



Alan Inglis, M.D.

HEALTH REVELATIONS

from America's Country Doctor

Toss the milk myth: Better ways to boost your bone health *for just pennies a day*

Milk does NOT do a body good. And contrary to the ads you see on TV and in just about every magazine you pick up, milk is NOT good for your bones.

Milk doesn't do what it's professed to do—and it's the last thing I would recommend for bone health. A 12-year Harvard study showed that drinking lots of milk actually *increases* your risk of fractures. In fact, drinking milk is as bad for your bones as drinking a soda! You read that right. Milk is as bad as soda.

The milk industry added vitamin D to milk years ago to get us to drink more and feel good about doing it. (After all, calcium and vitamin D are both important for bone health.) But this makes as much sense as collecting water with a sieve.

That's because milk—like soda—contains high levels of phosphoric acid, which robs your bones of calcium—the very mineral you need for strong bones. Unfortunately, we've been sold gallons upon gallons of lies.

Much of what you've been led to believe about aging and bone health is wrong, and you could unwittingly be doing more harm than good to your body. I'll talk more about that in a moment and give you the secrets you need to reverse bone loss and begin build-

ing healthy bones once again.

In the meantime, mainstream medicine is doing a very good job of scaring the you-know-what out of everyone about the horrible dangers of osteoporosis.

Just about all of my patients say that their doctors are warning them to get a bone density test. I'll tell you what I tell them: "Please relax. Take a deep breath. The bone density test is a nice idea, but the results don't give us a complete picture."

Casting the net

I have to hand it to them. The drug companies' push to come up with a test to measure bone density as a risk factor for osteoporosis was an excellent marketing strategy! It gets everyone (doctors, patients, and the media) on board the risk train. Too bad bone density is a completely arbitrary measurement with no real science behind it.

Have you ever played pin the tail on the donkey?

That's what the World Health Organization (WHO) did when it co-sponsored a conference with a nonprofit osteoporosis group (whose advisory board was heavily weighted with representatives from drug companies). It was at this conference that they settled on the "T-

score" as a way to measure what's considered normal bone mass. (They could have just as easily settled on other aspects of bone strength—such as cultural/hereditary differences.)

What I—and many of my colleagues—take issue with is *who* they used as the standard: 30-year-old women. This is the age when bone density hits its peak, before the aging process kicks in and you begin to lose a little more bone than is replaced as the years pass.

Being compared to someone 35 years your junior at the peak of her bone mass is a ludicrous way to assess risk if you happen to be a 65-year-old woman! And their bone mass is not necessarily the same as what you had at that age, since peak bone mass is very individualized. For instance, Asian women have lower bone mass than Western women—and a lower fracture rate. So how would this measurement even make sense?

To round out their machinations, the drug companies invented a precursor to osteoporosis, stamped it with the name "osteopenia," and were well on their way to rolling out their latest pharma-thrust—a blockbuster drug to "treat" your bone loss.

If you're a woman over the age of 50, I'm sure your doctor is

Continued on page 2

bone health

Continued from page 1

telling you to get a bone density test. You're given your T-score, which by its very design, places you in the high-risk category. The scale ranges from -1.0 to -2.5, and the lower your score (closest to -2.5) the higher your risk of fracture is assumed to be. Anything below -2.5 (such as -2.8), gets a diagnosis of osteoporosis. And if you're anywhere between -1.5 and -2.5, you're diagnosed with osteopenia. That's just about everyone handed a diagnosis of being "at risk" for something!

There are now women who, after being "diagnosed" with *normal aging*, are so fearful of a fracture that they're afraid to move around or lift anything heavy! And those are the very last things they should be avoiding if they want to cut fracture risk, but I'll come back to that.

I said it before, and I'll say it again and again: Bone loss is a normal part of aging. And thin bones aren't the major problem they're cracked up to be, when you consider the vast majority of folks who have osteoporosis never even suffer a fracture.

Low bone density accounts for only one-sixth of all fractures. But that hasn't stopped mainstream doctors from making Fosamax the blockbuster drug it is today. This expensive drug is riddled with side effects, such as upper gastrointestinal irritation, skin rashes, esophageal ulcers, and necrosis of the jaw. One of a class of bisphosphonates, it shows virtually no benefit in preventing hip fractures.

