HEALTH SECRETS FOR THE 21st CENTURY

Volume One

Nutritional Solutions for Health and Longevity

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Printed and bound in Canada Written by Kenneth Walter Peters Edited by Vyvyan Rousseaux Author's Photo by Sarah Brooks Book Design: BookDesign.ca Dedicated to Wally Peters Who started me on the path.

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INTRODUCTION

Like it or not, life is not as simple as it used to be. There was a time when all food was "Health Food" and all produce was organic. Now it's confusing trying to keep up with what's good for you and what is no longer good for you. First butter is a good food, then margarine is better for you than butter; then it is not. Coconut oil is a saturated fat and therefore bad for you, along with all saturated fats. Not so. Now heated polyunsaturated vegetable oils are bad for you, producing trans-fatty acids, and saturated oils are acceptable and even healthful (especially for cooking purposes).

Chocolate is back on the map (as is red wine), but carob, once the preferred health alternative to chocolate, is off the map, because of the bad fats used to bind it together in bar form. The fat in chocolate is now considered to be a safe, naturally saturated fat, and the antioxidant profile of chocolate is high enough to recommend it as a health food, as long as there is more chocolate involved than sugar (minimum 70% cocoa).

Artificial sweeteners are healthier than sugar. Or not. And so on. These days it is a part-time job to stay ahead of the game and not be confused by marketing hype, misinformation, and disinformation, which is more common than you might assume. When we read often enough about another vitamin or herb that is "proven" to be ineffective or dangerous, eventually we throw up our hands in disgust and go back to our old, bad dietary habits. Over time vitamin A, vitamin C, vitamin E and now calcium supplements, have all had their reputations questioned, and yet these nutrients are all essential to good health. They are all well researched and generally safe: when you know how to use them correctly.

Here is where the "secrets" of the title come in. In essence, I offer balanced and unbiased information that is not commonly known, even among those who use supplements on a regular basis. Certainly those selling you supplements are, unfortunately, not going tell you the advantages of not using their product every day; that is contrary to the purpose of marketing. Indeed, most of the information that modern supplement consumers get is in the form of marketing and free magazines. You get the quality of information that you pay for, in this case. The free magazines have most of their content written by their advertisers, and the publishers seldom critically analyze any claims by the advertisers, for fear of losing advertising dollars.

Knowing how to supplement safely, however, requires reading and research to be done by each individual. We now, more than ever, must take responsibility for our own health, and that means educating ourselves. And, to be effective, this education must be ongoing. Part of the problem appears to be that, even in the area of natural healing, once professionals complete their education they seem to stop keeping up with the latest developments in their fields. I see this with not only doctors (especially in a country with socialized medicine) but also with naturopaths, who are the most important alternative to allopathic doctors. In a vitamin store: forget about it. You will get 3 different answers talking to 3 different salespeople, and different recommendations from different stores.

I am here to tell you how to use supplements correctly. What makes me a better choice for guidance? Knowledge and experience. I have been studying in the natural healing field for almost 30 years and doing nutritional consulting for some 20 years. I have as well experimented on my family and myself for decades, I have been in the field seeing the same people over the years and getting constant feedback from clients, as to what works and what doesn't. Combined with years of lectures and readings, discussions with co-workers trained in other fields (homeopathy, Chinese medicine,

energy medicine, herbology, etc), engaging sales representatives in detailed analysis of their products, and my own projects, including writing, research and product design in the field, I have the ideal "generalist" overview, rather than the narrow "specialist" perspective. This allows me to bring you some clarity and common sense to the, sometimes, confusing area of nutritional supplementation.

Overview is the key. Having some knowledge over a broad range of subjects allows one to make links that are often invisible to specialists. It also allows one to mix modalities when attempting to help people to heal themselves. Ailments are often a combination of issues involving body, mind and spirit. Spirit gets overlooked in a secular society, or given too much credence in a religious one, but there is no escaping the fact that if you have no sense of purpose and get no personal satisfaction from your work or from your life, you will have a sense of "dis-ease," which will eventually manifest itself in physical symptoms.

Often, people who use vitamins and supplements excessively are trying to offset this sense of dis-ease, but nothing ever works because the underlying cause is never addressed. Love does not come in a pill, but a caring consultant who hears your story can often be of more value than the pill actually purchased. Such people keep returning to purchase supplements because of the relationship they have with the consultant, which satisfies an essential human need for psycho-nourishment. A need that doctors used to help fill in the old days, before walk-in clinics and ten-minute turnaround visits.

