

Dr. Jonathan V. Wright's  
**NUTRITION & HEALING**

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**Beyond hot flashes: How the right forms of estrogen may help fight cancer, MS and more**

By Jonathan V. Wright, M.D.

Over the last three years, you've probably read a lot (especially from me) about "good" and "bad" estrogen. The first time you see these references it can be somewhat confusing: How can estrogen be good and bad? Isn't it just one substance?

Unfortunately, it's not quite that simple.

But before we get into that, let me tell you why it's so important to make the distinction: First, measuring your levels of various estrogens is a simple technique to help predict if you're at higher risk for certain types of cancer (especially breast and uterine). Then, once you have that information, supplementing with the right kind of estrogen (along with some other supplements and a diet rich in certain foods) can reduce your risk of ever getting those cancers—or possibly even help treat existing cases. And there's some exciting new research showing that one type of estrogen might also be the long-awaited answer for women battling autoimmune diseases like multiple sclerosis.

All of these great benefits from estrogens—but since not all estrogen is created equal, let's take a few minutes to go over some of the intricacies.

**Five estrogen metabolites you need to know about**

The term estrogen doesn't actually describe a single molecule; instead, it's a "group word" covering two dozen or

*"There's another ratio for estimating your risk of certain cancers, and now that recent research has confirmed its importance, I think it's time to revisit it..."*

more molecules all built on a common framework. Since these molecules are transformed (metabolized) one into another, they're also all called estrogen metabolites.

The "early days" of estrogen research focused mostly on three estrogen metabolites called estrone, estradiol, and estriol.

Over the last three decades, with improved analytic techniques and evolving research interest, attention has turned to some of the other estrogen metabolites, including those "good" and

"bad" estrogens that I refer to quite a bit in *Nutrition & Healing*. The technical terms for these are 2-hydroxyestrogen (good) and 16a-hydroxyestrogen (bad), and together they make up what's known as the 2/16 ratio. High 2/16 ratios generally mean a lower risk of estrogen-related cancers (like breast, uterine, and ovarian). Low 2/16 ratios mean higher risk of these same cancers. (I've also observed an unusual number of low 2/16 ratios in men with newly diagnosed prostate cancer, and men with a strong family history of cancer.)

But there's another estrogen ratio that's just as important as the 2/16 for estimating your risk of estrogen related cancer. Now that recent research has confirmed its importance again, I think it's time to revisit the "estrogen quotient" (EQ).

**Calculate your cancer risk with this simple equation**

As I mentioned above, early estrogen research focused mostly on three estrogen metabolites: estrone (also labeled E1), estradiol (E2), and estriol (E3). Although it's only present in small quantities in the body, estradiol is the most "potent" estrogen, responsible for most of the feminizing

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*Nutrition & Healing* is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Kent, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

*Nutrition & Healing* cannot improve on these famous words:

*"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."*

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

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## estrogen

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changes of puberty. Unfortunately, estradiol and its nearby metabolite estrone were both found to be carcinogenic. Researchers found that the body treats these two hormones with extreme care, rapidly converting them to estriol. As far as anyone could tell, estriol didn't have any carcinogenic tendencies.

With all of this in mind, one doctor, Henry Lemon, M.D. (a women's cancer specialist), came up with an equation that, like the 2/16 ratio, can estimate a woman's risk of breast cancer. He called this idea the estrogen quotient, or EQ, and formally it's the amount of estriol divided by the sum of the amounts of estrone and estradiol. In mathematical terms, it looks something like this:  $EQ = E3 / (E1 + E2)$ .

If a woman's EQ is low, her risk of breast cancer is higher. Basically, the higher the EQ, the better.

Sounds too easy to be true, but time after time the EQ proved itself. Take a look at some of Dr. Lemon's EQ research:

In 34 women with no signs of breast cancer, Dr. Lemon found the EQ to be a median of 1.3 before menopause and 1.2 afterward. The picture was quite different in 26 women with breast cancer. Their median EQ was 0.5 before menopause and 0.8 afterward.

