



Alan Inglis, M.D.

# HEALTH REVELATIONS

*from America's Country Doctor*

## Why the new shingles vaccine isn't the savior it seems to be—and what you can do for relief instead

**M**erck thinks it's got itself a golden ticket out of the doghouse it's been in since the Vioxx debacle. Its new shingles vaccine certainly has the media jumping right back on the Big Pharma bandwagon. And it has been greeted with rapturous acclaim in some medical circles. But there are a few facts to consider before you line up at your doctor's office thinking that this is the answer to the physical hell shingles can put its victims through (things like unbearable pain, scarring, and vision damage).

First off, the vaccine is recommended for folks over 60 (although Merck tried to get the FDA to lower the age to 50 even though the study was in the older population—a predictable greed-driven drug company snatch-and-grab unsupported by the evidence). But it only worked half the time in people ages 60-69. And in people over 70—the group most at risk—the “success” rate was a dismal 38 percent. It seems the effect may wear off after a few years, but Merck doesn't know exactly when or for how many patients. Talk about loose ends.

And although it reduces the number of cases of shingles, the

study showed no difference from placebo for deaths, hospitalizations, total pain med use, and everyday functioning. We have no idea what the long-term effects could be, considering that side effects were tracked for only 45 days after the patients received the vaccine. Not exactly an in-depth study, but more on my rule for new vaccines in a moment.

Another thing to consider is the cost. At \$150 for a shot and insurance companies still grappling with how to cover it, the price is a bit steep for something you may not even need in the first place.

What I find ironic about the hoopla around the shingles vaccine (and Merck's attempt to play the role of superhero) is that it may be nothing more than a band-aid solution to a problem brought on by another drug—the chicken pox vaccine.

Since shingles is a result of the same herpes zoster virus that causes chicken pox, some experts think that repeated exposure by adults to children with chicken pox acted as multiple mini-vaccines through the years that strengthened resistance to the virus. And while there is a debate in the medical community as to whether the risk of shingles

has increased due to the widespread use of the chicken pox vaccine, I'm convinced of it. What we've ended up doing is suppressing an essentially harmless childhood disease, making adults more vulnerable—a classic and all-too-frequent case of the medical system tampering with nature and creating more harm than good. There's no conclusive evidence proving this...yet. But that brings me back to my earlier point: We really don't have a good take on possible long-term adverse effects of the shingles vaccine. It's just too new.

The only time I would even think about giving the shingles vaccine to a patient is if they had a history of recurrent shingles. Otherwise, this is where my rule on new vaccines comes in: Don't take any new drug—or vaccine—until it's been on the market for at least seven years to work out the kinks. Think back to about seven years ago when the flu vaccine had everyone so excited. It's only now that some of the problems with this vaccine are coming to light. I've seen them firsthand—some of my own patients have actually come down with the flu after being vaccinated. And don't get me started on Ketek, the antibiotic intended for patients with sinusitis, bronchitis, and pneu-

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## shingles

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monia, while glossing over the fact that it is now believed to cause serious liver damage and even death. Stick to the seven-year rule, and in the meantime find alternative solutions before jumping in feet first with the “latest and greatest” vaccine.

That certainly doesn't mean I'm telling you to grin and bear it if you do come down with shingles. In fact, there are enough solutions—not only for alleviating existing cases but also for preventing the onset of new outbreaks in the first place—that by the time that seven-year mark has passed, you won't even need the shingles vaccine.

### The early bird gets the relief

The key to successful treatment of any sort is starting early—as soon as pain starts or a rash appears (the most common sites being the trunk, palms, inner arms and legs, soles of the feet, and the face). An impaired immune system can be a major factor in shingles, so the best treatment starts with the immune-

boosting vitamins C, E, and zinc.

Just as I tell my patients, up your zinc intake to 25 milligrams per day, your vitamin C to 1 to 2 grams per day, and your vitamin E (with mixed tocopherols) to 400 to 800 IU a day while you're sick and for a month after your symptoms subside. And if you're not taking fish oil or fish oil capsules already, make sure you get at least 3 grams of the omega-3 fatty acids DHA and EPA per day while you're sick. Fish oil is a safe and effective anti-inflammatory that can support your body during the illness.

