

DR. MICOZZI'S

INSIDERS' CURES

THE INSIDER'S ULTIMATE GUIDE TO PILL-FREE PAIN CURES

And 15 sigh-of-relief soothers from
Mother Nature's "secret stash"

By Marc S. Micozzi, M.D., Ph.D.

TABLE OF CONTENTS

SECTION 1: THE PROBLEM WITH PAIN

CHAPTER 1: Government blunders & bloopers	2
CHAPTER 2: Ineffective & dangerous drugs for pain	4
CHAPTER 3: The first step in conquering pain.....	7

SECTION 2: NATURE'S STRONGEST SOOTHERS

CHAPTER 4: Natural pain-erasing powerhouses.....	11
CHAPTER 5: Aspirin: A more natural course than you think.....	14

SECTION 3: WHERE IS YOUR PAIN?

CHAPTER 6: "Hands-on" ways to get immediate relief from back pain	15
CHAPTER 7: Arthritis alternatives you can trust.....	19
CHAPTER 8: Rheumatoid arthritis: One of medicine's most agonizing mysteries—unraveled.....	22
CHAPTER 9: Managing migraines without drugs.....	25
CHAPTER 10: Meditation and movement improve fibromyalgia symptoms.....	27
CHAPTER 11: Avoid the gurus: You don't have to "live with your pain.....	29
SOURCES	30

SECTION 1: THE PROBLEM WITH PAIN

Living in pain changes you.

It changes how you sleep (if you can sleep, that is). How you shop for groceries. How far you can walk. How you open your mail. It also affects your weight. And even your mood.

About one-third of all Americans—roughly 100 million of us—live each day with pain.¹ And treating the problem costs a staggering \$635 billion each year.² That is almost *three times more* than what we spend treating *cancer*. And yet much of that money is wasted on ineffective—and dangerous—tests and treatments.

Much chronic pain results from the reception of pain signals by pain sensors in the body. You also *perceive* and *process* pain sensation in the mind through nerve circuits

in the brain. And through various levels of *consciousness*.

The reception and the perception of pain occur in a feedback loop. This loop continues to aggravate your sensory responses until the pain slowly cements itself in place permanently.

The good news is there's no need to continue suffering with chronic pain. Safe and effective treatments do exist.

In this report, I examine many different types of chronic pain. You will learn how to master—and conquer—your pain once and for all, using safe, affordable, and effective techniques. In many cases, natural solutions will let you avoid harmful drugs, steroids, injections, and surgeries.

But first, let's back up for a moment and see why treating pain has become so problematic...

CHAPTER 1:

GOVERNMENT BLUNDERS & BLOOPERS

In the history of American medicine, alleviating pain was always one of two central tenants of "rational medicine." Preventing death was the other.

Unfortunately, modern mainstream medicine has long lost its way. The mainstream no longer practices "rational medicine." Especially when it comes to pain relief.

From the arid mountains of Afghanistan, to the jungles of Honduras, from the gritty urban streets of New York, to the fruited plains of Nebraska, the government is hard at work protecting you from pain...medications.

Today, the government wages a misguided "war" on drugs. In the 1980s, it targeted drug dealers. When that didn't work, the government turned to bullying competent and honest doctors and nurses about prescription painkillers.

These tactics keep practitioners from prescribing and administering adequate pain medication in effective doses. Even for those on their deathbeds. So, in far too many instances, dying men and women must suffer their last moments on earth in debilitating pain. This falls all under the guise of "protecting" the public from addictive painkillers.

If the situation sounds bleak, well...in many ways, it is.

But before you give up hope, there is good news.

The fact is, there are many, many alternatives. And they can offer you *real relief*. For just about any type of pain. But you won't hear about these alternatives from the government medical bureaucracy. Their agenda has absolutely nothing to do with actually helping those who are suffering.

I'll go over some of the most effective natural solutions in just a moment. But first, let me tell you about why the "War on Drugs" has turned into a "War on People in Pain."

The best painkiller on earth the government is desperate to keep out of your hands

Despite their potential for misuse, the most powerful pain relievers in the world all come from the opium poppy (*Papaver somniferum*). Morphine and all its various ancient and modern derivatives come from this flowering plant.

To this day, even in our era of modern pharmaceuticals, morphine and morphine derivatives still have unmatched pain-relieving properties. And they remain in widespread use throughout the world. Morphine, hydromorphone, hydrocodone, oxycodone, and codeine remain the gold-standard opioid analgesics.

The reason they're so effective is that your brain and

central nervous system have built-in receptors for the opiates in these medications. It's a match made in pain-relief heaven.

Unfortunately, like many good things, opium also has a history of abuse. And that's where the focus has been for the past century.

Morphine, cocaine, and opiates (such as the synthetic opiate heroin) are either illegal in the United States or highly regulated as controlled substances by the federal Drug Enforcement Agency (DEA).

The DEA enters the pain game

It's no secret, over the last few decades, the abuse and misuse of painkillers has skyrocketed. And the DEA has attempted to stop it.

They go after the drug sellers. The drug buyers. And even the doctors who legally prescribe the painkillers.

In many cases, doctors are so intimidated by the DEA, they're afraid to prescribe drugs that actually work. This is why you go home from the hospital after your hernia surgery with free samples of Tylenol—a strategy causing more harm than good (more on that in Chapter 2).

Over the years, the DEA has arrested hundreds of doctors on criminal charges. And they are still pre-emptively closing dozens of pharmacies. But these heavy-handed attempts have not stopped the spread of abuse.

So now, DEA has found another hard target.

The wholesale drug system.

The wholesale drug system is like a middle man. It lies between the people who make the drugs and the people who buy the drugs.

In a way, wholesalers *do* perform a useful service. They help control drug costs by negotiating discounts for large customers. (Except for the largest buyer of drugs of all, the federal Medicare Part D program. Federal law prohibits this program from negotiating the costs of drugs. So you, the taxpayer, are stuck with the full bill.)

There are 800 wholesaler companies in this country. The companies range in size from a few giants—like Cardinal, McKesson and Amerisource Bergen—to hundreds of small firms.

For these wholesalers, the profit margins on medications may be small. Sometimes only pennies a pill. So, like the Mafia, wholesalers go where the money is—narcotics. Narcotic painkillers are now the most widely prescribed drugs in the United States, with sales last year

of \$8.5 billion. And even at pennies a pill, those total profits are large.

Now, the DEA wants wholesalers to “snitch” when drug orders raise suspicions.

But here's the problem.

It's often difficult for a wholesaler to determine whether a pharmacy dispensing, or a doctor prescribing, narcotic pain relievers is serving a legitimate medical need. Or simply supplying the demand for illegal drugs. And the DEA never issued specific guidelines.

So, wholesalers operate in a Wonderland where DEA won't do their jobs to develop guidelines. But where the DEA is all too eager to pounce. After all, the DEA knows where the money is too.

In 2008, the wholesale company Cardinal turned over \$34 million to the government because it failed to alert the DEA to suspicious orders for millions of pain pills that it was shipping to Internet pharmacies. That same year, McKesson paid \$13 million.

Of course, neither company admitted to any wrongdoing. But they handed over the penalty funds to the government so they could continue to do business (like “protection money”).

But, to avoid paying more of these penalties, the big wholesalers are beginning to hold back on supplies. So now, more pharmacies in more states cannot get narcotic drugs at all.

And patients who *legitimately* need these pain medications can't get them.

This is a crying shame. Because as I said earlier, despite their reputation, narcotics are the best drugs for pain. As they have been for centuries.

In the 1980s, I served as a Medical Examiner in Miami-Dade County Florida. (Literally, in the days of “Miami Vice.”) A big clamor always ensued after messy “shoot-outs” between drug dealers and DEA cowboys. And local law enforcement officials told me they wished the federal DEA would just get out of the way. And perhaps they should do just that.

Prohibition didn't work in the 1920s, and it doesn't work now. It only breeds crime. And the innocent suffer more while we all pay the price.

Meanwhile, the truly dangerous drugs stay on the market virtually without interference from the DEA, and in many cases aided and abetted by another three-letter monster, the FDA.

**CHAPTER 2:
INEFFECTIVE & DANGEROUS DRUGS FOR PAIN**

The DEA continues to waste its time—and taxpayer dollars—waging war against many safe and effective pain relievers.

However, one poison continues to sit in medicine cabinets throughout the United States. And I'm not exaggerating when I call it poison. It's been the *No. 1 cause of acute liver failure* in the United States for decades. In fact, it causes hundreds of fatal overdoses each year. So if you have it in your cabinet, throw it out today.

Of course, I'm talking about acetaminophen (Tylenol).

Also known as paracetamol, acetaminophen was originally an industrial chemical developed in WWII-era Germany. Since then, this supposedly "safe" over-the-counter (OTC) drug has caused more problems than it has cured.

Here's one big problem with acetaminophen...

Overdosing is far too easy.

For adults, the maximum daily dose is 4 grams. Acetaminophen comes in 325-mg tablets. But they also make 500-mg tablets. And these are actually much more common.

So, to get into dangerous territory, all you need to do is take two Extra Strength Tylenol tablets more than 4 times a day.³

Another big problem with acetaminophen? Drug makers put it in a number of OTC medications, like cough and cold combination formulas. So you can wind up taking too much without even realizing it.

Years ago, I worked with a technical team at McDonnell Douglas (now Boeing) on instrumentation from the manned space program. Our job was to adapt analytical technology from the NASA space exploration program to everyday clinical use. We developed protocols to monitor therapeutic and toxic blood levels of many different types of drugs.

Acetaminophen was one of the first drugs we looked at. We also looked at other potent and potentially dangerous drugs, like anticonvulsants, amphetamines, barbiturates and psychoactive drugs.

That's right. We put all of these dangerous drugs in the same category as a common OTC pain-reliever.

Ironically, I have heard concerned mothers tell me they

use acetaminophen for their children because they are afraid of aspirin causing Reye's Syndrome.

Let me be clear, Reye's Syndrome also causes liver damage. But it's a very rare complication. And it only occurs in young children. Unlike the all-too-common liver damage caused by acetaminophen—in adults and children alike.

Unfortunately, even hospitals have been brainwashed into believing that acetaminophen is a safe pain reliever. In fact, a recent study published in the *Archives of Internal Medicine* found that hospitals routinely administer excessively high doses of acetaminophen to patients.⁴

To make matters worse, nearly one-quarter of patients received daily doses above the level accepted as "safe." And nearly 5 percent received even higher, supposedly "supra-therapeutic" doses. Super toxic is more like it.

In 2012, a group of plaintiffs finally filed a class action suit against the drug. And just recently, the Food and Drug Administration (FDA) put acetaminophen on its "Watch List" for yet another problem: severe skin reactions.

But don't look for the FDA to do anything more than "watch" acetaminophen. Meanwhile, 200 men and women will continue to die from liver failure each year in this country. Simply because they took too much of this so-called "safe" drug for their pain.

Frankly, there is no reason to use acetaminophen for anything. By anyone. Ever.

There are much safer ways to relieve pain. And I'll tell you all about those in a moment. But first, learn about how another "safe" drug turned deadly.

**More than half a century of useless—
and dangerous—"relief"**

Until recently, roughly 10 million Americans were taking the painkilling drug propoxyphene (sold as Darvon and Darvocet). But in November 2010, the FDA did pull this drug off the market because of serious heart risks. (Interestingly, propoxyphene was often combined with Tylenol. Which made it even more dangerous.)

But here's the really interesting part of the propoxyphene story...

The DEA and FDA classify propoxyphene as a narcotic. But controlled studies have never proven it works even as a weak analgesic.

