

Dr. Jonathan V. Wright's  
**NUTRITION & HEALING**

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**Fight—even prevent—osteoporosis with the hidden secrets of this bone-building miracle mineral**

By Jonathan V. Wright, M.D.

If you haven't heard of Forteo® yet, get ready. It's the latest "miracle" on the patent medicine scene, so I have no doubt the media frenzy is on its way. Especially since the mainstream just hasn't found many options for osteoporosis, the condition for which Forteo supposedly works wonders.

In November 2002, news of Forteo's approval hit and it was immediately touted as the first patented formulation designed to "stimulate the growth of new bone." Well, part of that is true: It is the first patented substance designed for that purpose. But what about calcium, other vitamins and minerals, and identical-to-natural hormones? These items obviously stimulate bone growth. After all, they're the materials our bodies use to grow from infant to adult size. And I've seen women and even a few men increase their bone density by very significant margins when they supplement with these natural items. But somehow, they're not considered "scientifically proven."

And, truth be told, none of the presently sold patent medicines for osteoporosis actually stimulate new bone growth. They all "work" by slowing the destruction of

bone, technically called "inhibiting bone resorption."

At any rate, there are some distinct and serious risks involved with Forteo. After singing its praises, the media also reported that "FDA officials said the drug, given by injection daily, will carry a

*"There's a safe, natural mineral that stimulates the growth of new bone, and it's been around for millions of years."*

special warning because in laboratory tests it caused cancerous bone tumors in rats." Of course, the "consolation" is that the cancerous tumors hadn't yet been seen in the 2,000 people injected with the drug in clinical trials.

So much for drug safety!

Fortunately, there's a much, much safer natural mineral alternative that stimulates the growth of new bone. It's been around for millions of years. And one of the first favorable clinical trials on this mineral and osteoporosis was reported from the Mayo Clinic way back in

1959. Strontium is in the same mineral family as calcium and magnesium, and it's been shown to promote bone growth in both animals and people.

Before you get nervous, let me clarify something: I'm not referring to radioactive "strontium 90" that many of us were forced to hide from under our schoolroom desks in the 1950s during "A-bomb drills." This kind is all-natural and very, very safe.

**A bone-building timeline**

The first studies on strontium in relation to bone density were done in the early 20th century. In 1910, one German researcher reported that strontium appeared to be uniquely effective in stimulating rapid formation of bone.<sup>1</sup> Ten years later, another German researcher concluded that strontium and calcium were superior to calcium alone in mineralizing bone.<sup>2</sup> Following these publications, there were conflicting reports about the effects of strontium until a 1952 report from Cornell University concluded the same thing as the second German study: that calcium and strontium work better together than calcium alone for rebuilding bone.<sup>3</sup>

Now on to that clinical trial I mentioned earlier. In 1959, Mayo

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*Nutrition & Healing* is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Kent, Washington, since 1973. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well-qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

*Nutrition & Healing* cannot improve on these famous words:

*"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."*

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

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## Osteoporosis

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Clinic physicians reported they had asked 22 individuals with severe, painful osteoporosis to take 1,700 milligrams of strontium daily. Another 10 people took the same amount of strontium along with estrogen and testosterone. In the hormones plus strontium group, nine of 10 experienced marked improvement of their symptoms, and the other one had moderate improvement. In the strontium-only group, 18 of 22 had marked improvement and the other four had moderate improvement. That means that every single person had some improvement using strontium.<sup>4</sup>

Unfortunately, after that, things died down in the strontium/osteoporosis world. Why, you might wonder? Well, my guess would be that the patent medicine industry tried its best to come up with a synthetic version of strontium that they could trademark and make a profit from. But when they couldn't find one, they gave up. Unpatentable substances just aren't researched by patent medication companies, which pretend to be interested in your health but really are only interested in you if they can sell you a patent medication. So research on strontium (as well as any other natural substance) has been woefully neglected.