AMP (adenosine monophosphate), a naturally occurring compound in the body used to create energy, has also been found effective for relieving shingles. It is given as an intramuscular injection—usually in 100-mg doses three times a week for up to four weeks. It can cause temporary chest pain that lasts for a few minutes following the injection. This effect isn't dangerous, but you can usually avoid it by taking two smaller 50-milligram injections half an hour apart. Obviously, AMP

injections should be supervised by an experienced practitioner.

Now, you know I oppose the unnecessary use of drugs. But in more severe cases of shingles—particularly in outbreaks that occur on the face—the prescription antiviral medications Zovirax, Famvir, and Valtrex can shorten the disease course and reduce symptoms. I've seen Valtrex take effect within two or three days. Believe it or not, the over-the-counter heartburn medicine cimetidine (which you probably know as Tagamet) can also help lessen the pain and intensity of the rash. Take 200 mg three times a day with meals, plus 400 mg at bedtime.

Of course, none of these drugs are perfect solutions. Antiviral medications are burdened by potential side effects like nausea, headache, vomiting, dizziness, and abdominal pain.

And Tagamet is a powerful drug that can cause confusion in the elderly, so only take it for a week at a time and be sure to work closely with a doctor.

### HEALTH REVELATIONS

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## **Sweeping the conversation on side effects under the rug**

The most dreaded consequence of shingles is chronic pain called post-herpetic neuralgia (PHN) that can persist for years after the rash has cleared up. PHN occurs in up to 50 percent of everyone over 50 who comes down with shingles. If you don't get treatment within three days of the appearance of the rash, your risk of PHN increases drastically, which is why I'm such a firm believer in starting early.

But if you're already battling PHN, chances are your doctor has suggested that you take one of the tricyclic antidepressants, mainstays of conventional medicine for treating this condition. The reason is that these drugs affect brain chemicals such as serotonin and norepinephrine—both of which play a role not only in depression, but also in the way your body receives pain signals. But while these drugs may lessen pain, they rarely get rid of it entirely. And even though doses for PHN are much lower than they are for depression, the common side effects—dry mouth, constipation, and drowsiness—can still occur.

Other mainstream treatments for PHN include anti-seizure drugs like Neurontin and Tegretol. Neurontin is regarded as relatively safe by most physicians, but it can cause leg swelling, dizziness, drowsiness, fatigue, and upset stomach. Tegretol can damage your liver and is known for a rare but potentially fatal blood disorder resulting from bone marrow damage!

And as if this wasn't enough, the FDA recently approved two new drugs, Lyrica and Cymbalta, for use in PHN. Lyrica can cause dry mouth, dizziness, leg swelling, and memory loss. Cymbalta can cause nausea, constipation, fatigue, and both insomnia and excessive sleepiness.

## **Drug-free ways to wipe out post-shingles nerve pain in as little as 10 days**

Why so many doctors are so quick to prescribe any of these "remedies" is beyond me. Especially when studies have shown good, relatively side-effect-free benefits from all-natural capsaicin cream, made from a natural substance found in chili peppers. It's available in most health food and vitamin stores. Its main drawbacks appear to be that it can be a bit messy and that it needs to be applied four times a day. But if it relieves your pain without side effects, it's worth it. Some people do experience discomfort at first, because the cream increases the pain signals before decreasing them, a side effect that generally subsides after several days of continued use.

Another effective treatment for both shingles and PHN is homeopathy. To be honest, although I've studied it extensively, I rarely use homeopathy. What sold me on it for treating shingles and PHN is the fact that the two patients I prescribed it for were virtually pain-free after 10 days.

The key to success with homeopathy is finding an experienced practitioner. For help finding a

homeopath near you, contact the North American Society of Homeopaths (NASH) at (206)720-7000 or [www.homeopathy.org](http://www.homeopathy.org).

## **The needle-free way to prevent a shingles outbreak**

There are two amino acids that play an important role in preventing shingles: lysine and arginine. Since lysine inhibits the reproduction of the shingles virus, you should be sure to include plenty of high-lysine foods in your diet. These include meat (such as beef, poultry, and pork), fish (such as cod), and eggs, just to name a few.

