Harness the power of “The Hormone of Happiness” to help relieve chronic pain, enhance relationships, fight depression, relieve autism and more!

By Jonathan V. Wright, M.D.

Oxytocin has been called “The Love Hormone” and the “The Hormone of Happiness.” These somewhat sensational terms don’t even begin to describe all the functions of oxytocin in our bodies.

Oxytocin is a peptide hormone made of nine amino acids in a precise arrangement. It’s secreted by our posterior pituitary glands, and possibly elsewhere. It was first discovered in 1906 by Sir Henry Dale, and its name was derived from Greek, meaning “Swift Birth.”

As the name suggests, oxytocin plays a well-known role in pregnancy-related uterine contractions and lactation. Among its many other now-known functions, oxytocin helps reduce anxiety and lessens the effects of stress. It contributes to pain perception in chronic pain syndromes, and helps improve human sociability, trust, and attachment. It may influence mood and ameliorate feelings of depression. Oxytocin is involved in sex and intimacy. It may even be useful in the treatment of autism.

Oxytocin reduces anxiety and lessens the effects of stress by lessening the secretion of “ACTH,” the pituitary hormone which stimulates (among other things) cortisol. With less cortisol, there’s less stress all over our bodies. One of the first clues to this action was the finding that nursing women had reduced plasma ACTH, cortisol and glucose responses (cortisol raises blood sugar levels) compared with women who delivered children but didn’t nurse.

Relieve stress and remain calm with oxytocin

A later study demonstrated that an oxytocin nasal spray decreased the response to psychological stress. In a double-blind, placebo-controlled trial, men given oxytocin and “social support” prior to a stressful public speaking event had significantly reduced cortisol response and increased calmness.

You may know that beta-blockers (adrenalin blockers) are sometimes used by symphony conductors and neurosurgeons before important concerts or operations when being calm (and not having trembling hands) is important; oxytocin may be able to help combat this type of stress, too.

Cardiac tissue is one of the lesser known locations for oxytocin action. In a rat study, internally secreted oxytocin moderated the heart’s response to stress. Male rats given additional oxytocin experienced reductions in blood pressure, but the effect was not observed in female rats.

“The Hormone of Happiness” relieves autism symptoms

Autism is an area of intense oxytocin research. Children and adults with autism have been found to have decreased oxytocin levels compared with non-autistic children. Other research shows that supplemental oxytocin improves emotional recognition, and the ability to assign significance to emotional speech for children with autism.

Oxytocin given to autistic children also enhanced feelings of trust, promoted gazing time into the eyes and decreased other autism related symptoms. Oxytocin appears to be so safe (nursing infants are exposed to considerable extra oxytocin without harm) that parents of autistic children might consider asking a physician skilled and knowledgeable
in natural hormone use (remember, oxytocin is a hormone) about trying oxytocin for their child.

Ease pain and improve mood naturally

Oxytocin plays an intriguing role in pain perception. Oxytocin appears to reduce intestinal pain, which perhaps is not a surprise given its involvement in childbirth. Researchers studied oxytocin administration in patients with chronic constipation, and while oxytocin didn’t significantly reduce the constipation, there was a trend toward less accompanying abdominal pain. In study participants who also had depression, there was a trend toward an improvement in mood with oxytocin. Another study found that oxytocin administered via IV reduced intestinal pain in patients with irritable bowel syndrome (IBS). Oxytocin receptor stimulation using “novel pharmacologic analogs” (patient medicines) for the treatment of chronic abdominal pain is currently an active area of research, although some observe that oxytocin itself will stimulate oxytocin receptors, and that “novel pharmacologic analogs” will likely have more adverse effects than oxytocin alone.

Another potential application for oxytocin is in the treatment of acute migraine. Published reports detail the use of intravenous oxytocin in both adult and pediatric cases. As of this writing, a phase II trial is evaluating a nasal oxytocin spray for migraine treatment.

Could “The Love Hormone” improve YOUR intimate relationships?

