How to Stop the Progression of Parkinson’s

Have you noticed how diseases have now been relegated to initials? Coronary artery disease is now CAD. Seasonal affective disorder is SAD. Parkinson’s disease is PD. I can’t tell you how aggravating it is when a patient contacts me to ask me if I can help with XYZ or some other initial. I’d like to answer, but most of the time I have no idea what they are talking about. And now that I’ve gotten that off my chest, I’d like to tell you an amazing statistic about RBD and why it is so important for PD.

Just in case you didn’t know, RBD stands for REM Behavior Disorder. Whoops, there we go again with another set of initials. REM is a stage of sleep. It stands for Rapid Eye Movement. And that makes RBD the only initials disorder I know about that has initials within the initials! Back to REM. REM refers to the part of sleep in which we dream. When we are in REM sleep, not surprisingly, our eyes undergo rapid movements. RBD is a sleep disorder in which all kinds of unusual behaviors happen during REM sleep.

People with RBD physically move around during sleep. They can also talk, shout, scream and even hit or punch their bed partner. And that’s just the half of it. Sometimes they sleep walk and even engage in activities associated with waking, although their brains are still technically asleep. And here’s why RBD is so important.

According to a recent review article on Parkinson’s disease, “RBD has a very high predictive value, with approximately 50%...”
And lastly, COX-2 acts to increase the tendency of cancer cells to spread throughout the body in a process called metastasis. As you may know, cancers are only a problem when they grow or metastasize. If you have a way to stop the growth or metastasis of a cancer, then you basically have a very effective treatment for it. And that’s exactly what a commonly used drug for arthritis does.

Celecoxib, also known by the trade name Celebrex, inhibits the actions of COX-2. It’s used for arthritis because arthritis is caused by inflammation and anything that inhibits inflammation is going to be a good remedy for arthritis. But the other effect of being an inhibitor of COX-2 is that it theoretically could also be a cancer inhibitor. And that’s why researchers recently published the results of a fascinating experiment using celecoxib on a group of men with prostate cancer. Here are the details.

The researchers picked 45 men with prostate cancers. All of the cancers were limited to the prostate and had not spread. All of the men had biopsies of their prostates to confirm the presence of cancer. And the researchers took samples of their biopsies and determined four measurements.

First, they calculated the growth rate of the cancers. Then they measured the amount of angiogenesis that was present. They also determined the amount of the various factors in the cancers that promote angiogenesis such as VEGF (vascular endothelial growth factor), KDR (kinase domain receptor), and HIF-1 (hypoxia inducible factor). And finally, they measured how much apoptosis was present in the cancers. Then they gave half of the men celecoxib (400 mg twice a day). They gave the other half a placebo. After four weeks of treatment, all of the men had their prostates removed and the researchers examined the prostates a second time to see what the effect of the celecoxib was. I think you will be impressed by the results.

Celecoxib had a distinct anti-cancer effect. Not only did it decrease the growth rate of the cancers, it also decreased angiogenesis and HIF-1, while at the same time increasing apoptosis. Every single anti-cancer measurement was improved. And all of the improvements were statistically valid. In the authors’ words, “In this pilot study, a four-week regimen of celecoxib resulted in measurable biological effects in prostate cancer tissue.” Here are some thoughts about this remarkable study.

First of all, the 400 mg twice a day dose of celecoxib was high. And the higher the dose, the more likely there
will be some side effects. However, the truth is that some patients do very well with celecoxib and don’t develop any side effects at all. And considering the toxicity of other forms of prostate cancer therapy, the risks of celecoxib may well be worth it in many cases. The other thought is that there are several effective, natural COX-2 inhibitors that might work just as well as the celecoxib. At least they do in arthritis cases.

One is the herb curcumin. There are close to 3,000 studies showing that curcumin has anti-cancer activity. Curcumin is a potent inhibitor of COX-2. Other herbs that have anti-COX-2 effects are ginger, boswellia (also known as frankincense), hops, and willow bark. As you will notice, these are very common remedies for arthritis. In fact, in some studies of arthritis, these herbs are as effective as or even better than celecoxib. So it makes you wonder if they won’t also have an anti-cancer effect.

In one study, researchers looked at 198 patients with osteoarthritis of the knees. They gave half of them celecoxib and the other half a combination of six Chinese herbs called GCSB-5. The study went on for three months. At the end of the study the anti-inflammatory effect of the herbal combination was equal to that of the drug.

