medical

community. And for good reason.

As I explained a couple of months ago in my *Reality Health Check* e-letter ("New research exposes SPRINT's fatal flaw"), a team of Irish researchers recently found that falls and blackouts were **five times higher** in patients with systolic pressure so low. And that sudden blood pressure drops upon standing nearly *doubled*.<sup>3</sup>

These are hardly acceptable risks. Especially considering that studies larger than SPRINT show no significant differences in cardiovascular events and mortality rates with systolic pressures below 120.

In fact, treatment this aggressive *raises* rates of low blood pressure, electrolyte imbalance, and elevated creatinine... all of which pave the way to kidney damage.

This risk was reason enough for the American Diabetes Association to disregard SPRINT's conclusions when forming their blood pressure guidelines (which was a *rare* moment of clarity for them). But apparently, the AHA is perfectly okay with cracking a few eggs to make their heavily medicated omelet.

### Six all-natural supplements for healthy blood pressure

I recommend these to any patient who wants to rein in their blood pressure or maintain healthy levels.

- 1) Magnesium orotate.** Regulating blood pressure is one of magnesium's many roles in the body. And orotate is the most absorbable form. I recommend 60 mg per day.
- 2) SAM-e.** Another amino acid I've found to be exceptionally helpful for regulating mood and stress. And, in turn, blood pressure. I generally recommend 400 mg each morning.
- 3) Taurine.** This is an amino acid and acts as a natural diuretic. But it doesn't eliminate healthy minerals. Take 1,000 mg twice per day.
- 4) Pycnogenol®.** Pycnogenol helps keep collagen and elastin in the blood vessel walls healthy. I recommend 100 mg per day.
- 5) Theanine.** This amino acid has significant calming properties. And since stress is a major factor in hypertension, theanine is one of the most helpful supplements. I recommend 200 mg three to four times per day.
- 6) Garlic.** Probably the oldest blood pressure "medication" there is. It's been used for centuries—and is just as effective today as it was hundreds of years ago. I recommend 300 mg three times per day.

This is unfortunately typical of cardiologists. They care about one organ and one organ only—your heart. Granted, it’s an important one. But should it really come at the expense of the rest of your body? Particularly when there’s no proof that pushing blood pressure so low is even beneficial?

As physicians, we all pledge to “first, do no harm.”

Yet here we have “experts” who insist upon treatment by the numbers, without regard for how the patient will feel on this amount of medication. While Big Pharma maintains its role as the true beneficiary of a gift that just keeps on giving—drugs, drugs, and *more* drugs.

### Smart medicine isn’t one-size-fits-all

Ultimately, these guidelines pose the same threat that overly aggressive cancer screening does. Sure, you’ll identify more people who *might* benefit from blood pressure intervention. But at the same time, you’ll be setting up a whole lot of other patients for gross overtreatment.

And if I’ve said it once, I’ve said it *at least* a thousand times—these drugs are not risk-free. Beta blockers can cause breathing problems and weight gain. Calcium channel blockers have been linked to breast cancer. And

diuretics can deplete all the healthy minerals in your body.

Tell me again why forcing doctors to hand out these prescriptions even more liberally than they already do is a good idea?

Yet the AHA and the ACC don’t even *acknowledge* the kind of harm their new intensive treatment strategy could cause. Which is exactly what you might expect from people who would put statins in our water supply if they could...

To be clear, I’m not saying you should ignore high blood pressure. That would be ridiculous—and I’ve written many articles about how dangerous untreated hypertension can be. But I don’t think there’s a “magic number” that everyone should be aiming for. And the idea that it should be achieved at any cost is even more ridiculous.

One-size-fits-all just doesn’t apply when it comes to health issues—and that’s precisely where all of these guidelines fall short. A better approach would be to focus on lowering high blood pressure, safely and significantly, *without* a specific target in mind.

It’s the same sort of advice I give to my patients who are overweight. Because my practice isn’t built around numbers. It’s built around people who are trying to get healthier.

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## URGENT WARNING: New research reveals why diabetics should avoid “diet” products at all costs

*Plus, the ONLY sweetener that’s safe to use*

Sometimes, my work as a diabetes doctor feels like an attempt to slay a mythical hydra. Every time I think I’ve lopped a head off of this beast, two equally lethal ones always seem to pop up in its place.

And nowhere is this frustrating analogy more appropriate than in my ongoing fight against the deadliest dietary demon of them all: sugar.

There’s no question that I still have a long way to go in my personal crusade against sugar. But the message is getting out there, slowly but surely. And at least we’re no longer living in *complete* denial when it comes to our national addiction.

