



## The common infection you should NEVER shrug off ...and how to fight back in the age of antibiotic resistance

Early last year, the World Health Organization (WHO) put out an urgent and terrifying call to arms. It came in the form of a list—one that named the most dangerous superbugs to emerge as a result of modern antibiotic resistance.

The bacteria on this list are nearly unstoppable...lethal in that they no longer respond to the drugs that used to eradicate them easily—or even to powerful, last-resort medications. And hovering at the very top of this list is a common bacterium by the name of *Escherichia coli*—better known as *E. coli*.

Yes, *that E. coli*. The same bug that lives in the gastrointestinal tract of every human. And the same one that's the leading culprit behind one of the most common infections in the book.

I'm talking about urinary tract infections (UTIs)—which affect roughly a *quarter billion* people every year.

And before all the men reading tune out, you should know that UTIs don't just affect women.

Indeed, women *are* at higher risk of UTIs than men overall. This is a simple fact of biology. Bacteria can enter a woman's urethra more easily. They also have a shorter distance to travel in order to reach her bladder.

But that doesn't mean men don't get UTIs—something you may have already learned the hard way. While these infections are rare in younger men, the risk increases after the age of 50. And by 60, they're nearly as common in men as they are in women.

One reason for this is the increased incidence of prostate enlargement, which restricts urine flow. Prostate inflammation—better known as prostatitis—is another red flag for UTI that can affect men of any age. Diabetes, kidney stones, and catheterization will raise your risk, too.

All in all, *half* of all women, and a large percentage of men, will contract a UTI at some point in their lives. And with effective antibiotics, it's typically chalked up to little more than an uncomfortable nuisance.

But with antibiotics that fail? Well, that simple infection can become complicated *very fast*—spreading to the kidneys and ultimately the blood stream. In other words, unless something changes fast, UTIs could soon be life-threatening.

### The slow march toward an antibiotic apocalypse

In the spring of 2016, a team of researchers at the Walter Reed Army Institute of Research discovered a particularly dangerous antibiotic-resistant strain of *E. coli*. And its source couldn't have been more ordinary. The sample was taken from a 49-year old Pennsylvania woman with a urinary tract infection (UTI).<sup>1</sup>

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Even more terrifying?

This was only one of *six* strains of super-bacteria the lab had received from locations across the entire country. But the news gets even worse.

Researchers also found a gene called *mcr-1* in the bacterium's DNA. The *mcr-1* gene is responsible for making this strain of *E. coli* essentially bulletproof. But it's also positioned in a way that appears to make it mobile, too.

In other words, *mcr-1* may be capable of attaching itself to *new* bacteria—not just to *E. coli*, but to other dangerous organisms, too. Which would render those bacteria antibiotic resistant, as well.

And when I say “resistant,” I mean it in the most deadly sense of the word. The *mcr-1* gene steered this strain of *E. coli* against a long list of antibiotics, including *colistin*. This horrible, side-effect laden drug hasn't been in routine uses since the 70s, due to risks of severe kidney failure. But lately, it's been a last resort for many patients struck with otherwise untreatable infections. Until now.

With the discovery of this new bacteria, it's clear that we're losing one of our last weapons in the war against superbugs. And the consequences could be catastrophic if something doesn't change soon.

As I've warned here before, we are teetering dangerously close to a second dark age in which even common infections will be mass killers. It may not happen overnight like all of those pandemic movies depict. But without effective news drug in the pipeline, people are going to die.

### How it came to this—and why Big Pharma is standing on the sidelines

On the one hand, it was bound to happen eventually. We've seen the development of more than a hundred antibiotics since the discovery of penicillin in 1928. And scientists have known about bacterial resistance for as long as patients have been using these drugs.

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Dr. Fred Pescatore's *Logical Health Alternatives* is published monthly by OmniVista Health Media, L.L.C., 100 W. Monument St., Baltimore, MD 21201 for \$74 per year (\$6.16 an issue).

POSTMASTER: Send address changes to Logical Health Alternatives, 100 W. Monument St., Baltimore, MD 21201.

Bacteria adapt to survive—it's what living organisms do. But let's just say that we've done more than our part in speeding the process along.

