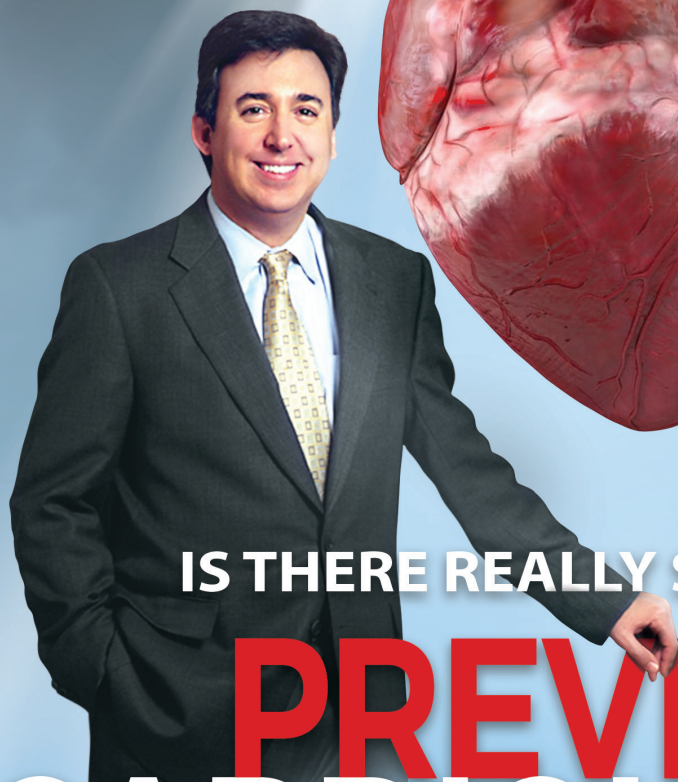


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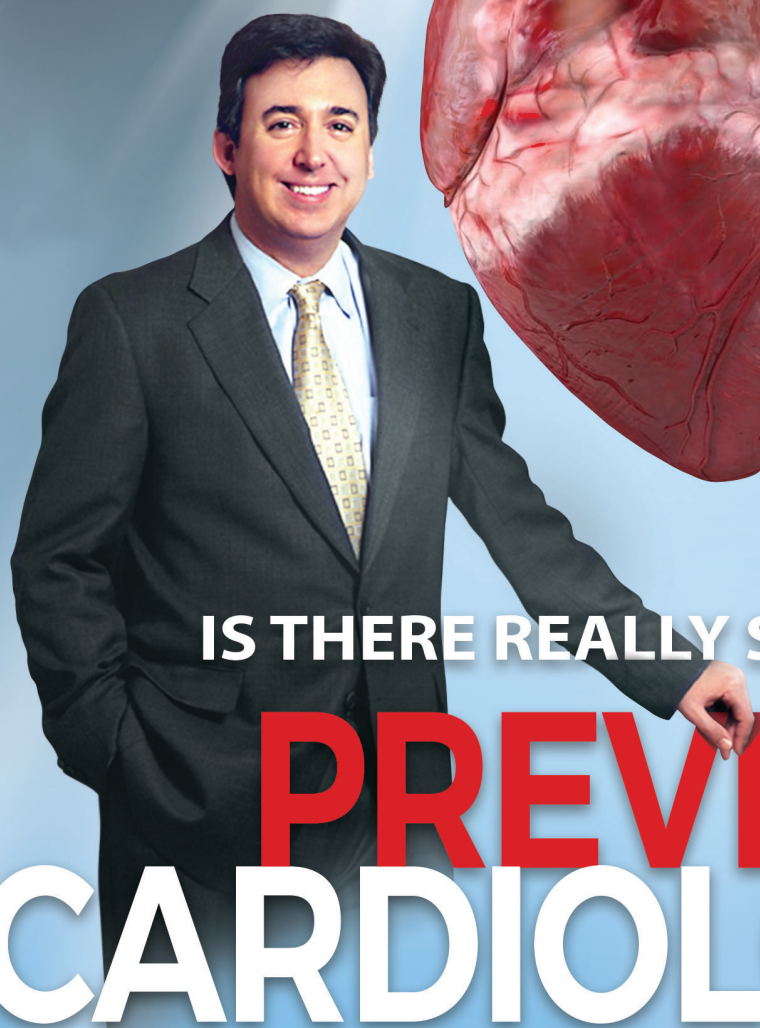


IS THERE REALLY SUCH A THING AS A **PREVENTIVE** CARDIOLOGIST?

Nate Lebowitz, M.D.,
Preventive Cardiologist
Extraordinaire

**The NHF Found One
in Ft. Lee, New Jersey**

BONUS SUPPLEMENT



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What is a graduate medical doctor from Cornell University who is board certified by the American College of Cardiology and the American Board of Internal Medicine doing practicing preventive/bloodless cardiology?

Whatever Nate Lebowitz, M.D. is doing, it has attracted a long waiting list just to get an appointment to see him. His appointment book is filled five months in advance. The NHF asked the hard questions of a doctor who is committed to preventing and reversing heart disease.

NHF: Millions of people are still taking cholesterol-lowering drugs but we still count as many people dying from heart attacks every year as before. Is prevention really being practiced?

NL: A cursory look at a lipid panel [cholesterol blood test results] and narrowly prescribing a statin cholesterol-lowering drug and thinking you are practicing prevention can miss the true degree of risk and is frankly the Little Leagues in the practice of cardiology.

Diagnosis and treatment to produce a simple lack of illness are relatively easy to deliver. Wellness is more difficult and challenging. It takes a buy-in by the patients to get involved in their own health and involves diets, lifestyles, and stress management.

If there is something that a patient is taking that I haven't heard of, I research it. If it appears to be safe and could help a patient, why in the World would I not use it? My loyalty is to the patient and adherence to the science.

I don't want to be so rigid in my thinking as to offer a purist approach to heart

disease that only considers natural remedies. Physicians can be serving their own ideologies. I might temporarily prescribe a drug until we get patients out of being high risk.

I'm receptive to patients who prefer supplements in lieu of drugs. It is what the people really want. Once patients find a physician who won't ridicule them for taking dietary supplements, if I've found good science after searching the archives at the National Library of Medicine and verified the manufacturer is reputable, then I try it myself first.

NHF: Medicare audited your practice. What did they find?

NL: Medicare was conducting a pilot project to determine if payment for good outcomes would be money saving. Medicare especially wants patients who aren't readmitted to the hospital after their first heart attack.

Medicare auditors picked 100 charts at random from our office that fit the right diagnosis and at the exit interview the reviewer said our office practice didn't fit any statistical models. The Medicare audit revealed that for a typical patient who was initially seen in the hospital emergency room, they did not go on to undergo a heart-bypass operation, did not experience a stroke, nor a heart attack, no stents, and didn't even get re-hospitalized for cardiac problems.