In another study, Dr. Lemon found that women with higher EQs survived significantly longer after cancer surgery than women with lower EQs.

So, knowing that women need more estriol to boost their EQs, Dr. Lemon also tried using estriol treatments for breast cancer. He asked a small group of women with untreatable breast cancer (because it had metastasized to bones) to take large dose of estriol. By the end of the study, an astounding 40 percent of these women had their cancers go into remission.

### Less estriol, more cancer

Of course Dr. Lemon's EQ and estriol findings met with their share of criticism, and some researchers did publish claims disputing Dr. Lemon's results. But there was also plenty of additional evidence supporting him. For example:

- In one study of 150 close relatives (sisters and daughters) of breast cancer patients, researchers found that the majority had lower levels of estriol and higher levels of estrone and estradiol than women without a family history of the disease.
- American women (who have higher levels of breast cancer) have lower levels of estriol than Asian women (who have lower levels of breast cancer). Asian women living in Hawaii had levels of estriol midway between American women and Asian women living in Asia...and their levels of breast cancer were also midway between American and Asian women.
- Estriol enhances the ability of white blood cells to consume viruses, bacteria, and cancer cells.
- Women who have had children have significantly lower risk of breast cancer than women who have never had a child. During pregnancy, estriol levels climb enormously—by 1,000

times or more. Even after childbirth, estriol levels usually remain higher than they were before pregnancy.

This last bit of “pro-estriol” evidence concerning pregnancies leads me to some recent estriol research, which is once again reviving the “more estriol, less cancer” hypothesis. But before we get to that, a word or two about “estrogen” replacement therapy in Europe and Japan.

### Safe, effective menopause symptom relief

At a convention last fall, I listened to a European professor report her estrogen research findings. When I asked her about her thoughts on conventional hormone replacement therapy (the kind that caused so much trouble last year, which uses horse estrogen called Premarin), she laughed, and said that no one in Europe would even think of prescribing it. She noted the safety of estriol, and pointed out that although “estrogen” prescriptions are used much less frequently in Europe than North America, when estrogen is prescribed, it’s almost always estriol. “We’re not horses!” she said.

I couldn’t agree more.

The situation is the same in Japan. Estrogen research reported from there mostly involves the use of estriol, not estrone or estradiol, and especially no Premarin or its equivalent. In one recent Japanese study, 53 postmenopausal women took 2 milligrams of estriol daily for 12 months.<sup>1</sup> Not only did 85 percent of the women find relief from their menopause symptoms, but at the end of the study, researchers performed ultrasound breast examinations on all of the women—the results for all 53 women were completely normal. The researchers concluded that estriol is a safe way to combat those nagging problems (hot flashes, etc.)

that menopause usually brings.

[Note: 2 milligrams of estriol is the amount I prescribed and pharmacist Ed Thorpe compounded into the world’s very first “Triple Estrogen” prescription in the 1980s. To date, 2 milligrams of estriol is the most commonly prescribed amount. However, I *never* recommend taking it every day, but instead copy Nature’s pattern with a monthly “pause.”]

Another important study, this one performed in Israel, investigated how estriol might work to prevent cancer. The researchers found that estriol interferes with the pro-carcinogenic effects of estradiol by covering as many of the body’s estrogen receptors as possible, so that not as much estradiol can be “absorbed.”<sup>2</sup>

This brings us back to the new research concerning estriol and breast cancer that I mentioned earlier.

### A one-time boost can protect you for up to 40 years

In this one, 15,000 women were studied during a pregnancy occurring between 1959 and 1967.<sup>3</sup> Invasive breast cancer cases or deaths from breast cancer were tabulated through 1997. What makes this study so remarkable is the fact that it looked ahead so far into the future of such a large group of women. Prospective studies like this are considered much more reliable than retrospective studies (ones that look back on information after it has occurred). And the results of this particular prospective study make it even more impressive:

The researchers found a clear protective effect based on the amount of estriol the women produced during their pregnancies: More estriol, less cancer later in life! Women in the uppermost 25 percent of estriol production during pregnancy had 58 percent less breast cancer over the next 30-40

years than women with the lowest 25 percent of estriol.

