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Sometime in the 1980s (don't remember exactly when) a 74-year-old man (we'll call him Joe) came to Tahoma Clinic bringing copies of X-rays of his knees. He walked slowly with a cane, putting almost all his weight on one knee. He told me he'd been told that his only option was knee joint replacement surgery. We looked at his X-rays together; he said the orthopedic surgeon he'd consulted remarked that they showed “bone-on-bone” on one side, and “almost bone-on-bone” on the other. I couldn't argue with that.

He'd refused to take any prescription painkillers or even aspirin—which, the naturopathic doctor his mother consulted “only when really necessary” had told him, was an unnatural (and of course patentable) derivative of white willow bark. White willow bark has been used for thousands of years to relieve pain. Even though he had taken increasingly large doses of white willow bark over the past few years, he'd done what the naturopath had told him—he had always taken it with food and never on an empty stomach, so he did not have any gastrointestinal irritation.

But during the last year, even the large doses of white willow bark “weren't doing the job.” Observing his pain, his wife

persuaded him to see the orthopedic surgeon, who checked his knees, had the X-rays taken, and told him his only choice was knee replacement surgery. However, he'd never had any surgery, “not my tonsils or appendix or anything else,” and was at Tahoma Clinic as a last resort just in case there was a more natural alternative. He had no other health problems, he said.

Within 2½ to 5 minutes after taking niacinamide there was a degree of physical and mental relaxation which became marked in the next 20 minutes.

His health history showed that except for the knee problem, he'd indeed had very few health problems. He credited his mother with that, telling me that because of “the way she'd lived and raised us,” she'd had very few health problems in her entire life and “she's still going strong at 94.” He'd continued to follow all of her health recommendations: “eat right, exercise, get a good night's sleep,

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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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Avoiding Joint Replacement Therapy

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see only naturopathic doctors, and never ever take any drugs unless you'd die without them."

He told me his younger brother had "taken a different path" after leaving home. He said his brother ate Twinkies and doughnuts a lot, didn't eat very many vegetables at all, and had become a chain smoker. He also drank alcohol regularly—but wasn't an alcoholic—and didn't exercise much. Joe's brother went to "regular doctors" who had him taking statins for high cholesterol, other patent medicines to lower blood pressure. "But one thing he doesn't have is arthritis in his knees," Joe remarked.

After finishing Joe's health history and doing a physical exam, it was apparent that other than the condition of his knees, Joe's health was indeed quite good, especially for age 74. After hearing that, Joe looked disappointed, and asked if that meant there was nothing else to do except surgery. So I told him about Dr. William Kaufman, who in the 1940s thoroughly researched and proved a safe, effective remedy for osteoarthritis pain. This remedy also improved joint mobility significantly.

Dr. Kaufman's first observations concerning joint pain were made at a time when the large majority of Americans ate large quantities of processed, canned, and refined foods, purely white flour, and large quantities of sugar. Many people were so low in one or another essential nutrient that even a very small amount could make an observable difference within an hour or less.

In 1943 Dr. Kaufman published a book¹ describing the mental and physical effects of a single vitamin deficiency—niacinamide, one form of vitamin B₃—in 150 patients he had seen within the prior year. In a 1998 interview,² he described some of them:

"Any patient I gave niacinamide had to sit in my office for at least an hour, so I could observe what happened. My first observations were made in the days before bread and other white flour products were 'enriched' . . . so I really got a chance to observe the difference that niacinamide could make, starting from a position of real deficiency or semi-deficiency."

"There are many more details in my 1943 book, but let's cover a few. Within 2½ to 5 minutes after taking the first 100 milligrams of niacinamide there was a degree of physical and mental relaxation which became marked in the next 20 minutes. The first objective change, apparent within the first 5 minutes, is the relaxation of previously tense muscles, and the replacement of a drawn facial expression by a more calm one, or even a smile. Without suggestion, patients began to sit, walk and stand more erectly. Within the first 5 to 10 minutes, the color of the hands and feet might change from a sallow yellow to a healthy pinkish or ruddy color, and the hands and feet are frequently subjectively and objectively warmer. There are many more changes detailed in that book."