The public is finally starting to come around to the fact that sugar kills. (Even if they’re still being fooled into thinking that red meat is somehow a bigger threat...or that a “moderate” amount of sugar in your diet is somehow safe.)

So why aren’t I celebrating? Because even as this battle

winds down, a new one is just getting started. And once again, the soda business is to blame.

### Yet another “diet” product that’s anything but

It’s hard to imagine anyone *STILL* falling for the line that artificial sweeteners are somehow good for you. These are *chemicals* after all—many of which have spent the last several decades hopping on and off of the list of known cancer-causing agents.

But this hasn’t stopped the beverage industry from peddling their “diet” products as a healthier alternative to sugary drinks. (Leave it to Big Soda to find a way to capitalize on the obesity crisis they had a big hand in creating.)

The problem here isn’t just that these sugar substitutes are potentially carcinogenic, of course. That would be bad enough. Thanks to new research, we’re also finding out

(and not for the first time, either) that they may increase your risk for heart disease, too.

A recent review and meta-analysis delivered so-called “mixed evidence” supporting the role of artificial sweeteners in weight loss. (Hardly a glowing endorsement for products that often feature the word “diet” in their names.) But that’s not even the worst part...

Results also showed that consuming artificial sweeteners on a daily basis may actually be linked with weight *gain* over the long haul... and more concerning, a higher risk of cardiometabolic disease.<sup>1</sup>

Meanwhile, nearly *half* of all Americans use these sugar substitutes regularly. (In fact, studies have revealed that a very large portion of people consume artificial sweeteners *without* knowing it. They’re even turning up in the blood and urine samples of people who report avoiding them.)

Just as a reminder, here’s why that’s a problem: Research has established significant links between non-nutritive sweeteners and gains in body weight, BMI, and waist size.<sup>2</sup> Not to mention elevated risks of high blood pressure, stroke, heart-related events, and type 2 diabetes.

And we’re not talking about the results of some tiny one-off study, either. We’re talking about big, reputable studies featuring large groups of subjects that researchers followed for a lengthy duration.

One of these is the famous Framingham Heart Study—which showed that people who drank one or more cans of diet soda every day faced *triple* the risk of stroke and dementia, as compared to people who never touched the stuff.<sup>3</sup>

Granted, one could argue that unhealthy people simply tend to reach for artificial sweeteners more *often*—not that the sweeteners *themselves* do any damage. But a single look at the latest findings flushes that theory right down the toilet... where it belongs.

Recent studies have shown, for example, that artificial sweeteners alter the microbiome in rodents and humans—making it “obesogenic.”<sup>4,5</sup> In fact, evidence also suggests that regularly consuming these chemicals hijacks the metabolism, paving the way toward high blood sugar, insulin resistance, and weight gain.<sup>6</sup>

That happened to be the exact takeaway of the first human trial on the regular intake of artificial sweeteners. The results made headlines late last year. And needless to say, they *weren’t* reassuring.

## Fake sugar is fueling the diabetes crisis, too

This new trial found that artificial sweeteners change the way your gut responds to sugar—very much for the

worse. It increases the amount of glucose that your body absorbs, as well as its glycemic response. And it also blocks production of a peptide called *GLP-1*.

Among GLP-1’s significant roles: increasing the release of insulin (which lowers blood sugar) and blocking the release of glucagon (which raises blood sugar). This is a complex hormonal dance—but one the body is well equipped to handle if we don’t mess it up by eating too much sugar and simple carbohydrates.

Or, as it turns out, too much artificial sweetener.

This clinical study looked at healthy subjects and their response to common chemical sugar substitutes like sucralose and acesulfame-K—exactly the kind you’ll find in most popular diet drinks. It was two weeks long, randomized, and double-blind. During that time, one group had artificial sweeteners added to their diet, and the other didn’t.

At the outset, both groups had similar gut responses to sugar. But it didn’t take long for that to change... dramatically. In fact, it only took two weeks.

At the end of the study, the group consuming artificial sweetener daily saw significant uptakes of glucose, both 90 and 120 minutes after eating. A full 20 percent more than the placebo group, to be exact. And their blood sugar levels rose by nearly 25 percent because of it.

And that’s not all. Their GLP-1 response dropped by 34 percent compared with placebo—a startling trend, considering how critical this peptide is to proper blood sugar metabolism.<sup>7</sup>

To sum it up: **Artificial sweeteners put your body’s blood sugar control into a tailspin**—sending post-meal glucose levels soaring. And they do it in just two weeks!