Furthermore, the audit showed these patients lost weight over the time of the

review and diabetics became non-diabetic. By the way, medical textbooks say diabetes is rarely reversible. Adherence to healthy lipid levels was so far off the chart it was almost unbelievable to the Medicare reviewer. The Boston Heart Diagnostics test that we employ in our office shined here [more about that below].

NHF: In your mind, how do you define preventive cardiology?

NL: First I immediately want to determine a person's global cardiovascular risk – getting an assessment of risk with the most advanced tests for lipids, metabolism, genetics, gut bacteria, lifestyle, and stress levels.

Many cardiologists still put their patients on low-fat diets that remain high in carbs and the patients wind up with high triglycerides, which can be very dangerous. A preventive cardiologist must have the right direction in mind. Low-carbohydrate diets [limited bread, pasta, rice, and cereals] are a beginning point.

Modern cardiology over-relies on stents to keep arteries open. A stent is a highly technical Band Aid. A Band Aid doesn't last forever. If you think that is the cure, you are asking for trouble. This is why some patients have multiple stents placed. You have to get to the underlying problem. I recall a patient who was referred to my office and who had been getting a stent placed in a coronary artery every year. Since he came to our office he hasn't had a stent placed in a coronary artery since.

NHF: So, patients come to you, having had a heart attack. Where do you start?

NL: Conventional cardiologists worship the open artery. Prolonged hypoxia [oxygen deprivation] is what kills the myocardium [heart muscle cells]. Cells are dying. It comes down to mechanics. It's a race against time. A wire is inserted with a balloon at the end that is inflated to break up the clot. This is called balloon angioplasty. Then, a metal scaffold, called a stent, is inflated and stays permanently to keep the artery open.

However, the damage to the heart actually occurs when the blockage is cleared and oxygenated blood circulation is restored to the heart. Oxygen generates oxygen free radicals that damage tissues. Strike a match and it won't create a flame and burn unless there is oxygen. So, we teach our patients to precondition their heart against reperfusion damage before a heart attack occurs by taking a resveratrol pill.

Heart muscle cells can sustain a long period of oxygen deprivation if they are preconditioned with a resveratrol pill. Resveratrol, a red-wine molecule, triggers a signal to defend the heart against an impending heart attack. Internal enzymatic antioxidants are produced prior to any such event, which limits or completely prevents tissue damage. If patients are taking a resveratrol pill, their heart will be preconditioned to activate protective internal antioxidants such as glutathione, catalase, and superoxide dismutase before the heart attack occurs.

A particular brand of resveratrol, Longevinex®, is recommended to our patients because it is the only brand that has been shown to reduce damage to the heart better than plain resveratrol in experimental animal studies.

NHF: You got interested in red-wine pills over a decade ago. What has happened since then?

NL: It is difficult to determine when we are using so many things. But my patients swear by it.

NHF: When did you begin recommending resveratrol pills for your patients?

NL: I've been recommending a resveratrol pill for my patients for over a decade now. I'm a bit of a loner in cardiology in that regard. Maybe cardiology is afraid of resveratrol, I don't know. After all this time there isn't a single published study that involves resveratrol in cardiology. Among all the medicines I use, this dietary supplement is the one that has the most promising science behind it.

NHF: In the 1990s, the term French Paradox was coined by Dr. Serge Renaud of France. He documented the unusually low rate of coronary-artery disease mortality (90 per 100,000) in France compared to North America (240 per 100,000). Dr. Renaud attributed this to the wine-drinking French. Resveratrol is a molecule found in red wine. What was the most convincing evidence that enticed you to prescribe resveratrol pills?

NL: I was first interested in the French Paradox, the fact the French eat a high-fat/high-cholesterol diet but have a very low coronary-artery disease mortality rate.

Patients ask me about wine. One glass a day is the stopping point.

A key molecule in red wine is resveratrol. In 2004, people were beginning to take resveratrol pills and I read where it is extra potent when combined with other molecules. Only then did I start to recommend it. But not just any resveratrol pill will do.

If patients are taking a resveratrol pill that they simply heard about on the radio, they may not be getting the right dose or an active and safe form of this wonder molecule.

It was obvious the only product that was scientifically demonstrated to mimic the cardio-protection afforded by 3-5 glasses of red wine was Longevinex®. A decade later, still no other brand can show me any science to back up their resveratrol product. The animal studies were compelling.

Longevinex® reduced the size of a heart attack about 40% better than plain resveratrol. [For obvious ethical reasons, resveratrol pills cannot be tested against placebo pills in humans.]

NHF: Tell us about the day a fragile, older patient who was taking your resveratrol couldn't undergo balloon angioplasty.

NL: He was a fragile, 90-year-old patient who is now 95. He was having a heart attack on the table in the cath lab and we found a blocked artery and we just couldn't safely introduce a wire and inflate a balloon to open up the artery.

His heart was squeezing adequately but there surprisingly wasn't much of an infarct [area of dead heart muscle cells] beyond the blockage. The infarct zone was so limited and confined. I was amazed. This was puzzling.

I then later realized he was taking Longevinex® and this was cardiac preconditioning in action. The patient was discharged from the hospital and resumed his walking regimen immediately. He is alive and well today with no actual damage that I can find.

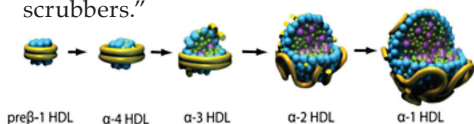
NHF: What about HDL reverse cholesterol? Some studies said it was no longer relevant.

NL: Raising HDL cholesterol [high-density lipoproteins] or what is called "reverse cholesterol" is still relevant. The Boston Diagnostics blood test reveals how large the HDL particles are. The smaller HDLs are ineffective at removing cholesterol from arterial walls. We need the large HDL cholesterol particles that turbo-scrub our arteries clean.

I recognize HDL cholesterol has been dismissed in recent studies. While HDL may not be as helpful in the healthy patient, it becomes increasingly relevant among patients who are obese or diabetic. The Boston Diagnostics test reveals the actual size of the HDL particle sizes. [See graphic below.] All other tests are esti-

mates of particle size not their actual size. [To learn more about the Boston Diagnostics Test, visit: <https://www.youtube.com/watch?v=IQ-IPIU0I7A>]

The large HDL particles act as arterial scrubbers."



NHF: Does niacin have any value in cardiology anymore?

NL: There is a place for niacin. Niacin raises HDL levels. Common slow-release, no-flush niacin pills don't work well. I prescribe ENDURACIN niacin tablets. Each niacin molecule is woven into a wax matrix and delivers niacin over a 6-8-hour period and it is very tolerable. I take 2000 mg a day myself. The longer you are on it, the better it gets.

People who are in specific genetic groups need the alpha 1 very large "power scrubbing" HDL particles. Genetically, East Indian [Portuguese-speakers in the Goa region who are at high risk to undergo a heart bypass operation by age 40] and Ashkenazi Jewish males are high-risk groups that have been identified. So, there is a place for niacin in these genetic groups.

