

# NUTRITION & HEALING

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The *right* amount of vitamin C can fight disease and add YEARS (yes, years!) to your life.

Are YOU getting enough?

By Jonathan V. Wright, M.D.

A few years ago, a research group reported that taking 1 gram of vitamin C daily increases life expectancy for men by as much as six years and for women by as much as one year. (Sorry, ladies, but your life expectancy is longer anyway!)

This information may sound incredible—even impossible! But very recently, the prestigious medical journal *Lancet* published the results of a study that supports those same findings and adds another dimension.

The researchers decided to check for themselves after noting previous studies claiming that vitamin C “might be protective against several chronic diseases” (including cardiovascular disease and cancer), and what *they* found was that blood levels of vitamin C were “inversely correlated with mortality from *all* causes.” In English: The lowest blood levels of vitamin C were associated with the highest risk of death from any illness. Similarly, the highest blood levels of vitamin C were associated with the lowest risk of death from any illness of any sort.

In this case, almost 20,000 men and women between the ages of 45 and 79 were followed for four

years. In addition to bringing about a decrease in mortality from any and all causes, higher blood levels of vitamin C were associated with lower risks of heart disease and blood-vessel disease in both men and women and a lower risk of cancer for men (though not for women). The researchers also noted that blood levels of vitamin

*Vitamin C is essential to human health because of a metabolic defect that actually reflects a mutation in human DNA.*

C were an “independent” risk factor; in other words, they were *not* associated with age, blood pressure, blood cholesterol, cigarette smoking, or diabetes.

**Supplementing through diet alone could reduce the risk of mortality by 20 percent**

This study also took a look at the sources of vitamin C, as well as the necessary quantities of vegetables and fruits required to elevate vitamin C blood levels through diet alone. Researchers noted that “small increases in fruit

and vegetable intake, of about one serving daily, offer encouraging prospects for the prevention of disease.” They went on to calculate that a 50-gram increase (a little less than 2 ounces) in vegetable and fruit consumption was associated with a 20 percent reduction of risk in mortality from all causes!

**But what about the other 80 percent?**

Many researchers consider vitamin C just another “ordinary” vitamin, in the same general category as vitamin A, the B-complex vitamins, vitamins D, E, and K, and so on. I say it’s very different. Vitamin C, unlike the rest, is a substance that’s essential to human health because of a *human metabolic defect* that actually reflects a *mutation in human DNA*. This isn’t just my viewpoint; it’s a well-researched fact, known for decades and printed clearly in “mainstream” textbooks of human genetics, pediatrics, and internal medicine. As these textbooks all tell us, the human requirement for vitamin C is *not* strictly a matter of nutrition or how much vegetables and fruit we can eat. It’s a basic genetic defect that all humans share, a

(continued on page 2)



Dr. Jonathan V. Wright's

## NUTRITION & HEALING

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### Our mission:

*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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### biochemical inability to manufacture vitamin C internally.

By contrast, vitamin C *is* synthesized internally by nearly all other species of animals (excluding chimpanzees, monkeys, and other primates; guinea pigs; an obscure bat found only in India; and humans). Cats, dogs, elephants, birds, horses, cows, and *all* other species need no vitamin C in their diets at all! These animals synthesize vitamin C from glucose (blood sugar) by an identical-to-all-species series of four enzymes. (Remember that enzyme production is genetically controlled, which is why "missing-enzyme" diseases like scurvy are all "genetic diseases.") When under stress, nearly all other species immediately start to internally synthesize much larger quantities of vitamin C. They do *not* rely on just their intake of vegetables and fruit (or in the case of some species, raw, uncooked meat, which is another source of vitamin C).

### **Humans are genetically prevented from producing these important anti-stress and detoxifying molecules present in all of nature**

When animals ingest carcinogens, their bodies immediately start to synthesize 10, 20, even 50 times as much vitamin C to help detoxify and get rid of the carcinogen. Human bodies "try" to make more vitamin C but can't. When animals are injured, for example, their bodies synthesize much more vitamin C to aid in tissue repair. (Vitamin C is key to the synthesis of collagen in connective tissue.) Human bodies "try" but can't. And, when animals are given drugs of any kind (including alcohol, nicotine, and caffeine), their bodies synthesize much more vitamin C until the drugs are detoxified. Human bodies "try" but can't. I could go on and on with examples.

