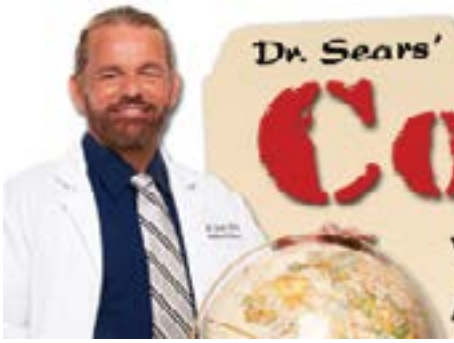


Dr. Sears'
Confidential Cures
Your Guide to Truth and Lies in Medicine from Around the World

August 2026 **Vol. XV Issue 8**

Dear Friend,

Most doctors will tell you that your genes are your destiny. Now, groundbreaking new research is telling us the exact opposite...

You can use your genes to *change* your destiny.

And you can pass those changes on to future generations.

This is a revolutionary idea that flies in the face of conventional wisdom.

So when I hear doctors blame a person's likelihood of developing a chronic disease on family genes, I have to speak up...

Because the vast majority of these diseases are NOT genetic. They are epigenetic.

Your epigenome is the part of your genetic material that is not inherited. It sits on top of your DNA and directs which genes are expressed as they interact with the environment

The food you eat... the way you exercise... how much you sleep... even the stress you experience can influence which genes are switched "on" and which ones remain silent.

This is the science of epigenetics.

And it puts much more control over your health in your own hands than conventional medicine would have you believe.

Researchers have discovered that many of these changes are passed from one generation to another. That means the decisions you make today don't affect just you.

They affect your children and grandchildren.

I find that incredibly empowering.

But there's a dark side to this discovery.

Our modern world exposes you to thousands of chemicals your ancestors never encountered. And researchers are discovering that toxins in your food, water, air, and everyday products can interfere with your epigenome.

In your August 2026 issue of *Confidential Cures*, you'll discover...

- **How Environmental Toxins Can Hijack Your Epigenome.** I'll reveal how chemicals you encounter every day can interfere with the switches controlling your genes. But more importantly, I'll share what you can do to reduce your exposure and use your genes to ***change*** your destiny.
- **The Hidden Brain Danger Behind Popular Heartburn Drugs.** You'll discover why shutting down stomach acid can have consequences far beyond heartburn — and what you can do instead to address the problem at its source.
- **The Prozac Side Effect Patients Were Told Would Go Away — But Doesn't.** I'll reveal what scientists are discovering about PSSD and why lasting changes in gene expression could help explain this mysterious condition.

To Your Good Health,

Al Sears, MD, CNS

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Modern Toxins Are Rewriting Your Genes...

Making Every One Of Us Part Of A Giant Epigenetic Experiment We Didn't Sign Up For

For decades you've been told that your DNA is your destiny.

That if heart disease, diabetes, obesity, or dementia run in your family, there's little you can do about it — because you've inherited "bad genes" from your parents, your uncle Joe, or your great-aunt Mae.

But a growing body of research suggests your DNA is not the whole story.

Instead, the real story lies in the biological instructions that sit on top of your DNA — telling your cells which genes to switch on or off and how to respond to the world you live in.

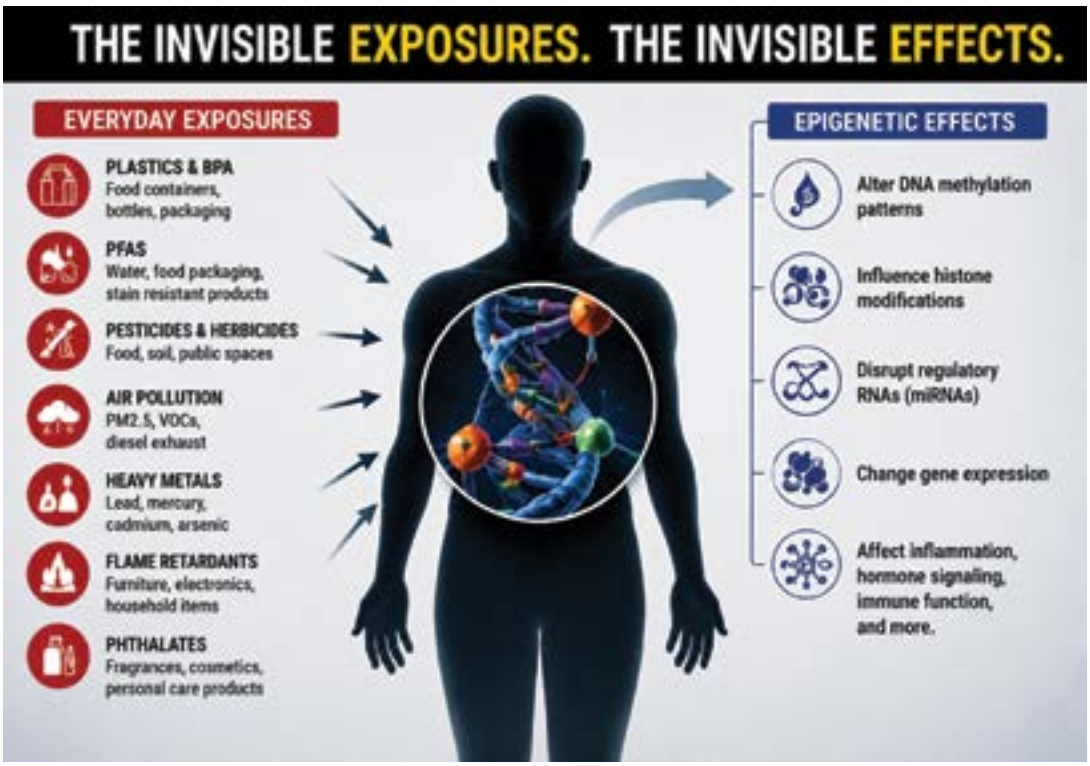
Scientists call this epigenetics.

If you think of your DNA as the hardware in a computer, epigenetics is the software that tells your hardware what to do.

