JONATHAN V. WRIGHT, MD'S
Green Medicine™
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COPY NATURE™

"Triple-Fat-Gainers": Extra Health Hazards

• Significantly Greater Risks of Cognitive Decline, Cancer, Low Testosterone, High Cholesterol, High Blood Pressure • The Same Diet and Exercise Program Reduces All of These Extra Risks.

Did you know that some of us put on three times more fat while eating exactly, precisely (repetition intended!) the types and quantities of foods as others? Did you know that these "triple-fat-gainers" will ultimately be diagnosed with type 2 diabetes? And that the same body chemistry—uncorrected—significantly increases risk of dementia, cancer, cardiovascular disease, loss of vision, and kidney failure? And that's not all!

The term "triple-fat-gainer" is literally descriptive of the outcome of one of many "sugar research" studies done by Prof. John Yudkin, MD, PhD, of Queen Elizabeth College in London. My reading this study and his 1972 book about sugar—*Pure, White, and Deadly*—just before opening the Tahoma Clinic in 1973 has guided my approach to prevention and treatment of type 2 diabetes ever since.

"Triple-fat-gainer" is my term describing the average nine pounds gained by university students with a family history of type 2 diabetes as compared with the average three pounds gained by other university students with no family history of type 2 diabetes *in just one month, while both groups were eating exactly the same high-sugar diet!* Yes, that's nine pounds as compared with three pounds: "triple-fat-gainers"! The body chemistry which causes this triple-fat gain is unfortunately shared by 115 million[1] of us in these United States. As the population of our country is 318.9 million[2] (both figures from 2014), that's 36% of us!

How can it be that a little over one in three are "triple-fat-gainers"? Have chemicals in food, food refining, water pollution, air pollution, cell phone towers, chemtrails, lack of exercise, and all the other hazards of "modern" civilization caused it? Many of these problems can aggravate and accelerate this situation, but aren't the actual cause.

> The unrelenting pressure of carbohydrates "every day, every day" causes a decades-long upward spiral of "more insulin, more insulin resistance."

The cause is hundreds of thousands of years old! Way back then, having the body chemistry of a "triple-fat-gainer" was actually an advantage! And it wasn't accompanied by higher risks of all the diseases listed above. Why was triple-fat-gaining body chemistry an advantage—good for us!—hundreds of thousands of years ago, and actually continued to be good for us until the "invention" of farming, which (depending on which researchers we're reading) was "only" 9,000 to 11,000 years ago? Before farming, humans living in the northern and southern hemispheres ate what they could find—small animals, large animals, fish, various roots, leaves . . . where's the "carb" in that? Yes, fruits, berries and mushrooms appeared "in season," but except in the tropics, there wasn't a gatherable supply of relatively high carbohydrate foods year-round.

What do foods higher in carbohydrate do in our bodies? When digested and absorbed, higher carbohydrate foods raise blood sugar (glucose), which in turn signals the pancreas to make more insulin. Insulin's job is to help transport the glucose into nearly every cell in our bodies, where it is "burned" for energy, and any excess is stored as fat.

No one yet knows when, where or how, but back in the "mists of prehistoric times" when hunting, fishing and gathering were the only ways to eat, some (but definitely not all) peoples' insulin secretion response to eating carbohydrates changed dramatically. As compared with everyone else, these individuals' pancreatic islet cells would make twice, three times or more the amount of insulin in response to eating carbohydrates.

When more insulin was secreted, more sugar was transferred into nearly every cell in their bodies. The larger amount of sugar couldn't be "burned" all at once for energy, so more of that sugar was stored as fat, and—there we have it—these individuals are the "remote ancestors" of our modern-day "triple-fat-gainers," and at that time, being a "triple-fat-gainer" was an advantage, very specifically a survival advantage for the "hunter-gatherer" humans living in the northern and southern hemispheres of our planet.