Another study compared celecoxib (100 mg twice a day) to a blend of curcumin and boswellia extracts (500 mg twice a day). The study went on for four months. The results not only showed the herbs to be as good as the drug, but the herbal combination was actually superior to the drug in relieving pain, increasing walking distance, and decreasing joint line tenderness scores. At the end of the study, 93% of the patients taking the herbs could walk more than 1,000 meters, versus 86% in the drug group. And 93% of the herbal group reported improvement in or elimination of pain, versus 79% of the drug group. Not bad for a remedy that was also completely absent of any significant side effects. Both of these studies show that the anti-COX-2 effects of herbs can be substantial.

So what should you do if you have prostate cancer? One very simple and safe thing to do would be to try some of the herbal combinations I mentioned above. Let me suggest Ultimate Knee Relief (800-791-3395) for starters. Of course, I formulated this supplement for patients with arthritis of the knees. But it has very healthy doses of boswellia, curcumin, and willow bark. And that makes it a pretty good candidate for having a COX-2 inhibiting effect on prostate cancers as well. And for any man out there who has metastatic prostate cancer

bedtime. Both of these natural substances are safe and completely without side effects at these doses.


New Discovery Shows Us How Much Zinc You Should Take Every Day

If all that comes to mind when you think about zinc is its role in helping you fight off the common cold, you’re missing out on all this powerful little mineral has to offer. It plays an essential role in everything from wound healing to DNA creation to sexual health. It’s even vital to three of our five senses: sight, taste, and smell. But believe it or not, until recently, we really didn’t fully understand how much zinc we should take every day.

Fortunately, a collaborative team of researchers has recently shed some light on how our bodies transport zinc to the cells. Their research is helping us gain a greater understanding of how zinc functions in the body and how to strike a balance between being deficient and overdosing.

While researchers knew that a protein called serum albumin moves zinc around the body, they weren’t sure where the primary binding site was for zinc and serum albumin to connect. The research team was able to identify that location using X-ray crystallography. However, they found something unexpected: in addition to the primary binding site, there were also a number of secondary binding sites. This told them that the relationship between zinc and serum albumin was more complex than they had expected.

This relationship is important because zinc isn’t all serum albumin is responsible for moving around the body. It’s also the primary taxi service for things like hormones and fatty acids. If you end up overdoing it on your zinc

(Continued on page 4)
intake, it can be hard for serum albumin to give a ride to your hormones. Conversely, if your fatty acid levels are too high, which can occur in people with diabetes or obesity, you may have trouble getting zinc where it needs to go.

Clearly, it’s important to maintain balance in the body. Understanding the transport system of various minerals and molecules can help researchers pinpoint the cause when something gets out of whack.

When it comes to zinc, you definitely want to make sure you’re getting enough, but you don’t want to overdo it either. The best dosage range for regular supplement intake is 7.5 to 15 mg per day. I think it’s best to take extra zinc only when you suspect your immune system might need a boost, such as when you feel a cold coming on. For daily doses of zinc, I prefer zinc picolinate, which you can find in Super Immune QuickStart. This is the best absorbed form for daily use. Each scoop of QuickStart has 7.5 mg of zinc.

If you’re coming down with a cold, my favorite product is Advanced Zinc Lozenges. It contains zinc acetate, the best form for supporting immune function and fighting the common cold. However, you need to make sure you follow the dosing instructions: no more than six lozenges per day, and don’t take them for more than six days in a row. You can order Super Immune QuickStart and the lozenges at 800-791-3395.


Why You Shouldn’t Use Just Any Medical Marijuana

We’re hearing a lot about medical marijuana these days. It’s become a very big political issue. And many states are passing laws allowing its use. But what about cannabidiol? It’s the primary medical ingredient in marijuana and it’s legal in all 50 states. But should you use it?

As I told you last month, when I first heard about cannabidiol, or CBD, I was skeptical. Then Barry called me. I told you Barry’s story last month and how CBD saved his life from cancer. After I verified his story, my skepticism turned to hope. I combed the medical and scientific literature and was surprised to find hundreds of articles detailing how CBD worked in the body and how effective it is for a number of disorders, including cancer. I knew it could help my patients. So I started on a quest to learn more about where it was coming from, how it was made, who was making it, and what CBD products out there are the best ones. I can tell you that my research has really opened my mind to the fact that buying a good, high-quality CBD product is not nearly as easy as you would think. It’s definitely a case of buyer beware. So let me tell you what I’ve learned.

First of all, unlike nutritional products, the production of CBD products is completely unregulated. Anyone with the proper extraction equipment can buy bulk hemp oil and make a CBD product out of it. Hemp oil is a very nasty tasting, thick oil extract of the hemp plant. Once a manufacturer gets the bulk oil, he has to process the oil into a final product that contains a high amount of CBD. The manufacturer also has to make sure that it’s well absorbed, safe, and palatable enough for people to take. Now it sounds like that should be a pretty easy thing to do. But, actually, it isn’t. Here’s why.