Aside from these emotional needs, there is no denying that our food is lacking nutrients that were once present, and our environment is providing toxins that once were never there. Most physical ailments come down to a lack of specific nutrients and/or an excess of certain toxins. Physical ailments wear down the personality: it is hard to be happy, let alone be pleasant, when you are in pain. Poor personality characteristics lead to isolation, which leads to

psychological and spiritual malaise. And, of course psychological and spiritual aberrations will manifest in physical symptoms. It is much easier to heal physical problems than ones that occur in the more subtle realms. The information provided here, for the most part, will only help within the physical realm. It is up to you to fulfill the other needs, which will be easier to do when you feel good.

DISCLAIMER

This book is not intended to diagnose, treat or prescribe. That is the field of specialists (get a second opinion). This book (the first in a series of three) is designed to arm you with some of the most important data for surviving the 21st Century in good health. It is based on a series of newsletters written for NutriStart Vitamin Company, that I design nutritional products for. The material is representative of current beliefs in the natural health fields, processed through the filter of my experience and ongoing research. It is presented in an accessible layman's format, and so will not include footnotes, nor an excessive amount of scientific reference points. Anything you find debatable is easily researched online (see PubMed web address at the end of chapter one), where you will find arguments both for and against any specific subject. Ultimately, we all look at both sides of the research and make up our own minds. Keep open to changing your mind, if and when new evidence or ideas present themselves. And they will.

PART ONE:

THE BASICS OF SUPPLEMENTATION

Many of you may, of course, already use the following "basic" supplements, yet you may not be aware of certain issues that accompany them. For example, the problem with taking too many B-vitamins, the mistaken information on the dangers of too much vitamin A, the preferred form of vitamin C, or the latest advances in the recommended use of vitamin E. Not to mention, the recently discovered dangers of ingesting too much calcium and not enough magnesium. So, in this section, we will take an in-depth look at vitamins A, B, C, D, E, F (Fatty Acids), and the main minerals.

Most of us begin our journey into the vitamin realm with the purchase of a one-a-day-multiple vitamin and mineral mix. While this is a good beginning it does come up short, since no one tablet can provide sufficient quantities of all the supplements required, especially vitamin C, vitamin E, calcium and magnesium. Were these nutrients to be included at adequate levels in one pill, it would be impossible to swallow.

GENDER DIFFERENCES

Let's begin our hypothetical journey by assuming that you search for the best one-a-day "multiple" that you can find, perhaps narrowing down the choices to one that is gender specific. Such a formulation will provide extra iron for women and extra zinc for men, as this is the only essential difference in basic nutritional requirements between genders. This is because women lose iron during menstruation and men lose zinc during ejaculation.

Gender and age specific formulas aimed at men and post-menopausal women generally do not include iron, since excess iron has been linked to heart disease. This is because too much iron in the tissues leads to free radical production and depletes the body of the antioxidant vitamin E. If you eat red meat and you are a male, or a female past menstruation, it is a good idea to avoid iron as a supplement, unless you have been diagnosed as iron-deficient. Some iron is however included in multi-vitamins that are aimed at "active" men, as it is assumed that they will sweat out iron (along with other minerals, most obviously the "electrolytes") due to vigorous exercise.

This fear of iron is in fact based on an old Finnish study, where all the people in the study were big meat eaters (2 or 3 times daily), and those with the highest iron levels had the most heart disease. Unless you are yourself a big meat eater, worries about iron intake may be unnecessary. (Remember that, aside from fatigue, the other main symptom of iron deficiency is often feeling cold, especially when the others around you do not feel cold.)

CHAPTER ONE

VITAMIN A, SUNGLASSES AND ASTHMA

I have found vitamin A deficiency to be one of the top three or four most common nutritional deficiencies that I see on a regular basis, while doing nutritional consulting.

A high quality "one-a-day" can provide enough vitamin A for basic needs if, and this is a big if, it uses natural beta-carotene. Unfortunately 90% of the time the beta-carotene provided is in a synthetic form, which renders it essentially worthless. Natural beta-carotene, a viable supplement, will be listed on the label as "natural" or will include a list of the "mixed carotenoids" that accompany it in a natural complex. If the label simply states "Beta carotene" then it is synthetic.

My first clue to a person's need for extra vitamin A is to ascertain if they need to use sunglasses. A little known sign of vitamin A deficiency is squinting in the sun. When I am consulting with clients who have lung or sinus problems, I will suggest that they take extra vitamin A until they no longer squint on a sunny day. Inevitably, they usually say that they always squint, or they thought that everyone squints on a bright day. My response is that no tropical culture found it necessary to invent sunglasses until modern times, now they are prevalent, as is the rise of asthma.

