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

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Dear Friend,

Have you heard about the radical new gene-editing "cure" sweeping through Big Medicine?

I'm talking about a single injection that permanently rewrites your DNA.

It should be setting off alarm bells around the world! Because this isn't ordinary medicine. It's genetic manipulation.

And once they change your DNA, there's no way to reverse it.

Your DNA is the original blueprint for human life — a code that's been perfected literally over millions of years of human evolution.

Yet mainstream medicine wants you to believe your genes are defective.

It's nonsense. You don't develop chronic diseases because of your DNA. You develop them because of your environment.

The real culprits are modern poisons — processed food, sugar, stress, sleep deprivation, and toxic chemicals.

Big Pharma would rather sell you an expensive new treatment than address these underlying threats.

Now biotech companies are developing injections designed to permanently alter DNA in your liver to fix your cholesterol "problem."

They're experimenting on human DNA in real time. And you are the lab rat.

Here's what concerns me most... These treatments are built on one of mainstream medicine's oldest obsessions — that cholesterol is your enemy.

Of course it's not.

Your body needs cholesterol to make hormones, maintain cell membranes, and support your brain.

But over the past half century, Big Pharma has built a trillion-dollar empire selling cholesterol-lowering drugs.

This isn't the medical revolution they want you to believe it is. It's a reinvention of the same old lie.

In your October issue of ***Confidential Cures***, you will discover:

- **Why Big Pharma's cholesterol obsession has reached dangerous levels.** New guidelines put millions more Americans in line for statins, while biotech companies are developing injections designed to permanently alter your DNA. I'll expose the dangers behind this radical new approach — and reveal five natural ways to support your heart without depleting your body of cholesterol.
- **What Big Food's mad scientists are creating in their latest generation of Frankenfoods.** They're now putting animal genes into ordinary crops, creating soybeans that produce pork proteins, potatoes that manufacture egg proteins, and corn that makes beef proteins. I'll expose this disturbing new generation of bioengineered foods and give you simple tips to keep them off your dinner plate.
- **That the osteoporosis drug your doctor prescribed is making your bones more brittle.** Research has linked use of these drugs to a dramatically increased risk of thighbone fractures — even when bone-density scans show improvement. I'll reveal why this happens and share my four-step protocol for building strong, resilient bones naturally.

To Your Good Health,

Al Sears, MD, CNS

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First Came Statins... Then Childhood Recommendations...

Now Big Pharma's Billion-Dollar Cholesterol Con Is Coming For Your DNA

The cholesterol industry just crossed two dangerous new lines. And both could change how doctors treat you for the rest of your life.

First, they came up with even more aggressive cholesterol guidelines — including plans to start screening children as young as 9.

That means labeling millions more Americans as having a cholesterol "problem"... and making millions more "eligible" for cholesterol-lowering drugs.

But they didn't stop there.

Now they want to tamper with your genes — your DNA — to permanently drive down your cholesterol.

Think about that.

Instead of taking a statin every day for the rest of your life, researchers are developing treatments designed to alter the genetic machinery inside your liver so your body produces less of the proteins involved in controlling cholesterol.



Your body has spent millions of years evolving an intricate system for regulating itself. Big Pharma's latest therapies want to override that natural design and force your body to stop making cholesterol.

One treatment in this report, called VERVE-102, uses base editing to alter the PCSK9 gene inside liver cells. Another, CTX310, uses CRISPR-Cas9 to disable a different gene called ANGPTL3.

And they want these changes to last. Permanently.

I've been warning you about the cholesterol myth for years. But this takes the obsession with lower cholesterol to an entirely new level.

Because cholesterol isn't some toxic substance your body is desperately trying to get rid of.

You need cholesterol to stay alive.

Your cells need it. Your brain needs it. Your body uses it to make vitamin D, bile acids, and some of your most important hormones.

Yet for decades, conventional medicine has taught you to fear cholesterol as if it were poison clogging your arteries.

That fear helped turn statins into one of medicine's go-to prescriptions.

Now the same "lower is better" thinking is being pushed even further.

- First, lower the cholesterol targets.
- Next, expand the number of people who qualify for treatment.
- Then, start screening children.
- And finally, develop treatments designed to alter genes involved in cholesterol metabolism after a single treatment.

That's not progress in my book.

It's an enormous experiment based on the assumption that if lowering cholesterol is good, lowering it even further — and for even longer — must be better.

The science tells a much more complicated story.

And before you let anyone convince you that your cholesterol needs to be driven into the basement, you need to understand what these new guidelines actually say... what these new drugs actually do... and what happens to your body when cholesterol gets too low.

New Guidelines Mean More Prescriptions

Early this year, the American Heart Association and American College of Cardiology rewrote their cholesterol guidelines.

The results didn't surprise me. At all.

According to one analysis, 87.5 million American adults ages 30 to 79 are now eligible for statin therapy. That includes 21.5 million who wouldn't have been eligible under the previous guidelines.[1]

And Big Pharma stands to make a fortune.

But they're not stopping with adults. The new guidelines call for cholesterol screening beginning at age nine. And for adults, they push cholesterol levels even lower.

Other recommendations include:

- Giving statins to adults ages 40 to 75 with diabetes or chronic kidney disease, regardless of their cholesterol levels
- Using drugs to drive LDL cholesterol below 55 mg/dL in people considered at very high risk of cardiovascular disease
- Setting "optimal" LDL cholesterol below 100 mg/dL for people without cardiovascular disease
- Adding non-statin therapies when statins alone don't lower cholesterol enough

Here's the message:

Lower your cholesterol. Then lower it some more. And if one drug doesn't get you there, add another. But there's something they rarely tell you.

Your cholesterol number is not your disease. And driving that number lower and lower doesn't automatically make you healthier.

In fact, as you're about to see, it can come with a very steep price.

Big Pharma's New Cholesterol Arsenal

For decades, the answer was simple: Give you a statin and keep you on it. Now they have something far more radical in mind.

They want to interfere with the biological pathways — and even the genes — that regulate your cholesterol. And some of these treatments are designed to do it permanently.

Bad Option #1: Lifelong Statins. Under aggressive new guidelines, millions more Americans could find themselves taking statins — at higher doses or alongside additional cholesterol-lowering drugs.

And the price your body can pay is steep. Statins have been linked to serious side effects, including:[2,3,4]

- Liver damage
- Muscle pain
- Rhabdomyolysis (deadly muscle damage)
- Type 2 diabetes
- Memory loss and confusion
- Nausea, vomiting, and diarrhea
- Ruptured tendons
- Brain hemorrhages

Bad Option #2: Enlicitide, The Daily Protein-Blocking Pill. This new drug will be used as an add-on to statins. If statins don't shove your cholesterol numbers far down enough, you'll end up with this daily gene-switching pill.

