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WITH DR. RICHARD GERHAUSER M.D.

Warning! THESE Weight Loss Drugs Could Be a Health DISASTER

The Government-Approved Health CATASTROPHE

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If something sounds too good to be true, *it probably is*.

So, you've probably heard about the exciting new weight loss drugs that are all the rage right now.

If so, you might want to pause before jumping on the bandwagon.

People are **flocking** to their doctors to get prescriptions to help them finally win the battle of the bulge.

Unfortunately, some of these people are *also* flocking to hospitals and doctor's offices because of severe, potentially **permanent side effects** caused by the drug.

Consider this your warning to STAY AWAY from this latest *government-approved* health ***DISASTER***.

Because, if you don't, you could be jumping **out** of the frying pan and **into** the fire.

WHAT'S INSIDE

4 Is the Flu Shot Right for YOU?

6 DODGE Age-Related Blindness

People are flocking to their doctors to get prescriptions to help them lose weight, however there are many severe, and potentially **permanent side effects** they should be aware of first.

The HIDDEN Cost of "Easy" Weight Loss

GLP-1 agonists are diabetes drugs that improve blood sugar and HbA1C levels. However, the FDA has now approved two GLP-1 drugs specifically for **weight loss**:

- Semaglutide
- Liraglutide

GLP-1 agonist drugs stimulate the GLP-1 receptor. This has three key effects: It influences reward centers in the brain, delays gastric emptying, and affects hormones released from the G.I. tract after eating.

The result is **dramatic** weight loss. But it can come at a cost.

GLP-1 drugs are **radical** in their effects and in their potential side effects (just like the commonly used gastric surgical procedures).

Part of the way GLP-1 agonists "work" to achieve weight loss is by decreasing hunger. It does this by slowing the movement of food through the stomach.

Called **delayed gastric emptying**, this can help you feel full after

eating less food—which could naturally help contribute to weight loss.

The problem is that delayed gastric emptying can lead to **gastroparesis** or *stomach paralysis*. This leads to issues like a feeling of fullness, bloating, vomiting, abdominal pain, and nausea.

In severe cases, it causes dehydration and malnutrition.

And it can ruin your life.

CNN covered a story detailing numerous people who were experiencing cyclic vomiting syndrome (throwing up multiple times a day) and ongoing nausea and vomiting severe enough to result in missed work and severely impacting quality of life.

Permanent Side Effects?

None of this is a surprise.

In fact, when the drug companies were questioned about these severe effects, they responded with the equivalent of "No, duh."

That's because in the clinical trials of **one** of them, 44 percent of patients had nausea, 24 percent experienced vomiting, and 20 percent had abdominal pain.[1]

The package insert for the drug even warns of possible side effects. These include acute pancreatitis, hypoglycemia, gallbladder disease, allergic reactions, diabetic retinopathy complications, and suicidal behavior and ideation.

What *has* been surprising is that—for some of these individuals—the symptoms continue *even after they stop taking the drug*.

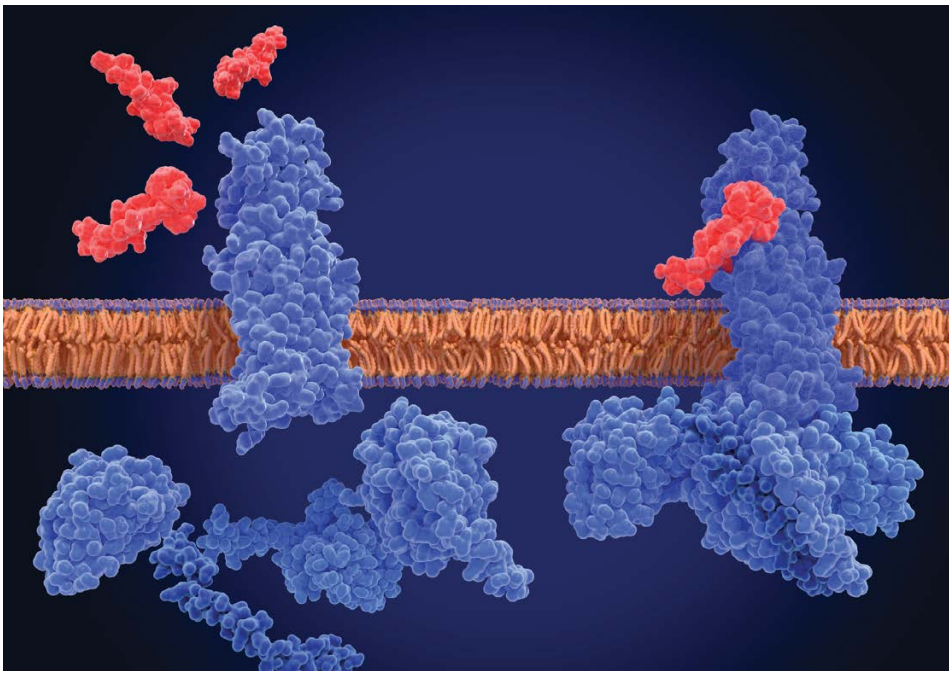
One woman filed a lawsuit against the drug company because of adverse symptoms, including severe vomiting, stomach pain, multiple emergency room and hospital visits, teeth falling out, and vomiting up whole food hours after eating.

