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

July 2026 **Vol. XV Issue 7**

Dear Friend,

Organized Medicine and Big Food have convinced almost the entire world that body fat is calories in, calories out. Eat less, move more.

What I'm seeing in my patients now is something else entirely.

I call it mutant fat.

It's not the fat your grandparents carried.

Old-fashioned fat is honest. It's a storage tank. It fills when you eat and it empties when you don't. It answers when your body calls for fuel. It can be frustrating and it can be humbling — *but it obeys you*.

Mutant fat comes from chemicals. And it doesn't obey anyone.

These chemicals are called obesogens. They're in the lining of your canned food... the receipt you get when leave a store... the pan you cook breakfast in... the fragrance in your shampoo.

They mimic your hormones closely enough to fool your cells. Then they reach inside the cell and rewrite its instructions — flipping the genetic switch that orders your body to build fat cells that were never supposed to exist.

Some of these chemicals are so powerful they hijack the stem cells in your bone marrow. Cells that were meant to become bone. Cells that were meant to become muscle.

Instead, they're forced to become fat.

- This mutant fat doesn't behave like the fat you know...
- Mutant fat is locked. The signals that tell old-fashioned fat to surrender its fuel never reach it. You can starve yourself and this fat will not open.
- Mutant fat is silent where it should speak. Old-fashioned fat secretes protective hormones like adiponectin that defend you against diabetes. Mutant fat barely makes them at all.
- Mutant fat is loud where it should be quiet. It pumps inflammatory proteins into your bloodstream around the clock, tricking your immune system into fighting an infection that was never there.
- And mutant fat doesn't stay under your skin where you can see it. It travels deep. It wraps itself around your liver, your pancreas, your kidneys, and your heart.

That's when it sets off the cascade I call Syndrome Zero — the perpetual state of high insulin that gives rise to almost every modern chronic disease.

Here's the good news: There's a reliable way to remove these mutant fats, even when the media tells you the so-called "forever chemicals" are truly forever. They're not. After 30 years of guiding my patients to finding their best, most vibrant health, I've mapped out the way to get there.

In your July issue of *Confidential Cures*, you'll discover:

- How media silence keeps obesogens hidden in plain sight and the easy solution that empowers you to take back control of your life. Instead of letting these hidden chemicals turn your body against you... You can take back control and dramatically reduce your risk of chronic disease.
- How Big Food convinced Americans to throw away the most nutrient-dense part of every animal. Our ancestors ate this part first and prized it above all the rest. Today it's discarded — and the nutrients it carries are almost impossible to get anywhere else.
- The connection between endocrine disruptors and breast cancer that almost nobody is talking about — including what the research reveals regarding the screening women are told to accept without question.

To Your Good Health,

Al Sears, MD, CNS

Also in This Issue...

How Modern Chemicals Are Reprogramming Your Body To Create A Dangerous New Kind Of Fat **2**

Big Food Tricked You Into Throwing Away The Most Nutritious Part Of Your Meal..... **8**

The Hidden Hormone Factory Inside Your Body..... **14**

Today's Toxic World Has Hijacked Your Stem Cells

How Modern Chemicals Are Reprogramming Your Body To Create A Dangerous New Kind Of Fat

For generations, body fat behaved exactly the way nature intended.

When food was plentiful, your body stored extra energy. When food became scarce, it released that energy and burned it for fuel.

It wasn't perfect. But it followed the rules.

Today, that's no longer true. The fat accumulating on millions of Americans isn't the same fat your grandparents carried.

I call it mutant fat.

Because it doesn't simply sit quietly beneath your skin waiting to be burned. It behaves like an entirely different tissue.

It manufactures hormones. It pumps inflammatory chemicals into your bloodstream.

It wraps itself around your liver, pancreas, kidneys, and heart. And perhaps most disturbing of all...

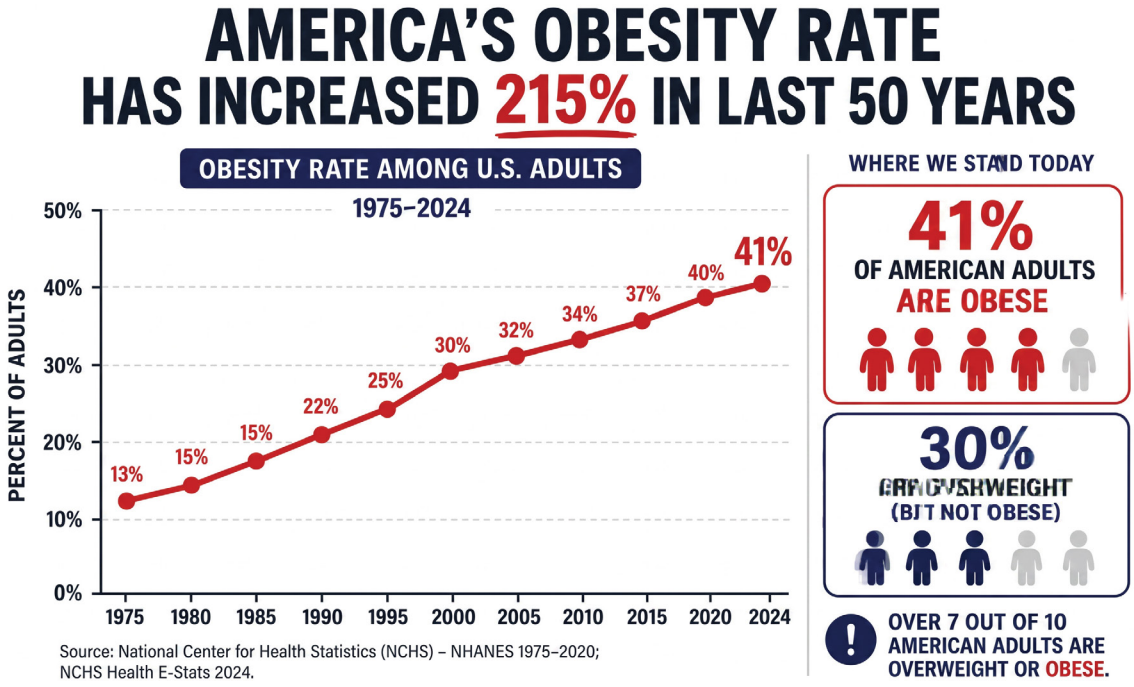
It keeps instructing your body to manufacture even more fat.

That helps explain one of the greatest mysteries in modern medicine.

Why do millions of Americans faithfully count calories... join gyms... buy expensive weight-loss drugs... yet still struggle to lose weight?

For more than four decades, Americans listened to the advice from "experts." And spent hundreds of billions of dollars trying to follow their advice.

Only to get fatter.



Despite decades of diets, drugs, and "eat less, move more" advice, America's obesity rate has increased by 215% since 1975. Today, more than 7 out of 10 adults are overweight or obese.

And not a *little* fatter... The obesity rate in this country has tripled since 1975.

Today, more than 40% of American adults are obese.[1] Another 30% are overweight.[2]

And these numbers keep climbing — year after year, decade after decade — no matter what we do.

Most doctors look at those numbers and respond the same way they always have. They prescribe more drugs or recommend another diet. Then blame you when neither works.

But I've always believed that when a problem doesn't respond to the so-called solution, the right move isn't to double down — it's to question the diagnosis.

And after two decades of digging into research that mainstream medicine has left out of every waiting room, every guideline, and every conversation, I can tell you with confidence:

The standard explanation for why you can't lose weight is wrong.

The real reason has nothing to do with how much you eat or how little you exercise.

It has to do with what's hiding inside your plastic water bottle. Your nonstick frying pan. The lining of your canned food. Your shower curtain.