Jorge Flechas, M.D. has been a pioneer in the clinical uses of oxytocin for the treatment of chronic fatigue syndrome and fibromyalgia, as well as its uses for intimacy and sexual matters, and has given presentations concerning oxytocin use to physicians and other health care practitioners for years. Although controlled studies aren’t yet available, many practitioners have found that his observations about oxytocin improving intimate experience, attachment, affection, trust, and emotional connection are confirmed by a significant percentage of those couples who try it. In the book Passion, Sex and Long Life, Dr. Thierry Hertoghe details many remarkable clinical outcomes from Dr. Flechas’ practice.

Male erectile tissues are one of the main peripheral “target areas” for oxytocin. Although research in relatively early stages, there are successful case reports concerning the use of oxytocin for erectile dysfunction (“ED”) and inability to reach orgasm (“anorgasmia” for the technically inclined). In women, oxytocin levels are higher after orgasm compared to baseline levels. However, oxytocin appears to play a more complex role in the sexual experience in women compared to men.

Different people, different experiences

It seems a bit like a cliché, but even experimental evidence suggests that oxytocin supplementation may have different effects on different people. Although some of this is likely biological, research demonstrates that some may be psychological, based on a person’s background. People with a history of negative caregiving experiences in their childhood responded differently to oxytocin than people who did not have these negative experiences.

Examples of a “negative caregiving experience” include parental divorce, harsh parental discipline
MSM’s remarkable “hidden” cancer-fighting talent

By Jonathan V. Wright, M.D.

You’ve likely heard of DMSO, the remarkable natural product originally derived from trees. In my opinion, DMSO should be a staple in every home, since regular applications to any sprain, strain or minor injury significantly speeds healing while relieving some of the pain.

DMSO is quite safe to use, but despite its safety record, los federales chased it around for decades, so for quite a while it was available only on Native American reservations and through underground sources.

DMSO is a marvelous solvent and will carry anything found on the skin surface into your body, so before using it the area of application should always be cleaned first. In addition, it can produce “sulfur breath” for some while it’s being used.

**MSM morphs cancer cells into normal cells**

Methylsufonlymethane (MSM, sometimes called methylsulfone) is a close relative of DMSO. In fact, some DMSO turns into MSM after it soaks into our bodies. Unlike DMSO, MSM doesn’t cause “sulfur breath,” and we don’t need to go to a Native American reservation to get our hands on it. In other words, it makes a good substitute for DMSO. But MSM has one remarkable trick up its sleeve, uncovered by researchers only recently. MSM could play an important role in fighting cancer!

A report from the University of Connecticut Medical School in 2013 found that MSM morphed cancer tissue into normal breast tissue. This change to normal was maintained during long-term culture of the tissue.

As astonishing as it seems, this isn’t even the first report of MSM turning cancer cells to normal cells. In 2010, the same research team wrote, “Surprisingly, we found that malignant melanoma cells exposed to methyl sulfone demonstrated the loss of phenotypes characteristic of malignant cells, and the reemergence of phenotypes characteristic of healthy melanocytes.” In other words, the cancer cells lost their cancer characteristics and regained normal cell characteristics.

Incredibly, that’s two types of cancer cells—melanoma cells from skin, and breast cancer cells—becoming normal when exposed to MSM. There’s one more research report of interest from the University of Connecticut team. They wrote: “The spread of cancer (metastasis) is usually associated with death. We have identified a new approach that may be useful for treating metastatic cancer. Here we studied the murine breast cancer cell line 66cl-4, because these cells are highly aggressive, potent inducers of metastasis and estrogen receptor negative.”

What did they observe? As was the case in the other two research projects, the MSM morphed metastatic mouse breast cancer cells into normal cells without killing them.

**Beat back breast cancer with MSM?**

The University of Connecticut team isn’t the only one on the trail of MSM’s ability to fight cancer. In 2012, researchers from the Konkuk University Global Campus in Seoul, Korea reported, that MSM “substantially decreased the viability of human breast cancer cells.” They strongly recommended MSM be used as a trial drug for all types of breast cancers.