And here's the disturbing part... Modern environmental chemicals are capable of rewriting that software.

Studies now show that some of these changes have even persisted into future generations.

That's an extremely worrying concern, because it means that the industrial chemicals you're exposed to in the air you breathe, the food you eat and the water you drink today could have a



From plastics and pesticides to air pollution and heavy metals, modern exposures can disrupt the epigenetic signals that help control inflammation, hormones, immunity, and more.

devastating impact on your grandchildren, and perhaps even their grandchildren.

Let me show you what I mean...

For years modern medicine has focused almost entirely on mutations in DNA.

But most diseases don't happen because your genetic code suddenly changes. They develop because genes that should be active become quiet... while genes that should remain silent become switched on.

These changes don't alter the DNA sequence itself. Instead, they affect how your cells read that sequence and what they do about it.

That means two people can have nearly identical genes yet experience dramatically different health outcomes — depending on what they eat, how they exercise, their stress and sleep levels...and their exposure to environmental toxins.

In this ***Confidential Cures*** article, I'm going to show you how modern toxins are reprogramming your genes — and, more importantly, the practical steps you can take to protect your epigenome, as well as the epigenome of your future descendants.

The Chemical Experiment Nobody Signed Up For

Right now, an invisible experiment is being carried out on every American.

You never volunteered for it...and nobody asked your permission.

Before you even eat breakfast, you've already been exposed to chemicals from your shampoo, your toothpaste, your non-stick frying pan, your coffee cup, your tap water, the air outside your front door — and perhaps the receipt you stuffed into your pocket.

None of these exposures is dramatic by itself. But together they form a chemical cocktail that your grandparents never experienced.

The list of chemicals you're exposed to every day is astonishing. Here are just a few of the most common...

- BPA used in certain plastics and food packaging
- Phthalates found in fragrances, cosmetics and flexible plastics
- PFAS, often called "forever chemicals," and now found almost everywhere — from drinking water, soil and air to your food supply
- Pesticides and herbicides used not only in industrial farming, but in public parks, ballparks, and roadside vegetation
- Heavy metals including lead, cadmium, mercury and arsenic
- Air pollution, especially fine particulate matter, also called PM2.5
- Flame retardants

These substances don't all behave the same way — but most of them have one thing in common...

They've been associated with changes in epigenetic regulation in both animal and human studies.

Here's what I find astonishing.

Your body is exposed to hundreds of chemicals simultaneously. Yet almost all safety testing evaluates them one at a time.

Substances like BPA, certain phthalates and PFAS compounds often interact with hormone systems that are involved in growth, reproduction, and metabolism.

The shocking part isn't that these chemicals can damage cells. Scientists have known that for decades.

What's changing is the realization that some of them may not damage your genes at all.

Instead, they are rewriting the instructions telling those genes how to behave.

This is exactly what epigenetic change looks like.

Scientists have also discovered another epigenetic mechanism involving proteins called histones.

Think of histones as tiny spools that DNA wraps around. When chemicals alter these spools, they can tighten or loosen the DNA, making certain genes easier — or harder — for your cells to read.

"Each day, factories, power plants, traffic, mining, and industrial agriculture contribute to this lethal cocktail."

And there's another player in this story — tiny molecules called regulatory RNAs. Think of them as microscopic managers that help tell your cells which genetic instructions to follow when making proteins.

Regulatory RNAs (especially microRNAs or miRNAs) are one of the main mechanisms of epigenetic regulation. They don't change your DNA. They act like dimmer switches that fine-tune how much protein a gene produces.

Environmental toxins and the epigenetic changes they cause are capable of interfering with this entire system and can cause your body to lose metabolic control, disrupting its inflammatory responses, hormone signaling, immune defenses, and tissue repair.

Air Pollution Doesn't Stop At Your Lungs

Doctors and public health officials have spent decades warning that air pollution can damage your lungs. It's no secret.

But the truth is that many of the tiniest particles travel much further...

Within minutes microscopic particles measuring less than 2.5 micrometers across (about 30 times smaller than the width of a human hair) can enter your bloodstream — and researchers have found them in the heart, liver, the placentas of pregnant women, and even the brain.

PM2.5 isn't a single chemical. It's a complex mixture of tiny solid particles and liquid droplets that can carry dozens of harmful substances deep into your body.

Each day, factories, power plants, traffic, mining, and industrial agriculture contribute to this lethal cocktail that can include sulfur dioxide, nitrogen oxides, volatile organic compounds, and toxic metals such as arsenic, mercury, and cadmium.

These particles are so incredibly small, they slip past your lungs' natural defenses, enter your bloodstream and travel throughout your body.

Once there, they trigger oxidative stress and chronic inflammation — two of the most powerful drivers of chronic disease and epigenetic changes.

Researchers can now reveal that PM2.5 exposure is associated with changes in DNA methylation, changing which genes your cells switch on and which they silence.[1]

Other studies suggest these particles can also influence histone modifications and disrupt microRNAs.

These are the tiny molecular managers that fine-tune how your genes are expressed.

Many scientists now believe that these epigenetic changes help explain why long-term exposure to PM2.5 has been associated with a higher risk of heart disease, stroke, diabetes, chronic lung disease, certain cancers, cognitive decline, and accelerated biological aging.

And there appears to be no completely safe level of long-term exposure. The World Health Organization and the International Agency for Research on Cancer classify outdoor air pollution — and particulate matter within it — as carcinogenic to humans.

One large study published in *Environmental Health Perspectives* found that long-term exposure to fine particulate pollution was associated with a higher risk of premature death and cardiovascular mortality.[2]

And you don't have to live beside a factory to be exposed.

Busy roads, diesel exhaust, wood-burning stoves, wildfire smoke, and polluted urban air all contribute to the invisible cloud of particles that most of us breathe every day.

Early-life exposure appears particularly important because developing tissues are especially vulnerable.

But the problems don't end there...

The Most Disturbing Discovery Of All

Imagine discovering that a chemical you encountered today might influence the health of a child who hasn't even been conceived yet.