It works by turning off a protein called PCSK9 in your liver.[5]

Normally, PCSK9 helps regulate cholesterol by breaking down LDL receptors — the tiny docking stations on your liver cells that remove cholesterol from your bloodstream.[6]

When you block PCSK9, those receptors stick around longer, pulling more cholesterol out of your blood.

And that's exactly what concerns me.

Instead of allowing your body to regulate this process naturally, enlicitide interferes with a biological system your body uses to maintain cholesterol balance.

This drug is still new, so we don't yet know all the harm it could cause.

So far, the only side effects they're reporting widely are diarrhea and dizziness. But this drug also appears to cause elevated liver enzymes — a sign of liver damage or dysfunction.

And you can bet we haven't seen the worst of it yet. Years of forcing your body to work against its natural design comes with a price — and some of the damage will show up in ways no one expected.

Bad Option #3: VERVE-102, The One-Time Gene-Editing Infusion. Instead of continually taking a drug that blocks PCSK9, VERVE-102 uses base editing to alter the PCSK9 gene inside liver cells.

The goal is essentially to turn PCSK9 off in the liver permanently.

The Phase I trial included just 35 people and tested six different doses. On average, cholesterol levels dropped by up to 62% after a single dose and stayed that low for a full year (in 15 participants).[7]

But no one knows how this will affect your liver or your life over the long term. And turning off a protein without knowing — or caring about — the lifetime consequences is just plain dangerous.

Even the study authors admit that their work so far "precludes an assessment of the long-term safety."

Bad Option #4: CTX310, The One-Time Gene-Editing Injection. This drug uses CRISPR-Cas9 technology to disable a gene called ANGPTL3. This gene plays a part in how your body breaks down lipids, like cholesterol particles.

CTX310 turns the gene off to lower LDL cholesterol and triglyceride levels. A 60-day pilot study of 15 participants who got the one-and-done injection led to up to 52.5% lower cholesterol and up to 47.8% lower triglycerides.

Here's the catch: A published study reported "Serious adverse events occurred in two participants (13%): one participant had a spinal disk herniation, and the other died suddenly 179 days after treatment."[8]

The same study's conclusion reads: "Editing of ANGPTL3 was associated with few adverse events."

I'd say that serious events in a trial this small — including a sudden death — deserve very close scrutiny.

Cholesterol Does NOT Cause Heart Disease

These options would still be terrible if they actually worked to reduce heart disease. But they don't. Because despite decades of chasing ever lower cholesterol levels, heart disease remains the #1 killer.

That doesn't sound like success to me.

The whole lower cholesterol lie was created to sell drugs. It was so convincing that millions of doctors and patients believed it. And Big Pharma raked in trillions of dollars.

But forcing cholesterol into impossibly low levels didn't change the real numbers. Heart disease kills more people than anything else.

Research shows that while statins do lower cholesterol levels substantially, they don't lower your risk of cardiovascular disease, heart attack, stroke, or premature death.[9]

And it's pretty obvious why. Because cholesterol doesn't cause heart disease. It never has.

You Need Cholesterol To Live And Thrive

Despite what mainstream medicine and the pharmaceutical companies say, your cholesterol levels are supposed to be high.

In fact, the more cholesterol you have, the better your life will be. It is the mother of your most important hormones — the ones that keep you smart, sexy, happy, strong, and mobile.

Cholesterol isn't a scary disease-causing monster. It's a molecule that's made in your liver and consumed through the foods you eat. And it's one of your body's most vital substances. Your liver uses it to synthesize acids, hormones, and vitamins you need to live a happy, healthy life.

Cholesterol is not a bad guy. It's a protector and an essential element of life.[10]

- Your cell walls are made of it
- Your brain is made of it
- Your sex and adrenal hormones are made of it
- Your body can't digest fat without it
- Your body can't produce vitamin D without it

You cannot stay alive and well when you don't have enough cholesterol.

Low Cholesterol Can Kill You

It's called the cholesterol paradox.

Your body needs cholesterol to function. And when cholesterol levels drop too low, essential cellular processes can suffer — with potentially serious consequences.

A 2025 review warned that statins are often overused and can drive cholesterol down to what the researchers called "deficient cholesterol levels."

The authors warned that this can compromise overall health and interfere with normal cellular function. And the consequences can be serious, including:

- Cellular dysfunction
- Disrupted hormone production and function
- Alzheimer's disease
- Parkinson's disease
- Bone loss
- Vitamin D deficiency
- Strokes — including hemorrhagic strokes (bleeding in the brain)
- Cancer growth

A separate study showed that low cholesterol was associated with an increased risk of major cardiovascular events.[11]

Another study found that the risk of death was higher in adults with LDL levels under 200 than those with LDL above 200.[12]

A 2026 analysis found that lower cholesterol levels were linked to higher mortality rates in hospital patients.[13]

And a large study looking into the link between low LDL and death found that lower cholesterol connects to higher mortality rates for all causes. Compared to people with LDL cholesterol over 144 mg/dL, people with levels below 70 mg/dL — the recommended level — had a 250% greater incidence of premature death.[14]

Then there's the flip side of all this.

A study that looked at 168 adults over age 90 found that higher cholesterol was linked to longer and healthier lives.[15] The median cholesterol level in this group was 199.5 mg/dL, with the high end of the group coming in at 314 mg/dL.

Those numbers would get mainstream doctors grabbing their prescription pads and furiously scribbling for statins. I see it differently. I pay attention to what these remarkably long-lived people are telling us.

The Cholesterol Numbers You Want

When it comes to my patients — and myself — the goal is never to drive cholesterol as low as possible. Instead, increase your HDL cholesterol and lower your triglycerides.

Work on reducing inflammation and oxidation. That will lower your risk of heart attack and stroke... without causing the irreparable harm of dangerously low cholesterol levels.

Here's how to make all of that happen:

1. **Boost Your Niacin.** Vitamin B3, or niacin, is a heart health must-have. Studies show it improves blood-vessel function, fights damaging oxidative stress, and calms the vascular inflammation that drives atherosclerosis.[16]

It can raise protective HDL cholesterol while lowering triglycerides. In one major clinical trial, niacin increased HDL by up to **35%** and reduced triglycerides by at least **26%**.[17]

Research also shows that higher dietary niacin intake lowers your risk for premature death from all causes and from cardiovascular disease specifically.[18]

You'll need to supplement with 750 to 1,000 mg a day.

But I recommend starting with a dose of 250 mg to reduce "flushing." (Avoid the "no-flush" niacin; it's ineffective.) Increase the amount you take monthly until you hit your target dose.

Note: If you already take a statin, don't add high-dose niacin on your own. Niacin and statins can interact and increase the risk of side effects, including muscle and liver damage.

I recommend working with your doctor to discontinue the drug safely.

2. **Add Artichoke Leaf Extract For Heart Health.** ALE (artichoke leaf extract) raises protective HDL cholesterol levels.