Chapter 3 of this book is titled "The Arthritis of Aniacinamidosis." In it, he describes improvements in arthritic pain and mobility experienced by these patients using relatively small doses of niacinamide. These observations inspired him to do a much larger and exacting study of niacinamide's effects on arthritis. Quoting Dr.

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Kaufman again: “In 1944, looking for objective data, I started precise measurement of the ranges of joint motion of every patient who had obvious arthritis, at the time of their first examination.”

He designed exacting measurement of twenty joints or groups of joints that could be observed and recorded in five minutes on a specially designed form. Dr. Kaufman’s 1949 book describes the results of this study in 455 patients with significant osteoarthritis. He explained that the changes in range-of-motion measurements were very necessary as they were objective measurements, and unlike changes in pain could not be criticized as being placebo effects.

All 455 individuals had significantly less arthritis pain, and all had significant improvements in range of motion of their joints. Dr. Kaufman explained that improvement started after three to four weeks of niacinamide use, and were maximized in three to four months. He also reported that taking higher quantities of niacinamide and taking them every few hours worked best. Although all arthritic joints could experience relief, knees, and shoulders responded best and most often, followed by neck, and then wrists and fingers.

From repeated physical examinations, Dr. Kaufman observed that continuous use of niacinamide significantly reduced swelling in connective tissue and cartilage. Laboratory testing of the “sedimentation rate” (a test still used frequently by physicians in 2016) demonstrated a significant reduction in inflammation.

He’d also observed that it was more effective if the same total daily dose of niacinamide was split into three or four smaller quantities. As Dr. Kaufman’s research progressed, he gradually increased the overall daily amounts to be used and found that more niacinamide was more effective.

Of course, Joe heard from me only a summary version of the research findings

above. But after hearing that niacinamide was most effective for knees, he looked more optimistic, rapidly asking several questions: “Where do I get that niacinamide? Is it the same as niacin? How much do I take? Is it expensive? Can it hurt anything?”

Fortunately for us, if we take more niacinamide than our bodies want to process, our livers send us a signal: nausea! At first, it’s usually just a low-grade nausea, like being on a boat and starting to be seasick. If we stop the niacinamide entirely until the nausea is gone—at most a few hours to twenty-four hours—and then resume at a lower amount, we can cautiously find what the maximum dose is for us.

A large majority of those who use niacinamide for osteoarthritis achieve complete control of the pain after three to four months.

Niacinamide and niacin are very similar, so they’re both called vitamin B₃, but their effects can be quite different. Niacin dilates blood vessels quite markedly for some of us, making us hot all over, and sometimes itchy too! Niacinamide never does this. Niacin can lower cholesterol, but too much for any one person can raise blood sugar without giving any symptoms. Niacinamide never does that either. Niacinamide controls osteoarthritis pain, often completely. Niacin doesn’t do that.

A usually effective quantity for both men and women is a total of three grams (3,000 milligrams) daily, perhaps one gram three times daily. A few individuals have taken a total of four grams daily and reported better results. Niacinamide is available in five hundred, one thousand, and in a time-release form of fifteen hundred milligrams, which makes it easier for

some—mostly men—to remember. But at the time Joe was first at Tahoma Clinic, no time-release form was available, so he chose to use one gram three times daily, which is rarely associated with nausea and is often enough to be quite effective.

Niacinamide in the “regular” (not time-release) form is available at all natural food stores, compounding pharmacies, and the Tahoma Clinic Dispensary. It’s very inexpensive (Joe was really happy to hear that, as he said his funds were very limited.) The time-release form available now costs more, but still isn’t at all expensive, and is for many more convenient.

Dr. Kaufman’s second book³ was published in 1949. Even though he was a 1938 graduate of the University of Michigan Medical School, none of us who attended that medical school—starting in 1965, and escaping (sometimes called “graduating”) with an MD degree in 1969—were informed about Dr. Kaufman, his research, or his book, in either classes or in our work with patients. In 1997, I asked Dr. Kaufman about that. Here’s his answer:

“In my medical school years, we were drilled in great detail about vitamin deficiency disorders during our lectures in internal medicine, pediatrics, public health, neurology, psychiatry, and pathology. But after synthetic vitamins became available to treat florid deficiency diseases, not teaching about nutrition and vitamins became a national trend.”

