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Don't be fooled by Big Pharma's move into bio-identical hormone replacement therapy

By Jonathan V. Wright, M.D.

Big Pharma is threatened by the increasing popularity of bio-identical hormones, and with good reason: They're safer, they're cheaper, and they actually work. So it wasn't too surprising when the patent medicine company Wyeth wrote a "citizen's petition" to severely restrict—if not eliminate—individually compounded bio-identical hormones. But it didn't get too far.

Hundreds of thousands of women and men wrote, faxed, e-mailed, and called the FDA and their congressional representatives in opposition to the petition. (My favorite letter was by a woman who threatened to "have PMS at FDA headquarters every month if my individually compounded bio-identical hormones are taken away.") In response to the unexpectedly large volume of protest, the FDA indefinitely postponed making any decision on Wyeth's "citizen petition."

Then in May, Federal District Judge Robert Junell decided for compounding pharmacies and

against the FDA in *Medical Center Pharmacy, et al v. Gonzales, et al.*, writing: "The Court finds that the compounding of ingredients to create a drug pursuant to valid prescription from a health care provider does not create a new drug."¹ Judge Junell's order became final a month or two later, and it appeared as if bio-identical hormones were safe from the FDA and the patent medicine companies.

Unfortunately, those were just the opening salvos in what looks to be a long, drawn out struggle. There's big, big, money in bio-identical hormones—for patent medicine companies, for FDA approval, and, of course, yet another potentially big increase in power and control for the FDA. So if patent medicine companies and the FDA can't win by one route, they'll just try another.

Their new strategy? *If you can't beat 'em, join 'em.*

Patent medication companies are now latching on to these bio-identical hormones and are renaming them, getting FDA

approval, and jacking up the price. The end result would be increased FDA regulation, bio-identical hormones at five times the cost, and less freedom for your doctor to individualize your hormone treatment. But as bad as those things are, they're still only scratching the surface of just how damaging this could ultimately be for the unrestricted use of relatively inexpensive bio-identical hormones.

Bio-identical hormones in disguise

Estriol is an estrogen that's produced in substantial quantities in non-pregnant, cycling women,² but it's especially high in pregnant women. In 2002, UCLA researchers reported that, in women with multiple sclerosis, pregnancy-high doses of estriol significantly improved symptoms, MRI scans, and many tests of immune function.

For those of you who are technically inclined, I've included what the researchers wrote about the results of the study (if you're not in this category, you can skip to the following paragraph): "As compared with pretreatment baseline, relapsing remitting [multiple sclerosis] patients treated with oral estriol (8 mg/day) demonstrated significant decreases in delayed type hypersensitivity responses to tetanus, interferon-gamma levels in peripheral blood mononuclear cells, and gadolinium enhancing lesion numbers

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

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

Nutrition & Healing cannot improve on these famous words:

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

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

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bio-identical hormone replacement therapy

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and volumes on monthly cerebral magnetic resonance images. When estriol treatment was stopped, enhancing lesions increased to pretreatment levels. When estriol treatment was reinstated, enhancing lesions again were significantly decreased."³

Since that study was published in the *Annals of Neurology* in 2002, I've prescribed estriol (as well as other individually specific remedies) for a few women with multiple sclerosis and other autoimmune diseases, including lupus, rheumatoid arthritis, and type 1 diabetes. And in nearly every single case, the women involved could tell that estriol made a significant difference in the way they felt.

But even though this is "old news" in the world of alternative medicine, a certain patent medicine company is trying to reinvent the wheel. Apparently, Pipex Therapeutics hasn't heard about the extensive use of estriol as a bio-identical hormone here in these United States.

As stated in a press release: "Pipex is also developing Trimesta® (oral estriol) for the treatment of relapse-remitting multiple sclerosis (MS). Estriol, an estrogenic molecule approved and marketed in Europe and Asia for the treatment of postmenopausal hot flashes for over 40 years but never introduced to the U.S., is a pregnancy hormone that is believed to be responsible for the high rates of spontaneous remission experienced by female MS patients during pregnancy."⁴

Never introduced to the U.S.? Pipex researchers seem to be blissfully (or perhaps for corporate reasons, purposefully) unaware of bio-identical hormone replacement here in these United States.