Your greatest risk of fracture? Falling down. That's what causes 95 percent of all fractures, which can kill you. (NOT the normal aging process of thinning bones!) The statistics are grim: One in four people who suffer a hip fracture die within a year. The reason you fall is because your muscle strength deteriorates as you age. But only if you let it! This is why you need to stay active and keep your muscles strong. Measuring muscle strength and fracture risk is completely overlooked in favor of measuring just bone density.

Bone density is being overtreated—and the studies back me up. You'd have to treat 81 women who have osteoporosis for 4.2 years—at a cost of over \$300,000—to prevent just one hip

fracture! But the drug companies don't mention that, instead proclaiming a "50 percent improvement" by playing fast and loose with the numbers from studies.

Your doctor is ushering you toward the door with script in hand, and he hasn't even looked for the underlying cause—beyond normal aging—as to why you may really be at risk of osteoporosis.

The villain of villi

Your bones could be deteriorating because you have wheat intolerance—not that you realize it! Known as gluten sensitivity, it's an autoimmune disease affecting over 25 percent of the population, who have an inherited tendency toward it. (The more severe form is called celiac disease.) It's the single most undiagnosed, hidden cause of deteriorating bone health there is—but mainstream doctors aren't taking the time to put two and two together, and you're suffering as a consequence.

Researchers have found that rates of celiac disease are significantly higher in patients with osteoporosis. But more importantly, treating celiac disease with diet can restore bone

HEALTH REVELATIONS

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Health Revelations is published monthly for \$74 per year by 702 Cathedral Street, Baltimore, MD 21201. Postmaster: Send address changes to *Health Revelations*, 702 Cathedral Street, Baltimore, MD 21201. To contact customer service, call (915)849-4609 (9a.m.-5p.m. Monday through Friday EST) or via e-mail at countrydoctor@HealthierNews.com. Send subscription cancellations to 702 Cathedral Street, Baltimore, MD 21201. Statements have not been evaluated by the Food and Drug Administration. Products discussed are not intended to diagnose, treat, cure, or prevent any disease.

health. (Diet a factor? Amazing!) One study proved that those who had celiac disease and went on a gluten-free diet for one year showed a dramatic improvement in their bone density—greater than what would be expected in other osteoporosis patients on standard therapy!

The symptoms for gluten sensitivity vary widely by individual, and unfortunately are quite generic. They can range from bloating, nausea, and diarrhea to chronic sniffles, joint aches, and depression. You can see why the condition can be missed entirely—especially if your doctor doesn't take the time to look for it. And you know "time" and "mysterious symptoms" just don't mix in most time-pressured doctor's offices.

Folks with gluten sensitivity are unable to tolerate a type of protein in gluten called gliadin, found in grains like wheat, barley, and rye. Their bodies have an immune reaction to it, developing an antibody to eradicate what it considers to be a threat.

This reaction causes damage to the surface of the small intestine, causing inflammation and damaging the villi that line it. Villi, which look like fat tongues or oven-mitted hands sticking up, work as sponges to absorb nutrients from the foods you eat.

So now you have two problems. The first is the inflammation, and your bones won't escape it unscathed. Also, as you age, your body produces more pro-inflammatory cytokines, which are proteins that regulate immunity and inflammation. Studies show a close link between this age-related inflammatory process

and osteoporosis.

Your second problem is malnourishment. Damaged villi aren't able to do an effective job of absorbing nutrients—especially calcium and vitamin D, which are crucial for bone health. A study was done in healthy men and women over the age of 65 who were given calcium and vitamin D supplements. Bone density measurements were taken every six months. After three years, their bone density was measured and found to be higher—and their fracture rate was cut in half!

But back to gluten sensitivity. The good news is that most mainstream doctors are at least savvy enough to know something about it. If you suspect you have it, your doctor can easily order the blood tests—tissue transglutaminase, anti-gliadin antibody, and anti-endomysial antibody. He could also order a serum IgA test. If it's low, the other tests may show up as normal in the presence of disease—but even low values can be a tip-off!

The way to cure gluten sensitivity is to go on a gluten-free diet. Most people begin to feel better within a week, and the villi should heal in about six months.

A bone-boosting remedy for pennies a day

Your best chance for bone health requires a multipronged approach—just as you would use in treating the rest of your body.

I'm a strong proponent of strontium, a trace mineral, for bone health. It has a long history of use by clinicians in this coun-

try—because it's quite safe, much safer than bisphosphonates! Its effectiveness has been supported by a well-designed study showing that it promotes bone strength by stimulating the growth of new bone and keeping bone loss in check. I recommend 227 mg of strontium citrate per day to start. It's literally a pennies-per-day remedy! And it's always best to work with an experienced practitioner. Take it in the evening, and at least three to four hours away from any calcium, as they interfere with each other's absorption.