One clinical trial found that just 500 mg of ALE daily produced an increase in HDL that was more than 40 times greater than the increase seen with placebo.[19]

Another human study found that 500 mg of ALE daily significantly boosted HDL by 14%, lowered dangerous VLDL cholesterol by 11%, and reduced triglycerides by 23% in just 60 days.[20]

But ALE does more than manage healthy cholesterol.

It can improve overall cardiovascular health by relaxing blood vessels, lowering blood pressure, and protecting the delicate inner lining of blood vessels.[21]

I recommend taking 250 mg of artichoke leaf extract twice daily.



Studies show artichoke leaf extract can significantly increase HDL cholesterol while improving overall heart health.

3. **Boost HDL With Bergamot.** This citrus fruit from southern Italy has been prized for centuries. But researchers are discovering that the powerful polyphenols concentrated in its peel can also improve your cholesterol profile.

A review of 14 clinical trials found that bergamot increased protective HDL cholesterol by an average of nearly 6 mg/dL. At the same time, it significantly lowered triglycerides and LDL cholesterol.[22]

And unlike a drug designed to shut down one of your body's natural cholesterol pathways, bergamot contains an entire spectrum of natural flavonoids and polyphenols.

Look for a standardized bergamot polyphenolic extract rather than ordinary bergamot oil. Clinical studies have used different formulations and doses, so I recommend following the dose used for the specific standardized extract you choose.

4. **This "Forgotten" Vitamin Increases HDL.** Most people think vitamin E is a single nutrient. It isn't. Vitamin E actually comes in eight different forms — and some of the most powerful are called tocotrienols.

Unlike the common tocopherol form found in most vitamin E supplements, tocotrienols have a different molecular structure that gives them unique biological effects.

And research shows they can boost your protective HDL cholesterol. A meta-analysis of randomized clinical trials found that tocotrienol supplements significantly increased HDL.

At doses of at least 200 mg a day, HDL increased by an average of nearly 8 mg/dL.[23]

5. **Fight Oxidation With Astaxanthin.** Cholesterol itself isn't your enemy. The real trouble starts when oxidative stress damages the lipids carried by LDL particles.

That's where astaxanthin comes in.

It stops free radicals from oxidizing cholesterol.[24] It protects your heart and blood vessels from inflammation and oxidation.[25] And it significantly increases HDL cholesterol levels while lowering triglycerides.[26]

One of the best sources is wild-caught salmon, which contains far more natural astaxanthin than farm-raised salmon.

Four ounces of farm-raised Atlantic salmon contain about 0.5 to 1.1 mg of astaxanthin. Wild-caught sockeye salmon contains 4.5 mg. You can also get astaxanthin in other pink-colored seafood like lobster, crab, and shrimp.

If you don't like seafood or fish, you can supplement. I recommend at least 10 mg a day. Look for natural astaxanthin derived from the microalgae *Haematococcus pluvialis*.

And because astaxanthin is fat-soluble, take it with a meal containing healthy fats to improve absorption.

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Frankenstein Loose On The Farm...

Are Big Food's Mad Scientists Coming For Your Food?

You may have thought lab-grown meat was just about as far as Big Food could — or would — go.

To create these cultivated "meat products," scientists take animal cells from a cow, pig, chicken, or fish. The cells can come from a small biopsy of a living animal or a fertilized egg.

Then they place the harvested cells inside giant stainless-steel tanks called bioreactors. They throw in a growth medium and allow the individual cells to differentiate into a slurry of muscle, fat, and connective tissue.

They attach this paste onto a soy-based scaffold so it can develop into a form that somewhat resembles real meat.

The product is then packaged into something they hope you'll mistake for real meat and shipped to a store near you...

I've warned you about this kind of Frankenfood before.

But now the food-tech industry has gone even further.

They're inserting animal genes directly into plants.

In other words, scientists are now genetically engineering ordinary crops so the plants themselves manufacture animal proteins.

I want you to picture this...



Scientists have developed a way to genetically engineer soybeans with pig DNA to create a plant-based Frankenfood that they call Piggy Sooy.

A team of mad scientists is hunched over their laboratory benches, surrounded by test tubes, DNA sequences, and genetically engineered plants.

A wicked smile spreads across their faces. They've done it.

Pig genes are put in soybeans. Cow genes are placed into pea plants. Potatoes are programmed to produce egg-white protein.

And somewhere down the laboratory corridor, other scientists are experimenting with leafy greens capable of producing proteins normally found in meat, fish, and dairy.

All of this may sound like the plot of a dystopian science-fiction movie...

Except This Isn't Fiction — It's Happening Now

Scientists are already genetically programming ordinary crops to manufacture proteins that naturally come from animals.[1,2,3,4,5,6,7,8]

- **Pork In Soybeans.** Moolec's "Piggy Sooy" produces porcine proteins inside soybean seeds, with the company reporting levels exceeding 26% of total soluble protein.
- **Beef In Peas.** Moolec has engineered peas to produce bovine myoglobin, a muscle protein that helps give beef its color and flavor.
- **Cow Enzyme In Safflower.** Genetically engineered safflower produces bovine chymosin, an enzyme traditionally obtained from calves and used to make cheese.
- **Beef In Corn.** IngredientWerks' aptly named "Meaty Corn" is engineered to manufacture bovine myoglobin.
- **Milk Protein In Soybeans.** Alpine Bio engineers soybeans to produce casein, the cow's milk protein responsible for much of cheese's melt and stretch. And NewMoo is developing soybeans that manufacture multiple casein proteins for use in cheese.
- **Milk Protein In Potatoes.** Finally Foods has engineered potatoes to produce bovine casein. The company says four engineered potatoes can produce about as much casein as a liter of milk.
- **Egg Protein In Potatoes.** PoLoPo genetically engineers potatoes to manufacture ovalbumin, the primary protein in egg whites.
- **Egg Protein In Wheat.** Moolec has demonstrated wheat engineered to produce ovum proteins intended as egg replacements for foods such as baked goods.
- **Whey In Oats.** Moolec has also disclosed technology for producing cow's milk whey protein inside oats.
- **Dairy Protein And Fat In Seeds.** Miruku is engineering oilseed crops to manufacture dairy proteins and dairy fats together inside the seed.
- **Animal Proteins In Leafy Greens.** Forte Protein uses lettuce, kale, spinach, and other leafy plants to manufacture proteins normally associated with dairy, eggs, meat, and fish — including casein, ovalbumin, myosin, collagen, and lactoferrin.

Welcome to the age of *Frankenfood***.**

And here's the question I want to ask: Why are we doing this?

We already have pigs... We already have cows... We already have chickens... We already have fish... We already have eggs, milk, meat, beans, nuts, seeds, vegetables, and fruit.

In other words, we already have food.

