



Dr. Frank Shallenberger's **SECOND OPINION**

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HEALTH NOTES

A Surprising Cause of Fatigue and That Weak, Run-Down Feeling

Ben is an 82 year old man who has always been athletic and in great shape. But over the past nine months, his condition had deteriorated to the point he could no longer do the hikes he used to enjoy. Instead, he sits in his chair and recollects the good old days. What happened to Ben could easily happen to any one of us.

When Ben came to see me, he was complaining of feeling weak and run down. An initial blood study showed that he was severely anemic. That means that he had very few red blood cells. The red blood cells are the ones that carry the oxygen to our cells. So in effect Ben's body was in a state of oxygen deficiency. No wonder he felt horrible. But how did he get that way? That's what we had to figure out.

The next test we did was an iron test. Red blood cells need iron in order to carry the oxygen. Maybe he was short on iron. And indeed he was. The amount of iron in our body is reflected by a test called an iron saturation test. Normally, the level is at least 30%. In Ben's case, it was down to 3%. Almost zero! So he had no iron. But how did he get that way? You might be surprised by the answer.

Ben's diet was normal. He wasn't having any blood loss, a common cause for low iron levels. Perhaps it was his digestion. After all, the older we are the more compromised our digestion often gets. And then a quick look at his medications gave the answer. Ben had been taking omeprazole for the past two years.

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Amazing New Treatment Stops Pain, Insomnia, Anxiety, PTSD, and Much More

Let's say you have chronic insomnia. It's very common. I have seen patients who tell me that they haven't slept peacefully as long as they can remember. Or perhaps you have persistent anxiety. You're always tense and just can't relax. You just seem to have been built that way. How about constant pains throughout your body? Or daily headaches?

Now let's say you come to my clinic and a guy named Barry hooks up some electrodes from his computer to your head. And after fiddling around with a few controls on his computer he gives you a 30 minute "treatment." Would you be amazed if you slept like a baby that night? Would you be surprised if for the first time in years you felt stress-free and relaxed without any drugs? What if you woke up the next morning completely free of your regular headache, or all those pains you have suffered with for so many years? Would you be shocked? Well, prepare to be shocked. Because that is exactly what I have been witness to for the past year.

What's going on here? It's called neurofeedback. But it's not your momma's neurofeedback. This form of neurofeedback is brand new. And it promises to change the way doctors around the world do business.

A few months ago, I had an interview with Barry Bruder. Barry is the President and COO of a new company that has developed a neurofeedback system called IASIS MCN Neurofeedback. IASIS got its name from the Greek word meaning healing. And, as you read this month's issue, I think you will agree with me that healing is just what it does.

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Omeprazole, also known as Prilosec, is a drug that you can buy over the counter. Doctors often recommend it as a treatment for heartburn or ulcers. In Ben's case, the doctor was giving it to him because one of the other drugs he was giving him can cause ulcers, and the doctor was hoping to avoid them by prescribing the omeprazole. The way omeprazole works is by shutting down the body's natural production of stomach acid. And that is why Ben was so low on iron. Stomach acid is an important part of the digestive system. And iron cannot be absorbed when there isn't enough stomach acid.

Back in 2004, doctors were warned about this problem. The article pointed out that while many people do not develop an iron deficiency from stomach acid reducing drugs, many do. Especially those who already have low levels of stomach acid. The authors stated, "Our observations support the probability that the profound hypochlorhydria [low stomach acid] induced by omeprazole may indeed impair the optimal absorption of orally administered iron." But that is not the only study warning about the connection between omeprazole and iron deficiency.

Another experimental study looked at the effect of omeprazole on rats.

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Barry has been working in my clinic for over a year now. The results have been phenomenal. We'll go over some cases later, but let me tell you a little about Barry.

About five years ago, Barry was going through a very hard time. Everything was hitting him at once. He was still dealing with his mom's unexpected passing. He was having financial difficulties. His marriage was stressed. And then, to top it all off, someone started making false accusations about him, and it was affecting his reputation. He felt like his whole life was crumbling before him. He was anxious and depressed. Everything made him nervous. He couldn't sleep. He lost his appetite and dropped 30 pounds. Barry was frustrated partly because he was a counselor who couldn't help himself. He felt like he needed a miracle.

