

# NUTRITION & HEALING

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## Inhale your way to pain relief with "Dr. Fitt's" arthritis formula

By Jonathan V. Wright, M.D.

My colleague and friend Roby Mitchell, M.D., is an ex-Marine, and looks it: With his shaved head and a physique that can really only be described as "buff," Dr. Mitchell isn't what most people expect a doctor to look like. But he has a successful practice in Amarillo, TX, and hosts a weekly radio program called "Dr. Fitt." He also created one of the most spectacularly successful arthritis treatments I've ever come across.

In fact, just a few months ago, it helped one of my patients, Jeff, avoid knee-replacement surgery.

### From barely able to walk to riding a bicycle in just 3 weeks

Six years ago, he started noticing more stiffness in his knees. All that time, he tried to push through it: He tried taking MSM, glucosamine, and niacinamide, and he switched from jogging and bicycling to rowing, weightlifting, and swimming to lessen the impact he was putting on his joints with regular exercise. But even so, his arthritis continued to get worse.

It got so bad that his left leg couldn't even straighten out the whole way—it actually had 45° less range of motion than his right leg. He also had great difficulty placing weight on his knees when getting out of bed, could stand up

for only a few minutes at a time, and needed a handrail to climb steps.

When it got to that point, we decided to start him on a six-session program using Dr. Mitchell's arthritis formula.

On February 2nd, less than three weeks after he started his

*"Less than three weeks after he started his sessions, Jeff rode his bicycle several miles to the Tahoma Clinic."*

sessions, Jeff rode his bicycle several miles to the Tahoma Clinic. He enthusiastically showed us that he could move both knee joints without pain and straighten out his left leg the whole way again. He said that he still uses a rub-in pain reliever during the day, but much less than he did before.

So, as you can see, Dr. Mitchell's therapy really works. As he'll tell you, his treatment "was one of those inventions born from necessity." And not just for his own arthritis-suffering patients.

### Swimming with sharks leads to an arthritis breakthrough

While growing up, Dr. Mitchell played lots of basketball on concrete playgrounds. In high

school, he took up karate and ultimately earned his black belt. In college, he added long distance running and triathlons to the list. So it's not a big shock that by the time he was 35, he started noticing stiffness in his joints when he woke up in the morning.

"I was still predominantly practicing conventional medicine, so I took the NSAID 'flavor of the month' and promptly developed gut pain," he told me. Not knowing any better, he just put up with the stiffness and pain, which did get a little better with exercise.

Dr. Mitchell was an emergency room doctor at the time and also noticed his body was starting to change. "My blood pressure was 140/90, my gut was hanging over my belt despite consistent exercise, my recovery time from workouts was getting longer—I was getting old." Then he admitted a 37-year-old man who'd had a heart attack, and he decided it was time for a change.

He started looking up nutritional therapies, for both himself and his patients. He read *The Arthritis Cure*, which explained glucosamine and the science behind it. He tried it himself for two months, but it didn't make a difference—at least not in supplement form. So he visited his

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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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**Dr. Fitt's arthritis formula**  
(continued from page 1)

compounding pharmacist, had glucosamine made into an injectable form, gave it to himself, and was completely pain free within two weeks. He was even able to go back to running.

He started giving glucosamine injections to his patients, and approximately 70 percent of them had improvement. It was good, but not good enough, so he kept looking. He added chondroitin to the injection, and that increased the success rate to about 80 percent. After awhile he added MSM to the injection mixture, which boosted the number of people who responded up to 90 percent.

That's a pretty good success rate for any treatment, but Dr. Mitchell still wasn't satisfied. He wanted to develop a formula that was easier to use than injections, so he put his glucosamine-chondroitin-MSM mixture into DMSO for topical use. He and his patients found it less effective than the injections, but people who couldn't get shots still got a degree of benefit.

Then, on a trip to Australia, he went on a shark dive with a veterinarian friend of his who told him to look into pentosan sulfate, a natural molecule derived from beech trees. Pentosan sulfate has been used with great success in Australia for osteoarthritis in dogs and horses. The veterinarian gave Dr. Mitchell a vial to try.