Yet the food industry is trying to take nature apart at the molecular level and reconstruct it into something else.

Big Food and the newest wave of food-tech startups call it innovation... I call it a dangerous nutritional experiment.

In this *Confidential Cures article*, you'll find out what's really going on with these new Frankenfoods. You'll also learn about a much simpler — and potentially far more nutritious — alternative. Because there's something important we've forgotten...

Food Isn't Just A Collection Of Molecules

Nature doesn't make ingredients. It makes food.

An egg isn't simply ovalbumin. Milk isn't simply casein. Meat isn't simply protein. A sardine isn't just omega-3 fatty acids.

And a soybean doesn't become nutritionally equivalent to a pig simply because scientists have trained it to manufacture one of the pig's proteins.

Real foods are complicated biological packages.

They contain proteins made up of different amino acids and peptides. They also contain fats, vitamins, minerals, pigments, enzymes, and thousands of other compounds interacting within a physical food matrix.

And that matters.

When you eat an egg, for example, you're not swallowing a single purified protein. You're eating a whole food containing protein, fat, micronutrients, and other bioactive compounds.

When you eat beef, you're getting much more than protein and amino acids. You're consuming a matrix of protein, fats, minerals, and other nutrients.

The question isn't whether scientists can manufacture one molecule.

Of course they can.

The real question is whether reconstructing one molecule — or even several molecules — actually reproduces everything that came with the original food... let alone putting it somewhere nature didn't intend.

The answer is that reproducing one or two molecules is not the same thing as reproducing the whole food.

And that's a big problem — because Americans are already eating themselves into a nutritional deficit.

We're surrounded by the products of Big Food and Big Agra — ultra-processed foods stripped of their natural goodness, refined carbohydrates, industrial fats, chemical additives, and increasingly engineered ingredients.

We've taken food farther and farther away from the way nature made it.

And now, instead of turning back, we're told the answer is to go even further.

This isn't a nutritional revolution. It's another giant leap away from real food — and another step down the wrong road.

Why Are They Developing This Stuff?

You might be wondering... If we already have meat, milk, eggs, and other naturally protein-rich foods, why are scientists going to such extraordinary lengths to manufacture their proteins inside plants?

This isn't just a playground for biotech startups.

Some of the world's biggest food companies — like Nestlé, Unilever, Tyson, and General Mills — are all investing in or exploring alternative-protein and food technologies to create these new Frankenfoods.

Of course, one of the biggest reasons is money. A lot of money.

Think about the economics. You don't have to raise an animal, feed it for months or years, transport it, slaughter it, and process the meat to obtain a particular protein.

Instead, you can now turn a crop into a biological Frankenfood factory.

A potato field becomes a dairy-protein factory. A pea becomes a meat-protein factory. And once you can produce those ingredients cheaply and at enormous scale, you can sell them to food manufacturers by the ton.

That's an extremely lucrative business model.

But there's another force driving this revolution.

For years, we've been bombarded with misinformation and the message that plant-based foods are automatically healthier than animal products.[9]

- Meat has been demonized.
- Animal fat has been demonized.
- Eggs have been demonized.

And increasingly, we are encouraged to replace traditional animal foods with highly engineered substitutes designed to imitate them.

But here's what gets lost in all the marketing:

There is a world of difference between eating a whole, nutrient-dense animal food and eating an industrial product designed to imitate one.

Animal foods are your nutritional heritage.

For years, I've been recommending grass-fed red meat and organ meats, pastured eggs and poultry, real butter, and wild-caught fish to my patients as the core of a Primal diet and a remedy for multiple ills.

These foods contain key nutrients that are responsible for hundreds of vital functions in your body, including powering up your muscles, heart, brain, memory, immune system, and sex drive — to name just a few.

Eat Real Food, Not Ingredients

No matter how you slice and dice it, or what Frankenfood scientists might come up with next, Mother Nature's food is hard to beat.

Think about what happens when you eat a real egg. You get:

- Protein containing all the indispensable amino acids
- A range of healthy fats
- Phospholipids
- Choline
- Vitamins A, D, E, K, and almost the entire B complex
- Minerals like phosphorus, selenium, iodine, and calcium

In other words, eat the complex food matrix that evolved — not in a laboratory, but through biology — instead of a highly processed food containing ovalbumin extracted from a genetically engineered potato.

That's essentially what the food-tech startup PoLoPo is trying to commercialize. I'm talking about egg-white protein grown inside potato tubers, extracted, then turned into a powder for use in foods like muffins and other baked goods.[10]

Or take a piece of wild salmon.

You're getting complete protein along with DHA and EPA, selenium, vitamin B12, and other nutrients.

Eat fermented dairy and you get protein, calcium, and other nutrients in a food matrix that has been part of human diets for thousands of years.

Eat lentils, chickpeas, berries, beans, and nuts and you get plant protein alongside fiber, fats, minerals, and a wide variety of phytochemicals.

That's the beauty of real food.

The Food Your Genes Were Built For

Modern medicine has lost sight of a fundamental truth about the modern human condition — that the roots of our health and the roots of modern chronic illnesses are the same.

Let me explain...

Coiled tightly in the nucleus of each of your cells, you have a three-foot-long, microscopically thin strand of genetic material — your DNA — that emerged from the evolutionary assembly line sometime between 100,000 and 200,000 years ago.[11]

Your DNA isn't just a blueprint for the traits and characteristics you inherited from your parents and grandparents. It contains information on exactly what your body needs to thrive and remain disease-free during your entire life — traits that you inherited from your primal ancestors.

You see, to build and maintain a normal, healthy, and active body, you require certain key nutrients from the environment.

The problem is, we're no longer getting these nutrients from our modern diet — and you're certainly not going to get what you need from a plate of plant-based "non-chicken chicken nuggets," loaded with artificial ingredients, preservatives, carbs, processed salt, and seed oils.

Doctors and dietitians often recommend a vegetarian diet because they don't distinguish between industrial or feedlot animals and free-range, grass-fed, pastured animals.

But there's a world of difference.

Despite what you may have heard from doctors and diet dictocrats, grass-fed red meat offers the highest quality nutrition — bar none. It's one of the most nutrient-dense foods you can put on your plate.

5 Ways To Keep Frankenfoods Out Of Your Shopping Cart

Of course Big Food isn't going to slap the word "Frankenfood" across the front of the package. And as food technology gets more complicated, figuring out what you're actually buying gets harder.

Genetically engineered crops, lab-grown meat, and ultra-processed junk are three different problems. They overlap, but they aren't the same thing.

Here are five rules I use to keep all three off my plate:

1. **Look For These Words On The Label.** Turn the package over and look for phrases like "Bioengineered Food," "Contains a Bioengineered Food Ingredient," "Derived From Bioengineering," or "Ingredient Derived From a Bioengineered Source."

   You may also see the USDA bioengineered symbol.

