

Dr. Jonathan V. Wright's
NUTRITION & HEALING

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**The 99.9-percent effective technique for eliminating
gallbladder attacks forever**

By Jonathan V. Wright, M.D.

If you still have your gallbladder, you probably don't spend much time thinking about it, even if you're very health conscious. If you don't have your gallbladder anymore, you probably think about it even less. The only time you might consider your gallbladder is when it's hurting bad—a situation usually called a "gallbladder attack."

And why should you? After all, nearly a million people every year have their gallbladders removed, and they all appear to go on about their lives just as healthy as anyone else. Doctors don't seem to care about gallbladders much; if yours is subject to "attacks" of pain, they don't try to help you keep it. If it hurts too much or too often, the nearly universal prescription is "just get it out." Even though it requires surgery and a hospital stay—not to mention thousands of dollars—just go ahead and do it. Besides, it's "covered" by your insurance.

After the surgery, you're not advised to do anything in particular to make up for the loss of your gallbladder. So it's no wonder most people are under the impression that it's just not that important.

But if you've read this far, I'm sure you've guessed that I'm about to tell you that there's much more to the gallbladder story than that. Your gallbladder performs

some important functions in your body that make it well worth keeping. Possibly the most important is to regulate bile flow to optimize fat, oil, and fat-soluble nutrient absorption. Without your gallbladder, mechanically, this just can't happen properly.

If you've already had your gallbladder removed, there are

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some simple steps you can take to keep nutrient deficiencies from happening. But before I tell you what to do if your gallbladder's already gone, let's cover a more urgent question: How can you keep your gallbladder in the first place, and get those "attacks" to disappear for good? If it was used as a first line of defense, this technique would make 99.9 percent of all gallbladder surgeries—including yours in particular—totally unnecessary. That's right, 999 of 1,000 gallbladder surgeries are entirely preventable, and without patent

medications, vitamins, minerals, or herbs. This procedure works so well that I haven't needed to refer anyone for gallbladder surgery for over 30 years.

**Hospitals already use this
technique—without even
realizing it**

It may sound like I'm making a totally unsupported claim, but research about "how to prevent gallbladder attacks" was actually published back in the 1960s and '70s by Dr. James C. Breneman, who, at the time, was chairman of the Food Allergy Committee of the American College of Allergists, or ACA (now called the American College of Allergy and Immunology, or ACAI). Ironically, if you've ever been hospitalized with a severe attack of gallbladder pain, but your gallbladder wasn't removed, and the pain subsided, you've very likely had "Dr. Breneman treatment."

So what is Dr. Breneman's secret for preventing attacks of gallbladder pain? It's simple: Don't eat or consume anything you're allergic to.¹ And that's exactly what the doctors do when you're hospitalized with a severe gallbladder attack—they take away all your food, you're given IV fluids, and you're not allowed to eat anything until the pain

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Our mission:

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

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

Nutrition & Healing cannot improve on these famous words:

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

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

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gallbladder

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subsides. It's a "perfect" food allergy avoidance strategy, and works nearly every time. Unfortunately, the doctors who order this procedure every day still don't realize why the strategy works. But back to Dr. Breneman...

Back in 1968, he asked 69 individuals suffering from recurrent attacks of gallbladder pain to go onto an elimination diet to determine their food allergies.² Six of these individuals had already had their gallbladders out, but were still having attacks of gallbladder pain, a situation termed "post-cholecystectomy syndrome," or, as I like to call it, "my gallbladder's gone, but I'm still hurting anyway." Dr. Breneman reported that all 69 people (100 percent!) were completely free of gallbladder attacks when they avoided their individual food (and other) allergies. And all 69 had their symptoms return when they ate the foods they were allergic to once more.

The primary offending foods were eggs (92.8 percent), pork (63.8 percent), onions (52.2 percent), chicken and turkey (34.8 percent), milk (24.6 percent), coffee (21.7 percent), and oranges (18.8 percent). Corn, beans, nuts, apples, tomatoes, peas, cabbage, spices, peanuts, fish, and rye accounted for between 14.5 percent and 1 percent of gallbladder attacks. In addition to foods, 14 of the 69 study participants—just over 20 percent—had gallbladder attacks caused by medications.