Twenty-two years elapsed between the Mayo Clinic report and the next bit of published strontium research in humans. In this study, patients with cancer metastatic to bone achieved improved bone density and a lessening of pain in cancer-affected areas.<sup>5</sup>

Then, in 1985, researchers reported results of strontium supplementation on bone formation in six humans. Bone biopsies were done before and after six months of strontium supplementation. The researchers wrote: "Following strontium therapy, all [measurements] of bone formation increased, while bone resorption remained unchanged."<sup>6</sup> Sixteen years later, a research group led by the same individual wrote a review of strontium activity. They stated: "In addition to its anti-resorptive activity, strontium was found to have anabolic (tissue-building) activity in bone."<sup>7</sup>

The principal author of these research papers had his volunteers take strontium carbonate. His predecessors used strontium lactate and strontium gluconate. It's important to note that all these forms of strontium had a favorable effect, which means that the strontium itself—not the combination—is doing the work. It may not sound like much, but knowing this little tidbit could end up saving you a lot of money. You see, the most recent strontium-osteoporosis research used a patentable strontium combination. Strontium itself isn't patentable, but it was combined with a patented, synthetic substance called ranelic acid, which makes the combination patentable. So far, it's been available only in Europe under the trademark Protos,<sup>®</sup> but remember, it's the strontium doing the work! The patent medicine companies and the media aren't going to tell you that, though. Since this new combination has a good deal of profit potential and other all-natural forms of strontium don't, I'd be willing to bet that before too long we'll start hearing that this new combination is the only

form of strontium “approved” to help rebuild bone. Just keep in mind that all “approval” means is that forms have been filled out and money has changed hands. It doesn’t mean a substance is safe, or that it’s the only form of treatment.

### One natural cure finally gets the attention it deserves

But all of the attention focused on patenting strontium has done one good thing—it’s sparked interest and funding for more strontium/osteoporosis research. True, most of the current studies have been done on the patentable combination. But as noted above, it’s the strontium itself that’s doing the work, not the substance with which it’s combined. So these results are still good news.

In a three-year, randomized, double-blind, placebo controlled study using 680 milligrams of strontium daily, women suffering from osteoporosis experienced a 41 percent reduction in risk of a vertebral fracture, compared with placebo. And, overall vertebrae density in the strontium group increased by 11.4 percent but there was a 1.3 percent decrease in the placebo group.<sup>8</sup>

In a second study published last year, 353 women who had suffered at least one vertebral fracture due to osteoporosis took varying levels of strontium ranelate or a placebo. The women who took 680 milligrams of strontium daily had an increase in lumbar bone mineral density of approximately 3 percent per year, significantly greater than placebo. By the second year of the study, there was a significant decrease in additional fractures in the strontium group as compared with the placebo group.<sup>9</sup>

A final 2002 publication examined the effects of strontium on early postmenopausal bone loss. In this randomized, double-blind, placebo-controlled trial, 160 women whose menopause had occurred naturally six months to five years previously and who did not have osteoporosis were asked to take placebo or varying amounts of strontium daily. Compared to the placebo group, women who took 340 milligrams strontium a day had a significant increase in bone mineral density in two years’ time. All groups also took 500 milligrams of calcium daily, but no hormones or vitamin D

Let me re-state that: Post-menopausal women without osteoporosis who took no replacement hormones (or vitamin D) but only calcium still had an increase in bone density with the use of strontium! So not only can strontium repair existing damage, it can actually help prevent you from suffering with osteoporosis in the first place. And it doesn’t matter whether it’s strontium ranelate, strontium gluconate, strontium

### The strontium benefit your dentist will love

In the December 2001 issue of *Nutrition & Healing*, I told you about the proven ability of xylitol, a natural sugar, to prevent tooth decay. There’s also considerable population-study evidence demonstrating that areas with relatively high strontium in the drinking water have less tooth decay than areas with low or no strontium.

Unfortunately, there’s no major industry pushing to dump their left-over strontium into our water supplies (as is the case with toxic fluoride waste from the aluminum industry), so “public health authorities” aren’t going to campaign to replace fluoride with strontium.