The amino acid arginine helps to reduce blood pressure and is good for the heart. Unfortunately, the shingles virus uses this particular amino acid to survive. So, although it's good to have arginine in your diet, don't overdo it. High-arginine foods include whole wheat, nuts, and chocolate, so go easy on these.

Of course, one of the best ways to fight off any infection—including shingles—is to stay away from sugar. Numerous studies have shown that sugar significantly suppresses the immune system, making it harder for your body to fight off an invading virus.

And like I tell my patients, too much stress interferes with the immune system, making you more vulnerable to illness. So pay attention to your stress levels. Getting enough sleep, exercising, talk therapy, and meditation—these go a long way in relieving stress, thereby reducing one of the key factors that promotes a shingles outbreak. **HR**

# THE TRUTH BEHIND 10 MEDICAL “SOLUTIONS” YOU MUST KNOW NOW

The mainstream medical system is set up to allow your doctor just enough time to give you a quick diagnosis followed by a prescription for a drug, blood test or procedure, or a referral to a specialist. I call that conveyor belt medicine! And rarely does this conveyor belt allow you the time to discuss much of anything, especially if you don't ask questions or voice your concerns. I can't stress enough how important it is for you to go into each appointment armed with as much information as possible—particularly when it comes to some of the most common medical diagnoses. This is one of the few times where I have to absolutely insist that you need to take charge. Your health is at stake.

Watch for these “common solutions” before it's too late.

## 1 “Here's a prescription to help you sleep.”

Insomnia isn't caused by an Ambien deficiency. Or by a deficiency of Sonata, Lunesta, Ativan, or Valium.

As I told you in the September issue, most insomnia is behavioral, which means it's a result of bad habits. Developing good sleep habits, keeping a sleep log, and restructuring your attitude towards sleep

are much more likely to address the underlying cause. The recommendation that I give to my patients that works is to cut out all caffeine after lunch. Even better, cut it out completely. Give yourself about two weeks to wean off of caffeine completely in order to avoid those caffeine-withdrawal headaches. For more recommendations to get you to sleep, refer back to page 1 of the September 2006 issue.

## 2 “We'll need to get you scheduled for heart bypass surgery.”

Not so fast. Three large studies conducted in the 70s failed to show a survival benefit for the vast majority of people who received coronary artery bypass surgery (CABG, pronounced “cabbage”). A small group—3 percent—with severe blockage of a major artery did benefit, but that's hardly enough to warrant the 500,000-plus heart bypass operations surgeons continue to perform each year in this country.

If your doctors recommend a cabbage, get a second opinion. And make sure you include the safe and proven scalpel-free methods for protecting your heart discussed in the article “When it comes to cholesterol, follow

Mom's advice: Eat your vegetables” on page 7.

## 3 “I'll give you a prescription for your depression.”

Never mind that it just may be a case of the blues. So many doctors are quick to write a prescription for mildly depressed patients, when it is completely unnecessary. Even worse, in the process they're really giving a prescription for weight gain, decreased sexual desire, and possibly even thoughts of suicide. If that doesn't give you pause, I don't know what will.

Over the past few years, there has been a huge increase in the use of the serotonin reuptake inhibitor (SSRI) antidepressants such as Prozac, Zoloft, Paxil, Lexapro, and Celexa. Not only do most people NOT need to be on these drugs in the first place, emerging evidence suggests they increase risk of bleeding—especially if you're also taking medications like aspirin, clopidogrel (Plavix), or Coumadin. Add to that the other side effects, and you would do right to question your doctor on this recommendation.

Refer back to the August 2006 issue for my advice on determining whether you really need an antidepressant at all. Take action by trying the simplest remedies first, such as talking things out through psychotherapy, balancing your mood with exercise (aerobics, strength training, or yoga), and cutting down on sugar and

caffeine in your diet.

## **4 “There are several new drugs that can help you ‘build’ bones.”**

Thin bones are a common result of normal aging. Many doctors are in love with “bone building” drugs like Fosamax and Actonel, which show little benefit unless you’ve already had a bone fracture. (In some folks, they actually cause further bone loss!) Doctors also push calcium, 1,200 milligrams a day for women over 50. But 600 to 800 mg a day is plenty for most people. Take calcium citrate, which is absorbed better than calcium carbonate.