In other words, it has *all* of the stimulating, addictive

effects of natural opioids. But *none* of the pain-relieving benefits!

Yet the FDA approved it *for that very use* back in the 1950s. This put millions of people at risk for addiction, heart complications, and who knows what else for over 50 years. Risk with absolutely no “reward” in the form of relief.

Then, to add insult to injury, the FDA actually recommended doctors switch patients to straight Extra Strength Tylenol instead. If you took that advice, you traded in your risk of heart problems for liver failure. The pain-relief situation in this country seems to be a never-ending vicious cycle. And, unfortunately, there are still more cautions you need to be aware of...

Watch out for long-acting chronic pain meds

As I said earlier, the most powerful pain relievers in the world of all come from the opium poppy (*Papaver somniferum*). And today, an estimated 4.3 million Americans use opioids on a daily basis for pain. If you use one—such as Oxycontin or Vicodin—there’s one precaution you should always keep in mind—especially if you’re a man.

Always opt for short-acting opioids. The kind you take every 4 to 6 hours. This interval is in keeping with the natural properties of opioids. (Long-acting drugs are ones you take every 8 to 12 hours.)

This may sound like a strange recommendation. And, in theory, long-acting pain medications seem like a good idea: longer relief, less medication.

Indeed, doctors were *told* for years that these longer-acting opioids would be somehow safer and more effective. And less subject to abuse. Yet no study has ever been able to prove that!

Plus, new research has found a substantial difference between the short-acting forms and the long-acting versions. And the results are, well...painful.

A large study of 1,500 men who are taking pain pills is currently underway.⁵ And researchers have already determined that the long-acting medications cause five times the rate of low testosterone.

In fact, fully three-quarters of the men on long-acting pain medications had low-T. That’s compared with only one-third using short-acting. After controlling for body mass index, the risk of low-T was *4.8 times greater* for the men taking long-acting medications. The researchers didn’t attempt to explain why these pain

medications cause low-T.

But Dr. Andrea Rubinstein, lead study author said, “We are now finding that long-term use of opioids may have important unintended health consequences.”

Unfortunately, the unintended consequence of “low-T” can snowball. It can lead to decreased muscle mass, bone density, cognition, mood, libido, and generally poor quality of life. In turn, all of these are associated with chronic pain as well. Leading to a greater need for pain medications in another vicious cycle.

I wish I could say the list of painkillers you must avoid ends here. Unfortunately, it doesn’t.

Steer away from steroids

Many doctors prescribe corticosteroids to help their patients manage pain. They can be injected directly into painful areas. Such as your back, foot, or shoulder. Or you can apply them topically to irritated skin. Or you take them orally as prescription medication.

Sure, these steroid treatments may help relieve your pain. And they work fast too. But they come with some serious side effects.

You may not realize this, but your body actually produces steroid hormones naturally.

The center of the adrenal gland produces the “fight or flight” hormone adrenalin, or epinephrine. But the adrenal gland’s *outer core* (adrenal cortex) produces steroid hormones, such as corticosteroids.

Steroid hormones have a wide range of important physiologic effects. They cause growth. They help you react to stress. They help balance fluids and electrolytes. They play critical parts in reproduction and other metabolic functions. And, of course, they influence inflammation and pain.

But steroid drugs interfere with all this.

They stop the body’s *normal* metabolic production of steroid hormones.

So when the course of drug treatment is finished, the patient must be slowly weaned off—cutting back on the dose a little each day to give the body a chance to restore normal metabolic function.

And getting too many of these steroid injections eventually leads to **loss** of cartilage. Normally, you stop the inflammation so the body can naturally replenish and replace cartilage in joints. But too many steroids not only stop inflammation, they interfere with cartilage formation.

Overall, the consequences of these steroid injections are downright dangerous...even deadly.

Steroid injections turn deadly

A steroid injection may sound like an appealing quick fix, especially if you have chronic pain in your back or neck.

But don't do it.

Last year, steroid injections for neck and back pain resulted in an outbreak of fungal infections of the brain and spinal cord. This treatment killed dozens and sickened hundreds of patients around the country.

It also led to the resignations of two state health commissioners. They were in charge of regulating the compounding pharmacies that formulate the steroid injections. It was ultimately their job to oversee the safe preparation of these "pain killers."

Remember, back and neck pains are not fatal conditions. But they turned deadly through inappropriate treatment.

The practitioners administered the injections using supposedly sterile bottles of steroids. But it turns out the bottles were contaminated. In fact, you could see white mold floating in some vials.

Yes, the problems began in one poorly controlled lab. But there was also a nationwide network of unwitting accomplices. And they were all motivated by profit.

Doctors at pain clinics across the country overprescribed these steroid injections. Yet studies had never proven that these injections were effective for these types of patients.

In many cases, the patients wanted a quick fix for their aches and pains. They didn't want to take the time and trouble to pursue safe and effective therapy. In fact, one

victim said she just wanted a steroid injection to "prevent" pain before going on a trip to the cobblestoned streets of old Europe. And she found a doctor willing to prescribe it.

Let me be clear...the idea of giving a steroid injection to "prevent" back pain is nowhere in medical books. The doctor who agreed to this course of action should have known better. Yet it happened. And I'm sure it wasn't the first time.

Unfortunately, perverse financial incentives exist for administering steroid pain injections. And Medicare—namely the U.S. taxpayer—foots a huge part of the bill. In the state of Washington, the use of these injections increased 13 percent over three years. Some patients get these injections on a monthly basis. And a single spinal injection can run anywhere from \$600 to \$2,500. This costs the state a whopping \$56 million per year.

And to make matters worse, these injections haven't proven very effective for most people anyway.

In rare, carefully selected cases, an injection of safe, sterile steroids may help stave off back surgery. This may be the case if you have a herniated disc, for example. But that won't help if you get a contaminated injection.

If you have chronic lower back pain, though, these injections are inappropriate at best. But in some pain clinics, the only requirement to get an injection is that you walked in the door.

The only good thing: if you were able to walk in, you can still walk back out. Later in this report, you'll learn about safe, effective, and affordable ways to manage back pain. Without resorting to steroids or back surgery.

Pain may be a part of life. But lucky for us, pain relief is a part of nature. This is why a natural approach should reign supreme.

**CHAPTER 3:
THE FIRST STEP IN CONQUERING PAIN**

Before resorting to steroids, prescription drugs, or surgery, you should consider trying a mind-body technique to manage your chronic pain.

Mind-body therapies—such as acupuncture—work *very well* for most chronic pain conditions. They appear to address the pain feedback loops between the mind and the body I told you about at the beginning of this report. And they don't have the serious risks associated with steroids, drugs, and surgery.

So, mind-body therapies are a good starting point for anyone living with pain.

However, not every mind-body therapy works equally well for everyone with chronic pain. To choose the right one for you, you must first learn your "emotional type." Knowing this will help you determine which type of mind-body technique will work for you.

Where do you start?

In the 1980s, researcher Ernest Hartmann of Tufts University in Boston discovered that each person has individual psychological and personality "boundaries." These boundaries effect how you process feelings and sensations. Including how you process pain sensations.

He discovered that these boundaries exist between your conscious self and the feelings you experience daily. Hartmann says you can have "thin boundaries" or "thick boundaries" depending on your personality.

In a moment, you will take a simple survey that will help you discover your boundary type. Armed with this knowledge, you will learn how to choose the pain-management technique that will work best for you.

For instance, you may have a friend who says, "I tried acupuncture for my migraines. And it didn't really help."

Well, your friend probably had a different "boundary." And another mind-body pain management technique may work better for that individual.

Before you get started, here are three things to keep in mind...

1. No one occupies a single "spot" on the boundary spectrum. Each of us is likely "thin" in some respects. And "thick" in others.
2. In addition, where you land on the boundary spectrum is not permanent. People tend to develop thicker

boundaries as they age, but everyone is different. You may develop thinner boundaries as you get older. Or your boundaries may thicken based on the medications you take. Or depending on how tired you are today. However, as a general personality trait, your boundary type won't vary too much from day to day or year to year.

3. There is no "right" or "wrong" answer. Consider these questions as prompts. Answer them quickly without giving too much thought to individual questions.

Please rate each of the statements from 0 to 4. A score of 0 indicates "not at all true of me." A score of 4 indicates "very true of me."

Try to respond to all of the statements as quickly as you can.

Get ready...get set...go

- | | | | | | |
|---|---|---|---|---|---|
| 1. My feelings blend into one another. | 0 | 1 | 2 | 3 | 4 |
| 2. I am very close to my childhood feelings. | 0 | 1 | 2 | 3 | 4 |
| 3. I am easily hurt. | 0 | 1 | 2 | 3 | 4 |
| 4. I spend a lot of time daydreaming, fantasizing or in reverie. | 0 | 1 | 2 | 3 | 4 |
| 5. I like stories that have a definite beginning, middle and end. | 0 | 1 | 2 | 3 | 4 |
| 6. A good organization is one in which all the lines of responsibility are precise and clearly established. | 0 | 1 | 2 | 3 | 4 |
| 7. There is a place for everything, and everything should be in its place. | 0 | 1 | 2 | 3 | 4 |
| 8. Sometimes it's scary when one gets too involved with another person. | 0 | 1 | 2 | 3 | 4 |
| 9. A good parent has to be a bit of a child, too. | 0 | 1 | 2 | 3 | 4 |
| 10. I can easily imagine myself as an animal or what it might be like to be an animal. | 0 | 1 | 2 | 3 | 4 |
| 11. When something happens to a friend of mine or to a lover, it is almost as if it happened to me. | 0 | 1 | 2 | 3 | 4 |

12. When I work on a project, I don't like to tie myself down to a definite outline. I rather like to let my mind wander. 0 1 2 3 4
13. In my dreams, people sometimes merge into each other or become other people. 0 1 2 3 4
14. I believe I am influenced by forces that no one can understand. 0 1 2 3 4
15. There are no sharp dividing lines between normal people, people with problems and people who are considered psychotic or crazy. 0 1 2 3 4
16. I am a down-to-earth, no-nonsense kind of person. 0 1 2 3 4
17. I think I would enjoy being some kind of creative artist. 0 1 2 3 4
18. I have had the experience of someone calling me or speaking my name and not being sure whether it was really happening or whether I was imagining it. 0 1 2 3 4

GET YOUR SCORE

To obtain your score, simply add up the scores (0-4) for all questions.

CAUTION: the scores for questions 5, 6, 7, and 16 are scored backwards (i.e., for these questions an answer of "0" is scored as 4, "1" is scored as 3, "2" is scored as 2, "3" is scored as 1, and "4" is scored as 0).

If you score below 30, you have a "thick" boundary personality. If you scored about 42, you have a "thin" boundary personality. See where your score falls on the spectrum below to learn more.

Conquer pain with "alternative" techniques

Experts now recognize many "alternative" mind-body medical treatments for pain. Each of the seven common

treatments presented here are well-established and safe. Plus, they're all widely available. Or rapidly becoming so. And best of all, they're highly effective. In fact, the mind-body pain treatments presented here exceed anything available in regular medical treatment. They are highly effective, extremely safe, and interfere minimally with life compared to other pain management treatments. Furthermore, unlike effective drug medications, they are not regulated by intrusive government agencies that routinely place real or imagined law enforcement concerns above medical judgment and ethics regarding effective pain management for suffering patients.

The right treatments for your boundary type

The effectiveness of each of the common mind-body treatments for pain disorders depends on your boundary type. So acupuncture for someone with a thin boundary is very effective. But for someone with a thick boundary, it isn't necessarily so.