   And don't ignore a QR code that says "Scan here for more food information." That's a sneaky way companies can provide the required bioengineered disclosure.



Don't expect to see a symbol on every bioengineered food. Some aren't required to carry a bioengineered disclosure at all.

2. **Watch For Cell-Cultured Meat And Seafood.** Watch for terms such as "cell-cultured," "cultivated," "cultured animal cells," or similar wording that indicates the Frankenfood was grown from animal cells rather than coming from a conventionally raised animal.

   And look beyond just steaks, chicken breasts, and fish.

   Cultured animal cells can be incorporated into finished foods containing other ingredients, so read labels on products like nuggets, meatballs, sausages, dumplings, and prepared meals.

3. **Don't Assume "No Bioengineered Label" Means No Bioengineering.** This is the one most people miss. For years, USDA let companies skip the bioengineered label on highly refined ingredients — things like sugar, soybean oil, and corn syrup — if lab tests couldn't detect modified genetic material in the finished product.

   In other words, if the testing couldn't find it, the label didn't have to admit it. In October 2025, a federal appeals court said that exemption was unlawful. That's a win, but don't celebrate yet.

   Until the new rules are in force and companies have caught up, a clean package doesn't tell you where the ingredients came from.

   If a product lists sugar, corn syrup, soybean oil, or canola oil and it isn't organic, your best bet is to assume those came from engineered crops.

   Restaurants don't have to disclose at all. Neither do very small food makers. And the law covers only the foods on USDA's list of bioengineered crops. It says nothing about meat, eggs, or dairy from animals raised on engineered feed.

4. **Look For An Organic Seal.** When you're buying packaged foods, look for an organic seal. Federal organic standards prohibit genetic engineering.

   But don't confuse "made with organic..." with the USDA Organic seal.

A product labeled "Organic" must contain at least 95% certified organic ingredients, while "Made with Organic..." products must contain at least 70%.

Both categories prohibit ingredients produced using genetic engineering, but only qualifying "Organic" products can carry the USDA Organic seal.

5. **Choose Foods That Don't Need A Technology Lesson.** This is the simplest rule of all. Buy grass-fed and grass-finished beef, pastured eggs, wild-caught fish, organic vegetables and fruits, nuts, and seeds.

   Avoid imitation meats and other products with long ingredient lists full of protein isolates, concentrates, gums, emulsifiers, modified starches, preservatives, and ingredients you don't recognize.

   Those ingredients don't automatically mean the product is genetically engineered, but they're a good sign you're moving away from real food and back into the ultra-processed world.

There's An App For That

The food industry is making shopping in the grocery store complicated. But it doesn't have to be...

My team and I created a free smartphone app to make Primal eating easier — whether you're ordering dinner or shopping for groceries.

The app was originally designed to help you analyze restaurant menus and find specific Primal options you can order with confidence.

But the latest version goes with you into the grocery store.

Simply open the app and point your phone at a product's barcode. Within seconds, you'll receive a breakdown of the ingredients inside the package — before you put it in your cart.

- No more struggling to decode tiny labels...
- No more wondering what unfamiliar ingredients really are...
- And no more letting food manufacturers decide what goes into your body.

The app puts that power back where it belongs — in your hands.

It's 100% free and ready to download.

Click below to get started:





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My 4-Step Solution Rebuilds The Strong, Resilient Bones You Were Designed To Have

Big Pharma's "Miracle" Pill Is Fossilizing Your Skeleton

You take a prescription osteoporosis drug because your doctor — and the countless ads flooding your TV screen — have told you it would strengthen your bones and protect you from devastating fractures.

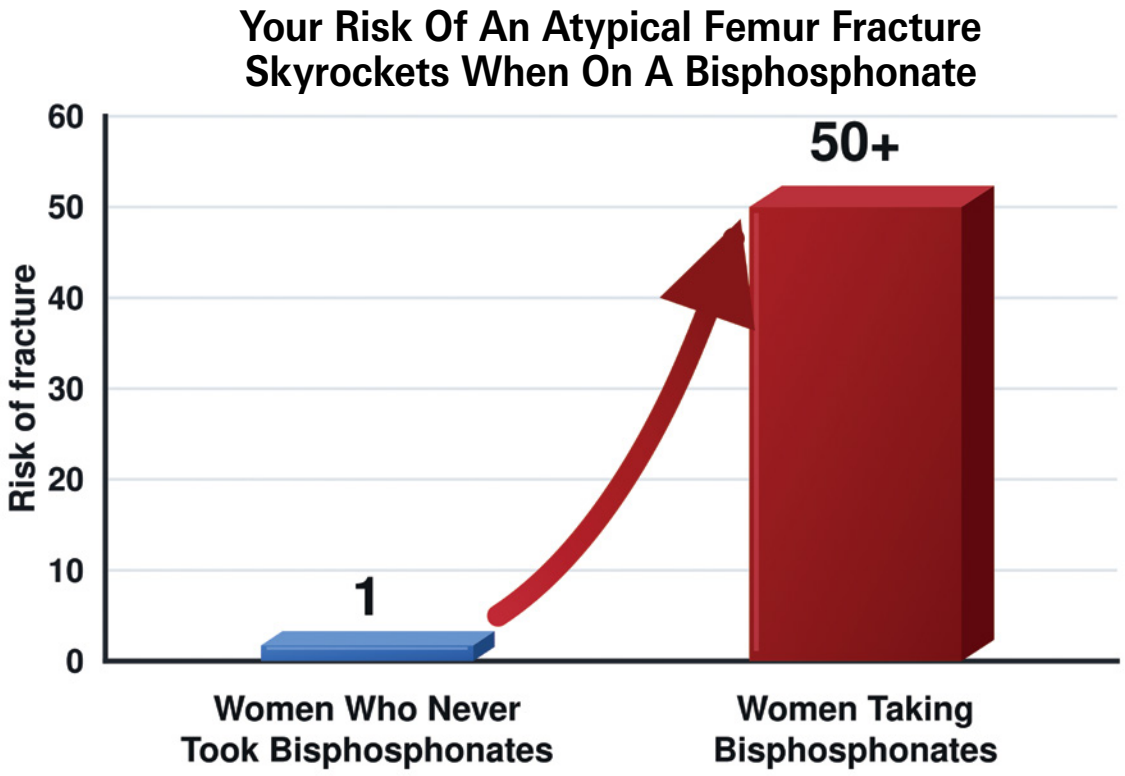
But what if that same drug is quietly weakening your bones from the inside out — even as your bone-density scans show that the treatment is working?

That's exactly what happened to one woman who had been faithfully taking her osteoporosis medication for five years.

Her X-ray revealed something no woman should ever have to see: a clean break straight across her thighbone.

The femur is the strongest bone in your body. It's built to support your weight through decades of walking, running, climbing stairs, and everyday activity.