The authors concluded (cautiously, of course—they’d be laughed out of their lab coats by mainstream medical “experts” if they didn’t downplay findings that nature might know best after all): “If confirmed, these results could lead to breast cancer prevention or treatment regimens that seek to block estradiol estrogen action using estriol, similar to treatments based on the synthetic anti-estrogen, tamoxifen.”

After a decade or two of neglect, the EQ and the “estriol hypothesis” of estrogen-related cancer prediction and prevention (and maybe even treatment, like Dr. Lemon’s unpublished research) are back! And some researchers are even starting to admit that maybe, just maybe, estriol in its natural form might work as well (even better than) synthetic drugs like tamoxifen.

And as if this news weren’t exciting enough on its own, there’s another brand new use for estriol and the EQ, which might give some much-needed hope and relief to people suffering from autoimmune diseases, especially multiple sclerosis.

### 82 percent fewer MS lesions in just three months

Autoimmune disease is well known to be “sexist,” and strikes many more women than men. It’s also well known that autoimmune diseases like rheumatoid arthritis and multiple sclerosis (MS) often go into remission during pregnancy, only to return in force after childbirth. Many “experts” attribute this effect to the estrogen-offsetting effects of progesterone, which also increases dramatically during pregnancy.

But recently, one innovative group of UCLA researchers decided to see if those effects might

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## estrogen

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be due to estriol instead. Using a “pregnancy dose” (8 milligrams), they investigated the effects of estriol on 12 non-pregnant women with either relapsing-remitting (RR) or slowly progressive (SP) multiple sclerosis.<sup>4</sup>

The volunteers underwent four observation periods: First, six months of initial observation with no treatment, then six months of estriol, followed by another six months without estriol, then a final four months of estriol for the RR group only.

After the first three months of estriol treatment, brain scans showed the number of MS lesions in the RR group decreased by 82 percent, and the volume of those

lesions decreased by 79 percent (both compared with pre-treatment scans). The decrease persisted for the rest of the first treatment period. When the women stopped taking the estriol over the next six months, the number of lesions gradually increased again—all the way back up to pre-treatment levels.

During the next four months of renewed estriol treatment, MS lesion volumes again decreased by 88 percent and lesion numbers also decreased—this time by “only” 48 percent (which is still a significant improvement).

Unfortunately, there were only small improvements in the SP (slowly progressive) group. Despite this, the changes in the RR group were so dramatic that the researchers want to pursue

studying estriol for other autoimmune diseases as well.

If you’re suffering from an autoimmune disease, you don’t have to wait for all the academic research answers to come in. Estriol therapy is very safe, and, if nothing else has worked for you, it’s an option you and your physician should consider exploring now.

There’s much more to say on estriol and the EQ but, unfortunately, I’m out of space for this month. So in next month’s *Nutrition & Healing*, I’ll discuss how to test your EQ—either on your own or with your doctor’s help—and what to do if yours is unfavorable. JVV

Citations available upon request and on the *Nutrition & Healing* website: [www.wrightnewsletter.com](http://www.wrightnewsletter.com)

## The amazing medical privacy disappearing act: now appearing in neighborhoods everywhere

Sue Blevins (president of the Institute for Health Freedom) asked recently: “What would you call a federal regulation that gives more than 600,000 doctors, insurers, and data-processing companies permission to share your medical records without your consent? The U.S. Department of Health and Human Services (HHS) calls it a medical privacy rule.”

Back in October 2002, I told you that the government was working toward instituting certain rules about who has access to your personal medical information. This legislation was set to go into effect in April—and, right on cue, it did.

Ever since, the media have been faithfully publishing lots of propaganda about these “Federal Medical Privacy Rules,” telling us all how much safer and more secure our medical records are. Hospitals can’t say who their patients are without their consent, pharmacists must fill out special forms, your doctor isn’t allowed to leave you a voice mail with any information relevant to your health...all designed to give the appearance of increased medical privacy. But there’s a hole in these “privacy” rules large enough to drive a Boeing 747 through!