Researchers from Iran also reported some positive results using MSM on cancer in 2012: “Human gastric carcinoma (AGS), human hepatocellular carcinoma (HepG2), and human esophageal squamous cell carcinoma (KYSE-30) cancer cell lines were treated by MSM... MSM had cytotoxic effect on cancer cell lines but HepG2 cell line was more susceptible. This study suggests that MSM may induce cytotoxic effect on gastrointestinal cancer cell lines by apoptosis and cell cycle arrest.”

English: MSM killed stomach, liver and esophageal cancer cells to varying degrees.

But the first indicator that MSM might be a useful tool in the fight against cancer goes back much further than that, to 1988 at Ohio State University. Researchers injected rats with the carcinogen dimethylhydrazine (DMH) and the length of time before actual tumor formation was measured: “The average time to tumor onset was significantly delayed in rats receiving...MSM (p = 0.0398). In addition, fewer poorly differentiated tumors were noted in treatment groups. These findings... indicate the need to further investigate such compounds as chemopreventive agents.” The scientists had confirmed that MSM wasn’t just a potential treatment for cancer, but a potential prevention tool, too!

**MSM holds the potential to both prevent and treat cancer**

More evidence for MSM’s abilities as a cancer preventive emerged in 1986, again at Ohio State. This (continued on page 5)
Resveratrol: Is it the new wonder phytochemical? Part 1

by Kerry Bone

The extent of published research on the phytochemical resveratrol is impressive and growing all the time, with now more than 6000 studies reported. This pharmacologically promiscuous compound demonstrates an amazing array of favorable health outcomes, such as cardioprotective, antidiabetic, anticancer, antiviral, neuroprotective, antiplatelet, anti-inflammatory and modulation of fat metabolism. More importantly, the development of major chronic diseases might also be reduced by resveratrol, based on laboratory studies, including cardiovascular disease, dementia, type 2 diabetes and osteoarthritis. This is in addition to its touted effect on holding back the aging process via SIRT1 (see below), implying that this one simple molecule has the potential to help prevent most of the chronic diseases associated with old age.

However, it is important to inject a note of caution here—most of the beneficial properties of resveratrol have only been shown in short-term test tube experiments using isolated cells or enzyme systems. Hence, we don’t yet know how most of these lab findings will translate to corresponding long-term benefits in people. On the other hand, results from human clinical trials are growing in number, with several positive studies suggesting that resveratrol can deliver marked clinical effects at relatively modest doses.

Over this and the next month’s articles, I will review many of the recent clinical trials on resveratrol not already covered in previous editions of Nutrition and Healing. In addition, the intriguing research related to resveratrol’s mechanisms of action (in particular with regard to SIRT1) and its bioavailability, are also updated. In a few places I will delve deeply into molecular biology, but please bear with me as the journey towards understanding how this important phytochemical acts in the body is well worth the effort.

Recent clinical trials:
Keeping tabs on cardiovascular effects

There are few long-term clinical studies on resveratrol. Hence, the 2012 publication of a one-year trial by Spanish scientists has significance beyond its actual clinical focus. The trial used a triple blind, randomized, placebo-controlled design to examine resveratrol’s impact on cardiovascular risk factors in statin-treated patients. Seventy-five patients consumed one capsule/day of either a resveratrol-enriched (8 mg) grape extract, the same grape extract with no resveratrol, or a placebo for six months, and then double the dose for the next six months.1

Results from even these low doses of resveratrol were striking. Compared to placebo and the conventional grape supplement, there was a significant 26% reduction (p=0.03) in high-sensitivity C-reactive protein (hs-CRP) by the end of one year. Other markers of inflammation were also significantly and beneficially changed: tumor necrosis factor-alpha (-19.8%, p=0.01) and the interleukin-6 (IL-6) to interleukin-10 (IL-10) ratio (-24%, p=0.001). Interestingly, the IL-6/IL-10 ratio deteriorated in the placebo group. The pro-clotting factor plasminogen activator inhibitor type1 (PAI-1), an inhibitor of fibrinolytic activity, was also reduced (-16.8%, p=0.03). For PAI-1, the higher dose was needed to reach this significant decrease. No adverse effects were observed in any patient. The authors concluded that their results show for the first time that resveratrol therapy can complement statins in the primary prevention of cardiovascular disease, since heart disease and strokes are closely linked now to inflammation.