Human liver cells contain the first three of the four enzymes in the "vitamin C synthesizing series," but the fourth enzyme is totally missing! When humans are stressed, the activity of those first three enzymes is greatly increased, but *no* vitamin C is produced.

### **Humans need more than fruits and vegetables to receive maximum health benefits**

It's obvious to those who take this approach that we'd all be considerably healthier, and live longer, if we didn't have this genetic problem...*or* if we'd take more vitamin C than what can be found in vegetables and fruits. Unfortunately, "mainstream" medicine is actively in favor of treating all other genetic diseases to the maximum extent possible but is (for mostly political reasons) silent on the subject of full correction of this one.

Fortunately, we can (and should) take care of it on our own. And it's easy: Just eat lots of fruits and vegetables *and* take an optimal quantity of supplemental vitamin C! What little is present in our food is enough to prevent death from scurvy (a total lack of vitamin C), and, as the studies noted above show, if we eat more vegetables and fruit, we can add enough vitamin C to increase longevity and decrease our risk of mortality from

all causes, but the “fruit and vegetable” amount is not nearly enough to produce *maximum* health benefits. We need to supplement ENOUGH vitamin C to mimic *internal vitamin C synthesis* (thus correcting for our genetic defect) for *optimal* health and longevity.

### How much vitamin C is necessary? It's time to reevaluate your supplement plan!

To start, let's determine a base-line amount to take when you're *not* stressed, ill, or injured, and *not* in the process of detoxifying nicotine, alcohol, caffeine, or other drugs or carcinogens. A few scientists who've seriously studied this question point out that, on an equivalent-weight basis with animals that synthesize their own vitamin C, healthy adult humans (if not for our genetic defect) would produce (internally) from 2 to 4 grams (2,000 to 4,000 milligrams) of vitamin C daily. Other scientists have observed that adult gorillas (another non-vitamin C synthesizing species) living in an area identical to the “original” human environment consume approximately 3 to 4 grams of vitamin C daily (calculated on a “human-weight basis”).

These comparisons give us general guidelines about appropriate baseline quantities, but, since we're all individuals, I recommend an individualized approach, using feedback from your own body. Popularized as the “body-tolerance” approach, it's quite simple. Slowly increase your supplemental vitamin C each day until you start getting excess gas or loose bowels. At that point, your body isn't absorbing or able to use that quantity; so then back off to the largest amount that doesn't produce loose bowels or excess gas. Most adults I work with find their tolerance point (when they're not ill or stressed) to be 3 to 6 grams daily. When illness occurs, however, that point frequently increases to at least 20 to 30 grams daily. Occasionally, people who've had severe viral illness have told me they've taken up to 100 grams daily for a day or two without any bowel problems at all. (Since vitamin C is water-soluble and rapidly used by our bodies, it's logical to spread it out over at least two or three intervals daily when healthy and as often as hourly when ill.)

**Caution:** Individuals who have formed calcium-oxalate kidney stones or who come from families who've had them should limit supplemental vitamin C to 1 gram daily unless they're working with a health-care professional knowledgeable in nutritional therapy. There's a remote possibility that more vitamin C will increase the production of oxalate in those individuals. Fortunately, however, it's easy to test for this possibility, and the risk is very small. ●

## Department of “Duh”

### Ear tubes are STILL useless!

Yet another study has found that the placement of ear tubes (or not) in children's ears doesn't make any difference in the health of children with recurrent ear infections and fluid behind the eardrums. While earlier studies demonstrated that ear tubes don't prevent infections, this recent study focused on “lingering fluid” and its possible effects on speech/language.

In the recent study, reported on in the *New England Journal of Medicine*, researchers compared children who got ear tubes after having three months of “lingering fluid” behind the eardrums with other children who waited up to nine months before tube insertion. The children were tested and compared for speech, language, learning, and behavior at the age of 3.

Guess what—the lead investigator found that “there wasn't any difference.” In other words, the ear tubes didn't combat ear infections or fluid and therefore didn't improve language, speech, learning, or behavior! He then went on to discuss advantages and disadvantages of performing the procedure, even though it doesn't make any difference. Duh!