Twenty years ago that would have sounded like science fiction. Today it's one of the most fascinating — and unsettling — areas of biology.

You see, some of these environmental toxins leave behind epigenetic marks — chemical switches that influence how genes behave without changing the DNA itself.

Researchers have found that if changes occur in the reproductive system — in sperm or eggs, or during early fetal development — they can be passed on to future generations.[3]

Animal studies reveal that exposure to certain endocrine-disrupting chemicals — like vinclozolin, DDT, bisphenol A (BPA), and tributyltin — can be linked not only to disease in the exposed offspring, but also in grandchildren and great-grandchildren that were never exposed to the original toxin.

While the DNA itself remained unchanged, the way some genes were programmed to function had shifted.

Scientists call this transgenerational epigenetic inheritance, and it suggests that the health consequences of pollution can echo across several generations.

Research has identified a growing list of chemicals capable of triggering these epigenetic changes in animals. They include:

- Pesticides
- Industrial pollutants
- Heavy metals
- Air pollution
- BPA and other hormone-disrupting compounds found in many everyday products

Every decision you make each day sends signals to your epigenome.

To reduce your toxic burden — and support healthier gene expression — I recommend making these habits part of your daily routine:

My top three would be:

1. **Eat Whole, Minimally Processed Foods.** Include plenty of colorful fruits and vegetables, which support your body's detoxification systems, especially the liver, by providing nutrients that help detoxification enzymes work efficiently and protect cells from oxidative stress.

   It's important to choose organic produce whenever possible to avoid pesticide residues.

2. **Clean Up The Air You Breathe.** You can't control outdoor air pollution, but you can reduce how much of it reaches your lungs. Keep your windows closed when air quality is poor, avoid exercising near busy roads and heavy traffic, and consider using a HEPA air purifier in the rooms where you spend the most time.

   This can help reduce your exposure to PM2.5 and other airborne pollutants linked to oxidative stress, inflammation, and unhealthy changes in gene expression.



A HEPA air purifier captures 99.97% of airborne particles down to 0.3 microns.

2. **Work Out With An Epigenetic Exercise Program.** In a remarkable Swedish study, researchers found that three months of exercise produced new methylation patterns at more than 5,000 sites in muscle cells — showing how dramatically physical activity can influence the way your genes behave.[4]

   I recommend my PACE (Progressively Accelerating Cardiopulmonary Exertion) program, which uses just 12 minutes of brief, progressively more intense exercise that supports healthier gene expression.

Prevention is a key part of the equation. But you can't eliminate every environmental toxin from modern life.

However, you can strengthen your body's own defenses to flip the override switch.

Protect Yourself And Future Generations With Glutathione

This is the encouraging news: Epigenetic changes are dynamic.

Every healthy meal... Every walk you take... Every good night's sleep you get... Every step you take to reduce your exposure to unnecessary toxins...

All of it sends new signals to your genes.

Your body is trying to repair itself every single day. Your job is simply to stop making that job harder than it already is.

You see, unlike inherited DNA mutations, epigenetic changes are potentially reversible, because they respond to healthier environments and lifestyle choices.[5]

Defense is also crucial.

That's why I always talk to my patients about glutathione, one of the most important molecules driving your natural detoxification system.

Glutathione is also called your body's "master antioxidant."

It helps neutralize harmful free radicals and, through specialized liver enzymes, binds to many reactive chemicals — including certain heavy metals, air pollutants, pesticides, and toxic byproducts of normal metabolism — making them easier for your body to eliminate.

Studies show that glutathione binds to:

- Heavy metals, like mercury, cadmium, lead and arsenic
- Environmental pollutants like benzene and acrolein
- Pesticides like organophosphate and organochlorines
- BPA

But modern life places enormous demands on this system.

Research suggests that exposure to air pollution, heavy metals, pesticides and other industrial chemicals can rapidly deplete glutathione, leaving your cells more vulnerable to oxidative stress and inflammation.[6]

That's why supporting your body's ability to make its own glutathione may be one of the smartest investments you can make in your long-term health.

Your body manufactures glutathione from three amino acids — cysteine, glycine, and glutamate.

One of the most effective ways to support that process is with N-acetyl-cysteine (NAC), a precursor your body uses to build glutathione. NAC is also a powerful antioxidant in its own right. I typically recommend starting with 500 mg daily for two weeks, then increasing to 500 mg twice daily.

3 More Ways To Take Control Of Your Genes

Avoiding toxins is your first line of defense. But you can also give your body nutrients that support healthier gene expression from the inside.

Here are three more ways to help protect your epigenome and influence the genetic switches that control inflammation, cellular repair and aging...

1. Use SAMe To Support Healthy Gene Expression. SAMe (S-adenosylmethionine) is one of my favorite anti-aging nutrients.

Your body naturally produces it, and you'll find it in nearly every cell, tissue, and fluid. SAMe acts as a co-enzyme, helping your body carry out a wide range of essential biochemical reactions.[7]

It also helps defend your cells against damage.

One of SAMe's most important roles is as a powerful methyl donor.[8] That means it supports methylation — one of the processes your body uses to control which genes are switched on and which remain silent.

Healthy methylation helps regulate gene activity and may influence some of the processes associated with aging.

But SAMe does much more.

Your body uses it to help produce DNA, RNA, and proteins. It also supports the structure and flexibility of your cell membranes.

And SAMe helps your body produce glutathione — one of your most important natural antioxidants.

It also plays a role in producing compounds called polyamines, which help control normal cell growth and death. One of these polyamines, spermidine, has attracted attention for its potential anti-aging effects. Early animal research suggests it may even extend lifespan.[9]

The problem is that your natural SAMe levels tend to decline as you get older. And you cannot get meaningful amounts directly from food.

I recommend starting with 200 mg of SAMe per day for two weeks. If necessary, you can gradually increase your dose to 400 mg, and eventually as much as 800 mg twice daily.

Side effects are uncommon, but some people may experience an upset stomach or skin rash.

