Dr. Jonathan V. Wright's

NUTRITION & HEALING

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92% effective…Relief after a *single dose*…

The best back pain remedy you've never heard of

And how you can help bring it back!

By Jonathan V. Wright, M.D.

Jim couldn't have come to the Tahoma Clinic at a better time. It was about 25 years ago that he hobbled in, hunched over, leaning to one side—and obviously in considerable pain. He'd been diagnosed with a slipped disc but insisted that he didn't want to be "cut on" if there was any alternative.

As it turned out, there was an alternative—one I'd just learned about. And according to the research, not only did it alleviate back pain without surgery in 92 percent of the people who tried it, but, more often than not, that pain relief was permanent.

When I told Jim about it, his reaction was the same one you likely just had: "Give me some of that!" Unfortunately, these days it's not quite that simple. But before I tell you about the current obstacles—and how you can overcome them—let's talk some more about the remarkable experiences that Jim and thousands of other people have had with this natural back pain reliever.

The beginnings of a breakthrough

Like a lot of life-changing advances in this country, we can credit Ben Franklin with bringing this pain-relieving breakthrough to the United States. At the time, this remedy—derived from an herb called Colchium Autumnale—was used to treat joint pain and gout (which Ben Franklin suffered from). But its use goes back much further. In fact, the herb itself has been used since the Middle Ages, and even as far back as ancient Egypt.

Then, in 1820, scientists isolated the active compound—called colchicine—from the Colchium plant. Since then, colchicine tablets have been used—very successfully—for gout treatment. And in the 1950s, colchicine was made available in purified, liquid form for intravenous (IV) treatment of acute gout.

Three years later, Michael Rask, M.D., an orthopedic surgeon, made a discovery that would change the lives of people battling back pain for decades to come.

The surprising "side effect" giving new hope to back pain sufferers

In 1953, one of Dr. Rask's patients told him that the back pain he'd had for years suddenly went away after Dr. Rask had treated him for gout with IV colchicine.

Dr. Rask tried IV colchicine for several other patients who'd been experiencing low back pain, but not gout, and most of them got better as well. He checked their blood for high uric acid levels (uric acid crystals in joints cause gout pain) but found they were all normal. He concluded that the colchicine must be working directly on their spinal discs.

As Dr. Rask kept track of these patients, he observed that the relief from the disc damage—pain, muscle spasm, and weakness—wasn't temporary. In fact, some patients even had complete relief from their pain after a single dose

(continued on next page)

IN THIS ISSUE:

Dr. Jonathan V. Wright's
NUTRITION & HEALING

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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 Renton, 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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back pain remedy
(continued from page 1)

of IV colchicine. And the pain didn't come back!

For the next several years, Dr. Rask studied a series of 50 patients who had previously been diagnosed with herniated disc disease. He found that most of these 50 patients progressed to complete or near complete pain relief. By 1980, he'd given IV colchicine to 500 patients with spectacular results: 92 percent had complete or near-complete relief.[1]

During this time, Dr. Rask also made a few other observations. First, he discovered that if a patient had had prior back surgery, the colchicine wasn't as effective. Of the 40 patients who hadn't responded to the IV colchicine, 30 had previously undergone back surgery. Dr. Rask also found that colchicine seemed to work better on acute pain: The response was slightly worse in people who'd been suffering from chronic pain for months or years. Although he didn't know for sure, he theorized that colchicine worked in eight specific ways to relieve back and disc pain. Dr. Rask theorized that IV colchicine:

1.) reverses inflammation in the disc
2.) reverses inflammation in the adjacent spinal nerves
3.) inhibits the attraction of pro-inflammatory white blood cells to the disc
4.) helps eliminate uric acid and calcium pyrophosphate deposits
5.) increases the production of endorphins (internally produced pain-killing molecules related to opiates)[2]
6.) helps reverse allergic aspects of disc disease
7.) shrinks spinal discs[3]
8.) inhibits amyloid deposits in the disc

2,700 success stories—and counting!