In those areas, higher carb foods—fruits and berries—were available only at specific times of years, mostly later in the summer and into early fall.

Continued on next page

IN THIS ISSUE

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Green Medicine™

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OUR PURPOSE

Green Medicine 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 since 1973 at the Tahoma Clinic, now in Tukwila, Washington. 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.

In 1992, Dr. Wright was among the original founders of the American Preventive Medical Association—now known as the Alliance for Natural Health USA—which was created to defend integrative doctors from relentless and coordinated attacks from the conventional medical establishment and the government agencies that protect them. Now one of the leading voices in natural health policy, the Alliance for Natural Health USA continues this mission by organizing half a million grassroots activists to protect access to natural, preventive medicine.

Dr. Wright and ANH-USA are proud to be teaming up once again to empower consumers to exercise their inalienable rights to choose their own healthcare, and to warn the public of continual, pervasive attempts from both government and private organizations to restrict them.

MOVING? MISSED AN ISSUE?

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"Triple-Fat-Gainers": Extra Health Hazards

Continued from previous page

When individuals possessing the "triple-fat-gainer" pattern of insulin secretion ate those seasonal berries and fruits, they put on three times as much fat as individuals by the time winter arrived as did individuals with the "regular" insulin secretion pattern.

When cold and relatively cold winters arrived and food was scarce and sometimes very scarce, the "triple-fat-gainers" were of course fatter, and more likely to survive until springtime—and have children—than individuals with the regular insulin secretion and lower fat storage pattern, who just might not make it through a colder, scarcer food winter. Even after farming arrived, there were still "feast and famine" times; among other places, they're mentioned more than once in the Bible. "Triple-fat-gainers" would be more likely to survive famines, too.

So the "triple-fat-gainers" insulin secretion pattern was a survival advantage for most of human history. Why has it "morphed" into such a disease-causer in just the last century or two?

The problem is that extra-high insulin signal evoked by carbs. If it's unusually high for those few weeks a year when hunter-gatherer people are "chowing down" on berries and fruits (almost forgot the occasional victory over bees resulting in extra honey consumption!) but not higher the rest of the year when there's very little carb stimulus, human bodies can handle that. But in "modern times" when sugar, high-fructose corn syrup, and many other varieties of carbohydrate are available "24/7," our bodies start to ignore that high insulin signal. Technically, that's called "insulin resistance."

Think of it this way: when your Dad or Mom yelled at you from time to time when you were a child, you listened and likely did as you were told. But if your Mom (or more likely Dad) yelled at you all the time, you "tuned out." The longer the yelling went on, the less you responded. It's the same with our bodies' response to high insulin—if it's not present very often, not a problem, if present all the time, our bodies try to tune out.

But what would happen if the insulin couldn't get the blood sugar into the cells? We'd rapidly run out of energy to burn for nearly every bodily process! So when our bodies try to ignore the high insulin signal by developing "insulin resistance," our pancreas islet cells make an ever-increasing amount of insulin to keep putting the same amount of sugar into the cells.

The unrelenting pressure of carbohydrates "every day, every day" causes a decades-long upward spiral of "more insulin, more insulin resistance, even more insulin, even more insulin resistance, even more insulin than that, even more insulin resistance than that, and ever-upward" which culminates with insulin resistance so "tough" that even the by-now-extremely high insulin signal can't get as much sugar as before out of the blood into the cells. So there's progressively more sugar in the blood, and when that's detected it's "officially" diagnosed as type 2 diabetes: high blood sugar *and* high insulin! (For the record, type 1 diabetes is high blood sugar and very low or no insulin.)

This situation is completely correctable without any patent medications at all! (More about that later.) For now, let's briefly review four of the many troubles caused by that decades-long upward spiral of insulin.