So Barry called a very prominent psychiatrist in Los Angeles who is also well versed in alternatives to psychiatric drugs. He contacted her because he didn't want to go on drugs. He just knew that there had to be a better way. She turned Barry on to neurofeedback. She had just heard about it herself. And basically she thought he would be a good case for her to test its effectiveness.

Barry went to the doctor she recommended for the treatment right away. At that point in time, he didn't remember ever being so distraught. The doctor put some electrodes on his head for about 15 minutes and then asked him how he felt. He responded, "I don't want to be rude, but this must be a placebo because I have no anxiety at all. It can't be real." Barry told me, "It felt like a massage for my nerves." That night, he slept well for first time in two months. And he didn't have his usual 4:00 a.m. heart palpitations.

The next day, Barry went back to the doctor. As he was driving there, he started to feel anxious again. So he asked the doctor about it. The doctor said that it would take quite a few treatments to get him back on line because there was so much still going on in his life. So Barry started seeing him twice a week.

In between treatments, Barry was much better right from the start. Within two weeks, he started to see that the anxiety was going away. He was still skeptical, but he didn't complain because it was actually working.

After the first 12 treatments, he was a completely different man. The stresses were still there. They just didn't have the same effect on him. He started to feel like he had a Teflon shield around him. His wife, clients, and

friends were noticing the difference. His entire attitude about life was changing. Amazingly enough, he was actually better than he had been even before all the stress! And he thought it was absolutely incredible that all this could happen from something as simple as neurofeedback.

Barry has been in the healing arts for nearly 40 years. After his experience with neurofeedback, he said, "This can help so many people. I need to do this." So Barry went through the training and started seeing patients. All kinds of patients. People suffering like Barry had suffered, including children, autism cases, addiction cases, chronic headaches, traumatic brain injuries ... all kinds of nervous-system-related disorders.

One of his cases that really caught my attention was a man who was an alcoholic. Barry told me, "I'll never forget him because remember, at that time, I was brand new at the technology. For many years, I had been working in various substance abuse centers. Some had better results than others, but let's face it. Even in the best of scenarios, most addiction treatments fail. So a fellow named Steve called me and said he was an alcoholic. He also told me that he had suffered with ADD (attention deficit disorder) since he was in high school. Because of that, he never could have a clear mind unless he took amphetamine drugs. He was also suffering from chronic anxiety." I can tell you that this is an extremely difficult case even for a pro.

Here's what happened: "At the end of the first treatment, he looked at me and said, 'I feel like I just had a huge dose of Adderall. My brain is clear. It seems like someone has lifted a veil. Everything is so much clearer.'"

Adderall is an addicting amphetamine drug that is often prescribed to patients with ADD. It's basically legal speed. So that's an amazing comment coming from someone who has been on the drug. But there's more.

Barry said, "Well, here's the really amazing part. When I saw him for his second treatment a week later, he told me that his anxiety had dramatically decreased. Get this. It had decreased to the point that he no longer craved the alcohol. Apparently, he had been using the alcohol to calm himself down. And then he said, and I quote, 'I hate you! I have always loved alcohol. But now I have no desire for it at all. This has never happened before.'

"I ended up seeing him once a week for a total of 10

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Researchers gave half of the rats omeprazole. When the study was over, the researchers were able to show that even after only four weeks of treatment, the rats on the omeprazole had decreased iron levels. If this study had gone on for two or three years like it had with Ben, I am sure these rats would have been just as seriously deficient. There are several important points I need to make.

The first is the most obvious. God put stomach acid in our stomachs for a reason. It's not an accident. Get rid of it and problems are going to happen. The drugs that reduce stomach acid not only cause iron deficiency, they are also on record for vitamin B12 deficiency, osteoporosis, pneumonia, and colitis. If you absolutely need them, then fine. But most of the time they are not needed. Why?

It's because stomach acid reducing drugs usually don't treat the problem. Because in most cases the cause of reflux and heart burn is not too much stomach acid. It's too much coffee. Other common causes are sodas (especially colas), alcohol, and NSAID medications such as ibuprofen and aspirin. Stop these and in most cases the reflux will just magically go away. But what if it doesn't?