He added the pentosan sulfate to his injectable formula, and things finally took off. He says that this one addition made the formula work "over 99 percent of the time." He couldn't believe that a therapy this effective was virtually unknown, so he did more research on it. He found the definitive article on pentosan sulfate written by Peter Ghosh, D.Sc., Ph.D., the director of the Institute for Bone and Joint Research.\*

Dr. Ghosh's comprehensive review notes that pentosan sulfate has at least three basic actions. It promotes "build-up" activity and inhibits "breakdown" activity in cartilage cells. Second, pentosan sulfate improves bio-synthesis of high molecular weight hyaluronan, a key component of joint fluid. And finally, it increases blood flow through the capillaries that serve the cartilage cells themselves. If you increase blood flow to these cells, they're more likely to stay healthy and arthritis-free; there's increasing suspicion that poor blood flow itself may be a major contributor to osteoarthritis.

**Inhaler inspiration achieves phenomenal results**

But all his reading just got Dr. Mitchell more frustrated. He'd seen what pentosan sulfate did in the few patients he treated with it, but he couldn't get it in the United States. Then he made a fortunate discovery: Pentosan had been "approved" in the USA in a capsule form for the treatment of an entirely unrelated problem. And once a treatment is approved for any purpose, it can legally be used for other purposes.

Unfortunately pentosan sulfate is very poorly absorbed from the gastrointestinal tract, so oral supplements wouldn't do the trick. So Dr. Mitchell and his compounding pharmacist developed a DMSO "rub-in" form; it worked well for many people, but not as well as the injectable type.

About that time, I heard from Dr. Mitchell about his pentosan

formula and asked some of my osteoarthritis patients to try it. It worked, but really wasn't anything overly impressive, so we continued using it along with other natural arthritis treatments.

In the meantime, Dr. Mitchell kept brainstorming ideas for increasing pentosan's absorption. I'm not sure how he came up with the idea (he jokes that it was sheer "inspiration"), but he decided to try breathing it in. The compounding pharmacy made the formula, supplied the inhalers, and that's what Dr. Mitchell and I have been using ever since—with those spectacular results he'd been searching for all those years.

### **Making motorcycling —and just plain moving— bearable again**

I mentioned Jeff's success with this pentosan formula at the beginning of this article. In his own words: "I noticed within a few minutes after the first treatment that my knees seemed to move more freely. The effect was much like what one would expect from applying lubricating oil to a rusty hinge."

Dr. Mitchell has had the same sort of results. In one case, he treated a woman who'd been in a motorized wheelchair for 10 years because of her osteoarthritis. After a week inhaling the pentosan sulfate solution, she was walking with a cane, which she only needed because her leg muscles were so weak from sitting in the wheelchair. Later, Dr. Mitchell had her eliminate sugar and grains from her diet, use bio-identical hormones, and go on an exercise program. In a few months, she was challenging friends to footraces.

The last person I'll tell you about is Bill, a gentleman I first saw in June 2001 when he was 55. He came in primarily about a weight problem, but he was also a very active baseball

player and mentioned that his right hip had started "hurting a little" a couple of months before.

By November, he'd lost 45 pounds following the nutritional and supplement program we set up for him and was feeling much better—except for his hip, which he said still hurt a little. In March 2002, all his other symptoms had improved even further, again except for his hip, which hurt even more. He said it "felt like a dagger" when he shifted directions suddenly while running. We decided that even though the pain wasn't severe most of the time, he should have it x-rayed.

The x-ray showed he had severe osteoarthritis. He'd already tried glucosamine, but, given the results of his x-ray, it wasn't a surprise it hadn't helped. Over the next two years, he tried a few different natural therapies, but nothing really gave him lasting relief.

Last spring, he was on the verge of canceling a motorcycle trip through the Pyrenees he and his wife had been planning for and looking forward to for years because the pain was so bad. I recommended he give inhaled pentosan a try before calling his travel agent to cancel.

After two courses of treatments and three weeks of traveling he wrote in saying, "It wasn't a cure-all, but it took the edge off the pain so I could successfully embark on the three-week trip. It was wonderful. My wife and I safely completed the trip riding some of the most challenging mountain roads the world has to offer."