Food, medication, and other allergies vary from person to person, and the same allergen can cause different symptoms in different people, so it's best to work with a physician skilled and knowledgeable in nutritional and natural medicine to determine what your allergies might be. In addition to the American College for Advancement in Medicine noted on page 8, you might want to contact the American Academy of Environmental Medicine (316-684-5500, www.aaem.com), for help in determining which foods or medications may be triggering your gallbladder attacks.

Gallbladder removal could send your health on a downward spiral

This approach is so simple, and yet no medical school to this day teaches how to prevent gallbladder attacks by avoiding your food allergies and (in some cases) other allergies. Instead, they continue to recommend unnecessary gallstone removal surgery. But the truth is, gallstones don't even cause 99.9 percent of gallbladder "attacks": allergies do. Avoid allergies, stop "attacks" of pain, and keep your gallbladder! That's it—that's all there is to it. And believe me, it's worth it. Because without your gallbladder, your absorption of vitamins A, D, E, K, and essential fatty acids is very likely to be impaired.

Let me give you a specific example of what can happen if your body isn't absorbing enough of these essential nutrients. Several years ago, one *Nutrition & Healing* reader contacted me with a question about a very specific problem she was having. Every time she drove the Los Angeles freeway system, she experienced recurrent breakdown of the tissues covering the cornea of her

eyes. Her ophthalmologist attributed the “spontaneous corneal breakdown” to air pollution and told her not to drive when pollution levels rose. She didn’t argue with the diagnosis but wondered why everyone else she knew could drive those same freeways with intact corneas.

When she asked me that question, I admitted I didn’t know either but suggested that she try extra vitamin A (not beta-carotene) to try to stop the problem. She pointed out that she was eating carrots and “yellow vegetables” and taking a multiple vitamin containing vitamin A. But since insufficient levels are one definite cause of corneal damage, I told her it was still worth trying, especially since it’s relatively difficult for an adult to overdose on vitamin A, and since any possible overdose is easily reversible if the vitamin A is promptly stopped. (This does not include women who are pregnant or might become pregnant: Even small excesses of vitamin A can raise the risk of birth defects.)

So we went over vitamin A overdose symptoms that she should look out for, just in case. They include headache, progressively drier skin, loss of hair (especially eyebrows), cracked lips, and pain in “long bones” (upper arms, upper legs). I recommended she start with 25,000 IU of vitamin A daily and gradually increase the amount toward a maximum of 100,000 IU daily, keeping a close watch for both favorable results and any possible symptoms of excess.

When we next talked, she had very good news: When she’d gotten to 80,000 IU of vitamin A daily, her corneas stopped giving her so much trouble. They were healthy once again, with no further breakdown, and she could drive the freeways as much as she wanted.

She’d also had no signs at all of

Let “sleeping” gallstones lie

Over a decade ago, I received a very angry letter from a surgeon considered to this day to be a leader in holistic medicine. He criticized my advice to avoid allergies and not have gallbladder surgery, writing that if gallstones were still in the gallbladder, they might “slip” out into the bile ducts and get stuck, obstructing the bile ducts and forcing much more dangerous emergency surgery. He said I was irresponsible, endangering people with gallstones, and that anyone with gallstones should have his or her gallbladder removed.

Fortunately, at about the same time, the *New England Journal of Medicine* published data refuting this point of view. The authors of the article compared the mortality rate from emergency surgery for obstructing gallstones with the mortality rate from “routine” gallbladder surgery and concluded that “routine” gallbladder surgery is actually more dangerous. They advised that “silent” gallstones should not be subject to surgery but left alone.

“Silent” gallstones are gallstones not associated with any gallbladder “attacks.” When allergy avoidance stops gallbladder attacks, it stops them whether gallstones are present or not...and if they are, they surely become “silent.” And even the *New England Journal of Medicine* agrees that you should leave those “silent” gallstones alone.

vitamin A excess. However, when she told her ophthalmologist the good news, he panicked and sent her immediately to have a vitamin A blood test, telling her to stop taking vitamin A right away as she might be “poisoned.”