And to maintain healthy bones, enjoy a balance of calcium, magnesium, vitamins D, K, and B₆, folate, boron, copper and manganese. I recommend Pro Bono from Ortho Molecular, which is an excellent, well-rounded bone health product. Also, pay special attention to vitamin D. Have your doctor check your 25-hydroxy vitamin D level. You'll want it at around 40 nanomoles per liter. And unless you live in a sunny Southern climate and get regular sun exposure, you will need 1,000 to 2,000 IUs daily.

Now for the tough talk: If you want to reduce your risk of falling and fracture—build up your muscle strength. I recommend you get a personal trainer or physical therapist to teach you how to strength train correctly. (Look for someone with NSCA, ACSM, or ACE qualifications.) If you do it incorrectly, you're just wasting your time.

And I recommend you do Tai chi, which a study has shown can reduce elderly people's risk of falling by nearly 50 percent. **HR**

10 REASONS WHY YOUR PSA RESULTS MAY BE WRONG!

(You won't hear these from your doctor)

Take a notoriously unreliable PSA screening test, combine it with drummed-up fear, and what do you get? A lot of men who are confused and scared out of their wits about their prostate health.

It's enough to make any man feel like he's walking around with a bomb ready to go off at any time!

Let me separate the truth from the fiction for you. First, the facts. As most men pass into their golden years, they'll experience either an enlarged prostate or prostate cancer. And of the 230,000 men who will be diagnosed this year with prostate cancer, tragically, 31,000 will die from it. Prostate cancer is the third leading cancer killer for men, so it's smart of you to be concerned about the health of your prostate or the prostate of a loved one.

Unfortunately, there is so much misinformation that it's easy for folks to get confused.

Take the PSA screening test. Most mainstream doctors won't even talk with you about your prostate unless he has those test results in his hand. Unfortunately, the PSA blood test—even when combined with a careful digital rectal exam—is not fail-safe. PSAs pick up only about 70 percent of all prostate cancers, and 15 percent of those cancers occur with a normal PSA result.

And, to muddy the waters a bit

more, your PSA can be elevated for reasons having nothing to do with cancer. I'll talk more about that in a minute. Unfortunately, we currently have a medical system that prefers quick-fix, slice-and-dice solutions—resulting in at least twice as many biopsies and prostate surgeries than are truly needed.

Let me paint you a broader picture. A PSA above 10 means you probably do have cancer, unless the cause is clearly an acute infection. Have your doctor confirm whether or not it's an aggressive-looking cancer. A less-aggressive cancer can be followed with a conservative “watch and wait” strategy that may end up saving you from unnecessary biopsies (which are uncomfortable to say the least) and surgery. Your doctor can monitor any change in your PSA by checking your levels every three to six months. Then, if you have an increase in levels, further evaluation would be appropriate.

I routinely place men with prostate problems, including those who have already been treated for prostate cancer, on Zylamend from New Chapter. It's a botanical anti-inflammatory formulation that has shown very promising results in trials at Columbia University. Because of its excellent results in reversing early forms of prostate cancer, Zylamend is currently undergoing larger-scale multi-center trials at several cancer centers. It's safe,

and unlike drugs, it confers anti-inflammatory benefits that support good overall health.

But let's take a look at what else—besides cancer—could be influencing your PSA levels.

1 Prostate prescriptions

Drugs commonly used to reduce prostate size and excess urinary flow in benign prostatic enlargement (BPH), such as Proscar (finasteride) and Avodart (dutasteride) can actually *lower* your PSA by 40 to 50 percent over a three-to-six-month period, and it can be a problem if your doctor doesn't take it into account. And Propecia—which is used to treat male pattern baldness—is just a lower-dose version of Proscar (1 mg vs. 5 mg).

These drugs all block an enzyme involved in the conversion of testosterone to DHT, a more potent form of testosterone that's more likely to lead to both prostate growth and cancer. If you're taking Propecia, you need to be just as wary as anybody on the higher-dose Proscar.

There are a couple of things I don't like about these drugs. First, with Proscar, there's a high chance of loss of libido—reportedly a 7 percent chance, but actually much higher, as most drug side effects tend to go grossly underreported.