Every natural-medicine doctor (M.D., D.O., N.D., D.C., etc.) knows that ear tubes make “no difference,” because recurrent infections and lingering fluid are *not* due to infants, being born without tubes in their eardrums. Any natural-medicine doctor has seen almost 100 percent of recurrent ear infections cease, and the worst cases of lingering fluid dry up, simply with a change in diet and an individualized supplementation plan.

The details of such programs are discussed in the November 1994 issue of *Nutrition & Healing*. But here's a quick recap: Both recurrent infections and lingering fluid are caused by a combination of food allergies, refined sugars, and refined carbohydrates. And supplementation with zinc and with vitamins A and C is usually very helpful.

As usual, if we discover and eliminate the cause(s) of ear infections, we can eliminate the symptoms. Lingering ear fluid is *not* caused by ear-tube deficiency. Duh!

What the researchers should be trying to find out is why, despite these facts, approximately 700,000 children each year have ear tubes inserted, at an estimated cost of \$2,000 apiece (\$14 billion a year)?

## Herbs offer a front-line treatment for the ever-mysterious PMS plague

Despite the fact that premenstrual syndrome is one of the most common problems experienced by women of childbearing age, we still have little idea of what causes it or how we can “fix” it. In fact, there are some “experts” (usually male) who argue that it doesn’t really exist—obviously very brave people.

In the past, sufferers usually focused on symptom control and over-the-counter treatments to get through the roughest times, i.e., diuretics to help with bloating, aspirin for muscle aches, exercise for mood, etc.

But recently a new strain of super-power PMS has been “uncovered.” It’s called PMDD (premenstrual dysphoric disorder), and the symptoms are so strong that the traditional band-aids don’t help. PMDD is basically the same as regular PMS, but the symptoms—breast tenderness, headaches, joint and muscle aches, bloating and weight gain, difficulty concentrating, and mood swings—are so intense that they markedly interfere with normal functioning in day-to-day life.

Surprise! Hand in hand with this “new” disease is a “new” treatment that popped up in TV advertisements. It’s called Sarafem,<sup>™</sup> and its active ingredient is *fluoxetine hydrochloride*. This product is prescription-only, and the capsules are more attractive (pink and lavender)—but guess what...its *original* market name is the well-known SSRI (selective serotonin reuptake inhibitor)—Prozac!

I’m not saying that taking antidepressants for severe mood disorders is always wrong, but for women, especially the *many young women* who suffer each month, you’d think there would be a better,

less-risky treatment.

Good news! Aside from the prescription antidepressants that can have negative side effects, the only mildly effective over-the-counter PMS concoctions, and just plain suffering, HERBS can also help. Here’s what we know.

### Chaste tree (*Vitex agnus castus*) plays a role in PMS relief

Until recently, the way chaste tree, or Vitex, acts in the body was poorly understood. There were theories about its acting on the pituitary gland to regulate a progesterone deficiency, but they were based on studies from the early 1960s. In the past two years, research has shed new light on the way Vitex might confer a beneficial effect in PMS and other hormone-related disturbances. (Note: Recent experiments have examined the relationship between PMS and hormones,<sup>4,5,6</sup> and results have implied that PMS is triggered by hormone-related events.)

Research has shown that Vitex extract and some of its phytochemicals are dopaminergic (have the same effect as dopamine). The extract induces the neurochemical dopamine to stop the release of prolactin from the back of the pituitary gland. Hyperprolactinemia (too much prolactin) and the more subtle condition of latent hyperprolactinemia (a temporary state of too much prolactin) are among the most frequent causes of cyclical disorders (related to a woman’s menstrual cycle), including corpus luteal insufficiency (which can lead to PMS and progesterone deficiency), amenorrhea, and pre-menstrual breast pain (mastalgia). Although there are other suggested causes of

PMS (and, indeed, the action of Vitex may be more than just dopaminergic), the reputation of Vitex for the treatment of PMS may be based solely on its dopaminergic activity.