Yet this woman's femur snapped simply because she stepped off a curb. She hadn't fallen. She hadn't been in an accident. She was doing something she'd done thousands of times before.



Women on bisphosphonates face a 50-fold greater risk of having a femur fraction than those who don't take the drug.

And here's what makes her story so disturbing...

Her latest DEXA scan showed that her bone density was *improving*. According to her doctor, the treatment was working.

But her broken femur told a very different story.

I remember the dread I felt when I first read that case report. It confirmed a disturbing pattern I had already witnessed in my own practice.

Women over 50 were doing everything their doctors told them to do. They took their medications faithfully, went for their bone-density scans, and trusted that their bones were getting stronger.

Yet some ended up in the emergency room with devastating fractures.

The Osteoporosis Drug That Causes The Very Fractures It's Supposed To Prevent

These weren't simply unfortunate accidents.

They were a documented complication of one of the most widely prescribed classes of osteoporosis drugs in the world: bisphosphonates, including Fosamax.

Doctors even have a name for these unusual breaks: *Atypical Femur Fractures*, or AFFs.

Unlike ordinary osteoporosis fractures, these breaks can occur with little or no trauma. And prolonged bisphosphonate use is a well-established risk factor.

But here's what your doctor probably hasn't told you...

Leading bone specialists have recognized this danger for years. In fact, professional guidelines recommend reassessing bisphosphonate treatment after three to five years and considering a break from these drugs in women whose fracture risk is no longer high.

That's because the longer you take certain bisphosphonates, the greater your risk of suffering from one of these unusual femur fractures.

Yet a 2023 study revealed that patients continued taking these drugs for extended periods, despite landmark publications recommending shorter treatment durations.

Think about what that means.

Your prescription gets renewed year after year. Your DEXA scan shows better numbers. Your doctor reassures you that your treatment is working.

But those reassuring numbers don't tell you the whole story about the strength and quality of your bones.

And women who have been taking these drugs for seven, eight, or even 10 years can remain completely unaware of the danger.

The problem goes far beyond an individual doctor's office. Modern medicine has become so obsessed with bone-density scores that it often overlooks something far more important:

Your bones must be strong enough to resist breaking, not simply dense enough to produce a better number on a scan.

And that's where bisphosphonates raise a serious concern.

These drugs suppress the natural process your body uses to remove old bone and replace it with healthy new bone. With prolonged suppression, microscopic damage can accumulate, undermining the very strength these drugs are supposed to protect.

Today, I'm going to show you how osteoporosis drugs can make your bones look stronger on a DEXA scan while interfering with the natural renewal process that keeps your skeleton healthy and resilient.

And why a higher bone-density score doesn't always mean you have stronger bones.

And then I'll share a step-by-step protocol for building truly strong, flexible, fracture-resistant bones — the way nature intended.

How A Rigged Timeline Hides A 5-Year Time Bomb

Bisphosphonates — sold under brand names like Fosamax, Boniva, Actonel, and Reclast — are the most prescribed drugs for osteoporosis in the world. Tens of millions of women over 50 are on them right now.

And for the first two or three years, the DEXA scan numbers look great. Your bone density goes up. Your doctor is happy and so is your insurance company.

But there's a ticking time bomb hiding behind those "improved" numbers.

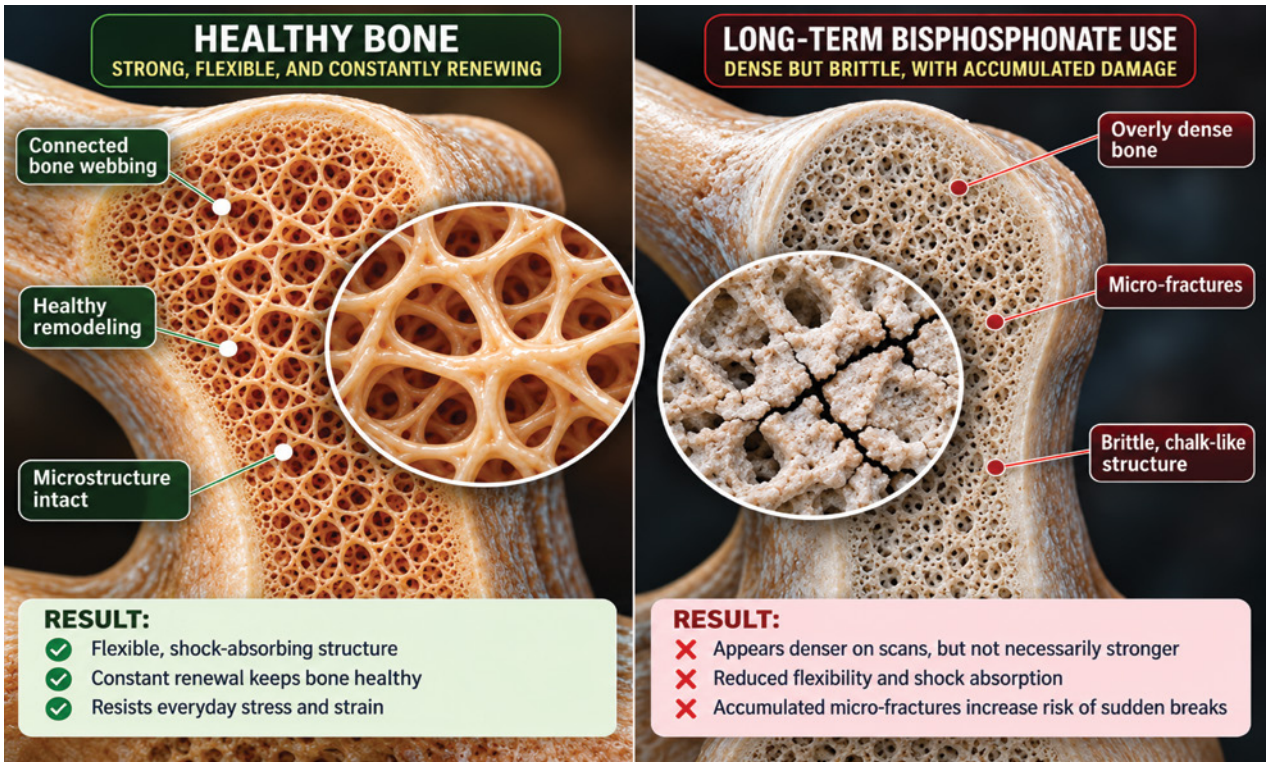
Peer-reviewed research published in *Endocrine Reviews* has confirmed what a handful of renegade orthopedic surgeons have been warning about for years...

Long-term use of bisphosphonates — beyond the three to five-year mark — severely suppresses your body's natural bone turnover. This leads to a dangerous accumulation of micro-damage and a dramatically increased risk of atypical femur fractures.[1]

In other words, the drug prescribed to protect your bones is setting the stage for a new and different kind of fracture entirely.

