



Alan Inglis, M.D.

HEALTH REVELATIONS

from America's Country Doctor

What your fatigue is **REALLY** telling you —and why you should never settle for *a band aid solution*

Hardly a patient comes into my office that doesn't complain of fatigue. I call it TATT—"Tired All the Time." And it's not something to take lightly. Fatigue is a red flag that can signal an urgent, life-threatening disease. At the very least, it's the result of a chronic condition that will slowly drain you of the energy you need to keep up with the basic demands of life—and prevent you from doing the activities you love.

Not surprisingly, fatigue is often ignored by your average time-pressured doctor—one more reason I get so frustrated by today's "conveyor-belt" health care system, with its bottom line focus and systematic failure to get at the root of complex health problems.

I don't mean to preach, but your body is trying to tell you something, and you—and your doctor—had better listen. But if your doctor is quick to brush it off and sweep you out of his office with a prescription pad solution—that old paper band-aid—I recommend you march your tired self out of there and find a doctor who will listen.

Fortunately, there are some nat-

ural solutions to help you put the pep back in your step, but more on that in a moment. First, you need to understand what could be the cause.

Fatigue can be a symptom in a wide range of very serious conditions—from heart disease to cancer. It can also be a side effect of any prescription or over-the-counter drugs you might be on.

Pain medications, tranquilizers, anti-depressants, sleeping pills, and blood pressure drugs can all cause fatigue. As usual, be extremely wary of any prescription fatigue fixes—the last thing you need is a new medication to treat the side effects of a drug you're already taking!

What concerns me are the causes of fatigue that often go undiagnosed once all of the above causes are ruled out—and it's those I want you to be aware of.

Your thyroid dictates the pace, and if it's feeling sluggish...

A sluggish thyroid (or hypothyroidism) is a commonly overlooked cause of fatigue. The thyroid gland supervises your body's energy production. More than half the people with hypothyroidism don't know it,

according to the American Thyroid Association (www.thyroid.com). With as many as 26 million people suffering from thyroid disease, that's a lot of people with an undiagnosed, fatigue-producing condition. On top of it, it's often misdiagnosed as depression, which results in the predictably fruitless over-prescribing of anti-depressants.

The wrong diagnosis and treatment can endanger your health. And a sluggish thyroid interferes with cholesterol metabolism, resulting in high cholesterol. Fix the thyroid and watch your cholesterol improve as you lower your risk for heart disease—and avoid unnecessary treatment with a cholesterol drug.

Along with fatigue, depression, and high cholesterol, a sluggish thyroid may also cause brain fuzz, cold intolerance, poor sleep, dry skin, constipation, and even difficulty losing weight.

Your doctor should order a blood TSH—that's short for thyroid stimulating hormone, secreted by your pituitary gland to stimulate your thyroid gland. And when your pituitary senses a sluggish thyroid, it

Continued on page 2

fatigue

Continued from page 1

gets busy and makes more TSH. The higher the TSH, the sicker the thyroid, so a high TSH (over 2.5) is bad.

But here's the catch: Plenty of doctors still play by outdated rules—your TSH must be above 5.0 for them to recognize it as a problem, regardless of how you feel. However, endocrinologists—who specialize in the thyroid—believe anything above 2.5 is suspicious. So, a high TSH—anything above 2.5, not just the old 5.0 level—tells us your thyroid may not be up to snuff.

Your doctor should look at actual thyroid hormone levels—Free T4 and Free T3. T4, the storage form of thyroid hormone, is converted into T3, the active form. Sometimes the body has trouble changing T4 into T3, so it's important to know what both levels are. Chronic stress and too much estrogen can interfere with this conversion, resulting in a low T3 level.

Elevated thyroid antibody levels

suggest autoimmune thyroiditis, or Hashimoto's disease. Think of this as an advanced form of hypothyroidism. Things are now so bad your immune system is attacking your thyroid gland. Early, mild disease often progresses to the more severe autoimmune version if left untreated.

Now here's the rub: When it comes to the thyroid, most doctors have just one arrow in their quivers and that's hormone replacement. The synthetic thyroid hormone drug Synthroid is now one of the most frequently prescribed drugs in the known universe. This is what's called "downstream" medicine—treating the end result of an underlying problem instead of its "upstream" root causes. Even for people on thyroid hormone replacement, a broad-based integrative approach can lower dosing requirements and bring overall health benefits.

