Forget your annual mammogram!
New tool offers better, earlier breast cancer detection (and it’s pain-free, too!)
By Jonathan V. Wright, M.D.

Over the years, my colleagues at the Tahoma Clinic and I have heard from many women who have reservations about mammography for breast cancer, and some who just refuse to get mammograms altogether—especially every year for a decade or more. Their concerns are understandable: While it’s true that mammograms have increased the detection of breast cancer, more and more flaws associated with this screening tool have come to light too.

Some studies have found the sensitivity of mammography to be as low as 25 percent. In other words, it only detects about one quarter of breast cancers. Mammograms’ “specificity” (accurately identifying an area as cancerous) is even worse: It can be as low as 17 percent—which means that as many as 83 percent of areas deemed “suspicious” from mammogram images actually turn out not to be cancerous after further checking. Obviously, this puts many women and their families through a great deal of unnecessary worry and emotional turmoil.

In addition, a little-publicized Canadian study of over 70,000 women found that mammograms done between ages 40 and 50 actually did not increase the breast cancer detection rate! The researchers attributed this finding to the fact that women’s breast tissue is denser between ages 40 and 50 (after age 50 breast tissue “thins out” due to menopause). Even though this study is well-known among medical “authorities” in these United States—and has never been refuted—these same “authorities” rarely mention it, and continue to recommend annual mammograms to all women over the age of 40.

But besides the general lack of accuracy, there’s an even darker side to mammography. It involves radiation, which (if repeated) actually contributes to breast cancer risk. In fact, each mammogram increases risk of breast cancer by 1 percent. So if you follow the “expert” recommendation to get a mammogram every year after you turn 40, by the time you’re 50, you’ll already have increased your chance of getting breast cancer by 10 percent.

And a follow-up to the Canadian study mentioned above disclosed that the women in the 40 to 50 year age group who’d had annual mammograms actually had a slightly higher death rate from cancer than women who only underwent manual breast exams.

Certainly doesn’t seem like a very good trade off!

All this probably leaves you wondering if there isn’t something else you can do to detect breast cancer—especially early cases. We’ve been wondering the same thing for a long time! Fortunately, there is equipment that can do the job.

Detect cancer without increasing your risk

In the 1950s it was discovered that cancerous tissue maintains a steady temperature independent of cooling or heating the surrounding tissue—and the concept of thermography for breast cancer screening was born. Thermography has been
Moving? Missed an issue? Please let us know within 60 days of moving or if you have not received an issue. (International subscribers, please notify us within 90 days.) After this time period, missed issues can be purchased for US$6.50 each. Postage costs may apply to international requests.

breast cancer detection
(continued from page 1)

researched since then, gaining FDA “approval” in 1982 (the same year “regular” mammography was approved, incidentally). Many versions of thermography (with variable reliability) have existed, leading up to this latest version, called infrared thermography, which has proved to be very reliable: It only misses 5 to 10 percent of cancers and the number of false positives is equally low.

Infrared thermography detects differences in heat given off by the body (in this case, the breasts) by precise measurement of infrared frequency wavelengths. These wavelengths are very close to visual frequencies, and measuring them doesn’t involve radiation like what is used in mammography, x-ray, CAT scans, and other tests. So thermography won’t increase cancer risk, since nothing is “beamed” into or at the body.

In addition to not using radiation, thermography has other advantages too. First of all, there is no compression of the breasts, which is good news for at least three reasons: 1.) It’s painless; 2.) Women with implants can relax; and 3.) It eliminates the concern that preexisting cancer will be spread by the compression of the tissue.

Another benefit of thermography is that it’s very likely—although not yet proven—that it’s more accurate for women ages 40 to 50, since breast tissue density makes no difference to heat emissions.

Thermography can also tell you and your doctor other important things about your breast health in addition to assessing the possibility of cancer. It’s also possible for it to identify fibrocystic breast disease and hormone imbalances.

Of course, at the Tahoma Clinic, our goal is always to prevent breast cancer.