High Insulin and Cognitive Impairment

We'll start with a quote from a research review:[3]

> Insulin is a master regulator of . . . aging in all known species, determining the rate and expression of aging in multiple body systems. Thus, it is not surprising that insulin also plays an important role in brain aging and cognitive decline that is associated with pathological brain aging . . . . Brain insulin resistance may be associated with neurodegenerative diseases such as

Continued on page 4

Effective Then, Effective Now:
91% of Seventy Women Completely Relieved in Three Days from
Nausea and Vomiting of Pregnancy

We humans have had the same bodies and body chemistry (with of course unique individual variation) for the last two or three hundred thousand years. Some real experts say even longer! So if any human health problem could be safely and successfully improved or eliminated in the past, it's very likely that the same human health problem can be eliminated today using the same treatment.

That's what "Effective Then, Effective Now" is all about. This month we'll focus (as the title says) on eliminating nausea and vomiting of pregnancy, a problem that's very likely been around for millennia, although some might say it's been more common with changes in diet and environmental pollution. But no matter how long this problem has existed, it's possible to eliminate it within a few days for the large majority of women suffering from it.

In 1979 this safe and effective treatment was mentioned in my *Book of Nutritional Therapy*.[1] In 1984, *Guide to Healing with Nutrition* expanded this mention (and footnote reference) to a nine-page case history and discussion.[2] The original publication[3]—published in 1952 in the *American Journal of Obstetrics and Gynecology*, no less—reported that sixty-four of seventy (91.4%) women suffering from nausea and vomiting of pregnancy were *completely relieved of all nausea and vomiting* within seventy-two hours . . . that's three days! (Hang in there, exact details below!) Three of seventy (4.2%) were relieved of vomiting but were still nauseated, and the other three (4.2%) had no relief.

Since the late 1970s (when my practice included helping women with their home births) the percentages of women helped by this treatment have remained at approximately nine out of ten. So why doesn't every practicing Ob/Gyn physician recommend this treatment? You very likely know the answer: it's all natural, unpatentable, can't be sold at an inflated price, and isn't "approved" by *los federales.*

In 2010—fifty-eight years after first publication of this very safe, successful treatment—the *New England Journal of Medicine* published an article reviewing treatments for nausea and vomiting of pregnancy, which concluded there was no reliably effective treatment. So I wrote them the following two-hundred-and-fifteen-word letter and received the response below:

Editor, *New England Journal of Medicine*:
October 25, 2010

Thank you for the comprehensive review of treatment of nausea and vomiting in pregnancy (NEJM 2010:363;1544-50).

From the 1970s to the present, I have found the treatment with vitamins K3 and C described by Merkel in the ***American Journal of Obstetrics and Gynecology*** (1952;64:416-418) to be safe and effective in the very large majority of nauseated, vomiting, pregnant women.

In 70 such women, Merkel used 5 milligrams of vitamin K3 (menadione) and 25 milligrams vitamin C (as ascorbic acid) given *simultaneously* orally, reporting that 64 of 70 had complete remission within 72 hours. Three were relieved of vomiting, but nausea persisted, and three did not respond to this treatment.

Merkel emphasized that *simultaneous* administration is necessary for this treatment to be successful.

As 25 milligram tablets or capsules of vitamin C have not been available for years, I have used 500 milligrams with 5 milligrams of vitamin K3 with the same degree of success. I have also observed that the occasional treatment failure can frequently be "reversed" with simultaneous injections (instead of continued oral administration) of the same vitamins.

—Jonathan V. Wright, MD
[Tahoma Clinic, www.tahomaclinic.com]

November 5, 2010
Dear Dr. Wright,

I am sorry that we will not be able to print your recent letter to the editor regarding the Niebyl article of 14-Oct-2010. The space available for correspondence is very limited, and we must use our judgment to present a representative selection of the material received. Many worthwhile communications must be declined for lack of space. Thank you for your interest in the Journal.

Sincerely,
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Right! The *New England Journal* had just printed that there's no effective remedy, so why let anyone—especially nauseated, vomiting women—know that the possibility of a safe and effective treatment (published in a very respectable medical journal) might exist?