As you see, hypnosis and acupuncture generally work better for you if you have a thin boundary. While guided imagery, meditation-yoga, and relaxation-stress management generally work better if you have a thick boundary.

Biofeedback appears equally effective with both types of personalities. In addition, acupuncture is generally so powerful that it can often work across the board, especially in treating chronic pain.

But when acupuncture doesn't improve pain, there may be another reason—beyond boundary type...

Avoid "cookbook" acupuncturists

Many Western practitioners use modern "cookbook" recipes for acupuncture. These techniques do not capture the full scope of available approaches and potencies.

In fact, much of acupuncture practiced in the West is incomplete or incorrect. That's because it often accounts for only part of the rich body of knowledge available from the ancient Chinese classics. The result is a somewhat "watered-down" Western version. And this version is less potent, or less broad in its applications to different people.



So take care when choosing your acupuncture practitioner. In many states, acupuncture is a licensed profession. There is an organization called the National Certification Commission for Acupuncture and Oriental Medicine (NCCA), in Washington, D.C. They have a directory available on their website at www.nccaom.org where you can search for a certified practitioner near you. Or, you can try the American Association of Acupuncture and Oriental Medicine at www.aaaonline.org.

But acupuncture is just one of the effective mind-body therapies for pain.

Take the mystery out of a centuries-old medical marvel

Despite a somewhat mysterious quality—and its occasional use in some decidedly unscientific quarters—hypnosis has finally earned a well-deserved place in modern medicine. I've seen it do some truly remarkable things. And I think it's one of the best treatment options there is for treating pain.

It's completely non-invasive, and harnesses your body's own power to heal itself. And that's what all good medicine should really aim to do.

Of course, with origins dating back to the 1700s, it certainly took a while for hypnosis to gain the respect it deserves. But hypnosis found its way into mainstream medical practice in the 1950s. In 1955, the British Medical Association endorsed it. Then a few years later—in 1958—both the American and Canadian Medical Associations followed suit.

Since then, interest in hypnosis has grown. And the practice of hypnosis has found numerous clinical applications. The technique is important for various psychological conditions. And practitioners use it successfully to treat anxiety and phobias. And to help people quit smoking. But what you may not realize is that hypnosis is also a promising tool for many *physical* ailments. And these aren't just anecdotal accounts.

Yes, believe it or not, scores of new scientific studies prove the benefits of hypnosis. And MRIs and PET scans have made it possible—for the first time—for researchers to see the actual metabolic changes in the brain that occur during hypnosis. Proving, once and for all—beyond a shadow of a doubt—that hypnosis is very much “for real.”

Still, even with strong science behind it, many people still think of it as little more than a “parlor trick.” So today, let's take a few minutes and go over exactly what hypnosis involves—and how it can help you conquer your pain.

What is hypnosis?

Physiologically, hypnosis resembles other forms of deep relaxation. It decreases nervous system activity, decreases oxygen consumption, and lowers blood pressure and heart rate. It can also increase or decrease certain types of brain wave activity.

Hypnotherapy's effectiveness lies in the complex connections between the mind and the body. It is now understood that illness affects your emotional state. And, conversely, that your emotional state affects your physical state. For example, stress, an emotional reaction, can make heart disease worse. And heart disease, a physical condition, can cause depression.

Hypnosis carries this connection a logical step further by using the power of the mind to bring about change in the body. Including changes in your perception of pain.

How hypnosis works

Like many other functions of the human brain, the precise physiologic mechanisms of hypnosis aren't fully understood. On a superficial level, hypnosis patients appear to be asleep. But their EEG brainwave patterns resemble wakefulness.

The difference between “normal” wakefulness and the hypnotic state appears to be where the brain wave activity occurs. Neurologic studies using EEGs in hypnotized individuals have shown a shift of brain wave activity to different regions of the brain.

For example, imagining or visualizing different colors while hypnotized results in measurable increases in blood flow to the visual cortex—the area of the brain that is normally stimulated during actual sight.

What is it like to be hypnotized?

By most accounts, hypnosis is characterized by increased mental focus and concentration, a “*belle indifférence*” (a French-like indifference) to the external environment, and heightened receptiveness to suggestion.

Most people describe feeling a pleasantly altered state of consciousness (but not sleep), an air of calm, and a general feeling of well-being.

Hypnosis works best when the hypnotized subject is able to thoroughly discontinue conscious “censoring” of information. In other words, to suspend their disbelief. But a large percentage of patients benefit from even “light” levels of hypnosis.

How is hypnosis done?

You've no doubt seen hypnosis depicted by swinging a pocket watch in front of a person's face. Along with the phrase, "You're getting very sleepy..." But I don't often see either of these techniques used in real life (nor do I see a lot of pocket watches anymore).

That said, there is no uniform method for inducing hypnosis. But there are three common elements in most applications of clinical hypnosis.

Absorption in the words or images presented by the hypnotherapist.

Dissociation from your ordinary critical faculties.

Responsiveness to the suggestions presented by the hypnotherapist.

A hypnotherapist either leads patients through relaxation, mental images, and suggestions. Or he or she teaches patients to perform the techniques themselves. Many hypnotherapists provide guided audiotapes for their patients so they can practice the therapy at home. The images presented are specifically tailored to the particular patient's needs and may use one or all of the five (or six) senses.

A hypnosis session usually incorporates five steps:

1. *Preparation.* You're placed in a comfortable, secure environment. Usually sitting in a quiet room. Distractions and interruptions are minimized.
2. *Induction.* You're guided to a state of relaxation by deep breathing, progressive muscle relaxation, and/or the use of imagery.
3. *Deepening.* In this phase, the hypnotic state is deepened through repetition and reinforcement. Conscious thinking is minimized.
4. *Purpose.* This is where the specific goal of the hypnosis is addressed. Hypnotic suggestions are given to modify perceptions or behavior. For example, in the case of pain management, you may be asked to *transform* the perception of pain to a numbness or tingling sensation.
5. *Awakening.* In this final phase, you're gradually brought out of the hypnotic state. During this stage, the therapeutic suggestions presented during step 4 are repeated and reinforced as the level of hypnosis lightens. Then the hypnotherapist offers some final suggestions. And you will awake refreshed and relaxed.

Usually, a hypnosis session will produce immediate positive results. Patients also generally report a sense of well-

being and calm, although they're often uncertain about how deeply they were "under." They often comment on how they were completely aware of what was going on, but with a curious unconcern about their surroundings.

Subsequent sessions usually produce "deeper" levels of hypnosis, since patients are usually less apprehensive about the technique and feel safer.

A typical hypnosis session takes between 30 minutes and an hour. There are no studies or guidelines about the optimal frequency of hypnosis sessions. Weekly sessions are probably realistic for most people. Especially since between sessions, most patients are encouraged to practice "self-hypnosis."

The self-hypnosis method, while not quite as effective as guided therapy with a skilled hypnotist, uses your own skills at achieving a hypnotic state by applying breathing techniques and imagery that you learn during regular sessions.

Find a trained practitioner

Hypnotherapy is generally provided by a licensed mental health practitioner, such as a psychiatrist or psychologist. And believe it or not, some dentists are also trained in the clinical practice of hypnosis. The American Society of Clinical Hypnosis (www.asch.net; 1-630-980-4740) is a great resource that can help you locate a hypnotherapist in your area.

But no matter whom you choose, in order for hypnosis to work, a state of trust and confidence must exist between you and the therapist.

Most patients—even the most open-minded ones—usually need some reassurance, especially at the first session, that they won't be surrendering control or be subjected to inappropriate suggestions. Good practitioners will ease your mind of these worries and allow you to relax—which is, after all, an essential part of effective hypnotherapy.

"Oh, I can't be hypnotized"

It never fails. Anytime I mention hypnosis, someone tells me he or she is "immune." But that's only true in about 10 percent of people (and I bet they are "thick boundary" types). Everyone else can be hypnotized to some degree.

Although it is true that women are slightly more "hypnotizable" than men. And children are usually more receptive than adults.

SECTION 2: NATURE'S STRONGEST SOOTHERS

For as long as humans have existed, we've experienced pain. And we turned to plants for relief. This is only natural. After all, plants predated animals—dinosaurs and humans alike. This is why animals are “pre-adapted” to use plants as a source of nutrition and medicine.

And through the millennia, among the plants we've turned to most are those that reduce pain sensations or reduce inflammation.

IS INFLAMMATION THE CAUSE?

Narcotics and opioids work by interfering with pain signals and perception. But many other pain relievers work by controlling or reducing inflammation. Redness, heat, and swelling—in addition to pain—are the cardinal signs of inflammation.

But what causes these symptoms in the first place?

When a tissue, body cavity or joint space is inflamed, blood flow increases, fluids accumulate, swelling occurs, and immune cells rush into the area. The immune cells release histamines, enzymes and other biochemicals. All this aggravates sensitive pain fibers. These fibers send signals through the spinal cord to the brain... indicating all is not well. Those signals are discomfort, irritation and pain.

CHAPTER 4: NATURAL PAIN-ERASING POWERHOUSES

Many safe, effective, and natural compounds help reduce inflammation in the body. And therefore, help alleviate pain. In fact, many natural compounds appear to work like natural COX-2 inhibitors. But without the dangers.

As you may recall, COX-2 inhibitors hit the market in the late 1990s. They work by preventing the formation of certain prostaglandin hormones that cause pain. There was a rush to market these new drugs, but their side effects have been so intense that one of them—Vioxx—was taken off the market in 2004 because of its toxic effects on the heart.

The following seven nutrients work like natural COX-2 inhibitors. Without the dangerous side effects.

1. **Curcumin** (*Curcuma longa*) or turmeric. Curcumin is the spice that gives curry its bright yellow color. It is also an ancient Ayurvedic remedy for pain. And it's a perfect example of a natural and effective COX-2 inhibitor. You can take up to 200 mg of it per day to help relieve inflammation and pain.

Curcumin appears to work especially well for rheumatoid arthritis patients. In fact, in a recent study patients who took curcumin significantly improved their pain. See page 24 for more details.

2. **Omega-3 fatty acids** also reduce pain and inflam-

mation (in addition to their numerous other health benefits). Omega-3s appear to work especially well for nerve pain.

In a recent study, patients with neuropathic pain took large doses of omega-3 fatty acids daily. This varied from 2,400 to 7,200 mg/day of EPA-DHA. The patients suffered from nerve pain due to carpal tunnel syndrome, fibromyalgia, and other conditions. According to the results of the study, the patients experienced “clinically significant pain reduction”⁶ for up to 19 months following the initial treatment.

3. **Capsaicin** is an active ingredient in hot peppers. It also acts as an effective pain reliever. You generally find it in topical creams and ointments. But you can also take it orally—which you are doing every time you eat any variety of hot peppers.

As a topical treatment, capsaicin depletes or interferes with a chemical called substance P. This chemical transmits pain impulses to the brain. This makes capsaicin an ideal treatment option if you suffer from osteoarthritis, rheumatoid arthritis, and diabetic neuropathy.

In a 1991 study, patients with rheumatoid arthritis and osteoarthritis rubbed capsaicin cream or a placebo cream on their knees four times a day for four weeks. After just two weeks,⁷ 80 percent of patients who used the capsaicin cream reported significant pain relief. The cream appeared to work slightly better

for patients with rheumatoid arthritis compared to those with osteoarthritis.

You do not need a prescription for capsaicin. In fact, you can probably find many affordable products containing capsaicin in your local drugstore.

For pain relief, you can usually apply capsaicin 3 or 4 times a day. Rub the cream or gel into the painful area until it's no longer visible on the skin. You may experience a mild burning sensation. But it shouldn't be so strong that it's painful. Make sure to wash your hands thoroughly after applying capsaicin.