Surprisingly, one of the most common causes of heartburn and reflux is the deficiency of stomach acid called hypochlorhydria. So how is it possible that you can get heartburn from too little stomach acid? It's because stomach acid protects against the overgrowth of bacteria and fungi in the stomach. When too little stomach acid is present, it can result in an overgrowth of these organisms right in the stomach. And when that happens, the acid metabolic products of the organisms can create the symptoms of heartburn.

So if you are regularly taking drugs like omeprazole for heartburn, do the smart thing. Stop all coffee, sodas, NSAIDS, and alcohol for three weeks. At the same time, take two capsules of Advanced Bionutritionals Heartburn

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Relief every night before bedtime. Heartburn Relief contains the herb d-limonene along with melatonin and other nutritional co-factors that can be instrumental in detoxifying and increasing the efficiency of the stomach. After three weeks stop the medication and see what happens. There is a good chance that you will find that you no longer need it. And after six weeks of therapy there is also a good likelihood that you will be able to have coffee and alcohol again – as long as you keep a lid on it. But one last precaution.

If you are taking the medications at a doctor's order because you have either Barrett's or erosive esophagitis, stop the medications only under your doctor's supervision. There are indeed many people who do need these drugs. It's just that most of them don't.

da Conceic, E.C., T. Shuhama, C. Izumi, et al. "Iron supplementation prevents the development of iron deficiency in rats with omeprazole-induced hypochlorhydria." *Nutrition Research* 21, April 2001. 1201-1208.

Sharma, V.R., M.A. Brannon, and E.A. Carloss. "Effect of omeprazole on oral iron replacement in patients with iron deficiency anemia." *South Med J.* 2004 September;97(9):887-9.

Does a Vegetarian Diet Make You More Susceptible to Knee Pain?

One of the most common problems in people over 50 years old is osteoarthritis of the knee. I'll bet close to 20% of all my readers are dealing with achy knees. There are a lot of factors that determine who is going to have problems in their knees and who won't. One of them is very definitely vitamin D. And the interesting

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For a complete listing of Dr. Shallenberger's recommended dietary supplements and nutraceuticals, please go to:

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visits. The whole time he had no cravings at all. I saw him two years later and he told me that although he had an occasional craving, he was still sober. His brain was working well and he was on no medications. And, Frank, you need to know that I have seen many similar results with people with addictions."

As astounding as that is, it's not the case that sold me on this treatment. Barry told me about another case involving a gunnery sergeant that started to bring me in (but I was still skeptical).

Barry told me the story, "I have always had a heart for our military men and women who come back with PTSD and other nervous-system-related injuries. There seems to be so little that modern medicine has for them. So this case is near and dear to my heart. Early in 2013, I was introduced to a 30-year retired master gunnery sergeant. His Humvee had been hit with an IED (improvised explosive device) and he had the whole package: PTSD, migraines every day, severe pains all through his body, insomnia and nightmares, and chronic depression. He was on a host of medications, but he was still miserable. And he had very little hope for the future. After his first treatment, nothing happened. Nothing at all.

"But, he called me next morning and told me, 'Mr. Bruder, what did you do to me? I have been waking up with a headache and body pain for years and they are gone this morning! I feel great. What did you do to me?'"

Years later, this gunnery sergeant is still doing great. And like Barry, he also became a certified IASIS Neurofeedback provider. And best of all, he introduced Barry to a general who helped Barry make this technology available to other marines.

So what exactly is IASIS Neurofeedback? IASIS Neurofeedback is a form of biofeedback therapy. Biofeedback therapy goes all the way back to the '50s. It's basically a technique in which you train the body to make adjustments to the autonomic nervous system.

The autonomic nervous system is the system that controls all our bodily functions automatically, without us being involved consciously. I refer to it as our automatic nervous system. An example would be our heart rate or our blood pressure. The autonomic nervous system makes adjustments to our heart rate and blood pressure on an as-needed basis without us even knowing about it much less getting involved with it. But the thing is that the autonomic nervous system is so automatic

that we're not supposed to be able to make adjustments to it consciously. I mean you just can't sit there and consciously will your heart rate or blood pressure to go up or down.

But that's just what biofeedback does. It teaches a person how to affect their autonomic nervous system. With enough therapy, it actually becomes possible for someone to do exactly that: control their heart rate and blood pressure, for example. And it has many other health benefits. So neurofeedback is a way for us to affect the way our brain functions in ways that we ordinarily can't do.

