



VERITAS
MEDICAL

Transformed by the Renewing of Your
Mind

BEN EDWARDS, M.D.



Americans Are Retiring Later, Dying Sooner and Sicker In-Between

U.S. life expectancy is declining, new calculations show.

By **Ben Steverman**

October 23, 2017, 4:00 AM CDT



Searching for
a Medicare
plan?

Find the people, tools and the only
Medicare plans with the AARP name.

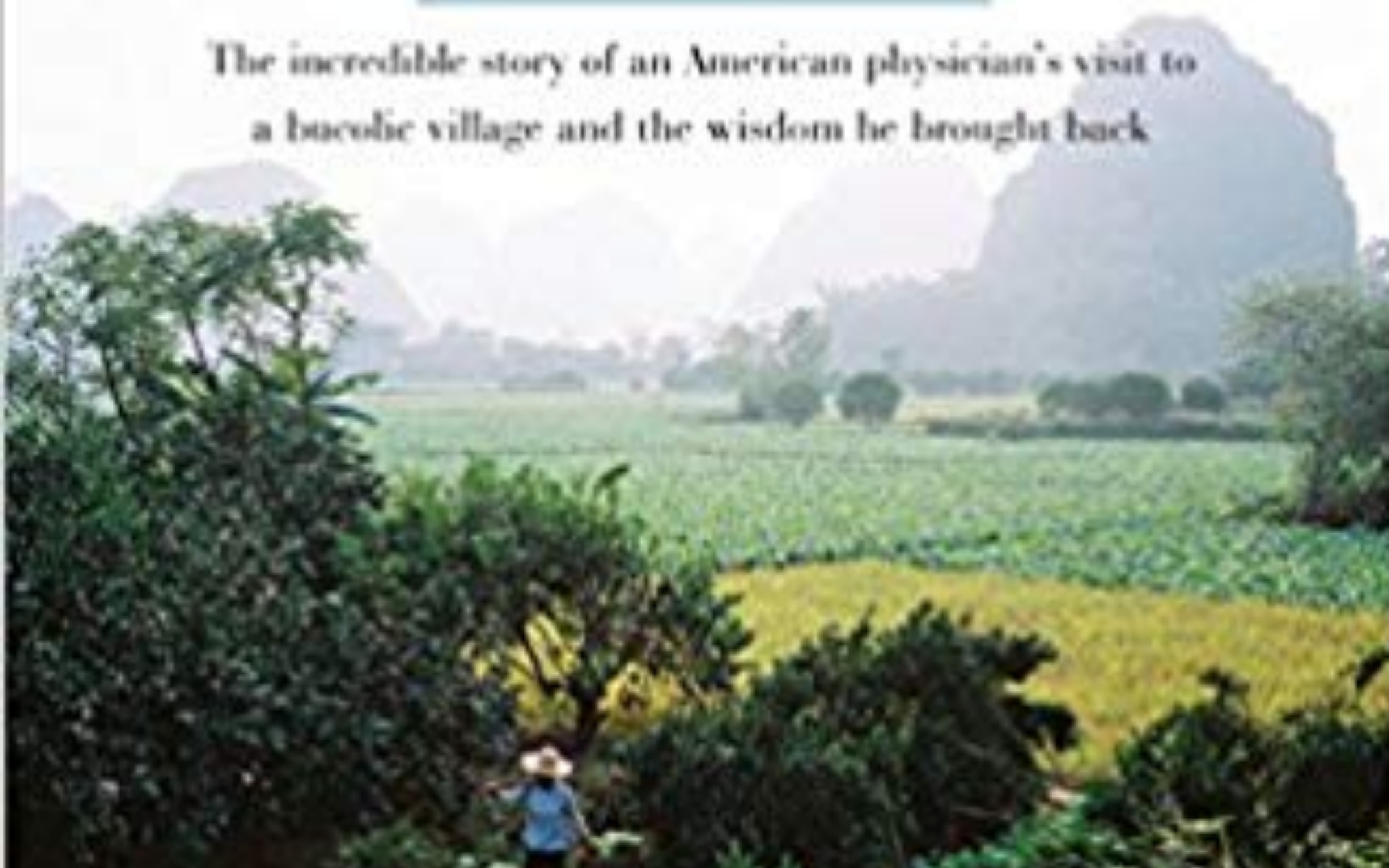


THE LONGEVITY PLAN

Seven Life-Transforming
Lessons from Ancient China

DR. JOHN D. DAY AND JANE ANN DAY
with Matthew LaPlante

The incredible story of an American physician's visit to
a bucolic village and the wisdom he brought back

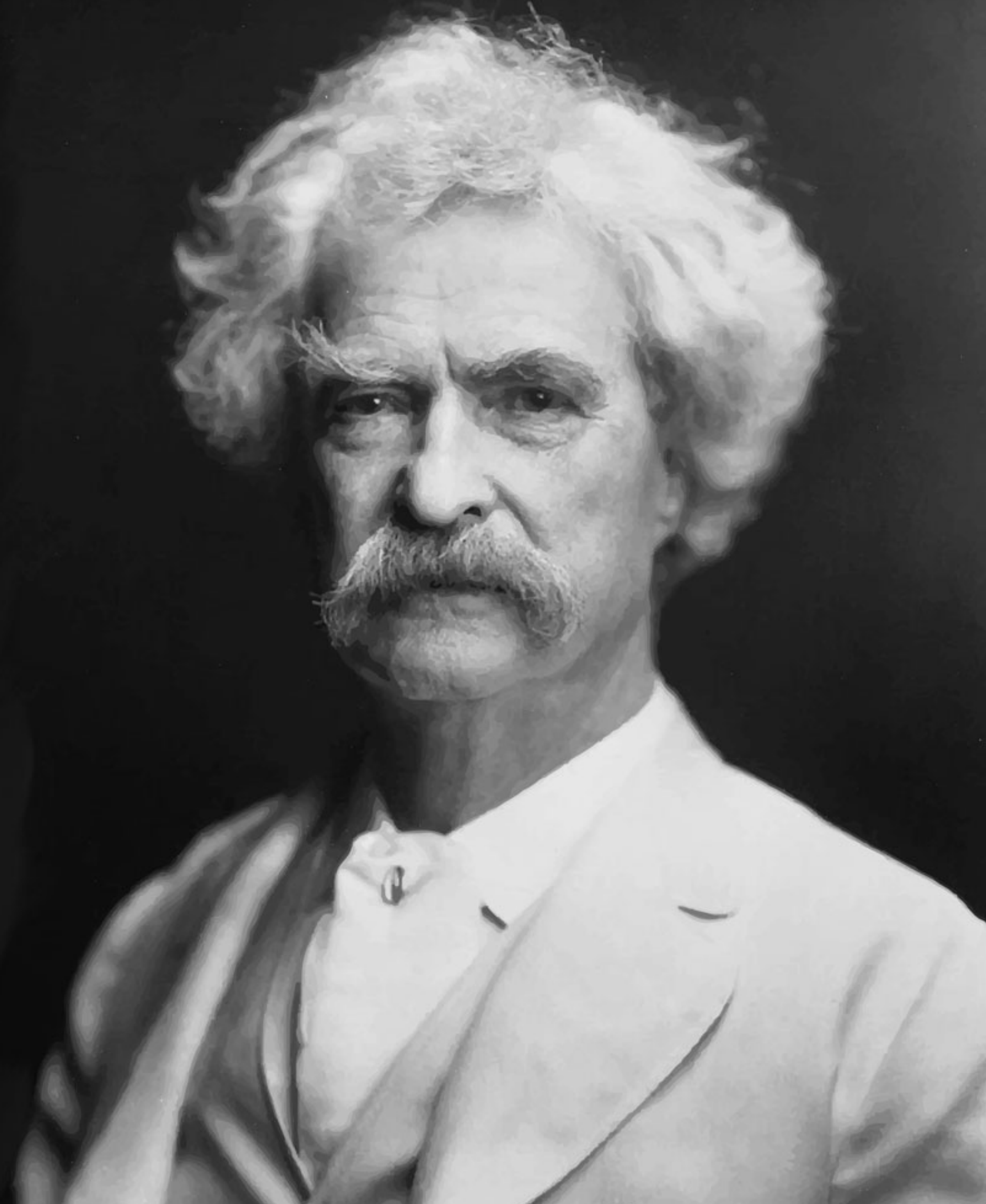


IT'S NOT YOU'RE
GENES!

IT IS YOUR DIET AND
LIFESTYLE!

It ain't what you don't know
that gets you into trouble. It's
what you know for sure that
just ain't so.

Mark Twain



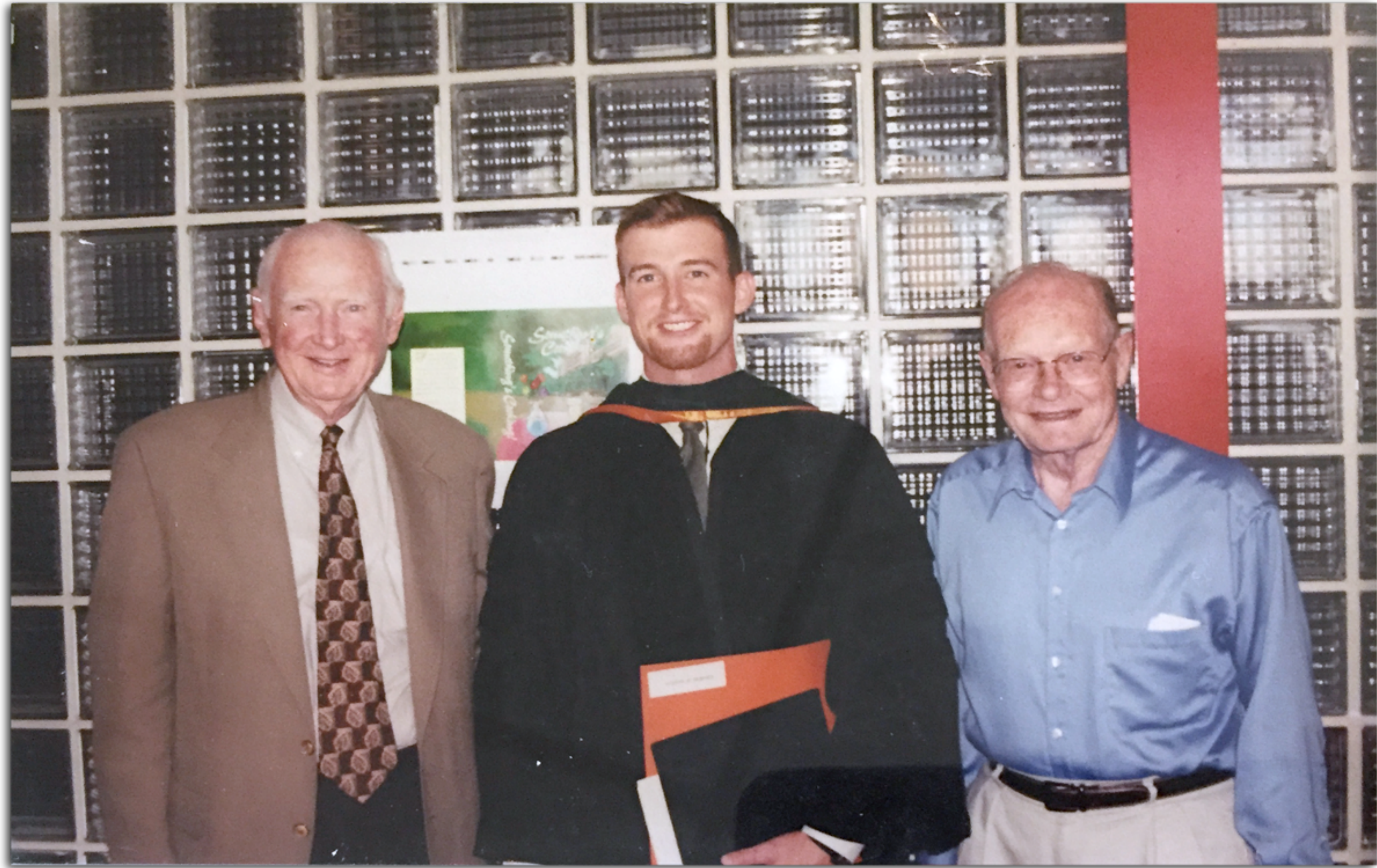
WHAT I THOUGHT I KNEW THAT JUST AIN'T SO....

- ▶ Heart burn is from TOO MUCH stomach acid
- ▶ Stents and Bypass surgery REDUCES the risk for future heart attack and death
- ▶ Type 2 Diabetes is an IRREVERSIBLE disease
- ▶ Cancer is ONLY reversible with chemo, radiation and surgery
- ▶ GENES are the root cause of disease
- ▶ The US healthcare system produces the BEST outcomes

THE ENTIRE LECTURE IN ONE SLIDE:

- ▶ Option 1: suffer
- ▶ Option 2: treat the symptoms with a pill (pharmaceutical or nutraceutical)
- ▶ Option 3: address root cause & fix it





Texas Monthly

Ben Edwards, Small-Town Family Doctor

SEPTEMBER 2008 | by TEXAS MONTHLY STAFF | 0 COMMENTS



PHOTOGRAPH BY ERIN TRIEB



Edwards is a solo practitioner at Garza County Health Clinic, in Post, and the only physician serving the county (population: 4,872). Raised in Belton, he holds degrees from Baylor University and the University of Texas Medical School at Houston. He completed his residency at Waco's McLennan County Medical Education and Research Foundation before moving to West Texas in 2005.

When I decided to be a doctor, I knew I wanted to do small-town medicine. During my residency, my wife and I traveled to probably thirty different small towns in Texas, and every town we looked at had at least one doctor—except for Post.

Both my granddads were small-town country doctors. They could do anything and everything, from delivering babies and amputating extremities to setting broken bones and treating heart attacks. That's what I grew up knowing a doctor was—someone who could treat everything. During college, it was always in the back of my mind that it might be something I would do. I changed my major five times trying to figure out if there was anything else that tickled my fancy, but I just kept coming back to medicine. It's kind of a cliché answer, but I wanted to help people.

My day starts with a pile of charts and paperwork. There is a tremendous amount of paperwork—all sorts of forms that the insurance companies and pharmacies and Medicare and Medicaid and workmen's comp need filled out. I try to whip through it all in thirty minutes, then I start seeing patients. My day is pretty much booked from the get-go, seeing people with chronic diseases like diabetes and hypertension, but we try to leave some slots open to treat acute illness and injury. On a typical day we'll have an oil-field injury come in or a cowboy who's been bucked off his horse and broken a rib. We also do a lot of newborn care. On Wednesdays I run over to the nursing home and see folks there. Really, it's just a big variety, and that's why I like it so much. You never know what the next patient can be. I'll break for lunch if I can, but sometimes we're too busy to even do that. I wind things down around five-thirty and then head home to try and have some family time.

I used to see thirty to forty patients on my own, but last fall we hired a physician's assistant, and she's helped cut my workload down. Combined, we'll see forty to fifty patients. When you see, individually, more than thirty a day, it's just too much, and you really aren't giving good care. So getting help was a blessing; I can serve the community and not burn out. Of all the primary care practices in the nation, we are currently in the ninetieth percentile in number of patients seen and procedures performed. That kind of volume is not good, really, because you don't get to spend enough time with each patient. But the need is there. At one point I thought about closing my practice to new patients and saying we have enough, but you just hate to turn away sick folks.

We take all comers. Our state, and the country, is dangerously short on primary care physicians, so we see anybody and everybody we can. We don't care if you have insurance or no insurance. At a suburban practice, 90 percent of patients will have good insurance, which means you can limit your practice to 10 percent Medicare or no Medicare. But in a rural environment, a large part of your town is the Medicare population. About 30 percent of my practice is Medicare, and 23 percent is Medicaid, which means the government makes up 50 percent of my practice. It's a good mix, but that paperwork is a headache. And the reimbursement rates almost aren't worth the hassle: Medicare only pays 60 cents for every dollar I charge; Medicaid is even worse.