Here are some of the details the media isn’t telling you:

- The following individuals and groups can access your medical records without your consent, and without even notifying you: doctors, health insurers, health care data processing companies, and (whom else?) *los Federales*.
- You are no longer allowed to withhold any of your personally identifiable health care information, including psychotherapy notes and genetic (DNA) information, from the U.S. Department of Health and Human Services. The privacy rule mandates that every health care practitioner “share” all of your records without your consent.
- Your records can be shared without your consent or knowledge for the following “reasons”: Health care treatment, health care payment, health care system operations, “oversight” of the health care system, public health surveillance, foreign officials “collaborating” with US public health officials, research, law enforcement purposes, judicial and administrative proceedings, licensure and disciplinary proceedings, FDA monitoring (including vitamins, minerals, herbs). (Look at that last point again: Without your consent, the FDA can examine your medical records to “monitor” your use of vitamins, minerals, and herbs!)

- Under the final “privacy” rules, in just a few years, your personally identifiable health information will flow over the Internet—without your permission—for “purposes related to treatment, payment, and health care operations.” And you won’t even be told it’s happening! Once your medical records are disclosed to a third party, the final rule no longer protects that information.
- The new rule eliminates all “privacy” rights retroactively and permits the disclosure of your health information “whether received before or after the compliance date” of this rule.

But don’t give up! You can complain to your doctor, hospital, or insurer about privacy breaches. You can complain to the Secretary of the U.S. Department of Health and Human Services. You can complain loud and long! (However,

just keep in mind that the HHS Secretary may investigate the complaint, or may not. You have no say. The final rule reads that the Secretary “may,” not “shall,” investigate complaints.)

The Citizens’ Council on Health Care (CCHC—a non-profit organization that promotes the right of each individual to control his health care decisions) has prepared a form titled “Declaration of Medical Privacy Intent.” You can print out this form from their web site ([www.cchconline.org](http://www.cchconline.org)), fill in the appropriate information, and then instruct your doctor, psychologist, pharmacist, and insurance companies to include the form with your permanent records. Unfortunately, this form can’t guarantee your privacy, but it is a good way to make your position known to every person who opens your file. Also, according to the Association of American Physicians and Surgeons

(AAPS), physicians who do not maintain records in electronic form are legally exempt from these phony “medical privacy” regulations. You’re more likely to find a physician who can legally keep your records truly private (except when presented a court-ordered subpoena) among the members of the organizations listed under “Resources” on page 8. Members of these groups are oriented towards a natural-medicine approach; for true medical privacy with a (more likely) mainstream approach, contact AAPS (800-635-1196, [www.aapsonline.org](http://www.aapsonline.org)).

And just in case you’re wondering: at the Tahoma Clinic, your medical records are always truly private, and will never be released without your consent, unless they’re subpoenaed following due process of law. Even then, you’ll be informed. JVV

## CLINICAL TIP 113

### The first step in heart disease prevention: Check your testosterone levels

Estriol isn’t the only hormone back in the limelight these days. Very recently, yet another research report underlined the importance of testosterone and cardiovascular disease in men.

In 1999, Lane Lenard, Ph.D., and I published the book *Maximize Your Vitality and Potency*, which included information on how bio-identical testosterone replacement (in men with low levels) helps normalize blood clotting, reduce total cholesterol and triglycerides, raise HDL (“good”) cholesterol, reduce abnormal blood sugar, and improve abnormal electrocardiograms.

Now, in this new study, Professor T. Hugh Jones of the University of Sheffield (UK) reports that “about half” of men with significant coronary heart disease have low levels of testosterone. Obese men and men with high blood pressure were more likely to have low testosterone, as were older men.

But why wait until you have “significant” atherosclerosis or coronary heart disease to have your testosterone checked? If you’re a man with any

signs of atherosclerosis and/or heart disease, or have these problems in your family, or just want to prevent them, make sure to have your testosterone and free testosterone levels checked. If you’re told they’re “in the normal range,” make sure to ask if your numbers are above or below the median of that range. The further below median, the better idea it is to take steps to raise your testosterone levels at least to that median range.