2. Activate Your Longevity Genes With Resveratrol. Scientists discovered a family of genes called sirtuins that play an important role in how your cells respond to stress and aging.

These genes become especially active when your body is placed under certain forms of stress. Research from Johns Hopkins University, for example, found that starvation or severe calorie restriction can activate sirtuins.[10]

Once switched on, sirtuins help coordinate cellular defenses. They can slow processes involved in cell death and give your cells more opportunity to repair damaged DNA.

Think of them as survival genes designed to help your cells withstand difficult conditions.

Fortunately, you do not have to starve yourself to influence these pathways.

Resveratrol is one natural compound associated with sirtuin activity.

You'll find resveratrol in grapes and Vaccinium berries such as blueberries, bilberries, and cranberries. Japanese knotweed — traditionally consumed as Itadori tea — is another rich source.

Red wine contains some resveratrol, too. But you would have to drink an enormous amount to get a meaningful dose. I certainly do not recommend doing that.

A supplement is a much more practical choice.

You can take resveratrol with or without food at any time of day. A typical daily amount ranges from 10 mg to 50 mg. For anti-aging purposes, I recommend 100 mg per day.



Itadori tea, made from Japanese knotweed, is a rich natural source of resveratrol.

3. Use Omega-3s To Influence More Than 1,000 Genes. Omega-3 fatty acids do much more than support your heart and brain.

Research suggests they can influence the activity of more than 1,000 genes.[11]

Many of those genetic effects are connected to inflammation and cardiovascular health.

You can get omega-3s from foods like wild-caught salmon, trout, anchovies, and sardines. Other sources include grass-fed beef liver, pastured eggs, oysters, walnuts, hempseed, and cod liver oil.

But in my experience, most people simply do not get enough omega-3s from food alone. That's why I recommend supplementing.

The key ingredient to look for is docosahexaenoic acid, or DHA. I recommend at least 500 mg of DHA and 60 mg of EPA every day.

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Breakthrough Study Reveals:

PPIs Harm Your Brain 3 Different Ways... And Increase Dementia Risk 51%

You've been living with it for years. I'm talking about heartburn that never fully goes away... Fatigue that doctors can't explain... Brain fog that rolls in after lunch and just won't stop...

And lately, memory slips that scare you more than you want to admit.

Doctors typically look at each of these problems in isolation. A different visit, a different shrug, a different dead end. "It's your thyroid." "It's stress." "It's just aging."

I don't buy it. Because when I see a patient with heartburn, chronic fatigue, brain fog, and early memory loss showing up together, I don't see four different diseases.

I see one.

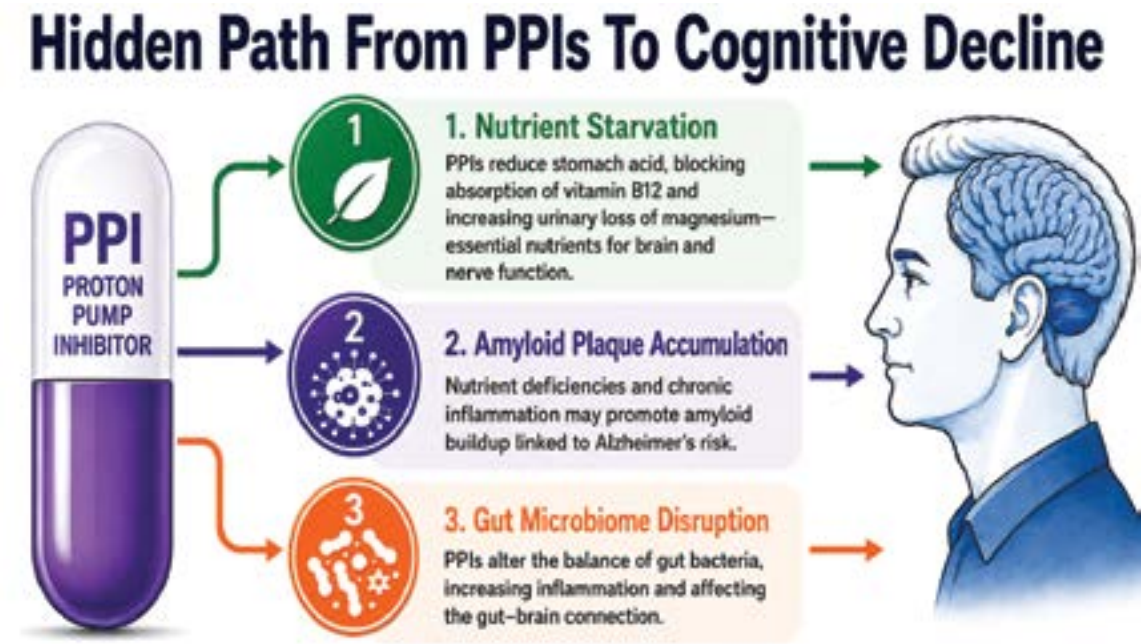
And I start looking for the thread that connects them.

Here's what most doctors never stop to ask...

What if heartburn isn't really a disease of too much stomach acid in the first place?

For decades, medicine has treated reflux as if acid were the enemy. So millions of Americans have been handed acid-blocking drugs and told they'll probably need them for the rest of their lives.

I believe that's one of the biggest mistakes in modern digestive medicine.



Proton pump inhibitors harm your brain through three major pathways — starving it of essential nutrients, promoting amyloid plaque buildup, and disrupting the gut-brain connection.

Because in many people, the real problem isn't too much stomach acid. It's too little.

And those little purple pills don't correct the problem. They simply silence the alarm while the damage keeps building underneath.

The worst part? The damage doesn't stop in your stomach. It reaches all the way to your brain.

The culprit is hiding in plain sight — right there in your medicine cabinet.

Nexium. Prilosec. Prevacid. The proton pump inhibitors doctors say are perfectly safe to take for the rest of your life.

They aren't.

Why Those Purple Pills Skyrocket Your Risk For Dementia

A landmark 2024 review published in *Current Alzheimer Research* finally assembled what I'd suspected for years into one devastating picture.