To me, the underlying cause for the shortfall of primary care physicians is those poor reimbursement rates. Go to a med school and ask the juniors and seniors there, "Why aren't you going into family practice?" And if they're being honest with you, a big part of it is going to be money. When students are trying to pick their specialty and they're looking at a \$300,000-plus starting salary for anesthesiology versus \$140,000 for family practice, it's a no-brainer. That makes it sound like doctors are greedy, but when you're coming out of school with \$140,000 in debt and you want to buy a house, you want to buy a new vehicle, and you want to start a family, a higher salary looks a lot better. These days everybody is talking about universal health care and government versus privatization. But it doesn't matter if everybody in the world has insurance; if there aren't enough physicians to handle the load, then none of it will work.

Recently, in one week, I got two recruitment phone calls and four recruitment postcards from different rural towns in Texas. On average I receive two or three letters a week, but it has really ramped up in the past year. I've been contacted by people in Clifton, Glen Rose, Haskell. And it's not because it's me. I'm sure they're calling every doctor they can. I talked to a couple of them, and they're desperate for docs. For example, I've got a buddy in Sweetwater who I trained with, and

The Washington Post

Prices may vary in some editions
Metropolitan Washington

MD DC VA S VA

WEATHER: Rain, then snow. 42/31 • Tomorrow: Mostly sunny. 47/31 • DETAILS, B8

SATURDAY, DECEMBER 5, 2009

75¢ (Newsstand) • 49¢ (Home Delivery)

In e-mails, science of warming is hot debate

Stolen files of 'Climate-gate' suggest some viewpoints on change are disregarded

BY DAVID A. FAHRENTHOLD AND JULIET EILPERIN

It began with an anonymous Internet posting, and a link to a wonky set of e-mails and files. Stolen, apparently, from a research center in Britain, the files showed the leaders of climate-change science discussing flaws in their own data, and seemingly scheming to muzzle their critics.

Now it has mushroomed into what is being called "Climate-gate," a scandal that has done what many slide shows and public-service ads could not: focus public attention on the science of a warming planet.

Except now, much of that attention is focused on the science's flaws. Leaked just before international climate talks begin in Copenhagen — the culmination of years of work by scientists to raise alarms about greenhouse-gas emissions — the e-mails have cast those scientists in a political light and given new energy to others who think the issue of climate change is all overblown.

The e-mails don't say that: They don't provide proof that human-caused climate change is a lie or a swindle.

But they do raise hard questions. In an effort to control what the public hears, did prominent scientists who link climate change to human behavior try to squelch a back-and-forth that is central to the scientific method? Is the science of global warming messier than they have admitted?



MELINA MARA/THE WASHINGTON POST

On a house call in Post, Tex., Ben Edwards examines Betty Cook, who has multiple sclerosis. He sees more than 2,000 patients.

The only doctor in town

Health-care reform hits a small-town reality: Even with insurance, you need somewhere to go

BY PHILIP RUCKER

POST, TEX. — Another morning at the clinic. Far away in Washington, the debate over health-care reform drags on, while here in barren West Texas, Ben Edwards is moving fast. He grabs the chart for his next patient, his ninth of the day, and enters Exam Room 5, where Alma Lopez, 51, waits to see the only doctor in town.

"I feel it right here, tight inside," she tells Edwards, rubbing her belly.

few more minutes. "They can be the death of you, but you're doing the best thing for those kids."

Then he hugs her and hurries on to patient No. 10, who is waiting in Exam Room 4.

"I'm always behind," Edwards says, summing up what it's like to be the only doctor within a 45-mile radius, and in that simple statement is his worry about what reform will mean:

What will happen in a place like Post, where the uninsured are waiting for a system to see a doctor regularly — and there's only one doctor to see them all?

In this working-class outpost in this vast, flat no man's land, the everyday health-care needs of an entire community fall to Edwards. Health-care reform is on its way, and it is up to him to care for everything — every snuffle, ear ache and fever, every anxiety and sleepless night, every bad back and stomach pain and bladder infection.

And the truth is this: Edwards will not have time to treat them all.

Another truth: Edwards, 35, wants to treat everyone. That's why he wants to

Nation's jobless rate falls slightly

LATEST DATA SURPRISE ANALYSTS

Obama may back proposal to use TARP to create jobs

BY STEVEN MUFSON

The U.S. unemployment rate edged down to 10 percent in November from 10.2 percent the month before, offering fresh evidence that the economy is stabilizing and that employers may soon stop shedding workers.

The number of jobless Americans stood at 15.4 million in November, down slightly from October but still more than double the number at the start of the economic slowdown.

The pace of job recovery remains sluggish enough that President Obama next week is likely to endorse a proposal by top House Democrats to use a portion of the government's \$700 billion financial bailout fund for a new jobs creation program.

"The president thinks we should and must do everything in our power to create an environment for job growth and job creation," White House press secretary Robert Gibbs told reporters Friday morning. When asked whether Obama will back the use of bailout funds during a speech about the economy next Tuesday, Gibbs said, "It's certainly being looked at. Yes."

About \$139 billion of the Troubled Assets Relief Program, or TARP, remains





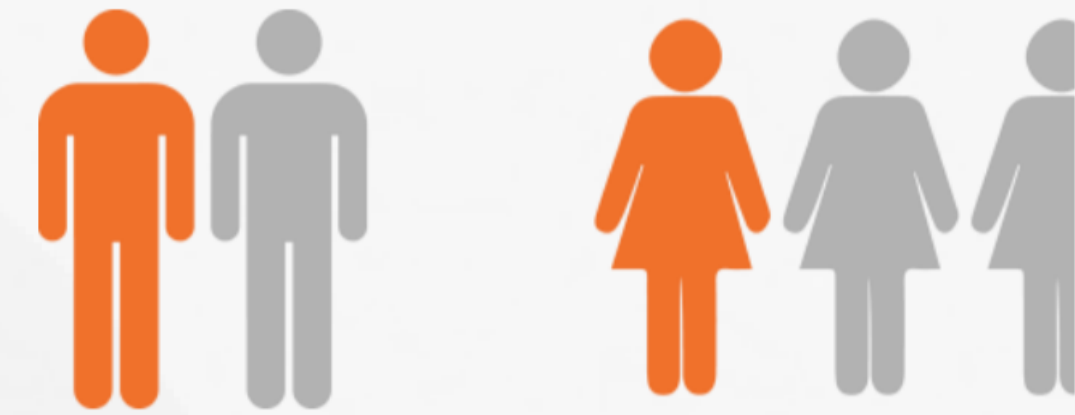
JUST ONE BIG PROBLEM:

**NOBODY WAS GETTING
WELL**

LATEST CANCER STATISTICS 2015/2016:



CANCER quickly gaining momentum to overtake **CARDIOVASCULAR DISEASE** as leading cause of death in the world (2007 stats with expectation of hitting #1 cause by 2020)



1:2 MEN and **1:2.4 WOMEN** born after 1960 will have cancer in their life time

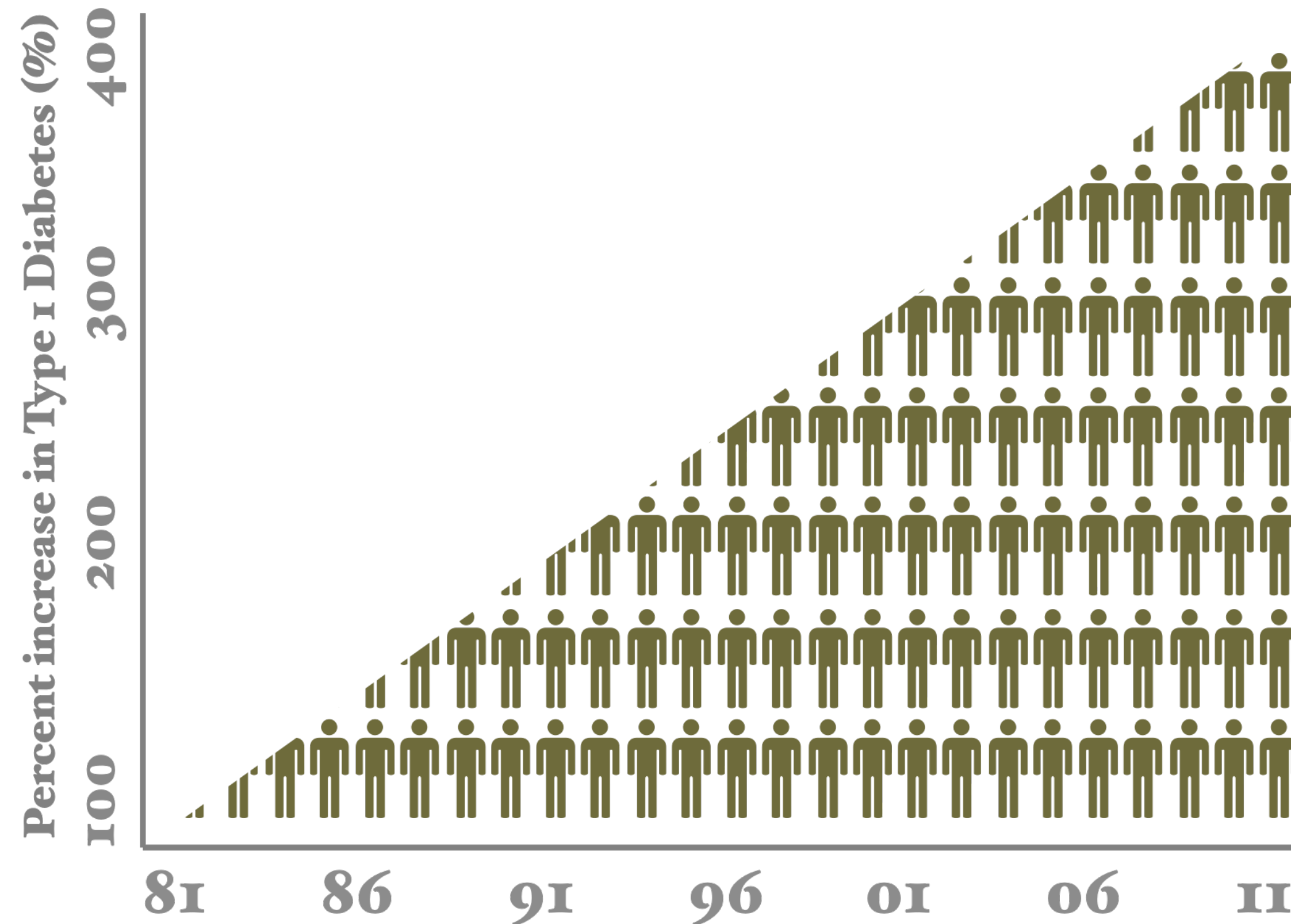
 **2030**

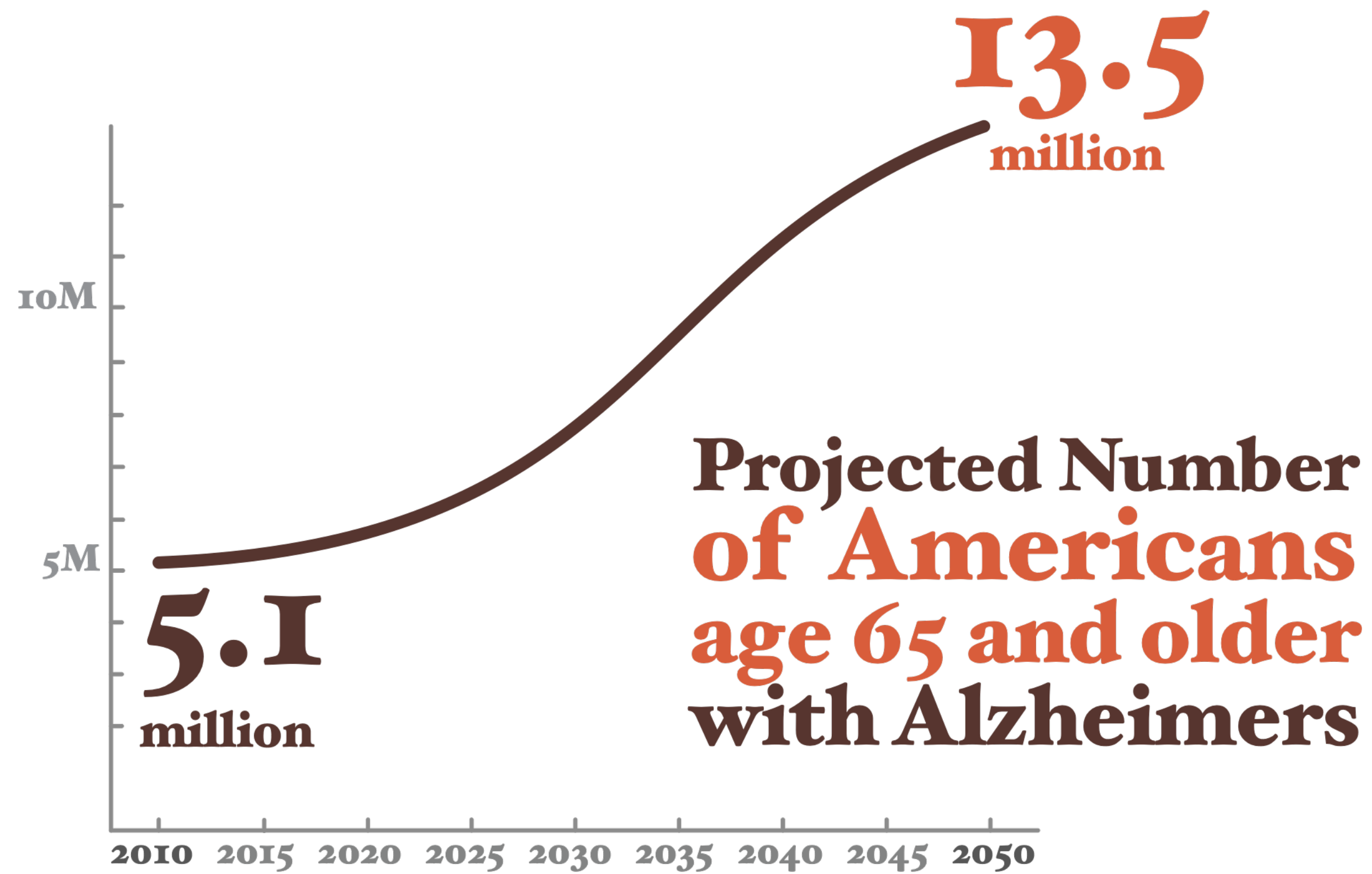
Cancer rates expected to double by **2030**