Prevention is even more important than detection—even early detection—and thermography can help with that, too. In contrast to mammography, which detects only anatomical changes in the breasts, thermography detects functional changes in breast tissue. It finds areas of abnormally increased or decreased blood flow. This is a huge advantage, since cancer takes approximately 5 to 10 years to reach a size detectable with mammography or physical exam. With thermography, we’re able to monitor functional changes associated with very early breast cancer and possibly even changes which precede breast cancer. Although it’s too soon to say for certain, it’s very possible that appropriate treatment may reverse those risk-associated changes.

So with the goal of prevention in mind, my colleagues at the Tahoma Clinic and I now recommend that all of our female clients have a yearly breast thermogram starting at age 40, or age 30 if you have a family history of breast cancer.

What to expect from the breast thermography “experience”

To make sure thermography is as accurate as possible, temperature reading is the “name of the game,” so the procedure is performed in a room kept at 68°F. You sit in this cool temperature wearing the infamous “examination gown” (definitely not Dior!) for 15-20 minutes while your breast health history is reviewed. After you’ve
acclimated to the temperature, a set of three pictures is taken—one frontal and two oblique (an angle between front and side)—followed by a one-minute “autonomic nervous system stress test” and another set of three images.

The autonomic system stress test involves placing your hands in cold water for exactly one minute. This challenge tells your body to send all the available heat via the blood from the surface of the body, inward. Any breast tissue that isn’t functioning properly will not be able to do this and will then be highlighted on the second set of images.

Your appointment is finished with a manual breast exam, the findings of which are included in the notes that are sent with the thermographic images to be interpreted. (All thermographic images are sent electronically via the Internet to a qualified expert in thermographic image interpretation.)

Buyer beware

Although thermography is FDA “approved” it is still in the early stages of organization, so the facilities offering it may or may not have kept up with the many advances in thermographic technology. A high quality thermographic imaging facility should at least include the following four things:

- **Temperature-controlled room:** This is a must, since you’re measuring temperatures! If the room is too hot, the results won’t be accurate.

- **High-definition radiometric camera:** This kind of camera measures *actual* temperatures, not temperatures calculated from colors on the image or averaged temperatures from a video card. With this type of camera, temperature measurement is much more accurate and can be repeated and compared with even more accuracy.

> **Autonomic challenge test:**
As I mentioned above, the autonomic challenge is usually done by having the client place her hands in cold water for 60 seconds. Although it’s not the most pleasant experience, it’s vital to a complete infrared thermogram and greatly increases the accuracy. Without it, the number of abnormal results are often much higher than they actually should be and cause unnecessary follow-up testing and considerable worry. (As a side note, non-radiometric cameras will not be able to detect the changes caused by the autonomic challenge test.)

> **Quantitative and qualitative interpretation:** This is the most up-to-date interpretation scoring system at this time. It includes both “qualitative” data—including hot spots, cold spots or irregular vascular patterns, along with “quantitative” data, which includes temperature readings from each of the 76,000 “pixels” recorded by the radiometric camera.

At present, there are many more practitioners offering mammograms than infrared thermograms, but the number of certified thermographers is growing. As you might have guessed, one of them practices at Tahoma Clinic (see resources, page 8). Others can be located through by calling (760)494-5993. (Unfortunately, as yet there’s no website listing all certified clinical thermographers.) At the Tahoma Clinic, infrared thermography is priced at $225; elsewhere, the price ranges from $200- $500.

To read more about the thermography research discussed above, please refer to the following study: Kuhl CK. “The ‘coming of age’ of non-mammography screening for breast cancer.” *JAMA 2008; 299(18): 2,203-2,205*

Other references for this article are available on the *Nutrition & Healing* website. **JVW**

I am very grateful to Olivia Franks, N.D., C.T.T (Certified Thermographic Technician) for much of the information contained in this article.

Claim your spot at the bio-identical hormone seminar

The International Hormone Society, the Bio-Identical Hormone Society, and the American Academy of Anti-aging Medicine will be presenting a **Bio-Identical Hormone Therapy Educational Program** on October 23-26, 2008 in San Diego, at the Holiday Inn-San Diego-on the Bay.

Lecturers will include me, Thierry Hertoghe, M.D. (Belgium), Ron Rothenberg, M.D., Pamela Smith, M.D., Mark Gordon, M.D, Eric Braverman M.D., and Wendy Ellis, N.D.