The dopaminergic compounds in Vitex have been identified as diterpenes, including rotundifuran.<sup>1,2</sup> A chaste-tree extract that was characterized by these important compounds was tested for the treatment of PMS in a double-blind, placebo-controlled trial. This was the first well-designed placebo-controlled trial of Vitex as a treatment for PMS ever conducted, and the results, published recently in the *British Medical Journal*, demonstrated a clear benefit of Vitex over placebo.<sup>3</sup>

### Black cohosh or *Cimicifuga racemosa*

Black cohosh is a well-known herb used for menopausal problems and has also been widely used in Germany to treat PMS. Recent research has found that it, like Vitex, also has dopaminergic properties.<sup>10</sup>

### Herbs that soothe the nervous system can be of great value for PMS sufferers

Don’t forget that common symptoms of PMS include anxiety, depression, and irritability. Thus, agents used for the nervous system can be of great value. Evident by the “new” Prozac for PMS product, this has not been lost on scientists investigating uses for conventional drugs. Women’s-health specialists recently carried out an analysis of such research. They analyzed 15 major clinical trials involving a total of almost 1,000 women. The most common drugs used were new-generation SSRIs like Prozac.<sup>11</sup>

Citations available upon request.

The findings showed antidepressants to be significantly useful in fighting PMS. Statistically, there was an average 31 percent decrease in PMS symptoms after use of an SSRI. As with all drugs, however, the risk of side effects increased. (Antidepressants are notorious for their negative side effects, including nausea, sexual problems, nightmares, anorexia, and severe mental-status changes.)

### St. John's wort

Luckily, we *know* that there are excellent herbal alternatives to prescription antidepressants, with reams of studies to back them up. (See the October 2000 issue of *Nutrition & Healing*.) St. John's wort is the best example.

Results of a pilot study demonstrate the benefit of St. John's wort specifically in cases of PMS.<sup>12</sup> There was no placebo control, so these results must be regarded as preliminary. But the degree of improvement in overall PMS scores was 51 percent, with over two-thirds of the participants experiencing at least a 50 percent reduction in symptom severity. Furthermore, the low incidence of side effects was described as "encouraging." Other herbs known to soothe the nervous system, such as **kava**, **skullcap**, and **valerian**, can also be helpful in many cases.

### Relieve fluid retention and breast pain

**Ginkgo biloba.** A French study found that standardized *Ginkgo biloba* extract was effective against fluid retention during bouts of premenstrual syndrome.<sup>13</sup> In a controlled multicenter double-blind study of 165 women age 18 to 45, there was a substantial placebo effect—which is typical for PMS clinical trials. However, the group receiving Ginkgo still demonstrated a significantly higher degree of improvement over the placebo group for several symptoms. As evaluated by the attending physician, the number of patients who did not experience breast tenderness increased from two to 20 in the Ginkgo group and from eight to 15 in the placebo group, while the number of patients complaining of severe breast tenderness fell from 44 to 15 in the Ginkgo group and from 31 to 14 in the placebo group. Although both groups showed improvement, only for the Ginkgo group did this improvement achieve statistical significance ( $p < 0.03$ ).

**Evening primrose.** Over 17 years (up to 1992) at the Cardiff Mastalgia Clinic, 324 patients with cyclical breast pain and 90 with noncyclical breast pain received a variety of drug treatments in

clinical trials. In patients that responded to therapy, danazol was found to be the most effective drug (approximately 70 percent)—with bromocriptine (another drug) and evening-primrose oil (EPO) having equivalent efficacy (approximately 45 percent). Patients taking evening-primrose oil reported fewer adverse side effects.<sup>14,15</sup>

### Herbal treatment can be individualized, effective, and free of side effects

My recommendation for those who suffer from PMS is to try herbs before resorting to prescriptions. First, incorporate chaste tree into your supplement program (around 500-1,000 mg per day, every day of the cycle). Chaste tree can be found at most health-food stores. This, in combination with **black cohosh** for hormonal support and **St. John's wort** or **kava** for nervous-system support (if you suffer from depression and anxiety during these times), is a strong front-line therapy for PMS that will generally deliver results. Keep in mind that the other herbs mentioned above can also help and can be tailored to your individual symptoms.

**Note:** Chaste tree and St. John's wort act slowly, and it may take a few cycles before full effects are experienced.

## Selenium: the means to put viral illness to sleep

We've been conditioned to think of the fight against microbial illnesses—viral, bacterial, and fungal—as warfare. Either we kill *them* or they kill *us*!