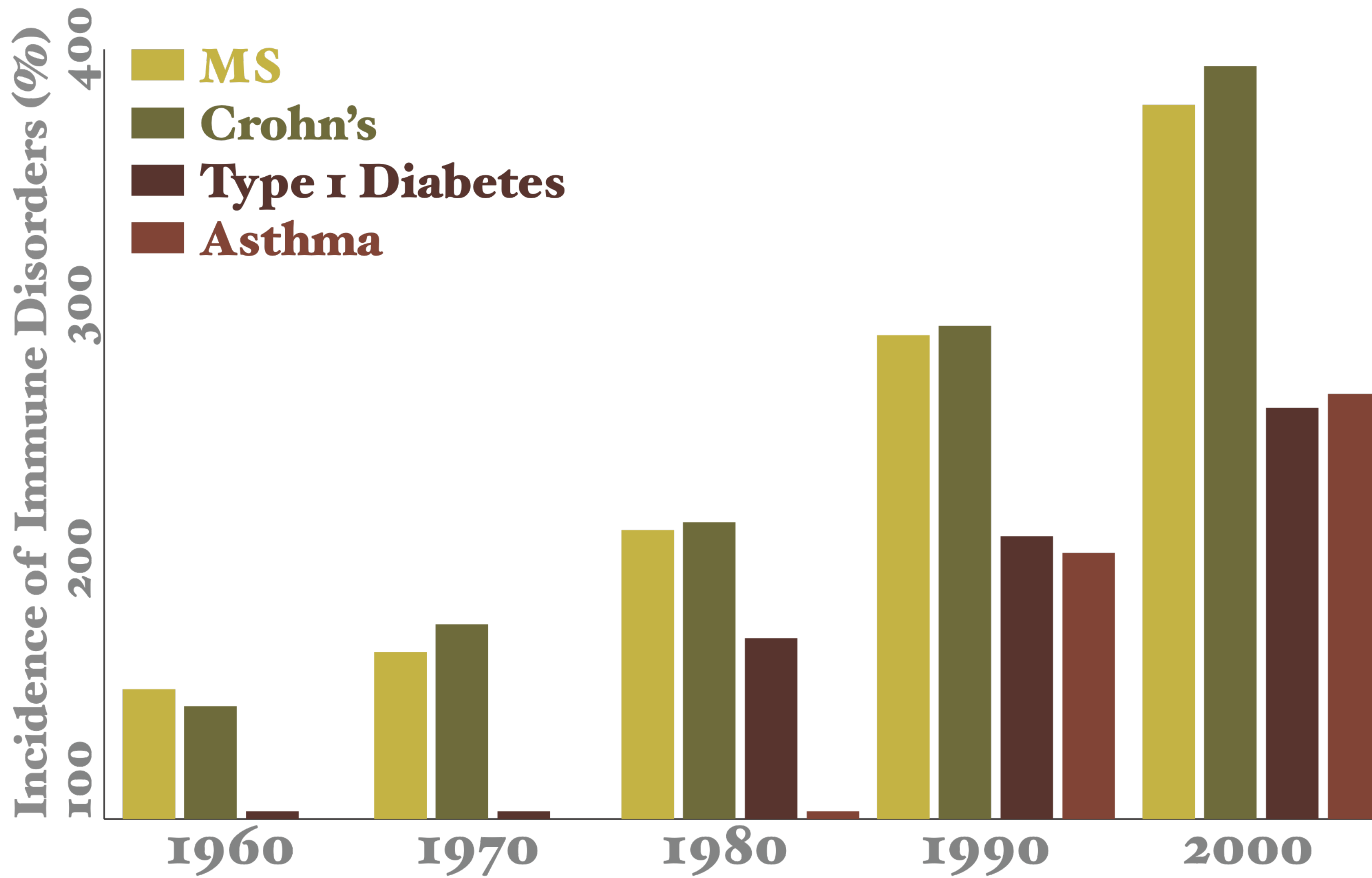
1950

No real change in survival rate of cancer since **1950**

Number of people diagnosed
with diabetes
quadrupled
from 1981 to 2011







**According to the CDC,
children born after the year 2000
will, for the first time
in American history,
not outlive
their parents life span.**

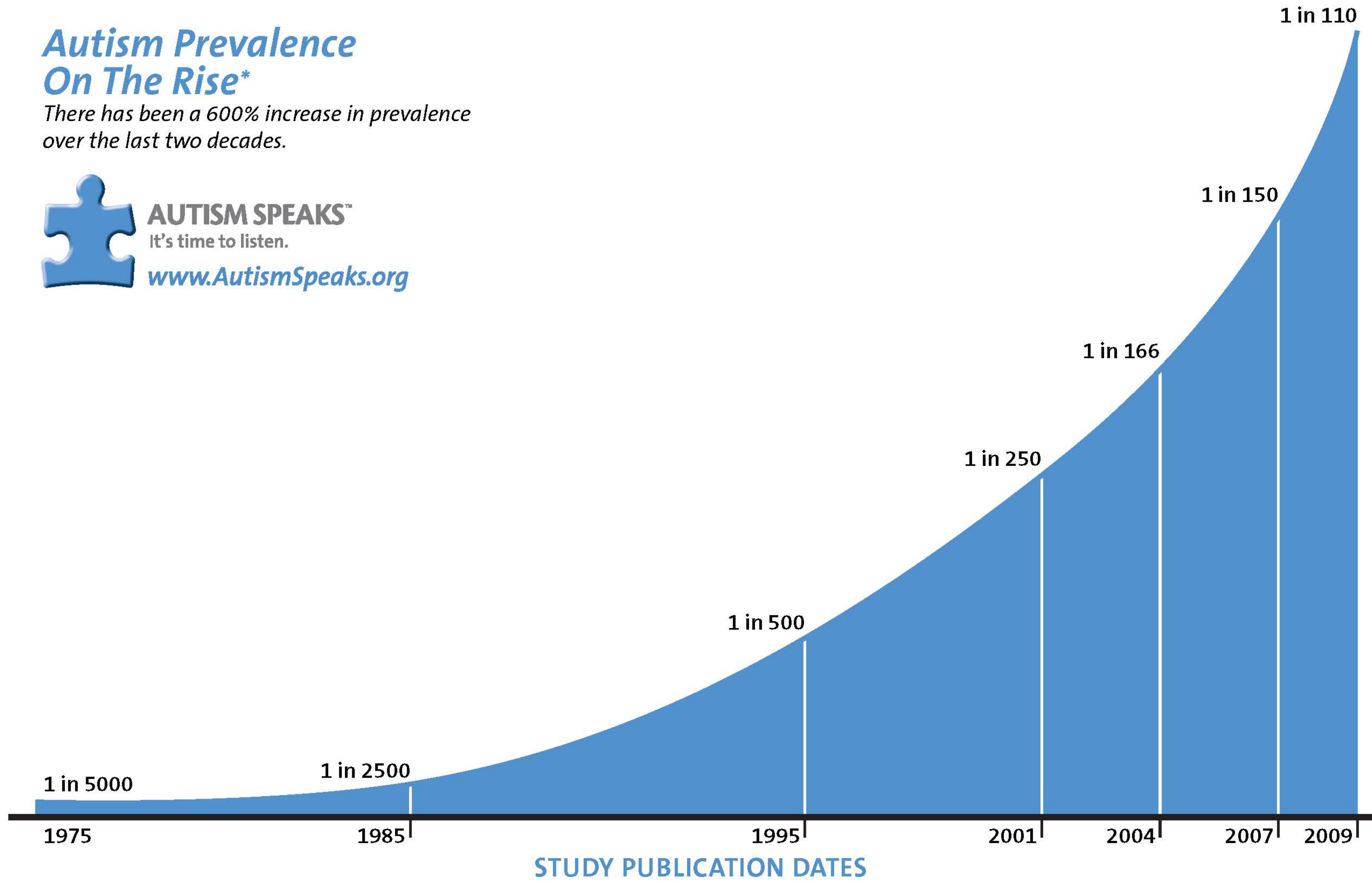
Autism Prevalence On The Rise*

There has been a 600% increase in prevalence over the last two decades.



AUTISM SPEAKS™
It's time to listen.

www.AutismSpeaks.org



*Recent research has indicated that changes in diagnostic practices may account for at least 25% of the increase in prevalence over time, however much of the increase is still unaccounted for and may be influenced by environmental factors.

**America ranks
only 26th
in life expectancy
in developed countries**

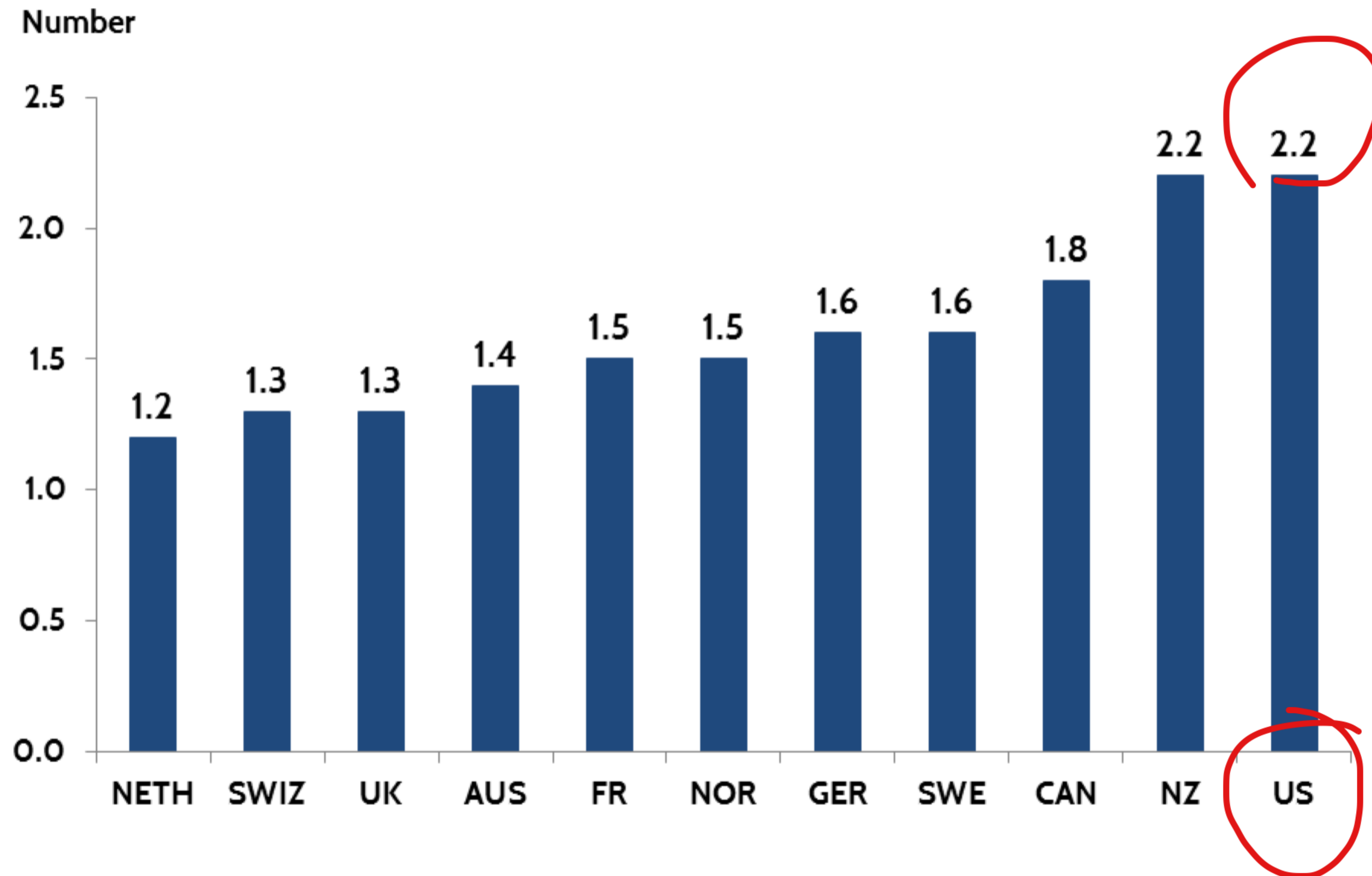
**The infant mortality
rate in America is
double the rate
of many other developed countries**

Where the United States health system does MORE than other countries

	United States	Rank compared with OECD countries	OECD average
MRI units	31.6 per million population	2 nd	12.5 per million population
MRI exams	97.7 per 1 000 population	2 nd	46.3 per 1 000 population
CT scanners	40.7 per million population	3 rd	22.6 per million population
CT exams	265.0 per 1 000 population	3 rd	123.8 per 1 000 population
Tonsillectomy	254.4 per 100 000 population	1 st	130.1 per 100 000 population
Coronary bypass	79.0 per 100 000 population	3 rd	47.3 per 100 000 population
Knee replacements	226.0 per 100 000 population	1 st	121.6 per 100 000 population
Caesarean sections	32.9 per 100 live births	6 th	26.1 per 100 live births

Source: OECD Health Data 2012.

Exhibit 6. Average Number of Prescription Drugs Taken Regularly, Age 18 or Older, 2013

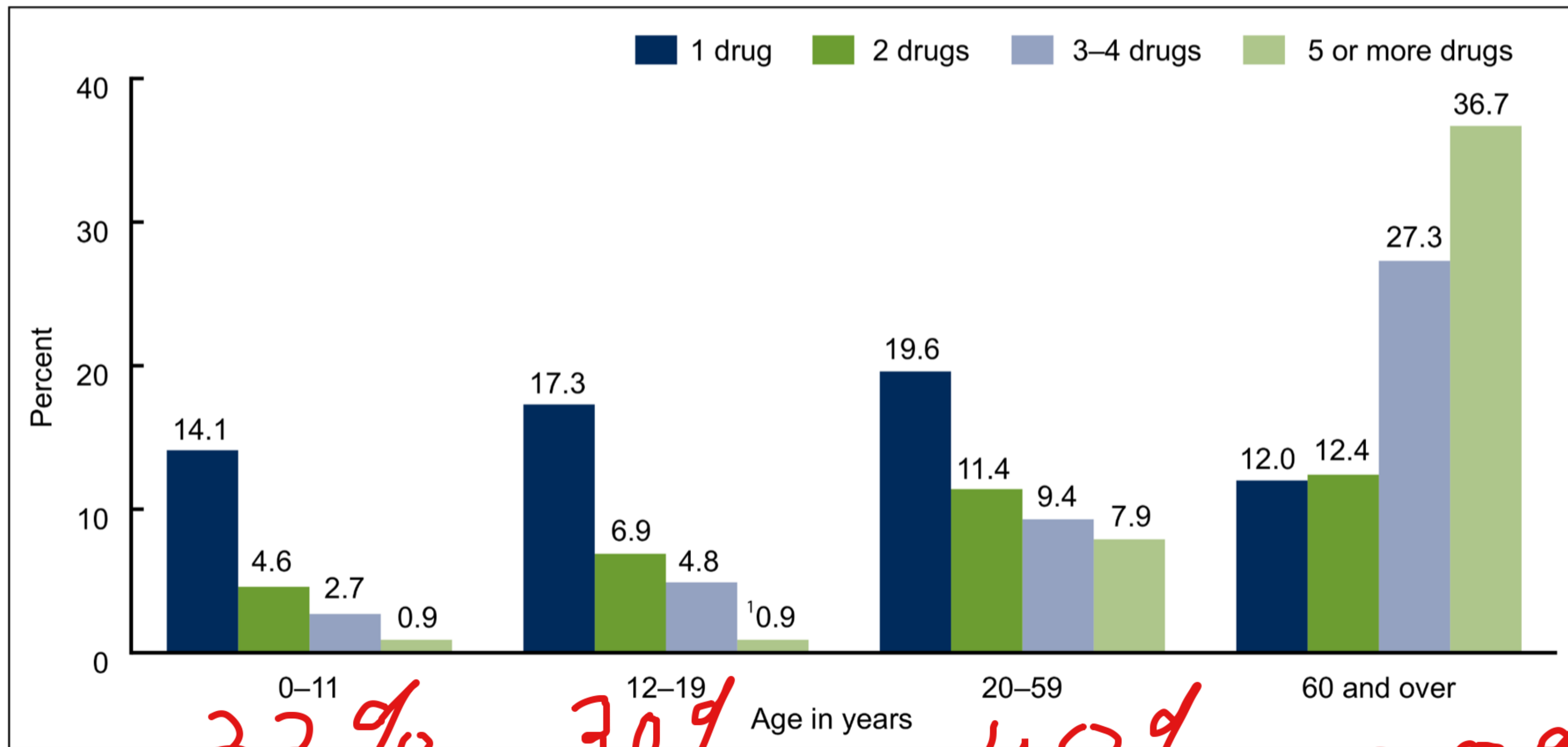


Source: 2013 Commonwealth Fund International Health Policy Survey.