The comprehensive four-day seminar will include insightful observations about physical signs and symptoms of hormone insufficiencies given by Dr. Hertoghe and basics of bio-identical hormone use presented by Dr. Rothenberg. Dr. Ellis and I will provide descriptions of safe, natural modulation of hormone pathways, and analyses of clinical and laboratory monitoring of bio-identical hormones for effectiveness and safety. I’ll also cover aldosterone and recovering lost hearing, and adrenal therapy and glaucoma. Drs. Smith, Gordon, and Braverman are special guest speakers well-known for their work with BHRT.

For further information and to register, call (866)444-9475 or go to www.biodenticalhormonesociety.com.

www.wrightnewsletter.com
One of the best researched herbs is the leaf of *Ginkgo biloba*. It all started back in the 1960s and 70s when German scientists found that it improved circulation. Further research led to the invention of a special, concentrated, standardized extract subsequently used in clinical trials on the herb. “Ginkgo biloba special extract,” or “EGb761” as it was coded, is a 50:1 concentrate of the starting leaf material. Just to give you an idea of how powerful this special extract is, the normal dosage range of 120 to 240 mg of the 50:1 concentration corresponds to 6,000 to 12,000 mg (or 6 to 12 g) of starting leaf material. That’s a lot of leaf!

So it’s not too surprising that such a powerful concentration ended up having some powerful effects in the body. As I mentioned above, the initial interest in Ginkgo was as an herb to improve the arterial circulation to the periphery of the body, namely the legs and the brain. But as they were investigating these effects, researchers discovered that Ginkgo not only improved circulation to the brain, but it also seemed to help it function better—particularly in terms of memory and concentration. The obvious next step was to test the extract’s effects against dementia. The results of these trials have started coming in over the past few years and the overall results have all been positive.

But along the way, some new and unexpected uses for Ginkgo have also been discovered.

**Live longer**

While researchers were investigating whether Ginkgo might help prevent dementia, they found that regular users of the extract had a significantly lower mortality rate from all causes.¹ Perhaps related to this, regular use of Ginkgo was also linked to a reduced risk of ovarian cancer.² So taking Ginkgo on a regular basis might actually help you to live longer.

**Stress less**

Another surprising effect of Ginkgo extract is that it can improve mood, psychological function, and stress levels. For example, at 240 mg per day it decreased anxiety in a group of patients participating in a controlled clinical trial.³ Another trial conducted in China with the antidepressant drug paroxetine found that the addition of Ginkgo to the drug treatment in depressed patients gave a better clinical result than the drug alone.⁴ And in another double-blind, placebo-controlled trial, healthy volunteers who had been taking 120 mg per day of Ginkgo extract for three months had significantly lower cortisol levels during stress induced by the glucose tolerance test than subjects who had been taking a placebo.⁵ According to the scientists involved in the trial, Ginkgo might reduce blood levels of cortisol in other types of stress too. And less cortisol produced during stress means that there is less wear and tear on the body overall.

**An herbal antioxidant**

Over the years, research has also uncovered Ginkgo as a powerful antioxidant, which experts believe accounts for its protective effects against radiation damage. In an uncontrolled trial conducted some time ago, 120 mg per day of Ginkgo extract protected against radiation-induced DNA damage in Chernobyl workers.⁶ More recently (and in a more solid, randomized, controlled clinical trial), the same dose of extract protected against DNA damage caused by radioactive iodine treatment in patients with thyroid disease.⁷

Four separate randomized, controlled trials showed that Ginkgo’s antioxidant-boosting effects also have some unexpected benefits. When schizophrenic patients taking conventional antipsychotic drugs added 300 to 360 mg of Ginkgo extract per day to their treatment regimen not only did their blood levels of antioxidant enzymes (such as superoxide dismutase) improve, but so did their overall symptom scores.⁸⁻¹² Another trial found that a much smaller dose (120 mg per day) decreased the negative symptoms in schizophrenic patients taking the drug clozapine.⁹

**Let Ginkgo get on your nerves**

Going back to Ginkgo’s primary role as a circulation-booster, some other studies have found that this particular benefit goes beyond cardiovascular health. Poor circulation is one of the main causes of the nerve cell damage that often accompanies diabetes. The impaired circulation prevents nerve cells from getting the nourishment they need, and the end—and increasingly common—result is nerve damage known as diabetic neuropathy. But two clinical trials in patients with diabetic neuropathy have demonstrated benefits from Ginkgo extract. In one of the trials, the Ginkgo improved blood supply to and function in the nerves. In the other, nerve conduction and the ability to sense heat were improved in the damaged nerves.