The researchers mapped exactly how long-term PPI use breaks down your brain — from the inside out.

They found these drugs starve the brain of B12 and magnesium. They accelerate the buildup of Alzheimer's plaques. And they destroy the gut bacteria that protect your nervous system.[1]

When I read that paper, every clue snapped into place.

- Fatigue? B12 starvation
- Brain fog? Magnesium depletion and neuroinflammation
- Memory lapses? Amyloid plaques forming

And the heartburn itself? The drug never fixed it. It just masked the signal while the real damage piled up underneath.

Here's the worst part: The people being hit hardest are those over 70. And the medical establishment still hasn't sounded the alarm.

So, I'm sounding it now.

In this issue of ***Confidential Cures***, I'll show you exactly what these drugs are doing inside your body — and why your heartburn never really went away.

More importantly, I'll give you my 5-step plan to get off them safely and start undoing the damage.

How "Safe" Acid Blockers Became A Dementia Time Bomb

The numbers should terrify every doctor in America who's been rubber-stamping PPI refills.

The 2024 review I mentioned analyzed data from multiple studies, including one with 73,679 people 75 and older. Those on regular PPI medication had a significantly higher incidence of dementia.

That wasn't a one-off finding. A separate study of more than 23,000 U.S. veterans found that PPI users had a staggering 51% increase in the risk of dementia compared to non-users.

The risk varied by drug: Rabeprazole (Aciphex) users had the highest dementia rate at 13%, followed by lansoprazole (Prevacid) at 11%, omeprazole (Prilosec) at 10%, esomeprazole (Nexium) at nearly 8%, and pantoprazole (Protonix) at 7%.[2]

Another 2023 study showed that very long cumulative PPI exposure — more than 4.4 years — was associated with approximately 33% higher incidence of dementia in older adults.[3]

Now, I'll be straight with you... Some studies have found no significant association between PPIs and dementia.

Other studies have used genetic data to look for a direct cause-and-effect link — and those haven't found one either.

The drug companies love to point to these studies as proof their products are safe.

But here's what they conveniently ignore:

The weight of evidence in vulnerable populations — the elderly, women, the malnourished — is deeply and consistently alarming.

And when you're talking about a drug that over 15 million Americans take daily, even a moderate increase in dementia risk translates to hundreds of thousands of preventable cases.

Millions of those patients — especially those over 70 — are being prescribed these drugs with no exit strategy and no monitoring for the nutrient depletion and cognitive damage they cause.

And that's just the patients with a doctor involved.

> "When 15 million people are taking a drug every day, you don't wait for a perfect study. You warn them. The fact that nobody has is indefensible. "

Millions more buy Nexium, Prilosec, and Prevacid — as well as their generic forms — off the shelf every month.

When 15 million people are taking a drug every day, you don't wait for a perfect study. You warn them. The fact that nobody has is indefensible.

How Your Heartburn Pill Attacks Your Brain On Three Fronts

Understanding how PPIs damage your brain is critical. Because once you see the mechanisms, you'll understand why a simple pill swap or lifestyle change can stop the destruction.

There are three distinct ways these drugs attack your brain.

Front 1: The Nutrient Starvation Pathway. This may sound counterintuitive, but it's true: Your stomach acid isn't the enemy. It's essential.

Your body uses gastric acid to pull vitamin B12, magnesium, and iron out of the food you eat. Shut down the acid and you shut down that process. Your body simply can't extract the nutrients your brain needs to survive.

Long-term PPI use has been directly linked to vitamin B12 deficiency through reduced gastric acid–dependent B12 release.[4]

A 2022 study of 1,225 long-term PPI users found that most had lower B12 levels — and many were outright deficient.[5]

A 2025 systematic review found that older adults on long-term PPIs lost 12% to 18% of their B12 levels within just one year — and concluded that older and malnourished patients face the greatest risk.[6]

B12 isn't optional for your brain. It maintains the myelin sheaths that insulate your nerve fibers and clears homocysteine—a toxic amino acid that, when elevated, directly damages neurons.

Without adequate B12, your brain's wiring literally begins to fray.

PPIs also cause dangerously low magnesium levels, low enough to cause muscle cramps, seizures, and irregular heartbeat.[7]

And they impair iron absorption, contributing to the kind of fatigue and cognitive sluggishness that gets dismissed as "normal aging."[8]

Front 2: The Amyloid Acceleration Pathway. Here's something your doctor almost certainly never told you: Your heartburn pill doesn't just stay in your stomach. It travels through your bloodstream and crosses directly into your brain.

Once it's there, it triggers a chain reaction. Your brain cells become more acidic, and that shift in chemistry wakes up two enzymes that act like scissors — cutting a normal brain protein into toxic fragments.

Those fragments are the same sticky plaques that pile up in the brains of Alzheimer's patients.

This isn't just theoretical — research has shown that PPIs actually raised levels of these toxic fragments in brain tissue.[9]

Think about that for a moment. The pill you're taking for heartburn may be quietly building the plaques linked to Alzheimer's — right inside your skull.

Front 3: The Gut-Brain Axis Sabotage. Your gut and your brain are constantly talking to each other. The good bacteria living in your digestive tract send signals that control inflammation, mood, and memory.

When that community of bacteria is healthy, your brain stays protected.

PPIs wipe it out.

When you shut down stomach acid, you remove the body's first line of defense against harmful bacteria. The bad actors move in.

Research shows PPI users have significantly higher levels of dangerous bacteria — the kind that produce toxic byproducts that travel through the bloodstream and into the brain.[10]

Once those toxins reach the brain, they trigger inflammation. And chronic brain inflammation is one of the most well-established drivers of cognitive decline and dementia.[11]

So the pill you're taking to feel better after dinner is quietly setting fire to your brain.

My 5-Step "Acid Rescue & Brain Shield" Protocol

The good news is that every one of these pathways is reversible. You can address the root cause of your reflux, protect your brain, and get off the PPI treadmill — safely and naturally.

Here's how...