However, she knew that she wasn’t having overdose symptoms, and that her eyes were staying intact for the first time in several years, so she decided to wait a few days for the results of the test before stopping. The test report showed her vitamin A level to be well within normal limits, but, to her surprise, she was told she should stop the extra vitamin A anyway, since it was “just too much.” Sensibly, she declined to stop, pointing to her now-normal eyes, and instead decided to investigate why she might need so much vitamin A to produce normal blood levels and maintain eye health.

She remembered she’d had her gallbladder removed a few years before her eye problems started. Researching that, she discovered

that normal absorption of fats and oils is very dependent on bile—which is made by our livers, but “stored for use” in a normal gallbladder. She knew that vitamin A is a “fat-soluble” vitamin (as are vitamins D, E, K, and the essential fatty acids) and wondered if perhaps her missing gallbladder might account for her high vitamin A requirement.

I told her she was probably right and asked her a question that I ask all my patients who’ve already had gallbladder surgery. The question was (and is): “After your gallbladder was removed, did your surgeon or any other doctor explain what you should do to insure normal absorption of fats, oils, and especially fat-soluble vitamins?” Of course, her answer, like that of every other patient I’ve asked over the last 30 years, was “no.”

But despite most doctors’ sins of omission on this topic, it’s important for you to understand that without your gallbladder, your body just doesn’t generate enough bile to

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gallbladder

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break down and absorb many essential nutrients.

Protecting your body's nutrient-absorption team

You might ask why this is, since bile is made in your liver and the liver is still completely intact after gallbladder removal. To understand the relationship between the two, you need to know a bit about how your gallbladder works.

When your liver secretes bile, a relatively large quantity is “captured” by your gallbladder and stored there for use. When you eat certain fatty or oily meals—a fish dinner, perhaps, with lots of heart-healthy omega-3 fatty acids—and all the incompletely digested oils and fats are passed from your stomach into your duodenum (the uppermost portion of your small intestine), the fats and oils trigger the release of the hormone “cholecystokinin” (CCK). CCK travels to your gallbladder, telling it “oil’s coming,

fat’s coming!” In response to CCK, your gallbladder contracts, pushing out just the right quantity of stored bile. The bile arrives in your intestines at the exact time it’s needed, in the exact quantity needed. Working with your pancreatic fat- and oil-digesting enzymes, the bile digests and emulsifies those oils, making them “just right” to be absorbed.

Marvelous how it all works together, isn’t it?

But without your gallbladder, most of that marvelous coordination is lost. The small, steady trickle of bile from the liver is still there, but it’s no longer “matched” to the amount of fat or oil you’ve eaten in either quantity or timing. The resulting “mismatch” inevitably affects your digestion and absorption and puts your fat-soluble nutrient status at risk. Fortunately (or unfortunately), the symptoms of inadequate vitamins A, E, D, K, and essential fatty acids are rarely as dramatic as the case mentioned above; instead they

often take years to develop. When they do, they’re usually not identified (except by nutritionally aware physicians) and hardly ever traced back to gallbladder removal.

The missing ingredient for missing gallbladders

And that brings us back to the question: “What should I do if my gallbladder’s already gone?”

First, you’ll need a bottle of “bile salts” (basically, bile in tablet or capsule form). After any meal containing more than a tiny bit of fat or oil, take one to three tablets or capsules.

Some physicians think that trying to reproduce a more normal bile flow with bile salts is too much trouble and advise taking large extra quantities of all the fat-soluble nutrients daily instead. But even those who choose this option need some bile to achieve optimal fat-soluble nutrient assimilation, so I continue to recommend copying nature by taking bile salts if your own gallbladder is gone. You’ll never be able to exactly match the amount of bile you take to the oil or fat you eat the way your gallbladder did automatically, but taking bile salts will go a long way in helping the process along, and it’s much better for your health than not taking them at all.

