Stories in this issue:

Strange But True Coconut Stories
Unusual stories about coconut you will find hard to believe. Learn more...

New Study Links Nonnutritive Sweeteners to Obesity, Diabetes, and Cardiovascular Disease
A growing body of evidence is demonstrating that sugar substitutes may be far worse for our health than sugar. Learn more...

The Dark Side of Stevia Extract: The Dirty Little Secrets Food Manufacturers Don't Want You To Know
This so-called harmless sweetener may not be so sweet after all. What you should know about stevia before you consider using it. Learn more...
Can Your DNA Predict Your Future Health?

Scientists are discovering genetic links to a multitude of chronic diseases. Genetic testing can now determine if you have genes that could spell trouble for you in the future, but how reliable are these tests? Learn more...

Strange But True Coconut Stories

Bodybuilder Injects Coconut Oil to Increase Muscle Definition

Can injecting coconut oil into muscle tissue increase muscle definition? This is definitely one of those things you should not try at home.

I have written several books on the many benefits of coconut oil. I promote its use both internally and externally. Coconut oil has been shown to provide a multitude of benefits some of which are truly remarkable. One bodybuilder has taken coconut oil to the extreme and injected it into his arms to maintain muscle definition. I have never recommended doing this and there is no scientific justification for doing this. Here is what happened, as reported in the journal BMJ Case Reports.

Ben began body building four years ago at the age of 21. Ben wasn't satisfied with the normal progression of muscle building and fat reduction. He wanted to acquire in just a few years a physique that would make Arnold Schwarzenegger envious. He worked out at the gym for several hours, three days a week and ate lots of protein to rebuild his muscles. Ben also used insulin, which no doctor had prescribed, because he believed it would melt away body fat, which would help define his muscles. He injected himself with vitamin B-12, anabolic steroids, and a thyroid hormone all in the belief that this was a fair price to pay for an impressive physique.

His excessively high protein diet inflamed the blood vessels in his kidneys. The insulin triggered seizures and weakened tendons in his arm. While he waited to heal, he turned to coconut oil. The oil, Ben believed, would plump up his muscles. However, it did not work as he intended. The injection caused extreme pain, agitation, and copious sweating.

Consequently, he sought medical aid at Ealing Hospital in London. An ultrasound of his arm revealed damaged muscle fibers and pockets of fluid within the muscles. The attending physician, Dr. Maria Johnson, described it as bizarre, unlike anything she had ever seen. Doctors
performed an MRI and the more detailed scan confirmed cysts in his arm, they wondered if it might be caused by some strange infection and quizzed the patient for more information. Ben finally confessed that he injected coconut oil into the belly of his right arm muscle. There, he hoped the fatty globules would improve the size and definition of his muscles as he waited on the ruptured tendon to heal. Instead, the oil formed fluid-filled lesions. The pain in his arm lasted for months.

The injection of anabolic steroids and other compounds to augment muscle building is common. Some Internet sites, with little scientific justification, have promoted the injection of oils to improve muscle size and definition. This little-known practice has a growing following especially among bodybuilders in Arab and Middle Eastern communities. A variety of oils have been used, including sesame and walnut oils, resulting in a numerous adverse reactions including heart attack and stroke.

Ben was lucky. “It is extremely dangerous for anyone to be injecting substances,” like coconut oil, Dr. Johnson said. Had he missed the muscle and injected the oil into a vein, it could have formed a lethal embolism in one of his vital organs.

Source:
bath. I can’t actually get out of my bathtub,” Denshan wrote. “There is no traction. No grip. Just me and my fat body slipping around covered in oil.”

She immediately received many responses with helpful and not-so-helpful suggestions. Responses included:

“Slide side to side until you build up enough momentum to slide out.”

“Pour 50 pounds of sand into tub and crawl out.”

“You should not be allowed to take a bath by yourself.”

“At least you have a good pedicure for the picture.”

“Rumor has it a woman died in this house...in the bathroom. No, not suicide. She used too much coconut oil and couldn’t get out of the bathtub.”

The more helpful comments suggested she use soap and wash away some of the excess oil and refill the tub, allow the remaining oil to float to the surface so she could stand up and get out of the tub. She followed this advice and luckily, Denshan made her way out the tub with a lesson learned about using too much bath oil.

Source
http://imgur.com/gallery/3mD4u#oAkTn0b

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**Curious Canine Saved by Coconut Oil**

When Fire Marshal Brian Doherty answered a call from St. Frances Veterinary Hospital he had no idea what crisis was at hand. The hospital had an emergency and asked if he had extrication equipment. The fully-equipped Rescue Unit immediately responded and was closely followed by the Fire Marshal’s vehicle. There was no time to spare, a life was at stake.