After his motorcycle trip, Bill decided to have hip replacement surgery, since his osteoarthritis was so severe, and he wanted to play baseball "all-out" again. But the pentosan made enough of a difference that he was able to comfortably travel for an extended period of time—riding a motorcycle no less—

even with his very advanced case.

### **\$16 a week—or less**

Dr. Mitchell worked with pharmacy technician Kevin Briggs of D & S Pharmacy (1-800-398-7046, ask for Kevin) to develop a way to re-compound pentosan sulfate into both the injectable and inhalant forms. You'll need a prescription from your doctor for both the pentosan formula and the inhaler.

D & S tells me that 50-60 percent of people who take pentosan treatment repeat the five-day treatment series every six weeks to three months. But others—most likely people with early cases of osteoarthritis—don't need repeat treatments at all.

It's possible for any treatment, natural or patented, to cause an allergic reaction, but so far Dr. Mitchell and I, along with the pharmacists at D & S Pharmacy, have not seen or heard of adverse effects with the inhaled version of pentosan. The injectable form sometimes causes redness and swelling at the injection.

A five-day course of pentosan sulfate costs about \$100; the one-time cost of the inhaler is \$75. But both are covered—or at least partially covered—by many insurance plans. **JVW**

\* Ghosh P. "The Pathobiology of Osteoarthritis and the Rationale for the Use of Pentosan Polysulfate for Its Treatment." *Seminars in Arthritis and Rheumatism* 1999; 28(4): 211-267

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## Mainstream breast cancer wonder drugs: same story, different day

*Avoid them altogether with the natural therapy backed by new clinical research*

Last December, all the usual media outlets glommed on to the “latest and greatest” patent medicine: Arimidex.<sup>®</sup> According to the “experts,” it might fight breast cancer “even better” than the current mainstream treatment, Tamoxifen.<sup>®</sup> Considering that Tamoxifen actually increases the risk of two types of uterine cancer in addition to its long list of other side effects, that’s not really saying much—but back to Arimidex.

Arimidex has actually been around for a while, but it’s just now getting its 15 minutes of fame. It works by blocking the transformation of testosterone to estrogens, and decreasing the amount of estrogen in the body reduces breast cancer risk. But despite all the hype, Arimidex is also associated with numerous side effects, including increased risks of depression, nausea, chest pain, and even osteoporosis.<sup>1</sup> So, once again, the better option is to find a more natural way of achieving the same effects without the potential risk.

In this case, it might be as simple

as using testosterone itself, rather than a synthetic substance that supposedly helps it do its job.

Relatively recent research from the National Institutes of Health suggests just that. According to the introduction, “some clinical and genetic evidence suggests, however, that endogenous androgens normally inhibit estrogen-induced mammary epithelial proliferation (MEP) and thereby may protect against breast cancer.”<sup>1</sup> In English, there’s evidence that testosterone may protect against abnormal breast cancer cell growth and breast cancer.

To explore this further, the researchers gave female rhesus monkeys a formerly patented medication that blocks testosterone receptors. Abnormal breast cell growth doubled. Then they gave the monkeys estradiol, which also increased abnormal breast cell growth. But when they added small, physiologic doses of testosterone to the estradiol, the increased abnormal cell growth disappeared

almost entirely.

They concluded: “These findings suggest that treatment with a balanced formulation including all ovarian hormones may prevent or reduce estrogenic cancer risk in the treatment of girls and women with ovarian failure.”<sup>2</sup>

The “take-home” message: Ovaries make estrogens, progesterone, and testosterone. If we’re going to replace ovarian hormones, do as the ovaries do: use ‘em all!

I know it may be boring to read this over and over, but I wouldn’t repeat it so often if it wasn’t so important: For the best—and safest—results in any therapy, it’s absolutely crucial to copy nature as closely as possible. If you’re replacing natural hormones, use bio-identical molecules in their natural patterns and relationships. Use physiologic quantities and physiologic timing. Doing all of this doesn’t guarantee that there will never be problems, but it certainly minimizes the risk. **JVW**

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

## The fight for supplement freedom has its day in court

A few months ago, we told you that the Alliance for Natural Health (ANH) would be presenting its case against the EU Food Supplements Directive in front of the European Court of Justice in Luxembourg. The hearing took place in January, and our contacts at ANH recently sent us some of the following details.

