



DOCTOR DIRECT

A Publication of The Institute for Natural Healing

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Welcome to *Doctor Direct*. It's your monthly insider access to the top health professionals on the cutting edge of their fields.

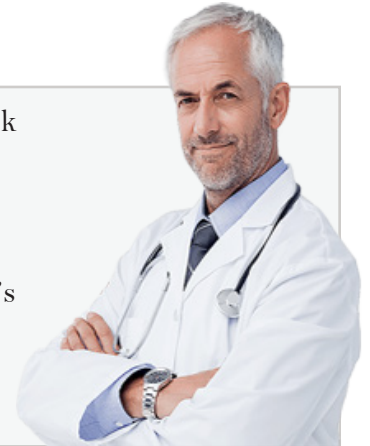
There's no runaround...no paperwork...no prescriptions...no co-pays... Just the information you need to take control of your health.

Are you worried about your health? Ask our doctors about your problem. Send your question to:

editor@INHresearch.com.

The answer may appear in next month's *Doctor Direct*.

*We value your privacy. Names are changed on all published questions.



Should I Take Cholesterol Medication?

Q: *I'm a 55-year-old guy. I'm not currently taking any prescriptions. But I had my annual checkup recently and my total cholesterol was a little high. My doctor said I should take Lipitor. I'm not convinced that my cholesterol is a problem. I'm otherwise in good shape. I work out just about every day and have no heart disease in my family. Do you think I should go along with him and start taking this drug?*

– George M.

A: Hi George,

I'm so convinced cholesterol isn't the problem that I wrote a book on the subject with cardiologist Stephen Sinatra called [*The Great Cholesterol Myth*](#). In it, we reference study after study after study showing that cholesterol is not the causative factor in heart disease that everyone assumed it was for decades.

One study we discuss showed that more than half the people admitted to hospitals for coronary vascular disease or cardiovascular disease had perfectly normal cholesterol.

What's more, we're measuring cholesterol in an old-fashioned, outdated way, so all those prescriptions for Lipitor and other statins are based on numbers that are out of date.

We now know that there are at least five different kinds of HDL cholesterol and as many of LDL. For example, LDLa is a pretty harmless variety of LDL while LDLb isn't. The newer tests—called the particle tests—tell you that, while the old fashioned tests just break cholesterol up into “good” and “bad”.

Furthermore, statin drugs—of which Lipitor is a prime example—are not without risks. And they are being wildly overprescribed to populations for whom little or no value has been demonstrated. They have a modest effect on one category of patient—middle-aged men with previous heart disease.

In my opinion, the national obsession with cholesterol has caused us to take our eye off the ball when it comes to identifying (and doing something about) the real promoters of heart disease: inflammation, oxidation, stress, and sugar.

My advice to you is to ask your doctor for the particle test before going on a prescription for a statin. If he or she tells you that test isn't needed, I'd get a second opinion. And if you do wind up going on a statin, be sure to supplement with at least 100 mg of CoQ10 a day. Statin drugs deplete this valuable nutrient, which, ironically, the heart depends on.

In good health,
Dr. Jonny Bowden

Should My Sister Stick with Her Local Doctor for Cancer Treatment?

Q: My sister was recently diagnosed with multiple myeloma. She lives in a small town with just one small oncology practice. It seems to me that she would be better off going to a major cancer center like MD Anderson or Sloan Kettering for treatment. But she wants to stay local. What do you think? Are most cancer patients better off with their local doctors? Don't big research hospitals offer treatments that aren't available at small oncology practices?

– Amy V.

A: Hi Amy,

Multiple myeloma is a potentially curable disease. This disease should not be treated by a local oncologist. Many of the treatments are intensive and complicated, and require a lot of visits and revisits to a center of excellence.

Because of the complicated nature of the treatments, they can only be performed in certain academic centers, like universities that perform a lot of stem cell transplants for myeloma (more than 100 per year). Even most academic centers do not perform some intensive therapies, including MD Anderson or Sloan Kettering.