To fix your thyroid, let's pay attention to underlying causes—like physical and emotional stress, poor nutrition—before we whip out the prescription pad. Maintain a healthy diet, exercise, and get

your sleep. Manage your stress through biofeedback, which incorporates both deep breathing and meditation for quick, lasting results (see www.heartmath.com).

A basic Mediterranean anti-inflammatory diet is a time-honored and enjoyable way to eat for a lifetime. It includes plenty of fruits and vegetables (cooked and raw), healthy fats from fish, nuts, and olive oil, and moderate amounts of lean protein from fish, poultry, game, and lean beef. See www.hsph.harvard.edu/nutritionsource/pyramids.html for a common sense, easy-to-use Mediterranean-based food pyramid. Soy and raw cruciferous vegetables (such as broccoli, cabbage, and kale) may suppress thyroid function, so stick to small amounts of fermented soy (miso, tempeh) and steam cruciferous veggies.

But there is still a missing link to consider.

The missing and often overlooked link

Adrenal exhaustion and a sluggish thyroid can go hand in hand.

HEALTH REVELATIONS

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The adrenal glands produce cortisol, the hormone that helps the body break down food for energy as well as manage stress—exhaustion of these glands occurs when they don't function properly. But this condition is commonly ignored by mainstream medicine, except in its most extreme forms.

One form of adrenal exhaustion is caused by the long-term use of steroid anti-inflammatory drugs, usually prednisone. The other is Addison's disease, a rare but potentially lethal shutting down of the adrenals. Severe worsening fatigue, nausea, loss of appetite and weight loss, sun tans that don't fade, low blood pressure, and telltale blood test findings help clinch the diagnosis.

If your doctor is worth his salt, he'll look closer at your adrenal gland function, checking blood and urine cortisol levels and the ability of your adrenal glands to produce cortisol in response to a stimulation test. He can also check your DHEA levels, another adrenal hormone, which decreases with age and stress. Supplementing with DHEA may boost energy and mood, but should be done under the supervision of an experienced practitioner, as we have no idea of the long-term effect of DHEA supplementation in prostate and breast cancer risk.

And guess what: That good ole culprit stress can throw your hormones off big time. Too much stress leads to your adrenals making incorrect amounts of cortisol, epinephrine (aka adrenaline), and

What about Chronic Fatigue Syndrome?

Chronic Fatigue Syndrome (CFS) actually has a medical definition: Severe disabling fatigue in combination with impaired concentration and short-term memory, poor sleep, and musculoskeletal pain. Think of CFS as a severe form of TATT—the extreme end of the spectrum—in which your fatigue has gone on for six months or more and you've ruled out all other causes. Unfortunately, many mainstream primary-care doctors deny CFS exists, because that's easier than trying to figure out something that is not understood—and challenging to treat. The broad integrative approach I give for TATT is an excellent treatment strategy for CFS. Also, Corvalen M (www.corvalen.com) is a wonderful supplement containing a form of ribose with magnesium that helps replenish your cells' ATP, a primary energy molecule.

DHEA—and all this can tire you out in the long run.

Treat the whole, not just a part

Think of your thyroid glands and adrenal glands as dance partners rather than as isolated individuals. The time-pressured and drug-target mentality of mainstream medicine so often misses the boat when it comes to the complex and interconnected web of relationships that govern health.

Boost your thyroid and get your adrenals back on track with an oral adaptogen, which are plant-derived root substances that balance the body's hormones and have been relied on for centuries by different cultures. Examples are ginseng from China, Korea, and America; ashwagandha from India; and my favorite: *Rhodiola rosea*, also known as “golden root.”

Rhodiola, harvested every spring from the high mountain slopes of Russia, is probably the best-studied

adaptogen. It balances and normalizes your system as it restores energy, positive mood, clear thinking, and overall good health. I recommend the *Rhodiolaforce 100* (New Chapter). Simply follow the excellent instructions on the bottle. And round out your self-care with a daily multivitamin, fish oil supplement (1000 milligrams total EPA plus DHA) and adequate vitamin D3 (1000 IUs a day).

These safe, non-drug approaches I recommend address both problems together and help restore and support overall good health. But we're not done yet—there's one more.

