JONATHAN V. WRIGHT, MD'S

Green Medicine™

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IN THIS ISSUE

Dramatically Decrease (or Even Eliminate) Your Risk of Heart Attack and Stroke

- **Less saturated fat, more unsaturated fat, and a special salt cut heart attack and stroke risk by 45% to 50% over thirty years in an entire country!**
- **Phlebotomy or blood donation cut heart attack and stroke risk by 45% to 88% in two research studies.**

According to the Centers for Disease Control and Prevention's most recent statistics[1] (published online in 2016 but actually from 2013), 611,105 Americans died of heart attack and stroke that year. This number could have been cut dramatically—by at least 60%, and very likely more—if the lessons from two separate approaches to cardiovascular disease prevention had been publicized by our so-called "public health" authorities.

Let's start with a thirty-year-long study of cardiovascular disease prevention during which deaths from stroke and heart disease plummeted by 60% throughout an entire country. It absolutely happened, but as patent medicines had only a small role in this public health miracle, it's not coming here to these United States anytime soon. But you can bring it home for yourself!

So where *did* this remarkable decrease in deaths from heart disease and stroke occur? Botswana? Kyrgyzstan? Some other obscure Third World country? No. It happened in a major industrialized European country—Finland.

According to the published research reporting results from this public health project after twenty years, 85 to 90 percent of this dramatic reduction in cardiovascular deaths was due entirely to simple diet changes—the reduction of saturated/unsaturated fat ratio and, according to the study on this phenomenon, a nationwide "replacement of common salt by a novel sodium-reduced, potassium-, magnesium-, and L-lysine HCI-enriched salt, both in home kitchens and in the food industry."[2]

Continuing from this same 1996 report:

> Adherence to anti-hypertensive drug therapy has been quite good. However, the drug treatment does not seem to account for more than 5–6 percent of the observed fall of blood pressure, and 10–15 percent of the decrease in deaths from strokes and ischaemic heart disease.

The report went on to note that during the same time period "marked increases in the intake of alcohol, obesity among men, and smoking among women have been observed."

Wow! While male obesity, female smoking, and alcohol intake all increased to a "marked" degree in the first twenty years of this effort, the death rate from heart disease and stroke *still* declined by 60%, and only 10 to 15% of the overall decline was attributed in any way to patent medicines. If that situation was reversed, and patent medications were responsible for such a positive change, you can bet we'd be overrun with publicity about how patent medicines "save lives."

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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.

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Decrease Your Risk of Heart Attack and Stroke

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So maybe the lack of attention this breakthrough received when the report was published means that it was a fluke. After all, the study was published twenty years ago—the situation must have changed for the worse again, and that's why we haven't heard about it, right? I'm very happy to tell you that's not the case! Not only has this decrease in the death rate from stroke and heart disease continued, the situation has gotten even better!

According to a follow-up study published in 2006, there has been "a 75 to 80 percent decrease in both stroke and coronary heart disease mortality in Finland."[3] And by 2006 there was an increase in life expectancy of both male and female Finns of six to seven years!

Of course, that's "just" Finland—and it's true that this remarkable approach hasn't been researched anywhere else. But two controlled studies, from Taiwan and Australia, have noted similar improvements using only part of the Finnish public health research approach.

In the Taiwanese study, the researchers examined the effects of a potassium-enriched salt on cardiovascular disease mortality and medical expenditures in elderly veterans. Five kitchens of a retirement home serving 1,981 veterans were randomized into two groups: "experimental," using potassium-enriched salt, and "control," using regular (sodium chloride) salt.

After thirty-one months, researchers observed a significant reduction in cardiovascular disease mortality in the "experimental" salt group. The people in the potassium-enriched salt group also spent significantly less for in-patient care for cardiovascular disease than people in the control group. The researchers concluded, "The effect was likely due to a major increase in potassium and a moderate reduction in sodium intakes."[4]

In the Australian study, researchers looked at another aspect of cardiovascular disease—hypertension—and the influence of the sodium-to-postassium ratio. They lowered and raised the volunteers' sodium intake while having them maintain a potassium-rich diet. As you might expect, they found a correlation between higher sodium intake and higher urinary sodium, and a correlation between lower sodium intake and lower urinary sodium. And the urinary sodium/potassium ratio also rose and fell with higher and lower sodium intake. The researchers reported that reducing sodium intake and following a potassium-rich diet significantly decreased systolic blood pressure (the "upper" number).[5]

In the Finnish research, the special salt they investigated was a very-reduced-sodium salt that had been enriched not only with potassium, but also with magnesium and L-lysine hydrochloride.