Fortunately, there are very few potential adverse effects of taking replacement bile salts. Too much, and bowel movements become abnormally dark and sometimes loose. Conversely, too little, and bowel movements are very light in color—nowhere close to a “normal” medium to dark brown.

Bile salt replacements are available in natural food stores, compounding pharmacies, and at the Tahoma Clinic Dispensary (see “Resources,” page 8). I recommend

Keep your gallbladder and save yourself \$29,000

Every year in the U.S.A., approximately 430,000 gallbladders are removed.³ Total costs per surgery vary, but earlier this year, one investigative news team in Illinois reported that the cost for gallbladder removal in several area hospitals averaged about \$30,000.⁴ So if each surgery costs roughly that much, it adds up to an annual grand total of \$12.9 billion. All that money spent because mainstream medicine continues to ignore the real cause of most gallbladder attacks: food allergies.

But compare those figures to the costs associated with the testing and doctors’ visits necessary for keeping your gallbladder. Estimating allergy testing at \$500 (a bit high for calculation purposes) and three visits to the doctor at another \$500 (likely more than actual, but again for calculation purposes), that’s a cost of just \$1,000 to save one gallbladder. If those 430,000 gallbladders are all saved, the “bill” will be \$430 million.

Bottom line: If we all follow Dr. Breneman’s advice and keep our gallbladders, our “national health bill” will decline by at least \$12 billion per year. And you’ll feel better in the process. Sounds like a “win-win” situation to me.

The important safety note mainstream DHEA “news” is leaving out

If you've been reading *Nutrition & Healing* for a while, it's likely old news to you that DHEA helps maintain normal immune system function, lowers the risk of many cancers, and may even promote longevity. But apparently it's still “new news” in mainstream medicine.

At the 2004 meeting of the American Society of Pharmacology and Experimental Therapeutics, researchers presented evidence showing that DHEA supplementation is superior to a placebo at improving several important parameters of “T-cell” function. Since T-cells are one of the major classes of immune system regulatory cells, improving their function improves the function of the entire immune system.

DHEA is a hormone secreted by the adrenal glands. Levels of this hormone are low during childhood, start to rise at puberty, and are said to reach a peak in both sexes between the late 20s and early 30s. By age 40, most people have DHEA levels below the physiologic range: I'm always pleasantly surprised when testing shows a healthy DHEA level in anyone 45 or older. I rarely see normal DHEA tests in people 55 or older. So I often recommend that people in this age group take small amounts in supplement form to boost their levels back up to a healthy range.

At some point, most of us have

fallen into the “if some is good, more must be better” trap. Unfortunately, both mainstream researchers and a few natural medicine physicians are still using or recommending too much DHEA without appropriate follow-up testing, which should always include checking DHEA and two of its metabolites—etiocholanolone and androsterone.

“Even with these cautions, DHEA remains one of the most valuable supplements you can take as you age.”

One well-known university-based research project studied the effects of DHEA on women with the autoimmune disease lupus. When volunteers took 200 milligrams of DHEA daily, the researchers found significant beneficial effects. But they never tested for etiocholanolone and androsterone.

Twenty-two years of prescribing and testing for DHEA and its metabolites have shown me that the best, safest DHEA dose is 10 to 15 milligrams for women, and approximately 50 milligrams for men. Those who use more very often have normal DHEA levels but abnormally high levels of either etiocholanolone, androsterone, or both—abnormally high even for

people in their 20s and 30s. And until research proves that it's safe to have higher-than-usual levels of these or any other hormones, I definitely recommend against it.

If you're taking DHEA and using more than the amounts mentioned above, I'd suggest you either reduce the quantity or contact a lab to have not only your DHEA but also your etiocholanolone and androsterone checked. Even though the lab won't be able to give you advice, it will be able to tell you the normal ranges for DHEA and its metabolites and whether your numbers fall within those normal ranges. Contact Meridian Valley Lab (see “Resources,” page 8) or your own local lab about having this done. (I am the Medical Director at Meridian Valley Labs.) In Washington state and many other states, citizens are free to order their own lab tests without an order from a physician—or a note from their mothers.