Remember the old commercial about “iron poor blood”?

Your doctor should also look for anemia, which is usually caused by blood loss and inadequate dietary iron. Without enough healthy red blood cells, your tissues don't get enough oxygen-rich blood, so energy levels take a plunge.

Continued on page 6

TOP 10 GOTTA-KNOW FACTS ABOUT CHOLESTEROL

DO STATINS WORK?

WHAT'S "HEALTHY"? HOW CAN I LOWER MY TRIGLYCERIDES?

Let's face it: As a nation, not only are we obsessed with cholesterol, we've gone positively ape about lowering it with drugs. In fact, Lipitor sales are now as large as the gross national product of Yugoslavia. Meanwhile, prescriptions for these statin drugs continue to be handed out like lolipops. As you can see, there's a lot at stake here—and it's not just the lives of patients.

Before we go any further, you need to understand the difference between primary and secondary prevention. With primary prevention, the goal is to avoid getting heart disease in the first place. With secondary prevention, it is to prevent more heart disease—a second heart attack, for example—in someone who already has heart disease.

The research actually tells us that lowering cholesterol with drugs for primary prevention of heart disease for the vast majority of people is at best an expensive long shot. Once you have heart disease, however, the horse is out of the barn and the use of a drug is more useful. In both cases, you need to attack the problem comprehensively—on many fronts—to enjoy the best chance of avoiding heart disease, as I discuss below.

Even educated doctors find it hard to get the facts straight. But like all of us, they only know what they've been taught . . . or heard from drug reps! That's why I like to help my patients separate the truth from fiction, especially when it comes to a topic like cholesterol that is so often talked about in the news now, and much of the advice is just flat-out wrong. Here are the most common questions I get and the answers I give my patients.

1 "Is there any chance a drug will work in primary prevention?"

Try a one in 250 chance. That's how many people you'd need to give a cholesterol-lowering "statin" drug like Lipitor to prevent one heart attack or death—at a cost of about \$250,000. In my humble country doctor opinion, that's a prime example of needle-in-a-haystack medicine. Better to reach for an onion and some celery. And a better use for that money would be to put it into community prevention programs—which would educate people on their risks and how to prevent heart disease in the first place—instead of into the coffers of the drug companies.

2 "Is HDL more important than LDL?"

Yes, and the higher the HDL, the better, according to research. High-density lipoprotein prevents plaque build-up by "bad" LDL cholesterol. Keep the LDL-to-HDL ratio under 2.0 and you're in good shape (e.g., LDL 100/HDL 50). Now that statin drugs are about to come off patent, the drug companies are working diligently (i.e. scrambling) to produce the next blockbuster: In this case, HDL-raising drugs. The first one to hit the news, Torcetrapib from Pfizer, was a bit of a bust, to put it mildly. It killed people. The good news for you is you don't need to get pulled into the Big Pharma loop. Just boost your HDL naturally. Exercise, weight control, moderate alcohol consumption, healthy fats (fish and olive oil), and curcumin (found in curry) all do the trick. So does high dose niacin (vitamin B3), available in prescription form as Niaspan, if necessary.

3 "What can lowering my triglycerides accomplish?"

Saving your life. Trans fats and cheap, processed carbs are the usual cause of elevated levels. Omega-3s from fish oil (2 to 3 grams total EPA plus DHA) lower them. Get your triglycerides below 100, which in most folks will trigger a fluffing-up of the LDL particle, which decreases the likelihood they'll form dangerous artery-blocking plaques. An inherited low

HDL (<40) plus high triglycerides (>200) goes along with an increased risk of diabetes.

4 “Does particle size matter?”

Low LDL alone may not save the day, because it depends on the size of your LDL particles. Small, dense particles are more likely to penetrate artery walls and form dangerous atherosclerotic plaque. If your triglycerides are below 100, chances are most of your LDL particles are large, fluffy, and friendly. More doctors are measuring particle size and number with tests available from companies such as Spectra-Cell and LipoScience, which can be extremely useful in the right hands.

5 “Does diet matter?”