I wrote the first prescription for Tri-Est (an 80% estriol prescription filled by compounding pharmacist Ed Thorpe of Kripps Pharmacy in Vancouver, Canada) in the 1980s for just one woman suffering with symptoms of menopause. And now, Tri-Est and its close cousin Bi-Est (also 80% estriol) are prescribed by thousands of physicians through thousands of compounding pharmacies to millions of women in these United States. Estriol alone is a fairly frequent prescription for some women, such as those with a prior history of cancer. Remember: Trimesta® is just estriol repackaged!

The same is also true of DHEA and 2-methoxyestradiol, two naturally occurring hormones in the body. I'm sure you've heard of DHEA, but did you know it's been re-named Prestara®? Under that name, it's already "approved" by the FDA for the prevention of loss of bone mineral density in patients with systemic lupus erythematosus.

The hormone 2-methoxyestradiol is another estrogen metabolite produced naturally in women's bodies. Although this hormone isn't available yet, it has still been found to have major anti-tumor effects against a range of cancers, including (but not limited to) breast, cervical, prostate, pancreatic, endometrial, myeloma, leukemia, and osteosarcoma. Under nearly everyone's radar

screen, EntreMed corporation has morphed entirely natural 2-methoxyestradiol into Panzem®. I'll tell you more about 2-methoxyestradiol in an upcoming issue of the newsletter.

Misuse and abuse of bio-identical hormones

Renaming bio-identical hormones to turn a quick profit is certainly bad enough. But as I said earlier, that's just the start of the disaster that's sure to follow.

Any physician skilled and knowledgeable in the use of bio-identical hormones knows that natural steroids such as estriol, DHEA, and 2-methoxyestradiol should NOT be taken orally. According to one study, taking only 1 to 2 mg orally of low-potency estrogen formulations increased the relative risk of developing endometrial cancer.⁶

So which route of administration has been chosen by the company pushing for estriol (a.k.a. Trimesta) approval? Oral. And when the inevitable findings of excessive endometrial cancer are ultimately disclosed, you can bet the blame will fall on the bio-identical hormone itself—and not on the oral route of administration, which is known to be more risky.

The patent medicine company that recently received approval for DHEA (a.k.a. Prestara) isn't doing any better. In addition to using oral doses instead of the more physiologic transdermal route, the quantities given—200 milligrams daily for women⁷—are well known to physicians skilled and knowledgeable in the use of bio-identical hormones to be enormous overdoses. But when the inevitable side effects come rolling in, you can be sure it'll be the DHEA itself—not its abuse and misuse—that gets the blame.

Completing the “trifecta of error,” the patent medication company

Price comparison for natural products and their FDA-approved counterparts			
	Number of capsules	Dosage per serving	Cost per bottle
DHA-EPA fish oil	120	800 mg EPA 400 mg DHA	\$14
Omacor	120	465 mg EPA 375 mg DHA	\$150
L-carnitine	90	500 mg	\$25.40
Carnitor	90	330 mg	\$81.89
The prices for the patented, brand name drugs can be found at www.drugstore.com . The natural products can be found at www.vitacost.com .			

pushing for Panzem (2-methoxyestradiol) approval is also using oral doses.

It's been 50 years now since bio-identical cortisol went down this same path of destruction. Doctors prescribed much larger than physiologic doses of cortisone for months to years, and now the public is blaming cortisone for causing hypertension, diabetes, osteoporosis, peptic ulcers, and the occasional cortisone psychosis—rather than blaming careless physicians for cortisone abuse and misuse!

If Trimesta, Prestara, and Panzem are all approved, misused, and abused as cortisone was, the entire field of physiologic-dose bio-identical hormone replacement will be condemned by organized medicine and the FDA, and we could very well lose our individually compounded bio-identical hormones due to “bio-identical hormone abuse” encouraged by patent medicine companies and abetted by mainstream medicine!