4. **Resveratrol** is a prominent constituent of red wine, among other natural sources. It also appears to interfere with our bodies' pain receptors.

Researchers from the University of Arizona School of Medicine recently published a study on resveratrol in the medical journal *Molecular Pain*.⁸ They found that resveratrol "profoundly" inhibits two important pathways involved in the sensitization of peripheral pain receptors.

Plus, resveratrol may one day help you recover faster from surgery.

In the old days, you went home after surgery with a prescription for a week's worth of opioid painkillers. But not anymore. Thanks to the government's misguided "war" against prescription painkillers. The whole country is afraid to take an effective prescription painkiller following surgery. And doctors are even more afraid to prescribe them.

But the University of Arizona researchers also found that resveratrol injections effectively prevented acute post-surgical pain. In addition, it prevented the development of chronic pain at the incision site.

In the United States, doctors perform more than 45 million surgeries annually. And up to 75 percent of patients experience some form of acute pain after surgery. Pain at the incision site usually causes the most trouble.

5. **Thunder God vine**, a Chinese herbal remedy, also appears to help relieve pain effectively. Especially for rheumatoid arthritis patients.

In 2009, researchers at the National Institutes of Health, the University of Texas, and nine rheumatology clinics around the country randomly assigned rheumatoid arthritis patients take either 60 milligrams of thunder god vine root extract three times per day for six months.⁹ Or 1 gram of a prescription RA medication two times a day for six months.

The patients each had six or more painful and swollen joints. All study participants were also allowed to take prednisone and non-steroidal anti-inflammatory drugs, or NSAIDs.

Patients in both groups experienced side effects, with stomach complaints and digestive symptoms being the most common. About half of participants dropped out of the study before it was completed. However, more dropped out of the prescription drug group than from the Thunder God vine group.

Of the patients who continued treatment for the full six months, 65 percent of the Thunder God vine group saw improvements in joint pain, joint function, and inflammation. Just 36 percent of those who took the prescription drug experienced improvements.

6. **Boswellia**, also known as frankincense, is another traditional Ayurvedic remedy with potent anti-inflammatory and pain-relieving effects. Especially for osteoarthritis.

Recently, researchers recruited 30 patients with osteoarthritis of the knee.¹⁰ They randomly divided the subjects into two groups. One group took Boswellia extract for eight weeks. The other group took a placebo. Then, there was a washout period where both groups took nothing. After that, the groups crossed over and received the opposite treatment for the next eight weeks.

And the results?

All the patients reported decreases in knee pain when taking the Boswellia extract. That's right—**100 percent**. They also increased their knee flexibility and walking distance when taking the extract. The frequency of swelling in the knee joint decreased as well. When looking for any natural remedy for joints make sure it includes an effective dose of Boswellia.

You safely can take 400 to 500 mg of it per day.

7. **Winter cherry** (*Withania somnifera*), also known as **Ashwaganda root**, is another Ayurvedic remedy with potent anti-inflammatory and pain-relieving effects. Known as an "adaptogen," winter cherry seems to support your overall health. It helps the body react to physical and mental stress.

Winter cherry is commonly used to treat back pain, as it nourishes muscle and bone tissues. It also has a relaxing effect on the central nervous system.

In 2004, Indian researchers conducted a 32-week randomized, placebo-controlled clinical trial using a standardized form of winter cherry.¹¹ For the study, the

researchers recruited patients with chronic arthritic knee pain. They gave half the patients a standardized form of winter cherry for 32 weeks. The other half received a placebo. None of the patients in either group were allowed to take NSAIDs or steroids for pain relief.

After 32 weeks, the winter cherry group experienced "significantly superior" pain scores. They reported very mild side effects.

You can take up to 500 mg of it per day to relieve pain.

CHAPTER 5:

ASPIRIN: A MORE NATURAL COURSE THAN YOU THINK

Sure, aspirin has seen its share of controversy in the modern era. But it still has great merits when used appropriately.

Aspirin is the “granddaddy” of all over-the-counter pain relievers—indeed of virtually all drugs. It was grandfathered into approved use by the FDA, since it was already in common use long before the FDA was created in 1906.

But some argue that the gastrointestinal irritation and bleeding it can cause would prevent it from gaining FDA approval today. It is an acid, after all.

Despite these potential concerns, aspirin has a long history of safe and effective use. In the 1960s and 70s, patients with severe arthritis were being prescribed up to one bottle of aspirin per day. And they survived.

In fact, aspirin is probably the most common prepared pain remedy ever used by men, women, and children. After hundreds of years in use, you could say it has gone through the “mother” of all post-marketing surveillance. This makes it a much better bet than many newly approved drugs on the market today. And safer too.

Of course, people who take blood thinners or who have the “wet” form of age-related macular degeneration (AMD) of the eye should consult with their doctors before taking aspirin or other pain relievers. It appears that taking aspirin regularly may increase your risk of developing this severe form of AMD.¹²

ASPIRIN'S NATURAL ROOTS

You may not realize this, but aspirin (acetyl salicylic acid) is a remarkable product of nature. It originally came from the white willow tree. You can also find salicylates—the active pain-relieving chemicals in aspirin—in wintergreen and meadowsweet.

But the reason aspirin has been synthesized for almost a century is because harvesting it from natural sources (like willow) is not always sustainable. So for practical purposes, you can stick with a standard, synthetic aspirin.

And there is one general caveat about aspirin everyone should be aware of...

Avoid the “sugar” coating

Many manufacturers add a coating to aspirin tablets. They do this, theoretically, to protect the stomach. However, some question whether these coatings make a difference in the drug's effectiveness. In fact, a recent study published in the journal *Circulation* suggests that these coatings may block many of aspirin's benefits.¹³

Besides, whether or not coating aspirin conceals its benefits, there is little evidence that it actually protects the stomach better than uncoated aspirin.

A RARE PAIN-RELIEF BREAKTHROUGH

Ibuprofen is one of the original “non-steroidal anti-inflammatory agents” or NSAIDs. And when it came on the market in the 1970s, it was a true breakthrough in pain relief.

At the time, I was still in training. And many of my patients—with a variety of conditions from arthritis to menstrual pains—never found relief with prescription or over-the-counter (OTC) pain relief products. Suddenly, they swore by ibuprofen.

Initially, it was only available by prescription in 800 mg doses. Later, the generic form became available in 200 mg doses.

Besides aspirin, ibuprofen is the only OTC pain reliever I ever recommend. When used properly, it provides significant pain relief without having to resort to prescription drugs. Or potent and metabolically disruptive steroids. But even ibuprofen is not without its risks.

British researchers recently completed a meta-analysis examining the safety of ibuprofen.¹⁴ They looked at 280 previously published clinical trials that compared ibuprofen intake to placebo. They found that men and women who took more than 2,400 mg per day of ibuprofen increased their risk of experiencing a major coronary event.

To avoid this risk, be very careful not to take more than 1,000 mg of ibuprofen in 24 hours.

And if aspirin and ibuprofen don't work, you need to talk to your doctor about other options, including natural approaches.

SECTION 3: WHERE IS YOUR PAIN?

CHAPTER 6:

"HANDS-ON" WAYS TO GET IMMEDIATE RELIEF FROM BACK PAIN

Low back pain is the most common cause of pain and disability in working Americans. Nearly everyone experiences it at some point. After all, it's an unavoidable consequence of walking upright.

And there is one treatment for back pain that is much safer—and *more effective*—than drugs and potentially disastrous back surgery.

And the science couldn't be clearer.

In fact, the medical editor of the *Annals of Internal Medicine* asked me to write about this treatment nearly 15 years ago.

And then, from 2002 through 2007, I was principal co-investigator on one of the biggest review studies on back pain ever conducted. It was funded by a little-heralded agency, the U.S. Health Resources and Services Administration (HRSA), that puts "service" ahead of politics and self-interest.

We gathered data from over 700 studies from around the world. We organized a consortium of over a dozen accredited chiropractic colleges and medical schools. Such as Harvard Medical School and Jefferson University Hospital. And we had committees of dozens of clinical researchers and practitioners review the results.

And we concluded the same thing that "hands-on" healers had concluded a century ago. And the same thing that modern research had even concluded a decade before:

Drugs and surgery should be your last resort for back pain!

There are much more effective strategies for relieving both acute and chronic back pain—no matter what the cause. So, please, before you reach for that bottle of pain pills... before you subject yourself to an endless cycle of x-rays and MRIs...and certainly before you sign that consent to surgery—please, consider the "alternatives" FIRST.

I'll tell you more about them in just a moment. But first, it's helpful to know why back pain is such a common problem. And believe it or not, it's a problem that has evolved right along with humankind.

The great evolutionary trade-off

Your gait—or how you walk—is a key to health and longevity, especially as you get older. But it's not just about *how much* you walk. It's about *how well* you walk. And indeed, it's the ability to walk upright that sets humans apart—but it's also what sets you up for a lot of pain as well.

Walking has been a key factor in the ability of humans to survive. In fact, the ability to walk upright on two legs is a distinctly human trait. And throughout human history, this trait freed the hands. So with free hands and larger brains, humans could express their creativity and productivity to build our modern, "man-made" world.

One important trade-off is that in order to walk (and run, when needed on occasion) more effectively, the legs needed to be placed more narrowly together than they are on other, four-footed creatures. This effect results in a narrower pelvis. Especially at the hips.

However, humans also developed very large brains. So women need to have wider hips to allow infants to pass safely through the birth canal. But you can't walk effectively if the hips are too wide. So human infants are born at earlier and earlier stages of development. While the brain is still relatively small, and immature, with room to keep growing and developing outside the womb for an extended time. In fact, human young are the most immature creatures in the universe. They require a prolonged period of dependency. And this impacts the nuclear family, extended family, post-reproductive grandparents, and human social organization as a whole.

Consider it a grand evolutionary biological bargain between upright posture, freeing the hands, and having bigger brains.

But there's another tremendous impact that walking upright has had on humans. One that millions of people struggle with every day—back pain.

From discomfort to disability

The spine provides structure to the entire body. And it helps protect the vital organs. It also provides the protective conduit for the "wiring" that runs to all the parts of the body—the spinal cord and the spinal nerves.

In animals that walk on all fours, the natural design of the spine is like a simple suspension bridge. But over time (millions of years, probably), humans began to stand erect. And the shape of the spine converted from a suspension bridge to a shallow S-shaped (or sigmoid) curve. This provides balance, structural support, and some “suspension” as well as “shock absorption.”

Walking on artificial, hard surfaces affects the joints of the legs. But it also sends shock waves up through the pelvis. To the spinal column and the individual vertebrae.

The result is degenerative arthritis, or osteoarthritis in the spine.

And just like in other joints, osteoarthritis of the spinal vertebrae can lead to stiffness. As well as contribute to bony outgrowths that can impact and irritate the spinal nerves that branch out from the spinal cord.

You commonly feel these irritations in the arms and the legs (“pinched nerves”). And on a chronic basis, they can cause the familiar condition of “sciatica.”

In the spine itself, the ribs hold the middle 12 vertebra together rather rigidly. But the seven cervical vertebrae in the neck and the five lumbar vertebrae of the lower back have more degrees of freedom. And less support. This is why lower back pain is such a universal source of discomfort in humans.

Of course, when you suddenly rupture a spinal disc (or cushion), or even fracture a portion of a vertebra, you can feel sudden debilitating pain.

However, even without a sudden rupture or traumatic fracture, low back pain can be disabling. In fact, it's the most common cause of disability in working Americans.

But regardless of the origin of your pain, the treatments are the same.