And without that major industry push, there aren’t any double-blind, placebo-controlled studies concerning tooth decay and strontium, so those same “authorities” can argue that strontium reducing tooth decay risk isn’t “scientifically proven.” Nonetheless, there’s enough evidence out there for me to safely add lowered risk of tooth decay to strontium’s list of benefits.

lactate, or strontium carbonate. As long as it’s strontium, it’s good for you!

### Strontium is even safer than placebo

Of course, I’m sure you’ve heard the warning: “Just because it’s natural doesn’t mean it’s safe.” The medical mainstream loves to toss this one around. While that’s true, it’s also true that the odds are in favor of nature: If you placed bets on the safety of natural substances vs. patent medications, you’d win money nearly every time. But even so, it’s still important to examine the evidence.

I’ll start with the new patentable strontium combination, strontium ranelate. In the two-year study with recently postmenopausal women using 340 milligrams of strontium, the researchers reported more “adverse events” in the placebo group than in the strontium group. The most common complaints in both groups were diarrhea, nausea, gastritis, and indigestion.

In the two-year study of women who previously had one vertebral fracture (obviously in worse health than the early postmenopausal group), there was no significant difference in side effects in either the strontium group or the placebo group, with the sole exception of an elevation of the muscle enzyme creatinine phosphokinase (CPK), which the researchers termed mild, transient, and of “no clinical significance.” But since strontium ranelate is the semi-synthetic,

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## Osteoporosis

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patentable form, I'm not sure I trust the synthetic part of the combination. So, if you decide to take this formulation, be sure to have your CPK levels checked regularly.

In the human studies reported prior to 2002, quantities of up to 1,700 milligrams of strontium per day were taken with no reports of significant side effects.

However, there is a caution from animal studies. Animals deliberately given a low calcium diet and then supplemented with relatively high doses of strontium developed bone deformities. From a purely scientific standpoint, this is a predictable result: Bones contain much more calcium than strontium or any other mineral, so depriving them of what they need, then trying to "make up" for it with only one part of the equation is bound to present problems. Fortunately, there's much more calcium than strontium in any human diet—so I doubt it would ever happen. But to absolutely safe, follow this simple rule: Always take more calcium than strontium.

### Strontium sources you can trust— without resorting to Forteo

Now for a bit of bad news: There's not enough strontium in our food to have a significant effect if you have osteoporosis already, so if you're suffering from this condition, you should take strontium in supplement form. But if you don't have osteoporosis, it's a good idea to eat foods that contain more strontium to prevent it from occurring. The largest amounts of strontium are found in spices, seafood, whole grains, root and leafy vegetables, and legumes.

Until recently, the only source of supplemental strontium was Osteoprime, the osteoporosis formula put together by Alan Gaby, M.D., and me. But now there are more sources for you to choose from. One of these is called Strontium Support and is made by the company Advanced Orthomolecular Research (AOR) of Calgary. Each capsule of Strontium Support contains 227 milligrams strontium. Check your local natural food or vitamin store to see if they carry this supplement. They can contact AOR at [www.AOR.ca](http://www.AOR.ca). (I have no connection, financial or otherwise, with AOR.) If you can't find it locally, you can purchase Strontium Support through the Tahoma Clinic Dispensary (see page 8 for contact information).

A final note: Please don't take injections of Forteo. You really don't want to be the first non-rat to develop a cancerous bone tumor from taking it. Instead, take the (much safer) road less traveled and add strontium to

## Department of "Duh"

### How much are you paying to "prove" nature is best?

I suppose I should expect it by now, but I'm still amazed when people doubt nature until some published study comes along "proving" that a natural treatment is safer and more effective than the synthetic version. My all-time least favorite are the studies "proving" that nursing your baby is better than jamming bottles of cow's milk or soy milk into his or her little face. "Proving" that nursing is better—something anyone with an ounce of common sense could have easily concluded on their own—cost us taxpayers at least \$100 million. But I guess it kept some scientists employed.