An eight-month old, inquisitive coonhound named, Blaze, somehow managed to get his head stuck in the wheel of a tire. The vet at the hospital didn’t know what to do, so he called the Fire Marshal.

Blaze’s owner said he had left the pup by himself in his yard for a few hours and when he came home he found the coonhound had tightly wedged his head into a wheel. With a generous amount of coconut oil, patience, a lot of ear tucking, and some powerful skin-pulling, Blaze’s head was successfully extricated from the tire wheel.
Fortunately, it didn't take the use of extraction tools but simply a little coconut oil and the firefighter's brute strength. Although some minor neck swelling was noted by the firefighters, Blaze remained calm, cool, and collected throughout the ordeal; he did not make a sound.

So it was a happy ending, and Blaze’s life was “spared.”

We bet this pup will “tread” more carefully next time.

Source:
Butte-Silver Bow Fire Department

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**Man Survives 30 Years On Coconuts and Rain Water**

There are numerous accounts of people who have been stranded on tropical islands who have managed to survive weeks and even months living on little more than coconuts. How long can a person live with coconut being the only nourishment? There are no studies but it appears a person can live a long time—decades—on nothing more than coconuts and water.

Mark Cola is a living example, for the past 30 years his diet has consisted entirely of dried coconut and rainwater. Cola lives on Icacos—a small uninhabited island off the coast of Puerto Rico. The island is a popular snorkeling and tourist destination. No one lives there. There are no facilities. Villagers who live in the nearby fishing community marvel at Cola’s primitive survival techniques, repetitious meals, and his isolation from society.

Describing Cola as a hermit, villagers say they have never seen him visit a supermarket, bar, restaurant or clothing store in the three decades he has been residing on the beach. Neither
does he socialize nor engage in conversations with anyone. He goes months at a time without speaking with anyone. Cola loves his secluded lifestyle.

At one time, Cola lived a normal life with his family in the nearby community. One day as a youth he went on a deep-sea trawler and jumped overboard. He swam to shore and never went back home. No one knows why and he has never told anyone why he chose to live outdoors.

His “home” is located several meters from the shoreline. At times, Cola takes a bath in the sea, but hardly ventures away from the beach.

Cola has been observed practicing Chinese martial arts. A small punching bag, which hangs from a makeshift goalpost is used by Cola to keep fit. His surroundings are immaculate.

Cola sleeps under a makeshift structure—a concrete slab and stones less than two feet high, supports five sheets of galvanized metal. Rocks were strategically placed on top of the metal sheets to keep them from blowing away. To sleep at night, Cola crawls under the metal sheets.

The sheets, which are built on a slant, serve as a catchment for rainwater, which Cola collects in plastic containers and buckets.

This water is then used for drinking, bathing, and washing his few pieces of clothing. Above his living quarters, a massive sea grape tree sways in the breeze. Cola clads himself with garments left behind by sea bathers or visitors. He wears whatever clothing he finds on the beach, including female clothing and underwear. A pile of coconuts sits near a table made from tree branches. On the table sits a grater to shred coconut.

Cola makes his own coconut oil by squeezing the milk from grated coconut. He combines the milk with a little water and allows it to ferment. The oil collects on the surface of the mixture where it is easy to scoop up. The oil is used on his flawless skin and hair, which glistens under the blistering sun.

Coconuts, Cola said, have been his main staple for years. “It’s all that I eat. There are no fruit trees around. I don’t hunt animals or fish. I enjoy what nature has to offer.”

Source
New Study Links Nonnutritive Sweeteners to Obesity, Diabetes, and Cardiovascular Disease

A growing body of evidence is demonstrating that sugar substitutes may be worse for our health than sugar.

According to a new study published in the *Canadian Medical Association Journal* individuals who routinely consume nonnutritive sweeteners may have an increased risk for long-term weight gain, obesity, high blood pressure, and heart disease. Evidence also suggests nonnutritive sweeteners could have negative effects on metabolism, alter gut bacteria, and increase appetite (promoting increased calorie consumption).1

Nonnutritive sweeteners are sugar substitutes that provide no calories, therefore have no nutrient value, but are many times sweeter than sugar (sucrose). Because of their lack of calories and high level of sweetness, they have been heavily promoted as harmless or at least safer alternatives to sugar. The most common nonnutritive sweeteners include aspartame, sucralose, saccharin, acesulfame K, and stevia.