In 1985, Dr. Rask presented an analysis of 3,000 patients treated with IV colchicine, demonstrating the same good results.[4] But Dr. Rask wasn't the only one seeing such spectacular effects from colchicine. That same year, four other orthopedic surgeons published the findings of a study they'd conducted on IV colchicine and disc pain.[5] Thirty-eight patients with resistant disc disorders participated in the study. Seventeen of them received IV colchicine, 21 received placebo. Of the 17 receiving IV colchicine, 14 (that's 82 percent) responded promptly and permanently!

What makes this particular study even more noteworthy is that it was an FDA "approved" investigation complete with an investigational new "drug" (IND #21807) application. With that sort of clout, colchicine should have made newspaper headlines and the 11 o'clock news. But even specialty medical journals mostly ignored it for the same reason so many effective natural therapies get ignored today: Because colchicine was—and is—definitely not patentable. But we'll talk more about that in just a bit. Right now, let's get back to colchicine's impressive resume.

9 out of 10 people get fast, *permanent* relief

The results of the FDA-approved IND study were so overwhelmingly positive that one of the primary investigators, Dr. Vincent Guidice, decided to abandon doing spinal surgery altogether and began offering his patients IV colchicine instead.

In 1998, Dr. Guidice wrote about his 5-year clinical experience with 756 cases of disc herniation. He reported a 91 percent success rate in patients that had no prior spinal surgery, and a 69 percent success rate in those who previously had back surgery. He retired in 2006 at age 94 after personally administering 25,000 colchicine treatments! Like Dr. Rask, he never saw abnormal blood chemistry or unanticipated side effects from IV colchicine. The only negative side effect either of them came across was "colchicine burn," which occurs if the IV fluid containing the colchicine escapes from the vein and soaks into the surrounding tissue (this is almost always due to poor IV technique). While they are often painful and can last up to six or seven days, according to both doctors, these "burns" always healed without any permanent side effects.

Also in 1988, Michael Margoles, M.D., an orthopedic surgeon and professor, published a paper about his experience with IV colchicine. Of the 200 patients he administered this therapy to, 90 percent had success.[6]

Two years later, another double-blind study reported that IV colchicine was significantly more effective than placebo in relieving low back pain from disc disease.[7]

Only one publication reported that colchicine was ineffective for the relief of disc pain.[8] Although it was double-blind and placebo-controlled, these researchers had apparently not read the work of Dr. Rask and others, as the colchine was given orally, *not* intravenously. (To be fair, it's possible that these researchers were hoping that IV use wouldn't be necessary, as IV isn't nearly as convenient.)

By 1989 Dr. Rask, had been treating patients with IV colchicine for nearly 35 years. In his final publication of the subject, he wrote that he had treated 6,000 patients with an overall success rate of 92 percent.[9] He reported that besides being extremely effective, colchicine is an exceedingly safe medication. He wrote, "over the many years of my use of this drug, I have found it to be infinitely more efficacious and, indeed, safer to use than aspirin."

Used for years, now gone for good?

Despite its demonstrated efficacy and enormous potential for back pain sufferers, IV colchicine therapy has never become part of conventional medical practice. Because colchicine is unpatentable, the usual patent medication advertising machine (which has no trouble selling even ineffective, toxic treatments—as long as they're profitable) never got going for it. And the sad fact is that many mainstream physicians get the majority of their information about treatments from patent medicine advertising.

However, since Dr. Rask's very first publication in 1979, naturally oriented physicians, including myself, have used colchicine with good effect for many, many individuals.

I can attest to the tremendous success Dr. Rask and the other doctors witnessed in their patients. Jim, who I told you about at the beginning of this article, was the very first patient to receive IV colchicine at the Tahoma Clinic. And by the end of his very first treatment, he was able to get up and walk to my office without a single twinge of pain. In fact, his pain started to fade after just half an hour. And, until a couple of years ago, hundreds of other Tahoma Clinic patients had the same results.

Unfortunately, since 2008, it's been almost impossible to treat anyone—no matter how much pain they're in from slipped discs or disc disease—with intravenous colchicine. And if you've read even the past few issues of *Nutrition & Healing* you can probably guess why…

You got it—*los Federales*!

On February 7, 2008, the FDA dictated that individuals and companies must stop making colchicine for IV use within 30 days and stop shipping colchicine for IV use within six months. After that, IV colchicine would require FDA "approval." And since, as I mentioned above, colchicine is natural and can't be patented, it's highly unlikely that any company would be willing to spend the 10 to 15 years of research—not to mention the $800+ million—that it takes to get substances "approved" by the FDA.