What most doctors are missing is that vitamin D is even more important than calcium when it comes to protecting and building bones. But unlike calcium, vitamin D recommendations are understated. The RDA is set at only 400 IU, but I’ve found that most people need between three and five times that amount—1,000 to 2,000 IU per day—in order to bring their 25-hydroxy (or 25-OH) vitamin D levels up to a healthy 30+ range. (By the way, your doctor can easily measure your 25-OH level with a blood test, so ask.)

## **5 “Take ibuprofen for your arthritis pain—it helps a lot of my patients.”**

Yes, it’ll make you feel better temporarily, but the catch is you need to keep taking it to continue to feel better. Bring on the side effects. Long-term daily use of

anti-inflammatory drugs like ibuprofen, naproxen, and celecoxib sets off a domino effect of negative consequences in the body.

First they compromise the protective mucous layer of your stomach and intestines, increasing the risk of bleeding. In fact, over 15,000 people die every year from this very problem. Long-term regular use can also damage the kidneys. Finally, they weaken the walls of your stomach and intestines, which can lead to a condition known as “leaky gut syndrome.” Unwanted molecules from your food pass into your body, causing body-wide inflammation that could actually make your arthritis worse!

Now for the silver lining: There are natural ways to alleviate arthritis pain. My top recommendations that have proven effective are:

- Get omega 3 fats from fish oil—2 to 3 grams total EPA plus DHA. Also take Zyflamend (New Chapter), a safe, effective anti-inflammatory. A bonus: both also help protect against common diseases such as heart disease and cancer.
- Try acupuncture. Excellent research now shows strong support for pain relief in arthritis, especially knee arthritis. If you want to give acupuncture a try, do your due diligence. To find a qualified acupuncturist in your area, contact the American Academy of Medical Acupuncture at [www.medicalacupuncture.org](http://www.medicalacupuncture.org).

*Editor’s Note:* I have more remedies in my report, “The Surgeon General’s Pain Cure and Other Arthritis Remedies” that you received when you started your subscription. If you don’t still have your copy, you can download it for free on my website, [www.healthrevelations.com](http://www.healthrevelations.com).

## **6 “It’s very important that you get your flu shot right away.”**

First off, it’s not clear that flu shots work in the first place. And now I’m seeing more and more patients with the flu who tell me their symptoms started immediately after getting the vaccine. Several nurses I work with said the same and now refuse to get flu shots. It’s better for most folks to err on the side of caution until the verdict is in regarding their long-term effects and whether they actually work.

If you do get the flu this year, I have two remedies that I use for myself and that I recommend to my patients. Sambucol from Nature’s Way, containing elderberry, a time-honored treatment that has proven to be extremely effective against the most common type of flu virus. It’s great because not only does it lessen the symptoms, it can also lessen the duration of the flu if taken at the first signs of body aches or fever.

The other alternative, called Oscillococcinum, is a homeopathic remedy that you can find in vitamin shops, health food stores, and many pharmacies. It’s very popular, especially in Europe, and I have patients

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## medical solutions

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who swear by it. Just follow the directions on the package.

My best recommendation when you do feel flu-like symptoms is to get some rest. Give your body the break it needs to fight off the flu. By running yourself into the ground, you can't expect to miraculously feel better or recuperate more quickly.

As soon as I see the first sign of symptoms in myself, I start the following supplement regimen: Nature's Way Echina Guard (take two capsules three times a day), Nature's Way Garlicin (take one tablet three times a day), and Grape Seed Extract (take 100 mg two times a day). This three-pronged attack can work wonders . . . and is safe!

### **7 “I need to give you something to lower your blood pressure.”**

Controlling high blood pressure is important in the prevention of stroke and heart disease, no question. But commonly recommended beta blockers like atenelol and metoprolol and diuretics like hydrochlorothiazide interfere with normal glucose metabolism, which increases your chances of developing diabetes.

If you think you need medication to help lower your blood pressure, there are other types available—particularly ACE inhibitors and angiotensin receptor blockers (ARBs)—that don't have the same

diabetes risk. In fact, they can be quite useful in protecting the kidneys in people with full-blown diabetes. But in my practice, I've found that most cases of hypertension can be controlled with weight loss, diet, and exercise, so why take a drug in the first place? Plus, these things all lower your risk of diabetes, too, so you're killing two birds with one stone. Now that's a good prescription.