Last but certainly not least, a few small clinical trials have also shown that Ginkgo (240 mg per day) can help relieve fatigue and

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Why WalMart and Toys ’R Us offer better protection than the FDA—and how you can help change that

Yale University researchers say it's dangerous. More than 100 studies published by university and government agency researchers have found adverse health effects associated with it. Some of this work has even linked it to prostate and breast cancer, diabetes, and hyperactivity. And the National Toxicology Program's April 2008 draft report on it noted that in animals, low doses can cause changes in behavior and in the brain, and that it may reduce survival and birth weight in fetuses.

But in September, los Federales put out its own draft report, which stated that the “FDA has concluded that an adequate margin of safety exists...at current levels of exposure from food contact uses.”

Current levels of exposure? Maybe that's the key to los Federales' opinion: Even though all independent research has found it dangerous, there just isn't very much around? Well... depending on whose estimate you use, there are “only” 6 to 7 billion (that's 6,000,000,000 or 7,000,000,000) pounds of it produced every year—and that's just in the United States.

So maybe not many of these billions and billions of pounds actually get into you and me? But that doesn’t seem likely either. In fact, according to the Centers for Disease Control and Prevention (CDCP), there's only a 7 percent chance of that. The other 93 percent of us have traces found in our urine—and if it’s coming out, it must have gotten in.

This substance—produced in immense proportions—that all responsible researchers, reviewers, and commentators have warned us about is bisphenol A. I first told you about the adverse health effects of this “space alien,” estrogen-mimicking molecule found in plastic bottles and many other plastics that contact food and water in the July 2006 issue of Nutrition & Healing. As you can see, since then, the evidence against bisphenol A has only continued to pile up.

But despite all the risks that have been associated with it—and the fact that Canadian regulators have already announced plans to ban its use in baby bottles—the FDA still continues to “approve” of it, based on research that's flimsy (at best), not to mention utterly biased. As Peter Myers, chief scientist for Environmental Health Sciences said recently: “It’s ironic FDA would choose to ignore dozens of studies funded by the National Institutes of Health—this country's best scientists —and instead rely on flawed studies…”

“Ironic” isn’t exactly the word I would have used, but I’ll pass up the opportunity for greater accuracy on that point for now. Instead, let's look at the funding for the two research studies—that’s right, count ‘em, two—that were used by los Federales to support their position on bisphenol A.

I'll give you one guess who paid for these studies. Not the National Institutes of Health. And not the Independent Scientific Study Group for Bisphenol A. No, unfortunately, you and I both know who paid for these two studies: the chemical industry. And after they were completed, an executive of the American Chemistry Council took what I can only assume must have been smug pleasure in stating that “the FDA's thorough analysis confirms that food contact materials containing bisphenol A can continue to be used safely.”

“Thorough analysis”? In most scorebooks, 100-2 is a “win” for the side with 100 or more studies behind it. Canadian regulators certainly think so. So does Wal-Mart, the largest retailer in these United States, and Toys ’R Us, the largest toy seller, both of whom have announced that they will no longer carry children’s products containing bisphenol A after January 2009.

12 of the many reasons not to trust the FDA

The only “excuse” I can come up with for the FDA's complete lack of regard for human safety is that it just can’t do its job. After all, the agency itself admitted as much a year ago when it released the report titled FDA Science and Mission at Risk: Report of the Subcommittee on Science and Technology.

