

LE Magazine November 2006

*On The*  
COVER**The Secret to Being Ageless**

An Exclusive Interview with Suzanne Somers

By Dale Kiefer



Two years ago, in an exclusive interview with Life Extension magazine, actress and bestselling author Suzanne Somers described how menopausal symptoms such as weight gain, diminished sex drive, hot flashes, and difficulty sleeping had turned her formerly happy life into a misery, leaving her feeling cranky, tired, and irritable around the clock.

Her efforts to regain her mind, body, and quality of life led her to discover bioidentical hormones—natural hormones that mimic the hormones produced in our bodies—which are almost completely lost with aging. Suzanne described her remarkable journey back to optimal health in her groundbreaking book *The Sexy Years*, which introduced millions of women to bioidentical hormone replacement therapy and changed the way we look at menopause.

Now, in her new book *Ageless*, Suzanne takes bioidentical hormone replacement to the next level, introducing an inspiring, medically validated approach to reversing the aging process and maintaining a healthy, vibrant, mentally sharp, sexually active life, while strengthening the body's natural defenses against age-related diseases such as cancer, heart disease, and Alzheimer's. Packed with updated information on bioidentical hormone replacement and anti-aging medicine, *Ageless* brings together 16 prominent anti-aging doctors who are at the forefront of a medical revolution to show how traditional approaches to aging are woefully inadequate and outdated.

Recently, Suzanne again sat down with Life Extension's William Faloon to discuss her new book and how the transforming power of bioidentical hormone replacement has inspired her to reach out to millions of aging men and women alike.

WF: Suzanne, thank you so much for writing this great book about bioidentical hormone replacement. You've produced an important guide for people who want to change their life and experience the benefits of optimal hormone balance. Starting at the age of 43, I noticed my hormone levels were declining and, as a result, I developed horrendous symptoms. So, for me, your book is not just a matter of scientific validation, but also of you and I sharing the same benefits, and now trying to get the good word out.

SS: It's so hard to believe that there's resistance to this. There certainly is ignorance and lack of information everywhere. Women all over America—and now men—come up to me wherever I'm appearing and they're really interested in this new kind of medicine. People look at my husband and me as if to say, "What are you two doing? How much work is it?"

I always say, "This aging thing requires some work if you want to do it successfully. You've got to commit to it and put in about 20 minutes in the morning, depending on how deep you want to go." *The Sexy Years* was the first layer, which focused on issues like "I feel like crap, I can't sleep, I can't control my moods, I'm gaining weight, my libido is nonexistent, etc." Once I replenished my sex hormones, I felt great.

WF: And now with your new book *Ageless*, you're taking hormone replacement to a new level, from helping alleviate the miseries of menopause to achieving optimal, lifelong health.

SS: Exactly. Once you really start exploring hormones, you realize we are the last generation that can expect to die the old-fashioned way, from heart disease, cancer, or Alzheimer's. That is, unless you decide to jump on this fast-moving train and investigate this new type of medicine. It is essential to change the way you approach your health and to learn how your body works so that you are empowered with substantial information whenever you meet with your doctor. If you sense that your doctor has a total of eight minutes to spend



with you and it's easier for him or her to write you a prescription, then something is wrong! It's time to move on and find a doctor who is concerned about you. You need to understand the effects of pharmaceuticals and try to avoid them at all costs, unless you need them for pain, infection, or mental illness.

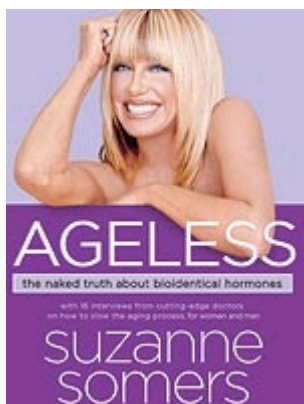
For any condition, I always go the natural way first. For me, bioidentical hormones are the first line of defense. Strengthen and correct your major hormone systems, such as insulin, sex hormones, thyroid, cortisol, and adrenals. Once you get all those strengthened, you're sleeping better, you're losing weight, and you're more resistant to the diseases of aging.

WF: And that's just the beginning of the benefits of bioidentical hormones.

SS: It is. Aging is incredible. The deeper you go with hormone replacement, the better you feel, the more energy and vitality you have, the more exciting it is. For me, aging is an experience of bliss, absolute bliss. I don't care what your age is, I always ask, "How young is your energy? Do you wake up and want to jump out of bed? When you jump out of bed, are you pain- and ache-free?"