And in her case, going off the drugs did not relieve her assumed side effects of taking the medication.

You may have noticed that the package insert *also* warned about an increased risk of suicidal behavior and ideation.

People tend to think, *Oh, that won't happen to me.*

Tell that to the **150-plus cases of suicidal ideation** or reports of **self-harm** connected with these drugs that the European Medical Agency is currently investigating.



GLP-1 agonist drugs stimulate the GLP-1 receptor, delaying gastric emptying and affecting hormones released from the G.I. tract after eating. This can cause gastroparesis, or *stomach paralysis*, which leads to issues like a feeling of fullness, bloating, vomiting, abdominal pain.

A Better (re: *Safer*) Alternative

Look, I understand that successful weight loss can take more than self-discipline alone.

So, while I will always advocate for lifestyle changes first, some people value the extra support that can come from a prescription drug.

But there are safer, more effective drugs that can help you lose the weight *and keep it off*.

A new study from the University of British Columbia gives us **more** evidence against GLP-1 agonists—*while **also** highlighting a safer alternative*.

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The researchers compared the side effect reports for patients taking a GLP-1 agonist versus an obesity treatment that uses a combination of two *older* drugs for weight loss: sustained-release Wellbutrin (bupropion) and naltrexone (opiate antagonist).[2]

Compared to the patients prescribed bupropion/naltrexone, those taking the GPL-1 agonist therapy had…

- **9 times** the risk of pancreatitis
- **4.2 times** the risk for bowel obstruction, and
- **3.67 times** the risk of gastroparesis (paralyzed stomach)

The cost of this treatment is also considerably less than the typical GLP-1 agonist.

GLP-1 agonists typically cost about $1000 per month, while the bupropion/naltrexone combination is available in a generic form that costs around $30.00 per month.

Another reason this study is important is because the randomized trials for using GLP-1 agonist drugs for obesity tended to be of short duration. That means they might not pick up on side effects that can occur with longer use (like what's happening in real life).

For this study, researchers analyzed data spanning 14 years.

A Little Boost to Fight the Battle of the Bulge

The combination of bupropion and naltrexone is effective because together, they address two very different aspects of weight management.

Bupropion is an antidepressant that influences the brain's appetite regulation centers to reduce food cravings.

Naltrexone is an opiate antagonist primarily used to treat opioid and alcohol dependence by blocking opiate receptors. But it can *also* be used to curb how much you eat by acting on the reward centers of the brain to make it less pleasurable.

The combination of bupropion and naltrexone is effective because together, they address two very different aspects of weight management: the brain's appetite regulation center and its reward center. This reduces food cravings and makes eating less pleasurable.

This can be helpful for folks who battle with reward-based eating behavior or emotional eating.

In fact, a recent study showed that the bupropion/naltrexone combination was effective for improving binge eating disorder when taken regularly after weight loss has been achieved.[3]

Overall, studies show about a five percent reduction in weight with bupropion/naltrexone.

However, when used with serious diet and lifestyle changes, folks achieved 10 and even 15 percent weight loss.

That's closer to the weight loss seen with some GLP-1 agonist medications.

REFUSE to Be Big Pharma's Guinea Pig

Despite the trail of sick people that GLP-1 drugs may be leaving in their wake, the drug companies are not giving up on the GLP-1 agonist idea for obesity.

And what they're working on next could be even *worse*.