The antibiotics we administer to livestock are easily one of the biggest factors. And no one should be surprised. Of *course* we're going to face problems when we pump a bunch of chemicals—not just antibiotics, but growth hormones, pesticides, and herbicides—straight into our food supply.

But antibiotic residue in particular has risen by 800 percent in meats, milk, and cheeses. And we're now learning the hard way that this doesn't come without a price tag.

Speaking of price tags, it's worth noting that Big Pharma hasn't churned out a new antibiotic since the 80s. They've abandoned any real efforts in order to funnel their resources into more profitable cash cows like statins and erectile dysfunction drugs. And they haven't had any incentive to do otherwise. (At least, not a *financial* one—which, as we all know, is the only kind that really matters to the pharmaceutical industry.)

But that may change soon. In fact, WHO released this new list of drug-resistant bacteria in the hopes of igniting a discussion about how to *pay* pharmaceutical companies to kickstart new antibiotic development. An arrangement that leaves a pretty bad taste in my mouth, however necessary it may be.

I mean, come on! *Are you kidding me?*

We're just supposed to fork our tax dollars over to Big Pharma? (As if they aren't rich enough already...) All because *they've* decided that the cost of developing new antibiotics just isn't worth the human lives it would save?!

I truly wonder if they possess the capabilities to fathom the potential consequences, especially since lethal UTIs may soon have all those paying customers dropping like flies. All because the *one* contribution they've made to this fight isn't worth the paper the prescription is written on...

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## FDA fast-tracking isn't going to save us

Last September, the FDA approved a drug called Vabomere for treating antibiotic-resistant UTIs caused *carbapenem-resistant enterobacteria*, or CREs. Carbapenems are another class of last-resort antibiotics—and a gene called blaNDM-5 renders bacteria resistant against them, just as mcr-1 shields bugs from colistin.

Yes, that makes *two* last-ditch drugs we're in danger of losing. And, in fact, doctors made their first encounter with a common strain of *E. coli* resistant to *both* of them in late 2014.<sup>2</sup> (The patient was a 76-year-old New Jersey man who had suffered recurrent UTIs since receiving treatment for prostate cancer.)

So I'm not saying that we don't need more drugs like Vabomere. Obviously, we do—and desperately.

But we should also recognize that “fast-tracking” newcomers to the market could backfire in a really big way. And that's just what the FDA did here—despite a long list of worrisome side effects, from diarrhea and headaches to seizures and delirium.

Apologists would argue that this practice simply bypasses a whole lot of unnecessary red tape to bring cures to patients who need them sooner rather than later. But the problem with this argument is that almost *none* of the drugs fast-tracked for approval have actually been shown to do what they're supposed to do.<sup>3</sup>

These fast-tracked drugs were brought to market based on trials that don't actually measure for clinical outcomes (pretty important factors like death, functional status, hospitalization, or even clinical markers of disease activity). Instead, the trials use what the researchers call “surrogate markers”—measures that *suggest* a possible outcome, but fail to show the actual results.

This means that the drug manufacturers and the government collude to assure you—and the doctors (who generally trust whatever the FDA says)—that these drugs are effective and safe.

In other words, we have no *real* way of knowing if the potential risks are outweighed by the benefits of these medications. Yet all those holier-than-thou mainstream medical fanatics would have you believe that there's indisputable evidence behind the drugs they use and recommend.

Long story short... *there's not*.

Drug companies aren't on some humanitarian mission... The less money they have to invest in research to get newer, more expensive drugs on the market, the better. Unfortunately, FDA fast-tracking is just the golden ticket they need.

Vabomere may end up being a safe and effective weapon

## My six staples for a powerhouse immune system

I recommend these daily supplements to lay the foundation for a healthy immune system, and overall health:

- 1) A quality, multiple-strain probiotic formula.** If your gut isn't functioning properly, nothing in your body will—especially not your immune system. Remember, almost 80 percent of your immune cells are produced in your gut. So keeping it healthy with a good probiotic that contains multiple strains of beneficial bacteria is a must—I'm a fan of Dr. Ohhira's line. I typically recommend 1 to 2 capsules per day.
- 2) AHCC.** AHCC, short for *active hexose correlated compound*, is a blend of medicinal mushrooms with tons of clinical research supporting its powerful immune modulating benefits. I recommend 1,000 mg to 3,000 mg per day.
- 3) Vitamin D3.** This vitamin plays a critical role in your immune system health. But most people simply can't get enough from sun exposure alone. So I recommend at least 2,000 to 5,000 IU per day. (Some people may require as much as 10,000 IU daily.) I urge you to ask your doctor for a 25(OH)D test to make sure your levels are where they need to be (which is between 80 and 100 ng/mL).
- 4) Vitamin C.** With thousands of research studies supporting its role in immunity, you really can't argue with the wisdom of a daily vitamin C supplement. I advise taking 1,000 mg, three times per day for optimal immune health. (And keep filling up on vitamin C-rich foods—like red peppers and dark leafy green vegetables—for good measure.)
- 5) Zinc.** Zinc is vitally important to the integrity of your immune cells. You can boost your zinc intake with red meat, seafood, nuts and eggs. But I also always recommend a daily dose of at least 30 mg per day.
- 6) Coenzyme-Q10.** This nutrient helps fuel your cells. And it's also essential for cell-to-cell communication—which, as I mentioned before, is the most critical part of functional immunity. You should be taking 100 mg to 600 mg per day, depending on your doctor's advice.

against antibiotic-resistant UTIs. But that remains to be seen. And even if it *does* stand the test of time, it's still just one drug up against a growing tidal wave of deadly superbugs.

## The common-sense cure for recurrent UTIs

There's no simple solution to antibiotic resistance. And avoiding what now appears to be a near-inevitable antibiotic apocalypse is going to require a global effort. But if everyone limited their own use of antibiotics, that would certainly help to buy us some time.

And that means taking steps to prevent complicated bacterial infections in the first place.

A strong immune system is your first line of defense in this fight. And there are a number of supplements you can take to ensure that your body is equipped to handle whatever bugs come your way. (See the sidebar on page 3 for a list of my favorites.)

But especially if you suffer from recurrent UTIs, a few additional precautions can go a long way toward breaking the cycle for good.

First, there's one thing you shouldn't do. And that's fill up on cranberry juice. It's true that cranberry is probably your best natural defense against UTIs. (I'll get back to that in a moment.) But the idea is to *fortify* your immune system, not stress it with sugar.

With that said, you should be drinking plenty of water. It seems like an obvious recommendation to make. But a recent study showed that drinking three extra glasses of water a day—approximately 95 ounces daily—cut both infections and resulting antibiotic use *in half* among women suffering from recurrent UTIs.<sup>4</sup>

Increasing your water intake isn't the only lifestyle change that can have a surprisingly big impact on your urinary tract health. And the next core strategy is one that followers of my A-List Diet are already quite familiar with...

### Alkalize your system the A-List way

As part of a 2015 study published in the *Journal of Biological Chemistry*, scientists evaluated urine samples from 50 men and women.<sup>5</sup> Their goal was to find out why some patients are more susceptible to urinary tract infections than others. And their focus was on siderocalin—a protective protein that cells generate in the earliest stages of a UTI, which blocks the growth of harmful bacteria.

The researchers discovered that siderocalin inhibits bacterial growth more effectively in some people than in others. And as it turns out, this critical protein's ability to do its work hinges on the composition of your urine... and ultimately, on your diet.

For one thing, urine with a high pH—that is, *more alkaline*—was better at resisting colonization by harmful bugs. But samples with the strongest antibacterial activity also contained higher levels of certain metabolites—specifically, the byproducts of interactions between gut bacteria and dietary phenols. (These compounds are key features of antioxidant-rich foods like chocolate, tea... and yes, cranberries.)