Step 1: Wean Off Your PPI The Right Way. Don't quit your PPI cold turkey. Stopping suddenly triggers a rebound effect. Your stomach overcompensates by flooding itself with acid, making your symptoms temporarily worse than before.[12]

This is exactly how Big Pharma keeps you hooked: The withdrawal feels like proof you still "need" the drug.

Instead, work with your doctor to gradually reduce your dosage over two to four weeks. Cut your dose in half for two weeks, then move to every other day, then stop. This gives the acid-producing cells in your stomach time to settle back to normal.

Step 2: Restore Natural Stomach Acid With Betaine HCl. Here's a dirty secret the antacid industry doesn't want you to know: For many reflux sufferers, the real problem isn't too much acid — it's too little.

When your stomach doesn't produce enough acid, food sits and ferments. That fermentation creates gas and pressure that forces open the valve separating your stomach from your esophagus. Acid splashes up.

You call it heartburn. And your doctor hands you another prescription.

One way to break this cycle is with betaine hydrochloride (HCl). Betaine HCl is a supplement that temporarily increases stomach acid, helping your body break down protein and move food out of the stomach more efficiently.

Research supports this approach. In a randomized crossover study, researchers gave betaine HCl to subjects whose stomach acid had been suppressed by PPI medications.

A single 1,500 mg dose rapidly restored stomach acidity, lowering stomach pH from 5.2 to 0.6 in just six minutes.[13]

The effect lasted about 73 minutes, maintaining a strongly acidic environment long enough for proper digestion.

I suggest starting with a lower-dose (500 mg to 650 mg) capsule and evaluating for comfort. Don't use if you have gastritis, stomach ulcers, or a history of GI bleeding.

Step 3: The Anti-Reflux Lifestyle Reset. The most powerful medicine for GERD — gastroesophageal reflux disease, the clinical name for chronic acid reflux — isn't a pill. It's how you live.

A remarkable 2024 case report described a 61-year-old man with severe GERD who adopted a simple non-pharmacological approach: Eat two main meals per day with only liquids between meals.

Within two weeks, his symptoms dropped dramatically. At a seven-year follow-up endoscopy, his gastroesophageal junction had been fully restored to normal.[14]

The evidence-based lifestyle changes that make the biggest difference also include:

- **Lose A Few Pounds, If Needed.** Even modest weight loss can produce clinically meaningful improvement in GERD symptoms by reducing pressure on the lower esophageal sphincter.[15]
- **Eat Smaller, Earlier Evening Meals.** Stop eating at least three hours before bed. Avoid late-night snacking entirely.

- **Raise Your Bed.** Elevate the head of your bed 6 to 8 inches and sleep on your left side. Both significantly reduce nocturnal reflux episodes.
- **Stop Smoking.** If you smoke, this is one more reason to stop — nicotine weakens the lower esophageal sphincter.
- **Step 4: Rebuild the Gut-Brain Axis.** The final step is repairing the damage PPIs have done to your gut. Start with a high-quality probiotic that contains both Lactobacillus and Bifidobacterium to help replenish the beneficial bacteria these drugs disrupt.[16]

But don't stop at a capsule. Researchers at Stanford found that people who ate fermented foods daily for just 10 weeks dramatically increased their gut microbiome diversity and drove down inflammation across 19 different markers.[17]

Kefir, sauerkraut, and kimchi are your best sources of live cultures. And add prebiotics — artichokes, garlic, and onions — to feed the good bacteria and restore the gut-brain connection that keeps your mind sharp.



Fermented foods like sauerkraut and kimchi support the gut-brain connection that helps protect your cognitive health.

Step 5: Replenish Your Brain With The Right Supplements. Years of PPI use have likely depleted your brain's reserves of critical nutrients. You need to replenish them — fast. Here's your targeted stack:

- **Vitamin B12.** This is the most urgent deficiency to address. B12 protects the insulation around your nerve fibers and clears a toxic compound called homocysteine that, when it builds up, directly damages brain cells.

  The best food sources are grass-fed beef, wild-caught sardines, and pastured eggs. But if your gut absorption has been compromised by years of PPI use, food alone won't be enough. Look for sublingual methylcobalamin — the kind that dissolves under your tongue and bypasses your gut entirely. Take 1,000 to 5,000 mcg daily.

- **Magnesium.** PPIs drive magnesium to dangerously low levels, and most people are already deficient before they ever take their first heartburn pill.

  Good food sources include dark leafy greens, pumpkin seeds, and almonds. It's almost impossible to get what you need from your food. Supplementing can fill in the gaps.

  Magnesium citrate and glycinate taurate are the most absorbable forms. I recommend between 600 mg and 1,000 mg a day. And make sure there are no extra fillers. These cause more harm than good.

  And always take your magnesium supplement with vitamin B6, which increases the amount of magnesium that accumulates in your cells.

- **Deglycyrrhizinated Licorice (DGL).** Most people know licorice as candy. But the medicinal root it comes from has been used for centuries to heal and protect the lining of the stomach and esophagus. DGL is a specially processed form with the compound that raises blood pressure removed — leaving only the gut-healing benefits.

Unlike PPIs, it doesn't suppress acid. It works by stimulating your body's own protective mucus, soothing inflammation, and helping repair the damage acid has already done. Clinical research confirms it can significantly reduce heartburn and regurgitation within two weeks — with no significant side effects.[18]

Look for chewable tablets rather than capsules — they start working in your mouth and throat, exactly where the damage begins. Take 380 mg twice daily before meals.

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Big Pharma Has No Solution For The Damage Their Antidepressants Leave Behind... But Nature Does

In the late 1980s — when Prozac had been on the market for just two years — something deeply disturbing surfaced in unpublished Phase 1 trials.

And it was something no drug company wants to see.

Healthy volunteers — people with no history of depression — were developing a side effect that wouldn't go away...

Even after they stopped taking the drug.

By 1991, the UK's drug regulator had received its first formal report.

The problem? Persistent sexual dysfunction linked to fluoxetine.

You'd think that would have triggered alarm bells.