You bet! In the oft-cited Lyons Heart Study—a well-designed, long-term, multi-center, randomized, controlled trial, just what the experts like to see—folks who had a heart attack were put on a Mediterranean-style diet with an omega-3 rich margarine as they were leaving the hospital (vs. the usual low-fat business). The resultant risk of further cardiac events? Reduced by a whopping 70 percent. Statins typically reduce risk by 25 to 35 percent for the same people. Not bad, but nothing compared to an enjoyable diet.

6 “Should I reduce my fat intake?”

I have to point to the Lyons Heart Study again: It was not a

low-fat diet. In fact, over 40 percent of the calories came from fat. But let’s look at what kind of fat: the mostly healthy variety. Fish, olive oil, nuts, an omega-3 rich margarine, plus a little bit of full-fat cheese and butter. And here’s more: The cholesterol numbers stayed the same, and the diet worked at least twice as well as cholesterol-lowering drugs. That’s what I call tasty food for thought.

7 “Do antioxidants do any good?”

They do, but don’t go thinking that taking a high dose of alpha-tocopherol vitamin E is any way to get your antioxidants for the day. Get them from food—from a wide variety of different-colored fruits and vegetables plus flavonoid-rich foods like tea, red wine, and chocolate. And by the way, a vitamin E supplement is fine—200 to 400 IU’s a day is plenty. Just make sure your supplement includes mixed tocopherols, since vitamin E is really four related vitamins that work together as a team — it’s the gamma tocopherol form that actually helps to prevent the harmful oxidation of cholesterol.

8 “Is there any connection between my cholesterol numbers and my thyroid?”

There is, and it can throw off your cholesterol numbers. Believe it or not, a sluggish thyroid is a common problem that is just as commonly missed. Fix the thyroid

and watch the cholesterol numbers improve. But the first trick is figuring out if there’s a problem. (See the article on Fatigue in this issue) By the way, how much thyroid disease do you suppose is being treated with cholesterol-lowering statin drugs?

9 “Can statins really be that bad for me?”

Don’t get me going! And it’s not just about muscle pain and liver damage. Let me tell you a true story to illustrate the point. There’s a very smart 60-year old guy I know runs a computer company. He starts on Zocor for his high cholesterol. Within a few days, he can’t find his home. You see, your brain cells need large amounts of cholesterol in order to function. For a revealing look at this underreported problem, see *LIPITOR, Thief of Memory*, by Duane Graveline, M.D.—an astronaut and scientist who was put on a statin drug and lost his memory. And by the way, anybody on a statin should also be taking coenzyme Q10. Statin drugs deplete this important energy nutrient. Take at least 50 to 100 mg a day. “Q Melt” formulations are preferable due to improved absorption.

10 “Is LDL cholesterol the most important risk factor for heart disease?”

No. HDL is more important than LDL. So is blood pressure. Smoking

Continued on page 6

10 cholesterol facts

Continued from page 5

sure is. And it looks like the right diet works better than statins (see #6 above). Cholesterol as a risk factor has been oversold, mainly because it's an easy target for a class of drugs that have reaped windfall profits. In the February 2006 newsletter, I gave you some Forgotten Cures that are conveniently found in the vegetable crisper of your refrigerator. And research tells us that if you ignore other things

Why we need cholesterol (Yes, we need it.)

For starters, it's the most common molecule in the brain. (Don't forget the story of my friend, the owner of the computer company.) It's an essential part of the membrane surrounding every cell in our body. Also, it's the building block for steroid hormones—which determine our sexuality, control reproduction, and regulate blood-sugar levels and mineral metabolism—and bile acids, which help us digest and absorb fats.

like sleep, stress, depression, weight control, exercise, and reducing inflammation, you're missing the bigger picture. Reducing risk is all about attacking the problem on all

of these fronts. Focusing on just one or two things such as cholesterol and blood pressure (easy drug targets, by the way) just doesn't cut it anymore. **HR**

fatigue

Continued from page 3

Women who are heavily menstruating can lose a lot of blood. Other blood loss usually comes from the esophagus, stomach, small intestine, or colon. Common causes are upper GI erosions and ulcers, usually from drugs like aspirin and ibuprofen (NSAIDs, which kill about 15,000 people a year this way), and colon polyps or colon cancer.