In other words, you can maximize your body's ability to fight off UTIs on its own by ensuring three key factors: 1) an alkaline environment 2) a strong microbiome 3) a

## Four key supplements for added UTI defense

I outlined my general immune support protocol on page 3—which should always be your first step in preventing infections of any kind. But there are a few more nutritional supplements I recommend to patients struggling with frequent UTIs in particular:

- **Cranberry extract.** This is the one of the oldest, most reliable, and most researched solutions for urinary tract health in the book. Cranberry earned this distinction due to its abundance of A-type proanthocyanidin (PAC)—a compound that keeps bacteria from sticking to the walls of your bladder. In fact, studies show that daily intake can cut your risk of UTI by nearly 40 percent. So if you have struggled in the past with UTI's, I recommend adding this to your daily regimen, or take this supplement when you feel symptoms coming on. Capsules are obviously preferable to juice—I typically recommend 400 mg, twice per day.<sup>6</sup>
- **D-mannose.** This is a sugar related to glucose—and one of the few instances where sugar is actually good for you. D-mannose is a component of certain fruits—particularly berries—that works much like cranberry extract to keep bacteria from adhering to your urinary tract. And it's powerful stuff: One trial showed that 2 grams of D-mannose powder mixed in 200 ml of water daily worked as well as Macrobid, a brand name antibiotic, in preventing infection among women with recurrent UTIs.<sup>7</sup>
- **Probiotics.** If I've said it once, I've said it a thousand times. The best way to fight bad bacteria is by loading up on the good ones. And as I explained earlier, a healthy microbiome also plays a key role in your body's natural defenses against urinary tract infection. You should be taking a high-quality probiotic like Dr. Ohhira's every day already. But if you're not, it's time to start.
- **Uva Ursi.** This is a traditional herb used for bladder and urinary tract health—and it's especially beneficial in the earliest stages of an acute UTI.<sup>8</sup> I recommend 500 mg, twice per day when you feel symptoms coming on.

To be clear, these are not substitutes for drug treatment when you're dealing with a full-blown infection—and obviously, you should follow your doctor's lead. Because as I mentioned above, untreated UTIs can cause very serious complications.

But this targeted regimen will give your urinary tract the extra support it needs to fight off harmful bacteria on its own—effectively stopping infections before they take hold. And in a world where you can no longer count on antibiotics to save you, it could well be your best—and only—defense.

steady stream of phenol-rich foods.

So, how do you do that? Simple—follow my A-List Diet. It's an alkalizing, Mediterranean-style eating plan

that checks all of these crucial boxes. I discuss exactly how alkalization works and how to incorporate it into your diet in Chapter One of *The A-List Diet*. I'll show you how to replace the foods you eat now with more alkaline alternatives. Here are just a few suggestions:

#### DAIRY:

- Eat less: cottage cheese, ice cream, processed chesse, and new cheese
- Eat more: aged cheese, butter, cream, and goat cheese

#### FRUIT:

- Eat less: cooked tomatoes, canned fruit, cranberries, dates, dried fruit, plums, and pomegranates
- Eat more: raw tomatoes, avocados, blueberries,

cantaloupe, grapefruit, and watermelon

#### MEAT:

- Eat less: beef, chicken, mussels, pork, veal, squid, and lobster
- Eat more: boar, chicken eggs, shellfish, turkey, venison, and fish

For my full A-List Diet “alkaline cheat sheet,” refer to page 103 of my book.

When you pair an alkaline diet with just a handful of targeted supplements (which you'll find listed in the sidebar on page 4), you're looking at a solution for recurrent UTIs that's safe, effective, and lasts a very long time.

And more importantly, one that could free you from a lifetime of antibiotic dependence for good.

The bottom line? Whether you're male or female, if you're seeing all the tell-tale signs—frequency, urgency, and painful, difficult urination—don't just shrug it off. Call your doctor immediately... it could be *much* more serious than you think.

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## The deadly cost of a broken “body clock”

### *And the simple, pill-free solution to get you back on track TODAY*

Modern technology allows us to sleep, eat, and work whenever we please, day or night. But just because you *can*, doesn't mean you *should*. And while this freedom obviously comes with advantages, it also comes with a price.

That price is circadian misalignment—which happens when your body's internal “clock” doesn't match up with its environment. And make no mistake, it'll hit you right where it hurts. The good news is, it's an easy problem to fix. I'll tell you how in just a moment.

But first, a little background...

Simply put, circadian rhythms are the biological cycles that your body runs through over a 24-hour period.

These natural patterns extend to the most basic of functions which alert your body to rest, eat, digest, release hormones, and regulate your body temperature and blood pressure, just to name a few. Every organ in your body works according to this internal clock. Cues from both inside and outside the body combine to set the schedule. And no living organism is exempt from their influence.