But you're probably wondering why *los Federales* decided to ban such a valuable treatment for back pain—especially one that had an "approved" investigational new drug application behind it and had been effective for hundreds of thousands of people since the 1950s…

FDA throws out the baby with the bathwater

Unfortunately, it was a typical FDA over-reaction to three cases of accidental colchicine overdose in 2007, overdoses which resulted from a single compounding pharmacy's labeling error. As an unpatentable medication, IV colchicine was no longer made by patent medicine companies, just compounding pharmacies, and *los Federales* seized this episode to condemn not only all compounding pharmacies but one of

their most useful IV products as well.

Sadly, those three overdoses were fatal, which gave *los Federales* an excuse to review the very small amount of adverse effect data on colchicine. They found that between 1983 and 2007, overdoses of IV colchicine resulted in 23 deaths and 27 other non-lethal toxic reactions. Of course, even one death from overdose is too many, but it's also important to look at ALL the figures.

As Dr. Rask wrote in 1989: "6,000 patients with painful disk and other spinal disorders have been treated…using colchicine for the past 35 years. The overall success rate for this type of atraumatic [no surgery required] and harmless treatment method (for disk disease) is 92 percent! Colchicine is effective in relieving the patients' neck, back, and limb pain, and allows the patient to return to his former employment without complications."

Dr. Guidice, Dr. Margoles, and many others have treated thousands more patients with the same results. The fact is, when it's used properly, intravenous colchicine is both safe and effective.

Eliminating a treatment that has relieved serious pain for hundreds of thousands of individuals because of 23 deaths and a total of 50 negative reports is like "throwing out the baby with the bath water"! Especially when you consider that in every instance of toxicity, the recommended maximum therapeutic dose was exceeded.

But according to *los Federales*, "…FDA believes that the safety risks associated with IV colchicine outweigh any potential benefit in using the drug for back pain." (I'm not kidding! This amazing conclusion can be found in the on-line document *Questions and Answers About FDA's Enforcement Action Against Unapproved Injectable Colchicine Products.*)

And yet, the risks of patent medications that have proven themselves deadly over and over again don't seem to outweigh their benefits, according to the actions—or more precisely, the inactions—of *los Federales*. FDA estimates that 10,000 to 20,000 Americans die every year from non-steroidal anti-inflammatory drugs, including aspirin and Tylenol. But it's not just anti-inflammatories that unnecessarily put people in harm's way.

As you know, the list goes on and on. Over the last few decades, hundreds and hundreds of lethal FDA-"approved" patent medications have either remained on the market or have been finally been withdrawn after the death toll rose so high it couldn't be ignored. One of the most well-known examples is Prempro, the synthetic hormone replacement medication. It increases the risk of invasive breast cancer and researchers estimate that synthetic HRT medications, including Prempro, could be implicated in 100,000 additional cases of breast cancer over 10 years. But Prempro is still on the market. More recently, the patented diabetes medication Avandia made headlines when researchers found that it increases heart attack risk by 43 percent and increases risk of death by 64 percent. Dr. David Graham, a senior FDA scientist, testified that Avandia may have caused 30,000 to 40,000 heart attacks and/or strokes since 1993. Yet Avandia is still being sold to this day.

Let's compare for a moment… Avandia: 30,000 to 40,000 deaths in 16 years—still on the market. IV colchicine: 23 deaths in 24 years—banned by *los Federales*. Guess which one is sold by a patent medicine company, and which one was sold by compounding pharmacies? But I digress…

What's even worse is that all of these patent medicines—and many more—have been associated with deaths even at *regular* doses. Yet IV colchicine, whose proper use has never resulted in a single death, has now become unavailable.

How one of the biggest health injustices of the decade got swept under the rug

But if colchicine hasn't been available since 2008, you might be wondering why you haven't heard about it until now. Well, one reason is that the majority of us don't have disc-related back pain. But the more likely explanation is the FDA's ban on colchicine happened at about the same time as their much more heavily publicized attack on bio-identical hormones, which was a major part of *los Federales'* ongoing campaign against compounding pharmacies. In the tremendous uproar that followed the kick-off of *los Federales'* actions against bio-identical hormones, which affected literally millions of women, the equally unjustified banning of IV colchicine went unnoticed except by the relatively small number of physicians—and their patients—who know how effective it is when properly used.