Even though I told you about the report in more detail back in the August 2008 issue, it’s such important evidence that the FDA is “broken” that it bears repeating. Here are some of their own findings—word for word:

1) The FDA cannot fulfill its mission because its scientific base has eroded and its scientific organizational structure is weak.
2) The FDA cannot fulfill its mission because its scientific workforce does not have sufficient capacity and capability.
3) The FDA cannot fulfill its mission because its information technology (IT) infrastructure is inadequate.
4) FDA does not have the capacity to ensure the safety of food for the nation.
5) The development of medical products based on “new science” cannot be adequately regulated by the FDA.
6) There is insufficient capacity in

(continued on page 7)
The 5 herbs you need to know about before going under the knife

By Kerry Bone

The things you read about in these pages every month certainly go a long way in helping you avoid major health problems. But the fact is, for one reason or another, many of us will need to undergo surgery at some point. And it’s important to ensure that your health is at peak performance through what can be quite an ordeal.

Over the years I’ve found that the use of a few simple herbs can help to maintain well-being and optimize healing, setting you up for success before, during, and after surgery.

Minimizing the effects of general anesthesia

The first thing on your pre-surgery to-do list is to make sure that any herbs you’re using are safe—and particularly that they don’t interact with anesthetic drugs. I wrote an article a few years ago, in the November 2004 issue, called Surgery and herbs: Do they mix? The basic advice I gave in that article is to stop taking all herbs about one week prior to surgery as a cautious, conservative approach. The exception is milk thistle, which can help offset one of the most debilitating aspects of surgery: the side effects of general anesthesia.

Based on what I’ve seen in my own patients, the longer the surgical procedure, and hence the longer they’re under general anesthesia, the more likely it is that they’ll experience ill effects. But milk thistle (Silybum marianum) reduces that risk by minimizing impact of general anesthesia on the whole body—especially the liver. I recommend starting the herb (in concentrated silymarin extract tablet form) about three weeks prior to surgery. Continue taking it right up to the day before surgery and then pick up right where you left off as soon as possible afterwards.

The dosage amounts depend on the anticipated length of the procedure (and the time you’ll be under general anesthesia). For surgery up to two hours, I recommend 600 mg a day, and you should continue taking it for four weeks after surgery. If the surgery takes between two and four hours, I suggest taking 800 mg a day, and then continuing that dose for six weeks after surgery. And for surgery more than four hours long, I still recommend taking 800 mg a day, but continue that dose each day for two to three months post-surgery.

Keep in mind that milk thistle primarily protects the liver against toxic insult and is very safe. In fact, there’s no evidence to suggest that it interacts with drugs by speeding up the rate that the liver metabolizes them, so it won’t adversely interact with the anesthetic drugs.

Boost—and even speed up—your body’s own healing powers

If you stop to think about it, without the miracle of healing, all surgery would be lethal. So enhancing the healing response should be a major priority for any patient who has just undergone surgery.

Immune support is one of the key aspects of improving healing. Major surgery also suppresses natural killer (NK) cell activity. These two factors make Echinacea root the ideal herb to use postsurgically, given what we now know about this its ability to boost innate immunity and NK cell production and activity. I recommend between 2.5 and 5 g of good quality Echinacea root per day, depending on the severity of the surgery and the risk of infection.

But equally important is the use of herbs that promote blood flow to and connective tissue production in areas that have been operated on. Grape seed extract has a number of actions related to healing, including the support of connective tissue by protecting collagen and elastin.

And in clinical trials, grape seed extract has been shown to support microcirculation and improve capillary resistance. It also improves venous function, reducing edema (swelling) and improving venous tone, which helps reduce the risk of postsurgical deep vein thrombosis (DVT). I recommend around 100 to 150 mg of grape seed extract per day.

There is also clinical evidence that suggests Ginkgo biloba leaf extract helps improve microcirculation. It combines well with grape seed extract, so I typically recommend 100 to 150 mg per day of a 50:1 leaf extract.

Like grape seed extract, gotu kola (Centella asiatica) also helps strengthen veins and capillaries, so it’s likely that it can help minimize the risk of post-surgical DVT as well. But the area where this underestimated herb really shines is wound healing. In fact, it’s been the subject of numerous clinical trials that testify to its ability to boost healing—even when all else has failed.