### **8 “It's probably a sinus infection causing the pain.”**

Then again, it could be a migraine. Sinus headaches are commonly diagnosed as infections and treated with antibiotics when most are probably migraines. Most doctors are taught that migraines are usually unilateral, when in fact many actually do affect both sides of the head. Also, migraines commonly cause sniffles. So if you have recurrent sinus headaches that don't respond to antibiotics, think migraine.

If you suffer from more than one migraine a week, try taking the herb feverfew. In a recent study, patients who typically experienced three to six migraines a month saw a 50 percent reduction in the number of headaches they suffered after taking feverfew. Try Migre-Lief, a combination of feverfew, riboflavin, and magnesium. The three work as a team better than feverfew alone, and in my experience, as well as or better than the usual beta blockers, anti-

seizure, and tricyclic antidepressant drugs that usually get thrown at the problem.

### **9 “You need to get that cholesterol under control.”**

Better to pay more attention to your triglyceride levels. They may matter at least as much as the cholesterol levels your doctor is likely always nagging you about. In fact, if you get your triglyceride levels down below 100, your LDL (bad) cholesterol will mostly be made up of large, fluffy particles, which are less likely to penetrate the walls of your arteries and cause plaque build up and blockage.

To lower your levels, cut back on the junky, processed high-glycemic carbs. Omega 3 fats from fish oil (3 grams total EPA plus DHA daily) can bring down even the higher levels above 300 by as much as 50 percent.

### **10 “We'll need to schedule you for another CAT scan.”**

CAT scans can cause cancer. In fact, a recent study estimates that 1 in 1,000 CAT scans eventually results in a fatal cancer. Shocking—until you consider that CAT scans hit you with 300 to 400 times the radiation of a simple x-ray. Don't get me wrong: I know they can be a useful diagnostic tool. And a single CAT scan in a 70-year-old is one thing, but repeat scans in the young and middle-aged is costly, dangerous, and potentially fatal. **HR**

### ***When it comes to cholesterol, follow Mom's advice: Eat your vegetables***

**S**pouting statistics is something I typically find gets you nowhere fast. But here's one that you absolutely need to know: Half of all heart attacks occur in people with normal cholesterol levels.

The cholesterol problem is complex (for more on this, don't miss the March 2007 issue), but most doctors find it easier to write a prescription for a cholesterol-lowering statin drug, feeling confident that lowering that number will head off certain disaster. Meanwhile, they completely sidestep another number: Your "good" HDL levels, which when raised would actually work naturally to clean up the "bad" LDL number—a common sense solution.

Statin drugs like Lipitor, Zocor, and Crestor are useful for patients who already have heart disease. But a recent study concluded you'd need to treat 125 heart-disease patients for a year with a statin drug to prevent one heart attack. For people without heart disease, you need to treat 250 people a year to prevent a single heart attack. So throwing a drug at someone who doesn't have heart disease but who happens to have high cholesterol is a relatively ineffective—not to mention risky—strategy. And at \$3 a day (or approximately \$1100 a year) to prevent one heart attack, that's

what I call expensive, needle-in-the-haystack medicine.

#### **30 percent lower LDL in just one month**

The overuse of statins benefits Big Pharma—not you as an individual, especially when you compare the so-called "benefits" of statins to the results you can get from diet, exercise, and taking supplements like plant sterols or fish oil. In fact, a study from Canada published a few years ago showed that a combination of plant sterols, nuts, soluble fiber (think apples and oatmeal), and a modest amount of soy can lower the "bad" LDL level by 30 percent in just four weeks.

You may not be as familiar with plant sterols. They resemble cholesterol and occur naturally in small amounts in the cell membranes of plants. When you take a plant sterol supplement, your body absorbs the sterol instead of cholesterol. So when you ingest cholesterol from other sources, some of that cholesterol gets excreted instead of building up and clogging your system, lowering your cholesterol. Plant sterols, once absorbed, have an anti-inflammatory effect, further protecting against heart disease. I recommend a formula called ModuChol. Take 2 grams a day—higher doses don't usually confer any additional benefit. With my patients, I've seen

this approach lower cholesterol levels by up to 15 percent.