These truly are the golden years. Yet the golden years have always been associated with little gray-haired people who are shrinking away. We baby boomers are thinking, "Well, the angst of youth is gone, I'm no longer worried about who I am and what I'm going to do, I've done my job in terms of raising my children, hopefully by now I've found the mate who is right for me, and now I can enjoy my life with good health and vitality."

WF: Yet a lot of baby boomers seem to be disappointed that at the age of 50 or 60, they don't feel as young as they used to. Many of them suffer from depression, sleep disturbances, weight gain. I work nonstop and I know that my health has been dramatically enhanced by using bioidentical hormones. And just like you, I'm constantly telling people to look at what I'm doing from a hormone standpoint and maybe it will help explain why they might want to consider the same. Why don't people see the logic of this? Since *The Sexy Years* was published, do you sense that attitudes towards bioidentical hormone replacement are changing?



SS: Yes. Amazingly enough, when Wyeth filed its complaint earlier this year to try to limit our access to bio-identical hormones, I was named in the complaint as one of the key factors as to why their \$2 billion-a-year synthetic hormone business had decreased by 72%! This is evidence that my books have had a significant impact in changing the way people are acting on their health.

WF: Life Extension members will consider your being named in the Wyeth complaint as a badge of honor. We've been reporting on this issue for some time. Clearly, your message is getting out there.

SS: My message to women is that there's an answer to the difficult changes associated with menopause and aging, and it's not synthetic hormones, as the drug companies and most doctors would have you believe.

I'll give you an example of how writing *The Sexy Years* had an impact on me personally. As I was writing, I began to ask myself, "How did I get breast cancer?" And I began to go back over my life. I've always lived a pretty clean life. I've never smoked a cigarette, I drink wine in moderation, I eat healthy. Was there anything environmentally harmful in the little town I came from? Did we have lead in our pipes? Was it the mercury fillings we all had?

At 17, I had a baby, and the doctor never even talked to me about breastfeeding. Giving my baby formula was the first bad choice I made, because doctors now know that breast feeding reduces breast cancer risk. Next, they gave me a "dry-up shot," it was a hormone-ablation drug. I'm sure about 85% of us who had babies in the 1960s were given this dry-up shot. What did that do to us? To ablate our hormones at that ripe young age can't be good.

Then I went on birth control pills, which put a synthetic hormone in my system for 22 years. I hardly ever got a period, I used to brag about it. In retrospect, I realize how awful that was because I was never fully ovulating. Our bodies are designed to give birth and all the healing hormonal aspects that go with it. We missed out on all those pituitary hormones that come with nursing and give the protective measures to your breast tissue. My generation went against nature. Now we're paying a big price for it, and one of the most obvious ways is through the epidemic of breast cancer. Sadly, for many women, it's not even a matter of if I ever get breast cancer, it's a matter of when. Most women I speak with almost expect to get it at some point.

WF: The women you speak to probably have those same risk factors: delayed childbirth and using lots of synthetic birth control. Our view on those birth control pills is that they may inflict DNA damage that accumulates and eventually leads to cancer.

SS: Absolutely. The next aspect of this type of backward thinking is that we all expect to be sick in our old age. When you hear somebody say, "Oh, my father has cancer," you think, "Well, he's old." Or, "My father has Alzheimer's." "Well, he's old." So we

expect that we're going to get heart disease, cancer, or Alzheimer's. Women in the United States can now expect to suffer eight years of disability before they die. To me, that is unacceptable.

WF: Exactly. At Life Extension, we've worked very hard and poured millions of dollars into research to change this way of thinking. We know that there is a better way, and that we don't have to be sick as we age. Besides supplements and bioidentical hormones, what kinds of things are you taking to further your health and prevent recurrence of the breast cancer?

SS: I inject HGH [human growth hormone] because my IGF-1 levels were very low. I take vitamin B-complex injections because I feel better on them. And I inject Iscador® every other day to build up my immune system so that my cancer won't come back. To me, this is just preventive medicine.

WF: In your new book, you talk a lot about sleep deprivation in relationship to breast cancer. You've had an incredibly successful career, which means you've put a lot of stress on yourself to be successful. Did you suffer a lot of sleep deprivation during your career?