The best ways to beat lower back pain, naturally

While it may seem counter-intuitive, one of the most important and simplest things to do when your back is sore is to actually keep moving!

Gentle exercising, such as walking and swimming, are good for your lower back, provided you have not developed a completely disabling condition. In fact, not moving *enough* contributes to developing the discomfort in the first place.

And a new study conducted at the University of Tel-Aviv in Israel shows that walking is as effective as clinic-run rehabilitation programs for back pain.¹⁵ And it only

takes as little as 20 minutes twice a week.

In addition to walking, acupuncture is another extremely successful treatment for relieving low back pain.

But the No. 1, proven treatment for relieving back pain and restoring function, based on decades of indisputable science and data is spinal manual therapy (SMT).

SMT is the most effective—and *cost-effective*—treatment for most patients with low back pain. And it is the primary treatment provided by chiropractors.

In fact, a decade ago the former U.S. Agency for Health Care Policy & Research conducted a review of all back pain treatments. It found SMT to be the most safe and effective treatment.

Unlike the NIH, this agency focused on using research and science to help provide useful guidance on real medical practices. Things that would actually benefit the public.

Of course, their recommendation of SMT outraged orthopedic surgeons. So much so that they attempted to have the agency shut down. When that didn't work, they tried to strip its funding. Eventually, they managed to get the office “reorganized.” Today it's known as the Agency for Health Care Quality. And it has little power to influence medical practice compared to the “medical mandarins” at NIH.

Bypassing these political agendas, between 2002 and 2003 I was able to receive a grant from the U.S. Health Resources and Services Administration (another rare honest broker). They wanted me to review all the studies on low back pain that had been done worldwide.

I worked with the Palmer College Research Consortium and a dozen other universities and scores of scientists around the country. We found—no matter how you sliced it—that SMT is indeed a safe and effective treatment for low back pain.

And, even better—it's easy to access. There are over 50,000 practicing chiropractors in the U.S. And all of them come from accredited schools. They are licensed in every state.

But if you can't find a chiropractor near you for some reason, physical therapists also provide effective SMT.

“Bone setters” pave the way for drugless healing

The problem of low back pain was primarily responsible for the success of two entirely new medical systems that arose in the American mid-west during the late 19th

century (where there weren't yet that many "regular" doctors around). First osteopathic medicine and then chiropractic medicine sprang up in regions where there were few doctors practicing.

Years ago, European and Asian societies (whose members emigrated to the American west) had strong traditions of folk healers and "bone setters." These healers offered "adjustments."

So osteopaths' and chiropractors' ability to "lay on hands" and physically manipulate the back and the body back into shape—and health—attracted suffering patients.

These hands-on healers also promoted "drugless healing." This allowed people to avoid taking the drugs of the time. Many of which contained toxic compounds like arsenic, lead, and mercury.

Seeing a chiropractor or osteopath wasn't just about getting effective physical treatments. Opting for osteopathic or chiropractic therapy saved people from dangerous, unpleasant, and less effective (or completely ineffective and even toxic) regular medical treatments.

A good plan for our present day as well.

Unfortunately, despite the evidence, the "breakthrough" of back surgery now often overshadows the benefits of chiropractic therapy.

In the meantime, back surgeons ran into trouble of their own...

Don't wait until it's too late

About 10 years ago, "failed back" surgery had become such a common problem it was considered an epidemic. So common that in some states, insurers refused to continue to provide malpractice insurance to doctors who performed back surgery.

In February 2003, I attended Congressional field hearings in Pennsylvania to determine whether patients would be able to obtain back surgery in the state at all. Gov. Ed Rendell testified in these hearings. We had met before, when I opened the C. Everett Koop Community Health Education Center in Philadelphia in 1996, and we spoke afterward. He was quite open to the idea that most patients with back pain do not require surgery, and should not get back surgery. If only the medical community was as open-minded.

Of course, it wasn't a secret. In fact, it was known for a long time in the U.S. that acupuncturists, massage therapists, spinal manual therapists (chiropractors and

THREE HERBAL PAIN SOOTHERS WORTH A TRY

While they're not a substitute for effective spinal manual therapies, several herbs can help relieve back pain. They include:

Boswellia serrata extract (gum): 400-500 mg/day

Curcuma longa (root) (Turmeric): 200 mg/day

Withania somnifera (root extract) (*Ashwaganda*): 500 mg/day

physical therapists), and even *herbalists* could help people with back pain.

Even today, large hospitals are finding that patients with low back pain can be sent directly for physical therapy the same day for successful relief. Without waiting to do an X-ray or MRI. Having to wait for more studies just prolongs the agony.

So if you suffer from low back pain, skip the expensive medical tests and surgery. And stay as far away from steroid injections as you can!

And in the meantime, there's another simple approach that may help you prevent back pain from occurring in the first place...

Stand up for your health

Without a doubt, if you sit too much, you put yourself at risk for some serious, long-term problems. It increases your risk of heart disease and Type-II diabetes. It potentially increases your risk of developing breast, prostate and colon cancer. And it can even shorten your lifespan.

And sitting too much can cause immediate problems as well. Such as neck and back pain. Fortunately, you can help get rid of the pain just as quickly as it started by standing more and sitting less.

Standing throughout the day may be as good as running for short periods. And it's easier on your bones and joints.

Last year, the *Boston Globe* ran an article about the "anti-sitting movement."¹⁶ In the article, the reporter quoted a school psychologist from Jamaica Plain, MA, who said, "When I'm at a conference, I'll go stand in the back of the room." Sometimes, she said, she even does squat thrusts against the back wall.

Little tricks like these can make a big difference in your overall health. You can also try working at your desk while standing up.

It's not as crazy as it sounds...

I remember when visiting Donald Rumsfeld while he served as Secretary of Defense during the George W. Bush administration. In his office, in the Pentagon there was nowhere to sit down. Rumsfeld is a well-known “stander.” At the Pentagon, he used a standing desk. And he certainly kept things moving at the Pentagon.

Companies like Ergotron offer sit-stand desks. But they can be expensive. And you don't really need them to reap the benefits of standing more. Just make sure you get up and stand at least every 20 minutes throughout the day.

For myself, I set up a “Captain's” table as my desk. And I use a high-backed chair. This allows me to sit or stand while working. Plus, it also gives me a more pleasant view since I can see better out the windows.

Of course, many who work on their feet all day long welcome the opportunity to sit down once in a while. So the best path is to mix things up. When sitting, take standing breaks. And vice versa.

MRIS PROLONG BACK PAIN!

A new study from Seattle shows how getting an MRI may actually prolong back pain—and even increase “disability.”¹⁷ How does doing a diagnostic test actually become harmful?

Well, besides the obvious problem of having to wait longer for treatment, researchers believe that MRIs may uncover other “conditions.” Conditions that then “require” treatment—whether or not they're causing symptoms (essentially “false positives”).

Then doctors submit their patients to further useless tests. And counter-productive procedures.

This potentially traps the patient in a vicious cycle. Still with no help for the original—and REAL—problem of back pain.

If you experience back pain, skip the MRI and go directly to the nearest good physical therapist or chiropractor for spinal manual therapy.

CHAPTER 7: ARTHRITIS ALTERNATIVES YOU CAN TRUST

Arthritis is another painful problem. And it's commonly mistreated. Most men and women turn to NSAIDs or prescription drugs (like the infamous COX-2 inhibitors) as their first line of attack against arthritis pain. When that doesn't work, some turn to stronger drugs or steroid injections. But there are better and safer ways.

For real, lasting relief you need to find a safe and effective way to reduce the inflammation causing your pain.

The “wonder” supplements that aren't so wonderful

I would bet my right knee that you've heard that glucosamine and chondroitin offer a one-two solution to arthritis pain. But all this shows is that “it pays to advertise.” And that *marketing works*.

If only glucosamine and chondroitin actually worked as well.

If glucosamine and chondroitin were truly the wonder nutrient supplements that marketers claim, we wouldn't still be talking about arthritis at all! In fact, with all the “solutions” dumped onto the public over the last few decades, joint pain should have gone the way of the dinosaurs years ago.

Yet, as long as there have been joints, there has been joint pain.

Paleo-pathology tells us that, unlike many common diseases that have become more prevalent in our modern industrialized era (think cancer and heart disease), arthritis has been afflicting humans since prehistoric times. In fact, paleopathologists estimate that almost half of early humans—as far back as Neanderthal man—suffered some sort of joint condition.

Unfortunately, what is probably the best-documented health problem in human history still plagues us. And it will for generations to come—if we keep putting faith in supplements that get it all wrong.

Why glucosamine and chondroitin just don't work

Many doctors and medical scientists believe that glucosamine is simply destroyed in the gastrointestinal tract and/or the bloodstream before it can ever enter the joints. It is, after all, a combination of glucose (which is readily metabolized for energy) and an amine, which, like most protein constituents, are broken apart by digestive enzymes.

Chondroitin comes with its own list of issues.

Most of the “new” supposedly “breakthrough” discoveries about chondroitin have to do with some new, exotic species or location. Slick marketers may try to tell you their product works better than regular chondroitin.

But don't buy it—literally.

No real scientific evidence exists that the body even absorbs chondroitin. Or that it actually could work for joint pain. That's why chondroitin has long been widely regarded in the medical community as worthless.

But here's the good news...

When an ailment has as much history as joint pain does, we have the benefit of millennia of trial and error. And our ancestors—from many cultures around the world—have left many clues that point us to real solutions for joint pain.

I've spent years investigating history's clues. And I've found alternatives to glucosamine and chondroitin that *actually* work.

I'll tell you about those solutions in a moment. But first, it helps to understand what causes joint problems as you age.

The REAL cause of joint pain is something glucosamine can't touch

Joint pain fits into one of four categories:

1. **Osteoarthritis.** Deterioration from “wear-and-tear” on joints that leads to painful inflammation.
2. **Rheumatoid arthritis.** The immune system itself attacks joints, causing pain and deterioration.
3. **Degeneration of the discs.** The discs between the vertebrae in the spine wear down, causing neck and back pain.
4. **Pains of undetermined nature.** These are attributed to mind-body-immune system connections, as I explained earlier in the report.

Indeed, there are different types of joint pain. But they ultimately have one thing in common—inflammation.

So if we treat the inflammation, we can do away with these ailments!

Simple, right?

Except for one problem: Glucosamine and chondroitin—the most common natural products used to treat joint deterioration and pain—do not have the power to correct inflammation in the joints. Joint remedies that actually do the job need to address the cause of joint damage. And the fact is that inflammation plays a central role.

Here's what you need to know about joints and bones.

And why you can't treat joint pain effectively without controlling inflammation:

1. Our body constantly absorbs and replaces old bone and cartilage with new, healthy bone and cartilage.
2. Wherever one bone meets another, you find cartilage. It covers and cushions the bones. And it keeps bones from rubbing against each other.
3. Synovial fluid nourishes cartilage. It fills in the spaces in the joints, between the bones.
4. When the joints become inflamed, cartilage can't get the nourishment it needs from the synovial fluid. So inflammation destroys normal cartilage tissue. And it gets in the way of new, healthy cartilage being formed.
5. Once you control the inflammation, the body can again begin forming and nourishing new, healthy cartilage. The result? **Normal, healthy, comfortable joints.**

In some cases of joint pain, such as rheumatoid arthritis, inflammation comes first and destroys cartilage. If left unchecked, it then destroys bone.

In the case of osteoarthritis, the "wear and tear" destruction of cartilage leads to inflammation in the joint tissues.