These cycles change with age and adapt to your environment. But that doesn't mean they're flexible. And

anyone who has ever suffered jet lag—or struggled to adjust after seasonal time changes—knows that this is one case where old habits die hard.

And I mean that quite literally. Because believe it or not, research shows that heart attack rates jump up by nearly 25 percent on the Monday after we “spring ahead” for daylight savings in March.<sup>1</sup>

What's behind this lethal spike? Scientists propose a mix of factors at play—including the stress of a new work week, and the rapid change in routine it represents. But the mass circadian misalignment triggered by just one lost hour of sleep serves as the lynchpin—proving that even small disruptions in this department can add up to big consequences.

And when those disruptions are major, the news gets even worse.

#### **The “graveyard shift” is a killer—literally**

I've devoted a great deal of space in this newsletter and in my *Reality Health Check* e-letter to the dangers of sleep deprivation. But today's discussion will serve as a reminder that it's not just *how much* you sleep that matters. The *timing* of your sleep is every bit as important.

It goes without saying that night time is the right time for shut eye. And yet many people—due to circumstances outside of their control—are unable to get the right amount of sleep, or are unable to sleep at the ideal time of day.

Research shows that people who work night shifts are more prone to type 2 diabetes. Take, for example, a recent study that mimicked shift work in 14 healthy people. The participants spent eight days eating breakfast at 8 a.m., dinner at 8 p.m., and then sleeping during the night. Then, they reversed their schedules, spending eight days eating breakfast at 8 p.m., dinner at 8 a.m., and sleeping during the day.<sup>2</sup>

The researchers measured subjects' glucose every day. And they discovered that their blood sugar levels were 6 percent higher when they slept during the day than when they slept at night. Their pancreases stopped functioning by up to 27 percent. And they had decreased insulin sensitivity, to boot.

All of these changes are risk factors for diabetes. And

all of them took hold within a matter of *days*, due to the simple disruption of subjects' natural sleep cycles.

That's not even the half of it, either. Because it isn't just diabetes you risk when your circadian rhythms are misaligned. Shift work ups your odds of both heart disease and cancer, too. They don't call it the "graveyard shift" for nothing...

One 2016 study found that female nurses who had worked rotating shifts for a decade or longer suffered a 15 percent higher risk of coronary heart disease, compared with non-shift-working women. This risk was independent of any other factors, like smoking status or BMI. And fortunately, it also appeared to be *reversible* with a return to more normal schedule.<sup>3</sup>

Meanwhile, a meta-analysis published earlier this year showed that women working night shifts face a 19 percent higher risk of cancer overall. And a risk of skin, breast, and GI cancers that's 41 percent, 32 percent, and 18 percent higher, respectively.<sup>4</sup>

## News Brief

### The ancient spice dominating the fight against our modern Alzheimer's epidemic

Curcumin—the active component of turmeric, which gives curry its distinctive color and flavor—is one of those rare nutritional rockstars that seems to be able to do it all.

It's earned a spot on my list of "Desert Island" supplements year after year, thanks to its ability to fight inflammation, balance blood sugar, and conquer chronic diseases from arthritis to heart disease to cancer. So needless to say, I'm never surprised when it makes new headlines. (For the full list of my "Desert Island" supplements, refer to the January 2016 issue of *Logical Health Alternatives*. To access my archives, simply use your username and password to log in to the "Subscribers" section of [www.DrPesatore.com](http://www.DrPesatore.com).)

Still, the results of these studies never cease to amaze me. And the latest finding from a team of UCLA scientists is no exception.

Their double-blind, placebo-controlled study—the gold standard when it comes to research—featured 40 older adults with mild memory problems. Researchers randomly assigned subjects to take either a twice-daily, 90 mg curcumin supplement or a placebo for 18 months.

Subjects received cognitive assessments at the beginning of the study and every six months thereafter, along with regular monitoring of curcumin levels. Thirty of these subjects also received PET scans before and after the study, in order to identify any changes in levels of amyloid and tau—two notorious markers for Alzheimer's disease.