And in 2009, researchers from Harvard Medical School reported that urinary sodium/potassium ratios have predictive value, too. They concluded, "A higher sodium to potassium excretion ratio is associated with increased risk of subsequent cardiovascular disease."[7] They also noted that the actual ratio of the nutrients is a stronger predictor than either one on its own.[6]

Many more details about potassium and hypertension (and scientific references for the technically inclined) can be found in the very readable book *The High Blood Pressure Solution* by Dr. Richard Moore, available inexpensively for between $3.47 and $5.57 (as this is being written) from www.UsedBookSearch.co.uk.

But there are a few elements that the Finnish studies included that these potassium-only studies left out. The dramatic

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decrease in cardiovascular and stroke deaths had additional natural, non-patent-medicine factors as well as public health interventions involved. In the Finnish research, the special salt they investigated was used *nationwide*—even by the local McDonald's! And this particular very-reduced-sodium salt had been enriched not only with potassium, but also with magnesium and L-lysine hydrochloride.

By now, even conventional medicine agrees that magnesium is a principal mineral—if not the number one mineral—for preventing cardiovascular diseases. According to a review[8] published eight years ago (though this was known decades before and amply confirmed since), "Magnesium plays a role in a number of chronic, disease-related conditions." This article reviewed the current pertinent literature on magnesium and concluded that it plays a major role in regulating blood pressure. The authors also noted that "increased magnesium intake may improve serum lipid profiles. Dietary magnesium is also recommended to aid in the prevention of stroke."

And what about the L-lysine in that "novel salt" used in Finland? Some of you may recall that (along with vitamin C and proline) L-lysine is part of Linus Pauling's treatment for the prevention and even reversal of cardiovascular disease. L-lysine is an essential amino acid and is harmless except in enormous amounts.

It's sad but true that here in these United States, public health authorities are much more focused on vaccinations and other "public health" measures that (accidently, no doubt) coincide with the interests of patent medicine companies. So it's no wonder they haven't paid the slightest attention to the fact that there's an entirely natural (i.e., *unpatentable*) way to decrease the number of cardiovascular disease-related deaths here in this country by as much as 65 percent.

Just for fun, let's use those 2013 CDC statistics above—611,105 total deaths in 2013 from coronary heart disease and stroke—and reduce them by 60 percent. That would mean "only" 244,442 Americans dying of heart disease and stroke. That's still too many, so let's move on to another way to dramatically reduce risk of heart attacks.

After waiting for someone to market an American version of this salt, I contacted Ayush Botanicals of Mercer Island, Washington, to introduce a very similar version.

We don't need to wait for "public health authorities" to adopt the Finnish cardiovascular risk reduction strategy. Chances are good that you've already done some of the things credited by the Finnish researchers with this remarkable result. You've likely cut back on saturated fats, or—even better—switched as much of your animal protein as possible to "free-range, grass-fed" sources and wild-caught, not farmed, fish. You're probably also using fish oil every day, which, as you know, not only helps reduce cardiovascular risk but also has many other health benefits. And you may also already be taking supplements containing magnesium and potassium. Since 2009, there's been another natural tool to consider.

After waiting for someone to market an American version of the "novel, sodium-reduced, potassium-, magnesium-, and L-lysine-enriched salt" used nationwide in Finland, I contacted Ayush Botanicals of Mercer Island, Washington, to introduce a very similar version (it has tiny amounts of selenium, zinc chloride, copper glycinate, silicon dioxide, and potassium iodide). My apologies, it's called "Wright Salt."