The study examined the data from 37 previous studies that tracked the cardiovascular and metabolic health of more than 400,000 people who used nonnutritive sweeteners. The people weren’t losing weight, and the longer studies—which were observing the participants for up to 10 years—noted that they were instead gaining weight, and they were more likely to be obese, have high blood pressure, diabetes, heart disease, and other health issues compared to those who did not use nonnutritive sweeteners (e.g., those who used sugar). In other words, nonnutritive sweeteners had a greater adverse effect on health than sugar.

It appears that nonnutritive sweeteners, which are promoted as a means to help us lose weight and keep the weight off and to prevent diabetes, are actually doing just the opposite and may be fueling our obesity epidemic and contributing to the soaring rise of type 2 diabetes. In the 1990s less than 10 percent of the population used nonnutritive sweeteners. By 2008, more than 30 percent of Americans reported daily use of nonnutritive sweeteners, today that number has increased to over 50 percent.2 Today, there are literally thousands of diet beverages and foods on the market. The increased use of nonnutritive sweeteners has mirrored the dramatic rise in obesity and type 2 diabetes.

Why Sugar Substitutes Cause Weight Gain and Other Health Problems

This study substantiates the results of a number of other recent studies.3-5 According to an Australian study published in the journal *Cell Metabolism*, nonnutritive sweeteners can stimulate appetite, leading to increased calorie consumption of up to 30 percent, thus promoting weight gain and other metabolic problems.6 But that is not all. The University of Sydney researchers found that the chronic consumption of nonnutritive sweeteners promoted
hyperactivity, insomnia, glucose intolerance (insulin resistance), a more intense perception of sweetness, and an increase in appetite and in calories consumed.

“We found that inside the brain's reward centers, sweet sensation is integrated with energy content. When sweetness versus energy is out of balance for a period of time, the brain recalibrates and increases total calories consumed,” says Associate Professor Greg Neely, a co-author of the study.

The sweeteners essentially cause the brain to send a message that not enough energy has been consumed, triggering a kind of starvation response that makes food taste even better.

When ordinary sugar is eaten, dopamine is released in the brain and blood sugar levels rise, causing a secondary stimulation to produce dopamine. When eating nonnutritive sweeteners, dopamine produces the initial sensation of pleasure, but the second effect doesn’t occur because sugar-free sweeteners do not increase blood sugar levels. As a result, the body sends signals requesting more food to compensate.

Another study, published in the American Journal of Public Health, found that people who were overweight or obese ate more when they drank nonnutritive sweetened diet beverages. This kind of drink was linked to increased energy intake ranging from 88 calories per day for overweight participants to 194 calories for obese participants.7

Studies have shown that it doesn’t matter what type of nonnutritive sweetener is used, whether it be aspartame or stevia, the effects are essentially the same—weight gain and increased risk of diabetes and other metabolic problems.8 It is the sweetness combined with the lack of corresponding calories, not the particular chemical makeup of the sweetener, that causes the problem. Therefore, any nonnutritive or zero-calorie sweetener will increase appetite and promote weight gain and all of its accompanying problems.

Nonnutritive Sweeteners Increase Risk of Diabetes in Just Two Weeks

A recent study has shown that nonnutritive sweeteners not only increase the risk of type 2 diabetes but can do so after just a few weeks of use.9

The researchers gave healthy volunteers nonnutritive sweeteners, sucralose or acesulfame K, equal to that of drinking 1.5 liters of diet soda every day. Tests at the end the two week study period revealed that the sweeteners altered the subjects’ glucose metabolism causing elevated blood glucose and insulin levels. The study found that just two weeks use of nonnutritive sweeteners was enough to cause changes in the volunteers’ ability to properly manage their blood sugar, sending them in the direction toward diabetes.

This discovery is in line with earlier research that had found that nonnutritive sweeteners promote obesity and insulin resistance in animals as well as humans. In one study, using 7 volunteers, glucose intolerance was discovered in 4 of the subjects in less than 7 days.10 It is becoming evident that nonnutritive sweeteners are worse than sugar.
Childhood Obesity Starts in the Womb

The adverse effects of nonnutritive sweeteners are even seen in the children of women who use these sweeteners during pregnancy. The incidence of childhood obesity has more than doubled in the last 30 years. One-third of children in developed countries are now overweight or obese. Part of this problem is due to children consuming foods and beverages sweetened with nonnutritive sweeteners. Another part of the problem is the consumption of nonnutritive sweeteners during pregnancy, which greatly increases the risk of a child becoming obese.

In a study published in the *Journal of the American Medical Association Pediatrics* researchers examined 3,033 mothers and their children. More than a quarter of the women consumed nonnutritive sweetened beverages during pregnancy. There was no association between nonnutritive sweetener use and weight at birth; however, after one year infants whose mothers consumed nonnutritive sweeteners were more likely to be overweight. This effect was not due to maternal body mass index, diet quality, total energy intake, or other obesity risk factors. There was no association of increased risk of being overweight if the mother consumed sugar sweetened beverages. The reason for the increased infant weight was attributed to the mother’s consumption of zero calorie sweeteners during pregnancy.