The receipt the cashier hands you at the grocery store.

Scientists even have a name for these hidden saboteurs. They call them "obesogens."

That word was coined by researchers at the University of California to describe a class of endocrine-disrupting chemicals that literally force your body to create and fill new fat cells — regardless of your diet, exercise habits, or willpower.

These chemicals are hijacking your biology at the cellular level. They're reprogramming your body's own stem cells to manufacture fat.

They're in the products you touch... the food you eat... and even the air you breathe.

They're found in plastic food containers... the lining inside canned foods... nonstick cookware... cosmetics... the paper receipts handed to you by cashiers...

And hundreds of other products you encounter every single day.

These chemicals don't simply disrupt your hormones.

Research suggests they can reach deep inside your cells and begin rewriting the biological instructions that govern how your body develops fat tissue.

Some of them activate the very genetic switches that tell your stem cells what to become.

Cells that should have developed into bone or muscle instead become fat.

And not the ordinary fat your body evolved to carry.

But metabolically dysfunctional fat that resists being burned, promotes chronic inflammation, disrupts hormones, and encourages your body to manufacture even more of itself.

In other words...

Mutant fat.

I believe the discovery of obesogens is one of the most important — and most overlooked — breakthroughs in metabolic medicine.

Not All Fat Is Created Equal	
Old-Fashioned Fat	**Mutant Fat**
Stores energy	Manufactures hormones
Burns during fasting	Resists being burned
Makes adiponectin	Produces inflammatory chemicals
Stays mostly under the skin	Invades your organs
Responds to your metabolism	Rewrites your metabolism

Because once you understand how mutant fat is created, you will finally understand why so many diets fail.

Why simply eating less isn't enough.

And why America's obesity epidemic continues to worsen despite decades of advice telling you to "eat less and move more."

Most importantly, you'll understand what you can do to help stop it.

"The global obesity rate has tripled since 1975. During the same period, the global chemical industry has exploded."

What Creates Mutant Fat?

The discovery of obesogens ranks as one of the most important — and most overlooked — breakthroughs in metabolic science.

Organized Medicine has had access to this research for nearly two decades. But they won't tell you about it.

Because the pharmaceutical industry can't patent the removal of a chemical from your kitchen. They can't sell you a $1,500-a-month injection to fix a problem caused by a $3 plastic container.

So they stay silent, and Americans stay heavy.

This research started back in 2006, when a team from the University of California, Irvine, made a stunning discovery.

They proved that tributyltin (TBT) — a chemical widely used in boat paint and still found in contaminated seafood and water supplies — could force the body to grow new fat cells.

TBT didn't just encourage fat storage. It flipped on the biological switch that creates new fat cells — by activating two receptors inside the cell called RXR and PPARgamma.

Think of them as a two-key ignition system. RXR is the first key — it primes the lock. PPARgamma is the second — it starts the engine. Once TBT turned both keys, the body had no choice but to start building fat factories.[3]

Mice exposed to TBT in the womb were born with dramatically elevated fat deposits in their organs and tissues. And when those mice grew to adulthood, they carried significantly more body fat than unexposed animals — even when eating the exact same diet.

Now here's the truly disturbing part: Since that landmark discovery, researchers have identified about 50 chemicals with obesogenic properties.[4] And they're not exotic industrial pollutants. They're the chemicals you encounter every single day.

Bisphenol A — BPA — is in the lining of food cans and on the paper receipts you get at the store. Phthalates are the chemicals that make plastics soft and flexible. They're in your shampoo, your shower curtain, your vinyl flooring, and your children's toys.

In a 10-year study of nearly 1,000 American women, those with the most BPA in their bodies gained significantly more weight each year than women with the lowest levels. The more BPA they carried, the more weight they gained. And several phthalate chemicals were tied to the same pattern of weight gain — in the same group of women.[5]

And in 2024, a major review confirmed what I've been telling my patients for years: **These chemicals are a key reason the world keeps getting fatter.**

The researchers found that obesogens trick your body into storing fat — sending it false signals that override your metabolism no matter how well you eat.[6]

Think about that. The global obesity rate has tripled since 1975. During the same period, the global chemical industry has exploded — growing faster than CO2 emissions, faster than nutrient pollution, faster than nearly any other driver of environmental change.[7]

How A Chemical "Master Switch" Turns Your Stem Cells Into Fat Factories

To understand why obesogens are so dangerous, you need to understand what they're doing inside your body.

Deep within your bone marrow and fat tissue, you have a supply of stem cells — your body's master builders.

Under normal conditions, these cells follow a balanced set of instructions. Some become bone. Some become cartilage. Some become fat. It's a system that has worked for millions of years.

But obesogens corrupt the blueprint.

Every one of your stem cells contains a receptor called PPARgamma. Think of it as a dimmer switch that keeps mutant fat in balance. Researchers confirmed that when you block PPARgamma, you block the obesogen's ability to make mutant fat cells entirely. The switch is the key.[8]

So what happens when that switch gets hijacked? When an obesogen like TBT or BPA locks onto PPARgamma, it cranks the dimmer to full blast. Stem cells that were supposed to build strong bone get redirected — and become mutant fat instead.

In 2010, researchers at UC Irvine showed exactly how devastating that hijacking can be. They exposed pregnant mice to tiny amounts of TBT — well within the range of what humans encounter every day.

When the offspring grew to adulthood, their stem cells had been permanently rewired to make fat instead of bone. Even with a normal diet and normal exercise, these animals were biologically set up to be fatter — because the damage happened before they were even born.[9]

Even worse, future generations suffer the same fate.

In 2013, researchers showed that the damage doesn't stop with the animal that was exposed. It passes down through generations.

The children, grandchildren, and great-grandchildren of mice exposed in the womb were born with more fat deposits, rewired stem cells, and fatty liver disease — even though they were never exposed to the chemical themselves.[10]

I call this the "corrupted blueprint" effect.

Once an obesogen rewrites the fat code in your stem cells, your body keeps building fat factories on autopilot. And it passes that corrupted code down to your children and grandchildren like a toxic inheritance.

Here's something mainstream medicine has never connected for you. The diabetes drug rosiglitazone works by activating the exact same PPARgamma receptor that obesogens hijack.

And what is rosiglitazone's most common side effect?

Weight gain.

The drug industry has known for decades that switching on PPARgamma makes people fat. They just never told you the same thing was happening from the chemicals in your kitchen.

This helps explain something doctors have struggled to understand for decades.

Why can two people eat similar diets, exercise the same amount, and still end up with dramatically different bodies?

One may be carrying mostly old-fashioned fat.

The other may be carrying chemically reprogrammed mutant fat that no longer responds normally to the body's metabolic signals.

My 4-Step "Metabolic Rescue" Protocol Shuts Down The Chemical Fat Switch

Now that you understand what's really happening inside your body, here's what you can do about it.

I've put together a 4-step plan that attacks the obesogen problem from every angle.

First, you cut off the chemicals at the source. Then you shut down the fat-making switch. Next you repair the metabolic damage they've already caused. And finally, you clear the toxins that have built up in your tissues over years of exposure.

None of this is complicated. You don't need a prescription, a specialist, or an expensive procedure. These are changes you can start making today — some of them before you even finish reading this.

My patients are always surprised by how straightforward this is once they understand what they're actually dealing with.

Step 1: Starve Mutant Fat At Its Source

The first step is eliminating your biggest daily sources of exposure.

Start in the kitchen. Replace plastic food containers with glass. Never microwave food in plastic — heat pulls BPA and phthalates directly into whatever you're eating. Choose fresh or frozen vegetables over canned or look for cans labeled BPA-free.