Goliath joins the battle

Can you guess which side the American Medical Association is on? It's certainly not yours! The AMA is obligingly helping out patent medication companies and the FDA, and is renewing the call to

remove compounded bio-identical hormones from the market altogether—or at least to regulate them into uselessness.

According to a recent press release: “The American Medical Association’s (AMA) House of Delegates unanimously and enthusiastically passed a resolution introduced by The Endocrine Society and other concerned organizations urging the U.S. Food and Drug Administration (FDA) to increase its oversight and regulation of so-called bio-identical hormones.”⁸ Apparently, the AMA has no respect for the long tradition of individual State regulation of pharmacy compounding, but just wants to give yet more power to *los Federales*.

How can we hope to win a battle against the AMA, multi-billion dollar patent medicine companies, and the FDA? The following three steps should go a long way toward advancing our cause:

- **The first step is renewed, overwhelming protest**—like last year when we battled against Wyeth's citizen petition. Start by becoming more informed about the stealth movement to have natural products renamed and sold at enormous mark-ups. Use the examples in the box above to

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How toxic are YOU? You might be surprised by the answer

For the last several years, my colleagues and I here at the Tahoma Clinic have been testing more and more people for heavy metal toxicity. It's not just that our area has been continually exposed to arsenic from the smokestack of the no-longer-operating Tacoma smelter for more than 40 years—that's bad enough. But the reality is that most of the people we test have elevated levels of just about any toxic metal you'd care to name. Mercury from dental amalgam is the most common, followed by lead, arsenic, cadmium, nickel, aluminum, and several others.

Please don't brush this aside thinking that you couldn't possibly be a candidate for heavy metal toxicity. Some of the worst heavy metal burdens are found in individuals who say they can't imagine where all that toxic metal came from. This discovery is especially shocking to those people whose toxicity tests by mainstream doctors have come back negative. There's a simple explanation for the discrepancy: Blood tests used by mainstream doctors are virtually useless (except in cases of acute exposures) for identifying heavy metals that are stored away in your body.

That's because toxic metals such as lead are rapidly cleared from the bloodstream so that they won't continue to circulate and damage cells over and over again. Although our bodies were designed to be able to excrete tiny amounts of heavy metals through the kidneys and liver into the gastro-intestinal tract, they simply can't handle the enormous amounts generated by industrialization.

And when those relatively large amounts can't be excreted, they're rapidly taken out of the bloodstream and dumped into other tissues, including (but not limited to) bone,

brain, and lymphatic tissue. It's this tissue build-up of metals that's so detrimental to your body.

Anywhere toxic metals are deposited, your cell, tissue, and organ function are impaired. In addition to causing direct damage, the toxic metals also cause damage by displacing nutritional minerals in key positions in cellular function, which results in slowing down or stopping these functions altogether. The following study published in the journal *Neurology* clearly illustrates this point.

Almost 1,000 community-living adults between 50 and 70 years old had multiple measures of cognitive function and measurements of both blood and tibia lead. After adjusting for age, sex, and apoE4 blood levels, the researchers found that higher tibia lead levels were clearly linked with worse cognitive function. On the other hand, blood lead was not associated with any aspect of cognitive function. The researchers concluded that cumulative doses of lead that have been stored away in the body could have persistent effects on cognitive decline. In addition, it seems as if earlier exposures to lead may account for a portion of cognitive decline that had previously been attributed to age.¹

Although this study only focused on lead, the same principles apply to any toxic metal exposure. What's stored away for years in the tissues is what's going to cause problems—not what happened in the last few months.

The only test you can rely on

Instead of a blood test, doctors should be administering a chelation test, something that is very closely related to chelation therapy. In a chelation test, a single dose of a chelating agent (usually a semi-

synthetic amino acid such as EDTA) is given intravenously. These chelating agents chemically lock onto toxic metals—not just in the bloodstream, but wherever they find them. The toxic metal/chelating agent complex is then eliminated in the urine and stool (though most doctors prefer to test only the urine because it's easier and less expensive).