Zero calorie sweeteners are known to alter the gut microbiome, shifting the microbiota toward populations that tend to promote weight gain and metabolic disturbances. During delivery, whatever type of microbiota that inhabits the mother’s digestive tract and birth canal will be passed on to the infant. Therefore, the infant will acquire the type of bacteria that promotes weight gain, leading to weight problems later on.

As more evidence is accumulating, it is becoming increasingly evident that nonnutritive sweeteners are causing more harm than good and are not suitable substitutes for sugar or other natural sweeteners.

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The Dark Side of Stevia Extract

The Dirty Little Secrets Food Manufacturers Don’t Want You to Know

This so-called harmless sweetener may not be so sweet after all. What you should know about stevia before you consider using it.

If you have ever used stevia as a sugar substitute you are probably among the growing number of people who view stevia as a healthy alternative to sugar and artificial sweeteners.

Since its approval as a food additive and sweetener by the FDA in 2008, stevia has become the most popular sugar substitute among health-conscious individuals. Currently, nearly 1,000 food products contain stevia, earning millions of dollars for its producers, which include, Cargill, Coca-Cola Company, PepsiCo, Johnson & Johnson, and Merisant (formerly a subsidiary of Monsanto). With this group of dubious companies behind it, there is reason for concern as they don’t normally promote natural or health-promoting substances. However, unlike other nonnutritive sweeteners, stevia is perceived as a natural, harmless sweetener. Its wholesome image stems from its origins as a rare South American shrub and the clever marketing of its promoters (see list above).

Stevia leaves were used by the Guarani Indians in Paraguay for generations to sweeten yerba mate, a local bitter tasting tea-like beverage. The leaves were also chewed for their sweet taste.

In 1931 French chemists isolated the predominant compounds that give stevia its sweet taste. The product was a purified white crystalline powder consisting of a family of related chemicals known as steviol glycosides, commonly referred to as stevia extract. Unlike simple herbal extracts that contain a multitude of vitamins and plant compounds, stevia extract is a highly refined and purified chemical. Stevia extract is often promoted as an herbal sweetener, but it is no more of an herb than cocaine is, since both are highly refined chemicals derived from “herbs.”

This new product was introduced into Japan by a group of enterprising Japanese businessmen in the 1970s. Japan is a world leader in the production and exportation of food additives that include stevia, aspartame, sucralose, acesulfame K, MSG, monoammonium glutamate (MAG), soy protein isolate, hydrolyzed vegetable protein, and others. Japan is the world’s leading producer of aspartame, turning out 14,000 metric tons yearly, about 40 percent of all the aspartame sold worldwide. It is no wonder that they were the first to see the financial potential in purified stevia extract, and to begin marketing it.

The fact that the Japanese have been using crystalline stevia powder since the 1970s is cited as proof of its safety. But long-time use of a product does not prove its safety. For example, Japan was also the first country to use and market monosodium glutamate (MSG), a flavor
enhancer used in a wide variety of packaged, prepared foods. MSG is an excitotoxin, which means it can stimulate brain cell activity to the point of damage or death. In fact, researchers will purposely administer MSG to lab animals to simulate the damage done by neurodegenerative diseases such as Alzheimer’s. The first clues that MSG was harmful surfaced in the 1950s when researchers gave it to mice and it destroyed the retinas of their eyes and caused brain damage. MSG has generated nearly as many consumer complaints as aspartame, with symptoms ranging from headaches and seizures to heart palpitations and chest pain. MSG is frequently used in Asian foods, giving rise to the term “Chinese Restaurant Syndrome” to describe the deleterious short-term symptoms from consuming food containing the additive.

MSG has been in use since 1909, far longer than stevia extract, and yet despite numerous studies documenting its destructive action and the multitude of consumer complaints, it is still used as a food additive worldwide. Simply because it has been used in Japan for over a century doesn’t make it harmless.

By the 1980s a small amount of stevia leaf was being imported to the United States and Europe. Because of its herbal flavor, it was used almost exclusively to sweeten teas. In 1991 the FDA banned stevia leaf after studies found that it might be mutagenic and carcinogenic. Over the next several years a number of studies appeared that suggested it might also adversely affect reproductive health, liver and kidney function, and blood glucose metabolism. After further investigations, the herb was also banned in Europe and in numerous other countries worldwide.