Replace nonstick cookware with cast iron or stainless steel. Filter your drinking water with a carbon block or reverse osmosis filter — standard municipal treatment doesn't remove endocrine disruptors.

Then move to the bathroom. Switch to fragrance-free personal care products. The word "fragrance" on a label is a legal loophole that lets manufacturers hide dozens of endocrine disruptors inside a single product. If you can smell it, it's probably disrupting your hormones.

Finally, decline paper receipts at the store. They're coated in BPA, and it absorbs through your skin within seconds.

Step 2: Activate Your Body's "Anti-Fat" Enzyme With Berberine

Every time an obesogen flips on the PPARgamma switch, your body receives another signal to manufacture mutant fat.

Berberine helps flip that switch back in the other direction.

Berberine is a natural alkaloid extracted from plants like goldenseal and barberry, and it is one of the most powerful metabolic regulators ever studied.

While obesogens activate PPARgamma to force your stem cells into making fat, berberine activates a completely different enzyme called AMPK — your body's built-in metabolic regulator.

When AMPK switches on, it dials PPARgamma back down and shuts off the fat-production cascade. Research shows that berberine cuts mutant fat formation nearly in half in laboratory studies.[11]

But berberine doesn't stop there. It also blocks the molecular signal that tells your body to convert calories into stored fat.[12]

And in animal studies, it has been shown to trigger the conversion of ordinary white fat — the kind that just sits there — into metabolically active fat that your body actually burns for energy.[13]

I recommend 500 mg of berberine twice daily with meals.

Step 3: Restore Metabolic Balance With Citrus Bergamot And TMG

Obesogens don't just make you fat. They wreck your entire metabolic profile — driving up inflammation, triglycerides, blood sugar, and throwing your cholesterol ratios out of balance. That's why I pair berberine with two more targeted nutrients: citrus bergamot and trimethylglycine (TMG).

Citrus bergamot is a small, bitter fruit grown along the coast of southern Italy. It's packed with polyphenols — natural plant compounds that help restore healthy cholesterol balance and reduce the inflammation that drives metabolic disease.

In clinical trials, bergamot supplementation significantly improved cholesterol ratios, reduced triglycerides, and lowered blood sugar in patients with metabolic problems — in just 30 days.[14]

TMG — also known as betaine — supports your liver's ability to break down and flush out toxins, including the endocrine disruptors building up in your tissues. It also protects liver cells from oxidative stress — the cellular damage that builds up when your body is under a heavy chemical burden.

Together, they as a team: Berberine shuts down the fat switch, bergamot restores metabolic balance, and TMG gives your liver what it needs to clear the chemicals out.

Step 4: Chelate Toxins With Modified Citrus Pectin

Obesogens don't travel alone. Many of the same products that flood your body with endocrine-disrupting chemicals also carry toxic heavy metals — lead, mercury, arsenic, and cadmium.

And these metals don't just hitch a ride. They work through the same hormonal pathways, activating the same PPARgamma switch that obesogens hijack, driving fat storage and metabolic damage through their own separate attack on your biology.

That means even after you cut off new chemical exposure in Step 1, you still have years of accumulated toxins sitting in your fat tissue, bones, and organs. You need to actively clear them out.

That's where modified citrus pectin comes in.

Modified citrus pectin — MCP — is a specialized form of citrus fiber that has been processed to pass through the intestinal wall and enter your bloodstream. Once there, it acts like a molecular magnet, latching onto toxic metals — lead, mercury, arsenic, cadmium — and carrying them safely out through your kidneys.

The clinical evidence is remarkable. In a pilot study of healthy adults, just six days of MCP supplementation increased urinary lead excretion by a staggering 560%. It also significantly boosted the excretion of arsenic and cadmium.[15]

In a published case series involving five patients with documented heavy metal burden, researchers reported an average 74% reduction in total toxic heavy metals using modified citrus pectin alone or combined with alginates.[16]

And MCP cleared the toxic metals without stripping essential minerals like calcium, magnesium, or zinc from the body. With zero adverse side effects.

I recommend 15 grams of MCP daily in three divided doses for an initial 30-day detox period. After that, step down to 5 grams daily for ongoing maintenance.

One final point: Not all MCP products are created equal. The research behind these results was done with a highly specific form of MCP — called PectaSol — processed down to very small particles so it can actually pass through the gut wall and into your bloodstream.

Generic citrus pectin or poorly processed MCP stays in the gut and won't do the job.

Look for a product that lists a molecular weight under 15 kDa on the label. If a product doesn't show that number, don't buy it.

References

1. Emmerich SD, et al. "Obesity and severe obesity prevalence in adults: United States, August 2021–August 2023." *NCHS Data Brief.* 2024; (508):1–8.

2. "Overweight & Obesity Statistics." www.niddk.nih.gov

3. Grun F, et al. "Endocrine-disrupting organotin compounds are potent inducers of adipogenesis in vertebrates." *Mol Endocrinol*. 2006; 20(9):2141–2155.

4. Heindel J, et al. "Environmental obesogens: mechanisms and controversies." *Annu Rev Pharmacol Toxicol.* 2018; 59:89–106.

5. Song Y, et al. "Urinary concentrations of bisphenol A and phthalate metabolites and weight change: a prospective investigation in US women." *Int J Obes (Lond)*. 2014; 38(12):1532–1537.

6. Heindel JJ, et al. "Obesogens: a unifying theory for the global rise in obesity." *Int J Obes (Lond)*. 2024; 48(4):449–460.

7. Bernhardt ES, et al. "Synthetic chemicals as agents of global change." *Front Ecol Environ.* 2017; 15(2):84–90.

8. Li X, et al. "The environmental obesogen tributyltin chloride acts via peroxisome proliferator activated receptor gamma to induce adipogenesis in murine 3T3-L1 preadipocytes." *J Steroid Biochem Mol Biol.* 2011; 127(1–2):9–15.

9. Kirchner S, et al. "Prenatal exposure to the environmental obesogen tributyltin predisposes multipotent stem cells to become adipocytes." *Mol Endocrinol*. 2010; 24(3):526–539.

10. Chamorro-Garcia R, et al. "Transgenerational inheritance of increased fat depot size, stem cell reprogramming, and hepatic steatosis elicited by prenatal exposure to the obesogen tributyltin in mice." *Environ Health Perspect*. 2013; 121(3):359–366.

11. Huang C, et al. "Berberine inhibits 3T3-L1 adipocyte differentiation through the PPARgamma pathway." *Biochem Biophys Res Commun*. 2006; 348(2):571–578.

12. Jang J, et al. "Berberine activates AMPK to suppress proteolytic processing, nuclear translocation and target DNA binding of SREBP-1c in 3T3-L1 adipocytes." *Mol Med Rep*. 2017; 15(6):4139–4147.

13. Zhang Z, et al. "Berberine modulates deacetylation of PPARgamma to promote adipose tissue remodeling and thermogenesis via AMPK/SIRT1 pathway." *Int J Biol Sci*. 2021; 17(12):3173–3187.

14. Mollace V, et al. "Hypolipemic and hypoglycemic activity of bergamot polyphenols: from animal models to human studies." *Fitoterapia*. 2011; 82(3):309–316.

15. Eliaz I, et al. "The effect of modified citrus pectin on urinary excretion of toxic elements." *Phytother Res*. 2006; 20(10):859–864.

16. Eliaz I, et al. "Integrative medicine and the role of modified citrus pectin/alginates in heavy metal chelation and detoxification — five case reports." *Forsch Komplementmed*. 2007; 14(6):358–364.

Why Muscle Meat Isn't Enough...

Big Food Tricked You Into Throwing Away The Most Nutritious Part Of Your Meal

Then Sold It Back To You As Supplements

When you walk into any health food store today, you'll find aisle after aisle of one particular category of supplement.