Second, a recent study of Proscar showed a reduction of milder forms of prostate cancer but strongly suggested it may increase the number of aggressive prostate cancers in patients. Finally, neither of these drugs works all that well in the first place, improving urinary flow and

reducing frequency of urination in only about 50 percent of men after 12 months. They're an absolute bust for men with milder symptoms. The studies show modest benefits at best, which has been my experience.

So why are we using them? Thank drug-company hype and prescription-pad addiction.

2 Bolstering botanicals

Commonly used botanical remedies used for an enlarged prostate can also lower your PSA, though not as dramatically. These include saw palmetto, pygeum africanum, nettle and beta sitosterol. You need to let your doctor know if you're using any of them. I think you're best off working with a practitioner who has experience with these remedies.

A recent study showed that saw palmetto was no better than placebo in treating moderate to severe BPH—but it failed to measure saw palmetto at higher doses. Further study has been recommended, as many believe that higher doses are effective. Experienced practitioners here and in Europe, where it is widely used, have treated men with milder cases, which corresponds exactly with the cases that prostate drugs show little benefit for.

3 Biopsy blues

If you're unlucky enough to undergo a prostate biopsy, be aware that it can cause a PSA elevation, in all likelihood as an inflammatory response that may last up to six months! Be sure to let any doctor know if you have had a recent biopsy, as this is the sort of infor-

mation that can easily slip through the cracks and cause a lot of unnecessary worry.

4 Bicycle byproduct

Any vigorous manipulation of the prostate can result in an increase in your PSA. Heavy cycling qualifies, as does prostate massage. There is much debate about digital rectal exams and PSA elevation. The studies that have been done suggest no effect, but there is reason to believe it can happen in some men, as these studies do not supply perfect answers, despite mainstream reports to the contrary.

5 Stone stoppers

If you have prostatic secretions that back up, little stones can form from them. It is estimated that over 80 percent of men develop stones, although not every one of them will develop the chronic prostatitis with urinary burning and increased frequency of urination that can result. Temporary relief may result from vigorous (albeit painful) massage. In some men, these stones can result in PSA elevation.

6 Inflammatory irritant

An underlying cause in many common degenerative diseases, inflammation can also cause an elevation in your PSA and increase your risk of prostate cancer. Chronic inflammation is the result of your immune system's perception of a constant threat to your well-being. It's usually caused by excessive emotional or physical stress from the air we breathe, the foods we eat, and the thoughts we think. To help your

prostate below, take care of inflammatory matters above.

7 Foul fats

Too much saturated fat in the absence of a whole-food diet rich in fruits, vegetables and whole grains can cause inflammation and elevate your PSA. Much more dangerous to your overall health—and your PSA levels—are man-made fats, such as hydrogenated and partially hydrogenated oils. These unnatural oils are found everywhere: in packaged baked goods, margarine, and highly processed salad oils. They do not belong in your diet, or in your body, if you want to maintain a healthy PSA level.

8 Insidious infections

Though rare, there's a chance that your elevated PSA level could be the result of an acute or chronic bacterial infection known as prostatitis. Chronic prostatitis, or pelvic pain syndrome, remains mostly a mystery and is very difficult to treat. This is because there is no known bacterial involvement and antibiotics or other antimicrobials do not work. Nonetheless, many unfortunate patients end up on long courses of antibiotics due to doctor desperation.

Holistic approaches offer hope for some, although this is a problem that can be very hard to treat. The above—along with any urinary-tract infection—can cause PSA elevation.

9 Obfuscating obesity

By virtue of the many pro-inflammatory substances (over 30)

Continued on page 7

Pond scum, or the new whole food?

Here's a twist on the old protein shake standby—and a blue-green protein-packed one, at that. When you look out over the verdant covering of a pond or lake, I'll bet your first thought is probably not “lunch” (unless you're thinking there may be a tasty fish living beneath that covering).

You might want to rethink this, after I tell you about that green goop's incredible range of health benefits.

There are multiple varieties of algae—and not all are safe, but the blue-green covering I'm referring to would be a freshwater algae called spirulina. It was enjoyed and revered for ages by the Aztecs and the Mayans. That right there tells me we're on to something great. (Remember Salba, which was discussed in the June 2007 issue of this newsletter?)