I'm not at all thrilled with that name, but the attorneys said it couldn't be called "Heart Health Salt," "Anti-Hypertension Salt," "Reduce Stroke Salt," "Longevity Salt," "Fewer Cardiovascular Deaths Salt," or anything else that would indicate what it actually helped accomplish in Finland. Even though all of those names are accurate, they would be "making a claim." And, as you know, telling the truth about natural health products is illegal in these "free" United States—despite the freedom of speech guaranteed by the First Amendment to the Constitution.[9] (Where's the ACLU on this one?) Why wouldn't the Congress of these United States pass the "Free Speech about Science Act"? But I digress.

"Wright Salt" (apologies for the name, again) will be sale-priced from June 1–30, 2016 through the Tahoma Clinic Dispensary. Go to www.TahomaDispensary.com for details. And, to repeat, I am associated with this product—and am proud to add another harmless (except in enormous quantities) natural product that has the ability to make a very significant difference to your health, your family's health, and the health of entire population of these United States. Especially one that tastes good with whatever you're eating, too!

Dramatically Decrease Cardiovascular Risk Approach #2

But we can do better than even a 75 to 80% risk reduction in cardiovascular events as was achieved and reported by the Finnish professors, as well as the increase in life expectancy of both male and female Finns of six to seven years![10] Let's review another way to dramatically decrease risk of cardiovascular events that you've very likely read about before. It involves no diet change, no exercise, no supplements to take . . . likely many know about this, but here it is again.

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Decrease Your Risk of Heart Attack and Stroke

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First, for men (don't worry, women, you're next): would you like to reduce your risk of heart attack by 88% with one very simple action? I'm not kidding, that 88% number comes directly from actual research. And it likely applies to women after menopause too, among whom the risk of heart attack after age 60 and older is just as high as men. So what simple thing can you do to so dramatically reduce your risk of heart attack? I'll tell you very shortly, but first, a thank you to Dr. Ralph Holsworth, DO.

Dr. Holsworth is expert in an area I knew nothing at all about—and of course it was not taught in medical school: the physics of blood flow. He showed me literally thousands of pages of research papers he'd collected, and one really caught my attention. In this research study,[10] 2,862 men ages 42 to 60 were observed for an average of nine years. Only one man out of 153 (0.7%) who had donated blood had an acute myocardial infarction ("heart attack") from 1984 to 1995, as compared with 316 of 2,529 men (12.5%) who hadn't donated blood.

After all the usual "research adjustments"—age and all other predictive coronary risk factors—the blood-donating men had 88% less risk of acute myocardial infarction as compared with non-blood-donating men. (For the technically inclined, the difference between 0.7% and 12.5% had a $p<0.0001$. For the non-technically inclined, that means it's really, really significant!) The researchers wrote, "These findings suggest that frequent blood loss through voluntary blood donations may be associated with a reduced risk of acute myocardial infarction in middle-aged men."

What about women? Between menarche and menopause, as everyone knows, women have blood loss every month. Once that monthly blood loss ceases—and of course hormone levels drop, too—a woman's risk of heart attack becomes just as high as men within a decade, or a little more.

In addition to what Nature tells us, there's another research study[11] involving women (and men) donating blood and risk of heart attack and stroke. In a five-to-eight-year follow-up of 1,807 women and 2,048 men ages 63 to 95, cardiovascular events (heart attack, stroke) were reported by 64 blood donors (9.77%) and 567 non-donors (17.72%; $p<0.001$). That's a 45% risk reduction—not as good as 88%, but still far, far better than statin drugs or any patent medicine therapy.

> **Frequent blood loss through blood donations may be associated with a reduced risk of acute myocardial infarction in middle-aged men.**

The authors of the research papers summarized above attributed the dramatic reduction in heart attack risk to a reduction in circulating iron. While reducing serum iron may play a very small part, all the rest of the research about blood viscosity ("thickness") has convinced me that the very, very large majority of the reason for the very significant risk reduction was—and is—a reduction in blood viscosity.

There's a very, very good book (written in English, not scientese) that explains why thicker blood (which men and post-menopausal women almost always have) is the number one cause of cardiovascular events. It's available (as this is written) at www.usedbooksearch.co.uk for less than $4, and of course, shipping. Written by cardiologist Kenneth Kensey, MD (who unfortunately is no longer with us) and Carol Turkington, titled *The Blood Thinner Cure*.