One other detail: Vitamin K3 is no longer available in anything but a homeopathic form. And—as noted in the letter above—vitamin C is no longer available in a 25 milligram size. So my current recommendations are a combination of vitamins K1 and vitamins K2 as MK-4 and MK-7 (all available in combination in one capsule; usually two capsules are needed to make five milligrams total vitamin K) along with vitamin C 500 milligrams, taken (as Dr. Merkel emphasized) *at the same time* once daily.

And unlike patent medicines, these are safe during pregnancy. Tens of thousands of newborn infants were given vitamin K injections to prevent what was until relatively recently termed "hemorraghic disease of the newborn."

Effective then, effective now! ●

Endnotes on page 8

How To Determine If You Are A "Triple-Fat-Gainer"

- Why Should You Care?
- Self-Testing, Laboratory Testing

Why should you care? After all, Mother told us that "if you're too fat, eat less!" Shouldn't that take care of it for all of us? As noted in the article starting on page 1, that may be the case for the approximately two-thirds of us who don't have the hyperactive insulin response to sugar and carbohydrate characteristic of "triple-fat-gainers," who—as shown by Dr. Yudkin's research—gain three times as much fat while eating exactly the same foods with exactly the same "high-carb" content!

If you're a "triple-fat-gainer" you almost certainly (if you live long enough) will be diagnosed with type 2 diabetes, and you're at much greater risk for developing dementia, cancer, cardiovascular disease, loss of vision, and kidney failure. So is there a test to find out if you're a "triple-fat-gainer"?

There are actually two tests. The first is a safe, do-it-yourself-at-home test—always one of my favorite types of test! The concept is easy, but the implementation can be less than easy for many of us. What is it? Get one or more of the *Paleo Diet* books written by Loren Cordain, PhD (with or without co-authors, depending on which one). The only other book you'll need is *The 12-Minute Fitness Revolution* by Al Sears, MD, which describes "interval training" exercise and the research that supports its use.

Yes, it takes some effort, but if you follow the Paleo diet, eating as much as you want if it's "in the book," and do the interval training for twelve minutes three times weekly (it's actually a total of thirty minutes thrice weekly as there is a "rest and recovery" time after each interval of intense exercise), and you lose an unexpectedly (for you) large amount of weight while co-incidentally feeling notably better, you're very, very likely a "triple-fat-gainer"!

The other type of test is often favored by engineers, accountants, and others who want "hard data," including researchers. As you might expect, it checks your insulin and blood sugar levels before and at several intervals after you swallow a measured amount of glucose. It can be done by drawing blood at these intervals, or by a "fingerstick" done at the same intervals to obtain a blood drop or drops from the finger, then pressed into filter paper, dried, and sent off for laboratory testing. (Further details are available at http://meridianvalleylab.com/?s=Kraft+prediabetes+test&submit=Search.)

And yes, I am the medical director for Meridian Valley Lab (MVL). After reading Dr. John Yudkin's 1972 book *Pure, White, and Deadly,* and then Dr. Joseph R. Kraft's 1975 publication about detecting type 2 diabetes decades before it's usually diagnosed and then following his advice for forty years, I'm more than convinced (if that's possible) about its precise diagnostic capabilities and its value in everyday health care.

So I encouraged MVL to further develop both versions of what is now called the Kraft Prediabetes Profile, pioneered by Dr. Joseph R. Kraft (www.diabetes-epidemic.com) and also explained in his book *Diabetes Epidemic and You.* If you're "into" very precise data about your insulin response to sugar and carbohydrate, there's no test better than this one.