That's because, while drugs in this class only focus on increasing GLP-1 activity, there's now a **related** drug in phase 2 randomized trials called pemvidutide that acts on GLP-1 and glucagon (a hormone that raises blood sugar levels).

If that's not enough, one drug company has developed survodutide, a *triple* agonist, with GLP-1, GIP, and glucagon effects.

A new drug will have to be on the market for a while to see if long-term problems occur with its use.

In the meantime, **don't be Big Pharma's guinea pig.**

If you have conditions like diabetes, heart disease, fatty liver, or hypertension, the GLP-1 agonist *might* be worth considering.

Talk to your doctor about the risk vs. benefit for your individual situation. And, as always, I encourage you to do your own research.

But for a healthy person who just wants to look better and lose some weight, it doesn't make sense to risk your health for the rare—*but very real*—severe side effects caused by these drugs.

JUST SAY NO.

Visit the website for a full reference list.

Is the Flu Shot Right for YOU?

6 Reasons Why Dr. G Says, "No Way!"

There's a LOT of pressure to "roll up your sleeves" for the annual flu shot.

Your doctor will likely look at you with stern disapproval if you haven't gotten it yet.

But you'd get nothing but *praise* from me.

Personally, I NEVER get the flu shot. My wife doesn't get it. And I don't recommend it to my patients, either.

But that doesn't mean you should blindly follow my lead.

Today, I'll share **6 fundamental problems** I have with the flu shot. It's information I hope will help you make your OWN informed decision about this seasonal vaccine.

Then (regardless of your decision), I'll go over my **top treatment** options that can *reduce the duration and severity* of the cold or flu if you *do* get sick.

Problem #1: Funding

I'm considered an expert in the field of public health, as I'm board-certified in that arena and a fellow of the American College of Preventive Medicine.

I *also* have experience working in vaccine research trials.

In other words, I know what I'm talking about.

My main reason for avoiding the shot is philosophical—*and not necessarily related to the evidence in medical literature.*

Why?

Because you can't trust *HALF* of what the so-called science says.

The truth is **research showing a vaccine's effectiveness varies dramatically *based on who is funding the study***.

Flu shots rake in billions of dollars in profits EVERY year. Pfizer alone reached $100 billion in annual revenue last year.

A published paper looking at studies from 2000 to 2005 found that 65.5 percent of the pharmaceutical- industry-sponsored studies showed *benefits* of *newer* treatment over the standard of care.[1] (Newer treatments mean more money for Big Pharma.)

However, only 39.5 percent of *non-profit-funded* studies favored newer treatments.

When I look into the efficacy of flu shots, I want to see data from an *unbiased source* that **isn't** funded by the drug companies.

And much of that unbiased research actually proves the flu shot is *junk*.

Problem #2: Conflicts of Interest

Any time money is involved, there is ALWAYS a conflict of interest. And with flu shots, there's a LOT of money involved.

Flu shots rake in **billions of dollars in profits** EVERY year. Pfizer alone reached $100 billion in annual revenue last year.[2]

Pharmaceutical companies have the highest profits of any other industry of publicly traded companies and over **double** the profit of the average of the S&P 500.[3]

Conflicts of interest run *rampant* in the medical system. There is a well-known revolving door between government officials and private industry.

Ten percent of government appointees for the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) are recruited from private industry.

And when government employees leave their jobs, 50 percent of those officials get a nice cushy job in Big Pharma.

That means that government workers are trying to get brownie points to get these lucrative positions in Big Pharma. And, therefore, are biased toward helping Big Pharma get their way.

It's also been shown that most of the members of the Advisory Committee on Immunization Practices (ACIP)—the committee that decides on vaccine schedules—have financial ties to the pharmaceutical industry.

Problem #3: No Accountability

Did you know that pharmaceutical companies aren't liable for any injuries caused by a vaccine?

Because vaccines are seen as an essential part of modern life—and because they have known inherent risks—the government protects drug makers from liability lawsuits.

Then, when vaccine injuries happen, the primary mechanism to identify vaccine *problems* is wholly inadequate.

The FDA and CDC co-sponsor a program for reporting adverse effects called the **Vaccine Adverse Events Reporting System**. (VAERS).

Many people don't even know about this system. And for those who DO, it's extremely difficult and time-consuming to navigate.

