



Natural Health Response

WITH DR. RICHARD GERHAUSER M.D.

The Cancer Risk *Hiding in Your Home*

The #1 Cause of Lung Cancer in Non-Smokers

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You don't *have* to be a smoker to get lung cancer. In fact, lung cancer in *non-smokers* has been on the rise lately.

That begs the question... If smoking isn't causing the cancer, *what is?*

It turns out that the number one cause of lung cancer in *non-smokers* is an environmental toxin that could be lurking in your home that you can't see, taste, touch, or smell.

Most doctors will warn you about the risks of smoking yet completely **IGNORE** this significant threat.

I'll share with you how to find out if this invisible risk is stalking you and your family—and, more importantly, how to **eradicate** it from your home for good.

Risks of Chronic Radon Exposure

Radon is a radioactive gas that occurs naturally in the earth's



Radon is a radioactive gas that occurs naturally in the earth's crust as a degradation product of uranium.

crust as a degradation product of uranium.

This means the amount of radon you can be exposed to is based on the uranium levels in your geographical area.

Environmental radon exposure is the *second leading cause* of lung cancer after cigarettes and the leading cause of lung cancer in non-smokers.¹

The higher the amount and the longer you're exposed to this hidden gas, the greater your lung cancer risk.

More recently, research has *also* revealed that higher amounts of radon exposure may increase

the risk of **stroke** in postmenopausal women.²

These findings are important because stroke risk is higher in women compared to men.

But what really concerns me about these results is that they show that, even at an exposure level that the Environmental Protection Agency (EPA) **considers acceptable**, the risk of stroke was significantly higher than with low levels of exposure.

This study needs to be replicated, but it's yet another reason to act **NOW**. Waiting for more research could lead to a disaster.

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3 Steps for Reducing Radon Exposure

More than 30 years ago, the EPA and the World Health Organization (WHO) declared radon a human carcinogen.

As a result, the Centers for Disease Control (CDC) recommends that all physicians counsel their patients about the risks of radon exposure.

Despite this fact, most people—including physicians—don't have a clue about radon exposure *or* its risks. Which is why your doctor has likely never mentioned it before.

For you, **that changes today.**

Now that you know the risks, I'll tell you what you need to keep you and your family safe from this stealth cancer-causing toxin.

Step 1: Test for Exposure

Measuring the radon levels in your home is the first step the CDC recommends. Radon accumulates in any space above or below ground level as it seeps up through the ground.

Because radon gas is 7.5 times heavier than air, it will accumulate near the floor, or especially in a space underground, such as a basement.

The amount of uranium that breaks down to form radon is

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Radon and Cancer Risk

Radon is element 86 on the periodic table of elements. Its atomic weight is 222, and its half-life is 3.825 days.

Radon is one of the seven **noble gases** and was first discovered in 1900 by German chemist Friedrich Doran, for which he was awarded the Nobel Prize in 1904.

Noble gases are so named because they tend to not react with other chemicals.

This means that it is not the radon *itself* that causes harm, but its daughter degradation products—the final step being the formation of lead.

These products release reactive alpha particles. An alpha particle consists of 2 protons and 2 neutrons bound together, thus having a mass of 4 units and a positive charge of 2.

This charge is what creates the damage.

These reactive particles cause DNA damage and damage to the immune system, which can lead to cancer.

highly variable based on location. I recommend looking at an online map of average radon levels in the soil in your area.

The CDC recommends testing in the following circumstances:

- On any home that has not been previously tested
- When buying or selling a home
- After any renovation has been done to the home (especially if it was done to reduce radon levels)
- If big lifestyle changes are made (like spending a lot more time indoors or if your wife forces you to sleep in the basement)

The approximate cost of a do-it-yourself test kit is \$10-\$15. Professional testing can cost \$125 to \$400.

Step 2: Install Any Necessary Radon Reduction Systems

The EPA recommends that the average radon levels be less than 4 pCi/L.

If testing reveals that the radon level is **above** this cutoff, it's recommended that you install a radon reduction system in your home.

Costs vary, but the average price for a mitigation system is \$1,000.