However, either the self-test or the Kraft Prediabetes Profile will "do the job," and help you to achieve better health (and lose considerable fat if you're a "triple-fat-gainer") in a safe, all-natural way. ●

"Triple-Fat-Gainers": Extra Health Hazards

Continued from page 2

Alzheimer's disease, and the condition which precedes Alzheimer's disease, known as "amnestic mild cognitive impairment." With 115 million Americans either pre-diabetic (insulin signal spiraling ever-upward) or already diagnosed with type 2 diabetes, it's no wonder that cognitive impairment and Alzheimer's disease are affecting more and more millions!

High Insulin and Cancer

Leptin is a hormone made by fat cells; more fat cells, more leptin. Higher insulin levels (which occur in ever-greater amounts for decades before the actual diagnosis of type 2 diabetes) increase leptin production; higher levels of cortisol (the well-known stress-response hormone) also increase leptin[4]. "Triple-fat-gainers" (who ultimately become type 2 diabetics) of course have more leptin than others.

Research using prostate cancer cells found that leptin decreased the response of the estrogen receptors designated as "beta" receptors (ERb), which are known to be "anti-carcinogenic" receptors.[5] In experimental animals, stimulation of ERb with the anti-carcinogenic testosterone metabolite 5a-androstane-3b,17b-diol ("3b-Adiol"), causes regression of prostate cancer and counteracts metastasis (remote spread).[6]

So even if a man's levels of "3b-Adiol" are adequate, the more leptin he has, the less well 3b-Adiol can help his prostate fight cancer.

In addition to "stealing" some of the anti-carcinogenic effect of ERb, leptin also increases the activity of the pro-carcinogenic estrogen receptor alpha (ERa). It's a "double whammy": leptin increases pro-cancer activity and decreases the anti-cancer activity of estrogen receptors, for both men and women!

We're not done with the cancer-promoting effects of leptin. Leptin increases levels of another pro-carcinogenic estrogen,

Continued on page 6

Parkinson's Disease: New Hope

- Vitamin B1 Injections Significantly Reduce Parkinson's Symptoms
- All Symptoms Eliminated In a Few "Early" Cases

Well, not totally new. The first three case reports[1] were published in 2013. A 2014 publication[2] described the same treatment when added to conventional patent medication already being given to Parkinson's sufferers. The longest-term treatment report[3] published in 2015 involved fifty individuals. All three publications reported significant and sustained improvement in Parkinson's disease symptoms, and in a minority, sustained *elimination* of Parkinson's symptoms!

As this relatively new treatment is natural, quite safe, and can possibly be "do-it-yourself," it's time for anyone suffering from Parkinson's disease to think about trying it, whether already taking conventional patent medications or not.

The first three individuals were newly diagnosed with Parkinson's disease and taking no anti-Parkinson's treatments at all. They were given intramuscular (IM) injections of thiamine (vitamin B1), 100 milligrams twice weekly. The researchers wrote: "The therapy led to a considerable improvement in [motor functions] ranging from 31.3% to 77.3%." They also wrote: "From this clinical observation it is reasonable to infer that a focal, severe thiamine deficiency due to a disorder of thiamine metabolism could cause a selective neuronal damage in the centres that are typically hit in this disease." In plain English, the researchers were guessing that in Parkinson's disease there is a very local and very severe thiamine deficiency that doesn't exist anywhere else in the body.

The 2014 report described treatment results after three months in three newly diagnosed (with Parkinson's disease) individuals taking no patent medicines at all, and another thirty-three individuals with Parkinson's disease who had already been taking conventional patent medications. The researchers wrote about their results after three months of thiamine injections (IM), 100 milligrams twice weekly: "Long term and continuous administration of thiamine was effective in improving motor and non-motor symptomatology in Parkinson's Disease patients." (For the technically inclined, $p<0.000001$).

Also in this 2014 publication, the three newly diagnosed individuals who'd taken no conventional patent medicines at all were reported to have had "complete clinical recovery, without necessity of [conventional patent medicine] therapy."