The European Commission, the Council of Ministers, and the European Parliament all presented opposing arguments, but only one individual EU Member state, Greece, appeared to voice its opposition.

Neither the UK government nor

Portugal attended to present oral arguments, despite having filed Written Observations in the case. ANH Legal Director David Hinde said:

“Given the vigor with which the UK government resisted this application at the Judicial Review stage, it was extraordinary it did not now think the issue sufficiently important to warrant being represented at the ECJ...”

Paul Lasok QC, a world leading expert on EU law, represented the ANH and presented their case by detailing the contradictions in the

arguments the European Commission, the Council of Ministers and the European Parliament made in defense of developing the Directive. Lasok also replied to the judges’ inquiries involving the process by which additional nutrients can be added to the “positive” list (the list of vitamins and minerals “allowed” by the new Directive).

The senior judge at the hearing, Advocate General Geelhoed, appeared to be baffled by the procedure for adding nutrients to the positive list, which he described:

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# Sweet relief: Marshmallow, licorice, and other herbs to squelch your stomach's flames

By Kerry Bone

The TV commercials for Tums, Rolaids, and Tagamet make it sound so easy: Pop a pill or two, and you won't have to worry about your heartburn. But in many cases that's the worst thing you could do. Heartburn is the primary symptom of a much more serious condition called gastroesophageal reflux disease, or GERD. And all those acid-blocking remedies are just masking the real problem.

And if you're a regular *Nutrition & Healing* reader, you know that the real problem isn't what most people think. Contrary to popular belief, acid reflux, GERD, and heartburn aren't usually caused by too much stomach acid. In fact, it's often the exact opposite—too little acid. Dr. Wright has talked about this problem numerous times over the years and has developed a very successful program to treat lack of stomach acid, which, in turn, often completely cures those burning feelings in the chest and back of the throat. (For more details on Dr. Wright's acid-indigestion program, visit [www.wrightnewsletter.com](http://www.wrightnewsletter.com), enter the username and password listed on page 8 of this issue, and download the September 2001 issue of *Nutrition & Healing*.)

Treating the cause of GERD is the only way to get rid of it for good. But your symptoms won't go away overnight. And, besides, if you wanted to put up with those symptoms, you wouldn't be looking for help in the first place.

So you need a way to relieve your pain while you're working to cure it permanently. But you don't have to keep turning to Tums. There are several safe, natural herbs that can relieve heartburn symptoms without blocking the

acid your body needs. My top picks are slippery elm bark powder, marshmallow root powder, licorice, and meadowsweet. But before I get into their specific actions, let's go over some of the other little-known facts about GERD.

## Give your esophagus some extra insulation

Originally, researchers thought that GERD manifested in the same way in all people. Now we know that GERD occurs as three basic types:

- 1.) Non-erosive or negative-endoscopy reflux disease (NERD), which may account for up to 70 percent of patients with GERD.<sup>1</sup>
- 2.) Erosive esophagitis and its more severe complications, such as esophageal ulceration.<sup>2</sup>
- 3.) Barrett's esophagus<sup>3</sup>

NERD is the mildest form of GERD and is a functional disease, which means that there are no changes to the body's tissues. With erosive esophagitis there are organic changes, such as erosion of the lining of the esophagus or even ulceration. In the case of Barrett's esophagus, the cells lining the esophageal wall change into what are thought to be precancerous cells.

One of the theories on how GERD symptoms develop is that the lining of the esophagus becomes weakened, leaving it vulnerable to acid—even very small amounts.<sup>4</sup> But there are a number of herbs that have been used to supplement the lining of the esophageal wall by providing an extra protective barrier. These herbs are rich in a substance known as mucilage.