The passage of the US Dietary Supplement Health and Education Act in 1994 allowed stevia to be sold as an herbal dietary supplement, but not as a sweetener or food additive, which requires more stringent regulations for approval. After petitioning by Coca-Cola, PespiCo and others, the FDA approved purified steviol glycosides in 2008 for use as food additives; however, the ban on stevia leaf itself remained. Although it may seem contradictory, the FDA does not consider steviol glycosides to be the same as stevia leaf. Steviol glycosides, they say, are “purified chemicals,” not stevia. Australia and New Zealand also approved the sweetener in 2008, followed by the European Union in 2011 and Canada in 2012, in addition to many other countries.

More recently, concerns have arisen about steviol glycosides and other nonnutritive sweeteners (see the article in this issue “New Study Links Nonnutritive Sweeteners to Obesity, Diabetes, and Cardiovascular Disease”). Studies show that regardless of the chemical makeup of a substance, if it has a sweet taste without the corresponding calories, it can stimulate sweet (sugar) addiction, encourage weight gain, promote insulin resistance, interfere with hormone regulation, and alter the gut microbiome.

Stevia has been heavily promoted as a harmless, even healthy, herbal sweetener with a sweetness like sugar but without any of the health risks. A natural sweetener that is harmless, as well as healthy is a dream come true for those looking for better alternatives to sugar and sugar substitutes. In fact, it seems too good to be true. As the saying goes, “If it sounds too good to be true, it probably is.” This is apparently the case with stevia as well.
Although stevia promoters like to claim that the sweetener has no known harmful effects; this is simply not true. In addition to the concerns noted above that prompted the initial ban on stevia leaf, the sweetener itself has been known to cause a number of adverse side effects in many users.

Human clinical studies have documented various side effects that include nausea, abdominal discomfort, muscle pain, headache, fatigue, and dizziness. Additionally, dermatitis, joint pain, digestive distress, mouth sores, vertigo, miscarriages, weight gain, glucose intolerance, and allergic reactions have been reported. Adverse reactions to stevia may be far more common than most people realize. Since we have repeatedly been told that stevia is harmless, when people do experience an adverse reaction they tend to attribute it to something else. Some effects are minor and are generally ignored, while others can be serious and even potentially deadly, as was the case with two-year-old Mason who was rushed to the hospital after consuming water sweetened with stevia. In one double blind study, 13 percent of 60 subjects taking an extract of purified steviol glycosides experienced side effects troubling enough to report to the investigators; in three cases the effects were so severe the subjects were forced to withdraw from the study. According to the study data, one out of every five people who use stevia may suffer some type of noticeable adverse reaction, whether they recognize that it is caused by stevia or not, is another matter.

In my book *The Stevia Deception: The Hidden Dangers of Low-Calorie Sweeteners*, I document many cases where people have suffered adverse reactions after using stevia. These reactions are not rare, they are just not commonly reported or even recognized.

I suspect that the adverse effects may be recognized more often now that this book has revealed the hidden truth about stevia. Some healthcare professionals are seeing the connection. Maryanne M. has been a kinesiologist for over 30 years and frequently tests her clients for allergies and sensitivities to foods and supplements. In all the years that she has been doing this type of testing she has never found anyone who did not have a bad reaction to stevia. The reaction was the same as with sugar or other harmful food additives. Believing stevia to be derived from a harmless herb, she never understood why everyone she tested indicated the sweetener was not good for them. After reading my book she says, “Now I know. Many people believe certain herbs or supplements are safe, but when I test them, they’re not.”

Joseph Nelson, MD has seen the detrimental effects of stevia in both his life and the lives of his patients. Dr. Nelson is a family physician specializing in integrative medicine. He spent 13 years with the FDA working on drug research, but when he refused to cover up adverse effects associated with a blood pressure medicine, he was fired as a whistleblower. His outspoken opposition to aspartame also landed him in hot water with the G. D. Searle company, the maker of NutraSweet, who tried unsuccessfully to sue him. When Searle threatened him, he told them he would love the opportunity for the publicity, they backed down and withdrew the lawsuit. He worked in the supplement industry for awhile, then later went into private practice, merging conventional and natural medicine.

Dr. Nelson first became aware of the possible problem with stevia after he had a routine PSA test. This test measures the level of a protein, called prostate-specific antigen (PSA), in the blood. High PSA levels indicate the possibility of serious problems such as prostate cancer,
benign prostatic hyperplasia (enlarged prostate), or prostatitis. Men are encouraged to have the test done annually after the age of 50. Generally, a PSA reading of 4.0 ng/ml and lower is considered normal. If a man has a PSA above this, doctors often recommend a prostate biopsy to determine whether cancer is present. The higher the PSA level, the greater the risk of cancer. Surprisingly, Dr. Nelson’s PSA numbers had suddenly risen from a stable and safe 2.0 to an incredible 19.6! Against his better wishes, he immediately made an appointment with an urologist to get a prostatic biopsy.