You’ll need to work with a physician-member of one of the organizations listed in the “Resources” section on page 8 for prescriptions of and help with bio-identical testosterone. But before you do that, remember that there are some over-the-counter supplements that can help your body improve circulating testosterone levels. You might want to try using some of these first. Some of the things I recommend trying include zinc (as picolinate)—30 to 60 milligrams daily, vitamin A (not beta-carotene)—40,000 IU daily, boron—3 milligrams twice daily, and Tribulus terrestris—500-650 milligrams, three times daily.

# SARS: Breathe easy with these five herbal solutions

by Kerry Bone

SARS (severe acute respiratory syndrome) seems like it came out of nowhere, doesn't it? It certainly caught us all off guard, and I think most people feel unprepared to fight it. The good news is that nature is prepared, and some of its best weapons against viruses of all sorts (even mysterious, powerful ones like SARS) are two herbs you probably already know about: Echinacea and St. John's wort. But before I explain how these and a few other herbs can help protect you from deadly viruses, let's take a minute to review what researchers do know about SARS so far.

SARS appears to have arisen in Asia, but cases have also been reported in North America (especially Canada) and Europe, with suspected cases in many other regions of the world. No doubt by the time that you read this article it will have spread even further.

The illness usually begins with fever (and the typical symptoms of headache, malaise and chills). After a few days a dry cough develops. As the disease progresses, the lungs can't function normally and respiratory distress sets in (which explains how SARS got its name).<sup>1,2</sup>

After examining a number of SARS patients, scientists have detected a new virus that might be responsible for the disease. It is a member of the family known as coronaviruses (because they have a halo or crown-like—corona—appearance under the microscope).<sup>3</sup> Coronaviruses are a class of enveloped viruses (which means the virus has an outer coating or envelope) that typically cause the common cold. Just like the common cold, SARS appears to be spread by human contact—mostly

through the droplets sprayed into the air after an infected person coughs or sneezes. This is why the public health authorities are urging people to wear surgical face masks: These masks can prevent those infected droplets from getting into your own nose or mouth. Unfortunately, although face masks can give you some added protection, they don't seem to be the whole answer, since it also seems that contact with infected surfaces may play a role in spreading the disease.

## The infection-fighting trio you should have on hand

Treatment for SARS is just as uncertain. Physicians have tried giving patients antibiotics, antiviral drugs, and antibodies, but as of right now, none of these things have made much of an impact. Public health authorities certainly haven't exhausted all the available resources—they just seem determined to ignore the ones that don't fall under the umbrella of "conventional" medicine. But I believe SARS is one challenge that's very well suited to the use of herbs—for both prevention and treatment.

First, let me go back to the time of the Eclectic Physicians. These were a group of widely respected herbal doctors who practiced in the U.S. about 100 years ago. Antibiotics didn't exist at the time, so these doctors used a simple herb—Echinacea—to fight all kinds of life-threatening infections (viral or bacteria). It might come as a surprise to many prescription-wielding doctors today, but the Echinacea worked. Textbooks from this period describe numerous successful cases of using Echinacea to treat a wide variety of

serious infections.<sup>4</sup>

Although they may not have known then exactly how it worked, by now it's accepted that Echinacea most likely works by boosting the immune system, so it seems a logical choice for fighting off infections. But there are a couple of important (and often overlooked) distinctions regarding the Eclectic Physicians' Echinacea protocol: They prescribed very high doses of the herb, and they only used the root of the Echinacea plant. Although published research on this approach is mixed, I've been using it to fight serious infections in my own practice for years and have found that high doses of good quality Echinacea root preparations can be extraordinarily effective—especially when it's combined with another immune-boosting herb called Andrographis.<sup>5,6</sup>

The herb St. John's wort may also have a role to play in combating SARS. This herb contains a phytochemical called hypericin, which is active against many enveloped viruses, and, as I mentioned above, these types of viruses have been implicated in SARS.