There's absolutely no question that an excessive dose of IV colchicine is toxic and dangerous, but almost any drug or substance, including water, becomes toxic when used in excess. Instead of banning IV colchicine entirely, an agency truly devoted the health of the public health would have responded to these tragic and preventable deaths by working to ensure that IV colchicine is used safely. That should be *los Federales'* goal for any treatment—including IV colchicine, other natural medicines, and thousands of patent medicines.

Instead, their goal seems to be to protect patent medicine profits—not people.

Reclaim your right to safe, effective back pain relief

Last month you read about how pyridoxamine (a natural form of

(continued on page 8)

DHEA for erectile dysfunction: Why those supplement capsules won't work so well—and what *will*

Nearly all the focus on hormones and erectile dysfunction has been on testosterone. But there's another hormone that may be just as important. In the December 2008 issue, you read about how DHEA can give women a dramatic libido boost. Well, as I briefly mentioned in that article, this hormone also plays a role in erectile dysfunction. In fact, several years ago, Russian researchers found a significant correlation between lower serum levels of DHEA sulfate (one measurement of DHEA) and erectile function in men with chronic prostatitis, regardless of the man's age.[1]

But it's not necessary to have this problem for DHEA to work for you. It offers a simple, natural solution for anyone battling erectile dysfunction—if it's used in the correct way. But the DHEA capsules you'll find in your local pharmacy or vitamin shop aren't the best option…

Following the natural course

When your body makes its own DHEA, it is produced in your adrenal glands, then released into the bloodstream, where it goes straight to the heart. The heart then pumps the unchanged DHEA molecules to every cell in your body. So every cell that can use DHEA gets its supply of these unchanged molecules, and uses them exactly as Nature intended.

But when you swallow DHEA, it goes to your intestines first, then straight to your liver. For DHEA—and for all other internally secreted steroids, including testosterone, estrogens, and progesterone—the liver serves mostly as a "garbage disposal," adding other molecules (a process technically termed "conjugation"), which act as "routing tickets" for the steroids, mostly routing them back out of the body again through the intestines and kidneys.

So the closest way to mimic the effects of naturally produced DHEA is for it to be absorbed through the mucous membranes right around and

(continued on page 8)

Clinical Tip 144

Forget what you've heard!

Zinc lozenges do tackle colds faster—if you use the right ones

The last thing you probably want to think about right now is coming down with a cold. But we hear about quite a few cases of springtime headcolds at the Tahoma Clinic, so I thought it might be a good opportunity to remind you about some of the most effective ways to ward them off—and to recover faster if you do happen to come down with one. (And this will be equally effective next fall and winter, too!)

I've written about cold prevention several times in previous issues of *Nutrition & Healing* (most recently in the October 2007 issue). And if you've been following the recommendations in those articles—including not eating any sugar, staying away from any food allergies you may have, exercising, and taking your vitamins D and C, as well as other immune boosters including echinacea and American ginseng—you may not even need the advice laid out in the rest of this article.

But, just in case, it's a good idea to know about some recent research about one of the easiest, most inexpensive remedies available. It's one of the items you read about back in October 2007, but last March (of 2008) another randomized, double-blind, placebo-controlled report confirmed zinc acetate lozenges' cold-fighting abilities.[1]

Fifty volunteers used either a zinc acetate lozenge or a placebo every two to three hours. Compared with the placebo group, volunteers in the zinc group had a shorter duration of colds (4.0 vs. 7.1 days); shorter cough duration (2.1 vs. 5.0 days) and shorter duration of nasal discharge (3.0 vs. 4.5 days).

Just be sure you read the label to make sure that the lozenges are zinc **acetate**, not zinc gluconate, zinc gluconate-glycinate, zinc ascorbate, zinc aspartate, or any other form of zinc!