IMPORTANCE OF VITAMIN A

The link between sunglasses and asthma is that of vitamin A deficiency, which leads to an erosion of the internal mucosal membranes. From the eyes (helping with dry eye, night vision, color sensitivity) to the anus, vitamin A builds and maintains mucosal membranes. This includes the lining of your sinuses, throat, lungs, intestines and more. This lining is your first line of defense against potentially invasive allergens, bacteria and pollutants from the outside world.

If these particles get through that defensive line, symptoms such as chronic sinus problems, allergies, interstitial cystitis, asthma and other lung and bronchial ailments will occur. Food allergies happen, in part, when the lining of the gut has been further compromised by Candida yeast overgrowth (linked to antibiotic overuse and birth control pills), or by Crohn's disease and colitis. In fact, one study showed that women with vaginal candidiasis ("yeast infection") had extremely low beta-carotene levels in their blood (one sixth of the average.) (Mikhail MS, et al., Decreased beta-carotene levels in exfoliated vaginal epithelial cells in women with vaginal candidiasis. Am J Reproductive Immunol 32, 221-225, 1994) This makes sense, from the point of view that sufficient beta-carotene would necessary to make enough vitamin A to thicken and protect the vaginal lining.

Now here is where it gets dicey; I will commonly recommend 30,000IU (fat-soluble nutrients are generally measured in "IU" or "international units") of vitamin A daily. This natural form is usually derived from fish liver oil, mainly from halibut, as it is about four times higher in vitamin A, than cod liver oil. (When purchasing such a product, ensure that it is from a reliable vitamin company, and that the product has been processed in such a manner as to eliminate any toxins from the fish liver.) For strict vegetarians, vitamin A also seems to be somewhat effective in its synthetic form

("retinyl palmitate"), unlike beta-carotene, which, as we will see, is useless in synthetic form.

These pills come in strengths of 10,000IU, so one takes 3 pills daily, with a meal containing some fat. If the client is not already taking a vitamin D supplement (now commonly recommended as an anti-cancer agent), I will suggest that they choose a "Mega Halibut Oil" pill, which includes 400IU of vitamin D with the 10,000IU of vitamin A. This is because vitamin D also plays a role in maintenance of the mucosal membranes. (More on this later.)

IS IT DANGEROUS?

The dicey part is that most people have been made afraid of vitamin A by distorted media attention. Women are told not to get more than 5,000IU daily, in case they get pregnant and increase their risk of birth defects, and seniors are warned that more than 3,000IU daily can contribute to osteoporosis.

I disagree. I've followed up on these studies (links to follow) and in fact more birth defects are caused worldwide by vitamin A deficiency, than excess. Of course vitamin A deficiency is extremely common in the developing world, but it also turns out to be fairly common in the West as well. We'll get to why that is in a moment.

Let's have a closer look at the original study linking high doses of vitamin A to birth defects, published in October 1995 in the New England Journal of Medicine. In the developing fetus vitamin A is necessary for regulating organ development and for normal cellular differentiation. Those women who were taking more than 10,000IU of vitamin A daily during the first trimester were 2.4 time more likely to have children with birth defects ("cranio-facial deformities"), and those ingesting more than 20,000IU were four times more likely to have babies with birth defects.

While this sounds appalling from one perspective, there is another way to look at these figures. When observing the 57 women consuming large doses of vitamin A we see that only one baby in

57 developed defects, whereas 56 did not. So one wonders if we can even blame the vitamin A for this anomaly. The experts did go on to state elsewhere that "We know of no reason for anyone to avoid eating carrots, tomatoes, or other carotene-containing foods, and we know of no adverse effect associated with beta-carotene dietary supplements."

With regards to the idea that vitamin A contributes to osteoporosis, that study is countered by another (see below), and the fact that vitamin A is necessary for bone growth.

A DEFICIENCY IN THE WEST

Why would we, one of the best-fed peoples in the world, be deficient in vitamin A? Well, because our main source of dietary vitamin A was consuming cow's liver. When is the last time you had a tasty serving of liver and fried onions? When I was a kid we had liver once or twice weekly, giving us on average 30,000 to 60,000IU of vitamin A weekly. The livers (and other organs) of mammals, fowl and fish used to be consumed on a regular basis by humans everywhere, providing adequate vitamin A levels. The French still consume goose liver pate (94 grams of goose liver contains 29,138IU of vitamin A), which may be part of the famous "French Paradox."