The production of new connective tissue is probably the most
The FDA science agenda lacks a coherent structure and vision, as well as effective coordination and prioritization.  
8) The FDA has substantial recruitment and retention challenges.  
9) The FDA has an inadequate and ineffective program for scientist performance.  
10) The FDA has not taken sufficient advantage of external and internal collaborations.  
11) The FDA lacks the information science capability and information infrastructure to fulfill its regulatory mandate.  
12) The FDA cannot provide the information infrastructure support to regulate products based on new science.

The report also found that FDA “cannot even keep up with the advances in science.”

FDA reform: How you can help get the ball rolling

According to the FDA itself, the agency is broken. Much worse, according to the evidence in the bisphenol A case, the estriol case, and innumerable other cases—not to mention the actual November 2004 testimony before Congress in the Vioxx case by FDA senior scientist Dr. David Graham—the FDA is “in bed” with the very industries it’s supposed to regulate. The government body that was established solely to protect the public from harmful substances has left it up to Wal-Mart and Toys ‘R’ Us to protect us against the hazards of bisphenol A!

Almost 80 years after the very first FDA administrator admitted in a tell-all book that the agency had been “captured” by the very industries it was designed to regulate, perversion of the food and drug law is worse than ever. It has reached the point where los Federales continues to “approve” the production and use of billions of pounds per year of the estrogen-mimicking, symptom- and disease- causing, totally artificial chemical bisphenol A, while not “approving” the entirely natural, side-effect-free, completely voluntary, personal use of estriol, a hormone found in every woman’s body.

In both cases, FDA is doing exactly what the “regulated” industries want them to do. It’s not even cynical, it’s the truth. (Scholars who study American history intensively point out that the large majority of Federal as well as State “regulatory agencies” have been taken over within a decade or two—sometimes behind the scenes, sometimes right “up front”—by the very industries they “regulate.” But that’s a discussion for another time.)

Real FDA reform is long, long overdue. But you can personally help get the process started. You can do it easily in just a few minutes at home, and it costs you nothing! The American Association for Health Freedom (AAHF) is leading a campaign to reform the FDA, starting with a petition that will be delivered to Congress. If you and every reader of Nutrition & Healing sign the petition they’ve put together there will between 100,000 and 200,000 additional signatures on this petition—a number Congress will find harder than usual to ignore. And if you can find friends and family members who will do the same, it will help take our cause that much further. Please visit www.reformfda.org to sign the Petition to Reform the FDA as soon as possible—and ask everyone you know to follow your lead! JVW

5 herbs you need to know before surgery

(continued from page 6)

important aspect of healing, and gotu kola is the only herb that stands out in this area.

Clinical trials have established that the active fraction from the herb improves microcirculation, production of connective tissue, and overall wound healing. These effects have been noted after various surgical procedures and other traumatic injuries. And clinical trials have also found that gotu kola helps correct and prevent the formation of scars. The daily doses of gotu kola that I suggest following surgery contain 150 to 300 mg of the active fraction known as triterpenes. This corresponds to around 7.5 to 15.0 g per day of original starting leaf. KB

KB

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

Ginkgo

(continued from page 4)

improve symptoms in patients with multiple sclerosis.

So while Ginkgo is just as good as ever for memory and circulation, this herb still has a wealth of additional potential worth exploring. Ginkgo supplements are available in any natural food store and even in many pharmacies and supermarkets, but a healthcare professional can guide you to the best quality products to use. KB
The elements of lithium supplementation

Q: I have a question regarding the recommended dose of elemental lithium you recommend for daily use for those who wish to use it as a preventive measure. You recommend 10-20 milligrams of lithium aspartate or orotate. However, on the bottle of lithium orotate it states that each tablet contains 125 mgs. of lithium orotate, yielding 5 mg. elemental lithium. Does this mean that in order to get the 10 milligrams needed one would need to take two tablets? The alternative would be cutting down the 125 mg. tablet into twelfths...which doesn’t seem probable. Thanks for your clarification.

—Subscriber, via e-mail

JGV: You’re entirely correct! To obtain 10 to 20 milligrams of elemental lithium that research indicates can help keep your brain functioning at peak performance, you would need two to four tablets or capsules, each containing 5 milligrams of elemental lithium.