What percentage of Americans used multiple prescription drugs in the past month and how did this vary by age?

The use of multiple prescription drugs in the past month varied by age (Figure 2).

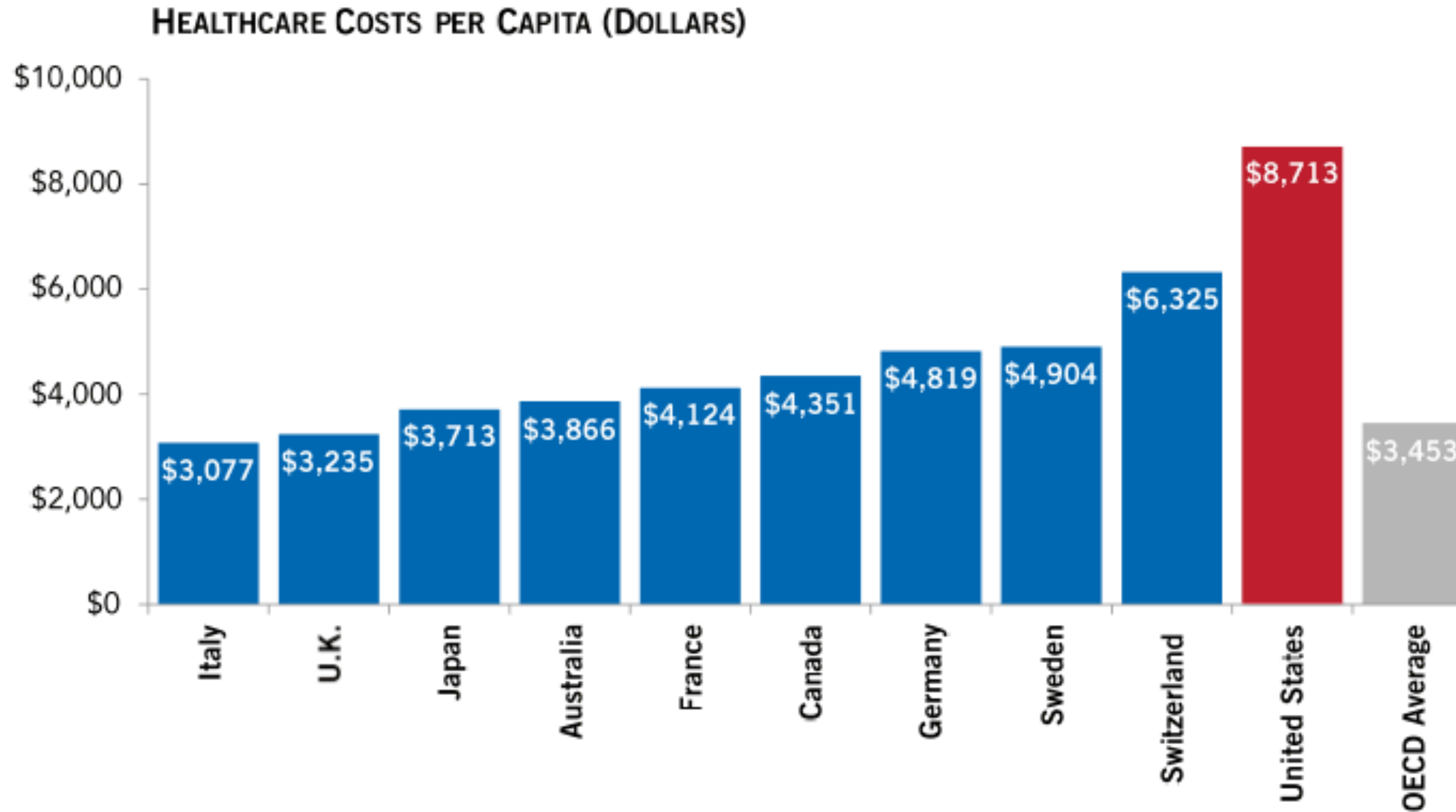
Figure 2. Percentage of prescription drugs used in the past month, by age: United States, 2007–2008



Handwritten red annotations:
 22% (under 0-11)
 30% (under 12-19)
 48% (under 20-59)
 88% (under 60 and over)

¹Estimate is unstable; the relative standard error is greater than 30%.
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.

United States per capita healthcare spending is more than twice the average of other developed countries



SOURCE: Organization for Economic Cooperation and Development, *OECD Health Statistics 2015*, November 2015. Compiled by PGPF.

NOTE: Data are for 2013 or latest available. Chart uses purchasing power parities to convert data into U.S. dollars.

Exhibit 9. Select Population Health Outcomes and Risk Factors

	Life exp. at birth, 2013 ^a	Infant mortality, per 1,000 live births, 2013 ^a	Percent of pop. age 65+ with two or more chronic conditions, 2014 ^b	Obesity rate (BMI>30), 2013 ^{a,c}	Percent of pop. (age 15+) who are daily smokers, 2013 ^a	Percent of pop. age 65+
Australia	82.2	3.6	54	28.3 ^e	12.8	14.4
Canada	81.5 ^e	4.8 ^e	56	25.8	14.9	15.2
Denmark	80.4	3.5	–	14.2	17.0	17.8
France	82.3	3.6	43	14.5 ^d	24.1 ^d	17.7
Germany	80.9	3.3	49	23.6	20.9	21.1
Japan	83.4	2.1	–	3.7	19.3	25.1
Netherlands	81.4	3.8	46	11.8	18.5	16.8
New Zealand	81.4	5.2 ^e	37	30.6	15.5	14.2
Norway	81.8	2.4	43	10.0 ^d	15.0	15.6
Sweden	82.0	2.7	42	11.7	10.7	19.0
Switzerland	82.9	3.9	44	10.3 ^d	20.4 ^d	17.3
United Kingdom	81.1	3.8	33	24.9	20.0 ^d	17.1
United States	78.8	6.1 ^e	68	35.3 ^d	13.7	14.1
OECD median	81.2	3.5	–	28.3	18.9	17.0

^a Source: OECD Health Data 2015.

^b Includes: hypertension or high blood pressure, heart disease, diabetes, lung problems, mental health problems, cancer, and joint pain/arthritis. Source: Commonwealth Fund International Health Policy Survey of Older Adults, 2014.

^c DEN, FR, NETH, NOR, SWE, and SWIZ based on self-reported data; all other countries based on measured data.

^d 2012. ^e 2011.

A DIVINE APPOINTMENT

- ▶ "There are no such things as diseases, they are all consequences; so, if you weren't born with it, then it is most likely reversible."

THE ENTIRE LECTURE IN ONE SLIDE:

- ▶ Option 1: suffer
- ▶ Option 2: treat the symptoms with a pill (pharmaceutical or nutraceutical)
- ▶ Option 3: address root cause & fix it



TOO MUCH STOMACH ACID????

WHY STOMACH ACID IS GOOD FOR YOU

Natural Relief
from Heartburn,
Indigestion,
Reflux & GERD

Jonathan V. Wright, M.D.
and Lane Lenard, Ph.D.



12 Step Treatment Program

Overcome Drug & Alcohol Addiction. Get Well Today at Origins Recovery.
originsrecovery.com



Home > Health & Medication Slideshows > Top 10 Money-Making Drugs of 2012

Top 10 Money-Making Drugs of 2012

12 Step Treatment Program

Overcome Drug & Alcohol Addiction. Get Well Today at Origins Recovery.
originsrecovery.com



[View as slideshow](#)

#1 - Nexium (esomeprazole)

Nexium (esomeprazole) is AstraZeneca's popular proton pump inhibitor used to block excess stomach acid. Nexium, also known as "The Purple Pill", is used to treat heartburn and acid reflux, sometimes called GERD. In 2012 alone, Nexium had sales of over \$5.6 billion, placing it solidly in the mega-blockbuster category.

However, all brand names must come to an end - and in May 2014 Nexium's patent will expire opening the doors for generics. An Rx-to-OTC switch of Nexium is also expected in 2014.



<https://www.drugs.com/stats/nexium>

#2 - Abilify (aripiprazole)

Abilify (aripiprazole) is an atypical antipsychotic drug



Rehab & Detox Centers

Let Us Do The Searching For You. Free Treatment Advice For You.
Sober Solutions



FDA CONSUMER UPDATES

[Depression: FDA-Approved Medications May Help](#)

[Dealing with ADHD: What You Need to Know](#)

[Making Decisions for Your Health: Getting the Info You Need](#)

[FDA: Cutting-Edge Technology Sheds Light on Antibiotic Resistance](#)

[More FDA updates >](#)



iPad 11:50 AM 70%

ncbi.nlm.nih.gov

Veri Power2Pra... FINAL P&P... Water Sup... Cardiovas... Risk Facto... of magazi... the fire wit... Healthy C... Encrypted... encrypt.ba... Mail - Ben... Encrypted... Efficacy...

NCBI Resources How To Sign in to NCBI

PubMed.gov PubMed Search Help

US National Library of Medicine National Institutes of Health

Advanced

Format: Abstract

Send to

[Metabolism](#). 2008 May;57(5):712-7. doi: 10.1016/j.metabol.2008.01.013.

Efficacy of berberine in patients with type 2 diabetes mellitus.

Yin J¹, Xing H, Ye J.

Author information

Abstract

Berberine has been shown to regulate glucose and lipid metabolism in vitro and in vivo. This pilot study was to determine the efficacy and safety of berberine in the treatment of type 2 diabetes mellitus patients. In study A, 36 adults with newly diagnosed type 2 diabetes mellitus were randomly assigned to treatment with berberine or metformin (0.5 g 3 times a day) in a 3-month trial. The hypoglycemic effect of berberine was similar to that of metformin. Significant decreases in hemoglobin A1c (from 9.5%±0.5% to 7.5%±0.4%, P<.01), fasting blood glucose (from 10.6±0.9 mmol/L to 6.9±0.5 mmol/L, P<.01), postprandial blood glucose (from 19.8±1.7 to 11.1±0.9 mmol/L, P<.01), and plasma triglycerides (from 1.13±0.13 to 0.89±0.03 mmol/L, P<.05) were observed in the berberine group. In study B, 48 adults with poorly controlled type 2 diabetes mellitus were treated supplemented with berberine in a 3-month trial. Berberine acted by lowering fasting blood glucose and postprandial blood glucose from 1 week to the end of the trial. Hemoglobin A1c decreased from 8.1%±0.2% to 7.3%±0.3% (P<.001). Fasting plasma insulin and homeostasis model assessment of insulin resistance index were reduced by 28.1% and 44.7% (P<.001), respectively. Total cholesterol and low-density lipoprotein cholesterol were decreased significantly as well. During the trial, 20 (34.5%) patients experienced transient gastrointestinal adverse effects. Functional liver or kidney damages were not observed for all patients. In conclusion, this pilot study indicates that berberine is a potent oral hypoglycemic agent with beneficial effects on lipid metabolism.

PMID: 18442638 PMID: PMC2410097 DOI: 10.1016/j.metabol.2008.01.013

[PubMed - indexed for MEDLINE] **Free PMC Article**



Full text links



Save items

Add to Favorites

Cited by 1 systematic review

Berberine in the treatment of type 2 diat [Evid Based Complement Alternat...]

Similar articles

Mealtime 50/50 basal + prandial insulin analogue mixture with a [Clin Ther. 2007]

Metabolic effects of pioglitazone and rosiglitazone in patients [Clin Ther. 2004]

Effect of metformin and rosiglitazone combination therapy in pat [JAMA. 2000]

Review The effect of metformin on blood pressure, plas [J Intern Med. 2004]

Review Berberine: New Insights from Pharmacological [Curr Med Chem. 2016]

See reviews...

New study questions Type 2 diabetes treatment

No evidence glucose-lowering drugs help ward off long-term complications, researchers say

By Kelly Crowe, CBC News | Posted: Sep 15, 2016 5:00 AM ET | Last Updated: Sep 15, 2016 5:00 AM ET



Most medical experts advise Type 2 diabetes patients to tightly control their blood sugar level to reduce the risk of death, stroke, kidney failure, blindness and other dire outcomes associated with the illness, but researchers found no evidence to support this. (File Photo)

5579 shares

Facebook

Twitter

Reddit

Google

Share

Email

It's a curious case of missing evidence. When a diabetes specialist searched the medical literature looking for proof to support the use of glucose-lowering drugs for Type 2 diabetes, he couldn't find it.

That absence of evidence raises questions about one of the most firmly entrenched beliefs in modern medicine — that tightly controlling elevated blood sugar will reduce the risk of death, stroke, kidney failure, blindness and other dire outcomes associated with Type 2 diabetes.

"Does controlling your sugars reduce the risk of complications?" Dr. Victor Montori, of the Mayo Clinic in Rochester, Minn., asked in a paper released this month in the journal **Circulation: Cardiovascular Quality and Outcomes**. "Most experts say yes. The evidence appears to say 'not so fast.'"

Conventional wisdom challenged

Stay Connected with CBC News

- Mobile
- Facebook
- Podcasts
- Twitter
- Alerts
- Newsletter

ADVERTISEMENT

you IBM

This is manufacturing to the power of IBM.

See how easy it is →

SECOND OPINION news

A vital dose of the week's news in health and medicine, from reporter Kelly Crowe and CBC Health. Delivered Saturday mornings.

SUBSCRIBE



DONATE NOW!

One Time

Monthly

In Memory

In Honor

Search

Are You At Risk?

Diabetes Basics

Living with Diabetes

Food & Fitness

In My Community

Advocacy

Research & Practice

Ways to Give

www.diabetes.org > Diabetes Basics > Myths

Diabetes Myths



DIABETES IS NOT A CHOICE



On behalf of the millions of Americans who live with or are at risk for diabetes, we are committed to dispelling common myths and misconceptions around this chronic disease. Help us set the record straight and educate the world about diabetes and its risk factors by sharing the information below.

Get the facts about diabetes and learn how you can stop diabetes myths and misconceptions.

Share:



Text Size: [A](#) [A](#) [A](#)

Listen

[En Español](#)

In this section

Diabetes Basics

[Myths](#)



[Make a Difference](#)

Fight diabetes and its complications.