So after the infusion has been given, all of the urine produced over the next six hours is collected and sent off to a laboratory for toxic metal testing. If high levels of toxic metals are found with a chelation test, then the best course of action is to get chelation therapy. Leaving the toxic metals in your body would go on to cause more and more damage to your cells and tissues. When people who have high levels of toxic metals undergo chelation therapy, the majority of them feel a significant improvement in both specific symptoms and in their over-all health.

Before running out to get a chelation test—or the potential subsequent chelation therapy—you need to be aware of a few precautions. The American Board of Chelation Therapy and practitioners skilled and knowledgeable in chelation therapy recommend periodic replacement of nutritionally important minerals while you're having chelation therapy since chelating agents also remove small quantities of minerals that are beneficial to your body. Finally, chelation therapy is not recommended if you have kidney disease or damage, liver disease, or a brain tumor.

To find out more about where to get a chelation test and chelation therapy, contact the American College for Advancement in Medicine online at www.acam.org or by phone, (888)439-6891. **JVW**

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

Turf wars: Mainstream medicine seeks to legislate naturopathic doctors right out of a job

In 1987, the American Medical Association (AMA) was convicted in *los Federales* court of conspiracy to eliminate the chiropractic profession. Federal Judge Susan Getzendanner of Illinois found that the AMA had engaged in an unlawful conspiracy in restraint of trade “to contain and eliminate the chiropractic profession.” She issued a *permanent injunction* against the AMA to prevent such future behavior. (*Wilk v. American Medical Ass’n*, 671 F. Supp. 1465, N.D. Ill. 1987).

But now the AMA is at it again. This time, though, instead of the hidden, conspiratorial activities they were convicted of in 1987, they’re putting their proposed activities in print for everyone to see. Resolution 209 (A-06) calls on the AMA to oppose the licensure of naturopathic physicians (NDs) in the states in which they’re not licensed already.

First of all, I’m not a fan of licensure of any profession. Most people associate licensure with safety. But study after study has shown that professional licensure does not protect the public. Licensure is nothing more than a means used by those already licensed to eliminate competition—

one of many factors keeping today’s cost of health care artificially high. But in today’s political climate, this fact is less important than the illusion of safety. Consequently, most naturopaths are literally standing in line to accept the shackles of licensure. And the AMA doesn’t want NDs to have them.

The AMA gives a number of reasons for opposing naturopathic licensure. I’ll list them one by one and then tell you exactly why their reasoning is way off base.

Reason #1: *Whereas, The American Medical Association has always stood for patient safety and the science of medicine...*

Safety? In *Death by Medicine*, a comprehensive study written by PhDs, MDs and an ND with 152 footnote citations, the authors write: “Over 700,000 Americans die each year at the hands of government-sanctioned medicine, while the FDA and other government agencies pretend to protect the public by harassing those who offer safe alternatives.” (You can read the complete article at www.wachoice.org or at www.lef.org.)

If you were to divide the 700,000 deaths per year by the total number of MDs and DOs, it would become crystal clear that naturopathic medicine is a much,

much safer option.

And as for the “science of medicine”—according to authoritative studies and individuals writing from 1978 to 1998, only 15 percent of current medical practice has been proven by a controlled clinical trial.¹⁻⁴ Enough said about “science”!

Reason #2: *Whereas, The well-being of patients and the ability for them to be taken care of in the best manner is a goal of the AMA...*

Attention AMA: Patient well-being is the goal of any health care profession—RNs, DOs, pharmacists...and naturopaths, too!

Reason #3: *Whereas, There is a misconception about the extent of the education and training of naturopaths...*

This one seems to be the result of willful ignorance. The “misconception” part is true, but the misconception is that of the AMA. Careful comparisons of admission pre-requisites and curricula for North America’s five ND-granting universities with those of MD-granting universities show equal or higher standards at the ND schools. While it’s true that the oldest generation of NDs may not have gone to those schools, that’s easy enough to handle with well-designed “licensure” laws.

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predict to your state and local representatives what will happen to the price of Prestara (DHEA), Trimesta (estriol), Panzem (2-methoxyestradiol), and any other bio-identical hormones and other natural products if they become fully

FDA approved.

- **Contact your insurance company.** Inform them about the present cost of your bio-identical hormones (which they frequently won’t pay because they’re not “approved”) compared with the enormously inflated cost of the FDA brand name version of the product.