“I’m not surprised they didn’t refer to my books. The reviews of my 1943 book were dismissive, because the “experts” couldn’t believe that the larger amounts of niacinamide

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I used in therapy improved joint mobility, muscle strength, maximal muscle working capacity, and mental functioning.”

Fortunately, Dr. Kaufman’s book had “come my way” in 1976, three years after starting Tahoma Clinic. By the time Joe came in, over a hundred people I’d seen with degrees of osteoarthritis varying from mild to severe had proven to me what Dr. Kaufman had already proven in the 1940s.

Back to Joe. He didn’t return to Tahoma Clinic for over six months. He walked normally through the hallway to my office, no cane, no limp. He smiled and said, “Sorry I didn’t come back sooner; like I mentioned, finances, and Tahoma Clinic doesn’t take Medicare or insurance.”

I apologized for that, answering that at Tahoma Clinic we work only for the individuals who consult with us, and not for any “third party,” because our job is to do the best we can for each individual, not follow “standards of care” dictated by an insurance company or government agency which had never, ever worked with that individual. Joe smiled again, saying, “Just teasing you, doc. I’m very familiar with the old saying, ‘He who pays the piper calls the tune!’”

He reported what I’d mentioned might happen: he didn’t feel much less joint pain until the third week after he started the niacinamide at the rate of one thousand milligrams, three times a day. That third week he noticed a little improvement; by the third month the pain was nearly gone, and from the fourth month until now he’d had no pain. The fifth month he’d been back to the doctor who recommended surgery. “He takes Medicare and insurance,” Joe said, smiling a big smile again, letting me know he was teasing.

“He couldn’t believe it,” Joe said. “No cane, no pain, I was walking like normal! He insisted on taking more X-rays and when

he saw them, he shook his head and told me this couldn’t be happening—my ‘bad knee’ was still ‘bone-on-bone.’ He asked me what I’d done; I told him, and he just walked out of the room, shaking his head.”

Joe had previously mentioned his brother’s health, so I asked him about him again. Joe said the doctor had told his brother he might be developing type 2 diabetes. “He’s taking the same drugs as before,” Joe said. “Apparently they haven’t cured his basic problem. I keep telling him about diet and exercise and the right supplements being able to prevent type 2 diabetes and lower blood pressure and cholesterol all at the same time because they all have the same cause—which isn’t a lack of drugs! But all he does is keep telling me he doesn’t have bad knees!”

Joe never returned to Tahoma Clinic. In the late 1990s, one of Joe’s children who was seeing me about bioidentical hormone treatment told me that he had died at age 87, “walking normally until the very end.”

A large majority of those who use niacinamide for osteoarthritis—most usually the one-gram-three-times-a-day amount, although a few use more—that large majority achieve complete control of the pain after three to four months. A small minority has only partial relief. As documented so well by Dr. Kaufman, everyone achieves significantly greater range of motion. Joint replacement surgery is usually avoided.

One thing I couldn’t tell Joe was why—with all of his other health problems—Joe’s brother didn’t also suffer from osteoarthritis. Research reported in 2007,⁴ 2008,⁵ 2009,⁶ 2010,⁷ and 2012⁸ all reported that osteoarthritis is a component of metabolic syndrome, the immediate precursor of type 2 diabetes. So how did Joe’s brother escape this fate?

By smoking cigarettes containing tobacco! Not kidding! But how could tobacco actually be good for anything? A little

background first. In the early 20th century, when the cause of pellagra was discovered to be complete or nearly complete deficiency of vitamin B₃, the biochemical structure of the two different forms of vitamin B₃ was also being determined. The two were found to be so similar to nicotine (the addictive component of tobacco) that in the United Kingdom the two molecules were named “nicotinic acid” and “nicotinamide,” and are still called that today.