In zinc lozenges, the zinc is always combined with another molecule (acetate, gluconate, ascorbate, etc.). But the molecule that kills cold germs is "ionic zinc"—the positively charged zinc molecule that has been detached (in chemistry-talk, dissociated) in your saliva from it's accompanying molecule. The less zinc dissociates, the less germs it will kill!

The "acetate" form of zinc dissociates 100 percent, leaving all the zinc available to kill those cold germs. Unfortunately, none of the other combinations are quite as effective. The "gluconate" form dissociates approximately 72 percent, the "gluconate-glycinate" form 57 percent or less, and the "citrate," "ascorbate," and "aspartate" forms are close to 0 percent.

Zinc acetate lozenges are available as Zinx® at natural food stores, compounding pharmacies, and from the Tahoma Clinic Dispensary (see "Resources," page 8). (I am not affiliated in any way with the manufacturers of Zinx®.)

The age-defying memory booster science has been ignoring for 500 years

By Kerry Bone

New research from a team of Australian and British scientists has uncovered what may very well be the best natural memory booster on earth. Studies show this simple herb reverses brain aging and may even beat back some of the devastating effects of Alzheimer's disease. But what makes this breakthrough even more astounding is that scientists have been ignoring its brain-protecting potential for nearly 500 years!

That's right—for centuries, the herb showing so much potential for preserving memory has been mainly used for hot flashes, excessive sweating, and infections of the mouth and throat.[1] But "once upon a time" herbalists knew that sage (technically known in the herbal world as *Salvia officinalis*), had much more to offer. In fact, back in the 16th century, English herbalist John Gerard wrote that sage "is singularly good for the head and brain and quickeneth the nerves and memory." And in 1756, famed herbalist John Hill made what appears to be the earliest link between sage and Alzheimer's disease (AD) when he wrote that the herb "will retard that rapid progress of decay that treads upon our heels so fast in latter years of life, will preserve faculty and memory more valuable to the rational mind than life itself."[2] But ironically, despite these early writings, for the past several centuries, the memory-boosting effects of sage have been all but forgotten.

Luckily, when the team of Australian and British researchers decided to study the effects of plants on memory, the looked back to what these wise men had to say—and rediscovered sage.

The natural alternative to Alzheimer's drugs

Initially, the scientists found that sage extracts possessed significant antioxidant, anti-inflammatory, and cholinesterase-inhibiting activities.[3] Cholinesterase prevents acetylcholine, a major neurotransmitter, from doing its job by breaking it down into two inactive metabolites. Preventing this breakdown helps protect mental function. In fact, the current conventional drugs for treating AD are cholinesterase inhibitors.

The next step in their research was to test sage in healthy young volunteers.[4] In the first trial, 20 participants received 50, 100 and 150 µL of a standardized essential oil extract of a specific type of sage called *Salvia lavandulaefolia* and placebo. In the second trial, 24 participants received 25 and 50 µL of a standardized essential oil extract of *S. lavandulaefolia* and placebo. In both studies, the 50 µL dose of sage essential oil significantly improved immediate word recall. These results were the first systematic evidence that sage was capable of improving memory.

The research team followed up this early work with a pilot, open-label study in patients with AD. The trial included 11 patients between the ages of 76 and 95 who had mild to moderate AD. Over the course of six weeks, the participants' dose was increased from 50 µL to 150 µL. During the study period, there were some promising indications of a therapeutic effect, specifically reduced neuropsychiatric symptoms and improved attention. And none of the patients experienced any adverse physical or neurological effects during the study.

Reverse brain aging

But the most recent addition to this research team's studies on sage was a trial investigating the herb's effects on memory and attention in healthy older volunteers.[5] The researchers used a randomized, placebo-controlled, double blind, crossover design to investigate the effects of a single dose of sage over a 6-hour period (with assessments at 1, 2.5, 4 and 6 hours). Twenty volunteers with an average age of around 73 received one of four active doses of extract or a placebo at each visit, with a seven-day wash-out period between visits. The doses of extract used were 167, 333, 666 and 1,332 mg respectively

Compared with the placebo phase (which generally exhibited a decline in performance over the 6-hour test period), the 333 mg extract dose of sage caused a highly significant enhancement of longer-term memory at all testing times. There were also benefits with the other doses, but what surprised the researchers was that the higher doses didn't work nearly as well as the 333 mg dose. The study team noted that this is the first time sage has been shown to improve cognitive function in healthy older individuals. The optimum sage dosage of 333 mg extract (around 2.5 g of herb) improved secondary memory by about 30 points. The normal age-related decline for the healthy group tested was around 40 points. So, the benefits they saw in the recent study showed a substantial reversal of the deterioration in secondary memory that typically occurs over the course of about 50 years of normal aging.