I'm talking about collagen powders... bone broth concentrates... glucosamine capsules... joint-support formulas... and gelatin peptides...

Americans spend billions of dollars every year trying to replace nutrients they believe are missing from their diets.

But here's the irony: Many of those nutrients used to come free with dinner.

For thousands of years, people didn't buy collagen in a plastic jar. They ate chicken skin and simmered bones into broth. They cracked open bones to reach the nutrient-rich marrow inside. They ate connective tissue, cartilage, tendons, fat, and organ meats.

In other words, they ate the whole animal.

Then somewhere along the way, Big Food convinced us that only boneless, skinless, fat-free muscle meat belonged on our plates.

Today we proudly pay extra for skinless chicken breasts, lean steaks trimmed of every trace of fat, and ultra-lean ground beef.

Then we turn around and spend even more money trying to replace everything that was trimmed away.

We've reduced nutrition to protein grams and calorie counts while ignoring the very parts of



Your grandparents got CoQ10, collagen, gelatin, glucosamine, and other important nutrients from their food. Today, Big Food removes the most nutritious parts of the animal — then sells them back to you in bottles.

the animal that traditional cultures considered the most valuable.

The result is a population that's overfed...but increasingly undernourished.

Millions of Americans now struggle with stiff joints, thinning skin, slower recovery from exercise, digestive problems, declining mobility, and nutrient deficiencies as they age.

Ironically, many are already interested in the solution. They're simply buying it in bottles instead of finding it on their dinner plate.

The truth is your grandparents — and countless generations before them — didn't need collagen powders, bone broth protein, glucosamine supplements, or expensive joint formulas.

Nature had already packaged those nutrients perfectly. Inside the skin... the marrow... the cartilage... the connective tissue... and the organs of the animals they ate.

Traditional cultures around the world understood something we've forgotten. They didn't just eat the muscle. They ate the entire animal.

Contrast that with today. We've become a nation that eats only the most expensive parts of an animal.

Ironically, they're often the least nutritious parts of the animal.

The parts of the animal that were most prized by our ancestors are usually discarded, processed into pet food, or simply thrown away.

Today, many people think of these parts as scraps.

Somewhere between your grandparents' kitchen and the modern supermarket, we stopped eating some of the most nutrient-dense foods humans ever discovered.

You see, when you eat only muscle meat, you're missing an entire nutrient-rich food group that your body evolved to thrive on.

In this *Confidential Cures* article, I'm going to show you why returning to "nose-to-tail" eating may be one of the most powerful steps you can take for stronger joints, healthier skin, better recovery, and overall vitality.

Why Muscle Meat Isn't Enough

One of the biggest nutritional mistakes of the last century is the belief that all meat is essentially the same.

I'm here to tell you that it isn't.

A chicken breast and a bowl of traditional bone broth, for example, may both come from the same animal, but they provide very different nutrients.

The same applies to a steak and bowl of oxtail soup.

Muscle meat is rich in protein and amino acids that help maintain muscle mass and strength. That's important.

But muscle meat is only one part of the nutritional story.

Other parts of animals contain nutrients that are almost impossible to get in meaningful amounts from lean meat alone.

For most of human history, people naturally consumed these "other" nutrients because they ate the whole animal.

Hunter-gatherers prized organs. Farmers saved bones for broth. Families cooked skin, tendons, tails and connective tissue into soups and stews.

Today, Americans have more or less abandoned those practices.

We've reduced nutrition to protein grams and calorie counts. We've convinced ourselves that skinless chicken breasts and extra-lean steaks are somehow the ideal foods while ignoring many of the tissues that traditional cultures considered most valuable.

The irony is that many of the nutrients people now buy as supplements once came directly from the food that we now reject.

Nutrients Your Ancestors Never Ignored

The chicken soup at my grandparents' farm in Kentucky was legendary. I still remember those delicious aromas and tastes from my childhood.

This wasn't soup made from a stock cube and a few chunks of chicken breast. My grandmother threw every part of the bird into the pot — skin, feet, neck, wing tips, bones — all of it.

Back then, we didn't think of it as health food. We simply thought it tasted good.

Today, we now know those traditional ingredients are naturally rich in collagen, gelatin, glycine, proline, and other compounds that play important roles in the health of our bodies.

Let's talk about collagen for a moment.

Collagen is the most abundant protein in the human body. It's a major component of skin, tendons, ligaments, cartilage, blood vessels, and bones.

Think of it as part of the biological framework — or scaffolding — that holds your body together.

Unfortunately, beginning around age 30, your body's collagen production gradually slows. As levels fall, many people begin experiencing stiffer joints, slower recovery, thinner skin, and weaker connective tissue.

Once upon a time, we replaced it naturally by eating traditional broths, soups, and stews that contained chicken skin, oxtail, beef shank, pork skin, fish skin, chicken feet, knuckles, and slow-cooked connective tissues.

These nutrients help form and maintain the resilient, shock-absorbing tissue that cushions your joints and allows them to move smoothly and comfortably as you age.

Your grandparents understood this. But modern food companies have convinced us otherwise.

Research also suggests that compounds in these forgotten foods help support healthy inflammatory responses within the joints, an important factor in maintaining comfort and mobility throughout your life.[1]

The problem is that these are the very foods modern diets reject.

Then there are organ meats... And this may be the biggest nutritional blind spot of all.

Organ Meat — Nature's Original Multivitamin

If beef liver were discovered in a laboratory instead of on a farm, it would probably be marketed as a premium superfood supplement.

That's because organ meats are among the most nutrient-dense foods on earth.

For thousands of years, traditional cultures prized organs above muscle meat.

The liver, heart, kidneys, tongue, and other organs were often reserved for hunters, elders, pregnant women, or growing children because they were recognized as especially nourishing.

Modern nutrition has mostly forgotten this wisdom.

Ounce for ounce, liver provides extraordinary amounts of nutrients, including vitamin A, vitamin B12, folate, iron, copper and choline.

Heart is also rich in B vitamins, iron, selenium, and CoQ10, the vital compound involved in cellular energy production that millions of people now take in supplement form.

Kidneys provide significant amounts of selenium, riboflavin, and vitamin B12.

I'm not suggesting that everyone needs to eat liver every day. But incorporating organ meats occasionally may be one of the easiest ways to increase the nutrient density of your diet.

The same principle applies to cartilage-rich foods.

Think about chicken wings. They're delicious, but most people leave behind the cartilage.

Yet cartilage naturally contains compounds like glucosamine and chondroitin, which are important for joint structure.

Research also suggests that glucosamine and chondroitin help support healthy inflammatory responses within the joints and contribute to joint comfort and function.[2]

Millions of people purchase these compounds in supplement form. Traditional cultures simply ate them.

Skin Is Not The Enemy

For decades, Americans were told to fear animal skin. Chicken skin became something to peel off and throw away. Pork skin became something to avoid.

This advice ignored an important fact. Animal skin contains significant amounts of collagen, gelatin, and connective tissue proteins.

When cooked slowly, those compounds break down into amino acids that help support the body's connective tissues.

Skin also carries more fat than lean muscle, so it can carry more vitamin A, D, E, K depending on the animal and its diet. This fat content makes meals more satisfying and can help with appetite regulation.

In many traditional cultures, skin wasn't considered a dietary mistake. It was considered one of the most desirable parts of the animal.

Of course, quality matters. Whenever possible, I recommend choosing naturally raised or pasture-raised animals.

The Food That Fed Our Brains

Our Primal ancestors ate a lot more fat than we previously believed, and this helped their bodies and brains thrive — turning us into the species that we are today.