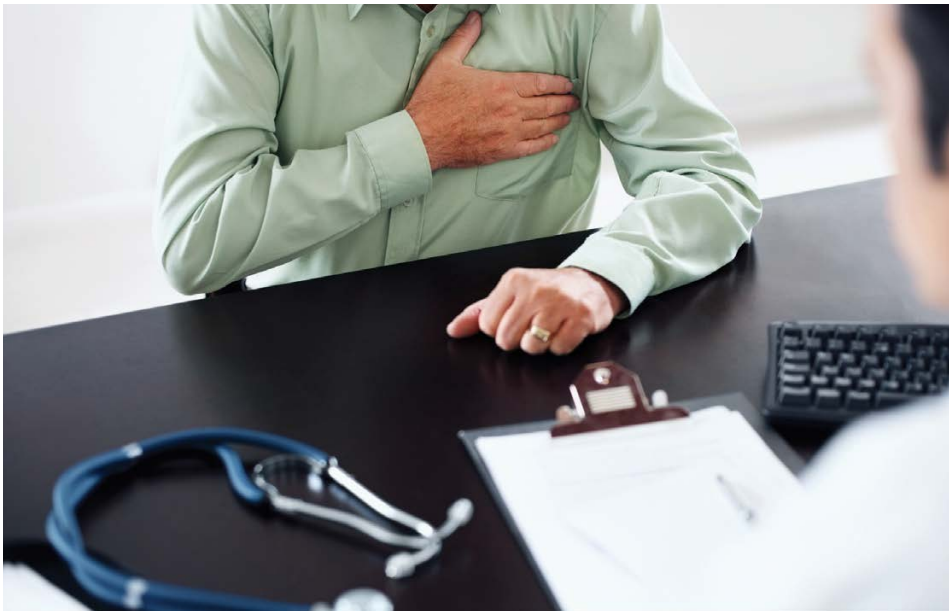
When I personally tried reporting a vaccine injury to VAERS recently, it took a week of going back to the website daily before I finally was able to report the injury.

Based on my own experience, I would guess there is **rampant under-reporting** of adverse effects of vaccines because most patients don't have the tenacity to use this archaic reporting system.

But of the cases that *do* get reported, the CDC collects the data using taxpayer funds, and then (likely by design) *it never filters down to the public*.

Problem #4: No Long-Term Studies

Because of the universal push to get everyone vaccinated, long-term safety studies—like the randomized controlled trials required for **any other** FDA-approved medications—**are never done for vaccines**.



People with chronic diseases like obesity, diabetes, cardiovascular disease, and autoimmune disease are at a higher risk of a bad outcome from contracting the flu.

That means we'll never know for sure just how significant the vaccine risk really is.

This is a complete failure of adhering to the Hippocratic oath to first do no harm.

Problem #5: Little Benefit

In 2014, the highly respected **Cochrane Review** examined flu vaccinations to determine just how effective they really were at preventing the flu.

Their data found that ***you need to vaccinate 71 people to prevent ONE case of flu.***[4]

In other words, this *unbiased review* revealed that 70 out of 71 people get ZERO benefits from the flu shot.

Problem #6: Media Bias

If you're wondering why you've never heard any of the things I'm telling you, it's because the media has **billions** of reasons to *look the other way* when it comes to vaccine risks.

Big Pharma pays billions of dollars to the media for drug advertisements. Imagine how this would incentivize centralized media to **downplay** vaccine injuries while touting vaccine effectiveness.

Is the Flu Shot Right for YOU?

I've just listed a LOT of reasons to question what you see and hear about the safety and effectiveness of the seasonal flu vaccine.

But at the end of the day, **I still don't try to talk my patients *out* of getting the flu shot**.

Why?

Because the **flu *itself* can be deadly for certain individuals.**

The age groups most likely to have a bad outcome from contracting influenza and colds are the very young and old (those over 65).

People with chronic diseases like obesity, diabetes, cardiovascular disease, and autoimmune disease are *also* at a higher risk.

In fact, several large studies of people with pre-existing cardiovascular disease showed that being vaccinated could provide significant protection from an acute event (heart attack).[5]

The best I can do is to give you the facts and let you make your OWN judgment call.

However, if you still decide to get a flu shot, just ensure it's NOT from a multiple-dose vial. These contain mercury, which is highly toxic.