Fortunately, it's been recognized even in "mainstream medicine" for at least three decades that the more we kill bacteria with antibiotics or other chemicals, the more likely they are to come "roaring back," with new, drug-resistant strains of germs, as they literally learn to protect *themselves* against *us*. Unfortunately, for many reasons, including pharmaceutical companies' greed and the patent-drug system in general, most of the thinking and resources in this area

are still being directed toward "new and improved" ways of killing germs.

### There are better, safer, more natural ways to fight off germs

There certainly *have* been some alternatives uncovered in the past. One example is Royal Rife's "slightly out of phase" microorganism-specific frequencies, but they, unfortunately, were lost under the joint attack of "organized medicine" and regulatory "authorities."

Another is the use of the simple sugar "D-mannose" (see the June 1999 issue of *Nutrition & Healing*),

(continued on page 6)

**Selenium** (continued from page 5)

which is used to clear up 90 percent of urinary-tract infections simply by "moving the germs from the inside to the outside." In other words, clearing up the infections without killing the germs themselves.

A third way is demonstrated by lysine treatment for herpes. Lysine works by reducing the rate of reproduction of the "bad" microorganisms back to zero or near zero without killing the germs themselves. This is the way that lysine "shuts off" herpes "attacks": It slows and then stops their reproduction, which allows our immune systems to "get on top" of the situation.

In the June 1996 issue of *Nutrition & Healing*,

**Interview:**

**Q:** *Dr. Taylor, you've said it's very unlikely we'll ever eradicate any of the common viruses, and that we should, instead, learn "viral ecology," so we can "manage" the viruses and therefore suffer minimum impact. Could you explain what that means?*

**A:** Like any ecology, this means we should try to understand the interactions and interdependence between different organisms, in this case, viruses and their "hosts." Is there something in your biochemistry or environment that makes you susceptible to the virus, allowing it to make you sick? How can you adjust, or boost your immunity so that the virus doesn't bother you? It's a different attitude than "you have a virus, you have to kill that bug."

**Q:** *So "killing off" these viruses entirely might be impossible without damaging our own genetic material. That's why I found your publication concerning viral modification and control with the trace element selenium so exciting.*

**A:** First, I should say, that a lot of people have worked in this area before me. I can't take credit for all the work done, and my particular contribution is still rather controversial.

In Chinese studies, it's been shown that the virulence of and illness due to hepatitis B and coxsackie virus infection (a virus related to the common cold and to polio) is triggered by selenium deficiency...or that selenium supplementation significantly reduces the incidence of these diseases. Liver cancer, which is linked to the hepatitis B viral infection, has been shown to be reduced by selenium in Chinese studies. Keshan disease, a fatal cardiomyopathy, has turned out to be triggered by the coxsackie virus in combination with a selenium deficiency. There is also a lot of evidence that selenium deficiency correlates with the progress of HIV disease,

Ethan Will Taylor, Ph.D., an associate professor of medicinal chemistry at the University of Georgia College of Pharmacy, shared a look at the ability of the trace element *selenium* to interfere with the replication of a wide variety of viruses. Selenium is regarded as an *essential* mineral needed in small daily amounts. In fact, a deficiency in selenium is associated with many illnesses. The importance of selenium is often overlooked to this day, although its importance has been recognized lately in such widely "accepted" medical journals as the *Lancet*. The following are excerpts from the telling (and still very important) recount of the interview with Dr. Taylor.

another retrovirus, and it's more tenuous, but I think certain herpes viruses may also be triggered or become more virulent under conditions of selenium deficiency. So the question arises: Is there something special about the interaction between selenium and viruses? Something more than just a general immune boosting? And that's where my work comes in, because we have taken a somewhat radical position that some of these viruses may utilize selenium directly in their genes.

**Q:** *You've said that in the presence of adequate selenium, certain viruses manufacture selenoproteins, which repress their own reproduction?*

**A:** That was a hypothesis we put forward to explain some of the observations. There actually is a lot of precedent for that type of idea.

**Q:** *Other Chinese studies showed that selenium at 15 parts per million added to table salt significantly reduced new cases of hepatitis B...you also sent me an abstract from a study showing that large doses of selenium markedly reduced the death rate from a viral hemorrhagic fever similar to Ebola virus.*

**A:** That is one of the more exciting studies, published in 1993. It's very dramatic and provocative since people have said there's no cure for hemorrhagic fever. This study reported a reduction in the death rate from 100 percent to 30 percent.