At the end of the 18 months, the subjects taking curcumin showed a *28 percent boost* in memory scores compared to the placebo group, not to mention mild mood improvements. And even more notably, a significant reduction in both Alzheimer's markers, in areas of the brain associated with memory and emotion.

The most important detail of this study is that researchers used a bioavailable form of curcumin to achieve their incredible results. This matters because, on its own, curcumin is very poorly absorbed. (Previous studies have relied on dosages as high as 8 grams for this very reason.)

Fortunately, modern technology has been a game changer. And there are now a number of products available (capsules, tablets, liquids, and powders) that make it easier for your body to access curcumin's benefits, at a reasonable dosage that won't irritate your stomach.

This particular study used Theracurmin®, one of my preferred curcumin supplements. I also recommend Curcumin C3 Complex®, BCM-95®, and Meriva®. (For more information on each of these forms of curcumin, you can refer to the December 2016 issue of my newsletter archives on [www.DrPesatore.com](http://www.DrPesatore.com).) Suffice it to say, any one of these is well worth the investment.

Whichever bioavailable curcumin extract you choose, 500 mg per day is a great place to start for not only cognitive, but overall health.

It only makes sense, of course. Night work—and day sleeping—interferes with your pineal gland’s release of melatonin. Given this hormone’s role in preserving health (which you might recall from our discussion in the September 2013 issue), there’s nothing surprising about risks of night work.

Of course, working the night shift is an unavoidable part of life for many people. But I think it’s important to be aware of the added risks, so that you can take the necessary steps to counteract them.

And speaking of the risks of circadian misalignment, there’s one more I want to shine a spotlight on...

### Why a midnight salad could still make you fat

Circadian misalignment may also play a much bigger role in our modern obesity crisis than anyone ever imagined. Laboratory experiments have shown that mice, after being restricted to an eight-hour window of eating, were slimmer and healthier. Even when they took in *just as much food* as mice who were free to eat around the clock, they gained less weight. They experienced less liver damage. And their levels of inflammation were lower.<sup>5</sup>

Another recent lab study showed that mice with feeding times confined to their normal circadian patterns were the *only* ones to lose weight on a reduced-calorie diet. This, despite the fact that day-feeders (remember, mice are nocturnal) were eating the same exact amount of food. Which would suggest that according to human circadian rhythms, night-time eating alone is enough to sabotage your diet completely—even if you’re eating healthy foods during those “off” hours.

Granted, these two studies were done in mice. But trials featuring human patients reveal many of the same patterns.

Given all of this solid data, it’s at least clear that routinely eating during hours intended for sleep doesn’t just make it harder to stay slim. It makes it nearly *impossible*.

### The simplest way to fix a broken “clock”

You might expect the solution to circadian misalignment to focus entirely on adjusting your sleep schedule. And while that is an important component (which I address in more detail in the sidebar to the right), it’s not the only lifestyle factor involved in solving this critical issue.

In fact, one of the best ways to re-align your circadian rhythm is something most doctors never address

Laboratory research shows that exercise helps to stabilize circadian rhythm in older mice. It also shows that younger mice who stop exercising suffer the same circadian disruptions as their older counterparts.

In other words, regular exercise makes everything else about your body—from sleep to digestion—more regular, too. And in a world that’s open for business 24/7, that balance could be nothing short of lifesaving.

Unlike timing of eating and sleeping as I discussed above, it doesn’t necessarily matter when you exercise. *Any* exercise is better than none at all.

However, there are some added benefits to exercising

### My top five all-natural supplements for more regular and reliable rest

**1) 5-HTP.** This will induce drowsiness and also regulate your body’s sleep/wake cycle. It also supports your adrenal glands. Safe and effective doses range anywhere from 100 mg to 5,000 mg per day, right before bedtime. (Though most people don’t need more than 1,000 mg.) It’s a big range, but start with the smallest dose and work your way up, 100 mg at a time, until you notice a difference in how quickly and easily you’re able to drift off to sleep.

**2) SAM-e.** This amazing amino acid helps regulate your body’s biological rhythms. I recommend 400 mg every morning.

Note: Unless you’re already taking antidepressant medications, 5-HTP and SAM-e should form the core of your sleep restoring supplement regimen. From there, you can mix and match these next three nutrients—and take daily or as needed—until you find the combination that delivers the best results:

**3) L-theanine.** This is the calming agent in green tea. It helps relax your mind and body so that you can drift off to sleep. I recommend 200 mg about 30 minutes before bedtime and 200 mg in the morning.