The only part of this book with which I disagree is the routine use of aspirin; fish oil properly used (higher EPA fraction for men, higher DHA fraction for women) along with the mixed tocopherol form of vitamin E does a much better job than aspirin of making the blood more slippery—but not less thick—with much less chance (if any) of adverse effects. But I digress.

As this article is already rather long, and there's more to go, here's my summary explanation of how thick blood causes atherosclerosis. First, let's get rid of the rather silly idea that systemic inflammation and too much cholesterol cause cardiovascular disease. If this were actually true, then why have we never, ever heard of an "arm attack"? Or an "intestine attack"?

Think about it: systemic arterial inflammation caused by biochemical factors should be the same wherever our blood flows, right? Not just in the arteries, but the veins, too! Has an "attack" ever happened in veins? Veins, especially leg veins, have been known to form clots, but that has nothing to do with inflammation and cholesterol.

If you've ever looked at pictures or sketches of where cholesterol clogging of the arteries occurs, you've likely noticed that it's at the "branch points" of the arteries surrounding the heart (coronary arteries), and at the "branch points" of the two main arteries in the neck (carotid arteries). Why the branch points?

Imagine a river flowing in a relatively straight course. What happens when the straight-flowing river water encounters an island? The island disrupts that straight course; the water forms whorls, eddies, and other non-linear flows until it gets past the contact point with the island. That's exactly what happens when blood encounters a branch point in an artery, especially those nearest to the heart which carry the full force of each heartbeat. The thicker the blood is, the more abrasive it is; that abrasion causes *local, not systemic* inflammation.

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What happens if we're working hard in the yard and garden, pulling weeds, raking leaves, working hard with your hands? Calluses form on our palms to protect them from the constant abrasion. Since the inside of the abraded arteries can't form calluses, our bodies use cholesterol—whether the circulating cholesterol is high or not—to cover over the abrasion.

If the pounding of thicker blood continues, the inflammation spreads from the margins of the original inflammation now covered over with cholesterol, more arterial inflammation occurs at those margins, more cholesterol is deposited, and the cycle continues. Menstruating women who by Nature have thinner blood have much less if any of this cholesterol accumulate at their arterial branch points. But after menstruation ceases, and their blood slowly thickens . . . and you know the rest.

If you're not thrilled with the idea of blood donation, there is a blood test that will tell you exactly how thick your blood is. Naturally enough, it's called a blood viscosity test, and is available (for now) only at Meridian Valley Laboratory (www.MeridianValleyLab.com). You may be one of the minority of men and postmenopausal women whose blood viscosity is within the range of a menstruating woman, in which case your cardiovascular risk is low already.

But for most of us, one of the best aspects of this second approach—blood donation—is that we can do ourselves some good and do good for someone else at the same time! Can any politician or bureaucrat truthfully claim to have done this?

Decrease Your Cardiovascular Risk Even Further

Let's see: 45% to 88% less cardiovascular risk with blood donation, 60 to 65% less cardiovascular risk with the Finnish approach (remember, 10 to 15% at most was attributed to patent medicines by the Finnish professors). How can we do better than that?

By combining the two approaches!

- If you're not doing this already, cut back on saturated fats, and in addition switch as much of your animal protein as possible to free-range, grass-fed sources and wild-caught fish.
- Consider using some fish oil every day, which, as you know, not only helps reduce cardiovascular risk but also has many other health benefits, including brain maintenance.
- Use as much of that poorly named potassium-, magnesium-, and lysine-enriched salt mentioned above as your taste buds will allow. (An exception to this: if you have low blood pressure or weak adrenal glands, sodium chloride salt is best for you! Check with a physician skilled and knowledgeable in natural medicine if you're uncertain.)
- Lastly, if you're man or non-menstruating woman, donate blood!

Who knows? If we combine these two very basic approaches with an all-organic (or close) diet, exercise, detoxification, and individualized supplementation (with advice from a physician skilled and knowledgeable in natural medicine), you just might reduce your cardiovascular event risk to zero, or very close! ●

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"Dry Eyes": Treat the Cause, Not the Symptoms

• The major cause of "dry eyes" is a hormone deficiency; treatment for that deficiency eliminates dry eyes.