DONATE TODAY

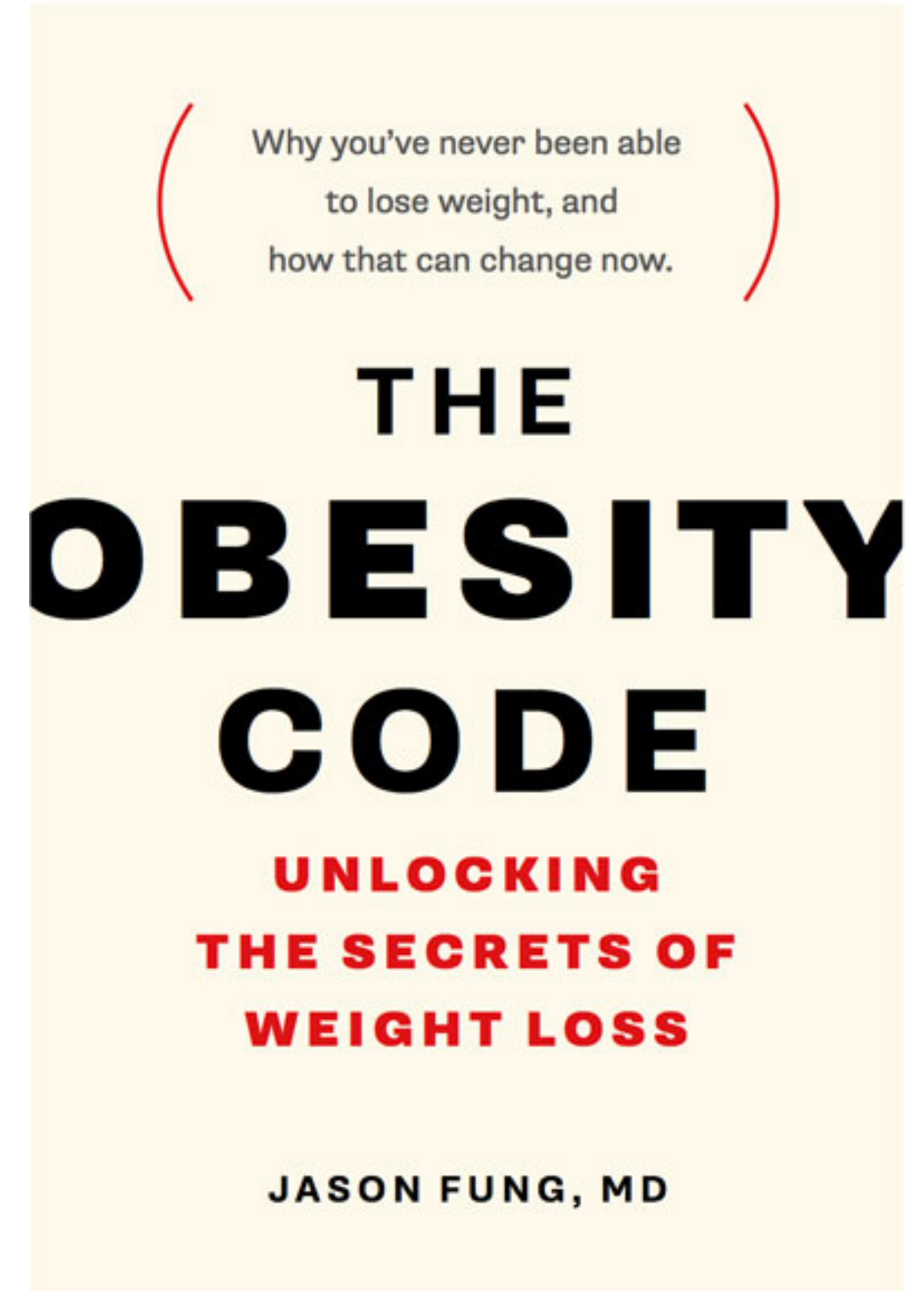


CHAT CLOSED

“JUST FIX IT”: JASON FUNG, MD:



- ▶ **"Truth #1: Type 2 Diabetes is a curable dietary disease.** It cannot be cured with medication though. Lowering blood sugars is **NOT** the goal of treatment. **The cure for Type 2 Diabetes is to lower insulin, not blood sugar."**



Copyrighted Material

LEE KNOW, ND

MITOCHONDRIA AND THE FUTURE OF MEDICINE

The Key to Understanding Disease,
Chronic Illness, Aging, and Life Itself




Copyrighted Material

Cancer as a Metabolic Disease

On the Origin, Management,
and Prevention of Cancer



Thomas N. Seyfried

 WILEY

HUMAN

HEART,

COSMIC

HEART



A Doctor's Quest to Understand, Treat, and
Prevent Cardiovascular Disease

THOMAS COWAN, MD

Copyrighted Material

AMY BERGER, MS, CNS, NTP

Foreword by David Perlmutter, MD

THE Alzheimer's ANTIDOTE

Using a Low-Carb, High-Fat Diet to
Fight Alzheimer's Disease, Memory Loss,
and Cognitive Decline

A Comprehensive Metabolic & Lifestyle Approach

Copyrighted Material

HOW TO END *the* AUTISM EPIDEMIC



J.B. HANDLEY

ADVERTISEMENT

Sensitive twinges may be a sign that teeth are vulnerable



gsk SENSODYNE

Heart Health >

Healthy Lifestyle May Prevent 80% of Heart Attacks

Men who follow 5 guidelines dramatically cut their risk, researchers say



FROM THE WEBMD ARCHIVES 

By Randy Dotinga

HealthDay Reporter

MONDAY, Sept. 22, 2014 (HealthDay News) -- Five recommended health behaviors may prevent four out of five heart attacks in men, a new study suggests.

Middle-aged and older men were much less likely to have heart attacks over an average of 11 years if they drank moderately, didn't smoke and did everything right on the diet, exercise and weight fronts, the study found.

Only about 1 percent of men involved in the study fit into this ultra-healthy-living category. But they were 86 percent less likely to have heart

HEART HEALTH

- Cholesterol Management
- Heart Disease
- Heart Failure
- Hypertension
- News & Features
- Find a Cardiologist
- Stroke
- Community & Experts
- Reference
- Slideshows
- Quizzes

RELATED TO HEART HEALTH

- Abnormal Rhythms
- Angina
- Atrial Fibrillation
- Blood Clots
- Cardiomyopathy
- Coronary Artery Disease
- Heart Attack

TODAY ON WEBMD



Heart Attack
How to recognize the signs.



Harmless Habits?
These 8 could hurt your heart.



Cholesterol
6 changes that help lower it.



Cholesterol
16 ways to lower it.

NEW



Schiff MegaRed ADVANCED 4 IN 1 HEART JOINTS BRAIN EYES 900 mg EXTRA STRENGTH



THIS ARTICLE HAS BEEN CORRECTED.

See [Pharm Res. 2008 July 30; 25: 2200.](#)

Cancer is a Preventable Disease that Requires Major Lifestyle Changes

Preetha Anand, Ajaikumar B. Kunnumakara, [...], and Bharat B. Aggarwal

[Additional article information](#)

Abstract

This year, more than 1 million Americans and more than 10 million people worldwide are expected to be diagnosed with cancer, a disease commonly believed to be preventable. Only 5–10% of all cancer cases can be attributed to genetic defects, whereas the remaining 90–95% have their roots in the environment and lifestyle. The lifestyle factors include cigarette smoking, diet (fried foods, red meat), alcohol, sun exposure, environmental pollutants, infections, stress, obesity, and physical inactivity. The evidence indicates that of all cancer-related deaths, almost 25–30% are due to tobacco, as many as 30–35% are linked to diet, about 15–20% are due to infections, and the remaining percentage are due to other factors like radiation, stress, physical activity,

environmental pollutants etc. Therefore, cancer prevention requires smoking cessation, increased ingestion of fruits and vegetables, moderate use of alcohol, caloric restriction, exercise, avoidance of direct exposure to sunlight, minimal meat consumption, use of whole grains, use of vaccinations, and regular check-ups. In this review, we present evidence that inflammation is the link between the agents/factors that cause cancer and the agents that prevent it. In addition, we provide evidence that cancer is a preventable disease that requires major lifestyle changes.

Key Words: cancer, environmental risk factors, genetic risk factors, prevention

INTRODUCTION

After sequencing his own genome, pioneer genomic researcher Craig Venter remarked at a leadership for the twenty-first century conference, “Human biology is actually far more complicated than we imagine. Everybody talks about the genes that they received from their mother and father, for this trait or the other. But in reality, those genes have very little impact on life outcomes. Our biology is way too complicated for that and deals with hundreds of thousands of independent factors. Genes are absolutely not our fate. They can give us useful information about the increased risk of a disease, but in most cases they will not determine the actual cause of the disease, or the actual incidence of somebody getting it. Most biology will come from the complex interaction of all the proteins and cells working with environmental factors, not driven directly by the genetic code”



Introducing an alliance that brings a completely new perspective to pharmacy benefit management.




[Learn More](#)

To Your Health

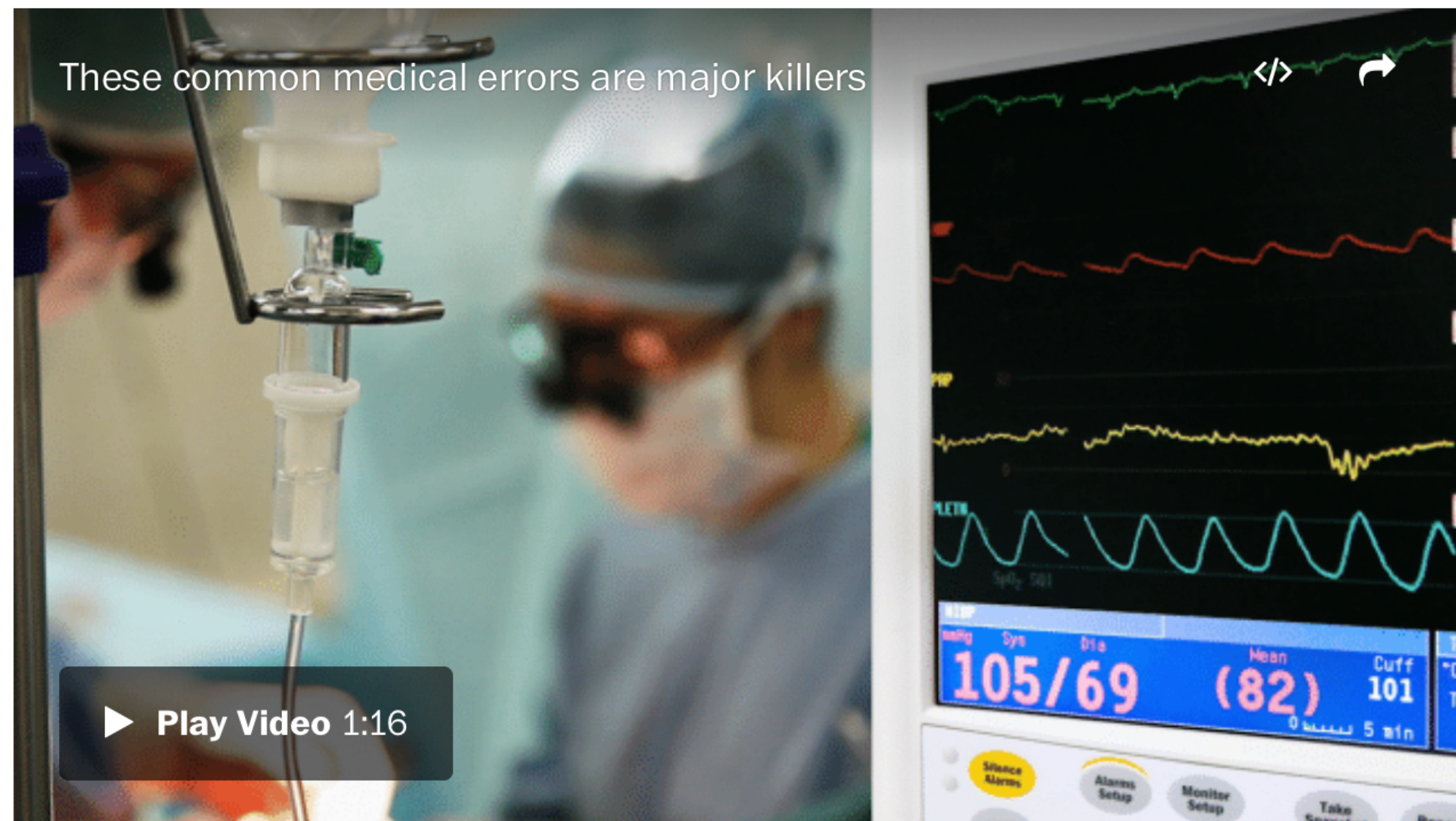
Researchers: Medical errors now third leading cause of death in United States

UP TO 1.00% APY




872

By Ariana Eunjung Cha May 3



▶ Play Video 1:16

A new study by patient safety researchers shows common medical errors may be the third leading cause of death in the U.S., after heart disease and cancer. (Deirdra O'Regan/The Washington Post)

Introducing an alliance that brings a completely new perspective to pharmacy benefit management.



[Learn More](#)



Stents Don't Prevent Heart Attack or Death

By ABIGAIL LEONARD · March 26, 2007

f Share

🐦 Tweet



Doctors hoping to minimize chest pains associated with heart disease and perhaps even prevent heart attacks have long treated patients with stents, hollow tubes surgically implanted into blocked artery to prop them open.

Now a landmark study shows that while stents may improve blood flow, using them along with conventional drug therapies is no more effective at preventing heart attacks and other cardiac events than drug therapy alone. The findings, announced today at the American College of Cardiology conference, could have profound effects for patients and device manufacturers, since a staggering 800,000 Americans receive stents each year.

The Clinical Outcome Utilizing Revascularization and Aggressive Drug Evaluation, or COURAGE, study looked at more than 2,200 patients in the United States and Canada with a blocked artery and chronic chest pain and found that those treated with the traditional mélange of drugs -- high doses of statins, blood-pressure lowering medications and aspirin -- fared just as well as those who also received stents.

There was no statistical difference in how long patients lived or whether they suffered a heart attack, and the procedure, which is done to improve blood flow, chest pains associated with

Stents Don't Prevent Heart Attack or Death

+ Stents: A Reflection



Key moments from Trump's wide-ranging press conference with McConnell



Court agrees to take on US-Microsoft dispute over emails



At least 3 killed in Ireland as storm Ophelia prompts warning of 'danger to life'



Death toll in 'barbaric' bombing in Somalia rises to 300





'Unbelievable': Heart Stents Fail to Ease Chest Pain



Panel Recommends Opioid Solutions but Puts No Price Tag on Them



ASK WELL Do Prepackaged Salad Greens Lose Their Nutrients?



F.D.A. Warns Companies Against Claims That Marijuana Cures Diseases

PAID POST: UC DAVIS How UC Davis Is Keeping Lake Tahoe Blue

UCDAVIS



GD
EM
V

HEALTH

DOLCE & GABBANA



\$55



\$995



\$195



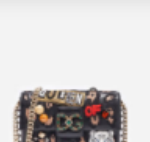
\$975



\$195



\$195



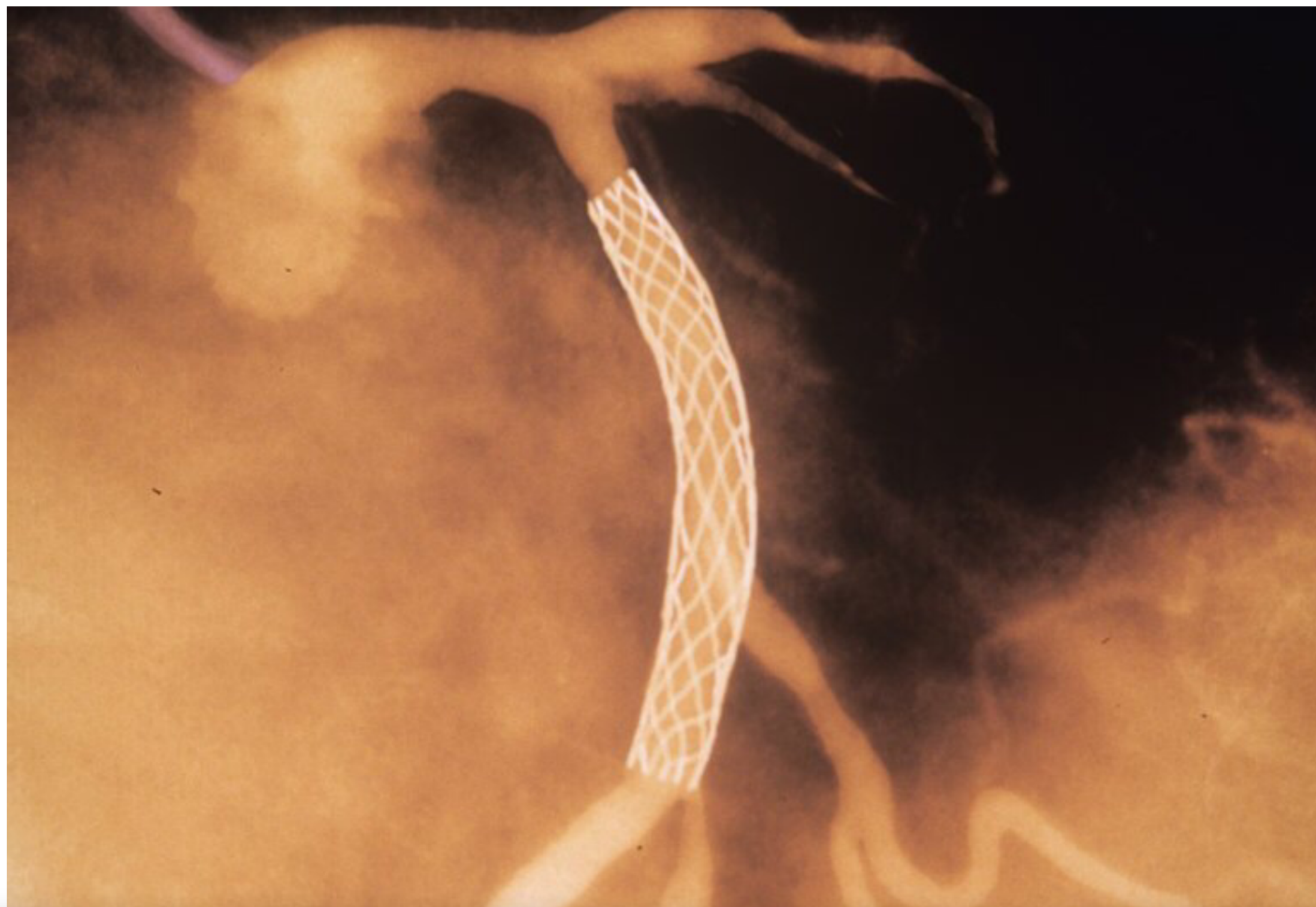
\$3,375

HEALTH

'Unbelievable': Heart Stents Fail to Ease Chest Pain

[Leer en español](#)