Neurofeedback started as an offshoot of biofeedback in the early 1990s. Back then, scientists discovered that low-energy currents applied right to the brain through electrodes placed on the head influenced brain wave patterns. Through trial and error, the researchers found out that if you were able to get the current just right for each particular person, you could take away lots of problems that were resistant to other forms of therapy.

Early on they were able to have tremendous success with headaches, migraines, insomnia, anxiety, and allergies. But today we are seeing great results with PTSD, traumatic brain injury (TBI), depression, attention deficit disorder (ADD), cognitive problems, addictions, and pain syndromes.

Think of the electroencephalogram or EEG. Doctors have been using this measurement of brain function for decades. When they place leads on the scalp, the EEG equipment is able to read the various brain waves. Scientists have known for a long time that when a person is stressed or in pain, for instance, the brain wave patterns on the EEG change dramatically to adjust to the stress. What IASIS does is to provide a very tiny signal that the brain can interpret directly, and which creates change. The amount of power in that signal is about 3 picowatts. That's one trillionth of a watt. Not enough to even notice, much less cause damage.

After you provide the tiny pulses of current, the brain wave pattern changes. The IASIS system reads the change, analyzes it, and then provides a corresponding new pulse rate. It does this frequently enough to keep the brain "on its toes." As this process continues, the brain learns to stop forming the EEG patterns associated with the patient's symptoms. Think of it this way: instead of staying in its "stuck" patterns, the treatment

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thing is that it takes only a little vitamin D to make a big difference.

Recently researchers looked at 418 men and women with osteoarthritis of at least one knee. They all had pain. And they all had positive X-rays. They followed these patients for up to 48 months to see who got worse and who didn't.

They also checked their vitamin D blood levels. They discovered that having enough vitamin D was important. About 16% of them had vitamin D levels below 15 ng/ml. This is an extremely low level of vitamin D. The patients with a level less than 15 were more than two times as likely to develop more pain and worse X-rays than those with a level higher than 15.

Another study took a different tack. In that study, the authors looked at 180 patients with osteoarthritis of the knees. They compared their diets to 180 people who were of similar age and health status whose knees were fine. They found a significantly lower intake of vitamin D in all of the arthritis cases compared to those who had healthy knees. They also found that the patients with arthritis had diets that were higher in green leafy vegetables and lower in dairy, meats, and fish, whereas the healthy knee group had diets with less leafy greens and more dairy, meats, and fish. What's the difference between these two? The more vegetarian types of diets are lower in vitamin D.

So if you have arthritis of the knee, especially if you tend toward a vegetarian lifestyle, make sure you have your vitamin D level checked. A level of 60-70 ng/ml is the best level to be at. So if you are below that number, please take enough vitamin D to get in that range.

Sanghi, D., A. Mishra, A.C. Sharma, et al. "Elucidation of Dietary Risk Factors in Osteoarthritis Knee-A Case-Control Study." *J Am Coll Nutr.* 2014 November 11:1-7.

Zhang, F.F., J.B. Driban, G.H. Lo, et al. "Vitamin D deficiency is associated with progression of knee osteoarthritis." *J Nutr.* 2014 December;144(12):2002-8.

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HEALTH NOTES ... continued**The Surprising Way to Protect Your Hearing as You Age**

I always thought hearing loss was just a result of being around loud noise when you were younger. But I'm learning that there is often much more to it than that. Two weeks ago, I had no less than three different people complaining that their hearing was decreasing. And all three of them had no history at all of being around loud noises. So what was causing their problem? And is there a way to stop the loss before it gets worse? A little research has helped me find some answers to those questions.

The data comes from the Blue Mountains Hearing Study. This is a long-term study that has been looking at 2,956 older men and women to find out the various factors that can lead to age-related hearing loss. One of the things they looked at was the effect of fish oils.

It turns out that there is a very strong effect on hearing from fish oils. The people who were eating two or more servings of

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- Access your own account using your email address
- Simple, clear search function puts every issue of the newsletter and Health Alert at your fingertips
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pulses allow the brain to reorganize itself into a healthier, more efficient pattern of functioning. The effects build over time with repeated treatments.