- **Stay alert for the next big campaign push** against your individually compounded bio-identical hormones. It’s coming as surely as patent medicine companies love big money, and *los Federales* love power! **JVW**

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

turf wars

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In order to conserve space, I'll condense the last two "Whereases" and the final Resolution into one part. I'm sure that the illogical contradiction between them and the final "Resolution" will be immediately obvious to you.

Reason #4: *Whereas, The AMA has no set policy concerning the licensing of naturopaths to practice medicine without the proper educational background; and Whereas, many States are now facing an onslaught of non-MDs/DOs wanting to practice medicine;*

RESOLVED, *That our American Medical Association work through its Board of Trustees to outline a policy opposing the licensure of naturopaths to practice medicine and report this policy to the House of Delegates no later*

than the 2006 Interim Meeting.

The AMA should determine a set policy about "proper educational background" before they start complaining about a lack of one! And besides that, naturopaths don't want to practice medicine (remember those 700,000 deaths a year?). They want to practice naturopathy! But, of course, the real motivation for this AMA resolution is revealed in the statement: "many States are facing an onslaught of non-MDs/DOs wanting to practice medicine."

Apparently, MDs can't handle a little competition. And that's what it's really about: turf war! Don't let them fool you—the rest is nothing more than a smokescreen.

This resolution was introduced to the AMA House of Delegates by the Florida delegation. In 2006, naturopaths almost achieved licensure by the Florida legislature,

and Florida MDs are particularly afraid of competition from NDs. Florida has a high percentage of senior citizens. Many of them have chronic ailments and are currently being drugged with multiple patent medications. But the truth is, most of these senior citizens would be much better served by a gentler, more effective natural medicine approach. If that concept ever catches on among the general public, many MDs will be faced with a major pay cut.

I have my own solution. I suggest seeing your local naturopaths for what they do so well: preventive medicine and chronic disease care. And when it's necessary, visit MDs for what they do best: surgery (when it's really needed), emergency medicine, and high-tech diagnostics. **JVW**

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

Another reason to douse your salad with extra-virgin olive oil

Researchers have come up with even more evidence supporting the potential long-term benefits of extra virgin olive oil, a staple of the now-famous, very healthful Mediterranean diet.

Scientists at the Monell Chemical Center in Philadelphia found that a compound called oleocanthal that's found in freshly pressed extra virgin olive oil works just like ibuprofen in its ability to inhibit pain. According to the scientists, even though oleocanthal and ibuprofen are structurally different, they both work by blocking COX (cyclo-oxygenase) enzymes in the prostaglandin-biosynthesis pathway. In other words, they should both relieve pain equally well.

Here's the catch: You'd have to swallow 10 times the amount of olive oil to achieve the same pain-

relieving effects of just one dose of ibuprofen. That could add up to as many as 45 tablespoons of olive oil daily. I don't know if it's humanly possible to swallow that much extra virgin olive oil daily, especially considering it causes a strong stinging sensation in the throat, and would likely cause gastro-intestinal upset, too. And I'm certainly not suggesting that you do so.

So what's my point in telling you all of this? Well, for starters, this research suggests that, as a COX inhibitor, extra virgin olive oil could have long-term health benefits (with none of the side effects that go along with ibuprofen). So, basically, this just adds one more reason (in an already long list) to consider following a Mediterranean-style diet.

This diet is rich in olive oil, fruits, vegetables, grains, legumes,

nuts, and fish. Olive oil is an especially important part of this diet because it's a great source of monounsaturated fats. Dairy is included as well, but on a much smaller scale. People who follow this diet are generally healthier: They have lower rates of cardiovascular disease and cancer, and they tend to live longer, as well.

Hopefully, there are a few natural products companies racing to bring oleocanthal itself to market as yet another relatively safe natural pain reliever. Until then, if you have unsolved pain and you'd rather not take patent or formerly patent medications to alleviate it, it can't hurt to try some extra virgin olive oil in your cooking and on your salads and vegetables to observe whether it helps your pain. **JVW**

Could the cure for lower back pain be as simple as a low-starch diet?