Dr. G's General Guidelines for Cold and Flu Season

Regardless of whether you get a flu vaccine, you can take steps to reduce your risk of contracting a cold or flu—or to speed recovery if you do get sick.

The first step is to practice my recommended lifestyle measures.

These include getting adequate sun exposure, reducing exposure to artificial light at night, staying active, getting plenty of rest, eating a healthy diet, and easing the stress in your life.

These steps will help your immune system maintain optimal function.

The second step is to be prepared.

Most studies show that starting treatment at the **first sign** of illness—before the virus has spread throughout your body—is much more effective than treatments started after 48 hours.

This is true even for antiviral drugs that can be prescribed by your doctor, like oseltamivir, zanamivir, and peramivir.

That's why it's best to get the prescription *before* you become ill, especially if you're in a high-risk group.

The same goes for more natural interventions like a simple gargle/nasal irrigation with saltwater.[6]

Starting treatment early can improve symptoms while flushing the virus from the mucosal surfaces of the nose, sinuses, mouth, and throat.

Doing so can reduce the viral load *and* decrease the severity of the disease.

There are more specialized irrigation choices available. These include mouthwash, colloidal silver, honey/apple cider vinegar, nitric oxide sprays, and a probiotic rinse.

Other remedies that show effectiveness in some studies include the following:

- vitamin C
- echinacea
- zinc
- elderberry
- garlic
- Andrographis (Indian ginseng)
- Melatonin
- Certain strains of oral probiotics.

Ultimately, deciding whether or not to get a flu shot is a decision you need to make with the help of your doctor.

But don't get caught unprepared this winter. Take steps NOW to prevent getting slammed by a nasty cold or flu.

Visit the website for a full reference list.

DODGE Age-Related Blindness

Slash Macular Degeneration Risk Up to 49%

The older you get, *the worse your odds* are of experiencing vision loss.

The leading cause of vision problems in people over 50 is **age-related macular degeneration** (AMD).

It affects about 18 percent of folks in their early 70s, 24 percent of those in their mid-to late-70s, and jumps to *more than 32 percent* of people over 80.

But you don't have to be one of them… *no matter how old you are*.

Many natural eye-protective nutrients are proven to reduce your risk of AMD—including one of MY favorites that could **slash AMD risk by nearly 50 percent**.

SHIELD Your Central Vision

AMD causes damage to the *macula*, leading to the loss of central vision. It's like having a smudge permanently blocking the sight in the center of your eye.

You can imagine how this would impact **everything**, from reading to driving to recognizing your loved ones' faces.

Eventually, it can render you legally blind.

There are two types of AMD.

The first (and most common) is called **dry** AMD. This type is caused by a gradual deterioration of the macula as retinal cells die off and aren't renewed.

However, dry AMD can convert to *wet* AMD at any time. This type develops when abnormal blood vessels grow in the back of the eye and damage the macula.

Fish is hands down the best source of omega-3 fatty acids (especially EPA and DHA), and this healthy fat is your eyes' best friend.

The wet form is more likely to cause vision loss because these vessels leak blood and other fluids, which leads to scarring of the macula and the loss of central vision.

Certain treatments can *slow the progress* of AMD if you catch it early enough, but there's no cure for late-stage dry AMD.

But today, I'm going to share some hope.

Your Eyes' Best Friend

If you want to keep your vision sharp and intact as you age, **eat more fish**.

Fish is hands down the *best* source of omega-3 fatty acids (especially EPA and DHA), and **this healthy fat is your eyes' best friend**.

Notice I didn't say take an omega-3 supplement.

Studies consistently show that **people who eat fish regularly have a lower risk of AMD** compared to folks who don't eat fish. But research does not yet support omega-3 supplements having the same protective effect.[1]

One large meta-analysis of 21 clinical trials that included more than 190,000 people showed that those with the highest dietary intake of omega-3s from fish had a...

- 14 percent lower risk of *early*-stage AMD, and a
- 29 percent lower risk of *late*-stage AMD.[2]

The more omega-3s they ate, the more their risk dropped.

Another meta-analysis looked specifically at the impact of dietary omega-3s on wet AMD and found that people with the highest intake of omega-3s had a **49 percent lower risk of this more severe form of the condition**.[3]

The study also confirmed that both DHA and EPA provided protection separately… but that they worked better *together*.