But even with these cautions, DHEA remains one of the most valuable supplements you can take as you age. If you're over 40, I'd strongly suggest you consider it. Researchers continue to confirm the “old news” about DHEA: Taking small quantities to restore more normal levels improves immune function, lowers the risk of many cancers, and may even increase longevity. **JVW**

the formulas Cholacol, manufactured by Standard Process Laboratories, and Bile Salt Factors, by Jarrow Laboratories. (I'm not associated with either of these companies.)

For further guidance about bile salt replacement, check with a

physician skilled and knowledgeable in nutritional and natural medicine.

The bottom line is, you should do everything you can to keep your gallbladder. If you're having gallbladder attacks, find out what

you're allergic to, and deal with it. And if your gallbladder is already gone, follow nature's lead and replace the bile and nutrients your body needs. **JVW**

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

The vaccine putting children at more risk than the disease itself

This spring, the Seattle-area media were in full cry, agonizing for days with lead stories about an “outbreak” that occurred in western Washington state. From all the ruckus, it appeared that a virulent, deadly ailment, akin to the Ebola virus or SARS, had erupted in our midst. It turned out to be three cases of measles.

If you listened very carefully, you could probably hear generations of grandmothers and great-grandmothers laughing at us from the heaven we hope they’ve all gone to. Between soft laughter, one great-grandma could probably be heard saying to another: “They’re wringing their hands and wailing about what? Measles? What wimps our great-grandchildren are! They should find something more important to worry about!”

The “outbreak” occurred in three very recently adopted children who had apparently been exposed to measles before leaving China. They all recovered, as children always have—but the media didn’t report on that. The hidden agenda behind all the media uproar was to try to stampede parents into submitting their children to the very unnecessary and counterproductive measles vaccine.

One simple vitamin eliminates the risk of measles-related death entirely

Let’s dispose right away of the myth that measles infections are often lethal. Research done in the 1920s and repeated in the 1990s proved that death from measles is entirely preventable. In both instances, researchers found that a single good-size dose of vitamin A cut the death rate from measles to zero in treated children.

So now that we’ve cleared up

that misunderstanding, let’s move on and discuss the REAL danger to children: the measles vaccine.

You might be expecting me to write about the well-documented link between measles vaccination, intestinal inflammation, and autism. While that’s definitely another reason to avoid the measles-virus-containing MMR vaccination, that’s not the concern I have in mind this time. Instead, let’s go over the serious risk to unborn children and infants from measles that’s actually been created by measles vaccination—a hazard that never existed before.

Measles vaccine disrupts the protective “viral-human cycle”

In the millennia before misguided researchers and public health “authorities” mistakenly decided that injecting small children with solutions of still-live viruses, mercury compounds, and other contaminants was a good idea, nearly all children got the measles, usually between ages 4 and 8. The kids had the measles rash and fever for a few days and then recovered with a very strong anti-measles antibody response—a response so strong that it would last a little girl throughout childhood and well into adulthood.

When a little girl with her strong antibodies against measles caused by a “regular” measles infection grows up and becomes pregnant, her unborn child is automatically protected by her antibodies against measles, a very good thing, as exposure to the measles virus can cause deafness in unborn children. Not only that, but those strong anti-measles antibodies are “passively transferred” from mother to her newborn child. The infant is then protected by mother’s antibodies from getting the measles

until age 4 or so, and the cycle can repeat itself over and over, with no loss of life, or deaf babies, either.

Today’s misguided measles vaccination program has altered this natural cycle, and not for the better. A vaccinated little girl gets a much weaker anti-measles antibody response, because she is injected with a deliberately “weakened” (attenuated) form of the virus. Neither the quantity nor the strength of her anti-measles antibodies is anything close to those induced by a “regular” measles infection. So when a vaccinated little girl grows up and becomes a mother, any anti-measles antibodies she has left to “passively transfer” to her infant are too weak to provide much protection at all. Instead of being protected until approximately age 4, if her not-yet-vaccinated infant is exposed to “regular” measles, he or she is likely to catch them right then.