In these United States, “regulators” decided that these names were unacceptable. The excuse was that many of us would think we could get our vitamin B₃ by smoking cigarettes! Apparently these “regulators” thought that Americans were not as smart as citizens of the United Kingdom, who all learned—and still know—the difference. So in these United States, nicotinic acid was renamed niacin, and nicotinamide was renamed niacinamide, and both are closely related to nicotine.

But how does that explain why Joe’s brother didn’t develop osteoarthritis? In 2011, researchers reported⁹ that in 11,388 men, those who had smoked cigarettes for forty-eight years or longer were 42% to 51% less likely to undergo total joint replacement than men who had never smoked. In 2013, the same research team reported about total joint replacement in 54,288 men and women. They wrote, “Compared to non-smokers, male and female smokers were respectively 40% and 30% less likely to undergo a total joint replacement.” They concluded—as they did in the first research report—that further investigation should be done about how smoking tobacco cuts the risk of osteoarthritis and consequent joint replacement surgery.

I could be wrong, but the answer seems obvious: there’s enough structural similarity between the nicotine and nicotinamide (same as niacinamide) molecules to

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explain the effect of both in significantly reducing joint replacement surgery. But please don't start smoking if joint replacement surgery has been recommended for you! Lung cancer, emphysema, COPD, or higher risk of heart attack, anyone?

Lastly: remember that osteoarthritis has now been identified as part of metabolic syndrome (which proceeds to type 2 diabetes). As this article is very long already, we'll save for another time reviews of the benefits of vitamin B₃ for individuals with type 2 diabetes.

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Whose Side Are They On?

- Our taxes paid to research a patent medicine at UCLA
- UCLA and others collected \$500+ million for "royalties," and gave none back to the taxpayers
 - Our taxes will also be used to pay a patent medicine company \$129,000 yearly per patient for this patent medicine
- The patent medicine is priced two to four times higher in the USA than in other countries

I had to read the article twice to make sure it said what it does.¹ The actions described in it are at the very least unethical, and should be illegal, but *los federales* at the National Institutes of Health (NIH) have declined to follow the provisions of a law passed by Congress and signed by the president in 1980!

Verbatim from this Associated Press article published June 20, 2016:

"The federal government has declined a petition to lower the price of a drug for advanced prostate cancer developed with taxpayer money. The public interest group Knowledge Ecology International petitioned the National Institutes

of Health in January to reduce the \$129,000-a-year list price for Xtandi, made by the Japanese drug-maker Astellas Pharma."

What's this? You, me, and every other taxpayer funded the research on a patent medicine (trade-named Xtandi™) at the University of California, Los Angeles (UCLA). Yes—somewhere among *los federales'* millions of employees, one or more of them made a decision to use your taxes to research this patent medicine. You and I were given no choice, and were not notified.

When the taxpayer-funded research was completed in March 2016, UCLA sold its "royalty rights" to a pharmaceutical

investment company for \$520 million—with additional monies going to the researchers and an external research company.² None of that money was refunded to the taxpayers! We all supported research to enable a patent medicine company to charge \$129,000 yearly for a patent medicine, and for UCLA and others to collect \$520 million in "royalty rights," without one dime, nickel, or penny being sent to whichever public agency it was that agreed to the research funding. Do you recall agreeing to this process? I certainly didn't!

Again according to the Associated Press, the 1980 Bayh-Dole Act permitted

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Whose Side Are They On?

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NIH to allow a manufacturer (not the patent holder) to manufacture this patent medicine as a generic drug, which would of course lower the price substantially. The article goes on, “The US government covers much of the cost for Xtandi prescriptions filled under federal health programs such as Medicare, Medicaid, and the Veterans Administration.”

Huh? First you and I have no choice but to allow our taxes to support the research into this patent medicine, and now we have no choice but to allow even more of our taxes to be used to pay the patent-holding drug company for the product that our taxes paid to research? It’s a double rip-off! Isn’t once enough?

Wait! Double isn’t yet enough! It’s really a *triple* rip-off!! The Associated Press again:

“Knowledge Ecology said . . . that Astellas charges much more for Xtandi in the US than in other countries. The two groups say the US list price for Xtandi, which amounts to \$88.48 per pill, is two

to four times the price in other wealthy countries.”