The latest example of this kind of scientific nonsense appeared in the November 2002 issue of the *Journal of Obstetrics and Gynecology*, which revealed that women taking bio-identical progesterone have much less frequency of bleeding and much less intense bleeding than women taking medroxyprogesterone (you probably know it as Provera®). Basically, it's a molecule never found on Earth—let alone in women's bodies—before the 1940s. And the researchers also found that bio-identical progesterone offered women "just as much" protection against endometrial cancer as Provera.

Duh!

In this case, the researchers were from the University of California, San Diego, and Yale University in Connecticut. To their credit, at least they're willing to research bio-identical hormones, which most other university "scientists" still won't do, despite 2,000,000 or so years of human history proving that the best hormones are the ones we all came with...if they weren't, you and I probably wouldn't be here!

When will "scientists" learn that our own bodies' molecules will always do a better job than synthetic, patentable versions?

I won't hold my breath.

your supplement program. Take one 227-milligram capsule three times a day. For those without osteoporosis but higher risk (family history, immobility, etc.) one capsule daily is probably adequate for preventive purposes. And make sure you're taking even more calcium—1,200-1,500 milligrams a day is a good general range—along with magnesium and other "backup" minerals and other nutrients. JVV

## Boost brain power or slow Alzheimer's disease with one natural supplement

If you wait around long enough in the health world, eventually ancient treatments seem to creep back into the limelight. Take galantamine, for example. It's a natural alkaloid from flowers that was first used to restore memory over 2,000 years ago. Now, "modern" research is finally rediscovering what our ancestors knew centuries ago. This is great news for people struggling with Alzheimer's disease.

You see, most patent medications used today for Alzheimer's and other types of dementia are designed to boost levels of the neurotransmitter acetylcholine. But most of these patent medicines also have a long list of possible side effects. Galantamine does the same job, but naturally—with very little potential for adverse effects.

Galantamine even goes a step further and improves acetylcholine's effectiveness—an action no patent medication has.

There have been lots of research studies published about galantamine. One of the most recent reports was presented at the annual meeting of the American Psychiatric Association, in May 2002. A research team led by Murray Raskind, M.D. (director of the Alzheimer's Disease Research Center at the Department of Veteran's Affairs, Puget Sound Healthcare System, Tacoma, Washington) compared mental function results in Alzheimer's patients taking galantamine with expected rates of cognitive decline in untreated patients.<sup>1</sup>

According to their analysis, after three years, 53 percent of patients on galantamine experienced less than half the cognitive decline expected in untreated Alzheimer's patients over the same time period.

The investigators estimate that galantamine can delay the progression of Alzheimer's disease by approximately 18 months.

While galantamine isn't a cure for Alzheimer's disease, this and other research shows that it's at least as effective—if not more so—than much more expensive patent medicines, and has much less risk.

### Lessen "senior moments" in a matter of months

But even if you're not battling Alzheimer's, you've probably had at least a few experiences that can be chalked up to "senior moments." These sudden, unexpected, and frustrating lapses of memory become more and more common as you age. Admittedly, there aren't any double-blind, placebo-controlled studies of galantamine's effects on this problem, but many individuals I've worked with have reported an improvement both in memory function in general and a lessening of "senior moments" after taking galantamine for just a few months.

Galantamine is available through many natural food and vitamin stores, or through the Tahoma Clinic Dispensary (see "Resources," page 8), with which I'm of course affiliated. JVV

## The verdict is in:

### After all these years, Atkins comes out on top

It's about time! After more than 30 years of being called every name in the book ("quack" was one of the milder ones) by mainstream medical doctors, someone actually did some research on the Atkins diet and discovered that it works. Imagine that! The diet that Bob Atkins derived from mainstream sources...the diet followed successfully by literally millions of Americans over the last 30 years...the diet plan that sold tens of millions of books and persuaded millions of us to buy a dozen or more Atkins products repeatedly...why, it actually works! Perhaps Atkins was on to something after all...and perhaps mainstream medicine still has a lot to learn about nutrition and health.