A regular measles infection is much tougher on infants than it is on 4- to 8-year-olds, and infants with measles are at significantly more risk for complications than older children (although vitamin A will still prevent death).

By disrupting a natural, non-disabling “viral-human cycle,” survived by literally tens, even hundreds, of millions of children for thousands of generations, researchers and public health “authorities” have increased the risk of death from measles among unvaccinated infants. Their answer: Vaccinate everyone! Make it mandatory!

Exercising your right to keep your children safe

Let’s ignore for now the implication of any “mandatory” approach: a willingness to use violence to “enforce” it. Instead, I’ll simply

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Improve lung function with natural HRT

We already know that bio-identical hormone replacement therapy at safe, physiologic doses helps rebuild women's bones, protect them against heart attacks, and maintain their mental function. But some very recent research suggests that it may also protect lung function in post-menopausal women.

This new research builds on a study first published in 1996, when researchers reported on experiments in which some young female rats had their ovaries removed while others had otherwise-identical "sham" operations in which the ovaries were left intact. As the rats with intact ovaries matured and produced more ovarian hormones, their lungs developed many more and smaller alveoli—the tiny "air sacs" that enable our lungs to exchange oxygen for carbon dioxide and other waste gases. The rats whose ovaries had been removed developed significantly larger alveoli, with less total surface area.¹

When it comes to alveoli, smaller and more are definitely better. With more numerous, smaller alveoli, the total surface area of the lung available for gas exchange is greater, so lung function is better. The researchers concluded that estrogen must have a beneficial effect on lung development.

At a scientific meeting in April 2004, two of the same researchers reported that removal of ovaries from mature female mice resulted in a 45 percent loss of the alveoli they had already developed, significantly reducing their lung function. But this lost lung function was fully restored by giving estrogen to the ovary-less mice.² Specifically, they've discovered that estrogens boost production of at least two crucial lung proteins: One helps to build new alveoli, and the other stimulates alveoli to expel carbon dioxide.³

Older women are more susceptible to some lung diseases than older men; 85 percent of non-smokers suffering from chronic obstructive

pulmonary disease (COPD) are women. It makes sense that this can be at least partially explained by the decline in estrogen after menopause. It also makes sense for post-menopausal women with lung-function problems to try physiologic doses of bio-identical estrogens (accompanied by progesterone) to combat further decline.

Since there are estrogen (and other hormone) receptors on nearly every type of body cell, it's highly likely that replacing low levels of bio-identical estrogens (and other bio-identical hormones) will help maintain healthier cells and tissues all over the body. After all, now that lungs are joining brains, hearts, arteries, and bones on the list of cells and tissues favorably influenced by bio-identical hormone replacement, can the rest of our bodies be far behind? **JVW**

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

Olive oil's tasty—and healthy—competition

Move over, olive oil! There's a new kid on the block, an oil that's even better for you, and just as safe for cooking—not to mention very tasty. It's macadamia nut oil.

Once news broke about how most commonly available cooking oils are high in polyunsaturated fatty acids, which create way too many health-damaging "free radicals" when they're heated, you probably quit cooking with any oil except olive oil. Olive oil is 70-75 percent mono-unsaturated fatty acids, which oxidize much less easily with heat, leading to substantially reduced free radical formation. But macadamia nut oil averages 85 percent mono-unsaturated fatty acids. And it can

withstand significantly more heat than nearly any other cooking oil before it starts to burn and smoke.

Macadamia nut oil also has significantly more antioxidant content than most other cooking oils: It contains approximately 450 parts per million vitamin E. Olive oil has approximately 100 parts per million vitamin E.

For the scientifically inclined, clinical trials of diets enriched with macadamia nuts have shown significant positive changes in lipid profiles—things like HDL and LDL cholesterol and triglyceride levels—in both people and rats.¹⁻⁴

Macadamia nut oil is also routinely tested for herbicide, pesticide, and other chemical

residues, as well as lead, arsenic, mercury, and other heavy metals. None have been found.