They're still not sure how sage works, but all of these studies show that it does. And even if sage isn't the answer for AD, it seems it can help you keep your brain young and your memory in good working order. **KB**

Citations available upon request and on the Nutrition & Healing website: www.wrightnewsletter.com

Natural Response

The new prostate cancer risk ratio every man needs to know

Q: My doctor sent me the following note:

> *"Your di-hydrotestosterone (DHT) levels are high. Your testosterone is high-normal…, your free fraction is fine…, but the DHT is too high… We could put you on some Proscar® or Propecia® to bring it down. The saw palmetto you're taking doesn't seem strong enough. Let me know what you want to do."*

I really don't want to take a patent medicine for all the reasons you write about, but he says DHT is carcinogenic, and that's not good for me either. What would you recommend?

—A.H., via e-mail

JVW: As your physician says, DHT is pro-carcinogenic…but now, as Paul Harvey would have said, here's the rest of the story…

Just like estrogens, testosterone has pro-carcinogenic and anti-carcinogenic metabolites. While it's true that DHT is pro-carcinogenic, the very next metabolite after DHT in this pathway, androstanediol (ann-dro-*stane*-dye-all), is an anti-carcinogen. In technical terms, DHT is a "de-differentiating agent" (meaning that it leads to cellular disorganization which can be precancerous) but androstanediol is a "re-differentiating agent" (meaning that it causes cellular re-organization which leads away from cancer). (To be even more technically correct and complete, both DHT and androstanediol come in "alpha" and "beta" forms, but the "alpha" form is the one that is most frequently measured.)

Those of you who have been reading *Nutrition & Healing* for some time, probably remember the "2/16" estrogen ratio—the ratio of anti-carcinogenic 2-hydroxyestrogen to pro-carcinogenic 16-alpha-hydroxyestrogen. Researchers have found that a favorable ratio (more "2" than "16") is associated with a lower risk of breast and other estrogen related cancers.

But some relatively new research shows that the ratio of DHT to androstanediol may be just as important to monitor for men as the "2/16" ratio is for women. (As yet, this ratio has no name, so for now, I'll call it the "DHT/Androstanediol ratio.") Unfortunately, many well-meaning physicians who monitor DHT haven't heard about this recent research and don't realize that the DHT/Androstanediol ratio may be more important than the DHT level itself.

What's worse, many of these well-meaning physicians (even ones who work with bio-identical hormones) will recommend patent medicines such as Propecia®, Proscar®, and Avodart® to cut down on DHT production without measuring androstanediol, too. And there's no way to know for sure (without measurement) what these patent medicines are doing to the DHT/Androstanediol ratio. (Although, unfortunately, I have seen considerably unfavorable DHT/Androstanediol ratios in many men using these patent medicines.)

In fact, researchers[1] have suggested (without actually using this terminology) that neglecting the DHT/Androstanediol ratio was a major factor in the outcome of the recent Prostate Cancer Prevention Trial.[2] This trial set out to prove that finasteride (Proscar®, Propecia®) would reduce risk of prostate cancer.

And indeed, the researchers reported the risk of cancer in the finasteride group was 24.8 percent less. But among the men who did get cancer, 37 percent of the cases in the finasteride group were highly aggressive versus 22.2 percent highly aggressive cancers in the no-finasteride group. In other words, finasteride might mean less prostate cancer risk, but when cancer occurs when finasteride is used, it's likely to be more aggressive—which translates into a greater chance dying from this disease, rather than outliving it as many men do.

But back to your question…

As a first step, I'd suggest you ask to have your androstanediol level measured, and your DHT/Androstanediol ratio calculated, so you can be better informed before making any decision. Although there's no absolute proof of this yet, it appears logical that more "anti-carcinogen" than "pro-carcinogen" is a very good idea, so for now it appears reasonable to say that favorable ratios are greater than 1, and ratios of less than 1 indicate increased risk.