## Sip a cuppa' SARS relief

With Echinacea, Andrographis, and St. John's wort providing overall protection against serious infections like SARS, let's move on to some items that can target the specific symptoms. One of SARS's major characteristics is a relatively high fever. Fever is the body's attempt to maximize its immune response against an invading virus. But using drugs to bring down a fever can actually impair the body's response to infection.<sup>7,8,9</sup> Herbalists have understood the important

role of fever for centuries and have developed ways to manage a fever so that the patient still achieves an optimum immune response. Fever-regulating herbs are called diaphoretics and include yarrow, peppermint, chamomile, elder flowers, and lime flowers. You can add these herbs to boiling water and steep them for several minutes to make a tea (or add liquid extracts to the water for “instant”) and drink it every few hours until the fever breaks.

There are also lots of herbs that can help support lung function and soothe SARS’s trademark cough. These include marshmallow root (steeped in glycerin and water, sipped as often as required), pleurisy root, white horehound,

licorice, and thyme.

### Act quickly and avert disaster

SARS comes on quickly and doesn’t leave much time for hesitation, so if you suspect that you have this disease, you should begin treatment immediately. To achieve maximum effect in the minimum amount of time, doses need to be high—around 6 to 8 grams of *Andrographis* a day, along with 10 to 15 grams of *Echinacea* root (in either tablet or liquid form), and 1,200 to 1,800 milligrams—usually four to six tablets—of St. John’s wort (containing 0.3 percent hypericin extract). In a high-risk situation, I would recommend taking at least half of these levels of *Echinacea*, *Andrographis* and St.

John’s wort as a preventive measure.

SARS is a serious, life-threatening illness, and while I feel confident that herbs could have an important role to play in decreasing the incidence and severity, anyone who feels that they have been exposed to this disease should, of course, seek immediate professional medical care.

To find a physician near you who may be more willing to discuss natural options for treatment and prevention of this disease—and who can help you obtain the specific herbs discussed above—contact the American Academy of Environmental Medicine (see the “Resources” section on page 8 for details). **KB**

Citations available upon request and on the Nutrition & Healing website: [www.wrightnewsletter.com](http://www.wrightnewsletter.com)

## Natural Response

### Increasing dosage—the safe way

*Q: I am 79 years old and have been a diabetic for over 25 years. I am taking Insulife three times a day. I also exercise a lot. My doctor decided to test my blood for insulin. It came back <2 (none). He tested it again and got the same result... My glucose fell from 149 to 119.*

*Question: Can I take more than one Insulife per meal?*

—D. G., Louisville, KY

**JVW:** I assume from your letter that your fasting glucose fell from 149 to 119 after you started Insulife. If that’s so, that’s a good response, especially since your test showed little if any insulin.

But let me back up and explain a bit about Insulife for new readers: Insulife is a blood sugar control formulation based on the discovery by a USDA research team led by Richard Anderson, M.D., who discovered that methylhydroxy-

chalcone polymer (MHCP, a flavonol found in cinnamon) mimics the actions of insulin in regulating glucose metabolism. Insulife contains approximately the amount of MHCP found in one teaspoonful of whole cinnamon, as well as chromium, *Gallega officianalis*, and other nutrients. My clinical observation is that Insulife usually helps improve blood sugar control. For further information, see the April 2002 issue of *Nutrition & Healing*.

Now back to your question: It’s almost always OK to take two Insulife per meal. It’s wisest to increase slowly, though, and keep an eye on your blood sugar. Right now you’re taking a total of three Insulife capsules daily, so increase your dosage to four capsules a day, then stay at that amount for three to seven days. If your blood sugar is stable at that point, go ahead and increase your dosage again, to five Insulife capsules a day. Once again, give it three to seven days before adding

that last capsule to your daily dosage amount. At the end of this process, you should be taking two Insulife capsules three times a day.

Even though Insulife is very safe, it’s still important to make sure to keep your doctor informed and to have your blood sugar monitored regularly.