Given these findings, it could be relevant that a Spanish epidemiological (population-based) study conducted by different researchers found higher urinary levels of resveratrol metabolites (reflecting a higher intake of the phytochemical via grapes and wine) were associated with a reduction of cardiovascular risk in high-risk patients.2 The scientists studied 1000 people and found a correlation between urinary resveratrol metabolites and higher plasma high-density lipoprotein (HDL) levels (p=0.02), lower triglyceride levels (p=0.012), and reduced heart rate (p<0.001). After adjusting for alcohol intake, there was also a correlation with decreased fasting blood glucose (p=0.037). In support of this, a randomized, double blind clinical trial in 50 healthy smokers found 500 mg/day resveratrol significantly reduced CRP and triglyceride levels.3 Oxidative stress was also reduced by resveratrol.

Flow mediated dilatation (FMD) is a measure of vessel wall function in arteries, and hence indicates early cardiovascular disease changes. It is correlated with obesity, poor memory and hypertension. Twenty-eight obese people and found a correlation between urinary resveratrol metabolites and higher urinary levels of resveratrol.

(continued on next page)
(75 mg/day) or a matching placebo in a 6-week, double blind and crossover clinical trial. Compared with placebo there was a significant 23% decrease in FMD following chronic resveratrol supplementation (p=0.021). The extent of improvement was greater in participants with poorer initial vaso- dilator function.

**Recent clinical trials: Spotlight on metabolic syndrome and type 2 diabetes**

Blood vessel lining (endothelial) function (FMD) was also improved in patients with metabolic syndrome taking 100 mg/day of resveratrol in a proprietary formulation. An open-label, crossover design was used with 34 patients, who took the resveratrol for 3 months.

Sixty-two patients with type 2 diabetes were enrolled in an open-label, randomized, controlled trial conducted in India. The control group received only oral hypoglycemic drugs, whereas the active intervention group additionally took resveratrol (250 mg/day) for 3 months. At the end of the trial there were significant (p<0.05) reductions in glycosylated hemoglobin, systolic blood pressure and total cholesterol.

Interestingly, oral resveratrol helped heal diabetic foot ulcers, suggesting either it helps diabetic complications and/or improves healing. The study was a randomized, placebo-controlled, examiner blind clinical trial in 24 type 2 diabetic patients with newly diagnosed diabetic ulcers. The active treatment was 100 mg/day of a proprietary resveratrol product for 60 days. The change in ulcer size was more marked in the resveratrol group, with an average reduction of 3.1 cm versus 2.1 cm in the placebo group. Complete wound closure occurred in 36% of resveratrol-treated patients against only 10% of control patients. Visual assessment of ulcers revealed patients in the resveratrol group tended to have more circularly shaped ulcers with a well-pronounced demarcation zone and healthy pink granulation tissue. There was also a statistically significant decline in plasma fibrinogen, an independent cardiovascular risk factor associated with inflammation and clotting.

**The link between calorie restriction, SIRT1 and resveratrol**

All the scientists researching aging universally acknowledge that dietary or calorie restriction (CR) by 20 to 40% is proven to extend lifespan by up to 50%. No other known intervention has such a generally consistent and profound effect: experiments on single yeast cells up to primates have verified this. But the key story here is not just the extension of lifespan; it is the significant compression of morbidity (or extension of healthspan) that also takes place. At advanced ages CR animals are more youthful-looking, display inquisitive behavior and are highly active, just like much younger animals. The exact way that CR works to extend youthfulness and lifespan is not fully understood, but several researchers have proposed that it is due to hormesis, with CR acting as a moderate healthy stressor.