Patients who are thin, young, East Indian, and insulin resistant with glucose levels above 100, I will put on Longevinex®, alpha lipoic acid, berberine, and Vitamin B1 [benfotiamine].

NHF: How do you handle fearful patients, patients with jittery hearts?

NL: I had a patient who would compulsively take his own pulse. I gave him one of my rare, absolute doctor's orders to not take his pulse any more. Another anxious patient habitually fretted over his blood pressure. I ordered him to put the blood pressure cuff in the closet. Both of these patients are healthy and happy today. I imagine there are doctors who wouldn't give this kind of advice, but it all comes with getting to know your patients. These patients went from being nervous wrecks

to being confident about their health.

NHF: How fast does prevention work?

NL: I recently saw a man in his early 50s who weighed about 260 pounds and who had triglycerides of 3400. This was unreal as a healthy triglyceride level would be 100. [Triglycerides are a measure of a particular type of blood fat.] Also, this patient's hemoglobin A1c, a measure of long-term blood sugar control, was 10.6 [should be 5.0 or so].

I legitimately scared him about his risk for pancreatitis. I initially put him a liquid diet, 8 grams of pure Omega-3 fish oil, no carbohydrates in his diet for two weeks, and as a result his triglycerides dropped dramatically to 400. His glucose levels dropped from 380 to 180. He felt better and his improved numbers encouraged him. His HbA1c then dropped to 6.0 and glucose to 150. He has only lost about 20 pounds; but his A1c is now 5.3, so he is below a pre-diabetic level after just three months.

NHF: What about Lipoprotein(a) that Doctors Linus Pauling and Matthias Rath called attention to in the 1990s?

NL: "Lipoprotein(a) or Lp(a) is a genetic factor that is considered a significant risk factor for cardiac mortality. Drs. Pauling and Rath showed that in Vitamin-C deficient patients, Lp(a) fills in the cracks in the coronary arteries like a sticky bandage. Then, blood platelets stick to the Lp(a) and a clot then blocks circulation to the heart.

For the so-called mystery patient who is thin, healthy, has no family history of heart disease and no risk factors and has healthy cholesterol levels, but clearly has a blocked artery, we begin to actively check Lp(a) levels. It is often off the chart. Lp(a) may be the explanation for these mystery patients. Vitamin C is obviously of value here.

NHF: What role does gut bacteria play in arterial disease? What do you recommend to balance gut bacteria?

NL: In a state of health, tight cellular connections in the gut are normal. Actin, zonulin, and lipopolysaccharide proteins maintain these connections. Actin is a protein found in muscle cells. If antibodies against them are detected in a blood test, then you may have leaky gut, a condition characterized by inflammation and a faulty immune system. The wrong bacteria are strongly associated with atherosclerosis and other diseases.

It is clear that systemic inflammation is the name of the game and it often emanates from the gut – the small and large intestine below the stomach. The American diet, high in sugar, processed and fast-food, fosters chronic inflammation.

I order a gut-bacteria analysis blood test or stool test if a healthier diet is not producing results. A lot of the evidence now is pointing to gut bacteria.

NHF: Atrial fibrillation seems to be rampant as adults are living longer. What do you advise your a-fib patients?

NL: Atrial fibrillation is when the top chambers of the heart flutter. A-fib can be permanent if it has been long standing. A-fib patients may be asymptomatic. If we don't think a blood clot is going to form in the heart and go to the brain, I will leave it alone. Some cases of A-fib are stubborn, though, even after zinc or fish oil are provided.

There is a new Watchman procedure now. Clots begin in the left atrial appendage. A specialist in electrophysiology guides a catheter into the heart through an artery in the groin or arm and closes the appendage where clots begin to form in the top chambers of the heart.

NHF: Heart attacks, untreated hypertension, and diabetes cause the heart to fail in what is called cardiomyopathy. Are there natural remedies for cardiomyopathy?

NL: Let's say a third of the heart muscle has been damaged after a heart attack.

The heart gets larger and doesn't pump as well as it once did. This is when we pay attention to the blood circulation in the periphery of the body.

If the little blood vessels far from the heart are healthy enough to dilate in response to exercise or medications, then when the heart squeezes the blood out it is almost pulled or sucked out and this aids heart pumping. While there are medications that attempt to do this, the thing that does this better than anything is exercise. It was the legendary Dr. Bernard Lown who first urged cardiologists to get their post-heart-attack patients up and exercising.

Exercise boosts nitric-oxide levels. Nitric oxide is a transient gas that dilates the arteries. So, nitric-oxide boosters like arginine and more preferably citrulline, or pomegranate, beet juice, resveratrol, and garlic activate nitric oxide and are so important for the patient in heart failure.

It is this nitric-oxide effect that signals the body to activate its own internal antioxidant defenses such as catalase, SOD, and glutathione. In this manner, the heart is protected from potential damage caused by a blockage of circulation to heart muscle before the event occurs. This is called cardiac preconditioning.

When nitric-oxide gas is produced, the so-called afterload is reduced and the area of scarring in the heart begins to shrink and the ejection fraction [amount of blood pumped from the heart] improves.

I have a patient on Longevinex® who has an ejection fraction of only 15% and yet he hikes in the Alps at high altitude [an ejection fraction of 55% or higher is considered normal].

Nitric oxide is only transiently produced for a few seconds. Anything that can sustain nitric-oxide levels would be helpful. A time-release garlic tablet would also be useful in this regard to prolong the nitric-oxide effect.

NHF: What value is the calcium arterial score? Is calcium or cholesterol the real culprit in heart disease?

NL: Calcium is a marker of what un-


derlies coronary artery disease. A coronary artery calcium (CAC) test with a zero calcium score in a young woman may be misleading. She may have soft plaque that is not revealed in the CAC. A much more involved CT-angiogram can be done, but it is more difficult to read and is not covered by health insurance.

In answer to question number two, whether calcium or cholesterol is responsible for coronary artery disease, elevated cholesterol appears to be a marker for calcium plaque and is also indicative of a fatty-liver condition.

NHF: How do you treat health?

Dr. L: Patients come to our office who want treatment. Today, when healthy patients arrive at our office, we like to get ahead of coronary-artery disease and address pre-disease. I get them involved in knowing their healthy numbers and how to maintain them.

NHF: What parting words do you have for our readers?

Dr. L: Resveratrol is probably the greatest advancement in regard to cardiac health in modern times. We've put it to use here in my practice. My patients swear by it. Will the rest of modern medicine follow our lead? Only time will tell. 

Account of patient Morty Setchen, age 80

I had gone to Duke University for its life-extension program in the 1980s. So, I was acquainted with the idea of wellness; but I was just not sure how to practice it.

People like us don't make a commitment until we run into a doctor who makes you accountable for your own health, like Dr. Nate Lebowitz.

He works with tests, like the size of the cholesterol particles, that takes things to a different level.