This "amazing" finding was presented at the

American Heart Association's 2002 Scientific Sessions by Dr. Eric Westman, assistant professor of medicine at Duke University. In a randomized study, 120 overweight volunteers followed either the Atkins program with nutritional supplements or a (politically correct) low-fat, low-calorie diet. To the surprise of everyone—except Dr. Atkins and the millions of people who've successfully followed his diet plan—the Atkins diet group lost more weight.

Not only that, but the Atkins group had better heart health results too! HDL ("good") cholesterol increased by 8 percent in the Atkins diet group but decreased by 1 percent in the low fat diet group. VLDL (the worst type of "bad") cholesterol decreased

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## CLINICAL TIP 110

### Get rid of menstrual cramps for good

Women come in to the Tahoma Clinic nearly every day and tell me that they've taken enough Midol® and Advil® every month to relieve their menstrual cramps to last a lifetime. And I've gotten more than one look of surprise when I tell them that they can prevent the cramps in the first place by taking fish oil and improving their omega-3 fatty acid intake. It's really that simple. Honestly, I wouldn't joke about something like this—not when I've seen the agony some women experience every month.

Nearly all the patented menstrual cramp remedies, like Midol and Advil, inhibit the pro-inflammatory, cramp-promoting actions of omega-6 fatty acids. However, the action of these remedies only lasts a few hours, meaning you have to keep taking it, usually several times a day, to get “lasting” relief. And since the synthetic product is just masking the symptoms, providing a temporary solution, the overall omega-6 fatty acid imbalance persists, and your cramps return month after month.

Actually, fish oil and omega-3 fatty acids help correct the same biochemical omega-6 imbalance that most of the commercial menstrual cramp remedies do, but in a more long-term and long-lasting way.

If you take 1 1/2 tablespoons of cod liver oil every day and eat more fish, grassfed free-range beef, free-range poultry, walnuts, and flaxseed, you'll be consuming lots of anti-inflammatory, cramp-discouraging omega-3 fatty acids. As your fatty acid balance shifts to a higher omega-3 level than omega-6, your menstrual cramps will gradually disappear—usually within three to four months. At that point, you can probably taper down the fish oil, or even discontinue taking it, as long as

you keep eating more omega-3 foods than omega 6's.

Unfortunately, this might be easier said than done. Omega-6 fatty acids are much more widespread. Nearly all vegetable oils you find in the grocery store (except olive oil) are almost entirely omega-6. Bakery products contain only omega-6 oils. Anything with “hydrogenated vegetable oils,” like potato chips, corn chips, and literally hundreds of other snack foods, contain only omega-6 oils. Grocery-store beef, pork, chicken, and turkey contain much more omega-6 than omega-3 fatty acids. And all commonly eaten nuts and seeds (except walnuts and flaxseed) contain only omega-6 fatty acids.

In general, nuts and seeds are quite good for you, so try to focus on eliminating or, at the very least, cutting down on the other sources of omega-6 fatty acids. I recommend starting with those hydrogenated vegetable oils. Getting rid of all the junk food that contains hydrogenated oils will go a long way in boosting your overall health, not to mention eliminating those monthly cramps.

#### Six herbal weapons to use in your fight against menstrual cramps

When my colleague and regular *Nutrition & Healing* columnist Kerry Bone discovered I was writing about menstrual pain in this month's issue, he asked if I would be interested in adding a list of herbal remedies to my own advice. I'm always looking for as many treatment options as possible to share with my patients and my readers, so I told Kerry to send on his herbal expertise.

Kerry sent me a list of six proven—and very safe—herbal

remedies that I think every woman should know about. You might recognize some of them from previous columns Kerry has written for *Nutrition & Healing*, but that goes to show you just how versatile nature can be—much more so than patent medicines designed to target one specific problem, leaving you with a handful of pills to take, and a long list of side effects to worry about, if you happen to have more than one health concern, as many people do.