A strong advocate of the hormesis hypothesis for CR is Prof David Sinclair, an Australian scientist working at Harvard on aging research. He argues the hormesis hypothesis links so many of the diverse observations about CR from experimental models. The pathways involved are a hardwired survival mechanism to enhance the chance of survival during stress and reduced food availability—a defensive response to a survival threat. He proposed that this very basic survival mechanism should be and is regulated by a few genes and their corresponding proteins. These genes have been iden-

**MSM’s cancer-fighting talent**

(continued from page 3)

time the focus was on breast cancer prevention in rats deliberately given a carcinogen eight days after starting either retinoic acid (“RA”, a natural form of vitamin A), DMSO, 1% MSM, 4% MSM, or nothing (control group). The researchers wrote: “...Time to appearance (latency period) of...cancers were prolonged by...DMSO and 4% MSM. Doubling times of all cancers...were prolonged by DMSO and RA...DMSO and 4% MSM were effective in the chemoprevention of dimethylbenzanthra-cene-induced mammary cancers.”

Obviously, no one is claiming that MSM will cure or prevent all cancers. But this exciting research suggests that MSM can morph some cancer cells (specifically breast and melanoma) back to normal, inhibit cancer metastasis, and prevent or slow the onset of other types of cancers, including esophageal, stomach, and liver.

Is there anything practical we can do with this information? If you have cancer, or if there’s cancer in your family, consider taking this article to a physician skilled and knowledgeable in natural medicine. Talk to him or her about whether MSM might be useful for you.

MSM is available in natural food stores, compounding pharmacies, and the Tahoma Clinic Dispensary.

We are all very grateful to Research Chemist Robert Herschler for the discovery of the safe, natural molecule DMSO in the late 1950s, and to him and Dr. Stanley Jacob for developing and publicizing DMSO and MSM’s multiple uses despite intense persecution for years by los federalas (FDA), especially by Dr. James Goddard, the first FDA Commissioner to testify before a Congressional Subcommittee that FDA agents are legally allowed to carry guns and make arrests without warrants.
with the use of physical force, or the lack of maternal love in childhood. Surprisingly, participants with these histories did not respond as strongly to the oxytocin administration as others who didn’t have these experiences. For instance, one study examined how the use of “parental love withdrawal” as a form of discipline in the past influenced the effect of oxytocin on empathy. In this study, oxytocin significantly enhanced the adult participants’ willingness to donate money to a charitable cause, but only if their childhood was free of excessively harsh parental disciplinary measures.\(^{13}\)

So far, there appears to be just one condition in which supplemental oxytocin should be avoided. Even though several animal studies suggest that oxytocin improves mood,\(^{14}\) recent research found that anorexic women’s internal oxytocin secretion after meals was actually higher, and associated with greater anxiety and depression. One possibility for this finding is that since eating is psychologically stressful for those suffering from anorexia, and since most are young, their pituitary glands are making extra oxytocin to calm down the stress.\(^{15}\) But there’s no way to know for sure. Until “how, what and why” is settled, extra oxytocin should probably be avoided by anorexics.

**How to take oxytocin**

Orally administered oxytocin, due to its’ multiple amino acid (peptide) structure, is rapidly broken down by peptide digestion in the intestine, and of course ceases to function as a hormone after it’s digested. When given by intravenous injection, oxytocin does not appear to cross the “blood-brain barrier.” Researchers favor intranasal oxytocin spray because of its absorption through the nasal mucosa. Although there are no published studies using oxytocin itself, a similar multi-peptide hormone, vasopressin, was shown to cross the blood brain barrier and enter the cerebrospinal fluid within 30 minutes after “sniffing.”\(^{16}\)

There is little doubt clinically that oxytocin can also be effective when taken as a sublingual “troche.” However, many individuals and couples don’t notice any effect with sublingual administration; intranasal sprays might be tried in these instances before giving up, or perhaps tried first.

As noted above, we are all exposed to oxytocin while being born and while nursing from mother, as well as at other times in our lives, so it’s unlikely that it’s harmful in reasonable quantities. However, if you’re planning to use it for more than short term and/or at high doses, it’s wisest to work with a physician skilled and knowledgeable in natural medicine and bio-identical hormones.