I've been involved with Longevinex® for quite some time. There are doctors who poo-poo this stuff. Local doctors shake their heads and say, "Oh, you are one of Dr. Lebowitz' disciples, aren't you?" They claim there is little or no evidence for most of these natural remedies.

The proof for me was that my father fell over dead in a taxi at age 75. My mother fell dead in a coffee shop in Las Vegas. For years my sister had chronic problems with her heart. She came to live with us. I took her into Mt. Sinai and after three hours they said her heart was so bad they didn't know how she lived as long as she had. She survived a couple more years. I knew I was next. So, for me, the handwriting was on the wall.

With Dr. Lebowitz taking the lead, I had the carrot on a stick that gave me motivation to do something. I had had some benign chest pains in the year 2000 that caused an angiogram to be done that revealed a blockage in a coronary artery.

I began to live the life. I didn't become Vic Tanny [an American pioneer of the modern health club]. I guess I reversed the genetics that were leading me towards a serious heart attack. It's 17 years later and here I am with 130 total cholesterol, HDL at 55.

I'm almost 80 now and look a lot younger. I work out physically. I didn't start doing that initially when I met Dr. Lebowitz. I'm far more muscular than I ever have been in my life. I've maintained my stature and muscle mass. Maybe I've lost a half-inch in height.



Besting Natural Molecules Still A Challenge

BY BILL SARDI

Two-thousand years ago Roman soldiers wrapped their wounds in wine-soaked bandages and chewed garlic going into battle as an antibiotic. From that point forward we can't say modern pharmacology has advanced much beyond that point.

The broad biological action of the molecules in grapes and garlic cloves activate key genes (mTOR, AMPK, NF Kappa B, Sirtuin1, Sirtuin3, Foxo1 and Nrf2) that perform beyond the limited capacity of any synthetically made molecule. [*Resveratrol News* Dec 15, 2015]

Maybe synthetic molecules can be made that work better than natural ones but they will certainly be more expensive and problematic.

Pharmacologists have had great difficulty making synthetic versions of the red wine molecule resveratrol or allicin, the primary active molecule in fresh-crushed garlic, that out-perform their natural counterparts.

Efforts to produce a molecular analog (look-alike) of resveratrol were thwarted when it was found that liver metabolism of resveratrol knocks off the synthetically-added molecular tail and returns it to its natural form. [*Molecular Pharmacology* 2013]

Allicin, the primary active molecule in fresh-crushed garlic, is difficult to reproduce as a drug because it is a transient molecule that converts to other less active sulfur molecules over time. The best that can be done is to deliver alliin-rich garlic powder that will then utilize an active enzyme (alliinase) to convert to allicin as the garlic clove is crushed.

However, stomach acid degrades alliinase and negates the formation of allicin.



Garlic cloves must be crushed outside the acidic digestive tract, so as to mix alliinase with alliin, to produce allicin and then orally consumed. However, the pungency of such a practice is not a desirable experience for most consumers.

Resveratrol pills are a modern phenomenon, garlic cloves are not.

So just how does garlic stack up against resveratrol?

In an animal study researchers recently compared garlic and resveratrol next to metformin, an anti-diabetic drug. The laboratory mice were chemically induced to develop diabetes.

The results of that study remarkably reveals allicin/garlic is on par with or exceeds the biological action of the anti-diabetic medicine metformin and even bested resveratrol.

Garlic/allicin-fed animals ate less food (lower appetite), gained less weight, had higher insulin levels (evidence of renewed ability of the pancreas to secrete insulin), had lower blood sugar levels and far higher levels of an internally-produced antioxidant enzyme, catalase, than metformin. Resveratrol was superior in

controlling weight gain but not by much over garlic/allicin.

Regeneration of the pancreas' ability to secrete insulin is not something modern medicine talks about. There are no medicine's that do that effectively.

Every other anti-diabetic medicine aside from metformin induces weight gain among diabetic subjects.

A reason why these animal studies often do not translate to human studies is because the animals are on a controlled diet. Humans can sneak into the refrigerator and grab snacks or choose to eat sugary or carbohydrate-rich foods (bread, rice, pasta, cereal), which converts to sugar in the body. About 80% of the processed and prepared foods in today's grocery stores have sugar added.

Unfortunately, researchers did not examine whether the combination of resveratrol + garlic/allicin as a synergistic effect.

Garlic/allicin and resveratrol are far superior to most anti-diabetic drugs, at least in the animal lab.

An added note: most commercially available garlic pills advertise they yield or have potential to deliver allicin. This is based on crude studies in lab dishes in water. If crushed garlic is placed in vinegar to replicate the acidic environment in the digestive tract, almost no allicin is produced due to the destruction of the alliinase enzyme.

A patented alkaline-buffered garlic capsule overcomes this problem and has been demonstrated to produce allicin in human subjects. [Garlinex.com]

Sadly, most diabetologists are unaware of the potential health benefits from resveratrol and garlic/allicin for diabetics. 🔥

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Low-Dose Resveratrol Devastates Cancer Cells Via Release Of Intracellular Calcium

BY BILL SARDI

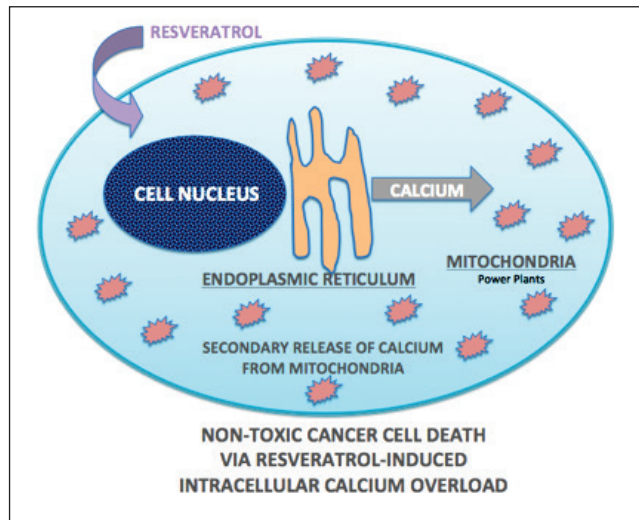
In 2007, researchers first reported on the ability of the red-wine molecule resveratrol (rez-vair-a-trol) to non-toxically kill cancer cells via release of calcium inside tumor cells.¹

Resveratrol induces release of calcium stores from a small protein-folding labyrinth inside living cells called the endoplasmic reticulum. Calcium concentration is higher within the endoplasmic reticulum than in the surrounding watery cytoplasm. A three-to-four-fold increase in calcium was measured in one lab dish study using resveratrol. Calcium is then driven into the cell-energy-producing mitochondria, which de-energize them and further release calcium back into the watery cytoplasm that eventually leads to tumor-cell death. In laboratory animals, some implanted tumors reverted back to their original size.