Let’s repeat, so there’s no mistake: We’re getting ripped off first by being forced (“force” is having no choice—try getting your money back on this one) to pay first for the research, then ripped off another time to have federal health programs such as Medicare, Medicaid, and the Veterans Administration pay for it with our taxes, and then ripped off a third time by being forced to pay for this patent medicine at twice or four times the price charged in other countries? And NIH won’t use a *law existing since 1980* to reduce this scandalous price of \$129,000 per year?

It’s an outrageous rip-off of your taxes and mine. Even worse, it’s happened before! The Associated Press tells us that NIH refused to exercise the provisions of the Bayh-Doyle Act when petitioned to do so for three patent medicines and one medical device between 1997 and 2013!

What excuse did NIH use this time? According to the Associated Press article: “NIH Director Dr. Francis Collins, in a letter released Monday by Knowledge Ecolo-

gy, said that there was no justification for allowing a generic drug maker to produce Xtandi because there is no shortage of it.”

No shortage of this extortionately priced product? That’s the excuse? Earth to NIH: *There is a tremendous shortage of taxpayer dollars!* Last time we looked,³ the total US national debt was \$19,412,286,582,302. And you and I—thanks to federal politicians and the rest of *los federales*—are supposedly liable for every dollar and penny of it!

Whose side is NIH on? Certainly not mine and yours. . . .

Endnotes

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Comparative Proverb Assessment: Apples Versus Statins

- An apple a day prevents cardiovascular disease as well as “statins”—*British Medical Journal*
 - There are no adverse effects from apples—type 2 diabetes and muscle disease are caused by patent medicines called statins

What’s this? Proverbs, apples, and statins? What’s a mixed bag like this doing in the Green Medicine Newsletter? By the end of this short article it’ll be relatively clear; the phrase “comparative proverb assessment” was in the title of a scientific article about apples and statins in the *British Medical Journal*.¹

Despite the title, the article made a sound scientific point. The researchers

decided to test (as they put it) “almost 150 years of Victorian wisdom”—how the proverb “an apple a day keeps the doctor away” compares with the more widespread use of statins in prevention of cardiovascular disease. They compared the potential effect of prescribing either an apple a day or a statin every day to everyone in the United Kingdom over 50 years of age. They also “estimated the

number of (potential) adverse events, and compared the subsequent drug, or fruit, costs.”

For the scientifically and technically inclined, the researchers then go into a long technical explanation of the methods used in arriving at their conclusions, which can be found in the full article cited below;

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Comparative Proverb Assessment: Apples Versus Statins

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we'll skip this part and go to the discussion of their conclusions, which are definitely much more fun. From this discussion:

“Prescribing either an apple a day or a statin a day to everyone over 50 years old is likely to have a similar effect on population vascular mortality. Choosing apples rather than statins may avoid more than a thousand excess cases of myopathy [harmful effects on muscle] and more than 12,000 excess diabetes diagnoses. The basic costs of apples are likely to be greater than those of statins;² however National Health Service [NHS] prescription prices and convenience may drive people to purchase their apples from a store rather than through a pharmacy, thereby reducing direct NHS costs, or the NHS may be able to negotiate apple price freezes, although defrosted apples may not be so palatable.”

Small digression: You might think, “Wait! How can the price of apples be more than the price of patent medicines?” Remember, this is from the UK, where the National Health Service [NHS] “provides” the patent medicines, so NHS drives hard bargains with the patent medicine companies to keep prices down. Here in the US, Medicare Part D is *prohibited by law from negotiating with patent medicine companies for lower patent medicine prices.*³ So in these United States an apple a day would be considerably cheaper than statins. But back to the main topic. . . .

The researchers concluded:

“Our study suggests that both nutritional and pharmaceutical population approaches to primary prevention of vascular disease have potential to have a significant effect on population mortality. We find that a 150 year old proverb is able to match modern

medicine and is likely to have fewer side effects.”

An apple a day keeps the doctor away as well as statins! And zero adverse effects; no myopathy, no type 2 diabetes. Apples, anyone?