After all, this wasn't simply a headache, nausea, or some other temporary reaction. People were reporting sexual problems that continued long after the drug was out of their system.

Yet for more than three decades, the official message passed from the pharmaceutical industry to your doctor — and from your doctor to you — remained the same:

"Side effects are temporary. They'll resolve when you stop the medication."

Then, in 2024, a government regulator finally broke ranks.

Australia's Therapeutic Goods Administration — the equivalent of our FDA — mandated a new warning for SSRI and SNRI antidepressants.

These drugs can cause sexual dysfunction that persists for weeks, months, years — or permanently — after you stop taking them.[1]



Eil Lilly, the maker of the antidepressant Prozac, lied about the drug's sexual side effects for decades.

The condition now has a name.

It's called Post-SSRI Sexual Dysfunction, or PSSD. And it includes symptoms that would horrify any man or woman: complete genital numbness, as though you'd been injected with novocaine below the waist.

The total disappearance of sexual desire... Erectile failure that doesn't respond to Viagra or Cialis... Orgasms that feel like nothing — if they happen at all.

So how did this go unaddressed for so long?

Because drug makers rigged the way they measured side effects.

In their original clinical trials, pharmaceutical companies relied on what's called "unprompted

reporting." They didn't ask patients about sexual problems. They waited for patients to volunteer the information.

Imagine sitting across from your doctor — a stranger in a white coat — and volunteering that you can't achieve an erection or that your genitals have gone numb.

Of course, almost no one did. And so the early trials reported sexual side effects in fewer than 10% of patients.

It was the perfect cover-up.

But when independent researchers finally had the courage to ask patients directly, the real numbers detonated like a bomb.

What Your Doctor Was Never Told About Sex And SSRIs

In the largest prospective study ever conducted on this question, Dr. Angel Luis Montejo and his team enrolled 1,022 outpatients across multiple centers in Spain. They didn't wait for patients to complain. They asked directly. And the results were staggering.

The overall incidence of sexual dysfunction across all SSRIs was 59%. But for individual drugs, the numbers were even worse...

- Fluoxetine: 58%
- Sertraline: 63%
- Fluvoxamine: 62%
- Venlafaxine: 67%
- Paroxetine: 71%

And citalopram — one of the most commonly prescribed antidepressants in America — came in at 73%.[2]

Compare that to 4% for moclobemide, a reversible MAOI that doesn't target serotonin the way SSRIs do.

The difference is not subtle. It's a canyon.

"Think about that. Half a year later, with no drug in their system, more than a third of these men were still experiencing a side effect from a pill they'd stopped taking."

And the data has only gotten worse with time. A 2025 study found that 84.5% of men and 89% of women taking antidepressants reported some degree of sexual dysfunction.[3]

That's not just a side effect... That's the *main* effect.

But here's the part that should keep every SSRI user awake at night: For a significant number of people, the damage doesn't go away when the drug is stopped.

When Montejo's team switched patients from SSRIs to amineptine — an older antidepressant that doesn't affect serotonin — 55% of those patients still had sexual dysfunction six months later.[4]

The SSRI was gone from their bodies. But the damage it left behind was not.

A separate placebo-controlled study found that sertraline's ejaculation-delaying effect persisted in 34% of participants six months after they stopped taking the drug[5]

Think about that. Half a year later, with no drug in their system, more than a third of these men were still experiencing a side effect from a pill they'd stopped taking.

The most rigorous population-level data comes from a landmark 2023 Israeli study. Researchers analyzed 19 years of medical records from the country's largest health maintenance organization.

After excluding every possible confounding factor — age, weight, depression, and anxiety — they found that serotonergic antidepressants were associated with a 3.2-fold increased risk of erectile dysfunction. And PSSD — permanent, irreversible sexual dysfunction — developed in approximately one out of every 216 treated patients.[6]

One in 216. In a country where tens of millions of prescriptions are written every year, that translates to a staggering number of victims.

And only 10% to 15% of patients who develop SSRI-associated sexual dysfunction report any significant improvement after six to 12 months.[7] For the rest, the clock just keeps ticking.

Here is what the pharmaceutical industry doesn't tell you:

There is no FDA-approved treatment for PSSD. None. The system that caused the damage has absolutely no solution for it.

The European Medicines Agency issued label changes in 2019. Health Canada followed in 2021. Australia's TGA acted in 2024. Diagnostic criteria for PSSD were published in 2022. A formal diagnostic code — called a SNOMED CT code — was introduced in 2024 so the condition can finally be recorded in electronic health records.[8]

This is no longer a fringe theory. It's mainstream science. The only thing that isn't mainstream is the medical establishment's willingness to act on it.

How SSRIs Rewrite Your Brain — And Why Stopping Isn't Enough

Now I need to explain why this happens. Because once you understand the mechanism, you'll understand why Viagra doesn't work for PSSD — and why natural solutions that address the root cause are your best hope.

Your doctor was taught that SSRIs simply "block serotonin reuptake." They increase the amount of serotonin floating around in your synapses. When you stop the drug, the thinking goes, everything goes back to baseline.

Except it doesn't.

Because SSRIs do something far more insidious than temporarily tweaking a neurotransmitter. With chronic use, they trigger epigenetic changes — modifications that alter how your genes are expressed without changing your DNA code itself.

Think of your DNA as a piano. The keys are always there. But epigenetic changes are like someone gluing certain keys down, or muting certain strings. The instrument looks the same, but it plays a completely different tune.

Researchers have identified the specific mechanism. A landmark study found that chronic fluoxetine treatment induces the production of proteins called MeCP2 and MBD1 in the brain.

These are proteins that act like a mute button on your genes — attaching to your DNA and shutting down gene expression. The modifications were found in three key areas of the brain involved in mood, memory, and reward.[9]

This is accompanied by enhanced production of another protein that locks down gene activity — clamping down further on how your cells function.

These aren't temporary changes. They're etched into the very architecture of your brain cells.

The result? Persistent desensitization of your 5-HT1A receptors — the same receptors that regulate sexual desire, arousal, and orgasm — that remains even after the drug is completely eliminated from your body.