Mucilage is a sticky gel-like polysaccharide found in certain herbs. The best examples are slippery elm

bark powder and marshmallow root powder. When taken after meals, the specific herb mixes with digestive secretions and forms a protective gel on top of the food in the stomach. So if any reflux does occur, the first thing that comes through is the mucilaginous gel rather than the acid. The gel also puts a protective coating on the lower esophagus, which protects it from subsequent acid attack. As implied above, these herbs are best taken in powder form (either loose or in capsules): Take a rounded teaspoon of powder mixed with a little water or three capsules after meals and before bed if heartburn occurs at night.

Licorice is a staple natural medicine recommendation for stomach ulcers, but in my experience it can also be quite useful for GERD.<sup>5</sup> Like the mucilaginous herbs it is taken after meals, at a dose of extract equivalent to about 1g of root (typically 300mg of extract). Long-term use of licorice can lead to high blood pressure, so if you already have this condition or are at risk for it, use a form of licorice known as DGL (deglycyrrhized licorice), which is much lower in the phytochemical that causes the hypertension, but still works.

Another favorite of mine that isn't that well known in the U.S., but is much loved by English herbalists, is meadowsweet (*Filipendula ulmaria*). There's not much scientific research behind it: Its use for digestive complaints is largely traditional. But it is very effective in my experience. Meadowsweet can be brewed into a tea and taken that way, or you can take it in liquid extract or tablet form. About the

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## Sweet relief

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equivalent of 500 to 1,000mg of herb is a typical dose, again taken after meals.

### Good advice or old wives' tale?

You've probably heard some pretty interesting advice for combating heartburn—everything from propping the head of your bed up with bricks to avoiding hot

peppers. Is there any value in this advice? Well, in my view, the answer is both yes and no. I don't think it's necessary to put bricks under your bed, but some people do say that sleeping on their left side does seem to help if you experience heartburn at night.<sup>6</sup>

You should certainly avoid overeating, drinking too much liquid with meals (especially carbonated drinks), and eating

foods that trigger attacks. But sometimes more subtle food intolerances can underlie GERD. In particular, the usual suspects, namely dairy products and gluten-containing foods, may be to blame. There's certainly no harm in experimenting with eliminating foods in either of these categories from your diet (one at a time) to see if you get any additional results. **KB**

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## Natural hormone beats belly fat and lowers diabetes risk

It's nice to be able to point to an article from one of the major medical journals when a patent-medication-prescribing colleague remarks that "all that bio-identical hormone stuff is unproven and probably dangerous." Now there's another one to add to my files: The *Journal of the American Medical Association* recently published an article about the positive effect DHEA can have on various aspects of insulin resistance.

DHEA (dehydroepiandrosterone) is a natural hormone produced by the adrenal glands and can be converted to estrogen and testosterone in the body. Levels of DHEA are highest when we're 25-30, then they decline at a rate of about 1-2 percent per year after that. So in many cases, supplementing with additional DHEA to make up for that loss can help with a number of symptoms associated with general aging—especially those that come along with declining estrogen and testosterone levels. Now those benefits have extended to blood sugar function.

In a randomized, placebo-controlled trial, 56 individuals (28 men, 28 women, average age 71) were tested for glucose and insulin response to a standard sugar challenge.<sup>1</sup> They were also given MRI examinations

to determine their abdominal fat volume. Once these examinations were complete, they took either 50 milligrams of DHEA or a placebo, daily.

After six months, the tests were done again. Compared with those taking placebo, individuals taking DHEA had significant decreases in abdominal fat. They also had significantly less insulin output, but their glucose response hadn't changed. As the researchers pointed out, an unchanged blood sugar response with less insulin output means that insulin resistance has decreased.

The researchers concluded that DHEA could play a role in prevention and treatment of the metabolic syndrome (also called insulin resistance and Syndrome X) associated with abdominal obesity.

Actually, natural medicine practitioners have known this for years now, from reading about similar research done on animals, as well as from observations in their own patients.