The longest-term research report (2015) involved fifty individuals (thirty-three men, seventeen women), seven of whom were newly diagnosed and taking no conventional patent medicines. The other forty-three had been taking conventional patent medicines for variable lengths of time. Their average ages were ~70 years, and the average duration of Parkinson's disease in each was ~7 years.

The treatment was the same, thiamine 100 milligrams injected IM twice weekly. The researchers wrote: "Thiamine treatment led to significant improvement of motor and non-motor symptoms . . . within three months and remained stable over time. Some patients with a milder . . . type had complete clinical recovery."

For the more technically inclined, the researchers expanded on the thiamine-Parkinson's disease link in this report, writing (with citations to be found in the original):

> Several factors may link thiamine to Parkinson's disease. Decreased activity of thiamine diphosphate-dependent enzymes (mainly α-keto-glutarate dehydrogenase) has been reported in the nigral neurons of patients with Parkinson's disease; this reduction is not related to patient malnutrition. Some authors observed lower free thiamine levels in the cerebrospinal fluid of patients with Parkinson's disease as compared with controls. Experimental findings showed increased dopamine release in rat striatum after intrastriatal thiamine administration.

Back to plain English: it appears that the use of thiamine for Parkinson's disease was much more than just a lucky guess!

And about guessing: it's not hard to guess that this research using an inexpensive non-patentable natural molecule was done in Italy, not in these United States, and also to guess that even if the number of patients showing significant improvement were to grow to millions, this treatment will never, ever be "approved" by *los federales* . . . .unless (of course) a patent medicine company were to invent a totally unnatural "analog"!

What does this mean if you, a family member, or a friend has Parkinson's disease? It's just as easy to give a "B1 shot" as a "B12 shot"; almost all of the people with whom we work at Tahoma Clinic who need on-going B12 injections learn to give their own, at home. If you want to try this personally or for a family member, check with a physician skilled and knowledgeable in natural medicine to learn how to give thiamine injections.

But are injections really needed? These injections are given into a muscle somewhere in the body, whence the thiamine travels to the brain. Another way of getting to thiamine to the brain is to swallow it! It definitely goes from the intestines to the brain; it's possible that more than 100 milligrams each time might be needed, as intestinal bacteria might use some of it. Fortunately, although thiamine overdose symptoms are possible, they're rare. Fatal thiamine overdose has never been reported.

One other note: when using any one of the B-complex vitamins, it's best to use the rest of them (as "B-complex") as many of their actions are interdependent. The quantities usually do not need to be equal to the amount of the "main" B vitamin. ●

Endnotes on page 7

Continued from page 4

4-hydroxyestrone, and decreases levels of the anti-carcinogenic estrogen 2-hydroxyestrone as well as levels of the exceptionally potent anti-carcinogenic estrogen 2-methoxyestradiol. (2-methoxyestradiol is so potent that patent medicine companies are frantically scrambling to make an unnatural but patentable "derivative" of it!)

Once again, leptin is decreasing "good" estrogen and increasing the "bad" version of estrogen, giving both men and women higher risk of cancer.

Remember: Excess insulin = more fat = more leptin = higher cancer risk.

One more note: in postmenopausal women, "metabolic syndrome" (which is caused by a decades-long overly high insulin signal, see above and below) is associated with more aggressive breast cancers.[7]

High Insulin, Less Testosterone for Men and Women

This one's so well known to research scientists that I'm not bothering with any footnotes. (Shouldn't more than one footnote be called feetnote? But back to the real topic. . . .)

In both men and women, testosterone is transformed into estrogen by an enzyme called "aromatase." By Nature, women's bodies transform testosterone into estrogen very efficiently, leaving only a little testosterone behind. Men are much less efficient at (among other things, just ask many women about male efficiency!) transforming testosterone into estrogen, so quite obviously men have significantly more testosterone than estrogen. All according to Nature's plan.