Step 3: Take Practical Steps to Reduce Exposure

Practical measures to reduce exposure include increasing airflow in your home by opening windows or using fans.

Other possible solutions include sealing cracks in the floor and walls with caulk or other materials like plaster.

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If you're building a *new* home, consider using radon-resistant construction techniques.

The BENEFITS of Radon?!

I can't finish a discussion of radon without throwing you this curveball: There's convincing evidence that radon may have a therapeutic effect on certain diseases.

Believe it or not, radon *health* spas are located all over the world.

If you find that confusing, I don't blame you. *Is radon a friend or foe?*

The answer is BOTH. When it comes to radon, the dose makes the toxin.

The term for this effect is called *hormesis*. This means that while a higher dose can be toxic, a **small** controlled amount might have beneficial effects.

Or, as the old phrase warns, "too much of a good thing is bad."

Ionizing radiation (radon and others) is a known carcinogen, as it damages DNA and impacts the immune system through free radical damage. But some toxins (including ionizing radiation) have a dose that's considered *hormetic*.

The difference is **chronic exposure** to radon over prolonged periods adds up to *massive* amounts of radiation that can increase lung cancer risk. Radon spa treatments are short-term and amount to a much lower dose overall.

Ideally, this should be studied more extensively to *confirm* whether the benefits TRULY outweigh the risks.

Which leads to the primary potential benefit of radon... pain relief.



In ancient history, hot baths (balneotherapy), cave therapy (speleotherapy), mine galleries, and inhalation rooms were often used for healing.

Powerful Pain Relief

The evidence is intriguing that short, intense exposure to radon can have healing properties.

In ancient history, perhaps 6,000 years ago, hot baths (balneotherapy), cave therapy (speleotherapy), mine galleries, and inhalation rooms were often used for healing.

In more modern times, there has been a rise in radon spas primarily for health conditions that create **chronic pain**.

Studies have found that radon spas produce **long-term pain relief** and **improved mobility** in conditions like rheumatoid arthritis, osteoarthritis, and ankylosing spondylitis.³

More limited studies show that radon baths or galleries can be helpful for skin inflammatory diseases, fibromyalgia, and respiratory diseases.

Short-term, low-dose radon helps fight inflammation (an underlying cause of pain) while increasing

beta-endorphin. Beta-endorphin is your body's natural opiate and can be a **POWERFUL** pain reducer.

If you're suffering from severe pain from an inflammatory condition—and nothing else seems to work—it could be worthwhile to try radon therapy.

In the United States, there's a radon spa called The Free Enterprise Radon Health Mine. It's located in an abandoned mine in Boulder, Montana.

You can find out more at www.radonmine.com.

However, I advise **against** using radon if you're a current or former smoker (or even if you have a family history of lung cancer) as the epidemiologic evidence for smoking plus radon for cancer risk is not additive but appears to be synergistic.

As always, discuss any new therapies with your physician.

Visit the website for a full reference list.

Don't Settle for Diabetes *Remission*... DEMAND a Cure!

Dr. G's 3-Step Protocol for REVERSING Type 2 Diabetes

When it comes to the science of health, some things are up for debate.

The fact that you can REVERSE your type 2 diabetes *isn't one of them*.

The medical community calls it “remission”—I suppose because they don't expect your results to last if you follow their advice.

I like to call it a CURE.

That's because I've seen time and again that by following MY program, you can kick your diabetes to the curb *for good*.

Diet, Exercise, and Type 2 Diabetes

The concept of reversing type 2 diabetes using diet and lifestyle interventions is *finally* starting to take off in the mainstream medical world.

This is thanks in part to research like the Look AHEAD Study.¹ This 12-year study evaluated the results of putting volunteers, who were overweight and diagnosed with type 2 diabetes, on an intensive lifestyle change program. They compared their results to those receiving standard diabetes and weight loss education.

The study included over 5,000 people with an average age of 59 and an average BMI (body mass index) of 36.

The intensive intervention group was restricted to eating 1,200 to 1,800 calories daily. The diet also limited fat and saturated fat and was supplemented in the first year with a low-carb meal replacement drink.