But there is a definite caution with DHEA use: For women, a supplemental amount of DHEA in excess of 10-15 milligrams daily frequently causes obviously unwanted effects—usually just pimples, but also sometimes unwanted hair growth. Men usually

don't have such obvious overdose effects, but too much DHEA—or any other hormone—isn't good for men either. Most "excess" DHEA metabolizes into androsterone and etiocholanolone, and there are no studies on long-term effects of excesses of these two metabolites in men. However, doses between 30 and 50 milligrams daily are usually OK for men.

But to make sure you're supplementing with a safe dose for you, it's critical to monitor your DHEA levels along with your levels of some of the metabolites it turns into in the body—namely etiocholanolone and androsterone, as well as testosterone for some women and estrogens for some men.

Your physician can help you with determining the right dose and with follow-up testing. If you want to do your own testing at home, you can order a 24-hour urine test called the Comprehensive Steroid Analysis from Meridian Valley Labs. (See page 8 for contact information.) By Washington state law, the Comprehensive Steroid Analysis can be ordered by individuals as well as health care practitioners. As you know, I am the medical director at Meridian Valley Labs. **JVW**

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## See better—even if your retina looks the same

A couple of months ago, I got a fax from a lady named Sandy who had come to the Tahoma Clinic last year for help with her macular degeneration. Her note said: “The macular degeneration has not worsened. I continue faithfully the supplements and vitamins prescribed.”

Reading her fax, I concluded that the treatment had achieved at least one major goal: The actual degeneration that had been going on in her retina had stopped where it was. Of course we always hope to do better, but stopping the damage is still better than it getting worse.

But when Sandy arrived in person for a follow-up visit, she added another detail to her story: While the appearance of her retina hadn't worsened or gotten any better, her vision had improved. In 2003, prior to treatment, her vision in her right eye had been 20/80 and the left eye 20/800. After treatment, her right eye measured 20/60 and her left eye 20/100.

Sandy's experience isn't unusual. We've seen the same thing in numerous patients at the Tahoma

Clinic over the years. The physical condition of their eyes stays the same: The deterioration of the macula doesn't actually reverse—it just stays at the point it was when they started treatment. But their vision is another story. In many cases, it gets much better.

### It doesn't seem to make sense...but it works

Very few ophthalmologists have been willing to talk to me personally about this (maybe it's because I'm not an ophthalmologist, so they assume I couldn't possibly know how to stop or reverse dry macular degeneration), so most of the accounts I get are secondhand from the patients themselves.

But one of the few ophthalmologists who would talk to me several years ago about a particular case remarked: “I can't understand why he's seeing significantly better. I've checked and re-checked, and there's no doubt about his improved visual acuity. But his macula...both of them...look every bit as bad as they did before! No further degenerative changes in the macular tissue, but it

still looks bad! But he's *seeing* better. I can't understand it!”

I have to admit that I can't understand it either. While some patients, particularly those in the early stages, actually have improvement in the appearance of their macular tissues, many others have the same experience as Sandy: better vision but the same macular status.

But as long as the treatment program we developed at the Tahoma Clinic is able to stop the condition from getting worse, and patients are getting the added benefit of better vision, there's no reason not to keep prescribing it—regardless of whether or not we fully understand it.

Of course, we can't always improve vision or stop macular degeneration in its tracks with the Tahoma Clinic program. But it does work for 70 percent of the people who try it.

For further details about how this treatment came about, as well as other information about preventing and treating “dry” macular degeneration, see the February 2005 issue of *Nutrition & Healing*. JWV

## Natural Response

### Good riddance to gallbladder grief

**Q:** Thank you so much for your gallbladder article in your October issue of *Nutrition & Healing*. For me it was perfectly timed and has given me relief from a vexing set of symptoms mimicking heart attack...I was hospitalized in the cardiac ward for two days for observation and tests. After a CT scan and chemical stress test, I was discharged with a diagnosis of “skeletal muscle spasms” and got prescriptions for high

blood pressure, cholesterol, esophageal reflux—all the standard stuff—but nothing whatsoever for the discomforting spasms...

I returned to [the doctor] and...[he thought] that the gallbladder did seem implicated somehow in my original spasm complaint, and treated me only for gallbladder-related pain and symptoms...