For those unfamiliar, the "French Paradox" is based on the observation that, while the French consume more saturated fat that Americans, they have less heart disease. This has been attributed to their intake of red wine and the antioxidants it provides, and possibly to the fact that their saturated fat comes from natural sources, such as meat and dairy, whereas the American diet provides fat mostly in the form of damaged vegetable oils (more on this in Chapter 7). Currently, our main source of A would be as beta-carotene in a fresh glass of carrot juice, or in yellow and orange fruits and vegetables.

My usual suggestion is that people take 30,000IU daily for a few weeks, or until they stop squinting in the sun. They then should roll

back to 10,000IU daily, while skipping weekends, raising the dose if they find themselves squinting again. This recommendation fully acknowledges that I am not a naturopath but simply a nutritional consultant. I met a young woman, however, whose naturopath told her to take 100,000IU per day for a month, so my recommendations are conservative compared to some.

Doses from 50,000IU to 100,000IU, for a few months, are often used to treat stubborn acne (there is a synthetic acne drug which amounts to much the same thing, but has dangerous side effects). Many texts indicate that toxicity of vitamin A occurs at 50,000IU daily for a year. I have even seen a study done with infants being treated for respiratory viral ailments, where they were given 25,000IU of vitamin A daily, for a short period. In this case the infants were, in fact, given "micellized" vitamin A, which is a water-soluble form (available mostly in pharmacies).

Now these suggestions are for people in general good health. Those with liver damage, renal failure, and alcoholics, should not use high doses without the advice of a professional. Women who are pregnant should obviously also err on the side of caution and avoid more than 5,000IU of fat-soluble vitamin A. When we use a water-soluble form of vitamin A, however, such as micellized, there are no worries, since the body can easily excrete what it does not use, unlike the fat-soluble fish liver oils, which are stored in the body, mostly in the liver.

BETA CAROTENE

This water-soluble tenancy is also true of beta-carotene, which is known as "pro-vitamin A." What this means is that the body will convert beta-carotene into vitamin A until it has enough vitamin A, and the extra will then serve as an anti-oxidant, fighting off the damaging effects of free radicals. But, beta-carotene requires adequate zinc in order to convert to vitamin A in the body, and those with diabetes and hypothyroid conditions lack the ability to

convert beta-carotene into vitamin A in their bodies. These people, and those who take very large amounts of beta-carotene, may find their skin turning a mild shade of orange. Even those who drink copious amounts of carrot juice will observe this effect and, in fact, some natural tanning pills are made up mostly of high levels of carotenoids.

The problem with beta-carotene is that most of the products on the market are worthless, or worse. You may have heard that smokers are advised to not take beta-carotene, as it could increase their cancer risk. In fact, vitamin A can help prevent cancer in smokers by healing lung damage and rebuilding the little hairs (cilia) lining the lungs that clean them of particles. This warning about beta-carotene and smokers is based on a Finnish study done a few decades ago. In this study (involving a lot of smokers) those on the high beta-carotene regimen were found to have marginally more (18%) cancer than those on the placebo. ("The Alpha-tocopherol, Beta –carotene Cancer Prevention Study Group, The effect of vitamin E and beta-carotene on incidence of lung cancer and other cancers in male smokers." N Engl J Med 330, 1029-1035, 1994.)

The seldom-mentioned reason for this outcome was the fact that the study used only synthetic beta-carotene. Original studies showing benefits of beta-carotene were based on checking the blood levels of beta-carotene in people who obtained it from food. Population studies consistently show a strong protective effect from dietary carotene intake against a wide variety of cancers, including cervix, gastrointestinal, lung, skin and uterus. (Ziegler RG, "A review of the epidemiologic evidence that carotenoids reduce the risk of cancer." J Nutr 119, 116-122, 1989.)

Natural beta-carotene exists with a family of other carotenoids, including alpha carotene, which is ten times more powerful as an antioxidant than the beta form, along with other co-factors such as lutein and zeaxanthin. Because beta-carotene is very prone to oxidative damage researchers have observed that other antioxidant

nutrients need to be present with it, for it to be effective. Thus we find in this Finnish study that the group that received both beta-carotene and vitamin E did not show any increase in cancer levels. This is a perfect example of why some studies done on antioxidants show negative effects (which are then widely disseminated in the press). As we will discuss later, antioxidants need to be considered a "family" of nutrients and to be taken in conjunction with one another.