### A bladder infection remedy so safe even a baby can use it

*Dear Dr. Trehart:*

*I am writing to thank you for saving my son a lifetime of health problems. My son Noah was diagnosed with Grade 4 vesicoureteral reflux (“VUR”) at the age of 2 months... On release from the hospital and following his diagnosis of VUR, he was placed on prophylactic antibiotics...*

*My husband and I agreed to this course of treatment and continued it for a course of fifteen months in which time*

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## Natural Response

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we noticed our son was puffy and swollen, prone to colds and flu and stomach upset. During [his antibiotic treatment], Noah also had eight "breakthrough" infections and had gone through three different types of antibiotics.

In the fall of 2000 my mother... came to see you. By this time my husband and I were desperately trying to find an alternative to the antibiotic therapy. My mother mentioned Noah's problem to you and you recommended that we try D-mannose. In January 2001 we started Noah on the D-mannose and stopped giving him the daily antibiotics.

Since we started him on the D-mannose he has had NO urinary tract infections and his overall health has improved 100 percent. We noticed within a week of starting the D-mannose that his puffiness and swelling disappeared, as did his stomach upset. He is no longer prone to colds and flu (at least no more than any other healthy three-year-old) and you would never know that he has had any health problems.

I want to sincerely thank you for taking the time to listen to my mother tell you about Noah and for making the recommendation to try D-mannose. We are very grateful to have found a healthy and successful alternative to the antibiotics. Thank you very much.

—C.F., Alberta, Canada

JVW: Dr. Tris Trehart of Alberta, Canada kindly gave permission to share this letter concerning D-mannose

treatment for bladder infections. I've written about this therapy in the pages of *Nutrition & Healing* a number of times over the years (most recently in the December 2001 issue), and it was first introduced at the Tahoma Clinic in the 1980s.

It's always nice to get positive feedback from patients who have found relief using natural therapies. And it's even better to know that D-mannose is so safe and so effective it can even be used successfully by infants!

### Low stomach acid and food allergies: The new "which came first" argument

*Q: I'm 32 and have had heartburn since I was a teenager. I controlled it with TUMS. A year ago I finally went to a GI doctor and he immediately prescribed Prevacid. It worked great. I could eat anything, even my favorite pepperoni pizza. After a year on the drug I decided to quit cold turkey. I didn't want to have to take this drug the rest of my life, especially after hearing some of the possible long term side effects (stomach tumors). I had horrendous heartburn non stop for 2 weeks. ...I got to thinking that something else might be going on. I*

*called my sister who worked at an allergy clinic. She had me come in to speak with the doctor. He ordered food allergy tests. Sure enough...dairy, tomatoes, corn, peanuts. At about the same time I found your book (Why Stomach Acid Is Good For You). This book explains why it is very probable that I got these food allergies from STOMACH ACID SUPPRESSION.*

—J. L., Centennial, CO

JVW: You're right, low or suppressed stomach acid can lead to food allergies. But (ironically), food allergies (particularly milk and dairy) are one of the many causes of low stomach acid. For some people, it's a vicious cycle of "allergy → low stomach acid → more allergy → lower stomach acid" and so on.

I'm glad you're starting to work on your own health more, and getting away from patent medications and doctors who habitually prescribe them!

For other readers who might be battling GERD and want to determine if allergies are contributing to the problem, contact the American Academy for Environmental Medicine for a list of doctors who can help you with thorough testing.

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[www.acam.org](http://www.acam.org)

American Academy of Environmental  
Medicine  
Phone: (316)684-5500  
[www.aacem.com](http://www.aacem.com)

International College of  
Integrative Medicine  
Phone: (866)464-5226  
[www.icimed.com](http://www.icimed.com)

Meridian Valley Laboratory  
Phone: (253)859-8700  
[www.meridianvalleylab.com](http://www.meridianvalleylab.com)

Tahoma Clinic and Dispensary  
Phone: (425)264-0059—for appointments  
and orders  
[www.tahoma-clinic.com](http://www.tahoma-clinic.com)

Health Sciences Institute  
FREE e-Alert Service  
e-mail: [nonhsi\\_sub@agoramail.net](mailto:nonhsi_sub@agoramail.net)  
[www.HSIBaltimore.com](http://www.HSIBaltimore.com)

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