When Barry first told me all this, it sounded just a little too weird. It took a lot of evidence to make me a believer. But there was a case that really sold me on this treatment. I had a physician who came to see me for severe daily headaches. The symptoms started because of a traumatic brain injury that kept him in a coma for over a month. He was addicted to three different kinds of heavy duty narcotics. I tried my best with him and got absolutely nowhere. I remembered that Barry had told me that IASIS Neurofeedback was good for brain trauma injuries, so I sent that patient to Barry. I was astounded when this physician called me back and told me, "I just came back from three days of therapy with Barry. And for the first time since the accident, my headaches are completely gone." Ever since then, Barry has been working in my clinic. I do nothing but send him the most resistant cases. And for the most part, the results are always positive.

In fact, Barry recently saw a 70-year-old woman who is healthy except for one problem. She couldn't sleep. She had tried everything including medications and meditation. Nothing was helping. The insomnia caused her brain to malfunction and her energy levels to drop to zero. Her whole life was affected by this one simple thing. She said, "I just stay at home in my cocoon." She was a slow responder. She started off with twice a week treatments and it wasn't until the eighth or ninth treatment that she started to notice that her sleep was improving. And then a few weeks later, she told me that all was well. "I am happy and now I want to do things. I'm shopping and exercising and not moping around."

Now, Barry and I are working hard to get IASIS Neurofeedback into the hands of health practitioners and psychologists all over the country. This is brand new, so it's a difficult task. But I want this technology to be available to every patient out there. These are very difficult problems for which little to nothing else works.

Barry just gave me some encouraging news: "I have two things that I want to share with you. First, thanks to the marine we talked about before, we now have an approved research protocol treating 20 marines with PTSD and TBI (traumatic brain injury). And I can tell you that the early results are amazing. The researchers are using MEG (magnetic encephalography) technology

to see what is happening to the brains of these marines after a course of 20 treatments. The MEG is a \$7 million machine and there are only 30 of them in the country. It is the state of the art way to measure the extent of brain damage. And the MEG reports are documenting that the IASIS treatments are creating genuine healing. The damaged areas are measurably decreasing.”

That means that the MEG scans are actually documenting the regeneration of damaged brain tissue. That’s unheard of.

“And the docs are absolutely amazed,” Barry continued. “They have never seen anything like it before. In the words of the principle investigator, Dr. Huang, ‘I was skeptical before, but there is no question that the IASIS intervention is extremely effective for TBI.’”

If you would like to learn more about how IASIS works, (including what the research is showing, you can go to the IASIS web site at www.Iasistech.com. Even though IASIS is only a couple years old, there are certified providers throughout the country. Click on the “Contact Us” tab, fill out the fields, and we’ll help you find the one closest to you. You also can find out about upcoming training sessions for anyone who wants to learn how to use IASIS MCN system for themselves or their patients. And you can watch a video interview of me in which I talk about some of my personal experiences with this remarkable technology.

I also would urge you to tell your doctors about IASIS MCN. Until this technology came along, doctors have been really limited in what they could do to help patients with some of these neurological disorders. Most of the time, all they can do is offer medications or supplements to help with the symptoms. Now they can actually treat the cause.

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

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

HEALTH NOTES ... *continued*

fish per week were 42% less likely to have hearing loss than those who ate fish less than once a week. And the effect was dose related. This means that as people ate progressively more fish, their risk for hearing loss progressively decreased. The authors said “Dietary intervention with omega-3 fish oils could prevent or delay the development of age-related hearing loss.”

So let me encourage you to eat more fish as you get older. The omega-3 oils in fish protect against almost every problem you can get as you get older. That’s why for the last 30 years, I have recommended to all my patients that they take fish oils supplements on a regular basis.

My favorite is Complete Daily Oils by Advanced Bionutritionals. Why? One reason is that they made it exactly according to my specifications. There is no other nutritional oil supplement like it. One capsule twice a day will deliver about the same amount of the omega-3 oils as two large servings of wild caught salmon.

REF: Gopinath, B., V.M. Flood, E. Rohtchina, et al. “Consumption of omega-3 fatty acids and fish and risk of age-related hearing loss.” *Am J Clin Nutr.* 2010 August;92(2):416-21.