Either way, what results is a vicious cycle. And you can only interrupt it one way: by **controlling inflammation.**

Help your joints heal themselves

Controlling inflammation in the joints and joint fluid is crucial, since inflammation is both a result of wear-and-tear and a cause of more damage. It creates a vicious cycle that overcomes our innate healing ability. You need to break the cycle.

Getting your inflammation in check is the best way to let damaged joints heal themselves at the microscopic level, while the damage can still be undone.

Once you control inflammation, the damaged joints and underlying bones can *begin to heal themselves*. This self-healing ability of bones and joints is the basis of all natural healing in all tissues of the body. No matter how many so-called bone-supporting nutrients you pour into your body (assuming they even make it into your joints), they won't work if you don't stop the inflammation cycle.

History holds the secrets to natural joint relief

Do you remember what The Three Wise Men (the Magi) brought as gifts to celebrate the birth of Jesus?

Gold, frankincense, and myrrh.

Modern science is proving the value of what our ancestors knew: These natural remedies can curb inflammation and promote bone and joint health.

Believe it or not, all three of these substances are proven remedies for arthritis (which now you know has been around a lot longer than even the Three Wise Men).

And you can trust men who just walked halfway around the world to know what soothes achy joints! *No wonder they were so valuable.*

Gold injected into the joints actually does help arthritis. But its expense puts it out of reach for most of us. Frankincense and myrrh, on the other hand, have a long history in supporting joints—and new research continues to support their use. And they are readily affordable and available to you.

Frankincense, also known as *Boswellia*, is best known in the West as incense that fills churches with a familiar fragrance. Beyond its distinctive aroma, frankincense is valued for its medicinal properties. In fact, it has held an important place in Asian medicine for millennia. Ayurvedic practitioners have known for ages that *Boswellia* is a key treatment for joints.

And the reason it works: It stops inflammation in the joints.

And, again, that allows your cartilage to rebuild itself naturally. Like most natural healing, rebuilding healthy bone and cartilage is a slow and steady process that takes time. But if you control the inflammation, in the meantime, it helps stop the pain and increases mobility. And it allows the joint to repair itself over time pain-free.

Look for a standardized extract of *Boswellia serrata* (Indian Frankincense). And take 150 to 450 mg three times per day. You may also find a formula that combines *Boswellia* with *curcumin* and/or *Ashwaganda*. These are additional Ayurvedic ingredients known for their anti-inflammatory properties.

Myrrh, found in abundance in the Middle East, is valued for its anti-inflammatory effects too. In fact, it's held in such high esteem that it was one of the gifts the Queen of Sheba brought to King Solomon.

If you're looking for a joint supplement today, you'd do well to find one that includes these potent herbal anti-inflammatories, as well as some specific micronutrients whose effectiveness is proven by modern science.

The first is *vitamin D*, which even the government recognizes as being critical for bone health (though it largely

ignores vitamin D's many other health benefits and consistently confuses doctors and patients alike about the right daily dose). A healthy dose is from 1,000 to 2,000 mg per day, depending upon what you are getting in your diet and from sun exposure.

The second is best-known for preventing and treating colds—and even cancer—but it's rarely discussed for bone health. However, you should not overlook the importance of *vitamin C* for bone and connective tissue health. An effective dose of vitamin C is in the range of 500 to 1,000 mg a day. But even without supplements, dietary sources of vitamin C can be extremely effective for bone and connective tissue health if you get enough of the right foods.

As I said earlier in this report, *Capsicum frutescens* (cayenne pepper) can help reduce arthritis pain. You generally see capsaicin as an ingredient in topical creams (usually in 0.025% and 0.075% strengths). They can be very effective for relieving joint pain. However eating red chili peppers, if you like spicy food, also has remarkably beneficial effects.

I also told you earlier about the benefits of using *Omega-3 fatty acids*. These essential fatty acids in fish oil have tremendous natural anti-inflammatory properties. However, to get as much as you need—3 to 10 grams per day—you'll likely need to increase the amount of omega-3 containing foods you eat. You can find omega-3s in foods like salmon, sardines, and walnuts. (And sardines are also great source of bone-building calcium when eaten with the bones-in)

You may also want to take a fish oil supplement. Fish oil supplements are widely available—but also vary widely in quality. Be sure to look for one that contains both the DHA and EPA fatty acids. Nordic Naturals makes several great fish oil products.

Some people also find that eliminating foods from the "deadly nightshade" family helps relieve their arthritis pain. Nightshade foods include white potatoes, eggplant, and tomatoes.

However, one caveat: You can't tell if eliminating these foods will make a difference for you until you actu-

ally try it. And you'll need to give the elimination diet at least six months. Although some men and women report almost immediate relief.

Breakthrough discovery can help joints, even when tired old tests—and tired old supplements—can't

There is a new, common-sense approach that can help doctors determine how your joints are really doing... without painful and expensive tests that are largely useless—or counterproductive—anyway.

In fact, this approach relies on using one of the five senses to get insight into the joints, like they have been doing with the heart and lungs for centuries.

Doctors can simply *listen* to your joints to find out whether they're moving freely. That's because at the microscopic level, painful joints move like a bow across a violin string, instead of sliding smoothly, without friction.

A violin bow drawn across violin strings causes a series of rapid "sticks and slips" or "stutter stops" —and thus vibrations—on the strings. That's what makes the music.

But when your joints make those little sticks and slips, it's anything but musical. But it does make noise. And with the new testing device, the "surface force apparatus" (SFA), doctors can hear those vibrations.

Instead of just relying on a shadowy picture of what your joints look like, the SFA allows doctors to hear what's actually *happening* in your live joints as they move in real time. With an understanding of the condition of your joints—at a microscopic level—you can monitor their wear-and-tear. And you can also monitor whether your joint supplements are working.

The new SFA device is still under experimental development. But that doesn't mean you can't start taking some lessons from it. The developers of this brilliant SFA device are quick to point out that there's one way to stop friction in your joints. And that's by improving the condition of your joint (synovial) fluid. This fluid is critical to preventing and healing damage. Keeping inflammation under control is the key to keeping joint fluids healthy.

**CHAPTER 8:
RHEUMATOID ARTHRITIS: ONE OF MEDICINE'S MOST
AGONIZING MYSTERIES—UNRAVELED!**

The way modern medicine treats rheumatoid arthritis (RA) leaves a lot to be desired..

For centuries, RA has largely been a mystery. A very painful one at that.

The problem is, once again, that western medicine only focuses on ONE aspect of the disease.

Modern medicine classifies RA as an autoimmune disease. Of course, when I was in training during the 1970s, that's what the experts ended up calling a lot of diseases they simply didn't understand.

We always knew there was indeed an immune component involved in RA. But, as is the case in many other autoimmune disorders, now we know there's also a strong mind-body connection. And, more recently, yet another factor has come to light—the nervous system connection.

Finding real relief from this mysterious chronic condition requires treating *all three aspects*. Unfortunately, most doctors simply don't.

That said, make no mistake: RA is a dangerous systemic condition that requires management by a competent rheumatologist.

And the good news is, more and more doctors recognize that there are complementary approaches that can help soothe RA. More on those in just a minute. First, it's important to understand how it all ties together.

It's all connected

I've written a lot about the mind-body connection. But I have to—because western science separated the two long ago. And that was—and is—a huge mistake. Other ethno-medical traditions in Asia and around the world never separated them. This is one reason these other medical traditions appear more "wholistic" to us today.

But even based on modern science alone, growing evidence shows the mind and body are linked—or "married." For better or worse. In sickness and in health.

It boils down to three inter-connected components:

1. Psycho—the mind/brain connection
2. Neuro—the nervous system connection
3. Immunology—the immune system connection

In fact, today there's an entire field of medical research

called "psycho-neuro-immunology." It provides a tangible scientific approach, a physiologic model, and a growing body of data proving the mind-body connections.

Here's how each component works...

For the "psycho" component, we know that thoughts, emotions, feelings, and levels of consciousness influence the body. But it's not just a one-way street.

Biochemicals, such as neurotransmitters, are neuro-peptides. You may think you only find them in the brain. But they are actually present *throughout* the body. In fact, you have more neurotransmitters in your gut, for example, than in your brain. That's why when you're feeling nervous your thoughts may race. But your stomach flips and flops too.

Furthermore, specific neuro-peptides released by the pituitary gland of the brain control the production of specific hormones. Your thyroid, pancreas, adrenal glands, and ovaries or testes then produce these hormones and release them into the circulatory system. Which carries them to all parts of the body in the blood.

For the "neuro" part of the equation, the nervous system originates in the brain and spinal cord as well. Nerves also travel to all parts of the body, both sensing and influencing all tissues at both voluntary (conscious) and involuntary (unconscious) levels.

But now there's a third piece being added to the puzzle—"immunology."

Like neuro-peptides and nerves, the immune system is present throughout the body. Immune cells (white blood cells) travel throughout the blood. And there are specialized concentrations of these cells in the adenoids, tonsils, spleen, and appendix. Twentieth-century surgeons did not fully understand the role of these organs and considered all of them expendable. You also find a concentration of white blood cells in the thymus gland during childhood. And in the gastrointestinal tract.

When you look at how each of these three components impacts the body from head-to-toe each in their own... it's not hard to see how they are all inter-related, acting both separately and together. The psycho-neuro-immunology-connection becomes quite apparent.

So what causes rheumatoid arthritis?

One way the immune system works is by making antibodies that match to antigens on invading bacteria and viruses, and other foreign particles. Antigens are foreign substances that stimulate the immune system. The an-

antibodies attack the antigens and then white blood cells can destroy the microbes.

These microbial antigens are often made up of proteins and/or polysaccharides commonly found in nature. These are some of the same proteins and polysaccharides that exist in normal, healthy biological substances as well.

Unfortunately, when the immune system gets out of synch, some of the antibodies it makes against microbes cross-react with certain normal tissues. Thus, the immune system attacks our own bodies—causing an “auto” immune disease.

RA is the result of your immune system attacking the cartilage in your joints. This confusion can originate from a true bacterial infection, like “rheumatic fever” (see sidebar to the right). Or it can appear more mysteriously from a stress-related immune imbalance—as a adverse consequence of the mind-body-immune connection.

Without a doubt, RA has a mind-body component. But we must exercise caution with rheumatoid arthritis. It causes real, physical damage. With serious complications that require experienced medical management.

The best thing you can do is to consult a rheumatologist who can help determine which of the drugs for RA appear to be safe, effective, and appropriate for you. And whether there are older ones which are safer and more reliable, in addition to not costing you an arm and a leg—no pun intended. That said, doctors and patients alike now realize that many natural approaches can help alleviate RA. Because they address the mind-body connection.

True “complements” to RA treatment

A wide range of “mind-body” approaches can help reduce the stress that inevitably accompanies the RA pain. And the stress that may contribute to RA in the first place—creating another vicious cycle. For those best suited to your emotional type take the short quiz featured on page 7 of this report.

Gentle movements—as in traditional yoga or tai chi—can also be helpful. Likewise, swimming can provide just the right kind of low-stress movement and physical exercise. Light massage, low-impact exercise, and just getting outdoors and getting some sun (walking, riding a bike, or light gardening) can also be good.

For the pain itself, acupuncture can also work wonders.

Chinese and Indian medicine associate rheumatic conditions with “cold and damp.” So while the inflammation

may seem hot, it actually helps to seek warmth. Avoid cold and damp circumstances and climates. In fact, one ancient Ayurvedic treatment involves immersing the joints in warm sand. Today, you can do this on any sunny beach. This also provides you and your bones and joints with some much-needed vitamin D.