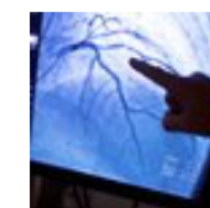
By GINA KOLATA NOV. 2, 2017



RELATED COVERAGE



MENDING HEARTS A Sea Change in Treating Heart Attacks JUNE 19, 2015



MENDING HEARTS Putting Stents to the Test JUNE 22, 2015



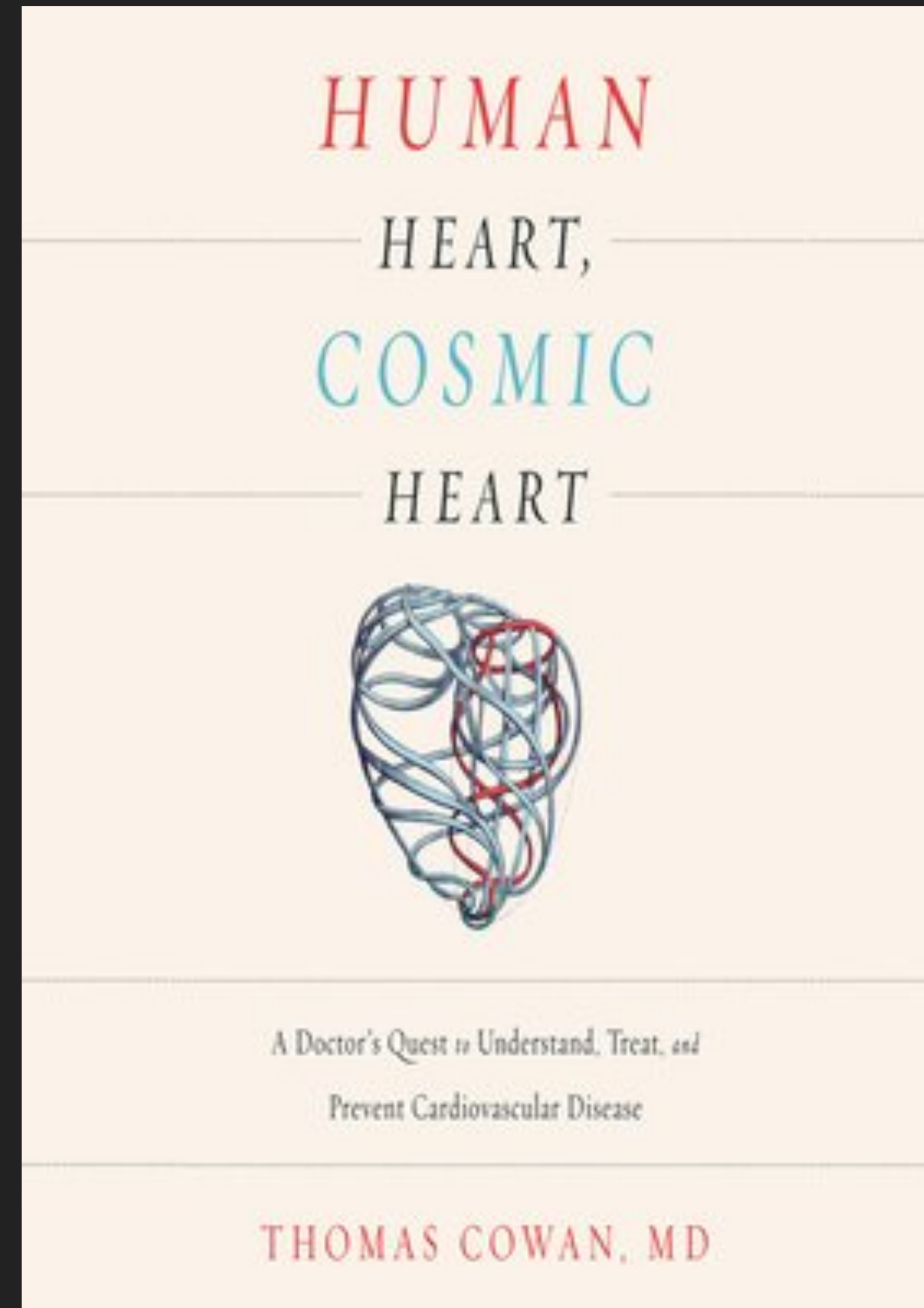
MENDING HEARTS A New, Life-or-Death Approach to Funding Heart Research OCT. 16, 2015

RECENT COMMENTS

Kenneth Reilley 2 hours ago Over the course of nine years I've had seven cardiologists in three different health plans who have collectively implanted six

WHAT CAUSES HEART ATTACKS?

- ▶ Clogged heart theory?
 - ▶ Inflamed heart theory?
 - ▶ Starved heart theory?
-
- ▶ Listen to Sept. 18, 2017 "You're The Cure" radio show (veritashealthycommunity.com)



ADVERTISEMENT

Sensitive twinges may be a sign  **that teeth are vulnerable**

HEART HEALTH

- Cholesterol Management
- Heart Disease
- Heart Failure
- Hypertension
- News & Features
- Find a Cardiologist
- Stroke
- Community & Experts
- Reference
- Slideshows
- Quizzes

RELATED TO HEART HEALTH

- Abnormal Rhythms
- Angina
- Atrial Fibrillation
- Blood Clots
- Cardiomyopathy
- Coronary Artery Disease
- Heart Attack

[Heart Health](#) >

Healthy Lifestyle May Prevent 80% of Heart Attacks

Men who follow 5 guidelines dramatically cut their risk, researchers say



FROM THE WEBMD ARCHIVES

By Randy Dotinga

HealthDay Reporter

MONDAY, Sept. 22, 2014 (HealthDay News) -- Five recommended health behaviors may prevent four out of five [heart attacks](#) in men, a new study suggests.

Middle-aged and older men were much less likely to have [heart attacks](#) over an average of 11 years if they drank moderately, didn't smoke and did everything right on the diet, [exercise](#) and [weight](#) fronts, the study found.

Only about 1 percent of men involved in the study fit into this ultra-healthy-living category. But they were 86 percent less likely to have [heart](#)

TODAY ON WEBMD



Heart Attack
How to recognize the signs.



Harmless Habits?
These 8 could hurt your heart.



Cholesterol
6 changes that help lower it.



Cholesterol
16 ways to lower it.

NEW



Schiff **MegaRed** ADVANCED
4 IN 1 HEART JOINTS BRAIN EYES
900 mg EXTRA STRENGTH



THIS ARTICLE HAS BEEN CORRECTED.

See [Pharm Res. 2008 July 30; 25: 2200](#).

Cancer is a Preventable Disease that Requires Major Lifestyle Changes

Preetha Anand, Ajaikumar B. Kunnumakara, [...], and Bharat B. Aggarwal

[Additional article information](#)

Abstract

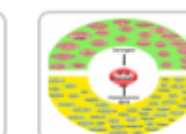
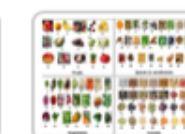
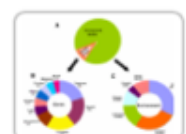
This year, more than 1 million Americans and more than 10 million people worldwide are expected to be diagnosed with cancer, a disease commonly believed to be preventable. Only 5–10% of all cancer cases can be attributed to genetic defects, whereas the remaining 90–95% have their roots in the environment and lifestyle. The lifestyle factors include cigarette smoking, diet (fried foods, red meat), alcohol, sun exposure, environmental pollutants, infections, stress, obesity, and physical inactivity. The evidence indicates that of all cancer-related deaths, almost 25–30% are due to tobacco, as many as 30–35% are linked to diet, about 15–20% are due to infections, and the remaining percentage are due to other factors like radiation, stress, physical activity,

environmental pollutants etc. Therefore, cancer prevention requires smoking cessation, increased ingestion of fruits and vegetables, moderate use of alcohol, caloric restriction, exercise, avoidance of direct exposure to sunlight, minimal meat consumption, use of whole grains, use of vaccinations, and regular check-ups. In this review, we present evidence that inflammation is the link between the agents/factors that cause cancer and the agents that prevent it. In addition, we provide evidence that cancer is a preventable disease that requires major lifestyle changes.

Key Words: cancer, environmental risk factors, genetic risk factors, prevention

INTRODUCTION

After sequencing his own genome, pioneer genomic researcher Craig Venter remarked at a leadership for the twenty-first century conference, “Human biology is actually far more complicated than we imagine. Everybody talks about the genes that they received from their mother and father, for this trait or the other. But in reality, those genes have very little impact on life outcomes. Our biology is way too complicated for that and deals with hundreds of thousands of independent factors. Genes are absolutely not our fate. They can give us useful information about the increased risk of a disease, but in most cases they will not determine the actual cause of the disease, or the actual incidence of somebody getting it. Most biology will come from the complex interaction of all the proteins and cells working with environmental factors, not driven directly by the genetic code”



Introducing an alliance that brings a completely new perspective to pharmacy benefit management.




[Learn More](#)

To Your Health

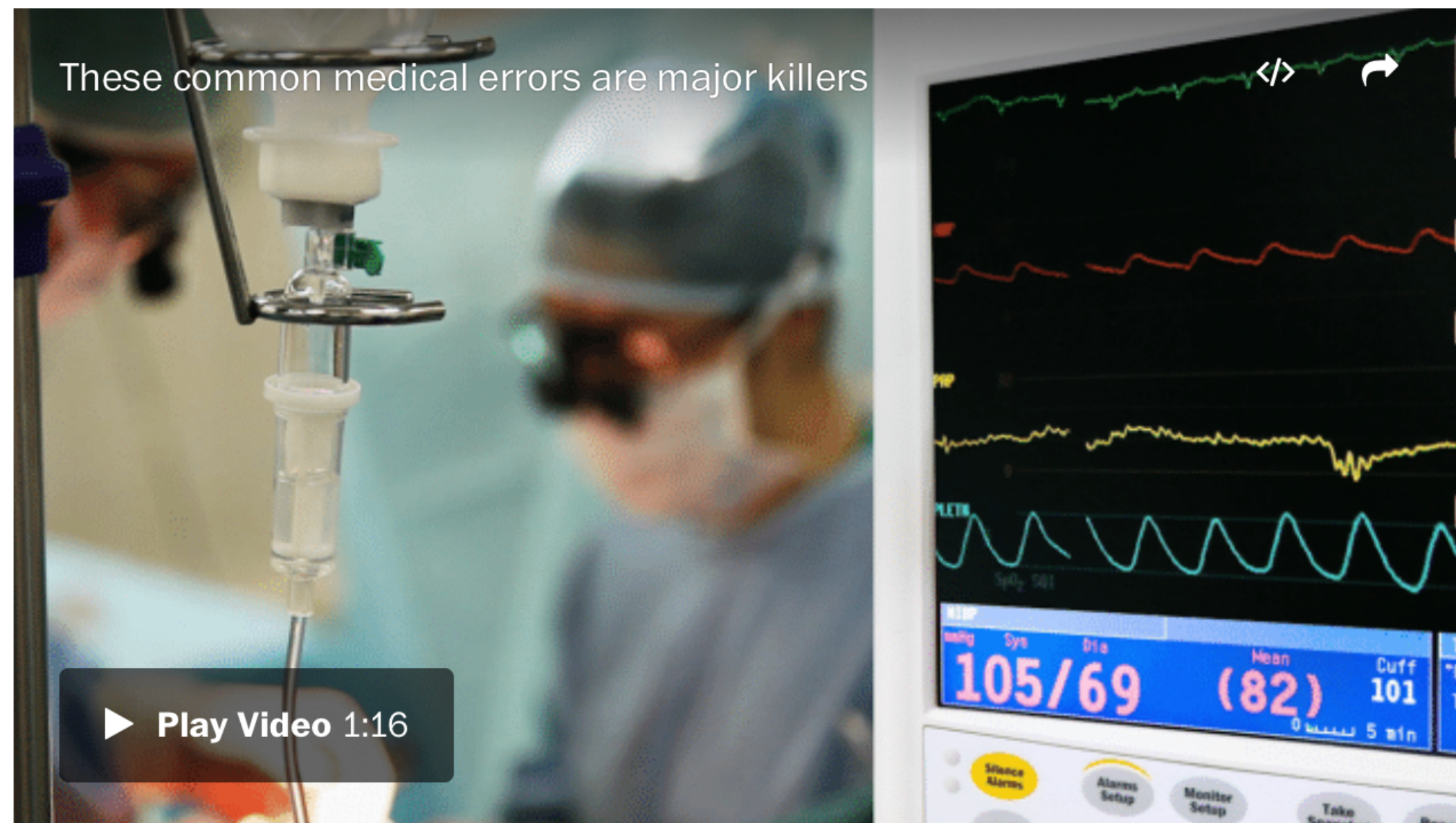
Researchers: Medical errors now third leading cause of death in United States

UP TO 1.00% APY




872

By Ariana Eunjung Cha May 3



A new study by patient safety researchers shows common medical errors may be the third leading cause of death in the U.S., after heart disease and cancer. (Deirdra O'Regan/The Washington Post)