At any rate, before I go into the specifics, it might help to know a bit about why periods can be painful for so many women. Each month, the lining of the uterus is shed, and this is actual menstruation. But during the process that leads up to that, your body releases substances called prostaglandins. These not only contribute to inflammation, which can cause pain in and of itself, but the prostaglandins also constrict small arteries in the uterus, which deprives the tissue in that area of oxygen and, in turn, causes the uterine muscles to spasm. The result is that all-too-familiar cramping many women experience every month.

Now, on to Kerry's herbal recommendations to combat the effects of those cramp-inducing prostaglandins. First on his list is Chinese Corydalis. If it sounds familiar, it may be because this herb is also very useful for irritable bowel syndrome, which Kerry talked about in the August 2002 issue of *Nutrition & Healing*. But it works for all sorts of cramping, including the kind associated with menstruation. In one uncontrolled clinical trial of 44 patients with painful periods (also known as dysmenorrhea), 72 percent of the subjects reported a decrease in pain using a

# Natural Response



## Botox for acid reflux: Bad joke, or just bad medical advice?

*Q: I read about [gastroesophageal reflux disease] GERD in your newsletter. I have a friend who has it, and he was told it was caused by the drug Cardozyme that he took for his high blood pressure. He was advised and took the advice—I quote—“to have Botulism injected into the esophagus which was weakened by the drug.”*

*Please comment. I kid you not.*  
—L.M., Point Pleasant Beach, NJ

**A:** C'mon, someone must be kidding here!

Scientists have found that in cases of heartburn or GERD, the lower esophageal sphincter (LES) opens briefly when it's not supposed to. If there's even a small amount of acid or anything else in the stomach, and it happens to be in the vicinity of the LES when the valve pops open inappropriately, the result is reflux. Now, if the patient has an injection of botulinum toxin, like your friend's doctor advised, the LES will be paralyzed and will stay open all the time, making reflux even worse.

For many people with GERD, the best treatment may actually be more acid, not less. This might sound like throwing gasoline on smoldering embers, but paradoxical as it seems, many knowledgeable physicians have successfully treated thousands of people using natural, inexpensive acid supplements for the better part of a century.

If it isn't too late, have your friend read the article titled “The myth of acid indigestion” from the September 2001 issue of *Nutrition & Healing* (you can download it for him on [www.wrightnewsletter.com](http://www.wrightnewsletter.com)). It offers more specific information on treating GERD naturally. **JVW**

## A chrysin crisis to watch out for

*Q: I have a comment to make on Clinical Tip No. 72 from Vol. 7, Issue 7, regarding chrysin. As per your recommendation, I took 500 mg three times a day for several months only to discover that my testosterone did not raise while my estrogen levels raised substantially—to within the “red flag” levels. I think it important that you know this so you*

*can warn other readers about the possible risk.*

—D.B., New York, NY

**A:** Thank you for letting me know. Nearly every treatment has some failures, and chrysin (which I recommend to slow the transformation of testosterone into estrogen) sometimes fails too.

It's a bit unusual for it to have an “opposite” effect (increasing estrogens instead of decreasing them), but, as your case shows, it can happen. I've observed a difference in effect with various brands of chrysin, even at the same dose. Anyone who uses chrysin treatment should monitor “before and after” testosterone and estrogen levels closely, no more than 60 to 90 days apart, to make sure the treatment is doing what it's supposed to do and nothing else. **JVW**

## Willow bark—still safer than Vioxx for pain relief

*Q: There appear to be contradictory statements in the willow bark article, on page 4 of the June 2002 Nutrition & Healing. It says “you can avoid all*

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### Clinical Tip 110

*(continued from page 6)*

Corydalis-derived substance called dehydrocorydaline.<sup>1</sup>

Kerry and I have both recommended the next item on the cramp-relieving list numerous times in the pages of *Nutrition & Healing*. But even though it's been used for what seems like forever, it's still one of the most effective natural treatments available—and one of the simplest: ginger. Ginger relieves pain by inhibiting the enzymes that produce prostaglandins.<sup>2,3</sup>

While we're talking about common and traditional herbal remedies, let's move on to wild yam

and the aptly named cramp bark.