Even though a major cause of "dry eyes" was reported in 2002, and successful treatment of that cause was published the following year, every dry-eyes sufferer with whom I've worked has been very surprised. Every one of them has told me that no ophthalmologist or optometrist informed them about it, instead recommending Restasis®, a patent medicine whose original patent expired in 2014 but has since been kindly given more patents which don't expire until August 27, 2024.[1,2]

Like all patent medicines foreign to human bodies (and almost always foreign to planet Earth, too), Restasis has numerous adverse effects. According to an online source,[3] burning eyes is the most common, experienced by at least 10% of users. Between 1% and 10% develop red eyelids, excess tears, swollen eyes and/or eyelids, blurry vision, eye irritation, and eye pain. "Only" 0.1% to 1% develop bacterial irritation, herpes zoster ("shingles" in the eye), other eye infections, a "feeling of something in the eye," malfunction of the cornea of the eye, corneal scarring, itchy eyelids, stinging eyes discharge, eye itching, inflammation of the iris of the eye, and inflammation—like a pimple—on the margin of the eyelid.

While it's true that except for "burning eyes," all of these adverse effects occur in fewer than 10% of users, the natural remedy for dry eyes has none of these adverse effects at all. This natural remedy actually is beneficial for our entire bodies, not just the eyes!

Before we go to this natural remedy, let's look at what Restasis really is. It's a "put-it-in-your-eye" version of a formerly patented medicine called cyclosporine (also spelled ciclosporin), which suppresses the immune system! No kidding! Cyclosporine is used in organ transplantation to prevent rejection by the immune system. Cyclosporine reduces the activity of the immune system by interfering with the growth and exposure of T cells.[4] Why would anyone want to put an immunosuppressive patent medicine into their eyes?

On to the safe, usually effective natural remedy for dry eyes—the remedy that actually treats the cause of this problem: it's testosterone. As simple as that! Is it any wonder that the majority of dry eye sufferers are older women, who are most likely to have low testosterone levels?

The safe, effective natural remedy for dry eyes—the remedy that actually treats the cause of this problem—is testosterone. As simple as that!

As noted above, this cause of dry eyes was found and originally published in 2002[5] by a research group led by Dr. D. A. Sullivan at the Schepens Eye Research Institute in Boston. Here are two quotes from their research report.

The first quote:

> We have recently discovered that women with primary and secondary Sjögren's syndrome are androgen-deficient. We hypothesize that this hormone insufficiency contributes to the meibomian gland dysfunction, tear film instability, and evaporative dry eye that are characteristic of this autoimmune disorder. If our hypothesis is correct, we predict: (1) that androgens regulate meibomian gland function, control the quality and/or quantity of lipids produced by this tissue, and promote the formation of the tear film's lipid layer; and (2) that androgen deficiency, due to an attenuation in androgen synthesis (e.g., during Sjögren's syndrome, menopause, aging, complete androgen-insensitivity syndrome [CAIS] and anti-androgen use), will lead to meibomian gland dysfunction and evaporative dry eye.

In simpler English, this quote tells us that meibomian glands in the eyelids produce oils that prevent tears from evaporating from our eyes. Meibomian glands are stimulated by androgens in both sexes; if androgens—particularly testosterone—are low, then the meibomian glands don't make those oils, our tears evaporate . . . and we get "dry eye"!

And the second quote:

> Our findings show that the meibomian gland is an androgen target organ and that androgen deficiency may promote meibomian gland dysfunction and evaporative dry eye. Overall, these results support our hypothesis that androgen deficiency may be an important etiologic factor in the pathogenesis of evaporative dry eye in women with Sjögren's syndrome.

In brief English: androgen deficiency probably is a major cause of dry eye! Yes, these researchers limited their prediction to women with Sjögren's syndrome, but it also applies to anyone else with meibomian glands, low testosterone, and dry eyes.

Didn't take long (2003) for other researchers[6] to test this prediction! A briefer quote:

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Effective Then, Effective Now

Your Mother Was Right: Eat Your Veggies!

• More vegetables, less breast and prostate cancer!

Did your mother tell you to eat your veggies? Hope you're doing that now, no matter how old you are. And let's hope Mom ate her veggies, too, and persuaded Dad to eat his.