Another great cholesterol-fighter can likely be found in the vegetable crisper of your refrigerator: onions, and no prescription needed! An old folk remedy that said onions were good for the heart intrigued Victor Gurewich MD, a professor at Tufts University. He decided to research this claim, and lo and behold, he found there's something to it. Consider this: Half a raw onion a day can boost your "good" HDL cholesterol up to 30 percent. He found it worked in about 70 percent of his patients. Now raw onions every day aren't for everyone, so be sure to include a fish oil supplement for a total of 2 to 3 grams EPA and DHA daily. I've seen HDLs jump as much as 20 points this way over the course of a year.

Finally, to give your results a boost, get some exercise—at least 30 to 60 minutes five times a week.

Actually, your absolute cholesterol level may be less important than what happens to your overall health when you lower it. These safe, drug-free measures do more than change a number. They help you lose weight and reduce inflammation, which are much more important in lowering risk of heart disease than simply lowering your cholesterol number. **HR**

# Your Questions Answered

## Up and at 'em—without Viagra

**Q** *I'm a happily married guy in his 50s. The last year I've had difficulty getting and maintaining an erection. Half the time now I can't even get one. My wife is very understanding but all the same, I'm worried. My doctor says I have high blood pressure and I need to lose about 20 pounds. Six months ago he put me on a drug called Atenelol, which I don't like because I feel tired on it, although my blood pressure's now good. What's going on? Should I take Viagra?*

—George S., Tampa, FL

**A** I won't deny that Viagra can be a useful drug. But the benefits really have to outweigh the risks for me to recommend it—and that rarely happens. In fact, I only recommend it as a last resort to men who have exhausted all other options. People who take it face risks of vision problems, and it can have bad interactions with certain heart medications. Because it can have potentially dangerous side effects when combined with the nitrates prescribed to a lot of heart patients, most men with heart problems shouldn't take Viagra at all (or any of its cousins).

And keep in mind that Viagra isn't always a permanent fix. Research has shown that Viagra's effectiveness decreases with long-term use, which means you may eventually need a stronger dose, or it

could stop working, period. Not such a great prospect when you're paying \$7 a pop. Better to try what I recommend to my patients: Figure out what's causing your erectile dysfunction to begin with and start there, rather than band-aiding the problem with a little blue pill.

There are two major causes of erectile dysfunction (ED)—physical ones and psychological ones. Here's a simple way to rule psychological out: If the problem is psychological, you'll notice that you get erections in the night or when you wake up. If that doesn't happen to you, odds are good that the problem is physical. And in that case, there are dozens of things that could be causing it.

Common diseases like diabetes, obesity, high blood pressure, or atherosclerotic heart disease (hardening of the arteries), and neurological diseases like Parkinson's or multiple sclerosis can all cause ED. Then you've got drugs to consider. Over 200 prescription medications name ED or "sexual dysfunction" as potential side effects. And I'm not just talking about antidepressants (though those are some of the major smoking guns). You should really be suspicious of just about any pill you take, including blood pressure medications, antihistamines, antidepressants, muscle relaxers, anti-inflammatory drugs (NSAIDs), over-the-counter heartburn remedies, chemotherapy drugs, narcotic pain relievers, drugs for an enlarged prostate, and anti-seizure medications.

In your particular case, I'd also recommend losing the weight. Since your

blood pressure may normalize once the pounds are off, you may not need a drug at all. In the meantime, talk to your doctor about possibly switching from Atenelol to an angiotensin receptor blocker (ARB), which isn't as likely to cause ED or the other side effects you've been experiencing.

Once those bases are covered, you can try some natural supplements. The one I recommend most is ginkgo biloba (I like Nature's Way Ginkgold). It does a great job of increasing blood flow throughout the body, including the penis. Try 240 milligrams a day, spread out over two or three doses.

You also need to make sure you're getting enough zinc (and about half of all adults aren't). Excellent sources are oysters, lean beef, and sunflower seeds. If you opt for supplements, take at least 15 milligrams a day.

You might also want to give L-arginine a try. The body uses it to make nitric oxide, which dilates blood vessels, helping blood flow through the body more easily. That could help your blood pressure and your ED. I usually recommend taking 3,000 to 5,000 milligrams a day. Keep taking it for at least three or four weeks to give it time to take full effect.

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.

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