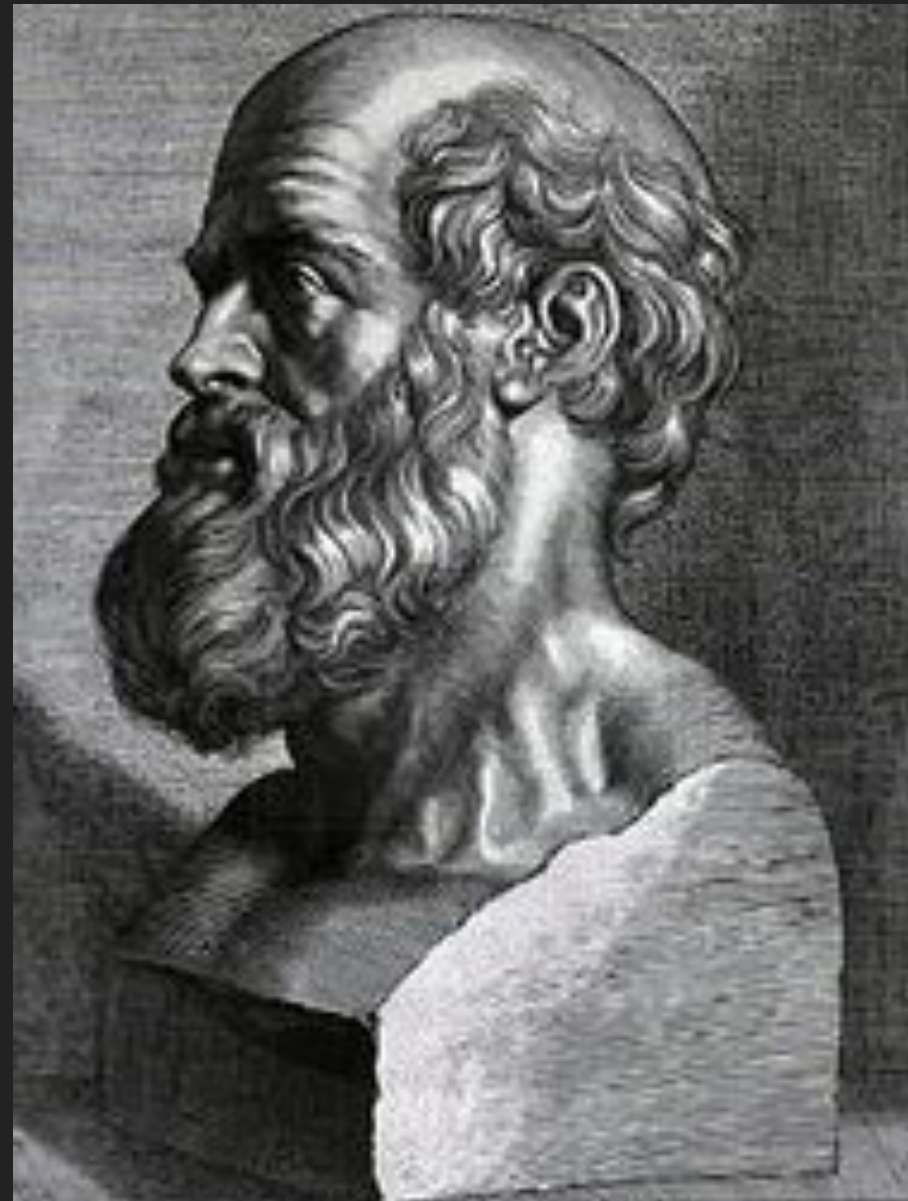
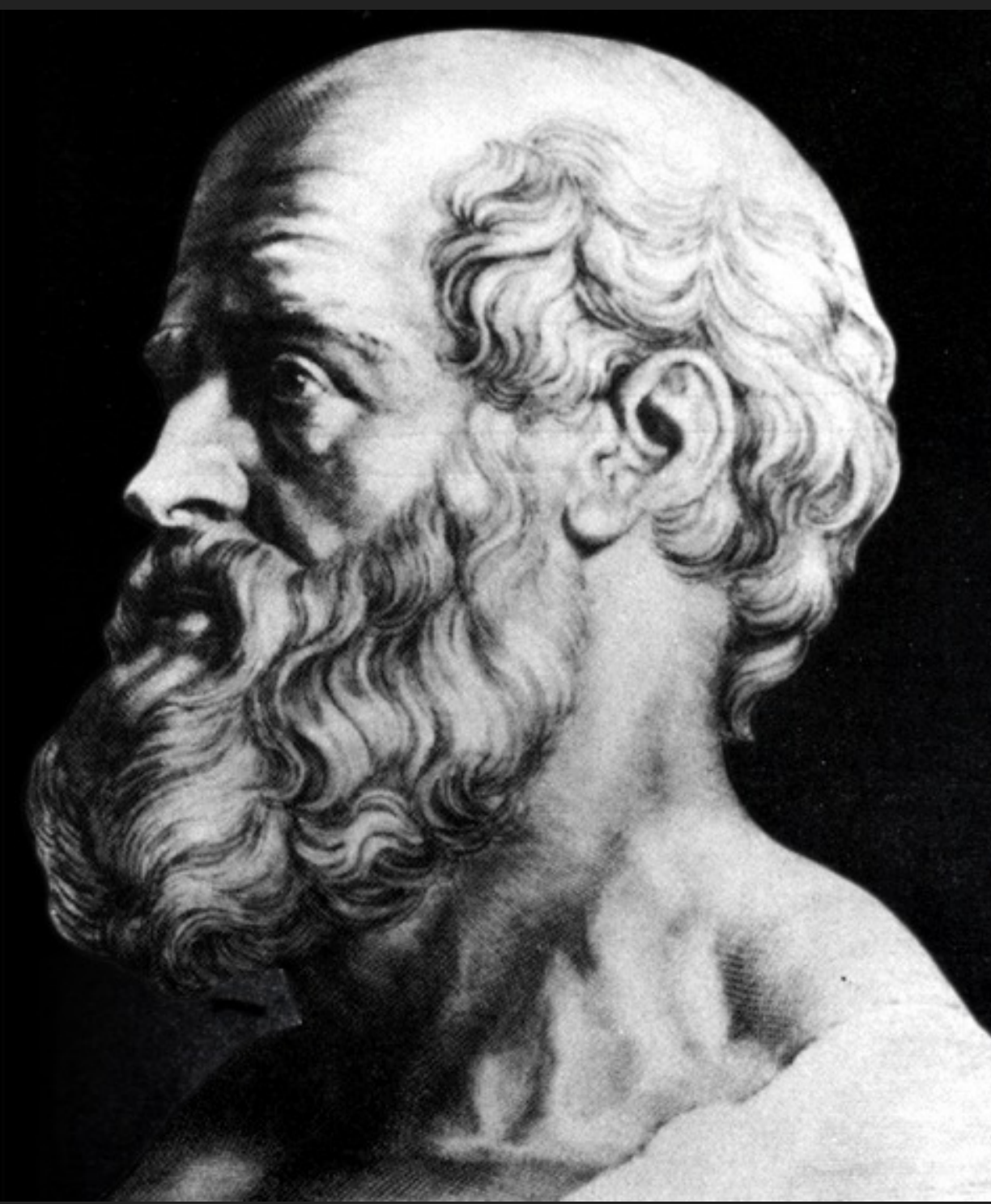
Introducing an alliance that brings a completely new perspective to pharmacy benefit management.



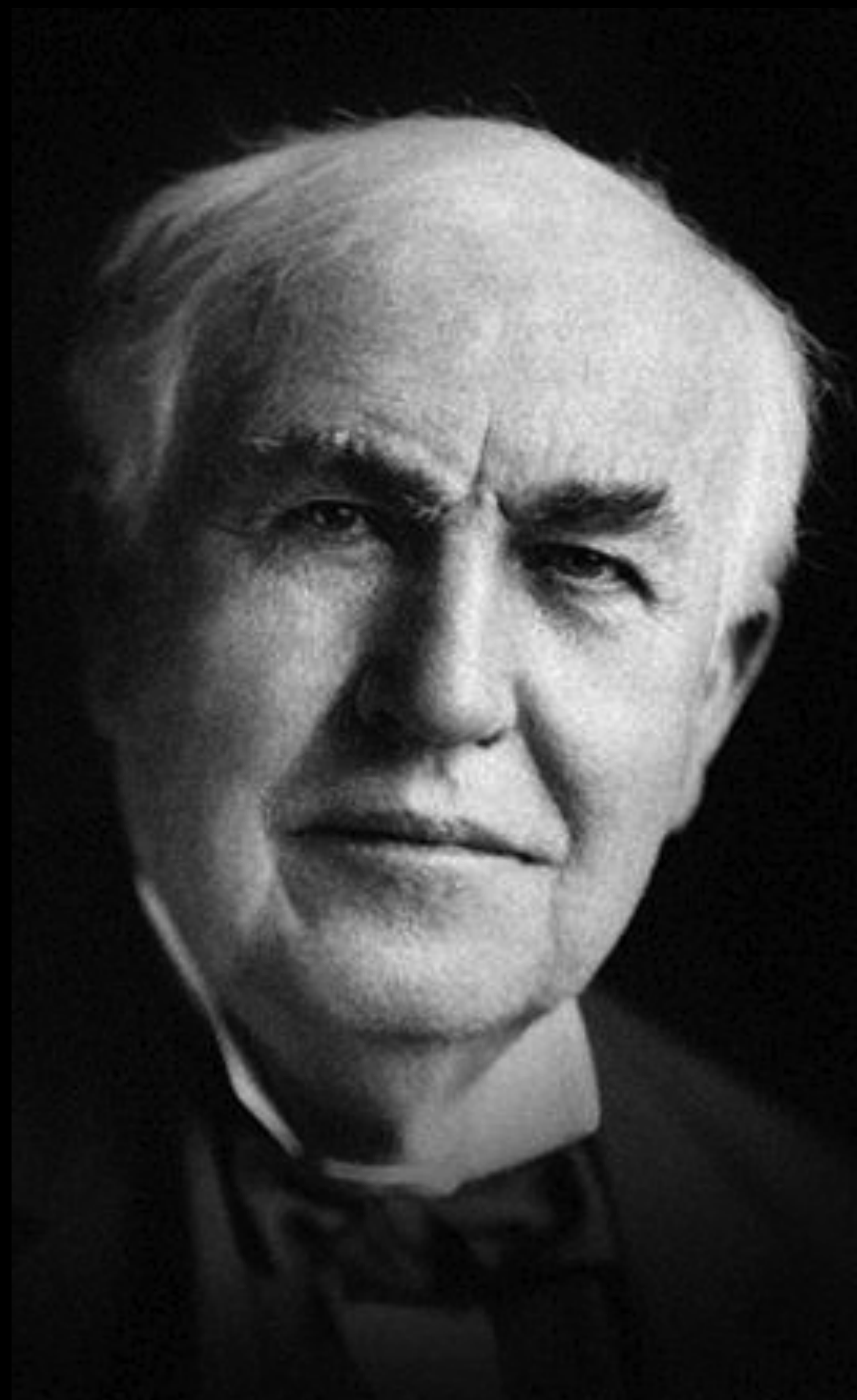
[Learn More](#)

"ALL DISEASE
BEGINS IN
THE GUT"

-HIPPOCRATES

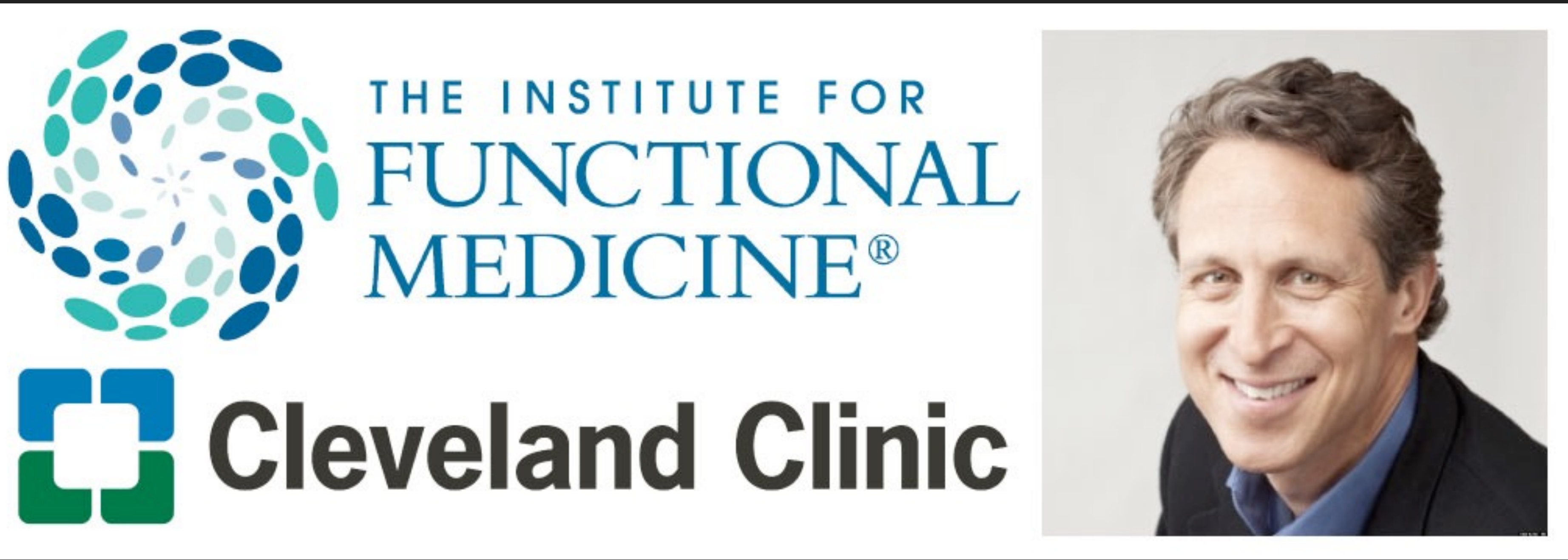


"Let food be thy medicine
and medicine be thy food"
– Hippocrates



“The doctor of the future will give no medicine, but will instruct his patients in care of the human frame, in diet and in the cause and prevention of disease.”

- Thomas Edison



"Twenty years from now every doctor will practice this way."

-Mark Hyman, MD

This Bad!