The next night, while he was lying in bed, he suddenly made the connection. He had added stevia into his diet during the year and he wondered, could that have been the problem? Over the next two weeks he avoided all sources of stevia and then repeated the PSA test. It dropped to 8.2. Nothing else in his life during this time had changed. Stevia became his prime suspect.

At this point, he decided to run an experiment with his patients. He took every male patient with an elevated PSA and asked them to do a PSA test. He also looked for any evidence of stevia in their diet. Many people do not purposely add stevia to their foods but are still exposed to stevia as an ingredient in the foods, beverages, and supplements they consume. He removed all sources of stevia from these patients’ diets for two weeks and again measured their PSA levels. He watched the abnormally elevated PSA levels drop at least 30 and usually 50 to 60 percent within the two weeks. One patient’s PSA dropped from an incredibly high reading of 54 down to 12 within that short amount of time. He had never seen a response like this before. PSA levels are notoriously stubborn to move. Removing stevia from their diets brought about an instant response. The connection was obvious.

One of his patients whose PSA level had been stable for years experienced a sudden rise. Dr. Nelson asked him if he used stevia or anything sweetened with it. He told him no. Dr. Nelson believed the patient was getting it somehow and told him to look for any source of stevia he might be exposed to at home. The patient began looking; it wasn’t in any of his foods or beverages, not in any supplements, gum, or toothpaste, he was about to give up when he read the label on a bottle of Losartan HCTZ—his blood pressure medication. There it was. Apparently, the drug maker coated the pills with stevia to make them taste better. Stevia can be in just about any product without you knowing it. It doesn’t take much, just the coating on a pill, to cause an effect, so any source can be significant.

Dr. Nelson’s second experience with stevia occurred when one of his patients bought a 5 pound bag of the sweetener. The next day she suddenly developed a severe case of vertigo. She recognized the cause of her problem without the doctor’s help.

Soon afterward, Dr. Nelson had another patient come to him complaining of vertigo that had persisted for eight days. He told her to look for any food, supplement, or medication she was using that might contain stevia. She discovered that a brand of tea she used contained it. The manufacturer had just recently added it to their products without informing its customers. She stopped using the tea and her vertigo went away.

Dr. Nelson is a member of a group of local healthcare practitioners, mostly chiropractors and nutritionists, that regularly discuss current health issues. After telling them about his
experience, they all told him that they were experiencing an epidemic of vertigo in their practices and that it was apparently due to stevia.

In his practice and being aware of the potential problems with stevia, Dr. Nelson has identified stevia as being involved with a variety of health issues including elevated PSA, bladder spasms, irritable bowel syndrome, vertigo, hypoglycemia, and most recently, chest pain. A woman came to his office complaining of anxiety, heart palpitations, and chest pain. He ran her through a series of tests, including an echocardiogram to evaluate the condition of her heart. The tests were all normal. He could not find anything wrong with her. He checked her diet, and any supplements or medications she was using. She was taking a powdered magnesium dietary supplement with fruit flavoring and stevia. As soon as she stopped taking the supplement her chest pain and associated symptoms immediately disappeared. It was also noted in retrospect that she was not having these problems during her vacations and travel because the powder was unwieldy to travel with and she was using tablets that did not contain stevia. After removing the stevia from her diet Dr. Nelson told the patient she was well and did not need him. He recommended that she read my book on stevia as well as some of my others on coconut oil.

Dr. Nelson notes that we are repeating history. The same thing is beginning to happen that occurred after the introduction of aspartame. Promoters marketed aspartame as a harmless sweetener. Studies by the sweetener maker proved it. Yet, countless people experienced troubling adverse reactions. The battle raged on for years. Even today most doctors continue to claim that aspartame is safe and deny it has any harmful effect; people who say the opposite are considered delusional. Informed people, however, know better. We are entering into a new war, this time with stevia. The food manufactures and promoters selling the product are squaring off against any dissenting voice that dares to claim otherwise. Don’t be fooled by food and supplement manufacturers or their clever marketing gimmicks. Their goal is to sell products, not to worry about your health.

Dr. Nelson expressed to me that he did not have a platform that would allow him to get this information out to the public and said to me, “I would hope that you can raise some of these questions and get people to start looking at these issues.” That’s the purpose of this article, to bring awareness of the potential problems of stevia to more people. If your family or friends use stevia, let them know of its potential problems. Let them read this article or better yet, have them read my book *The Stevia Deception*. People need to know the truth.