Not a crumbly hip fracture from a fall. A sudden, clean fracture of the strongest bone in your body — while you're doing something as mundane as walking down the street.

And the risk doesn't just nudge upward... *It skyrockets.*



A nationwide Swedish study — one of the most rigorous analyses ever done, with radiographic review of over 5,000 fracture cases — found women on bisphosphonates faced a more than 50-fold greater risk of atypical femur fracture compared to women who never took the drug.

And that risk climbs the longer you stay on them.[2]

The pharmaceutical companies know this. They've known it for years.

But here's what they won't tell you: The women walking into their doctors' offices right now aren't the ones who took these drugs for two or three years and moved on.

According to a 2023 population-based registry study, nearly 65% of long-term bisphosphonate users had been on the drugs for more than five years — and more than 40% had been on them for over a decade.[3]

Ten years. Remember, the danger window opens around year five.

Here's their trick for keeping that quiet: The clinical trials they parade in front of the FDA are typically three to four years long — conveniently stopping just before the risk curve bends sharply upward.

It's like a car company testing their brakes for 30,000 miles and declaring them safe — knowing full well they'll fail catastrophically at 50,000 miles. That's not science. That's a con job.

The Biological Truth Your Doctor Was Never Taught

To understand why these drugs are so dangerous, you need to understand one of the most elegant processes in all of human biology: bone remodeling.

Your bones are not dead tissue. They're living structures that constantly renew themselves to maintain their strength and resilience.

Think of it like a highway maintenance crew working 24 hours a day, seven days a week.

First, you have the osteoclasts — the demolition crew. Their job is to seek out old, micro-damaged bone and dissolve it away. Every time you take a step, tiny micro-cracks form in your bones. The osteoclasts find those cracks and clear the wreckage.

Right behind them come the osteoblasts — the builders. They lay down fresh, flexible collagen and mineralize it with calcium, creating brand-new bone that is strong, supple, and resilient.

This cycle — demolish, rebuild, demolish, rebuild — keeps your skeleton young and fracture-resistant throughout your entire life.

Now, here's what bisphosphonates do to this process: They poison and kill the osteoclasts.

The demolition crew is wiped out. The old, cracked, damaged bone is never cleared away. It just sits there. And it keeps piling up, year after year.

On a DEXA scan, this shows up as "improved density." More mineral mass per square centimeter. Your doctor sees the number go up and gives you a thumbs up.

But that density is a sham. It's dead bone tissue that has been chemically embalmed in place.

That's why when AFFs happen, the femurs don't crumble — they ***snap***. Healthy bone bends under stress. Bisphosphonate bone snaps clean through.

The mainstream medical establishment is so fixated on treating a number on a scan that they've forgotten they're supposed to be treating a *patient*.

They're measuring bone *quantity* and ignoring bone *quality.* And millions of women are paying the price.

My 5-Step Protocol For Bones That Refuse To Break

The good news is that your body already knows how to build phenomenally strong bones. It's been doing it since you were in the womb.

The problem isn't that your body is broken — it's that the drugs and bad advice have been interfering with a system that worked perfectly well for 200,000 years of human evolution.

Step 1: Flush Your Calcium Pills Down the Toilet (Your Arteries Will Thank You)

Your doctor, your pharmacist, and every TV commercial have told you that you need calcium supplements to protect your bones.

But research published in *The BMJ* raised serious concerns about this advice, linking calcium supplements to an increased risk of heart attacks and other cardiovascular events.

The problem is that taking large doses of calcium in pill form doesn't guarantee that the mineral will end up where you need it most — in your bones. And some research has raised concerns about its effects on your cardiovascular system.

Instead, get your calcium the way your ancestors did — from food.

Choose sardines with the bones, dark leafy greens like collards and kale, and full-fat dairy. These foods provide calcium along with other nutrients your body needs to maintain strong, healthy bones.

Step 2: Try The Mineral Big Pharma Blacklisted

If there's one mineral the pharmaceutical industry doesn't want you to know about, it's strontium.

It's a naturally occurring trace element that sits right below calcium on the periodic table.

Strontium shares important chemical properties with calcium, allowing it to become incorporated into the mineral structure of your bones.

Research published in *Calcified Tissue International* found that strontium does something no bisphosphonate can. It stimulates bone-building cells while keeping bone-dissolving cells in healthy balance. [4]

That's your natural remodeling cycle working the way nature designed it.

I recommend 680 mg per day of strontium citrate, taken on an empty stomach and at least two hours apart from any calcium-rich food. This is the natural, non-prescription form — not strontium ranelate, which is a patented pharmaceutical version with its own set of side effects.

Note: Because strontium is a heavier element than calcium, it can nudge your DEXA score higher than it would otherwise read.

Don't let that confuse you.

It's a normal physical effect of strontium being incorporated into your bone mineral — and it is nothing like the artificially inflated density numbers you get from bisphosphonates.

Step 3: Put The "Calcium Traffic Cop" To Work

Here's the missing link that mainstream medicine has completely ignored.

You can eat all the calcium-rich food in the world, but without vitamin K2, that calcium has no GPS. It doesn't know where to go.

It's like hiring a delivery truck with no address on the package. The calcium just wanders through your bloodstream and ends up in the wrong places — like in your arteries, kidneys, and joints.

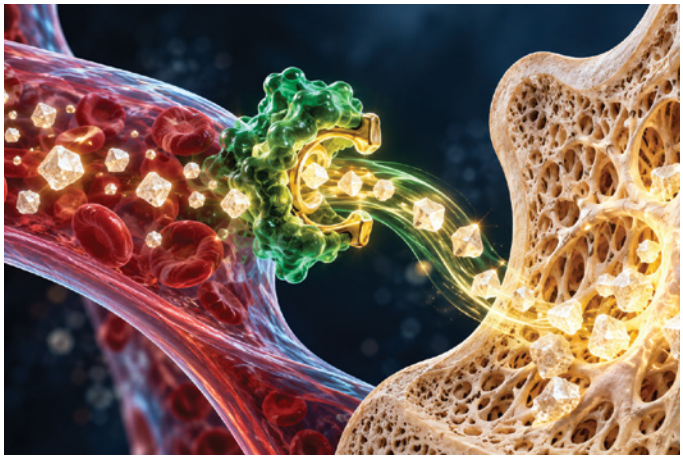
Vitamin K2, specifically the MK-7 form, activates a critical bone protein called *osteocalcin*. Think of osteocalcin as a molecular hook.

Once K2 switches it on, osteocalcin grabs calcium out of your bloodstream and physically binds it into the bone matrix where it belongs.

And we have solid proof it works. A three-year study found that women who took low-dose MK-7 lost less bone AND had greater bone strength than those who didn't.[5]

K2 is, in my opinion, the most underappreciated nutrient in bone health.