But it gets worse...

There's a crucial interaction between serotonin and dopamine that your doctor probably never learned about. Excess serotonin suppresses dopamine signaling in the brain's pleasure and reward circuit — the very system responsible for pleasure, desire, and sexual motivation.

When that suppression becomes permanently locked into your brain chemistry, it doesn't matter how much blood flow you send to the genitals. Viagra and Cialis work on blood vessels. PSSD is a neurological and genetic injury.[10]

Animal research confirms this beyond any reasonable doubt. A systematic review of 14 placebo-controlled trials in rodents found that early SSRI exposure produced permanent sexual dysfunction.

Brain analysis showed lasting reductions in the key enzymes the body uses to make serotonin — changes that persisted long after the drug was gone.[11]

Doctors may tell you the problem is "in your head." And they're right — but not the way they really mean it.

The problem is in your gene expression, etched into the architecture of your brain cells by a drug that was supposed to help you.

Here's what you can do about it...

3 Natural Ways To Restore Your Sexual Health After SSRIs

Big Pharma has no solution for PSSD. But that doesn't mean there is no solution. It means the solution doesn't come in a patented pill, so no drug company will ever spend a dime promoting it.

I've seen this in my own clinic — patients who came to me after years of suffering with these symptoms, dismissed by every doctor they'd seen. What I'm sharing with you now is exactly what I recommend to them: three natural solutions to help your body recover.

1. Spice Up Your Recovery With Saffron. Of all the natural compounds I've studied for this condition, saffron has the strongest clinical evidence. Not the saffron you sprinkle on rice — a concentrated, standardized extract.

In a randomized, double-blind, placebo-controlled trial, men taking fluoxetine who received saffron extract — just 15 mg twice daily — experienced significantly greater improvement in erectile function and intercourse satisfaction compared to those receiving placebo, in just four weeks.[12]

A parallel trial in women on fluoxetine found significant improvement in arousal, lubrication, and pain after the same four weeks.[13]

A 2019 analysis pooling five studies and 173 participants found that saffron consistently improved sexual function across the board.[14]

When shopping for saffron, check the label. Many supplements are standardized to safranal — the compound responsible for saffron's distinctive aroma — but the research shows it's crocin that drives the sexual benefits.

Look for a product that specifies standardization to crocin. Take 15 mg twice daily — 30 mg total.



A 2019 analysis of five studies involving 173 people found that saffron consistently improved sexual function in both men and women.

2. Supercharge Your Dose With Maca. The Inca warriors reportedly consumed maca before battle for strength and stamina. Modern science suggests they were onto something — but dose is everything.

In one study, patients taking 3,000 mg of maca per day saw significant improvement in sexual function. Those taking half that dose — 1,500 mg — did not.[15]

A follow-up trial found the same 3,000 mg daily dose improved orgasmic function in women with SSRI-induced dysfunction.[16]

Don't waste your money on a 500 mg capsule. The research is clear: You need 3,000 mg a day, minimum. And unlike prescription erectile dysfunction drugs, maca has a safety profile that makes it suitable for older adults and cardiac patients who can't take those medications.

3. Build Your Nutritional Foundation. No targeted protocol can work at full capacity if your body lacks the raw materials for healthy neurotransmitter production. These are *not* standalone PSSD treatments.

But they fill the nutritional gaps that make the problem worse, and they give your body what it needs to get the most out of these steps.

I recommend three foundational nutrients:

- **Omega-3 Fatty Acids.** These help rebuild the brain cell infrastructure that chronic SSRI use disrupts. They also reduce the neuroinflammation that interferes with neurotransmitter signaling.

  You'll find omega-3s in wild-caught fatty fish like salmon, sardines, mackerel, and herring. But it's nearly impossible to get enough from food alone.

  I recommend krill oil — the most potent and penetrating source of DHA I know of. Take at least 600 mg of DHA and 60 mg of EPA every day.

- **Zinc.** This mineral is essential for testosterone production and hundreds of other enzymatic reactions. Deficiency is common in older adults and is independently linked to sexual dysfunction.

  Start adding zinc-rich foods to your diet — grass-fed beef and lamb, oysters, cashews, kale, eggs, and dark chocolate.

  For supplementation, I recommend 30 mg of zinc picolinate daily. It's the best-absorbed form.

- **B-Complex Vitamins.** These vitamins — particularly B6, B9 (folate), and B12 — are critical for the methylation cycle, which is directly tied to the epigenetic changes at the root of PSSD.

  Getting your B-vitamin levels right isn't optional here. It's foundational.

  Food sources include grass-fed beef and liver, wild-caught fish, pastured eggs, and dark leafy greens. I recommend supplementing with 25 mg of B6, 1,000 mcg of B12 as methylcobalamin — best in liquid or lozenge form — and 800 mcg of folate daily.

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The information provided in this letter is for educational purposes only and any recommendations are not intended to replace the advice of your physician. You are encouraged to seek advice from a medical professional before acting on any recommendations in this publication.

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As a board-certified clinical nutritionist, strength coach, ACE-certified fitness trainer and author, Dr. Sears enjoys a worldwide readership and has appeared on more than 50 national radio programs, ABC News, CNN and ESPN.

In 2010, Dr. Sears unveiled his proven anti-aging strategies in ***Reset Your Biological Clock***. As the first U.S. doctor licensed to administer a groundbreaking DNA therapy that activates the gene that regulates telomerase, Dr. Sears made history by bringing telomere biology to the general public.



Dr. Sears shocked the fitness world by revealing the dangers of aerobics, "cardio" and long-distance running in his book, ***PACE: The 12-Minute Fitness Revolution***.

In 2004, Dr. Sears was one of the first doctors to document the true cause of heart disease and expose the misguided and often fatal drugs-and-surgery approach to heart health.

In ***The Ageless Heart Manual: Advanced Strategies to Reverse Heart Disease and Restore Your Heart's Pumping Power***, Dr. Sears outlines the easy-to-follow solution that effectively eliminates your risk of heart disease, high blood pressure and stroke.

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