*The Stevia Deception*
by Dr. Bruce Fife
Available from Piccadilly Books, Ltd.
[click here](#)
References

Can Your DNA Predict Your Future Health?

I often hear people say things like, “I’ve been troubled with cavities all my life, it’s genetic, I have soft teeth,” or, “I have diabetes, it runs in the family.” When we see someone who is the picture of good health, especially an elderly person who isn’t suffering from all the common “old-age” diseases, we say, “She has good genes.” Whether our health is good or bad, genes seem to take the credit. Is our health determined by genetics?

What causes most diseases? Scientists think they have discovered the answer. In the newspaper recently the headlines read, “Lung Cancer Linked to Genes.” Is that it? Is it our genes? Most doctors believe that our genes cause the majority of ill health in the world. If you’ve been following the news over the past decade you will have seen many similar headlines:

“Scientists find genetic link to diabetes”

“Alzheimer’s genetic links are climbing”

“Gene defect may cause back pain, study finds”

Genes have been linked to a number of health problems including the following:

- Breast cancer
- Prostate cancer
- Alzheimer’s disease
- Diabetes
- Arthritis
- Heart disease
- High blood pressure
- Multiple sclerosis
- Back pain

It doesn’t stop there. You can add obesity to this list. Oh yes, apparently, we have a fat gene. Honestly, I’m not making this up! There is also an alcoholic gene and a smoker’s gene. Scientists have even found a non-smoker’s gene.
That's not all, scientists say we even have a crazy gene, which makes people neurotic or act strange. So, wives, it’s not your husband’s fault that he acts the way he does, it’s his genes. So give him a little leeway.

Scientists have even found a revenge gene so it is not your fault when you get cut off in traffic that you want shake your fist and say a few choice words and think about retaliation. It seems like every health concern and behavior is caused by bad genes.

So what are scientists going to find next? A bad breath gene or a constipation gene? Hey, it could happen. I’ve already seen the headlines for the body odor gene. Yes, believe it or not. You may have a body odor gene that is destroying your social life. Dog gone stinky genes!

A news story tells of a woman who was married to a real stinker. She thought he smelled like a dead fish because he never took a bath. She ended up divorcing him because he stunk so bad. Later, a doctor diagnosed him as having “fish-odor syndrome.” Eww, how would you like to get that diagnoses? And guess what? Apparently it is caused by a stinky gene. Once the former wife heard about this she was sorry she divorced him; it wasn’t his fault after all. “Although there is no cure,” says the doctor, “it would have helped if he bathed more often, stopped eating garlic, and took antibiotics.” I’m not kidding, that’s what he said.

Did you know that if you don’t like the taste of broccoli or you find Brussels sprouts disgusting, it’s not your fault. You can put the blame on the veggie-hater gene. I’m not making this up. Scientists have identified a gene that causes people to dislike vegetables and, consequently, over eat less healthy junk foods. So now our bad eating habits aren’t choices, but the consequences of genetics. Genetics forces us to dislike vegetables and to eat potato chips and cookies. I can hear it now, “It’s not my fault for eating all the donuts, my genes forced me to.” Genetics gives us an excuse for smoking, drinking, eating junk foods, and lying around the house watching TV. If we get fat from all of this it’s not our fault, it’s caused by our fat gene. I’m sure in time, scientists will find a television watching gene or a computer gaming gene. Many teenagers have cell phone genes.

The message we are given is that all our health problems and bad habits are caused by our genes. We are helpless victims. And, therefore, must rely on doctors and counselors for every facet of our health. All responsibility for your health is given over to these professionals to manage, who generally do so by prescribing drugs.

Doctors are now recommending that we don’t wait for disease to appear, we can now attack the disease before it even shows up. How?

There was a very interesting article that appeared not too long ago titled “Should You Consider Gene Testing?” The article went on to explain how gene testing can determine a person’s chances of getting cancer, diabetes, Parkinson’s, Alzheimer’s and some 70 other ailments. Wow! All of the diseases that you could ever expect to get in the future revealed in one simple test. With that knowledge you can start treating yourself now before the disease even manifests itself. Sounds like a good idea, right? Sounds like a very “profitable” idea for doctors and drug companies. Doctors can start treating patients for diseases they don’t even have. And Drug companies can sell drugs to people who aren’t even sick. Ka-ching!
This is exactly what is happening right now. One young, healthy woman, in her 20s, was found to have the gene for breast cancer. Her mother had suffered with breast cancer, so she figured she was at high risk. Although the young woman had no symptoms or signs of cancer she had both her breasts surgically removed just to make sure that she would never get breast cancer. If you don’t have any breasts, she reasoned, you can’t get breast cancer.