Spirulina is a true whole food that's been around since the beginning of time, and your body knows instinctively how to use all of its time-perfected nutrients to best advantage. This is an impressive, nutrient-dense food, if you consider the fact that it's just a lowly one-celled form of algae. It has over a 50 percent complete—and easily absorbed—protein content. It's also a rich source of B vitamins—including highly bioavailable B₁₂. (Bioavailable refers to the degree to which it is absorbed by your body.)

To round out its overall nutri-

tional perfection, spirulina has few calories—which means it can play a useful role in any weight-management program.

I'm not done yet. Spirulina contains natural beta-carotene, which can be converted into vitamin A, and is also an antioxidant, necessary for fighting an excess of free radicals in your body. It also contains one of the few sources of an important fatty acid called Gamma-linolenic acid (GLA). GLA can help calm eczema and other skin irritations, arthritis, and PMS.

And do you know what gives it that green coloration? It's the high chlorophyll content, a phytochemical that gives plants their characteristic flavor and color and is important to us in providing resistance to disease. When we consume it, those disease-fighting powers are conferred on us. It also contains a healthy amount of magnesium, which is essential for the uptake of calcium for healthy bones. (For more on bones, see the front-page article of this issue.)

Chlorophyll also works as a gentle detoxifier by cleansing the blood and building up your red blood cells. Spirulina itself appears to be an effective immune-system booster that can also protect against allergic reactions. Amazingly, it was successfully used to help heal the damaged immune systems of child victims of the Chernobyl nuclear disaster in the Ukraine.

This may very well be one of the most effective healing foods we have. Spirulina has been used to treat liver disorders, viral illnesses, and some cancers. And because of its superb nutrient profile, it makes an excellent supportive treatment for any illness. For example, it can be used as a “complementary” treatment for those who have chosen to receive cancer chemotherapy.

I'll tell you who benefits from spirulina: Competitive athletes from all around the world. They find that it boosts endurance and energy—two things that an athlete depends on, and it also shortens recovery time. And when you find something legal that athletes are taking to improve their performance—you should take it too!

The best way to use spirulina is as a daily preventive super food that will supply you with an all-day energy lift. Because it's such a complete food, for most of us it can serve to fill in some of those little and not so little gaps in our daily nutritional needs.

I've heard this more than once from my patients: “You know, Doctor, I just do much better when I'm taking spirulina.” I've even experienced its benefits myself. Many folks also report an improved sex drive and sharper thinking—and that's nothing to sneeze at.

Spirulina is raised on vast aqua farms by commercial processors,

since harvesting requires special equipment. You also don't want to just scoop it out of a random pond, because of the danger of toxic infiltration. Back in the 90's, certain products from Lake Klamath in Oregon were associated with liver damage due to toxins known as microcystins. This problem has reportedly been corrected, but I continue to recommend that people avoid spirulina taken from that

particular lake. I had one patient who reported distinct, disturbing episodes of fuzzy thinking of the sort we commonly associate with liver damage—in this case, temporary—while taking spirulina from Lake Klamath.

I recommend—and have myself used—the widely available spirulina from EarthRise. But my favorite—and the one I'm using

now to help keep me sharp through long workdays—is from HealthForce Nutritionals and is available at www.healthforce.com. I like adding mine to my smoothies or just shaking it up in a little fruit juice.

Important note: I receive no money whatsoever from either of these companies—I just like their products. **HR**

10 top PSA level explanations

Continued from page 5

that fat cells spew out into your system, obesity can most certainly result in an elevated PSA. It can also increase your risk of develop-

ing prostate cancer, not to mention most other common chronic degenerative diseases under the sun.

10 Puffed-up prostate

Remember: An elevated

PSA level does not always mean cancer. You need to always keep in mind that an enlarged prostate is the most common cause of an elevated PSA. An enlarged prostate does *not* automatically mean cancer! **HR**

Your Questions Answered

Continued from page 8

for most of you will require 1,000 to 2,000 IUs of vitamin D₃ daily.

If your doctor tells you that you have gum disease, a highly effective treatment would be coenzyme Q₁₀. The cells in your gums require frequent replacing and therefore require a lot of energy. Coenzyme Q₁₀ supports energy production within the cell. I've seen 100 to 200 mg per day make an incredible difference in a person's gum health. Plus, while it's helping your gums, there are those wonderful side benefits provided to the rest of your body, especially your brain and heart. Make sure the coenzyme Q₁₀ is one of the well-absorbed formulations, referred to as "gel-cap" or "melt" formulations. Gel-caps are available from many companies,

including Twin Labs, Jarrow and New Chapter.