A good product containing natural beta-carotene, will list the other carotenoids on the label as well (a reasonable dose of a natural beta-carotene product is 25,000IU daily). Unfortunately, most multi-vitamins still use the synthetic form because it is a cheaper raw material, meaning that, along with their low levels of actual vitamin A (2,500IU to 5,000IU), a multivitamin will seldom provide the minimum requirement of vitamin A.

OTHER FUNCTIONS OF VITAMIN A

Like most nutrients, vitamin A has a host of functions. Protein requires vitamin A in order to be utilized by the body. Vitamin A prevents night blindness and other eye problems. Deficiencies of vitamin A can also manifest as dry hair or skin, dry eyes, reproductive difficulties, sinusitis or pneumonia. Vitamin A is a powerful immune stimulant, especially protective against respiratory infections because the mucosal membranes (comprised of epithelial cells) function as a physical barrier against infections. Vitamin A also stimulates both T-cells and the antibody-producing B-cells, so well, that one study showed that high doses of vitamin A improved the health of infants with HIV infections.

WARNINGS

Substances that interfere with vitamin A absorption include antibiotics, laxatives and some cholesterol-lowering drugs.

Vitamin A overdose symptoms include, ironically, dryness of

the mucous membranes, as well as hair loss, chronic headaches, vomiting, and liver damage. Yet, I have to wonder if we are misinformed on the warnings to people with liver damage. Consider that the liver stores 90% of vitamin A, yet the majority of us are deficient in this nutrient. Since it is anti-viral and fights infection, perhaps those with Hepatitis or Cirrhosis of the liver would actually have been protected by vitamin A, if their livers were full of it.

Recent studies have indicated that vitamin A at high levels may deplete vitamin D from the body. Since these two vitamins co-exist in the livers of animals, this interdependency is logical, and I would suggest that the safest approach is to include 1000IU of vitamin D for every 10,000IU of vitamin A. (This does not apply to beta-carotene.) This relationship does not appear to occur in the reverse, indicating that high levels of vitamin D do not require high levels of vitamin A. Yet again, logic would indicate that if we are going to take high levels of vitamin D, we should probably ensure that we are getting at least a modicum of vitamin A.

TOPICAL USE

One interesting piece of anecdotal information came from a client of mine who was in her fifties, but had the facial appearance of being in her thirties. She told me that for the last fifteen years she had been opening a capsule of vitamin A (10,000IU) every night and applying it to her face. I have tried this and the skin does indeed absorb the vitamin A, as opposed to vitamin E, which lays rather heavily upon the skin, when used in such a fashion. Vitamin A is noticeably healing to the skin and useful for nebulous skin conditions that are undefined but troublesome. When I apply vitamin A to my skin I usually dilute it in a small amount of Jojoba or Rosehip Seed oil, both of which are also helpful for aging skin.

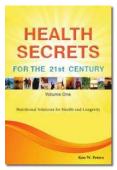
Below are some links for those wishing to do a little more research. As mentioned earlier, in the natural health field, as with conventional medicine, one must take responsibility for one's own health; build your knowledge and get to know your own body. Only by being actively involved in our health and well-being will we be able to maintain it.

FOLLOWING THE SCIENCE

To find the studies I have used, in part, to confirm this alternative thesis that vitamin A deficiency is widespread in the Western world, and not dangerous to take in moderately high amounts, enter the following study titles into the PubMed (an archive of medical studies from around the world) search engine (www.pubmed.gov). Following each title I will summarize their conclusions.

- 1. "Serum retinoids and beta-carotene as predictors of hip and other fractures in elderly women." CONCLUSION: We found no evidence to support any skeletal harm associated with increased serum indices of retinal exposure or modest retinal supplementation in this population.
- 2. "Vitamin A and beta-carotene supply of women with gemini or short birth intervals: a pilot study." CONCLUSION: Despite the fact that vitamin A and beta-carotene rich food is generally available, risk groups for low vitamin A supply exist in the Western world.
- 3. "Vitamin A deficiency disorders in children and women." CONCLUSION: While reductions of child mortality (in the developing world) of 19-54% following vitamin A treatment have been widely reported, more recent work suggests that dosing newborns with vitamin A may, in some settings, lower infant mortality. Among women, one large trial has so far reported a (roughly) 40% reduction in mortality related to pregnancy with weekly, low-dose vitamin A supplementation."

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The field of Nutrition is full of conflicting advice, much of it motivated simply by marketing. Understanding what Nutritional Advice fits you can aid in:

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