You may not even know you're bleeding, since it can be slow, on-and-off, and invisible. Your doctor may do a digital rectal exam (DRE) to check for blood in your stool, or arrange to take a look down into your stomach with endoscopy (EGD) or look from below into your colon with a colonoscopy—the main diagnostic tool used to look for colon cancer. Nearly 150,000 Americans are diagnosed with colon cancer every year—one-third of them will die from it. And sometimes the bleeding is nothing

more than hemorrhoids—a nuisance, yes—but a treatable one.

Here's what often gets missed: Even if you're not anemic according to your blood tests, you could still be iron deficient. Many doctors check hemoglobin and hematocrit values—if they're normal, they stop there. Not so fast: You could still be low on iron. While maybe not life threatening, it sure can result in unnecessary suffering and poor quality of life. Have your doctor measure your serum ferritin level, because ferritin is an iron storage molecule. A level below 30 demands an explanation and is usually worth treating with diet or supplemental iron. Treat to a level between 60 and 90, but be patient—it could take two to three months before your energy returns.

Back to basics: pump up your iron intake

About 40 percent of the popu-

lation doesn't get enough iron in their diet, and folks over the age of 65 have an even higher risk due to decreased absorption. Vitamin C helps absorption, so include a glass of OJ with an iron-rich meal. Coffee and tea interfere with absorption, so limit your intake.

There are two types of iron. Heme iron is easily absorbed and found in meats and fish. Beef and chicken liver are particularly rich sources. (See my Q&A on page 8 on how to make beef an even healthier choice.) Non-heme iron is less easily absorbed, but still useful. It's found in apricots, raisins, prunes, beans, blackstrap molasses, spinach, and whole grain bread.

A widely available, non-irritating, and well-absorbed iron supplement is Solgar's "Gentle Iron." Take it two to three times a day on an empty stomach. **HR**

Simple remedies to relieve a desert of dry skin

It's tough to avoid cracking, flaking, peeling skin this time of year—and easy to forget about it because it's covered up in winter's layers. Dry skin is uncomfortable. It's no wonder that billions of dollars worth of skin moisturizers and lotions are sold every year.

And before the advertisers came along to tell us we needed their miracle (expensive) creams, we took care of the basics at home. Fortunately, I have a treasure trove of home-based solutions I even use myself—so there's no need to spend a fortune on dermatologists and expensive lotions.

Let's work from the inside out.

Fluids: Remember, our bodies are 60 percent water. So start by making sure you're drinking enough fluid. I recommend water, preferably filtered. Or tea, preferably green tea, or so-called African red bush (or rooibos) tea, which is caffeine-free. Both of these teas are full of flavonol antioxidants, which support healthy skin. You may need up to eight 8-ounce servings a day.

Fruits and vegetables: Eating fruits and vegetables every day is beneficial for your skin. They're rich in vitamins, such as vitamin A, which promotes turnover of skin cells, improving the look of your skin. They also have antioxidants, which protect your skin from environmental damage. Also, fruits and vegetables have high water con-

tent, so you get even more fluid and won't need to drink as much extra water or tea if you're mindful about this food group. Eat a variety of fruits and vegetables to maximize the types of nutrients you're receiving.

Omega-3: Benefit from this healthy fat by increasing your intake of fatty fish—such as salmon, herring, sardines, and mackerel—to 4 to 5 servings per week. A substance called DMAE that is found in the fish is good for both your brain and your skin. It's a powerful antioxidant that prevents free radicals from damaging skin cells. It also enhances the membranes around cells, offering more defense against the effects of sun damage and cigarette smoke. Opening a tin of sardines and eating them with crackers was considered a meal for some old-timers. People naturally ate this way before they'd ever even heard of omega-3. Now that we know what it is and its benefits, I tell my patients all the time to either eat fatty fish, or take 2 to 3 grams total EPA and DHA fish oil daily. There's also an excellent product called Udo's Choice Oil, which is a combination of several vegetable oils that offers a nice balance of omega-3s, omega-6s—including Evening Primrose Oil—and omega-

9s, plus coconut oil and a little bit of vitamin E. I recommend 2 to 3 tablespoons per day.

Oil: Let's move topside. You can use Udo's Oil or just plain olive oil for a night moisturizer. Olive oil has antibacterial properties, and it contains flavonoids that help to protect cells. One of my patients has a grandmother who rubs olive oil into her skin every night and also uses it as a moisturizer for her hair—and swears her grandmother doesn't look her age.