In addition, a post-mortem study revealed that the eyes of people with AMD had lower omega-3 blood levels than average.

We haven't seen the same consistent results with fish oil supplements.

The Secret to Eyesight Success

Omega-3s can have such a dramatic impact on your vision for several reasons.

Block the Blue to Reduce Your Risk of Age-Related Blindness

There are some risk factors for age-related macular degeneration that you *can't* change ... like age and a family history of AMD.

But other risk factors you *can* work on correcting include poor diet, high blood pressure, and smoking.

However, if you *really* want to slash your risk of AMD, you MUST reduce your exposure to the **blue light** that's present in artificial indoor lighting and tech screens.

The average American spends about seven hours a day exposed to tech screens, including TVs, computers, tablets, and cell phones.

Indoor lighting has moved from incandescent light to compact fluorescent and LED lights. While these are more energy-efficient, they're **also** more *damaging*.

In the visible spectrum, blue light has more energy and can break the covalent bond between the nonvisual photoreceptor melanopsin and vitamin A.

This process releases free retinal, which is highly reactive and acts like a bull in a China closet, damaging everything it touches.

The good news is that animal studies now show that **wearing blue-light-blocking glasses helps protect against this blue-light mechanism**.

I recommend these glasses to my patients to prevent eye damage from artificial light.

Although UV light from the sun *can* damage the retina, epidemiologic studies, and meta-analyses have not found that natural light exposure raises the risk of AMD.

One of the most significant is that the omega-3 DHA (docosahexaenoic acid) is most abundant in brain and neural tissues. Of these, **your retina has the highest DHA concentration**.

Dr. Nicholas Bazin did a lot of the initial investigations into the loops that *preserve* the omega-3 fats that get used in retinal ganglion cells.

One is designated the *short loop*, which is within the retinal ganglion cell. The other is a *long loop*, which supplies omega 3s from the liver.

This means the eyes **recycle** their own DHA to retain the higher concentration essential for eye health.

Omega-3s also battle chronic inflammation, which is believed to play a major role in the development of AMD.

In fact, the omega-3 fatty acids EPA and DHA can form molecules that lead to the **resolution** of inflammation. (See my June 2023 issue to read about this in more detail.)

- From EPA are the E-series resolvins RvEs.
- From DHA are the D series resolvins, as well as protectins and maresins.

These compounds help **resolve inflammation** (as opposed to simply *reducing* it), allowing the tissues to TRULY heal.

How I Get My Omega-3s

The body can make its own EPA and DHA, but the process is slow and generally leads to low levels of these critical fats if they're not a regular part of your diet.

You *could* choose to take an omega-3 supplement.

However, there's been a recent warning suggesting the triglyceride form of omega-3s that are in prescription omega-3 oil supplements could increase the risk of atrial fibrillation. The analysis of this issue is ongoing.

I prefer getting omega-3s naturally from seafood because of the added nutrients that are *combined* with the omega-3s.

Fish with the highest omega-3 levels include cold-water oily fish like trout, salmon, sardines, mackerel, cod, and light tuna.

However, *avoid* high mercury fish like shark, tilefish, swordfish, and king mackerel.

Visit the website for a full reference list.

Omega-3s battle chronic inflammation, which is believed to play a major role in the development of AMD.

The BEST Supplement to Support Your Vision

The National Institutes of Health (NIH) sponsored a landmark study called the Age-Related Eye Disease Study (AREDS). This large multicenter trial found a specific combination of nutrients **reduced the five-year risk of AMD by about 25 percent**.

The original AREDS cocktail consisted of oral supplements of vitamins C and E, beta-carotene, zinc, and copper.

However, because beta-carotene was later shown to increase the risk of lung cancer in smokers and former smokers, the *AREDS 2 study* researchers substituted lutein and zeaxanthin for beta-carotene.

This new formula produced a similar reduction in the risk of developing AMD—but did not raise the risk of lung cancer.

The AREDS 2 formula consisted of the following:

- 10 mg of lutein
- 2 mg of zeaxanthin
- 500 mg of vitamin C
- 400 international units of vitamin E
- 80 mg of zinc
- 2 mg of copper

You can now purchase these nutrients—in the proper dosages—in single supplements.

PreserVision™, for example, sells an eye and mineral supplement called the AREDS 2 Formula. It's available on Amazon.