The intervention group was instructed to complete 175 minutes



The concept of reversing type 2 diabetes using diet and lifestyle interventions is finally starting to take off in the mainstream medical world.

per week of moderate physical activity (such as brisk walking).

After four years, the rate of remission in the intervention group was **three times higher** than in the education-only group.

Remission is defined as maintaining healthy glucose levels *without* using glucose-lowering medications.

That sounds GREAT, right?

But I see two *glaring* problems...

The first is that relatively few people achieved remission—only **11 percent** at year one.

The second is that most participants couldn't *maintain* their remission for any length of time. By year four, the number of folks in remission dropped to 7.2 percent, and by year 12, it was down to 3.7 percent.

Despite dramatic calorie restriction, significant weight loss, and an exercise regimen, MOST in the intervention group *didn't* achieve remission. And, as we saw, it doesn't last in most of those who did.

This tells me that—while these factors ARE essential—*there's more to the diabetes story*.

3 Steps to Reverse Diabetes

Large studies are needed in today's healthcare system to convince healthcare providers and payers to implement an intervention.

To me, these studies are a bit silly.

My own anecdotal results of achieving remission in my diabetic patients are *much* higher than the results of this study.

Plus, in the last 20 years of my practice, I've **never** had a person with diabetes have a *heart attack* or go on *dialysis*.

My point is that I don't need a multi-million-dollar study to tell me that these steps *work*. I've seen it time and time again with my *own* eyes.

My program is more successful because I include several KEY factors that *aren't* part of the mainstream paradigm.

The following three steps have led to tremendous results for many of my patients.

Step 1: Do a Leptin Reset

The first step I use with patients I call a **leptin reset**. The idea came from a book called *Mastering Leptin* by nutrition expert Byron Richards.

In the rush to develop an obesity pill, scientists turned their sights on the master metabolic hormone, **leptin**.

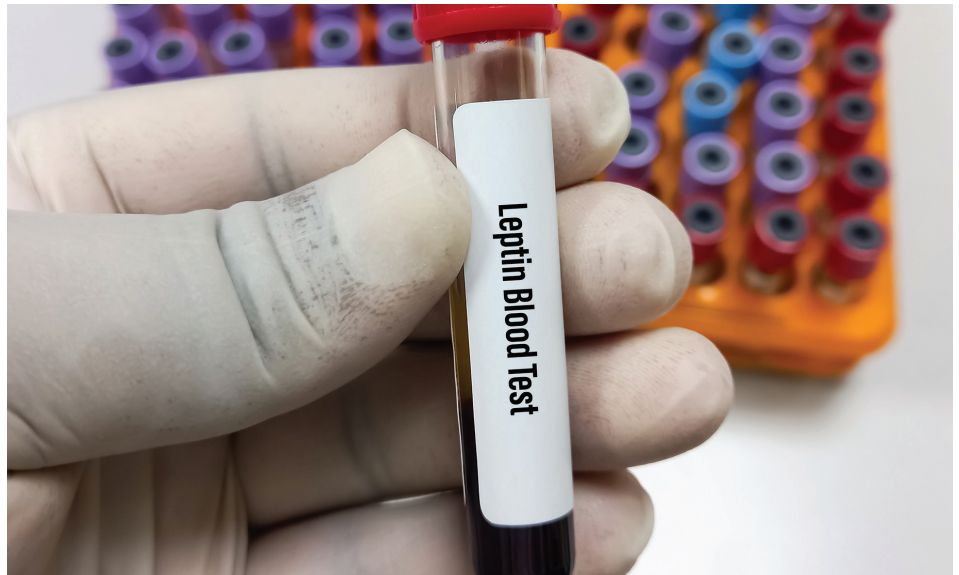
Leptin is made in fat cells, and its function is to *decrease* hunger and turn ON fat burning.

The problem is that excess fat stores can lead to inflammation, which can cause your body to **stop** responding to this critical metabolic switch.

The resulting **leptin resistance** is the true culprit behind the type 2 diabetes epidemic in America and the rest of the world.

The medical community thought leptin was going to be the holy Grail for effortless weight loss and an end to the obesity/diabetes epidemic.