Here's what I recommend: Vitamin K2 as MK-7, 100–200 mcg per day with a fat-containing meal for optimal absorption. You can also find K2 in traditionally fermented foods like natto, aged cheeses, and grass-fed butter — but supplementation is the most reliable way to ensure adequate levels.



Vitamin K2 acts like a "calcium traffic cop," activating osteocalcin to pull calcium from the bloodstream and lock it into the bone matrix—where it belongs.

Step 4: Skip The Diet Fad That Leads To Broken Bones

Make no bones about it... Being a vegetarian won't do your health any favors.

A recent study of more than 26,000 women between the ages of 35 and 69 found that vegetarians had a 33% higher risk of hip fracture compared with meat eaters.[6]

The study, published in *BMC Medicine*, looked at four groups that consisted of "occasional" meat eaters, fish but not meat eaters, vegetarians, and meat eaters who ate meat at least five times a week.

The researchers reported that vegetarians were the only group with an elevated risk of hip fractures.

And while the study focuses on women, strict vegetarianism is just as likely to be unhealthy for men's bones.

The reason is obvious...

Compared with diets that regularly contain red meat and other animal products like butter and eggs, vegetarian diets are lower in key nutrients linked with bone and muscle health.

Deficiencies of nutrients like protein, calcium, vitamins D and B12, and omega-3 fatty acids — all of which are abundant in meat — have long been associated with hip fractures.[7,8,9]

And research across thousands of years of human evolution reveals that our primal hunter-gatherer ancestors almost never suffered hip fractures or other bone disorders like osteoporosis.[10]

But you need to choose grass-fed meat.

When you eat an industrialized animal, you're eating a sick animal.

And multiple studies show commercial beef has much less nutritional value than its pasture-fed relatives.[11]

For the sake of your hips and the rest of your body, I strongly recommend ditching strict vegetarianism and replacing it with balanced meals that include regular portions of healthy, grass-fed red meat and other pastured animal products.

Step 5: Use PACE To Send Your Bones A Signal They Can't Ignore

Your bones have a remarkable ability to rebuild, repair, and strengthen themselves that puts any Big Pharma drug to shame.

It's called Wolff's Law, and it states a simple truth that your great-grandparents understood intuitively: Bones grow stronger in direct response to the demands placed on them.

When you load your skeleton — through weight-bearing movement done with real effort — you send a direct signal to your osteoblasts to lay down new bone tissue at the point of stress.

No drug can replicate that signal.

But here's the catch: A leisurely stroll won't cut it. What your skeleton responds to is intensity.

This is where my PACE program comes in. PACE stands for Progressively Accelerating Cardiopulmonary Exertion.

The idea is simple: You push your body to its current maximum output — the point where you're genuinely panting — then you stop and recover fully.

Then you do it again, pushing a little harder. Over time, your goal is to reach that peak effort faster, and to recover from it more quickly.

For bone health specifically, the key is choosing weight-bearing movements — exercises where your skeleton is actually carrying load. Here are two I recommend:

- **Bodyweight Squats:** The squat is one of the most effective movements for stimulating bone growth in the hips and femurs. Start with body weight. Push hard for a set until you feel real effort, then rest fully.

  Add a gallon jug, a kettlebell, or even a bag of groceries (if that's all you have around) as you progress. The goal isn't endless repetition. It's genuine exertion followed by genuine recovery.

- **Resistance Bands:** For those with balance concerns or joint issues, resistance bands provide real bone-loading stimulus with minimal joint stress. Lateral band walks, rows, anchored presses — pick what works for your body.

  Apply the same PACE principle: Push to real effort, rest fully, and over time, work to reach that effort point faster.

Jump Your Way To Bones That Last A Lifetime

One of the fastest — and most effective ways — to stimulate bone growth is with a type of exercise called plyometrics.

Some people refer to it as jump training.

When you do these moves, you bend your bones slightly.

It sounds painful.

But it helps lay down new bone tissue. Plus, the shock of landing on the ground promotes new bone growth.

My favorite is the jump squat. Here's how you do it:

1. Start with your body crouched, feet together, hands behind your head with elbows out.
2. From this position, straighten your legs and jump upward as high as you can.
3. Once you have landed, return to your original starting position and repeat.

It'll take you a few sessions to build up your stamina.

Start slowly. Build up your strength and endurance gradually.

Rest and recover between sets.





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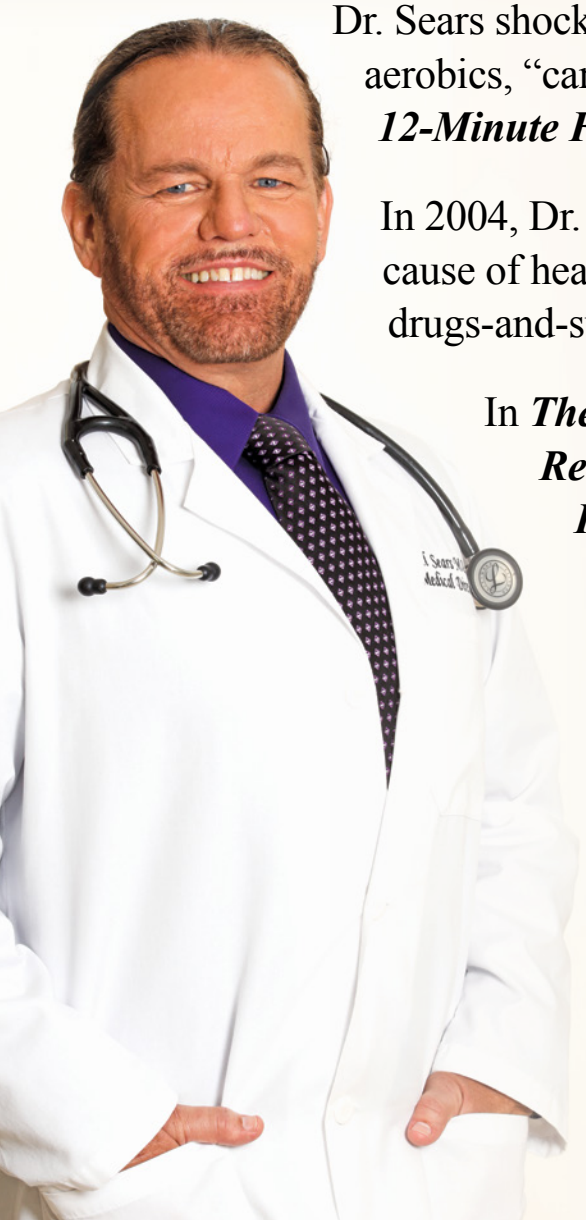
The information provided in this letter is for educational purposes only and any recommendations are not intended to replace the advice of your physician. You are encouraged to seek advice from a medical professional before acting on any recommendations in this publication.

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).

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