At the time, researchers said their discovery “might serve as a universal cell death signal that can be exploited for anti-tumor therapy.”²

Despite this ground-breaking study that pointed to a non-toxic method of killing cancer cells without harming health cells, it was another eight years before further studies were conducted involving the cancer-cell-killing activity of resveratrol via calcium overload.

Resveratrol is unique in its ability to kill cancer cells via calcium influx into malignant cells compared to other similar molecules.³



A few hundred mitochondria inside each living cell in the body produce the cell energy (adenotriphosphate or ATP) required for cellular functions. Ironically, a requirement of cancer cells is the transfer of calcium from endoplasmic reticulum to mitochondria for their survival.⁴ But this results in mitochondrial calcium addiction and susceptibility of cancer cells to calcium influx (overload) and cell death.

Immune System Activated Also

Cellular-calcium influx also activates the immune system. Immune cells remove cancer cells from the body by utilizing T-cells (thymus cells) and natural killer cells. Immune cells are activated as intracellular calcium concentration rises. The immune system has the capacity to destroy cancer cells by activation of T-cells or natural killer cells without being toxic to healthy tissues and cells. This calcium-directed treatment “comprises a far unused anti-cancer strategy,” says

one report.⁵

When resveratrol was added to mesothelioma cells in a lab dish (mesothelioma is a highly malignant, asbestos-related cancer that attacks the lining of the lungs), intracellular calcium levels rose but not in non-malignant cells. This cancer-cell-killing effect was accomplished with a very low dose concentration of resveratrol.⁶

Research into this non-toxic cancer-killing effect heated up in 2017.⁷ A compelling report

shows that resveratrol helps to shift the energy sources required for tumor-cell growth away from sugar (glycolysis) and back to oxygen (oxidative phosphorylation).

The shift towards utilization of sugar as an energy source for unbridled cancer cell growth was first noted by Otto Warburg in the early 1900s.⁸ By shifting to sugar (glucose) for energy, a low-calcium concentration is achieved that is critical to maintain cancer-cell survival.⁹

In a lab dish, the use of low-dose resveratrol has been shown to increase the ability of cancer cells to oxidize (degrade) glucose by 41-65% and decreases the expelling of lactic acid from tumor sites, thus reducing the acid environment that characteristically surrounds tumors.

Resveratrol “at doses close to the amount found in the blood serum of resveratrol-treated patients” reorients cell metabolism away from glucose and to-

wards oxygen, a reverse Warburg effect.¹⁰ The prevailing claim that resveratrol is not bioavailable is dashed.

In over a dozen years of use of resveratrol pills in the U.S., no deaths or hospitalizations have been reported, which speaks for the safety of this non-prescription herbal remedy. Resveratrol is ready to be safely used in the oncology clinic.

The chelation (removal) of calcium from tumor cells abolishes this cell-killing effect, which serves as proof of this mechanism. The use of calcium-blocking drugs would also negate this cancer-cell-killing property of resveratrol.

As an indication of the importance of this discovery, Otto Warburg won a Nobel Prize in physiology when he showed the opposite effect. Some sort of medical politics must be in play for the scientific community and medical news press to overlook this important discovery.

Finally, by July 2017, researchers reported in the journal *Cellular Physiology & Biochemistry* that “resveratrol specifically kills cancer cells by a devastating increase in the calcium coupling between greatly tethered endoplasmic reticulum and mitochondria.”¹¹ These researchers report resveratrol decreases the viability of cancer cells by more than 60-70%, which resulted in programmed cell death (apoptosis). This is more than encouraging. 🔥

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Do We Have a Cure for Alzheimer's Disease?

BY BILL SARDI

NO, the substance of this report doesn't emanate from Harvard Medical School and is being ignored and will predictably be dismissed by uninformed physicians whose livelihood is threatened by such a discovery.

Denial and ridicule is the first phase of any scientific discovery, followed strong opposition and finally self-evident acceptance. This discovery hasn't even reached the first stage as it goes ignored.

The acronym for the National Institutes of Health – NIH – more accurately means: “not invented here.” The covert mission of the NIH is to block any remedy outside of synthetic (i.e., patentable) molecules from gaining FDA approval.¹

News of this latest discovery was not aired by the Associated Press, *The New York Times*, the BBC, CNN, or other major news services. These news agencies boast of a bevy of well-trained medical journalists who best serve the interests of the pharmaceutical industry.

Nor will your doctor know anything about it. If you rely on these sources of health misinformation, don't bother reading any further.

It is a non-prescription cure for Alzheimer's disease. Don't wait for any of the 105 anti-Alzheimer's drugs now in the development pipeline undergoing various drug trials in the approval process. For many Americans, these drugs will never materialize in their lifetime. It takes about 13 years for a candidate drug to move from the laboratory to FDA approval. By then you may not be able to remember you read this report.



Cost Beyond Reason

Alzheimer's disease (AD) is both a social challenge and a personal tragedy. AD costs \$200+ billion a year now to treat (with ineffective drugs, mind you) and is projected to grow to a staggering \$1 trillion in drug sales by 2050. This is more than the current Medicare budget.

The Zombie Apocalypse

Not to worry about any zombie apocalypse. When the mindless population grows to the point where the remaining population (or robots) has to be engaged in caring for the demented is when Soylent Green becomes reality, when food shortages are addressed by processing zombied humans into food (Soylent Green is people ground up into boxed flakes.

The label says “soy and lentil-based nutrition.”) You might want to replay a DVD of the 1973 movie by the same title, starring Charlton Heston and Edgar G. Robinson.

Nobody is talking *cure* once mental decline has set in. Pharmacologists are aiming at a five-year delay in the onset of the disease to prevent 50% of the cases, which means the entire adult population has to be placed on drugs to cut the AD rate in half.

There are only five prevention trials underway that would lead to anti-AD drugs being prescribed *en masse* to head off what now appears to be a looming health catastrophe.

Many of the anti-AD drugs undergoing clinical trials are intended to allay symptoms, not cure the disease. Some of

the current anti-AD drugs shorten one's life expectancy. Nothing like culling the AD population to put a curb on unprecedented healthcare expenses.

And what if all of the 105 drugs under development for AD are on the wrong track? Almost three quarters of the drugs (74) address beta amyloid, which you will learn below is not the cause of AD memory loss.

Modern medicine is treating AD as if it were a drug deficiency. But what if AD is caused by a nutrient deficiency induced by *high sugar/carbohydrate diets* that are prevalent in the population?

What is Credible Evidence?

Why have I gone to such lengths to tell readers all this before I break the big news to them? Because most Americans demand confirmation by what they believe are trusted, unbiased, and authoritative third parties. Nothing less than the Mayo Clinic will do for many Americans.

Why is a cure for Alzheimer's disease being uncovered here by such an obscure source? If you have to ask that question, you may also have been buffaloeed into believing statin cholesterol-lowering drugs prevent mortal heart attacks, vaccines are the only way to prevent communicable infectious diseases, calcium pills prevent osteoporotic bone loss, and anti-depressants are your best friend.