Wild yam is a powerful spasmolytic, meaning that it prevents muscles from going into painful spasms. It's actually been used for centuries as a treatment for uterine and ovarian pain, including menstrual cramps.<sup>4</sup> Cramp bark has been used for the same purposes, and has been proven to relax uterine muscles.<sup>5</sup> In fact, these two herbs are often prescribed together.

Now on to a cramp-reliever that might be growing in your back yard right now: raspberry leaf. You very well may never have heard of this therapy—it's so simple it's often overlooked. Kerry told me that it's

more well-known for its uses during pregnancy and childbirth, but that it's also a very effective treatment for painful menstruation. One study, dating all the way back to 1941, showed that raspberry leaf tea could relieve even very severe cases of dysmenorrhea.<sup>6</sup>

Kerry recommends taking relatively high doses of each of these herbs—about 3 to 5 grams of each per day (in tablet form), starting two or three days before menstruation is expected to begin. This gives the herbs time to “build up” in your system and offer the maximum effect against pain.

### Natural Response

(continued from page 7)

of these side effects [associated with Vioxx] and still alleviate your back pain by unlocking willow bark's pain relief potential." But then it says "After four weeks there was no difference between the results of the two products in terms of pain, requirement for additional analgesics, or side effects." This last statement appears to negate the whole thesis of taking a natural substance, which supposedly doesn't have all the side effects of drugs.

—R.B., Clinton, MO

A: I apologize for the misunderstanding. The point of the statement you're questioning was to highlight the fact that willow bark is just as effective as Vioxx, without the additional dangers.

For instance, in the November 2001 issue of *Nutrition & Healing*, I talked about the results of a major trial involving Vioxx. That study showed that taking Vioxx results in a significantly higher risk of "myocardial infarction, unstable angina, cardiac thrombus [clot], resuscitated cardiac arrest, sudden or unexplained death, ischemic stroke, and transient ischemic attack."

Just because no serious side effects like these occurred in the specific trial Kerry Bone referred to in his June 2002 *Nutrition & Healing* article ("From herbs to drugs and back to herbs: Willow bark for pain relief comes full circle"), that doesn't mean they aren't possible.

The fact remains, willow bark does not have these added risks, and it still offers the same level of pain relief that Vioxx does, since it contains the original natural ingredients (called salicylates) from which aspirin was synthesized (and of course patented). JVV

### Atkins

(continued from page 5)

49 percent in the Atkins group but just 17 percent in the low-fat diet group. And those are just the most well-known heart-health markers; other measures did uniformly better in the Atkins group too.

Why does the Atkins diet work so well for so many people? (Remember, no single diet works for everyone.) Well, as I talked about in last month's issue of *Nutrition & Healing*, humans just aren't "designed" to eat a low-fat diet. The diet our ancestors followed for literally millions of years was generally high fat and high protein. The Atkins diet comes a lot closer to the "original human diet" I outlined last month than any low-fat, high-complex-carbohydrate diet plan ever could. No wonder our bodies function better on the Atkins plan! (My major disagreement with the Atkins diet is the inclusion of milk and dairy products, but that's a topic for another time.)

But why has mainstream medicine been so blind to the Atkins diet for so long? Well, the mainstream has proven that it's unwilling to consider the role of history and anthropology in human health and that it's also unwilling to sever its comfortable ties to

patent medicine. But in my opinion, it all boils down to simple jealousy. Jealousy that Dr. Bob Atkins, a (gasp!) non-University physician, outlined and popularized a breakthrough diet on his own, without interminable University review committees and other academic political process. Not only that, but he simultaneously helped millions of people and made a lot of money in the process—a combination that doesn't come along too often.

I, for one, extend a wholehearted and much-deserved "congratulations" to Dr. Atkins! JVV

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