SS: I never understood the importance and value of sleep. I would take some kind of perverse pleasure from outworking everybody. It made me feel good about myself. After the house was asleep, I'd go sit at my computer and write until two or three in the morning.

Most Americans are sleep-deprived. But if they understood how cortisol works, they'd understand that getting five hours of sleep a night is not enough—your cortisol is never going to go down. And if your cortisol never goes down, your insulin is going to be high, which leads to a host of diseases. And you'll end up gaining weight by not sleeping.



## On The COVER

### The Secret to Being Ageless

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WF: Published studies document that people who do not sleep well put on more pounds than those who get their eight hours.

SS: Of course! Once you understand that, then going to sleep becomes a pleasure. The science supporting the value of getting eight to nine hours of sleep a night blew my mind. For example, it takes three hours before midnight for your body to get into its nighttime cycle. Once you're asleep for three hours, if you can sleep another five or six hours following those three hours, your cortisol will go down, your insulin will go down, and it triggers the production of melatonin. And that healing and protective hormone works during the night throughout the body, and you wake up the next morning rested and refreshed.

WF: That's very true. This is something we try to emphasize to our members: people who are sleep-deprived have elevated levels of inflammatory cytokines. If they have any kind of underlying health disorder, it's going to be made worse by not sleeping well, because their inflammatory cytokine levels will be much, much higher.

SS: Yes. But if you can't sleep because your hormones are out of whack, then it is crucial that you work with a cutting-edge doctor, like the ones I interviewed for my new book. Barring some kind of catastrophe, technology will keep you, I, and everyone else around until we're 90 or 100 years old. And yet mainstream medicine has not thought about the quality of those remaining years.

When I was interviewing Dr. Herbert Slavin for my book, he said that at the turn of the twentieth century, medicine was naturopathic, osteopathic, homeopathic, and chiropractic. You went to your doctor and he knew a little about everything. Then the Carnegies and Rockefellers, who owned pharmaceutical companies, hired a guy by the name of Abraham Flexner to go around to medical schools and offer them huge financial incentives to teach allopathic medicine and to make all the other accepted forms of medicine "alternative."

And that's how we got into this "here's my symptom, here's your drug" kind of medicine. It was all a business decision. You can see its effects on the health of Americans. Even though we can do more and more phenomenal things with surgery, our health has deteriorated such that Americans may be the unhealthiest people on the planet and American women may be the sickest women on the planet.

In my interview with Dr. Larry Webster, he said he was doing some volunteer work in Africa. He was in the Republic of Gambia, working at a clinic with the Minister of Health. Dr. Webster said to the Minister of Health, "I can't help but notice that your women have a much softer menopause here, that cancer and heart disease are virtually nonexistent." And the Minister of Health said, "Ah, but we're a very poor country. We can't afford your chemicals."

WF: You mentioned that you've had difficulty convincing people of the value of bioidentical hormone replacement. Through Life Extension, I've been able to encourage thousands, maybe tens of thousands of men to get on testosterone replacement. You've reached out and maybe gotten millions of women and men to consider this.

SS: I've always been very open about my age, as you are. I often hear people say, "Well, I'm getting close to 60 and I don't feel like I've got the energy Suzanne has. I want what she's having." That's been very rewarding. I don't feel that I'm leading anybody down any path I wouldn't take myself. I never tell anyone what to do. I just say, "This is what I'm doing. If what I'm doing appeals to you, look into it. Try it." I feel great. I wake up happy, I have energy, I love my life, my husband, and my children, and I wouldn't change a thing. And it's because I'm hormonally balanced.

In my fifties, when I didn't have the answers to the health problems I was encountering, I would wake up at night and think, "This just isn't fair. I've spent my whole life putting my family first and doing the best job I could. And this is the payoff, that I can't sleep, I'm gaining weight, and I feel bad all the time?"

WF: It makes no sense, which is one of the reasons we started the Life Extension Foundation. You spend all this time educating yourself and situating yourself in a comfortable environment, then all of a sudden, your body lets you down, and . . .

SS: You feel betrayed. By the way, Life Extension is my favorite magazine. Every month I read it cover to cover. I've learned so much and found a lot of my doctors through interviews that I've read in there.

WF: Thank you. We put an incredible amount of energy into providing our members with cutting-edge information that can improve and even save their lives.