Nature didn't plan the "modern" diets still followed by many. Most modern diets stimulate much more insulin secretion than hunter-gatherer diets. As you read above, "modern" diets stimulate very much more insulin in "triple-fat-gainers," and ever more than that as the years go by.

More insulin makes the aromatase enzyme go faster and faster, turning more and more testosterone into estrogen. This impacts men more noticeably than women; as more estrogen is made, things don't work as well for men in the sexual function department. Higher than usual estrogens aren't good for prostate glands, either. In severe cases, men develop "man boobs"!

More insulin makes a woman's aromatase enzyme go faster too, with the same result. More estrogen is made, less testosterone left behind. To quote a well-known politician, "What difference does that make?" As in that politician's case, it makes quite a difference.

For some (but certainly not all) women, testosterone is important for libido. As muscle is just as testosterone-dependent in women as in men, less testosterone means less muscle mass, significantly raising risk of becoming a "little old lady."It's not as well known that women's moods are not just affected by estrogen and progesterone, but also by testosterone and DHEA, the "adrenal androgen." One of Tahoma Clinic's medical assistants told me she could tell when women using bio-identical hormone replacement were using adequate androgens "because they quit calling me on the phone all the time!"

High Insulin and "Metabolic Syndrome"

Remember, the unique metabolic difference between "triple-fat-gainers" and others is a significantly higher-than-usual insulin response to even one day's worth of carbohydrate intake. Sooner or later, that unusually high (and now every day high) insulin response causes "metabolic syndrome," sometimes starting as early as childhood. (Quick review: "metabolic syndrome" is defined as a combination of two or three or all four of the following: high blood pressure, high cholesterol, abdominal obesity, and the recent (research-proven[8,9,10,11]) addition of osteoarthritis, which is also called degenerative joint disease). "Triple-fat-gainers"—almost always children and younger adults—who don't already have "metabolic syndrome" will almost certainly develop it if they (or their parents) don't recognize what's happening and take steps to prevent it.

The Same Health Program Eliminates All These Extra Risks!

So what to do? Treat the cause, not the symptoms! Patent medications to lower cholesterol and blood pressure do nothing at all to get at the cause of metabolic syndrome, that persistently high insulin signal. To reduce that now-persistently-high insulin signal (worst in "triple-fat-gainers") stimulated by eating way more carbohydrates (starches and sugars) than were ever available in "hunter-gatherer" times, the only program that can possibly (and safely) treat the cause is a return to a low-carbohydrate, "hunter-gatherer" type diet (Paleo Diet) along with "hunter-gatherer" type exercise (termed "interval training" in modern times).

If done strictly, this will actually eliminate the cause of the "metabolic syndrome" and simultaneously prevent type 2 diabetes. Yes, there are supplements that will help the process (more about those in another issue), but without strict adherence to the very specific "caveman" (and of course "cavewoman") diet and exercise programs, these supplements can't do the job.

For many, it's not easy to make these changes, but when they're adopted, they work. Metabolic syndrome slowly disappears. Type 2 diabetes is prevented! No patent medicines required! And as a bonus for "triple-fat-gainers," they lose all that excess fat! A small bonus point: Almost all "triple-fat-gainers" who've followed the Paleo Diet and exercise program have told me they've been able to eat as much as they want and continue to lose weight if everything they ate was "in the Paleo book." ●

Endnotes on page 8

Your Doctor Can't Be Trusted . . .

- FDA Prevents Your Doctor from Stocking Compounded Vitamins, Other Medicines
- Please Help Your Doctor Help You!

Your doctor can't be trusted with methylcobalamin injections? The most active form of vitamin B12 is not allowed to be stocked in your doctor's office? What's going on? Physicians have had vitamin B12 injections available in their offices since Merck and Co. first put a patented version (US patent #2595499, "Process for the Production of Vitamin B12," publication date July 10, 1942) on the market, so it could be put to use whenever needed.