By Kerry Bone

Like so many scientific discoveries, this one came quite by accident. Dr. Alan Ebringer, a rheumatologist from the UK, put one of his patients on a high-protein, low-starch diet for weight reasons. Little did he know that that one small step would end up being a giant leap forward in treating a rare autoimmune disease called ankylosing spondylitis (AS).¹ This chronic inflammatory disorder mainly affects the lower lumbar spine and sacroiliac joints, and it's typically found in men. Common symptoms include chronic inflammation, pain, and stiffness—especially in the lower back. In advanced stages of AS, fusion of the spine occurs, which can lead to considerable disability.

As is often the case with autoimmune disorders, the underlying cause of this disease puzzled researchers for years. But as it turns out, the same person who found a way to treat the disease is also the one who discovered the root cause.

Before I go into that, though, I need to give you a little background. The disease mainly occurs in individuals who have the tissue marker known as HLA-B27. (These tissue markers determine immune system responses and organ transplant compatibilities.) Although most people who have this tissue marker do not get AS, around 80 to 90 percent of people with AS have this tissue marker. This indicates that there are environmental factors involved in triggering this debilitating disease.

That's where Dr. Ebringer's discovery comes in. He found unusually high levels of the gut pathogen known as *Klebsiella pneumoniae* in the stool samples of patients with active disease.² Then he found high levels of antibodies in the blood of AS patients that were reactive

to *Klebsiella*.

Dr. Ebringer found that some of the *Klebsiella* antibodies were shown to cross-react with HLA-B27.³ In other words, in trying to fight the *Klebsiella*, the immune system was also causing “friendly fire” damage by producing an attack that cross-reacted with this tissue marker. And since HLA-B27 is particularly found in the tissue of the lower back, that helps to explain why so much of the immune attack (and therefore the damage) is directed there.

This process in which a microorganism resembles a host so much that the immune system attack on this invader also attacks the body is known as “molecular mimicry.” This is well accepted as a potential cause of autoimmune disease—it's just that in most cases, the organism that triggers the immune malfunction is hotly debated. In the case of AS, though, Ebringer and other scientists have found a link with *Klebsiella* antibodies in separate studies in 16 different countries.⁴ Other researchers in Scandinavia and Germany have also linked *Klebsiella* to the disease.

So this leaves two big questions. How do you get rid of *Klebsiella*, and does it actually help AS if this microbe is eliminated from the body? That brings us back to the high-protein, low-carb diet.

Bacterial studies were carried out on 47 people on a high-carb/low-protein diet and compared to another 45 people on a low-carb/high-protein diet. Those on the low-carb diet were found to have around 50 times less *Klebsiella* organisms in their colon.⁵ Ebringer argued that resistant starch in the diet (starch that cannot be digested by our own enzymes) was feeding the growth of *Klebsiella* because it could be

broken down by bacterial fermentation. This led him to develop the following low-starch diet plan for his AS patients:⁶

Increase meat and fish, beans and peas, nuts, vegetables, fruits, milk and milk products.

Reduce bread, potatoes, chips, rice, pasta, cereals, cakes, and biscuits.

In an initial study, 36 patients with active AS were put on Ebringer's diet. After nine months, measures of inflammation were significantly reduced and the most of the patients reported a reduction in their symptoms. In a few cases, the symptoms went away altogether. Since 1983, Dr. Ebringer has used this diet at his clinic with great success. Around half of the AS sufferers who try it don't require any drugs to control their disease.⁷

Although these are great results, the process of using diet to eliminate *Klebsiella* can be greatly helped along by daily taking a few specific herbs that have been shown to be quite active against this microbe. These can also be taken as part of a protocol to encourage healthy bowel flora (see the October 2002 issue). They include freshly crushed, uncooked **garlic** or **allicin-releasing tablets** (1 to 2 cloves or equivalent), **Golden seal** (2 to 3 g), and **essential oil of oregano** (150 mg).