SS: What I'm finding in anti-aging medicine is an amazing willingness of doctors to share information. One of the common threads through Ageless is that every single doctor, at some point in the interview, said, "This is the most rewarding work I've ever done. Every day I have patients thank me, hug me, give me flowers, tell me how much they appreciate the work that we're doing together." That's rewarding work for doctors, and how medicine should be practiced.

WF: It is rewarding, and I like what you wrote about bioidentical hormone replacement being an evolving science, where we literally learn each day about better ways to use it.



SS: Part of educating myself and my readers about hormones is understanding that you don't want too much or too little, you want balance. For females, you're not going to take too much estrogen, and you're going to know when you have enough. You're not going to take too much progesterone, and you're going to know when you have enough. Too much estrogen and we start gaining weight. Too much progesterone, we start bloating. Too much testosterone, we start getting pimples and rash. So our bodies adjust. That's why I really believe in bioidentical hormone replacement, because it's so individualized. Some women might need to talk to their doctors every day at first, because they're feeling so badly. But after a while, a woman who really does her homework is going to be able to dose herself based on blood work that the doctor gives her, the baseline. "This is what you need. But if you're feeling this, dose up a little bit. If you're feeling that, back off a little bit." But it takes a few years of replacing hormones to know your own body.

WF: Patient empowerment is absolutely critical here. For example, we refer members to some oncologists who will not even see new patients unless the patients themselves agree to self-educate. These oncologists expect patients to work with them as physicians to cure the disease.

SS: When I had cancer, I was told, "OK, here's what we're going to do. We're going to do surgery, then radiation, then chemotherapy, and then tamoxifen for five years. And by the way, you have to stop all your hormones."

And I remember sitting there with all this being thrown at me and saying, "We've got to back off a little. I'll do the surgery, but I'm not stopping my hormones."

"Not stopping your hormones? You have an estrogen-dominant tumor."

"I understand that. But I believe that it's an environment of balanced hormones that prevents disease. So if you take away the one thing that I really feel I have to fight a recurrence, you're taking away my strongest weapon, and I can't do that."

WF: You encountered a lot of resistance from your doctors by going against the conventional wisdom.

SS: My doctors were very upset, but going into this situation, I had more knowledge than the average woman. By that time, I'd written so many books about the hormone insulin relative to weight loss that I understood that if one hormone is off, they're all going to be off. I chose my own treatment—no chemotherapy and no tamoxifen. My doctors looked at me and said, "You're not taking tamoxifen?"

I said, "Tamoxifen gives me a 10% better chance that I won't have a recurrence, but a 40% increased risk of heart attacks, strokes, and pulmonary embolisms. That's the best you have to offer?" I believed that the best thing I could do for myself was to balance my hormones as close to perfection as I could.

WF: In your research, did you discuss with cardiologists just how critically important testosterone replacement is for protection against heart disease?

SS: The cardiologists I spoke to put their patients on statin drugs and are only focused on their one little area. I think this is where medicine has to change. You can't just treat one area of the body, you have to see the entire picture. When most doctors who are practicing today went to medical school 30 or 40 years ago, we weren't expected to live this long, so hormones were not given much importance—four hours of instruction in prescribing them. That just isn't enough.

I said to one cardiologist, "Testosterone is an anabolic steroid and the heart is the body's largest muscle. Anabolic steroids build

bone and muscle, and there are more testosterone-receptor sites in the heart than any other part in the body. Doesn't it make sense to you that maybe this is how we maintain the pumping power of the heart, by keeping that testosterone up?" He just didn't get it.

A lot of the cutting-edge doctors I spoke with mentioned the negative aspects of statins. Most of them are taking their patients off statins and putting them on niacin.

WF: Interesting. In your book, Dr. Shipman said that if you inhibit the brain from making its own cholesterol, you're inhibiting it from making its own neuroprotective hormones that control Alzheimer's. Cholesterol forms the backbone of every single neurosteroid in the brain.

SS: I think cholesterol is something that we're eventually going to find is really misunderstood.



## **The Secret to Being Ageless**

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WF: Going back to the point about coronary artery disease, we've uncovered hundreds of papers that associate testosterone deficiency with increased risks of coronary artery disease. We've also identified, through these published papers, the specific mechanisms by which low testosterone increases the risks of contracting coronary blockage and then allowing it to progress further. Yet you found, as we did, that when you talk to cardiologists about this, some of them actually say, "Well, isn't testosterone dangerous for the heart?" Testosterone replacement is not even a consideration for them, no matter how much scientific evidence we present. This is one of the battles we're waging.