Two recent studies investigated for adverse effects in children and adolescents. Neither study found severe side effects of any kind, metabolic or otherwise. The first study tracked 8 male participants for six months.\(^{17}\) The second study used an intranasal dose of up to 0.4IU/ kg/dose (27 IU in a 150 pound person) given twice a day.\(^{18}\)

**Testing for oxytocin**

Oxytocin secretion can be highly situational, triggered by psychological factors, social situations, sexual factors, and likely other unknown factors as well, so the meaning of a single blood test is sometimes uncertain. Testing oxytocin in a 24-hour oxytocin collection (as is done for comprehensive bio-identical hormone testing) has several key advantages. Obviously, the 24 hour urine collection captures an entire day’s oxytocin secretion, and in addition can be done at home and is non-invasive. A 24-hour perspective also affords a more comprehensive oxytocin assessment compared to other methods that only measure an isolated snapshot in time.

Meridian Valley Laboratory (www.meridianvalleylab.com, of which I am indeed Medical Director) has recently introduced the 24-hour urine oxytocin determination, as a single test or as an add-on to bio-identical hormone testing done for estrogens, progesterone, DHEA, testosterone, and other hormones. Although the test is new this year, I’ve already seen some remarkably low test results in a few individuals’ tests. So far, oxytocin has been significantly helpful in some—but not all—of those individuals. But it’s enough to suggest that oxytocin testing is a worthwhile add-on to the evaluation of natural hormones for many of us.

At present, oxytocin testing seems reasonable for children with autism, in those with chronic pain problems, fibromyalgia, chronic fatigue syndrome, for those who don’t appear to deal with stress well, for many individuals with depression, in individuals with social withdrawal and/or social avoidance, erectile dysfunction and other sexual dysfunction—or perhaps just for the possibility of enhancing sexual experience—in both genders.

As this was written, oxytocin was available on-line as a nasal spray, but the preservative used in these sprays are not ideal for the best of health. Much “cleaner” sublingual forms and nasal sprays are available through compounding pharmacies, but of course need to be prescribed.  

**JVW**

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**The Hormone of Happiness**

(continued from page 2)

Thank you to Dr. Ronald Steriti for locating much of the research used in this article, and to Dr. Michael Kaplan for organizing the data into useful form.
Don’t be fooled by the privacy illusion...
By law, you have NO healthcare or bedroom privacy!

By Jonathan V. Wright, M.D.

It’s a harsh reality. If you have health care insurance and use it, all your medical records are wide open to the insurance company (and of course their employees) without your knowledge or consent. If your doctor or hospital maintains “electronic medical records,” all your medical records must (yes, that’s must, by law) be accessible to anyone—anyone at all-designated by los federales without your knowledge or consent. And if the new “ObamaCare” law is followed, records of your sex life will be open to these same people too!

Seem unbelievable? Have I finally gone off the deep end? I wish that were the case, but it’s actually health care law that’s finally gone off the deep end and landed squarely in YOUR bedroom. Here are the sad details.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

From time to time, one of our health care team at Tahoma Clinic is asked why we don’t accept insurance reimbursement. Our answer is simple. We work for you. If we accepted insurance payment, we’d be forced to work for the insurance company first, and you second.

Although working for you and not any insurance company is of primary importance, another important reason for not accepting insurance payments was perfectly illustrated in a fax date-stamped “3/15/2013, 9:33:03 AM” from one of Washington State’s largest health insurance companies, “Regence Blue Shield.”

Below are a few low lights from that fax....

“Regence Blue Shield is currently collecting information from our affiliated providers... the data is collected from randomly selected medical records... a list of needed medical records is attached... you must provide records free of charge... your provider agreement with Regence Blue Shield requires your participation...”

“... According to the HIPAA Privacy Rule health care providers may disclose protected health information... to health plans as defined under the HIPAA Privacy Rule...”

“Providers are permitted by HIPAA to disclose PHI [Personal Health Information] to health plans...without an authorization from the patient... when both the provider and health plan have or have had a relationship with the patient...”

Let’s summarize: your physician is required to turn over your personal medical records on demand to your health insurance company without your authorization! In most cases, your physician won’t even tell you it’s happened.

Of course the letter mentions “strict confidentiality standards” and the “secure” way in which the data will be maintained. Let me guess... the data will be stored electronically on hard-drives or “in the cloud,” neither of which has ever been “hacked,” right? And the work is done by humans, a species well-known to maintain absolute confidentiality whenever told to do so... of course!