One example of these intensive treatments for multiple myeloma is a **tandem autologous transplant**. The patient's bone marrow stem cells are harvested and stored. Then high-dose

chemotherapy is administered. After that, the healthy stem cells are given back to the patient. They rebuild the patient's blood and immune system.

Then there's two years of maintenance with a proteasome inhibitor such as bortezomib or carfilzomib. That's combined with an immunomodulatory drug such as thalidomide, lenalidomide, or pomalidomide, and dexamethasone for two years after transplantation. ([Go here](#) for more information.)

This treatment results in a 50% chance of a 10-year survival without relapse of the myeloma. There's a 35% chance of cure in patients under the age of 65.

Aiming to cure the myeloma should be the goal of every patient under 65 in reasonable health.

These intensive treatments are performed at the University of Arkansas in Little Rock and at the University of Iowa in Iowa City, and maybe a few other centers.

Patients often shy away from such treatments because of its inconvenience for the patient and the family. However, please remember that there is nothing more inconvenient than dying too young.

Without such intensive treatments, the median survival for multiple myeloma is about five years. Very few patients survive the seven or 10-year mark. And there's virtually no chance of cure. Patients also see their disease recurring within the first two to three years and will thereafter be on chemotherapy treatment for the remainder of their life with decreased quality of life.

However, about half of the patients who receive intensive therapies will never require any further chemotherapy treatment for the myeloma.

**Best,
Dr. Guido Tricot, M.D.**

This Is Embarrassing... Can You Help?

Q: I almost hate to say what my problem is. I'm a woman in my late 40s and I have an issue with incontinence. It's especially bad when I sneeze. I just seem to involuntarily let it go and I wet myself. I hate wearing adult diapers. I'm too young for this! Can you help me?

– Lucille G.

A: Hello other Lucille! I am sure you are very frustrated.

THE most important thing to do is to understand why. Hormones can have an effect on bladder control. Other contributing factors to be aware of are certain medications such as

diuretics or steroids, which can have urinary incontinence as a side effect. With my patients, I always go through the side effects listed of any medications that they are on. You would be surprised how many clinical complaints are actually due to them.

Chronic constipation can also weaken the pelvic floor muscles, making it harder to hold urine. Being overweight can put extra pressure on your bladder as well, worsening the situation.

Believe it or not, food sensitivities can also exacerbate the issue, causing irritation and inflammation to the bladder.

Although associated with menopause, urinary stress incontinence is not a given. By taking charge and correcting the specific contributing factors, this—like so many other “menopausal symptoms”—can be an “optional” issue.

Here are some tips and tricks...

- ▶ **Check your prescriptions.** Review and increase awareness of the side effects of any medications you are taking.
- ▶ **Rule out food sensitivities.** I often recommend the “[Eat Right For Your Type](#)” blood-type diet for four weeks to help rule out foods that might have become irritants. It is an inexpensive and effective modality.
- ▶ **Control your weight.** Reach and maintain an ideal weight to reduce pressure on the bladder wall.
- ▶ **Correct constipation.** Increase fiber and stay hydrated...drinking at least half your body weight in ounces a day...and reduce caffeine and alcohol.
- ▶ **Strengthen your pelvic floor muscles by using Kegel exercises.** Regular exercise can strengthen and build endurance to the group of muscles that control the opening and closing of your urethral sphincter (where the pee comes out). Kegel exercises are the standard and most effective treatment for incontinence caused by poor muscle tone, but *you have to do them!*

The first step is to properly identify the correct muscle group. As you begin urinating, try to stop the flow of urine without tensing the muscles of your legs. It is very important not to use these other muscles, because only the pelvic floor muscles help with bladder control. When you are able stop the stream of urine you have located the correct muscles.

Feel the sensation of the muscles pulling inward and upward. It feels like squeezing your buttocks so as to not pass gas. Consistency is the key when doing these exercises, so plan on 10 minutes, two times each day. Morning and evening are good times for most people, but the important thing is to choose times that are convenient for you so you can develop a routine. No one will know what you are doing, so you can do these anywhere!