Your body depends on healthy fats to make hormones, absorb vitamins A, D, E and K, build brain tissue, and produce long-lasting energy.

Fat is so important that if your body senses you're starving, it does everything it can to preserve your fat stores. This goes against everything we've been told for 50 years. In fact, the diet "dictocrats" did everything they could to ban natural fat from your food because they still say it causes heart attacks and other disease.

Nothing could be further from the truth.

Nature's Original Superfood

One of the most important nutrients we don't eat today is the marrow hidden inside animal bones. This spongy tissue was prized by previous generations. And modern science confirms what these ancient humans knew.

That bone marrow is a nutritional powerhouse.

In fact, research shows that this collagen-rich food heals your gut,[3] boosts immunity,[4] rebuilds your joints,[5] fights cancer,[6] decreases inflammation,[7] and reduces the risk of diabetes.[8]

But bone marrow also contains a protein hormone called adiponectin.

This protein switches on your stem cells that develop into red blood cells, white blood cells and platelets involved in oxygen transportation, immune function. It then instructs the stem cells to travel to where they are most needed — allowing them to repair dying or diseased tissue.[9]

Traditional cultures often cracked open bones specifically to access the marrow inside. Yet many people today have never tasted it.

The fats found in marrow help support hormone production, brain function, and the absorption of critical fat-soluble vitamins. Unlike the processed industrial seed oils that dominate modern diets, the fats in marrow have been part of the human diet for hundreds of thousands of years.

Marrow also contains compounds that support the production and maintenance of collagen — giving strength and elasticity to your skin, blood vessels, tendons, ligaments, and joints.



Bone marrow provides healthy fats and nutrients that support joints, immune system, and cellular repair.

How To Start Eating Nose-To-Tail

You don't need to become a survivalist or start eating every unusual animal part you can find.

I recommend starting small with some homemade bone broth... or leave the skin on roast chicken... or try slow-cooked beef shank. Consider incorporating liver, heart, or other organ meats once or twice a month.

The goal is simply to expand the range of nutrients you obtain from food.

One of the easiest places to start is with a traditional oxtail soup.

For generations, this soup was considered one of the most nourishing foods a family could prepare.

Long before collagen supplements and protein powders existed, people understood that slow-cooked bones, joints, and connective tissues produced a rich broth that supported strength, recovery and healthy aging.

Today, it remains one of the best examples of nose-to-tail eating. Here's my recipe for traditional oxtail soup



Oxtail Soup
Serves 8

Ingredients:

- 2 to 3 pounds oxtail pieces
- 2 Tbsp beef tallow or butter
- 2 onions, chopped
- 3 carrots, sliced
- 3 celery stalks, sliced
- 4 garlic cloves, crushed
- 2 bay leaves
- 1 tsp black peppercorns
- 1 Tbsp apple cider vinegar
- 8 to 10 cups water
- Sea salt to taste
- Fresh parsley and rosemary

Instructions:

1. Heat the tallow or butter in a large stockpot.
2. Brown the oxtail pieces on all sides.
3. Add the onions, carrots, celery, and garlic.
4. Cook for five minutes.
5. Add the water, vinegar, bay leaves, and peppercorns.
6. Bring to a gentle boil.
7. Reduce to a very low simmer.
8. Simmer for 6 to 8 hours.
9. Remove the oxtail and separate the meat from the bones.
10. Return the meat to the soup.
11. Season with sea salt and garnish with parsley and rosemary.

For an even richer broth, refrigerate overnight and reheat the next day. The broth often develops a jelly-like consistency because of its natural gelatin content.

Hidden Heart Beef Burgers

As I mentioned earlier, beef heart is rich in B vitamins, iron, selenium, and CoQ10. It's also a complete protein that contains all nine essential amino acids.

It's delicious marinated and then seared quickly in a hot pan.

But I understand that it's not easy to tell your family you're serving up a platter of heart for dinner. So I suggest pureeing it and hiding it in a burger.

Serves 6 to 8

Ingredients:

- 2 pounds ground beef
- 1 pound heart (cut into 1-inch chunks)
- 1 Tbsp Worcestershire sauce
- ½ Tbsp salt
- 1 tsp onion powder
- ½ tsp garlic powder

Instructions:

1. Finely grind the heart pieces in a blender or food processor.
2. Pour the pureed heart into a large bowl. Add all the remaining ingredients.
3. Mix with your hands until everything is combined.
4. Form into patties. Grill on an outside grill. If you're inside, cook in batches over high heat. I find 3 to 5 minutes per side is best.



References

1. Largo R, et al. "Glucosamine inhibits IL-1β-induced NF-κB activation in human osteoarthritic chondrocytes." *Osteoarthritis Cartilage*. 2003;11(4):290-298.

2. Reginster JY, et al. "Pharmaceutical-grade chondroitin sulfate is as effective as celecoxib and superior to placebo in symptomatic knee osteoarthritis: The CONCEPT trial. "*Ann Rheum Dis*. 2017;76(9):1537-1543.

3. Salvatore S, et al. "A pilot study of N-acetyl glucosamine, a nutritional substrate for glycosaminoglycan synthesis, in paediatric chronic inflammatory bowel disease." *Ailment Pharmacol Ther*. 2000;14(12):1567-1579.

4. Rennard BO, et al. "Chicken soup inhibits neutrophil chemotaxis in vitro." *Chest*. 2000;118(4):1150-1157.

5. Crowley DC, et al. "Safety and efficacy of undenatured type II collagen in the treatment of osteoarthritis of the knee: A clinical trial." *Int J Med Sci*. 2009;6(6):312–321.

6. Profírio E and Fanaro GB. "Collagen supplementation as a complementary therapy for the prevention and treatment of osteoporosis and osteoarthritis: A systematic review." *Rev. Bras. Gerontol*. 2016;19(1):153-164.

7. Rahman M, et al. "t10c12-CLA maintains higher bone mineral density during aging by modulating osteoclastogenesis and bone marrow adiposity." *J Cell Physiol*. 2011;226(9):2406–2414.

8. Cawthorn WP, et al. "Bone marrow adipose tissue is an endocrine organ that contributes to increased circulating adiponectin during caloric restriction." *Cell Metab*. 2014;20(2):368-375.

9. Yu L, et al. "Adiponectin regulates bone marrow mesenchymal stem cell niche through a unique signal transduction pathway: An approach for treating bone disease in diabetes." *Stem Cells*. 2015;33(1):240–252.

The Hidden Hormone Factory Inside Your Body

How Mutant Fat May Be Fueling Breast Cancer Long Before Your First Mammogram

The mutant fat created by obesogens doesn't just affect your metabolism and make you heavier.

It hijacks your hormones and behaves like an endocrine organ.

In other words, it produces excess estrogen that can throw your entire hormonal system out of balance.

Estrogen fuels hormone-driven cancers.

And breast cancer is one of them.

During the past 25 years, the rates for most major cancers have steadily declined. Yet the incidence of several hormone-related cancers has continued to climb.