What kind of evidence would convince you a cure for Alzheimer's disease has been discovered? (Yes, it even reverses the disease in process.) Would you believe a PET (positron emission tomography) scan image that shows how much of the brain is actually working? Keep reading.

Prior Science

This writer has previously written extensively on the role of Vitamin B1 (thiamin) in the development of Alzheimer's memory loss. A follow-up report points to a misdirected/self-serving medical industry that stands in the way of implementing a known cure for Alzheimer's disease. This

is in the context of modern drugs that have been found to be of worthless value.

From the Animal Lab to Humans

Seemingly out of nowhere researchers in Asia jumped from the confines of the animal lab to applied human therapy.

Five early-stage Alzheimer's subjects were given 300 milligrams of daily Vitamin B1 (Benfotiamine, a fat-soluble form of B1) for 18 months and then subjected to PET scans and mental function tests. Despite the progressive accumulation of beta amyloid deposits in their brains over the duration of the study, researchers remarkably found "the progression of brain dysfunction can be halted and even improved."

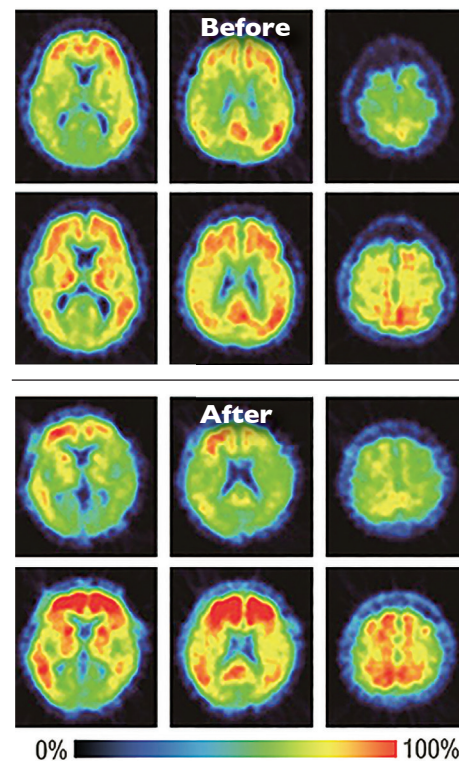
Mental function tests improved among these patients with early to mid-stage AD and brain scans reveal, on average, 36.7% of the brain was reactivated! The common form of Vitamin B1 provided in multivitamins does not produce this beneficial effect.

This startling and compelling report, published in the journal *Neuroscience Bulletin* in December 2016, drew no attention whatsoever from the news media.

Imagine these images on the front page of *The New York Times* and *The Wall Street Journal*. The value of 105 developmental drug companies and many other major pharmaceutical companies would plummet on Wall Street in one day.

It is no wonder Alzheimer's disease poses a challenge to a carbohydrate-craving society. Carbohydrates automatically increase the need for Vitamin B1. This is why Dr. Derrick Lonsdale, the reigning Vitamin-B1 expert, says we live in a modern era of high-calorie malnutrition.

Examine the striking improvement in the two brain scans (shown above at right) among AD patients given Vitamin B1 (Benfotiamine). A medical degree is not required to interpret the above images. The yellow and red areas are the active areas of the brain. (BT = Benfotiamine Vitamin B1.)



An even more effective form of B1 may be allithiamine, which is known to cross the blood-brain barrier. Allithiamine is naturally found in small amounts in garlic cloves and is also available as a dietary supplement.

The long-living masses in developed countries would be better served if this essential nutrient were incorporated into a multivitamin. To that end, this writer has formulated a multivitamin with both Benfotiamine and allithiamine.

You don't need 300 milligrams of thiamin used in the above-referenced study to produce a biological effect. The body only absorbs 5 milligrams of B1 at a time.

Researchers now say a Vitamin-B1 blood test can be employed to diagnose AD.

There is a joke about Alzheimer's disease. It goes like this:

Question: "What do we want?"

Answer: "A cure for Alzheimer's."

Question: "When do we want it?"

Answer: "A cure for what?"

It's already too late. 🔥

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1. Yes, some time ago, the NIH did study the impact of the Mediterranean diet in delaying the onset of Alzheimer's, but this study was an exception to their main pharmaceutical-solution focus.

CARDIAC PRECONDITIONING:

How To Protect Your Heart Before Blockage Of A Coronary Artery (A Heart Attack) Occurs

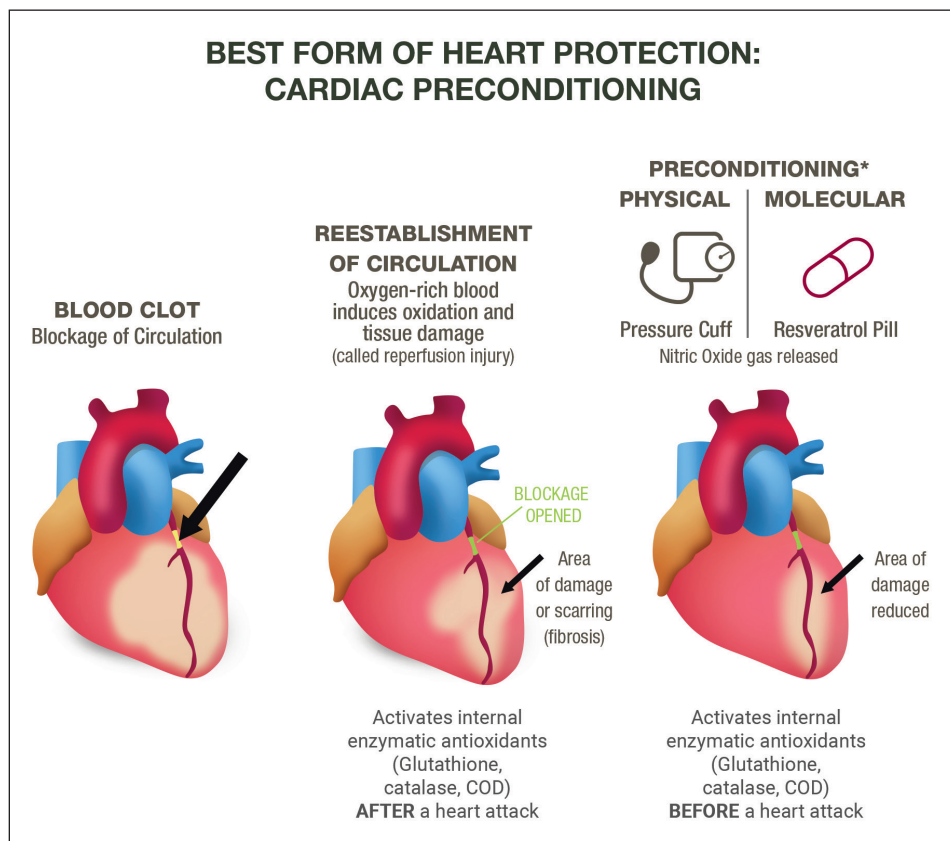
WHAT IS CARDIAC PRECONDITIONING?