Begin with tightening and relaxing the sphincter muscle as rapidly as you can for one minute. Take about a minute rest and then contract the sphincter more slowly holding for a count of

three, gradually working to increase the count to 10. Then go back to the rapid contractions for a minute. Make sure to relax completely between contractions. If you stay consistent, you will start to see marked improvement within three to six weeks.

Vaginal estrogen therapy might also be helpful, so see a qualified menopause practitioner, such as a licensed naturopathic doctor to assist in treatment options.

**Hope this helps,
Dr. Holly Lucille**

THE DOCTORS



Dr. Jonny Bowden

[Dr. Jonny Bowden](#) is a nationally known board-certified nutritionist and expert on diet and weight loss. He has appeared on *The Dr. Oz Show*, Fox News, CNN, MSNBC, ABC, NBC, and CBS and has written or contributed to articles in *The New York Times*, *Forbes*, *The Daily Beast*, The Huffington Post, *Vanity Fair*, *Prevention*, and *Men's Health*.

Dr. Bowden is a consultant at Cenegenics Medical Institute and the best-selling author of 15 books, including *Living Low Carb*, *The 150 Healthiest Foods on Earth*, and (with cardiologist Dr. Stephen Sinatra), the controversial best-seller, *The Great Cholesterol Myth*.



Dr. Guido Tricot, M.D.

Dr. Guido Tricot, M.D., is one of the nation's top cancer researchers. He is a hematologist and Professor Emeritus of Internal Medicine at the University of Iowa. His landmark clinical studies on blood cancer have found new ways to attack myeloma cells and the microenvironment that supports them.

Over the last 15 years, the median survival for patients diagnosed with myeloma has, in large part due to this work, increased from 2 ½ years to more than 10 years. The complete remission rate has increased from 5% to 80%. For more information about Dr. Tricot, [visit his page on the University of Iowa website](#).



Dr. Holly Lucille, N.D.

[Dr. Holly Lucille, N.D.](#), entered the medical world driven by the simple desire to help bring people to a better place of wellness. But she quickly became disillusioned with the reductionist approach of the conventional medical world that sought to address any and all illness with a pill. Desiring a more personalized and supportive approach, Dr. Lucille found her calling in the naturopathic profession. She has quickly become one of its leading experts, educators, and advocates. Alongside her private practice in Los Angeles, Dr. Lucille is the medical advisor at Natural Partners Inc. and the vice chair of the Institute for Natural Medicine. Dr. Lucille has appeared on syndicated TV programs, including *The Dr. Oz* show and *The Doctors*, and on national networks. Dr. Lucille has written several books on integrative health and hosts her own podcast, [Mindful Medicine](#).

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Dr. Robert Segal, M.D.

Dr. Robert Segal, M.D., is one of the nation's top cardiologists. He is an attending physician at NYU Medical Center and North-Shore Lenox Hill Hospital in New York. And he is founder of two medical practices, [Manhattan Cardiology](#) and [Medical Offices of Manhattan](#), and co-founder of [LabFinder.com](#). You may have seen him discuss heart health on *Good Morning America* or ABC News. Dr. Segal is a passionate and visionary voice in cardiac care.



Dr. Patricia Salber, M.D., MBA

Dr. Patricia Salber, M.D., MBA, is a board certified internist and emergency physician. She is an expert in healthcare technology who helps medical innovators develop software to support clinical trials. She is a pioneer in the use of wearable devices to improve health. Dr. Salber has been published widely in peer-reviewed journals.

She has appeared on CNN, Huffington Post, and Fox Business News, and she produces the popular health website, [The Doctor Weighs In](#). Her latest book is [Connected Health](#).



Dr. Deborah Gordon, M.D.

Dr. Deborah Gordon, M.D., is an integrative family physician based in Ashland, Ore. She was educated at UC Berkeley and graduated from the University of California, San Francisco School of Medicine.

Dr. Gordon's natural health solutions have helped thousands of patients overcome chronic conditions after conventional medicine failed them. She believes pharmaceutical drugs should be a last rather than a first resort. She focuses on holistic lifestyle and nutritional therapies that help you age, feel, and look better.

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