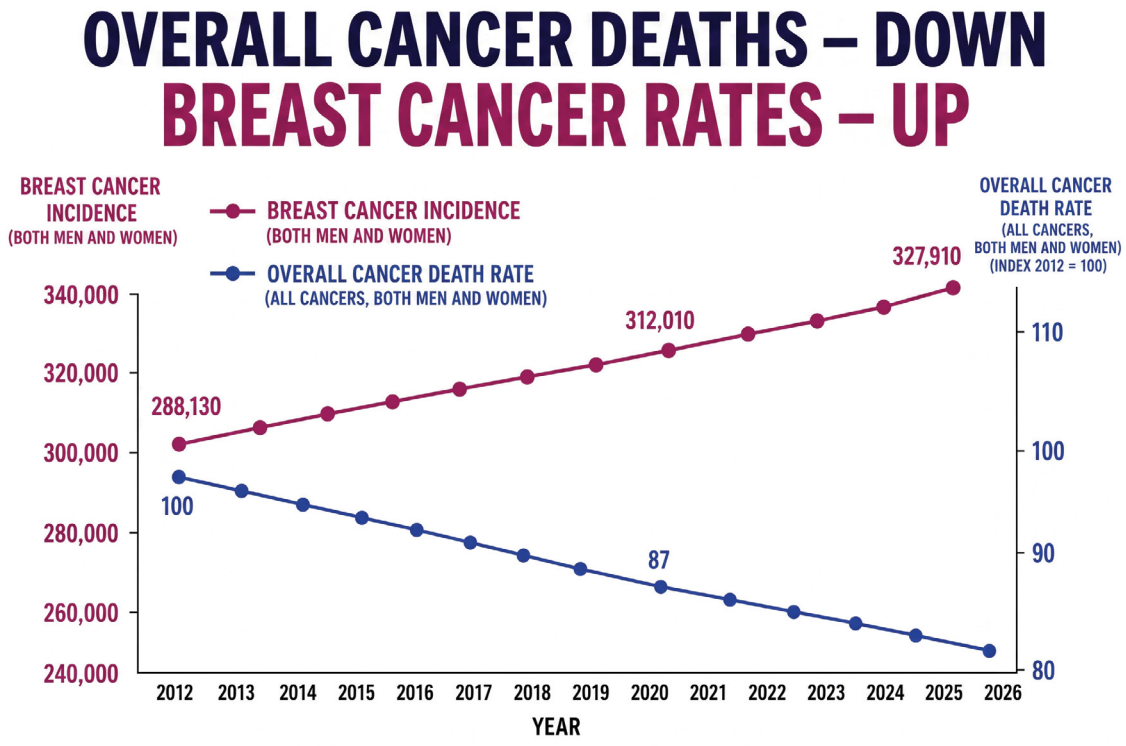
Breast cancer — in both women and men. Ovarian cancer. Endometrial cancer. Cervical cancer. Even prostate cancer.

What do they all have in common?

They're all fueled, at least in part, by excess estrogen. This isn't a separate health problem.

It's another consequence of the toxic, obesogen-filled environment we now live in — one that is literally changing the kind of body fat you carry and the hormones it produces.

Yet instead of asking why these cancers keep developing in the first place, modern medicine remains focused on finding them after they've already begun.



After decades of annual screenings and billions spent on mammography, breast cancer rates are still rising.

Breast cancer is perhaps the clearest example.

Every year, 40 million Americans walk into a mammography clinic believing they're preventing breast cancer.

But mammograms don't prevent cancer.

They are *detecting* it — after it already exists.

And that one-word distinction has shaped 50 years of failed policy, misdirected funding, and rising cancer rates that nobody in the medical establishment wants to explain.

So here's the question nobody in the breast cancer industry wants to answer:

If mammography prevents breast cancer...

Why Do Breast Cancer Rates Keep Going Up?

Breast cancer incidence has climbed steadily — rising about 1% per year since 2012.

In men, the numbers are even higher.[1] In males, breast cancer rates have increased by 25%.

In 2026, an estimated 321,910 American women will be diagnosed with invasive breast cancer.

Another 60,730 will be diagnosed with ductal carcinoma in situ — a condition many experts argue should never have been classified as cancer in the first place.[2]

These numbers should be falling. After five decades of annual screening, after billions spent on pink ribbon awareness campaigns, after 40 million mammograms performed every year — the incidence curve should be bending downward.

It's not. It's climbing.

And the climbing isn't limited to older women.

Cases among women under 50 are rising even faster — at 1.4% per year.[3] Among women aged 20 to 39, distant-stage breast cancer is increasing at nearly ***3%*** annually.[4]

Something is driving this disease that has nothing to do with screening schedules.

The reason the mainstream can't explain it is simple: Mammography is a detection tool, not a prevention tool.

It finds existing tumors. It does nothing about the biological conditions that cause cells to become malignant in the first place.

The system has confused finding the fire with preventing it. And a $3 billion industry has no incentive to correct the confusion.

Think about what that means for you...

Every year, you go in for your mammogram. You wait for results. You breathe a sigh of relief — or you get the call that makes your stomach drop.

Either way, nothing about that process made your breast cells healthier. Nothing about it addressed your vitamin D status, your iodine levels, your estrogen burden, or the inflammatory conditions that allow cancer to take root.

You were told you were being proactive.

In reality, you were being passive — waiting for a machine to tell you whether disease had already arrived.

In this *Confidential Cures* article, I'll show you what the largest breast cancer screening trial ever conducted actually found — and why the results have been quietly ignored for over a decade.

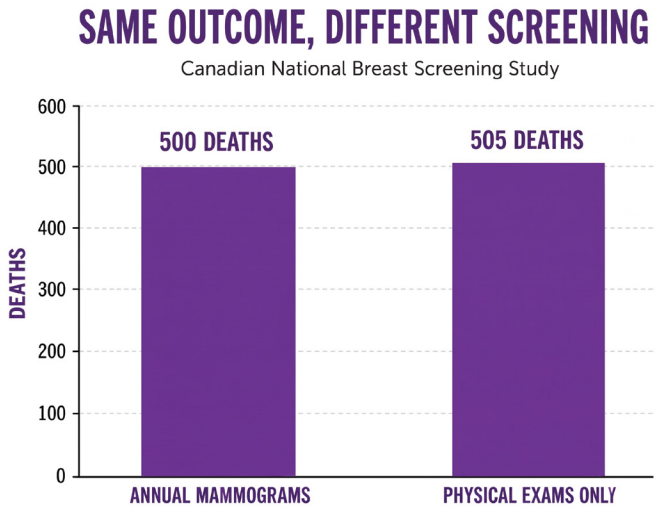
Then I'll share the five things that actually reduce your breast cancer risk. None of them require a hospital. None of them generate imaging revenue. And none of them have a billion-dollar industry behind them.

The Largest Screening Trial Ever Conducted — And The Results No One Wants To Talk About

Canadian researchers launched the most ambitious breast cancer screening study ever attempted. They enrolled 89,835 women aged 40 to 59 across 15 screening centers in six provinces. Half were randomly assigned to annual mammograms, while the other half received no mammograms — only physical breast exams.

Then they followed them for 25 years.

The results were published in the *BMJ*. They should have changed everything.



Annual mammograms provide no greater reduction in breast cancer deaths than physical examinations alone.

After 25 years of follow-up, the women who received annual mammography had ***no survival advantage whatsoever.***

The hazard ratio for breast cancer death was 1.05 — meaning the screened group actually had a slightly higher death rate, though the difference was not statistically significant.[5]

The largest, longest randomized controlled trial ever conducted on mammography screening found that annual mammograms did not reduce breast cancer mortality beyond what physical examination alone achieved.

Five hundred women died of breast cancer in the mammography group, while 505 died in the control group.

Twenty-five years. Nearly 90,000 women. No difference.

But that wasn't even the most damning finding...

The researchers also documented something far more unsettling: 22% of screen-detected invasive cancers were ***overdiagnosed***.

Here's what that means...

Not every cluster of cancer cells behaves the same way. Some grow aggressively and spread. Others grow so slowly — or stop growing altogether — that they would never have caused a symptom, never been noticed, and never threatened the woman's life if she'd lived to 100 without ever knowing they were there.

Pathologists can't always tell the difference between the two under a microscope. So when a screening test catches one of the slow, harmless ones, it gets the same label, the same diagnosis, and often the same aggressive treatment as a true threat.