“Electronic” medical records are anything but private

Tahoma Clinic maintains all of your medical records the old-fashioned way, on paper. Yes, it’s less efficient, it can make things harder to find, it takes up a lot of room for storage, and those are only a few of the disadvantages. But what’s the alternative? Electronic medical records?

That’s just not an option, and here’s why. Thanks to that same “HIPPA” law if your physician, clinic, or hospital maintains your medical records in electronic form every bit of your medical record can be electronically accessed without your knowledge or consent by any person, institution, or agency “authorized” by los federales “Secretary of Health and Human Services.”

No, I’m not kidding. That’s been considered “privacy” under the HIPAA law, since 1996. It’s best to be cautious about what you say while at any health care institution which maintains electronic medical records if you don’t want the world to be able to know about some aspect of your health. Unfortunately, nearly all medical records in these United States are now maintained electronically, partially because los federales have already paid billions of our taxpayer dollars (not kidding, again!) as “incentives” to health care institutions as to convert all their records to electronic formats.

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Obamacare in your bedroom: It’s the law!

But it gets even worse. The relatively new “Obamacare” law has set its sights on getting into your bedroom whether you want it to or not! This law has provisions making it mandatory for doctors to ask—and for you to answer—questions about your sex life. Then the questions and your answers are to go into your no longer private medical record! What follows is a direct (but partial) quote concerning this situation.

“If you think the Obama health law is only for the uninsured and you won’t be affected, you’re in for a surprise next time you go to the doctor. Be prepared for questions unrelated to why you are seeking medical help—questions that you don’t want to answer.

Whether you’re at the dermatologist or the cardiologist, you’ll likely be asked: “Are you sexually active? If so, do you have one partner, multiple partners or same-sex partners?”

Doctors are being turned into government agents, where they’re pressured financially to ask questions they consider inappropriate and unnecessary and violate their Hippocratic Oath to keep patients’ records confidential.

Going to the doctor can be embarrassing. But for your own good, you confide in your doctor, as you wouldn’t anyone else. What is happening here is different.

“This is nasty business,” says Dr. Adam Budzikowski, a New York cardiologist, who called the sex question “insensitive, stupid and very intrusive.” He could not think of an occasion when a cardiologist would need such information.

Doctors and hospitals who don’t comply with the federal government’s electronic health records requirements forego incentive payments now and face financial penalties from Medicare and Medicaid starting in 2015. The Department of Health and Human Services has already paid out over $12.7 billion in incentives to doctors and hospitals.

Dr. Richard Amerling, a nephrologist and associate professor of medicine at Albert Einstein Medical College, explains that your medical record should be “a story created by you and your doctor solely for your treatment and benefit.” But the Obama administration’s electronic record requirements are turning it “into an interrogation, and the data will not be confidential.”

You can read the rest of this enlightening article at: www.creators.com/conservative/betsy-mccaughey/obama-wants-your-sexual-history.html

So if we put this all together, you’ll see that the seemingly unbelievable statements made at the beginning of this article are 100 percent accurate. If you have health care insurance and use it, or your doctor or hospital maintains electronic medical records, your privacy is nothing but an illusion.

Makes you feel secure seeing your doctor, no?  JVW

Reap the benefits of resveratrol
(continued from page 5)

tified and are called SIRT1 to SIRT7. However, SIRT1 is particularly important. Sirtuin proteins coded by these genes are increased in CR and regulate a multitude of beneficial metabolic effects. They are described as master metabolic regulators.

Since phytochemicals (plant chemicals) can cause hormetic responses and may act as environmental signals to shift into survival mode ahead of an environmental decline, Sinclair’s team investigated whether simple phytochemicals might increase SIRT1 protein activity. Resveratrol, found in grapes and several other foods and herbs, was identified to be the most active natural agent at activating SIRT1.11 Polygonum cuspidatum, the giant knotweed from Chinese traditional medicine, is a rich source of resveratrol.  KB

ALTERNATIVE HEALTH RESOURCES

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