Many years ago cardiologists realized if a small heart attack preceded a major heart attack, damage to heart muscle was minimal. Thereafter it was discovered that if circulation in a major blood vessel was partially impeded by pressure from a blood pressure cuff on the thigh, the same protective signal could be initiated. This phenomenon is called **cardiac preconditioning** or **cardioprotection**.

Today **cardiac preconditioning** can be accomplished **molecularly**. The red wine molecule **resveratrol** and **allicin** from garlic are two well-known ways of molecularly activating cardioprotection.

Both of these molecules induce **nitric oxide** in arteries, a transient gas that dilates (widens) blood vessels, improves circulation and sends alarm signals to activate endogenous (internal) antioxidant enzymes (glutathione, SOD and catalase).

Damage to heart muscle largely occurs when blood circulation is restored. Oxygenated blood creates oxidation-induced damage to heart muscle. **Damaged heart muscle does not rapidly regenerate itself.** Very few new heart muscle cells are generated once full growth is achieved. The heart muscle cells (called cardiomyocytes) that create the pumping action of your heart are the same ones you were born with. Because the heart-muscle cells




Cardiac preconditioning is said to be a powerful internal mechanism by which the heart protects itself from lethal damage when blood circulation is blocked, such as when a blood clot develops.

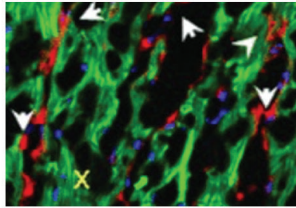
are not regenerated rapidly should they become damaged, this is the reason why cancer does not occur in the heart. There is little or no growth of new cells.

However, once damaged these heart-muscle cells become scarred (fibrotic), the heart loses some of its pumping power. So it is critical to preserve heart-muscle cells and protect them prior to any blockage of circulation.

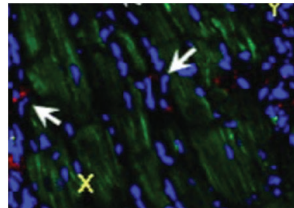
It is alarming to learn that the anti-diabetic drugs glyburide and tolbutamide interfere with cardioprotection and may induce a more severe heart attack.

For ethical reasons, experiments to prove cardio-protection with resveratrol or allicin occur cannot be conducted among humans. However experiments have been conducted in the animal laboratory. 

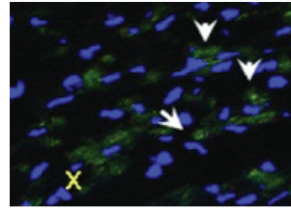
FLUORESCENT IMAGES OF ANIMAL HEART MUSCLE TISSUE AFTER AN EXPERIMENTAL HEART ATTACK REVEAL LESS DAMAGE IN RESVERATROL AND LONGEVINEX PRE-TREATED ANIMALS



Inactive Treatment

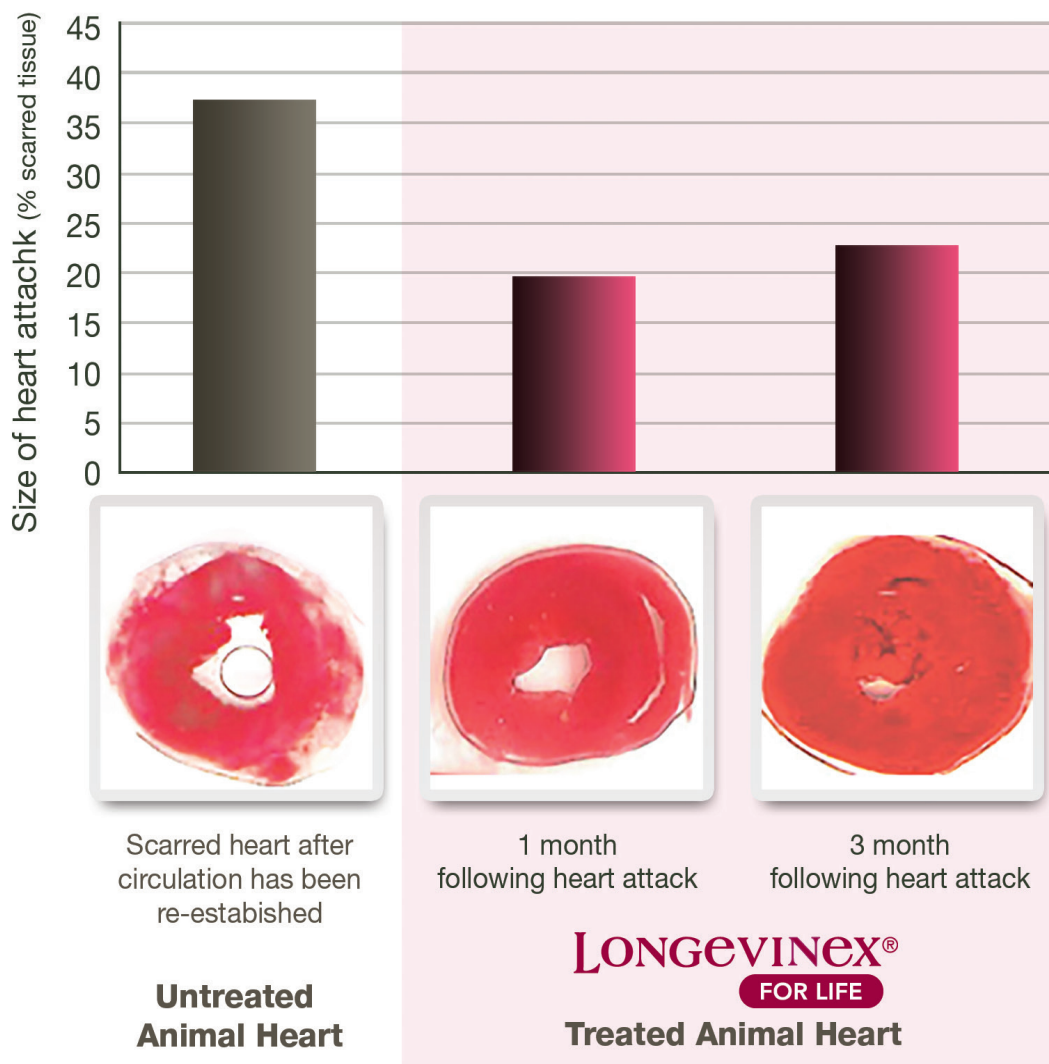


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For The Want Of Garlic

*“There are five elements:
earth, air, fire, water and garlic.”*

— LOUIS DIAT

Does garlic ward-off vampires?

Does garlic work like paraquat, an herbicide?

*Would you brush your teeth with garlic
powder?*

Is garlic's allicin a memory molecule?