So, sugar isn’t the only “anti-nutrient” fueling the diabetes epidemic. Artificial sweeteners are another clear culprit behind the astronomical rise in both obesity and diabetes—and the fact that they’re marketed as “diet-friendly” only adds insult to injury.

## The only sugar substitute that doubles as a solution

In general, I think it’s best to avoid using sweeteners of *any* kind on a regular basis. Limiting your intake helps to reboot your palate and re-sensitize your taste buds. But that doesn’t mean you can’t enjoy a treat on occasion. Especially since there are natural sweeteners out there that don’t carry the same risks as chemical sugar substitutes.

In fact, one of my favorite picks isn’t just safe for dieters and diabetics. It might even play a critical nutritional role in the fight against diabetes.

I'm talking, of course, about stevia—the all-natural, non-caloric sweetener extracted from the leaves of the *Stevia rebaudiana* plant. Its active component, stevioside, is up to 300 times sweeter than regular table sugar (so you need much, much less of it). And people across the world have been safely using it as a sweetener for ages.

Its reputation in the research community, however, is only just heating up. And suffice it to say, recent studies have reached some pretty exciting conclusions...

For example, clinical research presented at the 2016 meeting of the Endocrine Society examined the effects of stevia consumption among a group of 40 subjects with metabolic syndrome. All subjects followed the same low-calorie diet for four months. But they were also randomly assigned to receive either a stevia snack four times a week, or a sweet of their choosing once a week.

Researchers evaluated every metabolic metric under the sun—from BMI and waist size to blood pressure, blood sugar, cholesterol, hormone levels, and liver function. In the end, the control group did lose weight. But only the stevia group had significant reductions in a long list of risk parameters—including blood pressure, fasting glucose, oxidized LDL, and leptin levels.<sup>8</sup>

Another group of researchers published a comprehensive review confirming these health benefits in the *Journal*

*of Medicinal Food* just last year. Among their findings: Stevia's unique glycosides—the compounds that give it its sweetness—are uniquely capable of reducing metabolic risk.

Not only that, but this plant also boasts roughly 100 additional nutrients and phytochemicals with powerful antioxidant and medicinal properties—including phenols and flavonoids.

In other words, the potential benefits of stevia aren't just limited to metabolic health. In addition to being able to stimulate insulin release from pancreatic beta cells, these researchers identified a dizzying list of other potential uses—against anything from heartburn and cavities, to inflammation, fungal infections, and even cancer.<sup>9</sup>

Needless to say, this is one sweetener worth keeping in your pantry.

To a healthier you,



Fred Pescatore, M.D.

*Citations for all articles in this issue available online at [www.DrPescatore.com](http://www.DrPescatore.com)*

## News Brief

### Why dealing with erectile dysfunction is a matter of life and death

I've said it before, but it still holds true. If there's one thing that gets men in the door of a doctor's office fast, it's erectile dysfunction.

And you know what? That's as good a reason as any. In fact, based on the results of a new review, it's a better, more precautionary reason than most men even realize.

This meta-analysis of nearly 30 studies appeared recently in the journal *Vascular Medicine*. Researchers set out to examine the association between erectile dysfunction and early heart disease. And what they found should be *front and center* on every man's radar.

Specifically, they discovered a significant link between erectile dysfunction and endothelial dysfunction. Your endothelium is the layer of cells that lines your blood vessels—and if it's not working properly, your vessels can't relax and dilate properly. This impedes circulation and jacks up your blood pressure. It also makes getting a firm erection nearly impossible.

The researchers also found a connection between erectile dysfunction and carotid intimal medial thickness. That's the technical term for the arterial scarring and hardening

that marks early *atherosclerosis* (narrowing and hardening of the arteries). And needless to say, it doesn't bode well for future cardiovascular health.

That may sound like bad news. And for anyone dealing with erectile dysfunction—which poses enough problems where quality of life is concerned—it certainly is. But this conclusion's lining is as silver as they come.

Why? Because once you've identified ED as the canary in the coalmine, you can take steps to address the *real* cause behind your troubles in the bedroom. And this early intervention could prove lifesaving—especially for younger men who are still in the subclinical stages of looming heart disease.

As you might have already guessed, Viagra is *not* the solution you're looking for. But a comprehensive, circulation-focused sexual health strategy is. And that's exactly what you'll find in the January 2017 newsletter article, "Beyond the little blue pill: the real causes behind erectile dysfunction... and how to cure it at any age."

If you missed it then, I can't think of a better time to log into the archives at [www.DrPescatore.com](http://www.DrPescatore.com) and catch up.



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