**Q:** *Other viruses mentioned in the publications you sent include the entire "herpes family," polio virus, mouse mammary tumor virus, and even the benign human skin virus—molluscum contagiosum.*

**A:** The molluscum virus finding is exciting to me because it's a vindication of a prediction I made one-and-a-half years before, that viral DNA might encode a sequence leading to the production of selenoproteins.

**Q:** *Please tell us more.*

**A:** There have been many reports in the last decade

(continued on page 8)

## It's not just those "wacky" hair-analysis tests— mammograms aren't an exact science either

Every three to four years, fanatical "quack busters" delight in sending off hair specimens to various laboratories, noting that the results vary from lab to lab, and then proceeding to lambaste all non-patent-medicine-oriented healthcare with charges of quackery, fraud, and negligence. (It's just as bad as the one prominent American political party, that regularly charges the other major American political party with intentionally poisoning the food, air, and water, while they also starve small children and senior citizens.) Meanwhile, just like the politicians, the "quack busters" do nothing at all to publicize any similar shortcomings on *their* own side.

A good example of this selective criticism is with "mainstream" lab tests, specifically mammograms. Most people have their mammograms and don't question the results. If it's clear, it's clear. If not, it's time for a biopsy. Right?

Following is an excerpt from a study done on the effectiveness (and accuracy) of mammography. Rather than risk being accused of misinterpretation, I'll provide a quote from the analysis published in the *Archives of Internal Medicine*.<sup>1</sup>

\*\*\*\*\*

**Objective:** *To evaluate the effectiveness of screening mammography by estimating the variability in radiologists' ability to detect breast cancer within the U.S. population of radiologists at mammography centers accredited by the American College of Radiology.*

**Results:** *There is a range of at least 40 percent among U.S. radiologists in their screening sensitivity....* [According to the report, "sensitivity" was defined as the proportion of women with actual cancer for

whom a biopsy was recommended. Theoretically, "sensitivity" should always be 100 percent.]... *"There is a range of at least 45 percent in the rates at which women without breast cancer are recommended for biopsy ...."* [Again, theoretically, this rate for women without cancer should be 0 percent.]... *"the ability of radiologists to detect cancer using mammograms varies by as much as 11%."*

**Conclusions:** *Our findings indicate that there is a wide variability in the accuracy of mammogram interpretation in the population of US radiologists...."*

\*\*\*\*\*

It's disturbing to read that the accuracy of mammography is frequently no more accurate than that which "quack busters"

attribute to hair-mineral testing and that this study has had very little publicity. Mammography is generally considered more "important" and more reliable (by most) than hair-mineral testing. There are also considerably more resources devoted to it.

What to do? Always keep in mind that no lab test is 100 percent accurate, whether it's hair-mineral testing, mammography, cholesterol, or whatever! The more important the lab test, the more important it is to have it repeated immediately or, if it's not that urgent, to rely on a series of lab tests to "establish a trend." Also, if it's an important test, such as one for cancer, it may be important to obtain a second opinion as well as a second test. ●

### CLINICAL TIP 89

#### Foods can actually fight wrinkles!

Researchers have now added yet another item to the long list of conditions that are postponable or preventable through a proper diet: Wrinkles!

As reported in the *Journal of the American College of Nutrition*, researchers investigated the effect of various components of different foods on wrinkling of the skin—on the face, neck, hands, arms, and other places where it's exposed to light.

After employing various types of statistical analyses, the researchers found that legumes (especially broad beans and lima beans), vegetables (especially spinach, eggplant, asparagus, celery, onions, leeks, and garlic), nuts, olives, cherries, melon, dried fruits, prunes, apples, pears, multigrain bread, eggs, yogurt, jam, tea, and water all significantly helped to prevent wrinkles.

On the negative side, milk, meat (especially processed meat), potatoes, soft drinks, cakes, pastries, and "cordials" were all associated with enhanced or accelerated risk of wrinkles in light-exposed areas.

Do these lists sound familiar? We've heard and read over and over again that (in general) vegetables, legumes, nuts, and fruits help to prevent any number of conditions, and that refined sugars and excess animal protein put us at higher risk. While there are some variations on this theme from one research study to another (in this one, for example, eggs are "good" and potatoes are "bad"), the general outline is the same. And it makes sense: The best nutrition for *skin* cells is similar to the best nutrition for *muscle* cells, *liver* cells, *blood* cells, and your entire body!