However, after reviewing the massive amount of research on



Leptin is made in fat cells, and its function is to decrease hunger and turn ON fat burning.

leptin, Richards' work revealed that *you don't need a drug to do a leptin reset*.

Instead, he distilled complicated science into **simple lifestyle adjustments that reestablish leptin sensitivity**.

My protocol utilizes this knowledge to restore leptin receptor sensitivity in about four weeks.

The protocol has five simple rules:

1. Eat a high-protein breakfast (about 50g) within 30 minutes of waking up (which should be at sunrise).

2. Eat three meals daily, with NO snacking between meals (snacking stops fat burning).
3. Focus on moderate to low carbohydrate meals (less than 50g).
4. Implement portion control, and don't eat large meals.
5. Consume meals during daylight hours, with at least 3 to 4 hours between your last meal and bedtime.

Step 2: Exercise (*But Only at the Right Time*)

Exercise is vital for reversing diabetes because it improves blood glucose control and contributes to weight loss.

But only when you exercise at the proper time.

If you've just begun your leptin reset, you should keep exercise to a **minimum**.

Most people with type 2 diabetes have a problem with their redox potential (charge) across cell and mitochondrial membranes. This causes a brownout—or an **energy shortage**—in the system.

If the leptin system is broken, then forcing exercise is actually *detrimental*.

Long-Term Benefits of Diabetes Remission

We know that it's possible to reverse type 2 diabetes, but that it can be difficult to sustain those results.

The good news is that you can achieve long-lasting health benefits *even if your remission is only temporary*.

A recent study¹ showed that people who sent their diabetes into remission for one year had a...

- 40 percent lower risk of **heart disease** and a
- 33 percent lower risk of **kidney disease**.

Going into remission longer—four years or more—had even *greater* benefits, including a...

- 55 percent lower risk of kidney disease and a
- 49 percent lower risk of heart disease.

This tells us that controlling your blood sugar—even for a short period—will have health payoffs long into the future.

After a few weeks on the leptin reset, redox potential increases. You can *feel* the difference in your energy levels when the redox potential has been restored.

Now, you can begin a regular exercise routine because you'll have the energy to spare.

Fun fact: Considering the tiny distances involved in the cell and mitochondrial membranes, the electric power that's generated is quite striking. This charge has been measured at an incredible 30 million V, equivalent to a bolt of lightning!

Nature does NOT kid around.

Step 3: Get Proper Sun Exposure

The final step in my program is to get adequate sun exposure at various points throughout the day.

At *dawn*, light contains red, infrared, and blue light that sets the master clock of the circadian mechanism that **controls your metabolism**.

In fact, LACK of sun exposure is likely a large part of *why* diet, exercise, and weight loss alone might not be effective. You can follow all the right steps, but if

your metabolism is messed up, you're just swimming against the current.

The master clock impacts the production and secretion of insulin, insulin-mediated glucose uptake, and insulin-mediated glucose regulation.

On the flip side, circadian *dysfunction* impairs beta cell function and insulin sensitivity, leading to impaired glucose metabolism. In other words, it's a recipe for developing diabetes.

Ultraviolet A light from the *late-morning* sun activates amino acids and other molecules that help regulate metabolism.

For example, UVA light slices pro-opiomelanocortin (POMC) into melanocyte-stimulating hormone (MSH), which helps regulate metabolism, appetite, and weight.

UVB light triggers the sulfation of cholesterol to produce pre-vitamin D. Low vitamin D levels are a marker for increased risk for type 2 diabetes.

These factors explain why research shows that **women who get more sun exposure have a significantly reduced risk of type 2 diabetes and mortality**.

Be careful not to burn your skin. If you haven't been in the sun recently, you'll need to gradually build up your tolerance.

Of course, I can't talk about the *benefits* of REAL light without discussing the *dangers* of ARTIFICIAL light—especially at night.

Exposure to blue light at night disrupts the circadian rhythm and directly impacts your metabolism. It can lead to changes in your body that increase your risk of type 2 diabetes *regardless of your diet or weight*.

Studies show that night shift workers have a greater risk of obesity and diabetes. This likely occurs because of the loss of circadian control when the circadian clocks are set for the wrong time in the body.