You can find macadamia nut oil at some natural food stores and at the Tahoma Clinic Dispensary (see "Resources," page 8). Typical prices are \$9.50 for 8.5 ounces, and \$16.50 for 16.9 ounces—approximately the same as a high-quality olive oil.

Olive oil may still have a flavor advantage on salads, but macadamia nut oil has a definite edge in other areas, especially baking. While there's certainly nothing wrong with olive oil, macadamia nut oil now gives us a choice of healthful cooking oils. **JVW**

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Natural Response



HRT safety: Don't believe everything you read

"I'm sure you've read Suzanne Somers new book, The Sexy Years. She writes that she's taking just estradiol for her estrogen replacement, and using 1 milligram daily. Estradiol is supposed to be the "most active" estrogen. Why do you recommend much less estradiol, and add considerably more estriol? Don't the doctors she works with and refers to know what they're doing?"

—L.G., Elmwood Park, NJ

JVW: I'm very happy that Suzanne Somers wrote her book, drawing so much attention to bio-identical hormone use instead of much more risky patented and formerly patented pseudo-estrogens and horse estrogens. I'm a little worried, though, that she's still at more risk than she needs to be

to "get the job done."

It's true that estradiol is the most active estrogen, but it's also slightly pro-carcinogenic. Most of the time, that isn't a problem, since women's bodies normally metabolize estradiol into less-toxic metabolites, particularly estriol. But for more than 20 years, I've seen estrogen test results for thousands of women and have observed that a small but significant proportion do not metabolize their estradiol into estriol, meaning that these women have significantly higher cancer risk.

A second problem is the quantity of estradiol she's using. An increasing number of research papers are reporting positive results with 0.25 milligrams of estradiol daily; those thousands of tests I've seen confirm that 0.25 milligrams is much closer to the "physiologic range." In my

opinion, that 1 milligram Suzanne Somers is taking is just too much—and too much estrogen of any kind alters the ratio that occurs naturally in women's bodies before menopause. Altering that ratio also puts women at extra risk.

You've probably heard the saying "three attorneys, five different opinions." Well, unfortunately, it's almost the same for doctors! While my opinion may differ from that of the doctors cited in Suzanne Somers' book, there is one thing I'm positive we would all agree on: bio-identical hormone replacement can be a tremendous help to menopausal women and is definitely worth exploring with your own doctor.

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.

measles

(continued from page 6)

marvel at the entirely unjustified confidence of "authorities" that no future disaster, natural or man-made, will ever disrupt the flow of measles (and other) vaccines.

If, heaven forbid, a major disaster should occur on our planet and make vaccination impossible, infants exposed to measles (and other infectious diseases) would be in very serious trouble. Measles and other infectious diseases always take advantage during periods of human disaster. Frequently, a greater number of people—especially

infants and children—die of infectious disease in the aftermath of a major disaster than the number who die of the disaster itself. So if this were to happen, the child and infant death toll would climb much higher than it would have without all that vaccination, measles included, that their mothers received, since they would have otherwise had a natural ability to fight off the disease.

While the risk of such a humanity-threatening disaster might seem rather remote, let's not forget what an unpredictable age we live in. Besides, there are many,

many more reasons to avoid the measles vaccine.

Parents who choose not to vaccinate their children face quite a bit of adversity from the mainstream medical system, but don't forget that you know what's best for your child and, at least for now, you also have the right to make decisions for their health that keep their best interests in mind. While you do still have that right, I urge you to exercise it by staying informed on all aspects of pediatric health care, including—and especially—vaccination. Your child's life depends on it. **JVW**

ALTERNATIVE HEALTH RESOURCES

American College for Advancement in Medicine (ACAM)

Phone: (800)532-3688, (949)583-7666
www.acam.org

Meridian Valley Laboratory

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

Tahoma Clinic and Dispensary

Phone: (425)264-0059—for appointments and orders only
www.tahoma-clinic.com

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