# Natural Response



## Combatting shingles with an "infection-prevention" program and proper digestion

**Q:** *Right now I'm battling the shingles; my second attack in four months. I do, however, have it pretty much under control again.*

*I'd like to know how I can stop it from attacking me again. Thank you for any advice.*

---R.P., Cliffside Park, New Jersey

**A:** First, implement a general "infection-prevention" program (as discussed in the April 2001 issue). Eliminate sugar, refined carbohydrates, and allergies (if any). Make sure your vitamin program includes at least 25,000 IU of vitamin A, 25 milligrams of zinc, and 2,000 milligrams of vitamin C, twice daily.

As you know, the shingles virus

(herpes zoster) is a member of the herpes family of viruses—which also includes herpes simplex, mononucleosis (also called the Epstein-Barr virus), and cytomegalovirus. In addition to the nutrients already noted, lysine and the elements lithium and selenium can help prevent recurrent outbreaks of this viral family. These (and other infection-fighting nutrients) have been combined into two unique formulations, "HPX" (to aid in prevention) and "HPX-2" (for nutritional support in more acute situations), by Bio-Tech Pharmacal of Fayetteville, Arkansas. (Yes, it did put them together at my request.) Check your local natural-food store or contact the Tahoma Clinic Dispensary; tel. (888)893-6878.

Lastly, it's been my observation

over the years that individuals who develop herpes zoster are more likely than others to have hypochlorhydria (low stomach acid), which leads to poor digestion/assimilation of nutrients, especially amino acids, and minerals. Uncorrected, hypochlorhydria makes us more susceptible to a variety of problems, including recurrent infections, because of shortages of key nutrients needed to prevent them. For more information on hypochlorhydria, refer to the October 2000 issue of *Nutrition & Healing*, your special bonus report *Dr. Wright's New Secrets for Reading Your Body Like a Book*, and/or contact ACAM, (800)532-3688, or visit: [www.acam.org](http://www.acam.org) for information on testing or treatment for this problem.

### Selenium *(continued from page 6)*

showing that a decrease in selenium levels is fairly common in HIV patients and particularly ARC and AIDS patients. A lot of people thought it was just a side effect of the wasting syndrome, and that's not unreasonable.

**Q:** *You've hypothesized that HIV is one of the viruses that may inhibit its own reproduction by synthesizing selenoproteins, and that inadequate selenium may "take the brakes off" and allow HIV to progress much more rapidly.*

**A:** As I said, it's a hypothesis that would explain some of the observations. However, a colleague in Atlanta has shown that some simple selenium compounds inhibit the HIV virus in a standard assay. Of course this doesn't necessarily prove anything I've said, but it certainly is consistent with the predictions we've

been making.

**Q:** *Tell us about the 'Beck' study.*

**A:** They worked with a relatively benign coxsackie virus, which is related to the common cold and to the polio virus. They put a non-virulent, benign strain into a selenium deficient mouse, and it mutated, became more virulent, and did more damage. When transmitted to other mice, even those with adequate selenium it remained virulent, no longer benign, and continued to do damage. This suggests that selenium deficiency can trigger the emergence of more virulent, dangerous viral strains.

**Q:** *Coxsackie virus is suspected as a contributing cause to juvenile diabetes, isn't it?*

**A:** Certainly. It suggests the possibility that nutrient deficiencies could be the triggers for the kind of initial damage that leads to juvenile diabetes, and certainly heart disease.

**Q:** *And that's a perfect example*

*of what you mean by learning "viral ecology," or the interaction between the virus, the nutrient environment, and us. It shows us another way to manage the virus so it remains benign and doesn't harm us.*

**A:** Exactly. The ecological concept is particularly apt in regard to selenium. Since the mid-1960's scientists like Douglas Frost have suggested that the decrease of selenium in the food chain may be due to fossil fuel burning and acid rain. If selenium deficiency increases the virulence of some viruses, it could be a factor contributing to the apparent emergence of more serious "new" viral diseases.

**Q:** *Since I read your publication of August 1995, I've increased the amount of selenium in anti-viral programs, particularly the retro-viruses of the herpes family. It definitely appears to be making a difference.*

*Thank you, Dr. Taylor!* ●