Why? A very recent publication (2016) tells us that in a study of 335,054 women in several European countries, women eating the most vegetables (in technical terms, the "highest quintile," the upper 20%) had the lowest risk of breast cancer.[1]

Isn't this old news? Hasn't "more veggies are good for you" been scientifically proven and reported before? Yes it has, and a little bit of that earlier research follows below. The reasons for repeating the "eating your veggies" advice yet again are two:

- First, this is one of the largest—if not *the* largest—studies on this topic ever done. How often do we read about a 335,054 person study?
- Second (and sadly), many of us—likely not *Green Medicine* readers—have not yet learned this lesson! So here's some more evidence you can mention to friends and family who haven't yet learned that they're the ones primarily responsible for their own health.

Researchers studied 602 men under age 60. Their findings were that high consumption of vegetables was associated with reduced risk of prostate cancer.

A much smaller study,[2] which came to a very similar conclusion ("eat your veggies!"), was done and reported in the year 2000 from right here in Seattle! Researchers at the Fred Hutchinson Cancer Research Center studied 602 men under age 60. Their findings were that high consumption of vegetables was associated with reduced risk of prostate cancer, and that eating cruciferous vegetables (broccoli, cauliflower, Brussels sprouts, kale, and bok choy are only a few) has the greatest effect.

Won't go on and on with the fifty-three research studies to be found in PubMed alone, except to write that every one of them reported the same result: your mom, grandma, and thousands of generations of moms and grand-moms were right—eat your veggies! If you do, your risk of breast cancer, prostate cancer, multiple other cancers, and various other health problems will be significantly less! ●

Endnotes

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"Dry Eyes": Treat the Cause, Not the Symptoms

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Transdermal delivery of testosterone appears to be a safe and effective treatment for dry eye. The transdermal cream allows use of increased testosterone concentration and dramatically improves patient comfort. Post-menopausal females perceived the greatest relief of symptoms from the treatment, while males had the least benefit.

I'm not an ophthalmologist, so individuals with dry eyes don't usually visit me specifically about that problem. However, over the years it's been part of the overall health picture for many of those who visit for other reasons. Everyone with this problem—mostly women, as the research reports suggest would be the case—is checked for testosterone levels, and so far, all the women and some of the men tested have tested low or low-normal.

So far, every one of the women (but only about half of the men) have eliminated their dry eyes with testosterone use.

So far, every one of the women (but only about half of the men) have eliminated their dry eyes with testosterone use, and at the same time as a whole-body-effective hormone testosterone has improved muscle strength, lessened anxiety (yes, testosterone and other androgens significantly improve anxiety for women who test low) and in some cases improved libido, and improved auto-immune symptoms for women who have them!

One other detail about testosterone (and other bioidentical "steroid") use: I always recommend transmucosal (rubbed-in) use because it keeps absorbing well indefinitely, while transdermal absorption frequently "fades away." However, to relieve those dry eyes as rapidly as possible,

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"Dry Eyes": Treat the Cause, Not the Symptoms

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women can safely use a tiny dab of testosterone on each eyelid in addition to what's being used transmucosally. When the dry eyes are gone, the prescribed amount used transmucosally will maintain the eyes without any dryness!

So why haven't many dry eye sufferers read, heard, or seen any advertisements about testosterone and dry eyes? It's that word "patent," which enables financing of the $2.5 billion dollar cost[7] required to obtain approval by *los federales* at the FDA. With patent protection, sales of Restasis can stay at high levels ($3.26 billion in 2014),[8] paying both this cost and making a large profit, too.

Most natural treatments are unpatentable, and very often suppressed. Remember those warning letters sent from *los federales* at the FDA to the California walnut growers and the Michigan tart cherry growers? The FDA threatened confiscation and legal action if the walnut and cherry growers continued to publish scientifically proven truth about the health benefits of walnuts and tart cherries?

For obvious reasons, testosterone use is not likely to be suppressed, so if you have dry eyes, wouldn't you rather give it a try for your eyes (and the rest of your body, too) instead of continuing to put an immune-system-suppressing molecule into your eyes every day? ●

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