Taking daily doses of the following anti-inflammatory herbs can also help to control symptoms while the low-starch diet and antimicrobial herbs do their work: **Boswellia** (1,200 mg of extract standardized to 60 to 70 percent boswellic acids), **willow bark** (doses containing at least 150 mg of salicin), **ginger** (1 to 2 g), **turmeric** (6 to 8 g), and **celery seed** (3 to 5 g). **KB**

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

WAR ON HOLISTIC MEDICINE

It's not over yet

In November, the American Association for Health Freedom joined Washington CHOICE and the Washington Health Care Freedom Association to encourage Washington's legislature to reconsider the state of health care choice and freedom in the 2007 legislative session. With this help and yours (thank you!), we have a strong chance of making a positive change.

Once the legislature goes into session, events will move too quickly to keep track in the newsletter. Fortunately, we can keep you posted on all the breaking news through the website listed below. Please be sure to monitor what's going on and stay informed on how you can continue to help the cause.

So far, all of your letters, calls, faxes, and e-mails have made a noticeable difference. There's been a perceptible change in the tone of reply letters from the Department of Health and from the governor's office. Now, many more legislators are aware of the problem than ever before. So please don't stop now! All of us together can restore health care choice and freedom in Washington state—and can help to maintain those freedoms throughout the rest of the country.

I recommend bookmarking the following websites to stay up-to-date on all the latest healthcare freedom news:

- American Association for Health Freedom, www.healthfreedom.net
- Washington CHOICE (Western Washington), www.wachoice.org
- Washington Health Care Freedom Association (Eastern Washington), www.wahcfreedom.org

And thank you—again—for all your help in the cause of health care choice and freedom!

Advanced Bio-Identical Hormone Replacement Therapy Seminar

On February 16th – 18th, Drs. Jonathan V. Wright, Thierry Hertoghe, and Wendy Ellis will be presenting "A Practical Application of Treating Adult Hormone Deficiencies—Advanced Course."

This course will offer intensive training in the theory behind BHRT, the latest advancements, practical applications, treatment protocols, and case studies—all honed to support the front line physician. The seminar will also offer doctors a practical guide for age management programs for treating patients.

Dr. Wright is the founder of the Bio-Identical Hormone Society (BHS). In the 1980s, he wrote the first North American prescriptions for bio-identical estrogen combinations, and (along with Lane Lenard, Ph.D.) has published books on bio-identical hormone replacement for women and men.

Dr. Thierry Hertoghe is a fourth-generation practitioner and endocrine specialist. His great-grandfather was one of the first European physicians to use thyroid therapy. Dr. Hertoghe wrote *The Hormone Handbook*, a basic guidebook covering the use of bio-identical hormones. He is also the founder of the International Hormone Society (IHS).

Dr. Ellis is a naturopathic physician, a specialist in bio-identical hormone replacement for women, a specialist in the interpretation of laboratory testing for bio-identical hormones, and is one of Dr. Wright's colleagues at the Tahoma Clinic.

This 20-hour CME-approved course will take place at the Hyatt Hotel in West Hollywood, California. Although this course is designed for practitioners who want to learn more about bio-identical hormone replacement, anyone may attend.

To register or for further information, call 866-444-9475 or go on-line to www.bioidenticalhormonesociety.com.

ALTERNATIVE HEALTH RESOURCES

American College for Advancement in Medicine (ACAM)
Phone: (888)439-6891
www.acam.org

American Academy of Environmental Medicine (AAEM)
Phone: (316)684-5500
www.aaem.com

Tahoma Clinic
Phone: (425)264-0059 for appointments only

Tahoma Clinic Dispensary
Phone: (888)893-6878 to order supplements and products [only www.tahoma-clinic.com](http://www.tahoma-clinic.com)

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

Meridian Valley Laboratory
Phone: (425)271-8689
www.meridianvalleylab.com

Access back issues of *Nutrition & Healing*, absolutely FREE! As a subscriber, you can benefit from all of Dr. Wright's life-saving information he's shared with you over the years. Want to find out more about a particular health issue? Feel like brushing up on tried and true treatment methods? No need to thumb through back issues of the newsletter: Just go to www.wrightnewsletter.com, click on "log-in," and enter the following information:

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