Attention Doctors (and Patients) — Put the AAO Meeting on Your Radar

The American Academy of Ozonotherapy (AAO) is having its 4th Congress February 19-21, 2015 in Dallas. This is the only medical forum in the United States focusing on the use of ozone therapy to treat medical, dental, and veterinary disorders. This year features Italian ozone researcher and physician Lamberto Re, MD. You will not hear this information anywhere else! If you are already using ozone, come to increase your knowledge. If you are not, you owe it to your patients to learn about this incredible therapy. The Congress features an introductory workshop for practitioners and a separate workshop for lay people who are new to ozone therapy. Full schedule and registration information is on the AAO web site: www.aoot.us.

LETTERS

Do You Have a Question for Dr. Shallenberger?

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

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Q. I have a genetic mutation MTHFR and cannot take the folic acid. It's synthetic and I need the real thing – folate. I noticed your formula says folic acid, so I assume you are using a synthetic form. Also, is your whey protein biologically active undenatured so that it has naturally occurring cysteine that has not been processed? – Susan R., via email

Dear Susan,

You have raised an issue that I am hearing about more and more. Apparently, there are some people out there promoting the idea that people with MTHFR mutations should not take folic acid. This is incorrect. If you're not familiar with the MTHFR mutation, let me briefly describe it this way.

This mutation is very common. About 15-20% of people have it. The MTHFR enzyme works on a substance called 5,10-methylen-THF. 5,10-methylen-THF is made from two slightly different forms of the B-vitamin folic acid – folic acid and folate. But in order for folic acid to be converted into 5,10-

methylen-THF, it first has to be processed by an enzyme called dihydrofolate reductase (DHFR). Once the folic acid has been acted on by DHFR, it is the exact same molecule as would be formed by folate. Remember that. After the DHFR conversion, both folate and folic acid are identical. But that's not the end of the story.

The problem for some people is that they don't have enough DHFR. If that is the case, then they can't utilize the folic acid and this may cause a buildup of folic acid in the body. This could be a problem if at the same time there is a deficiency of a form of vitamin B12 called methylcobalamin.

However, as long as there is enough methylcobalamin, it is not a problem. So, as you can see, the potential problem with folic acid has nothing to do with MTHFR mutations. On the other hand, it may be a problem for someone with a DHFR mutation. So as long as you don't have a DHFR mutation combined with a deficiency of methylcobalamin, you do not need to be concerned at all about taking folic acid as a supplement. And let me add a few more important points about folic acid supplements and QuickStart.

First of all, folic acid is the most efficient form of the vitamin. Unlike folate, which is poorly absorbed, folic acid is almost 100% absorbed. Secondly, folate, while it's the form found in foods, is highly susceptible to destruction in a supplement form. On the other hand, folic acid is extremely stable as a supplement. Third, taking folate as a supplement is not without risk. It can result in a potentially dangerous condition in the body called the "Methyl Folate Trap." It is for all these reasons that the best form of folate to be used in supplements is folic acid.

Also, I have to point out to you

that when I was formulating QuickStart some 20 years ago, I was careful to add in methylcobalamin with the folic acid to avoid the potential problem of folic acid in the face of a methylcobalamin deficiency in those few people who have a DHFR mutation. This is probably why hundreds of thousands, if not millions of people have been using QuickStart all that time with absolutely no complications or reports of side effects. In fact, the only feedback I get from those using QuickStart is how effective it is. I have a long list of letters from people I don't even know who took the time to write me and tell me that they have more energy, better immune function, can see better, hear better, think better, and so forth simply from the regular use of QuickStart.

Lastly, I want you to understand that even though there are a few people out there who warn of the theoretical dangers of folic acid supplements, these dangers have never been documented in one single controlled study. The danger remains a theory. And in my world, when a theory is out there for over 20 years and still remains a theory, the reason is probably that it is an incorrect theory.

As for the whey in QuickStart, it is the best whey I can find. It consists entirely of microfiltered, undenatured whey protein isolates. That means it is rich in antibodies, lactoferrin, and glycomacropeptide (GMP). Lactoferrin binds free iron in the body, thereby reducing iron-induced free-radical production. GMP stimulates the release of cholecystokinin, a potent hormone that signals satiety to the appetite control centers in the brain. The kind of whey in QuickStart is one of the reasons it works so well.