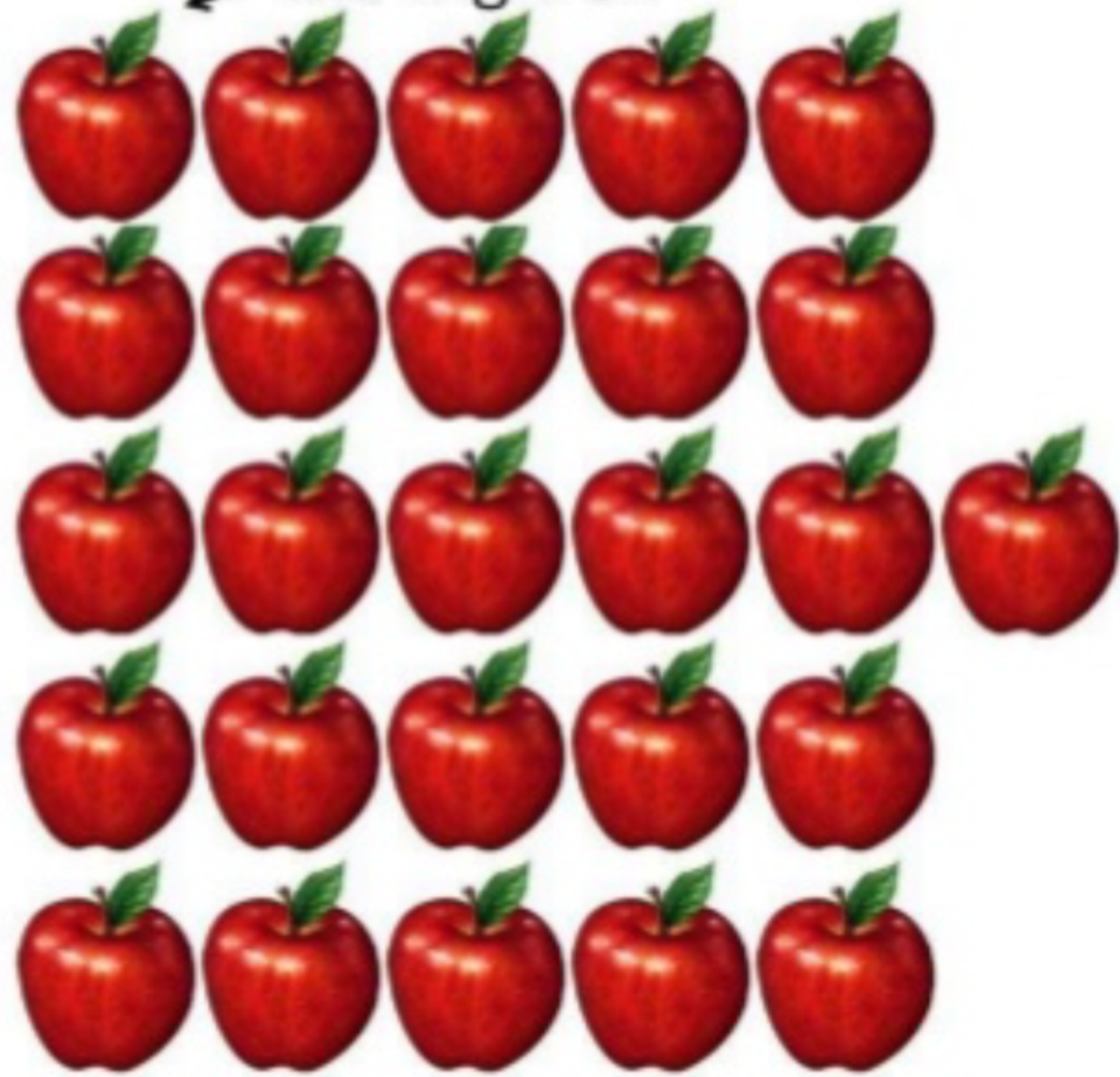
1950

4.3mg Iron



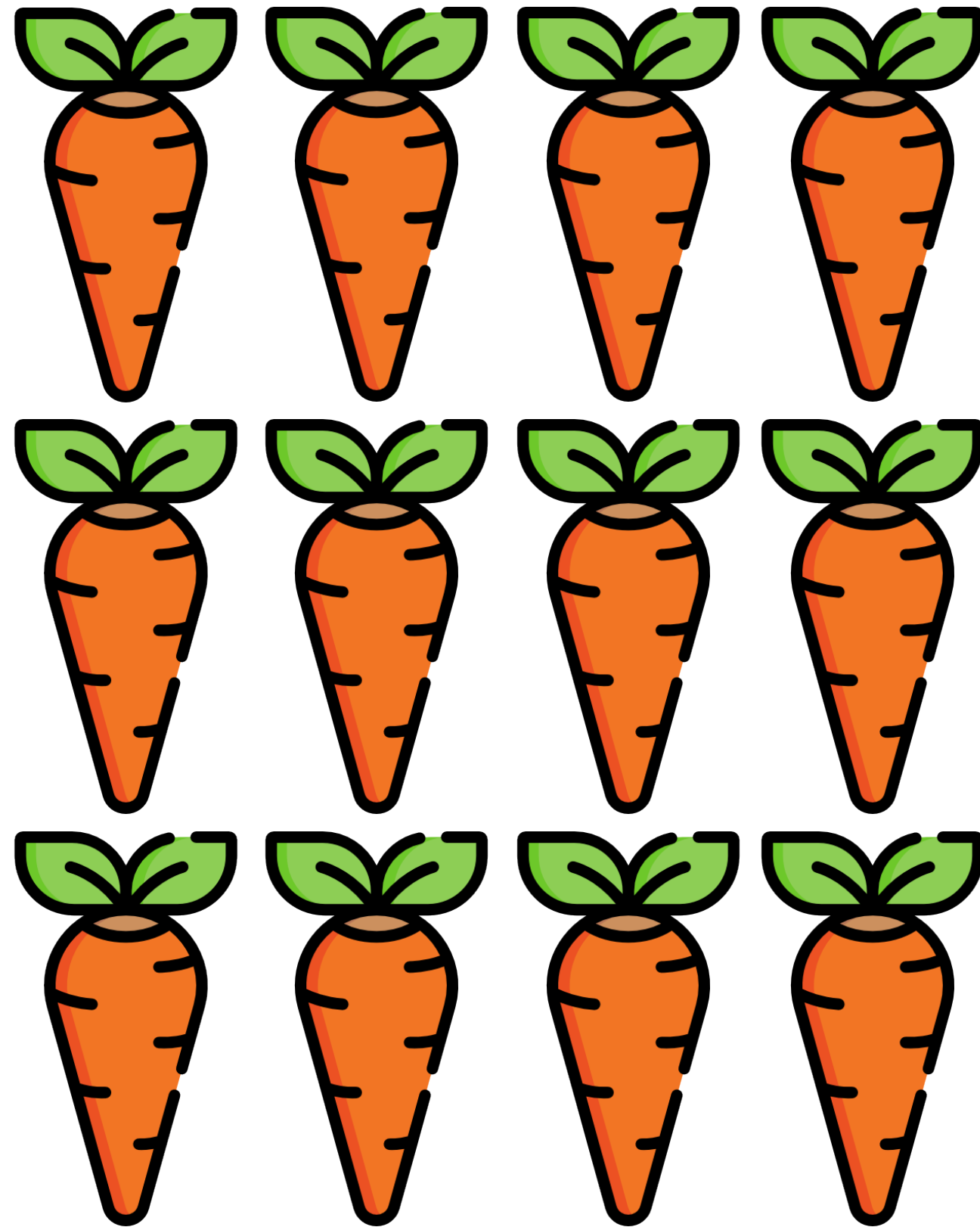
1998

.18 mg Iron

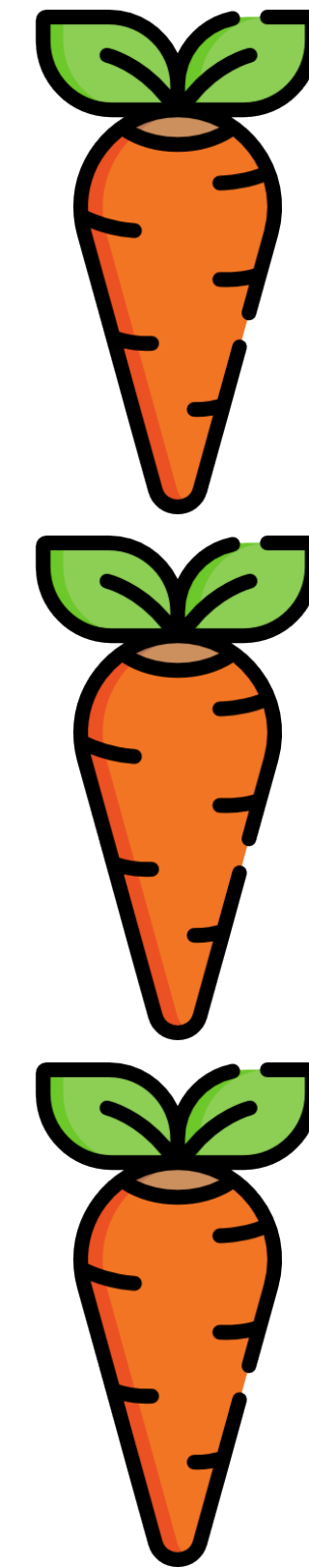


MAGNESIUM IN A CARROT:

1990'S

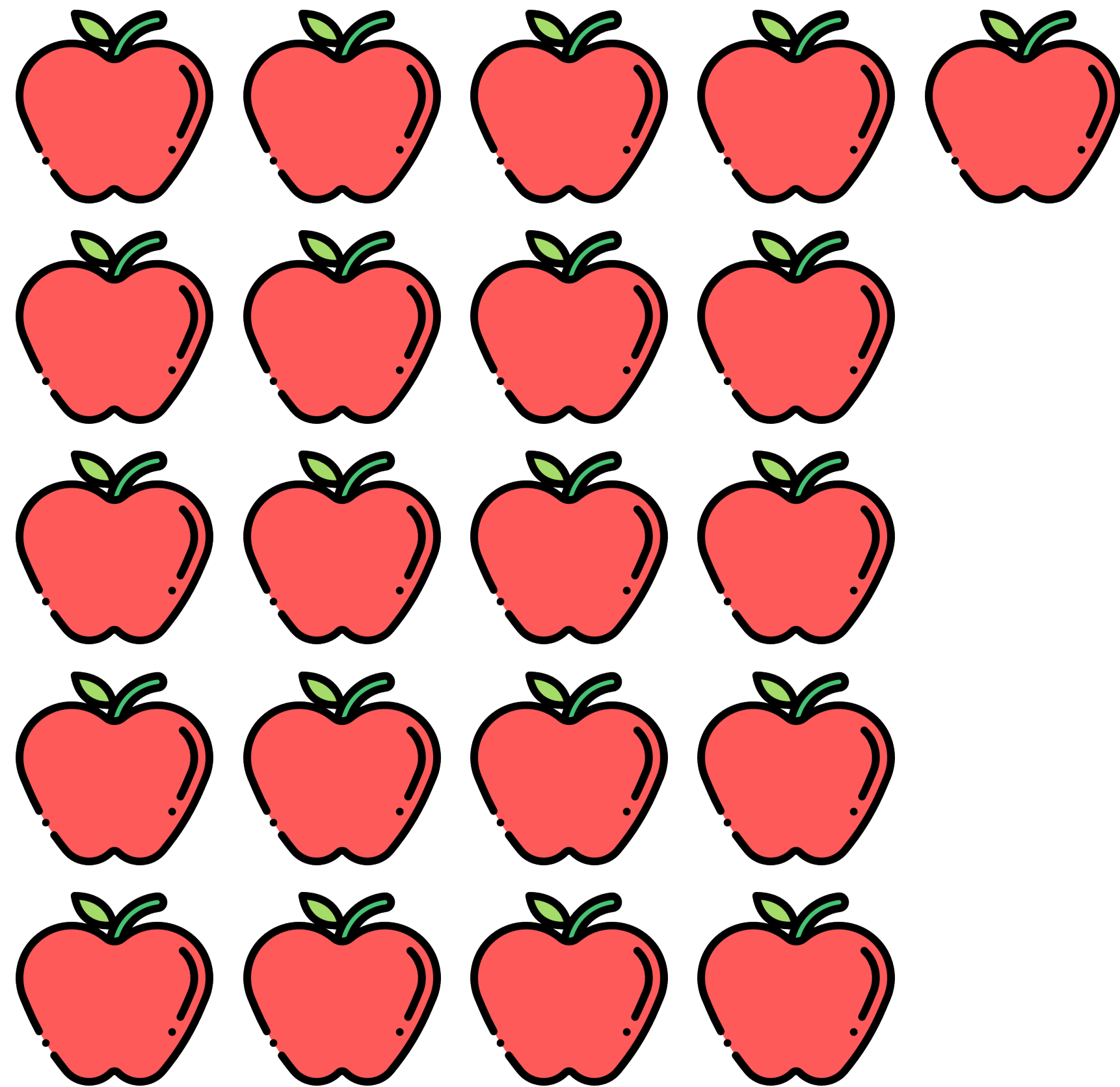


1950'S

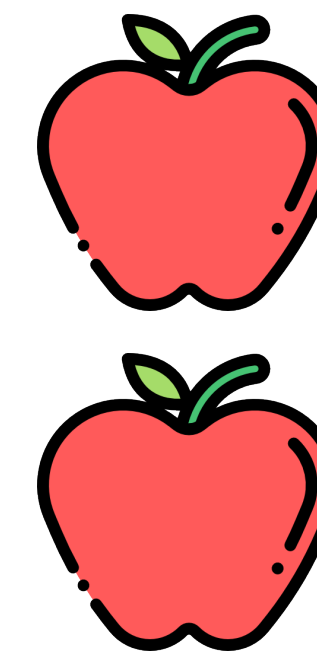


COPPER IN AN APPLE:

1990'S

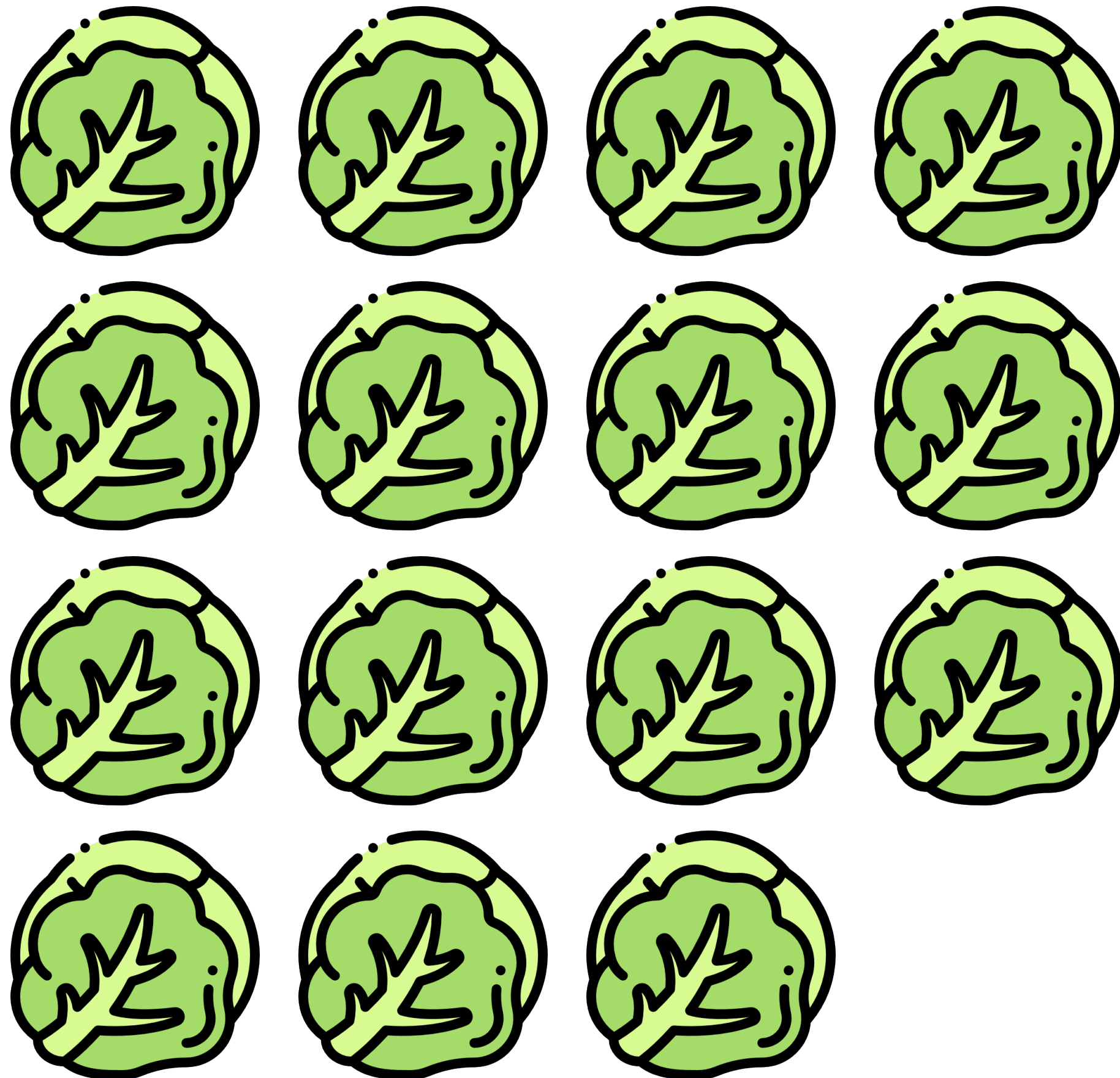


1950'S



COPPER IN AN CABBAGE:

1990'S



1950'S



GET STARTED:

- ▶ If God made it, eat it, if man changed it, don't:
 - ▶ decrease or eliminate adulterated wheat, corn, rice
 - ▶ Switch out bad fats (vegetable oils, margarine) for good (real butter, coconut oil, olive oil, avocado oil, lard, tallow)
- ▶ Eat more color
- ▶ Donate blood quarterly
- ▶ Get up out of your chair every hour
- ▶ Water, tea, coffee (in moderation)
- ▶ Be at peace: Reject the lies and believe the truth



Healing Roots, Restoring Lives

VeritasMedical.com

VeritasMarket.com

VeritasWellness.com (coming soon)

Healing Roots, Restoring Lives



VeritasMedical.com