Whatever complementary therapy you decide to try, don't go it alone. The best way to ensure you get the most relief is to work with a rheumatologist who can recommend the best complementary therapies for your particular needs.

THE HEART OF THE MATTER

Rheumatic fever was relatively common through the mid-20th century. It's much less common now...at least in the western world...but it left a lot of lasting damage. You see, when children used to come down with rheumatic fever, their immune systems made antibodies to fight the bacteria that cause it. Unfortunately, these antibodies also attacked their heart valves. So the children would recover from the infection, but they would grow up with damaged heart valves (“leaky” valves) that didn't work.

When open-heart surgery was first developed, it was a blessing for adults who suffered from rheumatic heart disease. They could have their damaged heart valves replaced, either with valves harvested from pigs or with mechanical valves.

Heart valve replacement was a very effective use of open-heart surgery. However, by the 1970s, only about 20 percent of open-heart operations were being done for heart valve replacement. What kept the heart-lung bypass machines pumping was the new technique of coronary-artery-bypass grafts, whereby blood vessels are cut out of the legs to sew into the heart to bypass blockages of coronary arteries.

More recently, there are approaches where blocked coronary arteries are opened from within with stents and balloons, introduced through the blood vessels of the legs.

Unfortunately, there remain a lot of questions as to whether these dramatic but dangerous, expensive, uncomfortable procedures, actually have any real benefits in terms of reducing heart disease and mortality. But don't count on surgeons and “invasive” cardiologists to give them up any time soon.

Two natural wonders for RA

As I said earlier, **curcumin** (*Curcuma longa*) or turmeric is the spice that gives curry its bright yellow color. It is

also an ancient Ayurvedic remedy for pain.

A recent study also confirms the benefits of curcumin for patients with RA.¹⁸ Published in *Phytotherapy Research*, the study evaluated the safety and effectiveness of curcumin alone. And in combination with a potent drug for patients with rheumatoid arthritis.

Patients who received 500 mg of curcumin on its own showed the highest percentage of improvement overall. And there were no adverse events in the curcumin group. This study provides the first evidence for the safety and superiority of curcumin compared to drug treatment for rheumatoid arthritis.

Thunder God vine, a Chinese herbal remedy, also appears to help relieve pain for rheumatoid arthritis patients.

In 2009, researchers at the National Institutes of Health, the University of Texas, and nine rheumatology clinics around the country randomly assigned rheumatoid arthritis patients take either 60 milligrams of thunder god vine root extract three times per day for six months.¹⁹ Or 1 gram of a prescription RA medication two times a day for six months. The patients each had six or more painful and swollen joints. All study participants were

also allowed to take prednisone and non-steroidal anti-inflammatory drugs, or NSAIDs.

Patients in both groups experienced side effects, with stomach complaints and digestive symptoms being the most common. About half of participants dropped out of the study before it was completed. However, more dropped out of the prescription drug group than from the Thunder God vine group.

Of the patients who continued treatment for the full six months, 65 percent of the Thunder God vine group saw improvements in joint pain, joint function, and inflammation (with only 9 percent of the daily dosage!). Just 36 percent of those who took the prescription drug experienced improvements (requiring 11 times the daily dose!).

One important note: Traditional Chinese herbal remedies are quite powerful. So treatment with Thunder God vine should be individually monitored and sought from a qualified and knowledgeable traditional Chinese medical practitioner, ideally in consultation with a knowledgeable physician. Such practitioners may be found in Chinatowns in major urban areas and even some modern university hospital settings in the U.S.

CHAPTER 9: MANAGING MIGRAINES WITHOUT DRUGS

If you suffer from migraines, you may think chocolate or bright lights trigger your headaches. So you avoid these triggers at all costs. But that cause-and-effect relationship may not be as strong as you think.

In fact, Dutch scientists recently took a close look at two classic migraine triggers: exercise and bright light.²⁰ The scientists wanted to know if exposure to classic triggers always results in migraine attacks. And whether the migraine “triggers” were as strong as patients believed.

For the study, a team of researchers led by Anders Hougaard, M.D. recruited 27 migraine sufferers. Each of the patients said that bright or flickering lights or strenuous activity triggered their migraines. So, the researchers tried to *provoke* migraines in the patients using these reported triggers.

They exposed the patients to bright lights, strenuous activity, or a combination of both triggers. Only three patients (11 percent) actually had migraine attacks with aura following these provocative tests. Three other patients reported migraines but without aura. The researchers discovered that exercise proved a stronger trigger than light exposure.

Dr. Hougaard suggested that these results could benefit migraine patients. “Migraine patients are usually advised to identify triggers and try and avoid them,” he told *Medscape Medical News*.

“But our research suggests that this may be limiting people’s lives and causing unnecessary stress in trying to avoid a wide range of factors which may turn out not to be triggers after all.”

In fact, Dr. Hougaard warns migraine patients to carefully evaluate whether or not something is an actual trigger. He said, “Patients need to try to identify triggers but they need to establish that they are true triggers before cutting them out of their lives. So I would advise that they allow several exposures before defining a trigger.”

What are your real triggers?

If you suffer from migraines, be very careful before you blindly cut out all “classic” triggers. Especially since many purported triggers—such as sunlight, exercise, wine, coffee, chocolate, and cheese—are actually *good* for you in moderation!

Plus, many other factors affect your threshold for a mi-

graine attack. In fact, your fatigue, your hormone levels, and even the time of day can make you more vulnerable to an attack. For instance, how tired were you when you drank that glass of wine? Or were certain hormones high when you went for that three-mile walk in the bright morning light?

In addition, you may confuse migraine “triggers” with cravings or certain behaviors. We know that feelings of tiredness, excitement, and depression, or food cravings often *precede* migraines. So, you may think eating chocolate triggers the migraine. But it’s really a warning signal. Doctors call it a “premonitory symptom.”

For example, you may crave chocolate one afternoon, so you eat a small piece of a candy bar. By dinnertime, you have a migraine. You kick yourself and think the chocolate triggered the migraine. But chocolate wasn’t really the trigger. The craving was actually part of the onset of the migraine itself.

My former colleague, Stephen D. Silberstein, M.D., is a Professor of Neurology and Director of the headache center at Thomas Jefferson University. He agrees that avoiding triggers may be flawed advice. He says, “If migraine is a disorder of habituation of the brain to ordinary sensory signals, should one try to train the brain to habituate rather than avoid the trigger?”

That may explain why biofeedback helps so many migraine sufferers. With biofeedback, you learn to control your body’s functions. You watch or listen to a monitor. And you learn by trial and error to control your heart rate, temperature, even your brain wave patterns. With biofeedback, can you even train your brain to handle exposure to so-called triggers, as my colleague suggests?

If you suffer from migraines, I recommend investigating biofeedback. You can learn more about it—and find a practitioner in your area—by contacting the American Association of Psychophysiology and Biofeedback at www.aapb.org.

Other mind-body therapies may also be useful. You should choose these therapies based on your emotional type. To learn more about your emotional type, take the short quiz on page 7. (And my book *Your Emotional Type* has more detailed information on all of these therapies, and there is a list of hundreds of resources in the back of the book. It’s available at www.drmicozzi.com.)

In the meantime, there are also several effective natural remedies for migraines.

Migraine relief from Mother Nature

Feverfew is probably the most well-known natural migraine remedy. This herb is a short, bushy flowering plant that grows in fields and along roadsides.

Physicians have used the leaves for various medicinal purposes since ancient Greek and Roman times. Recently, though, it was approved for treating migraine headaches in both the United Kingdom and Canada.

Look for a dried feverfew leaf preparation that contains a minimum of 0.2% parthenolide (the active ingredient). You'll need at least 125 mg per day.

Although it's most commonly used to improve cognitive function, *Ginkgo biloba* may also help ward off migraines. The effective dose is 120-240 mg per day.

Some experts believe that the narrowing of blood vessels to the brain can bring on a migraine. But **magnesium** helps dilate them and improve blood flow. So anyone who experiences regular migraines should also take 200-600 milligrams of magnesium per day.

Food allergies may also be a problem for some migraine sufferers. The most common allergens (in decreasing order) include wheat (gluten), orange, egg, coffee/tea, milk, chocolate, corn, sugar, yeast, mushrooms, and peas. A small proportion of migraine sufferers also react to tyramine. You find this substance in aged cheeses, yogurt, beer, wine, liver, and organ meats.

If you use the above remedies and still find yourself battling a migraine at some point, try ginger. Mix 500 to 600 mg of ginger powder with water and drink it every four hours until the migraine subsides. You can do this for up to four days (though hopefully your migraine doesn't last that long).

Neurologists acknowledge natural remedies

Just last year, the American Academy of Neurologists (AAN) reviewed all the studies for alternative migraine treatments published between June 1999 and May 2007.²¹ Butterbur (*Petasites hybridis*) stood out as an effective alternative to prescription drugs for migraines. And, given all the clinical research on butterbur, the AAN's announcement should come as no surprise.

Several clinical trials published over the last 10 years prove that butterbur can help patients who get migraines on a regular basis. In fact, in many of these trials, patients who took butterbur root extract reduced the frequency of their migraines by up to 50 percent.²²⁻²⁵

Experts also reviewed other alternatives such as Co-

enzyme Q10, magnesium, and hyperbaric oxygen as treatments. In addition, they reviewed Papaverine (a derivative of the opium poppy, *Papaver somniferum*). Papaverine affects blood circulation in the brain, which is a key factor in migraine headaches. Not surprisingly, Papaverine also works extremely well as a pain reliever.

In the AAN report, the neurologists acknowledged that non-prescription drugs are important.

This is a big step for the AAN. It's important to migraine sufferers too because standard migraine drugs can cause serious side effects. And, in too many cases, the drugs just don't help! In fact, in severe cases, the very drugs prescribed to treat the migraine can lead to chronic, unremitting headaches that never go away.

While doctors still don't know what causes migraines, many theories focus on the importance of circulation through the blood vessels in the brain.

Scientists are indeed finding that several things can influence this blood flow, including body temperature and blood pressure. In addition, hot flashes in post-menopausal women can also restrict blood flow. This is important, as migraines are three times more common in women than in men.

In addition, your mind and emotions strongly influence blood flow.

Recent studies from the University of Tilberg, Netherlands, show that participating in group activities increases blood flow and produces warmth. On the other hand, exclusion from group activities and feelings of isolation can decrease blood flow and lower body temperature.

To prevent migraines, try holding (and drinking) a warm cup of coffee, tea, or herbal infusion throughout the day. Doing this can actually help reverse the emotional, as well as physical, effects of exclusion and isolation.

Mind-body therapies such as relaxation, biofeedback, and guided imagery all influence blood flow. And may help control migraines. For more information about mind-body treatments for migraine, and what will work best for you, take the quiz on page 7 of this report, and consider reading my book, *Your Emotional Type*.

The AAN's recommendation makes me think that change is possible among mainstream doctors. After all, this isn't the first time a U.S. medical association is recommending natural remedies for an illness or disorder. So perhaps in the coming years we will see more inroads through the blockades put up by the modern academic-government-industrial-medical complex.

CHAPTER 10:
MEDITATION AND MOVEMENT IMPROVE
FIBROMYALGIA SYMPTOMS

If you have fibromyalgia (FMS), you probably have specific parts of your body that are too painful to touch. You may also feel muscle tenderness and “achy all over.” You may also experience tingling sensations, localized numbness, headache, fatigue, difficulty sleeping, anxiety, and irritable bowel symptoms.

So, while FMS may appear to be a musculoskeletal illness, it is better viewed as a more generalized disturbance of how the central nervous system processes pain.

And the evidence suggests that FMS is a thin boundary condition.