That's overdiagnosis. The cancer was real. It just wasn't dangerous.

In this trial, that happened to one in every 424 women screened — each one diagnosed with, and treated for, a disease that was never going to hurt them.[6]

The Overdiagnosis Machine

What happens to a woman who gets diagnosed with a cancer that would never have harmed her?

She gets surgery, radiation, and years of follow-up appointments, anxiety, and medical bills. She lives the rest of her life as a "cancer survivor" — surviving a disease that was never going to kill her.

Ductal carcinoma in situ — DCIS — is the clearest real-world example. It now represents 20 to 25% of all screen-detected breast cancers, and research shows only an estimated 10% to 15% of DCIS cases progress to invasive cancer when left untreated.[7]

That means 85-90% of women diagnosed with DCIS are being treated for a condition that would have remained harmless.

An estimated 40,000 American women every year receive a DCIS diagnosis that may never have become dangerous.[8] Most receive surgery. Many receive radiation. All receive anxiety.

And the false-alarm problem extends far beyond DCIS.

If you've had annual mammograms for 10 years, there's a 61% chance you've received at least one false-positive callback — the phone call that says "we need you to come back in, we saw something." Seven to 12% of women will undergo an unnecessary biopsy over that decade.[9]

The psychological cost is real. Research shows only 61% of women who receive a false-positive result return for their next scheduled screening.[10] The very tool meant to protect them drives them away from monitoring entirely.

False-positive mammograms and follow-up testing for overdiagnosis cost the U.S. healthcare system nearly $4 billion every year.[11]

This is not a screening program. It's a false-alarm factory that generates revenue at every stage — the callback, the additional imaging, the biopsy, the surgery, the follow-up. Every false positive is a billable event.

And overdiagnosis isn't the only way the system fails you — for half of all women, mammography doesn't even work as advertised.

The Blind Spot No One Mentions

This should concern every woman reading this.

Approximately 50% of women have dense breast tissue. In dense breasts, mammography only catches 61.8% of cancers.[12]

That means mammography misses nearly 4 in 10 cancers in half the female population.

Meanwhile, breast ultrasound catches 85.3% of cancers in that same dense tissue.[13] No radiation. No compression. Better detection in the exact women who need it most.

Yet ultrasound is still labeled "supplemental" — something you have to specifically ask for (if you even know to ask).

The standard test doesn't work for half of all women. And the test that works better isn't the one they're given.

Why? Because mammogram machines cost hospitals and imaging centers millions of dollars. Once a facility has sunk that money into mammography suites, they have no reason to tell women there's a better option for their body type.

I've been telling patients this for years. If we're going to screen — and there are legitimate reasons to do so — we should at least use the tool that actually finds what we're looking for.

But here's what I tell them next: Screening isn't the answer. Prevention is. And the difference between those two words is everything.

What The Screening Industry Doesn't Fund

The reason breast cancer rates keep climbing isn't complicated.

The system pours billions into detection and treatment — both revenue centers — while starving prevention research.

When the pink ribbon movement began, the National Cancer Institute allocated just 5% of its budget to cancer prevention.[14] Susan G. Komen — the largest breast cancer charity in the world — directs only about 20% of its funds to research of any kind.[15]

The remaining funding goes to "awareness" — which in practice means reminding women to get screened. The message is always the same: Find it early.

The message is never: Prevent it from happening in the first place.

Meanwhile, the global mammography market is growing at nearly 10% per year.[16] That's a revenue stream the system has no interest in slowing down. The equipment manufacturers, the imaging centers, the insurance billing codes — all built around detection.

Prevention doesn't have a billing code.

The things that actually prevent breast cancer aren't patentable... They don't require imaging equipment. They don't generate hospital revenue. And they work.

5 Steps That Actually Lower Your Breast Cancer Risk

You now understand the trap. The system has spent 50 years telling you that detection equals prevention — because detection is profitable and prevention is not.

The research shows what actually reduces your risk. Every step below is backed by peer-reviewed evidence, and not a single one requires a prescription.

Step 1: Get More Vitamin D

This may be the most powerful single intervention for breast cancer prevention that mainstream medicine routinely ignores.

Researchers combined the results of three major studies and found that women with vitamin D blood levels at or above 60 ng/ml had an 80% lower incidence of breast cancer than women below 20 ng/ml.[17]

Eighty percent. From a vitamin your body makes for free.

Most Americans are well below 60 ng/ml. The standard "sufficient" threshold of 30 ng/ml was set for bone health — it has nothing to do with cancer prevention.

Start with sunlight. Roll up your sleeves and pant legs to expose larger areas of skin — the more surface area exposed, the more vitamin D your body produces. Just 15 minutes of midday sun can give your body up to 10,000 IU of vitamin D3.

Next, eat more vitamin D-rich foods — fatty fish like salmon, herring, and sardines are excellent sources, along with eggs, whole milk, and liver.

Ask for a 25(OH)D blood test at your next doctor's appointment, and if you're still below 60 ng/ml — and you almost certainly are — I recommend supplementing with 5,000 to 8,000 IU of vitamin D3 (cholecalciferol) daily, paired with 45 to 90 mcg of vitamin K2 (menaquinone-7) to improve absorption. Retest in three months.

Step 2: Increase Your Iodine

Your breast tissue isn't just a passive bystander. It actively pulls in iodine using the same mechanism your thyroid uses to absorb it. And research shows iodine directly slows the growth of abnormal cells in breast tissue.[18]

The epidemiological evidence is striking. Japanese women — who consume dramatically more dietary iodine than American women — have exceptionally low breast cancer rates. When Japanese women emigrate and adopt a Western diet, their breast cancer rates rise to match American levels within one to two generations.[19]

Increase your dietary iodine through sea vegetables, wild-caught fish, and iodized salt. If dietary intake is insufficient — especially if you're on a low-sodium diet — I recommend supplementing with 150 to 300 micrograms of potassium iodide daily. (Note: Do not exceed 1,100 micrograms daily.)

Step 3: Ask For An Ultrasound

If you're going to screen — and the decision is yours — at least use the tool that works for your tissue type.

Ask your imaging center for your breast density classification. If you're category C (heterogeneously dense) or D (extremely dense), you should be receiving supplemental ultrasound. Some states now mandate that facilities inform you of your density status.

Ultrasound detects cancers mammography misses — with 85% sensitivity versus 62% in dense tissue.[20] No radiation exposure. No painful compression.

This isn't about replacing mammography. A test that misses 4 in 10 cancers isn't "enough" — and you shouldn't accept it as enough.

Step 4: Drastically Reduce Alcohol Consumption

Of all the things on this list, this may be the hardest to hear.

Every single alcoholic drink per day increases your breast cancer risk by approximately 12%.[21] The American Institute for Cancer Research

estimates that one in three breast cancer cases in the United States could be prevented through three lifestyle changes alone: eliminating alcohol, maintaining a healthy weight, and regular physical activity.[22]

One in three, preventable, without a single mammogram.

If you drink daily, cut back to occasional. If you don't drink, don't start. There is no safe threshold for breast cancer risk.

Step 5: Work Out With PACE

Regular physical activity reduces postmenopausal breast cancer risk by about 25% — and it works even if your weight doesn't change.[23]

Here's why: Exercise lowers the amount of estrogen circulating in your body, helps your cells respond better to insulin, and calms down chronic inflammation — three things that fuel cancer growth.

And here's what most people get wrong about exercise: intensity matters more than duration. Research shows vigorous-intensity activity lowers breast cancer risk even more than moderate-intensity activity — 26% versus 22%.[24]

That's the direction PACE moves you in — not jumping straight to vigorous, but progressively pushing your intensity higher over time until you get there.