The first issue is contamination. The best hemp oil
The Secret to Keeping Your Muscles Strong as You Age
(Hint: It’s Not Just Exercise)

Here’s something I don’t much like about getting older. First of all, you lose your muscle mass faster. And second, your muscles don’t respond nearly as well to exercise as they did when you were young. Why is that? And, more importantly, what can you do about it? A paper published just this last month has the answers.

The authors start by stating the obvious. “Nutrient intake is the most important anabolic [muscle building] stimulus for skeletal muscle.” What nutrients? They specifically list amino acids and carbohydrates. Remember that amino acids are the breakdown products of our protein intake. Taking large amounts of certain amino acids stimulates muscle growth. And that stimulation is especially powerful when you combine it with carbohydrates. This is because carbohydrates stimulate insulin production. And insulin stimulates muscle growth. But here’s the hitch.

All this good stuff is mostly only true for the young. As we get older, we face three problems. One, our digestion becomes impaired and we often don’t break down the dietary proteins into the individual amino acids as well as we did when we were young. This means we won’t get the same muscle-building effect from the protein in our meals that we would have as a young person.

Second, as we get older, our muscle cells become less responsive to the amino acid effect than they were when we were younger. In fact, it takes about twice as much amino acids in an older person to get the same muscle-building effect as a younger person.

And third, the carbohydrate-stimulating effect doesn’t work nearly as well in older folks. In young people, when amino acids are combined with carbohydrates, muscle growth doubles. But when the...
same amount of carbohydrate is given to older folks, nothing happens! Here’s why. And here’s what you can do about it.

The older you are, the more resistant your muscles become to the muscle-promoting effect of insulin. That’s why eating carbohydrates doesn’t work. But this resistance can be reversed with regular aerobic exercise. So, the moral is, make sure you add some aerobic exercise to your resistance training program.

Next, make sure you have a regular schedule of resistance training. I’m talking about weight lifting, pushups, etc. Resistance exercise literally doubles muscle synthesis for 24 hours. And lastly, make sure you’re taking amino acids with your workout. The studies show that taking amino acids right after your resistance training can increase your muscle growth response as much as 100%! But to get the maximum effect from amino acids, there are three things you need to know.

One, the most effective amino acid blend needs to consist of free form aminos. Unlike protein powders, free form aminos...
much better, you don’t need to take as much as you would with regular CBD oil. That means that the cost is going to be significantly less with a nano-tech product.

So if you’re going to take a CBD product, let me recommend Dr. Singh’s nano-tech product as not only a superior form of CBD, but also one that will save you money. Because of the enhanced absorption, you will get the same effect from 10 mg of Dr. Singh’s CBD that would require 80 mg of regular CBD. The form of CBD that I recommend to my patients is called Healthy CBD Gel. You can get it at www.cbdformulations.com or by calling 800-230-1137. Start with ½ ml (5 mg CBD) to 1 ml of the gel every day, and then increase the dose as needed. For my cancer patients, I typically will start with 1 ml, four times daily. You will often see effects in less than two weeks.

As for Barry, if you would like to hear all the details of his story, you can hear it from Barry himself at www.youtube.com/watch?v=RL98TN93t4Q. You’ll quickly see that CBD is clearly a medical miracle. What you won’t hear is the final result of Barry’s story. He called me just before this report went to press and told me that his most recent MRI scan now shows that his tumor is completely gone! No evidence at all that he ever had cancer.

By the way, legislatures and the DEA are trying to criminalize these CBD supplements. Please contact your legislatures, including your congressional leaders and senators, and tell them to protect these supplements. They truly are a medical miracle.

REF:

Looking for an integrative physician near you? These organizations can help:

• American Academy of Ozonotherapy — http://www.aaot.us
• American Board of Clinical Metal Toxicology — For a free list, www.abcmt.org.
• International College of Integrative Medicine — www.icimed.com
• American College for Advancement in Medicine — 800-532-3688 or www.acam.org

HEALTH NOTES ... continued

don’t need to be digested in your digestive tract. They are already digested. So, even if your digestion is less than perfect, free form aminos will go directly into your bloodstream fully intact and ready to go. Another factor that you need to know about is balance.

The best amino blend needs to be perfectly balanced for maximum muscle growth. I have talked about this concept before, but let me just give a brief review. There are 20 different amino acids in the human body. But only some of them are used to make muscle. And if they’re not in the right balance, many of them will become wasted. The best blend of free form amino acids that you can use for muscle growth are in a product called Perfect Amino. The studies show that close to 98% of the aminos in this specially blended powder go into muscle growth. Very few are wasted. Taking this particular blend of aminos maximizes your resistance training.