The best solution is to turn the lights OFF (including tech devices), *especially* at night. Candles, fire, or red lights are okay.

Cover up with blue-blocking glasses and clothing if the artificial lights *are* on.

Visit the website for a full reference list.

Beware of the Osteoporosis SCAM: Part 1

The TRUTH About Bone Mineral Density Testing and Diagnosis

As early as age 60, your doctor could start hounding you to be screened for osteoporosis.

Based on the results of that test, you might be told you need to start taking a drug to strengthen your bones.

Weak, brittle bones increase your risk of fractures. And fractures—

especially of the hip—can be deadly for seniors.

But can you **trust** the results of these popular exams—and do you *really* need to take these drugs to protect your bones?

Often, the answer is NO.

Is Osteoporosis Really a *Disease*?

In the 1990s, mainstream medicine began routine screening for osteoporosis for anyone over 65. Our clinic got the \$100,000-plus machine so that we could screen at-risk patients in the clinic.

This technology is called **dual-energy X-ray absorptiometry** or DEXA. This scan measures bone mineral density in a specific area of your bone.

Your bone mineral density is a measure of calcium and other minerals, which determines your fracture risk.

Based on your score, you could be diagnosed with **osteopenia** (the stage before osteoporosis) or **osteoporosis** (a “disease” that weakens your bones).

The results of the DEXA will give you scores based on *statistics* using standard deviations associated with the bell curve. You’re given two scores:

- Your **Z-score** is determined by where you are on the bell curve compared to your *peers*.
- Your **T-score** is determined by the difference between your bone mineral density and the bone mineral density of a healthy young adult.

The World Health Organization (WHO) has decided that a diagnosis of osteoporosis should be based on your T-score.

In other words, this diagnosis is based **solely on statistics** using standard deviations associated with the bell curve. Not only that, but the diagnosis is based on what’s statistically common *for someone half your age!*

This works great if you want to label a bunch of people with a disease—but *it doesn’t mean you have a condition that needs long-term treatment.*

Which is why I question if it’s appropriate to even label this natural progression a disease at all.

Natural Bone Aging

You see, peak bone density occurs around 30. After that, a slow decline in bone density appears to be a *natural aspect of aging.*

Knowing this, it makes NO SENSE to establish a diagnosis based on your **T-score**.

Instead, comparing your results to individuals **your own age** (using your **Z-score**) will help determine whether your bone mineral density follows the *natural* decline, or has taken a nosedive that’s cause for concern.

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Peak bone density occurs around 30. After that, a slow decline in bone density appears to be a natural aspect of aging.
”

Besides this, no one ever stops to ask whether always raising your bone density is a good idea in the first place.

In reality, studies show that women with higher bone density have a *statistically significant* increased **risk** of breast cancer.¹

Are Bone Scans Really Beneficial?

So, we’ve established that how the DEXA scans are *interpreted*—and how an osteoporosis *diagnosis* is arrived upon—is questionable at best.

Now, let’s take a closer look at why someone would get a scan to begin with.

The ultimate goal would be to identify a decrease in bone strength *so that you can take steps to prevent a fracture in the future.*

However, one study reported that 272 scans are needed to prevent just ONE hip fracture in one person.²

In other words, you have a one in 272 chance that this scan will result in any meaningful benefit.

This rate is good enough for the researchers, as this can add up to many people in a country with millions of inhabitants.

However, for YOU, it could lead to a questionable diagnosis that could put you on **potentially dangerous drugs** that you never needed to be on in the first place.



A dual-energy X-ray absorptiometry (DEXA) scan measures bone mineral density in a specific area of your bone.

AVOID Osteoporosis Drugs if Possible

Back in 1995, the first-line drug we were told to treat patients with was the drug class called *bisphosphonates*, the first of which was Fosamax (alendronate).

Fosamax increases bone density and reduces the risk of fracture in people with osteoporosis.

It sounds great *until* you read the fine print...

Side effects associated with these drugs can include gastrointestinal irritation, osteonecrosis of the jaw (bone cell death, which has no good treatment), incapacitating bone, muscle, or joint pain that doesn't always go away when you stop taking the drug, low blood calcium levels, esophageal cancer, eye inflammation, and atrial fibrillation.