Most doctors will tell you to do more cardio — walk farther, swim longer, log more minutes. I disagree. Long, moderate-intensity exercise puts strain on your body without giving you the metabolic boost you're after.

That's why I recommend my PACE program — *Progressively Accelerating Cardiopulmonary Exertion*. Instead of focusing on how long you exercise, PACE focuses on how intensely you exert yourself in short bursts, gradually building from wherever you're starting.

You only need 12 minutes a day. And no gym membership or expensive equipment. Choose any activity that gets you breathing hard — walking, cycling, even climbing stairs — and increase the intensity a little each time you do it.

By the end of each short burst, you should be breathing hard enough that holding a conversation becomes difficult.

If you want a full library of PACE workouts, visit my YouTube channel: **www.youtube.com/user/AlSearsMD/videos**.

References

1. Giaquinto AN, et al. "Breast cancer statistics, 2024." *CA Cancer J Clin*. 2024;74(6):477-495.

2. Siegel RL, et al. "Cancer statistics, 2026." *CA Cancer J Clin*. 2026;76(1):e70043.

3. Giaquinto AN, et al. "Breast cancer statistics, 2024." *CA Cancer J Clin*. 2024;74(6):477-495.

4. Hendrick RE, et al. "Surveillance, epidemiology, and end results data show increasing rates of distant-stage breast cancer at presentation in U.S. women." *Radiology*. 2024;313(3):e241397.

5. Miller AB, et al. "Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National Breast Screening Study: randomised screening trial." *BMJ*. 2014;348:g366.

6. Miller AB, et al. "Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National Breast Screening Study: randomised screening trial." *BMJ*. 2014;348:g366.

7. Delaloge S, et al. "Ductal carcinoma in situ of the breast: finding the balance between overtreatment and undertreatment." *Lancet*. 2024;403(10445):2734-2746.

8. Alvarado M, et al. "Overdiagnosis and overtreatment of breast cancer." *Am Soc Clin Oncol Educ Book*. 2012;32: e40-e45.

9. Hubbard RA, et al. "Cumulative probability of false-positive recall or biopsy recommendation after 10 years of screening mammography: a cohort study." *Ann Intern Med*. 2011;155(8):481-492.

10. Miglioretti DL, et al. "Association between false-positive results and return to screening mammography in the Breast Cancer Surveillance Consortium cohort." *Ann Intern Med*. 2024;177(10):1297-1307.

11. Alvarado M, et al. "Overdiagnosis and overtreatment of breast cancer." *Am Soc Clin Oncol Educ Book*. 2012;32: e40-e45.

12. Rehman H, et al. "Comparison of diagnostic accuracy of ultrasound and mammography in detecting breast cancer in radiographically dense breasts." *Cureus*. 2025;17(9):e92637.

13. Rehman H, et al. "Comparison of diagnostic accuracy of ultrasound and mammography in detecting breast cancer in radiographically dense breasts." *Cureus*. 2025;17(9):e92637.

14. Breast Cancer Action. "History of the pink ribbon." Breast Cancer Action website. Accessed June 25, 2026. https://www.bcaction.org/about-think-before-you-pink/resources/history-of-the-pink-ribbon/

15. Susan G. Komen. "Where the money goes." Susan G. Komen website. Accessed June 25, 2026. https://www.komen.org

16. Grand View Research. "Global mammography market size & outlook, 2025-2030." Grand View Research website. Accessed June 30, 2026. https://www.grandviewresearch.com/horizon/outlook/mammography-market-size/global

17. McDonnell SL, et al. "Breast cancer risk markedly lower with serum 25-hydroxyvitamin D concentrations ≥60 vs <20 ng/ml (150 vs 50 nmol/L): pooled analysis of two randomized trials and a prospective cohort." *PLoS One*. 2018;13(6):e0199265.

18. Rappaport J. "Changes in dietary iodine explains increasing incidence of breast cancer with distant involvement in young women." *J Cancer*. 2017;8(2):174-177

19. Rappaport J. "Changes in dietary iodine explains increasing incidence of breast cancer with distant involvement in young women." *J Cancer*. 2017;8(2):174-177

20. Rehman H, et al. "Comparison of diagnostic accuracy of ultrasound and mammography in detecting breast cancer in radiographically dense breasts." *Cureus*. 2025;17(9):e92637.

21. American Institute for Cancer Research. "Diet, Nutrition, Physical Activity and Breast Cancer." AICR Continuous Update Project. 2018.

22. American Institute for Cancer Research. "Diet, Nutrition, Physical Activity and Breast Cancer." AICR Continuous Update Project. 2018.

23. Friedenreich CM. "The role of physical activity in breast cancer etiology." *Semin Oncol*. 2010;37(3):297-302.

24. Graf C, et al. "Physical activity in the prevention and therapy of breast cancer." *Breast Care (Basel)*. 2010;5(6):389-394.

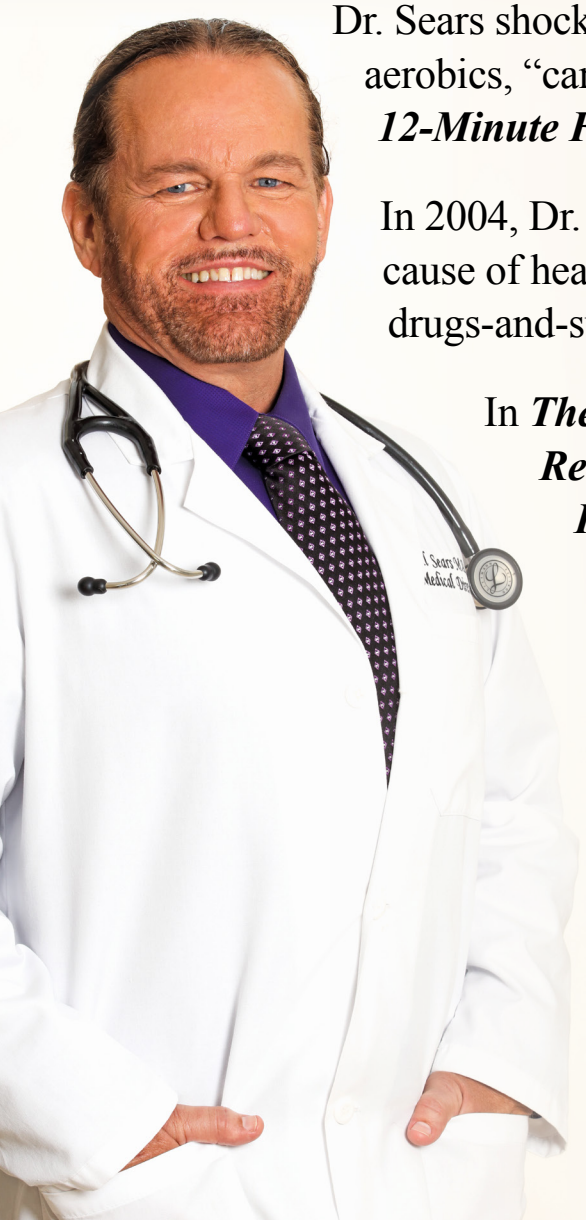
The information provided in this letter is for educational purposes only and any recommendations are not intended to replace the advice of your physician. You are encouraged to seek advice from a medical professional before acting on any recommendations in this publication.

Al Sears, MD

Al Sears, MD, CNS, is a medical doctor and one of the nation's first board-certified anti-aging physicians.

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.

An avid lecturer, Dr. Sears regularly speaks at conferences sponsored by the American Academy of Anti-Aging Medicine (A4M), the American College for the Advancement of Medicine (ACAM) and the Age Management Medicine Group (AMMG).

Confidential Cures | Copyright 2026