**4) GABA.** This is a neurotransmitter that helps your brain relax. I recommend 800 mg approximately 30 minutes before bedtime.

**5) Melatonin.** I really can’t overstate the importance of melatonin. Your body generates this hormone not only to help you sleep, but also to shore up your immune system. (You can find my supplement protocol for a powerhouse immune system on page 3.) And not surprisingly, production drops significantly with age. I recommend taking 3 mg of melatonin to start, but no more than 21 mg.

For more drug-free strategies on how to get better quality and more regular sleep, I encourage you to check out my *Perfect Sleep Protocol*. For more information, or to enroll today, [click here](#) or call (866)-747-9421 and ask for order code EO3U310.

during the day, if you're able.

Studies show that early morning workouts are more effective at reducing blood pressure throughout the day than evening workouts.<sup>8</sup> Afternoon workouts, on the other hand, appear to be better for performance.<sup>9</sup>

And if your goal is to lose weight? Well, it seems you can't go wrong either way. Some research shows that working out on an empty stomach—that is, *before* breakfast—can maximize blood sugar balance, insulin sensitivity, and fat-burning.<sup>10</sup> While other studies show that early evening walks are king for weight loss—at least among postmenopausal women.<sup>11</sup>

Whatever your goal, making time for exercise—along with a few simple, small changes regarding when you eat and sleep—could be the answer to “resetting” your body clock. And that will lead to a world of difference in how you look, feel, and function.

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

### URGENT WARNING

#### Study shows popular osteoporosis drugs destroy bones—from the inside out

How much more damning evidence do mainstream doctors need before they *finally* stop prescribing bone drugs? Because even if there *weren't* a million better ways to battle osteoporosis, this ballooning body of research would be outrageous.

I've mentioned before how these drugs like Boniva, Fosamax, and Forteo (which are classified and bisphosphonates) are not the cures they're advertised to be. True, they may increase bone mass. But they do so with a side effect of decreasing bone stability. Which actually *raises* your risk of atypical bone fractures. (And in some cases, leaves you vulnerable to a painful and debilitating condition called osteonecrosis of the jaw, or ONJ—in which your jawbone literally disintegrates.)

Yet here we are, having the same conversation. About yet *another* study showing that these popular osteoporosis drugs actively contribute to the very problem they're prescribed to solve.

A team of Swedish researchers recently analyzed bone biopsies from eight different patients who had received bisphosphonate treatment. In the process, they discovered abnormal mineralization in the patients' bones—consisting of large, hard crystals not seen in healthy bone tissue.<sup>1</sup>

These crystals appeared in the cavities resulting from normal bone cell death. But unlike ordinary bone mineral, the large, hard crystals actively impeded the regeneration of bone tissue and led to a steep decline in bone quality.

All of which, I'm sad to say, isn't too surprising to me...

This new finding sheds light on the concerning results

from all the clinical research that came before it. But the study authors go out of their way to emphasize that their discovery *doesn't* mean that doctors should stop writing prescriptions for bisphosphonates.

Excuse the pun, but I have a *serious* bone to pick with their nonchalant conclusion...

Why on Earth would you prescribe a drug with side effects like this, when proper supplementation could very well deliver the same benefits bisphosphonates *claim* to have?! And *without* the added risk of fracture and dysfunctional bone mineralization? Plus, there are a multitude of effective drug-free solutions. You'd think it'd be a no-brainer!

For maximum bone support, I recommend a combination of the following all-natural supplements:

- vitamin D3: 5,000 to 10,000 IU per day
- vitamin K2: 45 mcg twice per day (I recommend a product called MenaQ7)
- strontium: 500 mg per day
- calcium: 500 to 600 mg per day
- magnesium taurate: 125 mg per day

And all of these nutrients are inexpensive and widely available.

For more extensive details on these and other natural supplements to improve bone health, I urge you to visit my website archives (the June 2012 and December 2015 issues are great places to start) and read up on the many alternatives before you even consider bringing home a bottle of Boniva.





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