It gets worse folks. You can now get a home do-it-yourself gene testing kit that will tell you what diseases you may be predisposed to. With this information any disease can be aggressively treated long before the disease ever manifests itself. This is the new preventative medicine of the future.

Are genes really the determining factor that decides the fate of our health? Are we hopelessly at the mercy of our genes?

Clones are considered to be exact duplicates because they share the same genes. Clones are believed to be identical down to the very last detail—personality, appearance, likes, dislikes, and genetic susceptibility to disease.

A few years ago the idea of cloning household pets became popular. Pet owners could have a favorite pet duplicated and essentially keep producing clones all their lives. One such company that specializes in cloning pets is Genetic Savings and Clone Company. I’m not making this up. A newspaper story tells about a family who wanted their favorite cat, Rainbow, duplicated. So Genetic Savings and Clone Company went to work and produced CC, that’s short for Carbon Copy. The family was surprised that CC looked and acted nothing like her parent Rainbow. Rainbow was a calico with splotches of brown, tan, and gold on a white coat. CC, on the other hand, had gray stripes on a white coat. And personality? Rainbow was reserved and low key. CC was curious and playful. Rainbow and CCs genes were supposedly identical, but they looked and acted like totally different cats. It is apparent that clones, even though they share the same genes, are not necessarily exact duplicates, suggesting that genes may not have as much control over our lives as many people think.

While DNA sequencing can find rare genetic mutations that can adversely affect one’s health, for the most part, genes cannot be used to predict a person’s medical future. This was the conclusion of a recent study by researchers at the Ludwig Center for Cancer Genetics and Therapeutics and the Howard Hughes Medical Institute at Johns Hopkins Kimmel Cancer Center in Baltimore, Maryland.

Dr. Bert Vogelstein of Johns Hopkins and colleagues analyzed the power of sequencing all of a person’s DNA to determine an individual’s risk of disease. Their research involved data from 53,666 identical twins in registries from the United States, Sweden, Finland, Denmark and Norway. The registries included data on 24 diseases, telling how often one twin, both or neither got a disease.

Since identical twins share all of their genes, the investigators could ask to what extent genes predict an increased chance of getting a disease. Using a mathematical model, they reached an answer: not much. Most people will be at average risk for most of the 24 diseases studied.
They asked: Would those who ultimately got one of the 24 diseases have been forewarned by DNA sequencing? “Unfortunately, it tells them they are at roughly the same risk as the general population,” said Dr. Vogelstein.

The researchers also asked whether healthy people would learn by DNA sequencing that they were at low risk for a disease. Again, the results were disappointing. For example, more than 93 percent of women would learn they were at low risk for breast cancer and more than 97 percent of men and women would learn their risk for lung cancer was low. “But these negative tests do not mean they are at no risk for these cancers,” Dr. Vogelstein said. Their risk is more like that of the general population. And, Dr. Vogelstein says, even knowing you are at high risk for a disease may be less useful than it sounds. A woman who is at high risk for ovarian cancer might have a 10 percent risk, many times higher than average. That, Dr. Vogelstein said, “is unlikely to be the main determinant of her health.”

The results were a surprise and a disappointment to the researchers. Dr. Vogelstein had hoped the study might prove the value of gene sequencing in predicting future health. Often, certain diseases seem to run in families, suggesting a possible genetic link. Dr. Vogelstein and his colleagues had studied a patient with pancreatic cancer. Several family members had also developed this rare disease, and so Dr. Vogelstein and his colleagues decided to determine the sequences of the patient’s genes, looking for a mutation.

“Indeed, we found the culprit,” Dr. Vogelstein said.

Several other research groups looked at families with other diseases and also found unexpected genetic culprits by sequencing all of a patient’s DNA.

“It occurred to us that maybe we could do this for everyone,” Dr. Vogelstein said. “Maybe we would find that most disease risk was concentrated in a relatively small number of people. That would have dramatic health policy implications. It would mean we could concentrate our surveillance on that proportion of the population that was at high genetic risk.”

The twins study let him see what might be possible. Instead he found that there are limits on what people might expect with this sort of testing.

For the vast majority of people genes are not good predictors of future health. Diet, lifestyle, and environment are the most influential aspects on our health. Generally, we have control over these influences. The reason why certain diseases seem to run in families is because families share a common environment, diet, and lifestyle and develop similar habits. Rather than be a helpless victim to our genes, we have a great deal of control over our health and over our so-called bad genes. Simply because your parents or grandparents suffered from diabetes or cancer does not mean you will too. What you do and how you live your life has the greatest effect on your health.

Reference
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