In general, I recommend that men stay strictly away from Proscar®, Propecia®, and Avodart® altogether. I've seen too many men taking these patent medicines who have DHT/Androstranediol ratios of less than 1, often much less than 1. (But for anyone who does decide to take one of these medications, be sure to have your DHT/Androstanediol ratio measured before and shortly after starting.)

You might want to consider talking to your physician about trying one of Nature's more gentle 5-alpha-reductase inhibitors, such as zinc and gamma-linoleic acid, both of which are essential nutrients as well as 5-alpha-reductase inhibitors.

Of course, it's important to note that I've also seen a few cases where someone took so much saw palmetto that his DHT/Androstanediol ratio fell below 1. And it doesn't matter whether the low ratio is due to a patent medicine, an herb, or anything else—the risk is the same.

One testing outcome we see fairly regularly at the Tahoma Clinic is DHT and androstanediol levels that are both too high, but still favorably balanced (with a DHT/Androstanediol ratio greater than 1). Most of the time, lowering the dose of testosterone the person is taking brings both of these levels back into "normal" range, while still keeping the DHT/Androstanediol ratio where it needs to be.

back pain remedy

(continued from page 4)

vitamin B_6) was banned after a patent medicine company paid the FDA to "approve" a precise duplicate version of the very same vitamin, which they renamed "Pyridoril." Pyridoril does the same thing as "regular" pyridoxamine—but it costs much, much more. Now that regular pyridoxamine isn't available, though, consumers have been backed into a corner, with Pyridoril as their only option for this valuable nutrient.

Los Federales are also still trying to eliminate estriol, a safe estrogen made in enormous quantities during every pregnancy, while another patent medicine company is attempting to get estriol "approved" under the name "Trimesta."

And (once again) the list goes on and on!

I know you've read this from me many times over the past several months, but it bears repeating once again: FDA is broken, and reform is long, long overdue. But I want to remind you that you can help make that happen. Please visit www.reformFDA.org to read much more about the effort being led by the American Association for Health Freedom, the Life Extension Foundation, and other key health organizations. And, if you haven't already done so, *please consider signing the petition!*

And this month, I hope you'll also consider helping to restore IV colchicine for safe, effective IV use! Dr. Daniel Bies is leading the effort to make colchicine available once again to people suffering from back pain. Please contact him to express your support. Letters can be sent to Dr. Daniel Bies, 687 Atlantic City Boulevard, Bayville, New Jersey 08721, or you can call (732)237-2200 to find out more. **JVW**

Citations available upon request and on the Nutrition & Healing website: www.wrightnewsletter.com

I'm very grateful to Dr. Daniel Bies, D.C., M.S., and Dr. Richard Menashe, D.O., for continuing to prod me to write this article and supplying much of the data to do so!

DHEA for erectile dysfunction

(continued from page 5)

outside the anal area (the same area hemorrhoids may occur). (For women who use DHEA—for other purposes, of course—the vaginal or labia areas also have mucous membrane surfaces.) When DHEA is applied to these membranes, it gets absorbed into the bloodstream, where it then follows the natural course through your body, rather than making a detour through your intestines and liver where much of it is targeted for disposal.

So if you want to try DHEA to combat erectile dysfunction, and you want to give it the best chance of working, consult with a physician skilled and knowledgeable in natural medicine and bio-identical hormone replacement, who can write you a prescription for a DHEA crème.

Fortunately the daily dose of crème is very small—typically just 2/10 to 3/10 of a "cc" (which is a dab about the size of a very small pea). It also absorbs quite rapidly, within just a few minutes, so it's a lot less bother than you might imagine.

For more information on DHEA, refer back to the December 2008 issue, which you can download and view for free by visiting www.wrightnewsletter.com and logging on to the Archives with the username and password listed below. **JVW**

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www.acam.org

American Academy of Environmental Medicine (AAEM)
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www.aaem.com

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for appointments only
Phone: (425)264-0059

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American Association of Naturopathic Physicians
Phone: (866)538-2267
www.naturopathic.org

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