While some may have a genetic predisposition, in many cases, childhood trauma sensitizes them. As a rough analogy, think of what happens in the case of whiplash. People involved in even low-speed accidents will often clench their muscles and brace themselves for an anticipated impact. The effort expended in “hunkering down” can result in persistent neck or back pain.

In a parallel way, significant emotional stressors can cause a thin boundary person to “clench” his or her feeling energy, compressing it, and setting the stage for later FMS symptoms.

Unfortunately, western medicine has very little to offer FMS patients.

Researchers recently reviewed 10 published studies involving 6,000 fibromyalgia patients.²⁶ They found that just 22 percent of patients taking one of two common FMS drugs experienced significant benefits. But an equal amount (21 percent) of patients had to quit taking the drugs because of the side effects.

Fortunately, fibromyalgia *does* appear to respond to several mind-body treatments.

A recent study published in the journal *Rheumatology International* in February 2012 shows that “meditative movement therapies”—like Qigong, Tai Chi and yoga—showed significant benefits for fibromyalgia.²⁷

Patients experienced improvements in sleep, fatigue, depression, and overall quality of life. Yoga, in particular, offered considerable improvement for pain. As well as improvements in fatigue, depression, and quality of life. And no serious adverse events were reported for any of the therapies.

Mayo Clinic gets results with acupuncture

About 10 years ago, the Mayo Clinic conducted an impressive study to investigate acupuncture’s effects on fibromyalgia.²⁸

This clinical trial involved 50 patients. Half of the patients received authentic acupuncture treatments. And the other half received simulated acupuncture.

The researchers measured symptoms using standardized tests. They measured the patients’ symptoms at the study’s outset, immediately after treatments, at one month, and again at seven months.

The researchers found that acupuncture “significantly improved symptoms of fibromyalgia.” Overall, the patients who received acupuncture improved their pain scores. They also improved their scores for fatigue and anxiety.

So if you suffer from this debilitating condition, acupuncture is certainly worth a try.

Acupuncture is finally becoming more widely accepted for the treatment of pain. But its acceptance still lags way behind as an effective treatment for anything else. Which is tragic.

Given its history and the science, acupuncture could safely and effectively help millions more suffering from all sorts of ailments, from asthma to chronic obstructive pulmonary disease. But you’re not likely to hear it from the “modern medical establishment” anytime soon.

Of course, the Yellow Emperor of China had all the proof he needed 2,000 years ago. He based an entire “new” healthcare system for the largest civilization in the world on acupuncture. For the world’s largest population with the most advanced civilization, no less!

Unfortunately, western researchers have yet to embrace the obvious—acupuncture works. Instead, they’re obsessed with trying to figure out the question of, “*Why? Why and how is acupuncture able work for so many different medical conditions?*”

In fact, every time a study proves acupuncture is effective, instead of focusing on the conclusion that “it works,” western scientists are quick to think they have finally come up with an explanation as to why it works. And they tend to focus on *that* point, instead.

But then proof of its effectiveness, for yet another “unrelated” condition, sends them back to the drawing board. Because the reason why it works for one condition appears to be different from the reason why it works for another—at least as interpreted by the modern mainstream biomedical model.

It's a never-ending cycle that leaves practitioners with the same useless academic question and conclusion—*more research is needed*.

And it's all because western scientists are missing a very important tenet of Chinese medicine: *Everything is related*.

In Chinese medicine, there is no condition that exists independent of the whole body. So when you treat the whole body with a holistic therapy like acupuncture, you're going to get results for all sorts of "unrelated" conditions.

But our un-holistic western biomedical paradigm just can't make sense of the results—even though we can all observe them with our own eyes.

CHAPTER 11:
AVOID THE GURUS: YOU DON'T HAVE TO
"LIVE WITH YOUR PAIN"

When it comes to pain, you probably hear lots of people give you advice. They say "think positive." Or "don't focus on the pain." But chances are, these messages aren't helping. And they can be downright hazardous to your health.

A few years ago in California (where else?), 21 men and women walked over hot coals at a Tony Robbins event called "Unleash the Power Within."

The participants were told to ignore the hot coals and think of it as walking on "cool moss."

Of course, all 21 participants got burned. And one paying participant who got burned claimed, "I wasn't at my peak state."

This shows the dangers of "positive thinking" when it comes to pain. Better advice would have been to realize it was hot coals. And avoid the pain.

You see, as powerful as the mind-body connection is, it can be a dangerous tool in the hands of an amateur "motivational guru." And not just when it comes to stunts like walking on hot coals.

Psychological research has exposed some of the common "positive thinking" exercises for the frauds they really are.

Take the gurus' version of visualization, for example.

It can be a powerful tool for combatting pain and illnesses—when guided by someone with expertise and ethics. But it turns out that visualizing certain outcomes under the wrong conditions leads to *declines* in motivation and achievement, since visualizers seem to "feel" like they already achieved their objectives. So, if it already feels good, you don't have to do it!

Another common "motivational" technique is affirmation.

But repeating meaningless slogans like "I am free of pain," or "I feel great," can backfire. Research at the University of Waterloo found that simply mouthing such statements by themselves actually makes people feel even worse.

What is missing from these motivational equations is the idea of balance. Ancient health traditions all posit the idea of balance as being the healthy, successful approach to life.

Take the good with bad. Learn to live with ups and downs.

Traditional Buddhist Meditation teaches you to resist the urge to "think positively." Instead of feeling entitled to expect the best, plan for the worst and hope for the best. Or accept the "next best" thing (as counseled by the late singer-songwriter Warren Zevon).

That combines the benefits of optimism with the pragmatic survival skills of realism.

And as strange as it might seem, try to visualize the worst-case scenario when it comes to your pain. Try to soberly assess how bad your pain can possibly get. Then think about how you might cope with it if it ever gets that bad. It usually doesn't. But this exercise does help you feel prepared—and, thus, relieves anxiety. So, either way, you come out ahead.

According to pain studies, there's a reason why meditation is so effective. It reduces feeling pain by turning non-judgmentally *toward* the pain. Not by ignoring or denying it or pretending you can make it go away with just "positive thinking." This report has given you dozens of real tools that you can try. These do not require you to *imagine* pain relief, because you will *experience* pain relief. So begin your journey right now.

Yes, your pain is real. But you can conquer it. With the right tools. And the right outlook.

SOURCES

- 1 "Relieving Pain in America," Institute of Medicine of the National Academies (www.iom.edu), 6/2011
- 2 "\$86 Billion Spent on Back, Neck Pain," WebMD (www.webmd.com), 2/12/208
- 3 "Acetaminophen Toxicity," The Journal for Nurse Practitioners 2007; 3(3): 186-188
- 4 "Supratherapeutic dosing of acetaminophen among hospitalized patients," Arch Intern Med 2012; 172(22):1705-6
- 5 "Hypogonadism in Men With Chronic Pain Linked to the Use of Long-acting Rather Than Short-acting Opioids," Clinical Journal of Pain 2013; 1441(1): 3
- 6 "Omega-3 fatty acids for neuropathic pain: case series," Clin J Pain 2010; 26(2): 168-72
- 7 "Treatment of arthritis with topical capsaicin: a double-blind trial," Clin Ther 1991;13(3): 383-95
- 8 "Resveratrol engages AMPK to attenuate ERK and mTOR signaling in sensory neurons and inhibits incision-induced acute and chronic pain," Molecular Pain 2012; 8(5)
- 9 "Comparison of Tripterygium wilfordii Hook F versus sulfasalazine in the treatment of rheumatoid arthritis: a randomized trial," Ann Intern Med 2009; 151(4): 229-40
- 10 "Efficacy and tolerability of Boswellia serrata extract in treatment of osteoarthritis of knee--a randomized double blind placebo controlled trial," Phytomedicine 2003; 10(1): 3-7
- 11 "A 32-week randomized, placebo-controlled clinical evaluation of RA-11, an Ayurvedic drug, on osteoarthritis of the knees," J Clin Rheumatol 2004; 10(5): 236-45
- 12 "The Association of Aspirin Use With Age-Related Macular Degeneration," JAMA Intern Med 2013; 173(4): 258-264
- 13 "Drug Resistance and Pseudoresistance: An Unintended Consequence of Enteric Coating Aspirin," Circulation 2013; 127(3): 377-385
- 14 "Vascular and upper gastrointestinal effects of non-steroidal anti-inflammatory drugs: meta-analyses of individual participant data from randomised trials," The Lancet, epub ahead of print, 5/30/13
- 15 "An aerobic walking programme versus muscle strengthening programme for chronic low back pain: a randomized controlled trial," Clinical Rehabilitation 2013; 27(3): 207-214
- 16 "Anti-sitting movement gaining followers," Boston Globe (www.boston-globe.com), 11/6/12
- 17 "Early Imaging for Acute Low Back Pain: One-Year Health and Disability Outcomes Among Washington State Workers," Spine 2012; 37(18): 1,617-1,627
- 18 A randomized, pilot study to assess the efficacy and safety of curcumin in patients with active rheumatoid arthritis," Phytother Res 2012; 26(11): 1719-25
- 19 "Comparison of Tripterygium wilfordii Hook F versus sulfasalazine in the treatment of rheumatoid arthritis: a randomized trial," Ann Intern Med 2009;151(4): 229-40
- 20 "Provocation of migraine with aura using natural trigger factors," Neurology 2013; 80: 428-431, 424-425
- 21 "Evidence-based guideline update: NSAIDs and other complementary treatments for episodic migraine prevention in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society," Neurology 2012; 78: 1346-1353
- 22 "Petasites hybridus root (butterbur) is an effective preventive treatment for migraine" Neurology 2004; 63(12):2240-4
- 23 "An extract of Petasites hybridus is effective in the prophylaxis of migraine," Int J Clin Pharmacol Ther 2000; 38(9): 430-5
- 24 "The first placebo-controlled trial of a special butterbur root extract for the prevention of migraine: reanalysis of efficacy criteria," Eur Neurol 2004; 51(2): 89-97
- 25 "Migraine prevention in children and adolescents: results of an open study with a special butterbur root extract," Headache 2005; 45(3): 196-203
- 26 "Serotonin and noradrenaline reuptake inhibitors (SNRIs) for fibromyalgia syndrome," Cochrane Database of Systematic Reviews 20132013 Jan 31;1:CD010292
- 27 "Efficacy and safety of meditative movement therapies in fibromyalgia syndrome: a systematic review and meta-analysis of randomized controlled trials," Rheumatol Int 2013; 33(1): 193-207
- 28 Improvement in fibromyalgia symptoms with acupuncture: results of a randomized controlled trial," Mayo Clin Proc 2006; 81(6): 749-57

Step INSIDE a world of NEW CURES ONLINE!

WWW.DRMICOZZI.COM

Visit us online for more Insider information and resources, including...

- Breaking news on the latest developments in complementary and alternative health
- Personal stories, experiences and knowledge from the Ultimate Insider himself
- Better answers to today's most threatening illnesses

You'll also find frequently asked questions, article archives, and an exclusive Subscribers-Only center where you can search and access back issues and view your free *Library of Confidential Cures* online.

© Copyright 2013, OmniVista Health Media, L.L.C. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including recording, photocopying, or via a computerized or electric storage or retrieval system without permission granted in writing from the publisher. The information contained herein is obtained from sources believed to be reliable, but its accuracy cannot be guaranteed.

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action or inaction should be taken based solely on the contents of this publication; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being.

The information and opinions provided in this publication are believed to be accurate and sound, based on the best judgment available to the authors, and readers who fail to consult with appropriate health authorities assume the risk of any injuries. The publisher is not responsible for errors or omissions.