So why can't your doctor be trusted with vitamin B12 in his or her office in 2016? Let's see: There's never, ever been a death from any form of vitamin B12, including methylcobalamin. There's never, ever been anyone hospitalized from an overdose of vitamin B12, there's never, ever been a serious adverse effect. Yes, it is possible to drown in a bathtub full of liquid vitamin B12, but that would be rather expensive; besides, your doctor would never recommend that much.

So: maybe some rogue physicians have been smuggling or bootlegging vitamin B12, selling it "on the street" to neighborhood drug runners? Maybe a few physicians have been charging extortionate prices, "marking it up" to $1,000 per shot in the same way that the patent medicine companies have been doing lately?

No, not that either. Your doctor can't be trusted with vitamin B12 in his or her office because of—you guessed it—*los federales'* ongoing "War on Pharmacy Compounding" and their nearly century-old "War on Natural Medicine"! (No kidding about *los federales'* "War on Natural Medicine" either; in your computer search engine, enter "Fitzgerald Report 1953" for information about this long-lasting war, as printed right in the *Congressional Record*.)

Your doctor can't just ask his nurse or assistant to give you a vitamin B12 shot, the same B12 shot that gives so many of us "older folks" some extra energy because our bodies aren't absorbing vitamin B12 very well, certainly not as well as when we were younger? (We'll cover the reasons for that at another time.)

No, if your doctor thinks you need an injection of the very best form of vitamin B12, methylcobalamin, he or she must write you a prescription, or phone it into your favorite compounding pharmacy. Off you go to the compounding pharmacy, where you get to wait who knows how long for the prescription to be filled, as compounding pharmacies aren't allowed to prepare the injection until they have that prescription for it! They're not allowed to be prepared in advance; pharmacists must wait to compound each prescription until after it's written or phoned in.

After that, you get to drive (or be driven) back to your doctor's office (if it's still open) to get your vitamin B12 shot. Or maybe you can do the whole trip over again the next day.

NO KIDDING! From the 1950s until 2015, your doctor could keep Vitamin B12 injectable (including the methylcobalamin form when it became available) in his or her office. Now, it's illegal. Makes a lot of sense, right?

And that's not all your doctor or dentist can't be trusted with in his or her office any more. The following is a list of items that were until recently available through your doctor or dentist's office so recommended treatment could be started right away, without all the time wasted in trips to (and waiting in) the compounding pharmacy and back. Some are used mostly in natural medicine, some in "conventional medicine." As they're most usually supplied through pharmacy compounding, they're all under attack as part of *los federales'* "War on Pharmacy Compounding."

Here's a (likely partial) list:

To relieve pain:

- procaine injection
- topical ketoprofen-piroxicam cream (used by podiatrists, sports clinics)

For dental patients in pain:

- tetracaine lollipops
- tetracaine-lidocaine gel

(Sorry to interrupt the list; would you rather your doctor, podiatrist, or dentist be able to relieve your pain right away, or do you prefer traveling and waiting for your individual compounded prescription while suffering pain the whole time?)

List continued:

- Glutathione for inhalation or glutathione-NAC for inhalation. Used as a trial in your doctor's office to observe whether breathing is improved in those with COPD. Like vitamin B12, totally harmless.
- And for erectile dysfunction treatment, TriMix or QuadMix (previously for in-office (mostly in conventional medicine) use to determine the correct dose for each individual male with erectile dysfunction.

That's likely not the entire list. More distrust of your doctor is very likely coming soon, mostly—but not limited to—items used by natural medicine doctors.

Please go to www.anh-usa.org/microsite/savecompounding to simply and quickly send a message to your US Senators and Representatives urging them to put an end to *los federales'* various wars on pharmacy compounding, natural medicine, and (unfortunately) many others! ●

Parkinson's Disease: New Hope

Continued from page 5

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"Triple-Fat-Gainers": Extra Health Hazards

Continued from page 6

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Nausea and Vomiting of Pregnancy

Continued from page 3

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