Finally, allow me to provide you with a tooth and gum regimen that has prevented many folks from requiring painful and expensive gum surgery. Once you've brushed and flossed your teeth (make sure to have your dentist show you how to do it properly), combine baking soda and hydrogen peroxide to make a paste. Work it into your gums with a rubber-tipped gum stimulator. Next, use a Water-Pik to rinse the paste out of your mouth—using a solution made of water and salt. Do this regimen daily, and within a few weeks you'll notice a significant improvement.

By the way, there's no clear evidence that hydrogen peroxide causes tongue or mouth cancer—as some have claimed it does. At the very least, you should conclude your

brushing and flossing routine with an antibacterial rinse. The active ingredient in regular old Listerine is actually thymol, derived from that time-honored, time-tested herb we know as thyme.

If you're curious about fluoride, research shows that it only works when applied topically. The use of fluoride in drinking water as a safe way of improving dental health has never actually been well supported by good science. In fact, after evaluating all the evidence, a National Institute of Health study concluded, "most tooth-decay research is poorly done. Lack of fluoride doesn't cause decay, but poor diet does." Which leads me to conclude: Focus where it counts. **HR**

The text contained herein does not constitute medical advice. Health Revelations advises that you consult your own physician before acting on any recommendations contained within this publication.

Your Questions Answered

Go deeper than a Band-aid solution for a bright smile

Q *I'm interested in trying those whitening strips I see advertised all the time. I'm 56 years old now, but I smoked up until 10 years ago—which didn't help the coloration of my teeth! I also drink a couple of cups of tea a day, which has also stained my teeth. I would love to freshen my smile, but I hesitate to use the whitening because I've heard some negative things, such as they can thin your teeth. What do you recommend?*

—H. Collins, Davenport, IA

A First, good for you for staying off the cigarettes. You are to be commended for making the best health decision of your life. And since a smile is one of the first things a person sees when you greet them, I can't blame you for wanting to have the brightest one possible.

But first, let's go over your concern about those whitening strips. To whiten your teeth, I recommend you bite the bullet and spend the extra money to work with a dentist. He can offer you the option of an at-home, tray-based system that can take a few weeks or a quicker in-office treatment that usually requires about three sessions. You'll spend anywhere from a few hundred dollars to about a thousand dollars.

Those off-the-shelf strips can work OK for some people—but you're right to be leery of them.

They're cheap, and you get what you pay for. I've seen unattractive, unevenly bleached, and lined teeth as a result—definitely not the desired effect.

The biggest problem with these unsupervised, at-home, off-the-shelf systems is that people tend to overuse them. And yes, this may cause thinning of the enamel, but even worse—it can cause gum sensitivity. This can be extremely uncomfortable when it's severe. So, you could end up in a dentist's office anyway!

Much more important than whiter teeth is the vital role good dental hygiene plays in your overall health. An unbelievable 80 percent of adults have some form of periodontal disease! That's a lot of folks with sick gums, which are now a well-understood risk for systemic diseases like heart disease and stroke. For example, men under 50 with gum disease are three times more likely to die from a heart attack. Gum disease along with bone loss within the jaw increases by threefold the risk of stroke. Mothers with gum disease are seven times more likely to deliver pre-term, low-birth-weight babies. I hope you're getting the message here—these are not trivial effects, and mouth health

matters a great deal.

You need to give as much attention to good oral hygiene as you would your diet, sleep habits, blood pressure, and stress levels. This means regular teeth cleanings—at least twice a year, more if your doctor recommends it.

And don't overlook the power of nutrition and the role it plays in the health of your teeth. Especially important, in my experience, is a patient's vitamin D status. Adequate vitamin D is essential for calcium absorption and healthy bones. Remember—teeth are bone. Most people don't get enough vitamin D, and you can assume that a vitamin D deficiency means suboptimal mineralization of your teeth.

I have actually seen people's teeth noticeably whiten over time as vitamin D deficiencies are corrected. The changes can be quite significant—not to mention the other health benefits that improving your vitamin D status can confer. (How about protection against cancer, diabetes, heart disease, falls (by the elderly), and osteoporosis, to name a few?) Get your blood checked for 25-hydroxy vitamin D. You want it in the 40 to 50 nanomole per liter range, which

Continued on page 7

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This modern "house call" is my way of sharing the most up-to-date medical news between monthly issues. Sign up now at www.HealthRevelations.com.