Lithium aspartate supplements containing 20 milligrams elemental lithium per capsule (manufactured by Bio-Tech Pharmacal) are also available at many compounding pharmacies and the Tahoma Clinic Dispensary.

And even though I’ve never in 35 years seen anyone develop lithium toxicity from 20 milligrams of elemental lithium daily, it’s wisest for anyone supplementing with lithium in any quantity to also take essential fatty acids every day. Essential fatty acids not only have many health benefits of their own but they’re also a very effective treatment for lithium toxicity (in very large quantities, of course), and in small quantities will help prevent it.

How to avoid the “risks” of vitamin E

Q: I would like to know your opinion on the recent articles about how taking over 100 milligrams of vitamin E daily can increase a person’s risk of developing lung cancer.

—Joe, via e-mail

JGV: So far, every article published in “mainstream” medical journals telling us that vitamin E increases risk of something suffers from the same basic defect: The so-called “vitamin E” used in such studies is either “d,l-alpha-tocopherol” or “d-alpha-tocopherol” or both. The problem is, these “vitamin Es” are not vitamin E as found in Nature.

“d,l-alpha-tocopherol” is an entirely manufactured mixture of “l-alpha-tocopherol” and “d-alpha-tocopherol.” But only the “d-alpha” form is also found in Nature—the “l-alpha” form is an unnatural byproduct of the synthetic process. Our bodies literally can’t make any use of “l-alpha-tocopherol. And, even worse, “l-alpha” blocks the action of “d-alpha.” There are a total of four tocopherols found in Nature: alpha, beta, delta, and gamma. The four tocopherols are always found together; while the proportions vary, gamma and alpha are the “big two,” while beta and delta are present in smaller quantities. But even though the proportions vary, the tocopherols are always found—and act—together.

“Mainstream” science still hasn’t learned the lessons of the 1930s, when researchers found that even though there are many “B” vitamins for any of them to function most efficiently, all the others should be present. That’s why anytime I recommend an individual B vitamin, I also recommend “backing it up” with the a “B-complex” supplement. The same is true for the four forms of vitamin E: For best results, they should always be used together in the form of a “mixed tocopherol” supplement (which could just as easily be called an “Ec complex”).

As usual, for the best results with the least hazard, copy Nature as closely as you can!

The text contained herein does not constitute medical advice. Nutrition & Healing advises that you consult your own physician before acting on any recommendations contained within this publication.

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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.aarem.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

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

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

International College Integrative Medicine
Phone: (866)464-5226
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www.WrightNewsletter.com

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Natural Response

The elements of lithium supplementation

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—Joe, via e-mail

JGV: So far, every article published in “mainstream” medical journals telling us that vitamin E increases risk of something suffers from the same basic defect: The so-called “vitamin E” used in such studies is either “d,l-alpha-tocopherol” or “d-alpha-tocopherol” or both. The problem is, these “vitamin Es” are not vitamin E as found in Nature.

“d,l-alpha-tocopherol” is an entirely manufactured mixture of “l-alpha-tocopherol” and “d-alpha-tocopherol.” But only the “d-alpha” form is also found in Nature—the “l-alpha” form is an unnatural byproduct of the synthetic process. Our bodies literally can’t make any use of “l-alpha-tocopherol. And, even worse, “l-alpha” blocks the action of “d-alpha.” There are a total of four tocopherols found in Nature: alpha, beta, delta, and gamma. The four tocopherols are always found together; while the proportions vary, gamma and alpha are the “big two,” while beta and delta are present in smaller quantities. But even though the proportions vary, the tocopherols are always found—and act—together.

“Mainstream” science still hasn’t learned the lessons of the 1930s, when researchers found that even though there are many “B” vitamins for any of them to function most efficiently, all the others should be present. That’s why anytime I recommend an individual B vitamin, I also recommend “backing it up” with the a “B-complex” supplement. The same is true for the four forms of vitamin E: For best results, they should always be used together in the form of a “mixed tocopherol” supplement (which could just as easily be called an “Ec complex”).

As usual, for the best results with the least hazard, copy Nature as closely as you can!