Soap: When it comes to what you wash with, be sure to stick with moisturizing bars, such as Dove, Basis, Oil of Olay, or Cetaphil. They're milder—containing less harsh chemicals and ingredients than other soaps—and are good for people with dry or sensitive skin.

Humidifier: The dry heat running in your house all day and night zaps the moisture right out of the air. Try using a Slant/Fin germ-free humidifier, widely available for under \$100, or a Cool Mist from Emerson or Kenmore. The extra benefit? It will help keep your mucous membranes from drying out, making them less hospitable for flu and cold viruses. Keep it maintained by cleaning with white vinegar and a toothbrush. **HR**

Cracked Skin Tip: Get some Bag Balm, a time-honored Vermont skin remedy that works for cows, and people too! I keep a container at bedside myself. (www.bagbalm.com) Apply it at night and cover with cotton gloves or socks. During the day, use Chap Stick on the cracks as needed. Also, a thin sheen of Vaseline helps with the chafing that results from wearing gloves.

Your Questions Answered

The Amish are plain people—who are plain smart, eating beef that's as healthy as salmon. Read on...

Q. *My doctor keeps telling me to eat less red meat. He says it increases cholesterol levels and puts me at higher risk for heart disease and cancer. The problem is, I like a good pot roast for dinner and a juicy steak on the grill on weekends—I feel better and more energetic. I've been hearing about grass-fed beef. Would it be better for me than meat from the supermarket?*

—Jerry T., Tulsa, OK

A. The short answer is a definite “yes”—it would be better for you than the meat from the supermarket. Eating grass-fed or lean beef a few times a week can be a beneficial part of an overall healthy diet abundant in fruits, vegetables, and unprocessed whole grains. The Amish have traditionally raised grass-fed cattle, and a study has shown that the beef can be as much as 25 times healthier than wild salmon, thanks to its high ratio of heart-healthy omega-3 fatty acids to omega-6 fatty acids (the higher the better). And, lean beef has been found to have the same modest cholesterol-lowering effects as white meat, such as chicken or turkey. It is rich not only in protein, vitamin E, and beta-carotene, but also in iron and B vitamins, which may be why

you feel as energized as you do, an experience shared by me and some of my patients, by the way.

You probably wonder what the difference is between the grass-fed and feedlot—or grain-fed—cattle. And if grass-fed is better for you, why aren't all cattle raised this way? It comes down to economics, of course. Grass-fed cattle are eating as close to what they'd naturally eat as possible, which makes it necessary to maintain high-quality pastureland. They are raised under much more humane conditions than the appalling, unsanitary, and crowded factory conditions that prevail in most feedlots. Grain-fed cattle are fed only grain because it's cheaper and you can keep the animals confined in a barn or to a small pasture.

There are many reasons why you should avoid grain-fed meat products and choose grass-fed beef, beyond the superior nutrients that are found in it. Look at what's *not* in it: Grass-fed beef has less than half the fat content of grain-fed beef. More importantly, it's free of the antibiotics, hormones, and pesticide spray residues that are found in feedlot products and can be passed on to us, all of which have known adverse health risks, including an increased risk of cancer, contamination by resistant bacteria, and even physiological changes. Because grass-fed animals are not fed the questionable remains of other dead animals, the risk of mad cow disease is virtually nil.

When it comes to cooking meat, you'll avoid the cancer-causing hete-

rocyclic amines (HCAs) by favoring lower-temperature methods such as baking, stewing, and roasting. If you use a grill, use an acidic vinegar or lemon marinade beforehand and reduce HCAs by up to 99 percent. The dangerous polycyclic aromatic hydrocarbons (PAHs) in the smoke of burning fat can be avoided by use of a grill that drains the fat off, such as the popular George Foreman grill.

Grass-fed beef will cost you from 20 to 100 percent more than the supermarket feedlot product. I would submit that we're a country obsessed with paying as little as possible for food, with little regard to quality. But if you want your red meat minus the attendant health problems your doctor is advising you about, then it's worth it. Feedlot products enjoy government subsidies; The cost of their adverse health consequences gets shoved onto the health-care system and your health-care insurance bill.

Another plus: Finding a local farmer through your local supermarket or natural foods store supports your local economy and saves the cost of transport from a distant location. Or go to www.eatwild.com, which identifies local growers by state.

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.