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007 Knew Something

- James Bond’s specific martini preference is better for health
- The real meaning of “antioxidants”

Writing in the British Medical Journal, researchers pointed out that 007—otherwise known as James Bond—was very healthy, and speculated that he might “possess insights of interest to medical science.” They focused particularly on his very specific preferences in martinis.¹

Martinis and health? Is this for real? The researchers wrote:

“Moderate consumption of alcoholic drinks seems to reduce the risks of developing cardiovascular disease, stroke, and cataracts, perhaps through antioxidant actions

of their alcohol, flavonoid, or polyphenol contents. . . . As Mr. Bond is not afflicted by cataracts or cardiovascular disease, an investigation was conducted to determine whether the mode of preparing martinis has an influence on their antioxidant capacity.”

Almost all adults have seen at least one or two James Bond movies. We’ve heard him specify that his martinis be “shaken, not stirred.” Could this somehow affect their antioxidant content? And why is that important?

As most of us know, antioxidants are said to be molecules that prevent “oxidation,” but that’s a bit of a misnomer as “oxidation” frequently has nothing at all to do with oxygen, despite the name. This confused me too, in university and in medical school, until one kind assistant professor took the time to explain that “oxidation” sometimes involves oxygen, but often not, and what “oxidation” (and its companion, “reduction”) are about is the transfer of electrons.

“Oxidation,” translated into plain English, really means the removal of electrons, which

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007 Knew Something

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can be done by oxygen or a whole variety of other molecules, all of which literally “steal” electrons from other molecules! When this happens, the molecules that have had their electron(s) stolen can no longer function normally; sometimes the consequence is cellular ill health or even cell death.

By contrast, “reduction” means *giving* electrons to molecules that need them to fulfill their normal functions, so the cells in which they are present can stay healthy. “Antioxidant” actually means prevention of electron-stealing! Keeping all our electrons where they belong is very important for all of us to stay healthy! For further details about the importance of electrons to good health, and how to be able to use them for yourself, read the breakthrough book *Healing is Voltage* by

Dr. Jerry Tennant,² or go to the website noted in the footnote.

Back to 007, martinis, and their antioxidant (remember, “antioxidants” actually prevent electron-stealing) capacity. The researchers tested martinis after they were shaken (but not stirred) for their antioxidant capacity, and compared them with stirred martinis. If you’ve read this far, you’ve likely guessed that the shaken-not-stirred martinis have significantly more antioxidant capacity than those simply stirred.

They went further and tested gin alone and vermouth alone, reporting that both the shaken-not-stirred martinis and the stirred martinis have more antioxidant (prevention of electron-stealing) capacity than either of the individual components of which

martinis are made. Unfortunately, they reported that at present it’s not known *why* shaken-not-stirred martinis are the best at preventing electron-stealing.

They also wrote, “Is it possible that James Bond chose shaken (not stirred) martinis because of the improved antioxidant potential? This added antioxidant effect could result, of course, in a healthier beverage.” They concluded, “007’s profound state of health may be due, at least in part, to compliant bartenders.”

Endnotes

1. Trevithick CC et al. “Shaken not stirred: bioanalytical study of the antioxidant activities of martinis.” *BMJ* 1999;319:1600–1602.
2. https://www.youtube.com/watch?v=W4_8EE8a8YI

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About Dr. Jonathan V. Wright

Dr. Wright established Tahoma Clinic in 1973 in Washington State to offer nutritional and other natural therapies for common health conditions instead of patent medications.

A long-time researcher, author, speaker, and clinician, he has educated physicians in his techniques since 1983. Dubbed the “Father of Bio-Identical Hormones” by his peers, Dr. Wright was the first physician in the United States to prescribe comprehensive hormone replacement therapy (in the early 1980s) with hormones identical to those found in nature. This therapy (shortened to “BHRT”) is now used nationwide by millions.

Also an author, he has written 13 books (with two texts achieving best-selling status), numerous medical articles, monthly magazine columns from 1976 to 2000, and since 1994 has written a popular monthly newsletter on natural health topics.

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