By BILL SARDI

When your eyes water from cutting an onion, when your tongue withdraws at the taste of cloves or nutmeg, when your nose is both repulsed and seduced by garlic odor, there is something very healthy going on. A confounding fact is that pungent molecules in spices and foods offer unrivaled health benefits. The most recently published science reports confirm this.

For example, the human body has a built-in antioxidant defense system. When exposed to mild biological threats, the human body activates endogenous (internal) enzymatic antioxidants. This was demonstrated in the laboratory where rats fed a high sugar (fructose) diet with some of the animals also given raw crushed garlic. The animals given the fructose alone developed enlarged hearts while heart weight in the garlic-supplemented animals was even less than healthy rodents.

*“If you can smell garlic,
everything is all right.”*

AUTHOR: J.G. BALLARD

The garlic-fed animals had strikingly higher levels of protective internal antioxidants (catalase, glutathione, superoxide dismutase). [PLoS One, May 5, 2014] This protective health benefit is triggered by garlic's ability to transiently produce hydrogen sulfide gas (volcano gas) that in turn activates the Nrf2 gene transcription factor.

Presumably humans would obtain the same benefits by putting a clove of garlic in a food blender and rapidly consuming it without exposing it to heat, which would destroy its primary active ingredient allicin.

*“There are many miracles in the
world to be celebrated and, for me,
garlic is the most deserving.”*

FELICE LEONARDO

(LEO) BUSCAGLIA (1924-1998)

Garlic's health benefits are so broad and profound they would exceed those of most modern medicines. If it weren't for its strong odor and the uncomfortable stomach it produces, garlic would be grown in every backyard and not only ward off vampires, but also physicians.

Another example of garlic's health benefits was demonstrated in a lab dish recently. Germ cells (these are cells that convert to produce sperm and eggs in males and females) were taken from roundworms. When these germ cells were exposed to low-dose paraquat, an herbicide, hydrogen sulfide gas was produced, much like garlic. This toxic gas (a few whiffs and you will die) activates the Nrf2 internal antioxidant switch to slow aging and extend life in lab an-

WHATEVER HAPPENS



KEEP
CALM
AND USE
MORE
GARLIC

imals. [*Proceedings National Academy Science*, May 17, 2016]

Of course, we're not going to intentionally expose ourselves to paraquat in our quest to live longer and healthier, but nature provides garlic cloves in just the right size to produce mild amounts of hydrogen sulfide gas when garlic cloves are crushed.

Garlic is probably the only believable cure-all

Historically, Roman soldiers in the time of Julius Caesar planted garlic bulbs as they conquered foreign lands to use as their medicine, which centurions chewed as they entered battle. Maybe that is why baseball's greatest hitter was quoted to say: "I can't get enough garlic."

Dysentery from contaminated water remains a chief reason why modern armies can't keep healthy troops in the battlefield. Maybe they should chew garlic.

"It is not really an exaggeration to say that peace and happiness begin, geographically, where garlic is used in cooking."

X. MARCEL BOULESTIN (1878-1943)

It will not come as a surprise to learn that garlic's allicin is posed as a cure for influenza [*Pharmacognosy Research* April 2016] and is a remedy for a stubborn water-borne parasite that infects 12 million people worldwide and is not easily controlled by drugs due to treatment resistance and drug side effects that cause patients to halt their treatment. [*PLoS One* March 29, 2016]

Acid-forming bacteria are what erode dental enamel and cause caries (cavities). When garlic's allicin was tested against an array of germs known to erode teeth, garlic killed all of them. [*Journal Medicinal Food*, Nov 2011] Now to figure out how to brush your teeth with garlic powder without it touching your tongue!

Researchers even concede allicin from garlic "has a potential to ameliorate the decline of mental function and memory

loss associated with Alzheimer's disease." A mild dose of allicin has been shown to inhibit an enzyme (by up to 56%) that erases memory chemicals from the brain. [*Indian Journal Pharmacology*, July 2015]

Unexpectedly, garlic's allicin, when dropped into a lab dish of bone-building cells (osteoblasts), reduces inflammation and cell death and inhibits oxidation to the point where it is now considered a molecule that counters age-related bone loss (osteoporosis). [*Experimental & Therapeutic Medicine*, June 2016]

"Without garlic I simply would not care to live."

LOUIS DIAT (1885-1958)

Arterial rescue

Allicin added to a lab dish with cells that line the inside of arteries, reduced damaging oxidation, rescued dying cells and slowed cell death. While oxidized LDL cholesterol (low-density lipoproteins) increases cell death from 6.6% to 48.5%, whereas allicin-treated cells survived. [*BMC Complementary Alternative Medicine*, May 20, 2016]

Allicin vanquishes vampires and cancer

"Garlic soup saves lives."

PROVENCAL SAYING

Over two decades ago researchers in Norway, having heard of the legends about garlic warding off vampires, conducted a quasi-scientific experiment to see if garlic inhibited leeches from sucking blood. Researchers smeared one hand with garlic and observed whether leeches preferred the clean hand or garlic-smeared hand. The experiment backfired as leeches attached themselves much quicker to the garlic-smeared hand (14.9 seconds vs. 44.9 seconds). Maybe garlic actually attracts vampires? Or maybe there are just smart leeches. [*Journal For The Norwegian Medical Assn*. Dec 10, 1994]

The biggest test for any natural molecule is whether it can take on cancer. Kid-

ney (renal cell) cancer frequently spreads and is therefore life threatening and has a high rate of recurrence. These malignant cells produce a substance (hypoxia inducing factor-1 or HIF-1) that triggers development of new blood vessels to deliver oxygen and thereby feeds the cancer. Allicin inhibits HIF-1 and stops tumor cell growth cold. [*International Journal Clinical Experimental Medicine* Nov 2015]

Angel of death ain't kissing me!


I'm full of garlic.

MEL BROOKS

As you can tell by the research cited herein, allicin is the key molecule in garlic. [*Biochimica Biophysica Acta* Feb 2, 1998] Most garlic pills fail to deliver real allicin, despite label claims to the contrary. And we didn't even get to talking about garlic and antibiotic resistance, a problem that keeps growing. It's wise to use garlic when taking antibiotic drugs to improve vulnerability of bacteria to therapy. [*Jundishapur Journal Microbiology* May 31, 2015]

And to think, most of the research cited herein is only recently published. With reams of conclusive data, it is rare that a physician prescribes garlic despite it being a bona fide cure all.

If you can break off a clove of garlic from its bulb and crush or macerate it thoroughly to produce allicin, garlic's primary ingredient, and not choke on it as you swallow it, God bless you!

If you want to obtain a garlic pill that strongly inhibits garlic breath while assuredly delivering allicin, Garlinex® is for you. Don't fall for the sales pitch of all the products that pretend to contain allicin. Allicin is a transient molecule that only lasts a while after an enzyme (alliinase) mixes with a sulfur compound (alliin) in crushed garlic to produce allicin. This author's experience is two months taking garlic every day will aid with weight loss and balance of gut bacteria. 

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