Another popular drug is the monoclonal antibody Prolia (denosumab). This medication is given as an injection every six months and costs around \$1,838 per treatment (at the time I looked it up).

At the beginning of this year, the Food and Drug Administration (FDA) labeled Prolia with their most severe warning, called a “boxed warning.”³ These warnings are reserved for when serious adverse reactions or problems occur, especially those that may lead to severe injury or death.⁴

The warning alerts patients and doctors that Prolia can lower calcium levels—which can lead to death. Low blood calcium primarily occurs in patients with chronic kidney disease.

Another potential side effect includes osteonecrosis of the jaw, which can be devastating.

I would want to make sure I *really* had a problem with bone density—as opposed to having a healthy, natural decline that occurs with age—before going on one of these drugs long-term.

A Better Way to Protect Your Bones

Of course, there are advantages to mass labeling people with a disease.

First, you develop the equipment to measure bone density, which used to cost \$100,000 for one machine.

Then, the doctor gets reimbursed for all the office visits involved.

Additionally, drugs for osteopenia and osteoporosis just *happened* to be developed around the same timeframe as the machines that measure bone density. Over the years, these drugs have made billions of dollars treating this common “disease” of aging.

It makes great sense for the medical system financially.

But as you've seen, *you get the short end of the stick.*

I learned years ago not to treat patients like a herd of cattle by lining them up for the DEXA scan.

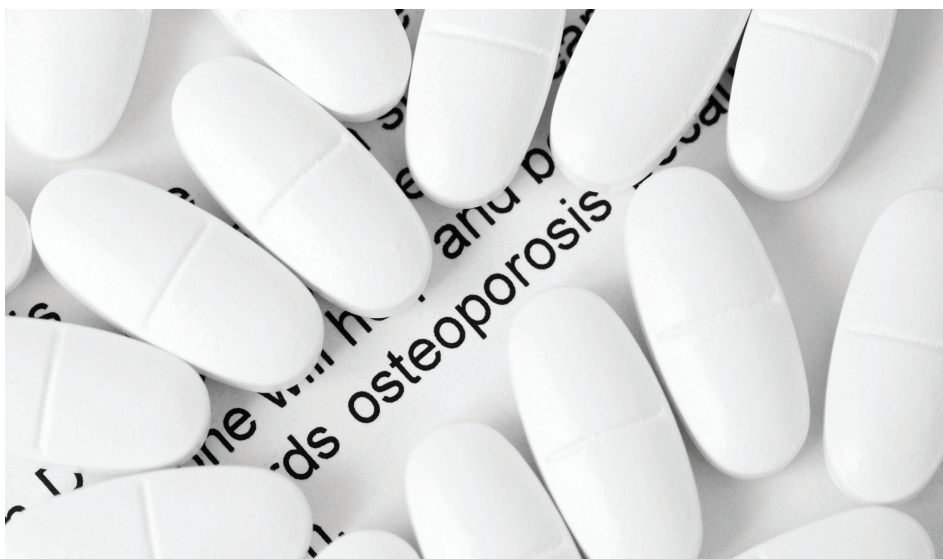
Instead, I will perform a detailed physical exam, take a thorough medical history, and run basic laboratory studies. If a patient's risk of brittle bones is high based on these results, *only then* would I recommend testing bone density with the DEXA scan.

Even then, I take a **RADICALLY DIFFERENT** approach to improving bone health.

In the next issue of *Natural Health Response*, I'll share with you...

1. The detailed **checklist** I use to determine if my patients need a DEXA screening.
2. A **BETTER**, *more accurate* way to **interpret the scan's results**.
3. My **4-step protocol** for building stronger bones whether you have “osteoporosis” or not.
4. Plus, why **calcium supplements** are **NOT** the answer.

Visit the website for a full reference list.



Osteoporosis drugs, such as Fosamax, increase bone density, but they can be associated with serious side effects including gastrointestinal irritation, osteonecrosis of the jaw, incapacitating bone, muscle, or joint pain, low blood calcium levels, esophageal cancer, eye inflammation, and atrial fibrillation.