The last thing you need to know about taking an amino supplement is when to take it. The studies show that when aminos are taken right after a resistance training session, the muscle growth effect will be 30-40% greater than if they are taken before the session.

If you aren’t already involved in a regular exercise program that combines aerobic and resistance training, maybe now is the time. It doesn’t take much. Spend about 20-30 minutes three times a week doing interval training to get the best aerobic effect. And then on the other days spend about 45 minutes with resistance training. Commit to three months. I’m sure that when you see how much better your quality of life is after only three months, you will be hooked. And be sure to combine it with one to two scoops of Perfect Amino (800-791-3395) right after each resistance training session. Mix the aminos with 8 ounces of fruit juice to get the insulin effect.

Do You Have a Question for Dr. Shallenberger?

This page is your opportunity. Each month, Dr. Shallenberger tries to answer as many of your questions about health and medicine as he can. It’s impossible for him to answer letters personally. And he obviously can’t make a diagnosis or prescribe a treatment in these pages – or by mail or email. But if you have a question, please email it to feedback@secondopinionnewsletter.com or mail it to:

Second Opinion Letters
P.O. Box 8051
Norcross, GA 30091-8051

Q: I stopped taking my blood pressure medications because of the side effects. My blood pressure (upper one), has gone from approximately 125 to 140-144. The lower pressure stays the same at 65-75. My question: Should I continue taking the pills? – Arkady C., via email

Dear Arkady,

This is such an important topic that I am going to give you a really long answer. The reason is that many, perhaps as many as a half of all people on high blood pressure medicine, do not need to be on it. Even those who do need it are often prescribed more medication than they need.

One is that occasional fluctuations in blood pressure – even high fluctuations – are entirely normal. Your blood pressure is not a static measurement any more than your heart rate is. It varies constantly depending on what’s going on. An occasional elevation in your blood pressure is not dangerous. High blood pressure does its damage when the pressure is high all the time, not when it’s only occasional.

Therefore, hypertension is not defined by having an occasional high blood pressure. It’s defined by having a blood pressure that’s consistently high.

A few decades ago some researchers wanted to know how high blood pressures became in Olympic weight lifters when they were lifting the weights. To do the experiment, they inserted blood pressure monitoring catheters directly into their arteries. To their complete amazement, these young men had blood pressures of up to 345/245 when they were lifting the weights! To do the experiment, they inserted blood pressure monitoring catheters directly into their arteries. To their complete amazement, these young men had blood pressures of up to 345/245 when they were lifting the weights! You would think that a blood pressure like that would kill somebody, but that’s not the case. These men were extremely healthy. It was just a very dramatic way to demonstrate that an occasionally high blood pressure, even one as high as 345/245, is not the same as having a diagnosis of hypertension. And here’s why this is so important.

Many patients are wrongly put on blood pressure medications for the rest of their lives simply because they happen to have had a high reading when a doctor was checking them. The way to avoid this mistake is to check your blood pressure many times over the course of two weeks. If it’s consistently high, you have a problem. But if it’s high only periodically, you do not have high blood pressure.

Consider this as well: As we get older we typically need a higher level of blood pressure to provide adequate circulation to the brain. The American Heart Association now recommends that people older than 60 years not take blood pressure medications unless their blood pressure is consistently over 150. That’s because according to the data, there’s no benefit to treating lower pressures, and there may be side effects.

So, here’s what I would advise you, Arkady. Stay off your blood pressure pills for the next four weeks. Then start checking your own pressure at home as I have described it below.

1. Buy an automated arm blood pressure monitor. If your arm is much larger than average, you will also need to buy an extra-large cuff. A cuff that’s too small can give a falsely elevated reading.

2. Before taking your measurement, be sure that you are seated quietly for three to five minutes with your arm resting on a table at the level of your heart.

3. Do it when you are not upset, not in pain, and before you have any caffeine.

4. After the first measurement, wait 15 seconds and take a second measurement. If they are different, measure your pressure a third time. Record the lowest reading as your blood pressure. If they are different, measure your pressure a third time. Record the lowest reading as your blood pressure. This is done because even the very act of checking blood pressure will cause some people to have a higher reading.

5. Do this twice a day for two weeks, usually right before breakfast and again just before dinner.

6. Eliminate any readings that are much higher or much lower than the majority of the readings. Then average up the remaining readings. This final number is the most accurate determination of your blood pressure.

7. If you’re under 60 years old and this number is higher than 140/90 or if you’re over 60 and the number is higher than 160/90, discuss it with your doctor. Medications are not necessarily what you need. Often, it’s just a matter of cleaning up your lifestyle, eliminating stress, taking some supplements, and/or losing some weight.