Your October issue came soon thereafter and it made good sense to first eliminate eggs. I'd begun to “eat Atkins” and generally avoided carbs except for beer, and had been eating

two eggs a day—about two or three times more than before. I started that in the Fall of 2002, not long before the gallbladder problems began. Eliminating eggs for the past two months has greatly reduced both the chest spasm frequency and degree of discomfort, as well as the upper back pains.

So far my symptoms have been relieved about 90 percent. The remaining symptoms are now tolerable—although I will probably pursue that nagging 10 percent and

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## Natural Response

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try eliminating pork. But so far, it's brought lots of peace of mind!

—RGW, San Antonio, Texas

**JVW:** Thanks for your letter. I hope that your symptoms can be eliminated completely by cutting pork from your diet—that would be the simplest answer. But don't give up if that doesn't happen.

Remember, depending on individual susceptibility, it could be literally any food or group of foods, and that in approximately 20 percent of cases, the offending allergen was a patent or over-the-counter medication.

As I wrote in October, I've found Dr. Breneman's system 100 percent reliable. I haven't had to refer anyone for gallbladder surgery since I read his research over 20 years ago.

## Add this insulin regulator to your diabetes-prevention arsenal

**Q:** I am writing to compliment you on the excellent article you did in the November 2004 newsletter [about hypertension, high cholesterol-triglycerides, and overweight, as symptoms of insulin resistance—ed.].

What was surprising to me is that in your list of recommendations you made no mention of Maitake SX-Fraction. I have used all of the supplements in my Naturopathic practice over the last 22 years and have found nothing to work as well as

Maitake SX-Fraction in controlling insulin resistance, normalizing blood sugars and lipids.

—ESL, Ph.D., N.D., Oxnard, California

**JVW:** Thank you for your letter and for suggesting another useful tool for lessening insulin resistance and its consequences.

Since November, I've seen at least another dozen individuals who've been told to take one or more patent medications for high blood pressure, one or more patent medications for high cholesterol and/or high triglycerides, and who've never been tested for insulin resistance—despite having relatives with Type II diabetes.

Since "conventional" medicine has known about insulin resistance (also known as "Syndrome X")—and discussed it incessantly—for over two decades, testing every patient with any combination of these factors is way overdue.

But it's just not being done—and I'm *not* being cynical, just observant of what happens in "conventional" medicine.

The good news is that there are many effective natural tools, starting with appropriate diet and exercise and extending through all of the supplemental items detailed in the November issue. My apologies for leaving Maitake-SX Fraction off of the list; the limited amount of research available, along with results with individuals with insulin resistance, shows that Maitake-SX Fraction can effectively help to lessen

insulin resistance, along with elevated blood lipids and blood pressure.

Maitake-SX Fraction can be obtained at natural food stores, compounding pharmacies, and the Tahoma Clinic Dispensary. Of course, it's always important to remember that "supplements" are exactly that and won't work nearly as well unless your basic diet and exercise patterns are the best they can be.

*The text contained herein does not constitute medical advice. Nutrition & Healing advises that you consult your own physician before acting on any recommendations contained within this publication.*

## Supplement freedom

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"As transparent as a black box."

After the hearing Dr. Robert Verkerk, executive director of the ANH, commented that "It was remarkable that the vast majority of points that we had gone to great length to show the Court were not countered in any effective way by the opposing parties."

The Court is expected to give its judgment in June, shortly before the ban is set to come into effect on August 1, 2005.

For more information on the ANH's legal case, or to make a donation to support its cause, visit [www.alliance-natural-health.com](http://www.alliance-natural-health.com). Letters and checks can be sent to:

Alliance for Natural Health,  
Mount Manor House  
16 The Mount  
Guildford, Surrey, GU2 4HS  
United Kingdom

## ALTERNATIVE HEALTH RESOURCES

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

**American Association of Naturopathic Physicians (AANP)**  
Phone: (703)610-9037, (877)969-2267  
[www.naturopathic.org](http://www.naturopathic.org)

**Tahoma Clinic Dispensary**  
Phone: (425)264-0059 for appointments only  
Phone: (425)264-0051 to order supplements and products only  
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