SS: I think the more your magazine gets out, the more effective it will be in changing these attitudes. When I have a friend of mine who just doesn't want to hear it from me, I'll throw an issue of Life Extension in front of him.

My husband is on testosterone, DHEA, pregnenolone, progesterone, growth hormone, vitamin B, and other supplements that are prescribed just for him. He works out with weights, he's cut and defined, he has energy and libido, he has his executive capabilities, he's always thinking about the future. I feel it's never too late for anyone to improve their health. For me, it's about energy. It doesn't matter that I'm going to be 60; my energy is that of a 35-year-old. My insides are young, my organs are young. My brain thinks I can have a baby, because I take my hormones in a template that it recognizes as reproductive. This is my own experiment on myself and people say, "Yeah, but what if?" And I say, "What if what? What's the alternative?"

I look around me and I see people who aren't doing this. They're not looking well, they're not feeling well, they don't have energy, and they can't lose that weight. I'm at the same weight I was when I was doing "Three's Company."

WF: That's remarkable.

SS: I do yoga three or four times a week, walk a little, and eat good food. My body's not fighting weight gain. Before, when I was working out with a trainer every single day, running, doing squats and sit-ups, not eating anything, skipping meals, and doing all those crazy things, I couldn't lose the weight. Women get so unhappy when they're overweight.

WF: They sure do, and that's a big motivation for people to buy your book. A lot of women have polycystic ovary syndrome and have to deal with excess insulin production if they're ever going to lose any weight. You mention thyroid hormone in your book. We've long told people to keep their TSH levels below 2. The thyroid has such wide-ranging effects throughout the body.

SS: I know that thyroid function came up a lot in Dr. Rothenberg's interview in my book. This is where patients need information. You need to say to your doctor when he's testing for thyroid, "Will you also test for T-3?" They generally only measure T-4.

And by the way, you should also ask your doctor for a high-sensitivity C-reactive protein test. This test will provide you with a great deal of important information to help you avoid getting sick. Little things like this can empower patients to get better care for themselves, especially if they're with a doctor who hasn't kept up with the latest science.

WF: That's one of the reasons we established our blood testing service in 1996. The doctors weren't allowing their patients to take certain tests. Our members would educate themselves and want those tests, so that they would know exactly where they stood.



Your book provides reinforcement to our members who have been resistant to hormone replacement. I'm hoping they'll be inspired by the success stories, the case histories, the doctor's reports, and your reporting. Of course, we have a lot of new Life Extension members who are still unfamiliar with the virtues of balancing hormones.

SS: I think you'll get a lot of new members from this book, because my audience probably doesn't know about Life Extension yet, and that's very sad. After all my research, I can now just look at my male friends and know which of them needs testosterone. I'll ask, "Why don't you have your testosterone checked?" And I hear this one answer all the time: "Oh, I've had it checked. My doctor says I not only have testosterone, I have more than I need, way more than I need." And then I'll say, "Yeah, but have they checked your SHBG [sex hormone binding globulin]?" Because if that number's not right, it doesn't matter how high your testosterone is.

WF: That's correct. The problem is, medical labs just check for total testosterone, which means nothing. It's the free testosterone and other sex hormone tests that matter. We normally recommend men test for free testosterone and for estrogen, because a lot of men will have low free testosterone and very high estradiol, which means they're aromatizing the testosterone they're producing into estradiol. In some cases, just taking an aromatase inhibitor can balance that out very nicely.

SS: It's very exciting what's available now if you just do a little digging and seek out cutting-edge doctors. It's fantastic, because there's a level and element of caring that hasn't existed in medicine for quite some time. The only thing that bothers me is that it's hard for poor people to get this kind of care. So many women are insured by HMOs that won't pay for an endocrinologist or for bioidentical hormones. Of course, they'll pay for synthetic hormones, which are dangerous. If the government understood the benefits and long-term health ramifications of keeping people hormonally balanced, it wouldn't be footing such a large health care bill. We would not have so many sick people with degenerative diseases. Government is not seeing the big picture, and therefore the poorer people in this country don't have access to these therapies. That's something I'd like to work on, but I don't know how to do it yet.

WF: We're working on that in a couple of different ways. We offer very low-cost blood testing directly to the public. We're also working on a new way to offer very low-cost prescription drugs. We should soon be able to refer men to mail-order sources of natural testosterone replacement for as little as \$28 a month, as opposed to the brand-name prescription drugs that cost maybe \$160 a month.

We've been fighting the drug industry now for three decades, we know the ins and outs of it, and we think we know how to provide our members with access to prescription drugs at substantially lower prices than anybody is doing right now.

SS: If you do that, let me know and I'll shout it from the rooftops, because it should be available to everyone.

WF: The reason we can do this is that the drugs themselves cost nothing. It's all the bureaucratic regulation that costs money, from the time the drug is manufactured to when it gets to the consumer. We feel we have some ways that we can make these drugs available to people at extremely low prices.

SS: That's fantastic. You're doing amazing work. It's such a benefit to society. You know, I have a motto at my company, "I'm doing well while doing good." And I always say, everyone's entitled to do well, but if you can do well while you're doing good, that's the perfect scenario.

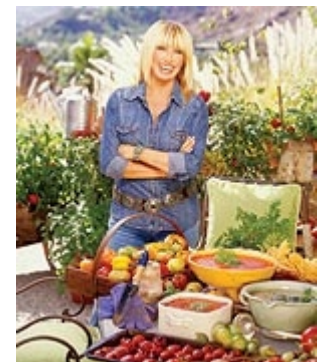
WF: If people stay away from brand-name products, I think a person could put together a hormone replacement program, including a blood work-up, for about \$800 to \$1,000 a year. I think a budget-conscious program could be put together that would give people a lot of benefit.

SS: It's a matter of priorities, too. I remember when I was a troubled young woman, I found myself in therapy. I couldn't afford it at the time. But when I told my therapist that, she said, "I want getting well to be your priority." So I found a way to afford it. When I look at people today, I know some people legitimately can't afford it. For other people, I think, "If you had your priorities straight and really understood the beauty and bliss and value of good health, there might be some things that you could do without to make sure you get the right kind of treatment and medication for yourself."

WF: We have the tools. It's just a matter of accessing them.

SS: I love that we're all doing this. It's a privilege to put the message out, isn't it?

WF: It is. I've seen the benefits in people over decades, not just years, and I know where they would



have been had they done nothing. Many of them were told by doctors, "You've got a few more months to live, or maybe a year or two at best," and then they took charge of their own health and made a real difference. When you see that, you realize that the power is within us, both to improve our own health and to disseminate the information to others.

SS: Absolutely. And the rewards are huge.

WF: Yes, they are. We're helping people to live longer and more productive lives, and to avoid the debilitating diseases associated with aging.

SS: When I was a little girl, my grandfather used to say the same thing over and over: "As long as you have your health . . ." Wow, was he ever right. That's what it's all about. If you don't have your health, it doesn't matter how much money you have, because you really don't have anything.

WF: Absolutely. That's why young people seem to enjoy themselves so much, even without money. They've got their health to look forward to every morning.

SS: And yet, I can't tell you how many 30-year-old women have come up to me after a lecture and said, "I'm only 30 years old, I have no sex drive at all, I don't sleep well at all." I look at them and think, "You're 30. It's the stress that's blunting all this hormone production." And nobody at that age ever thinks that it has anything to do with their hormones.

WF: Let me just tell you what I've observed. In the 1980s, I was involved in anti-aging medicine. Everyone thought it was ridiculous. You were just supposed to get old and die. Starting around 1994 or 1995, a change took place and nobody ridiculed it anymore. I'm talking about people who didn't have any health problems but were saying, "I don't want to get old. I don't want to look old. I don't want to feel old." I was thinking, "What a change." I haven't heard anybody criticize the concept of what we're trying to achieve in a long time.

SS: Yes, that's very positive, and you're right. I think in 10 or 20 years, this will be the way medicine is practiced. Bioidentical hormones will be seen as the beautiful replenishment that they are and the healthy way to go, and anti-aging medicine will just be a part of standard health care. I really believe with all my heart that down the road, future generations are going to be the major recipients of all the good work you've put into this.

WF: I absolutely believe that, too, and I've seen it with my own eyes, the positive changes that people have expressed to me. Suzanne, it's been great talking to you.

SS: Thank you so much.

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