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- A treatment program of intravenous minerals, herbs, amino acids, vitamin supplements, and often hormones, has been used for over twenty-five years with tremendous success

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More Lycopene, Less Rough Skin

As skin aging and roughness is more obvious in forty- to fifty-year-old individuals, fifteen women and five men in that age group volunteered for a study¹ of their skin roughness, defined as the “depth and density of the furrows and wrinkles of the skin.” All had their skin roughness and skin lycopene content measured. The volunteers with higher levels of lycopene in their skin had significantly lower levels of skin roughness (for the technically inclined, $p < 0.01$).

Lycopene is the red pigment abundant in tomatoes (make sure they're organic) and watermelons. It's also available in tablet form from natural food stores, the Tahoma Clinic Dispensary, and compounding pharmacies.

More Vitamin D, Much Less Cancer Risk (An “Inverse Association”)

“Multiple studies have found an inverse association between serum 25-hydroxyvitamin D concentration and the risk of many types of cancer, including breast, colorectal, and prostate.”

This sentence was taken from the abstract to a 2016 research publication, which analyzed 25-hydroxyvitamin D levels and “invasive cancer” (all cancers except skin cancer) occurrence among 2,304 women. The title of the article² tells us the findings: “Serum 25-Hydroxyvitamin D Concentrations Greater Than or Equal to 40 Nanograms Per Milliliter Are Associated with Greater than 65% Lower Cancer Risk.”

But chances are excellent we can do even better than a 65% cancer risk reduction! The “tropical optimal” vitamin D level is 60 to 100 nanograms per milliliter. There have been no deaths or adverse effects from this level of vitamin D, either in the tropics or elsewhere. Work with a physician skilled and knowledgeable in natural medicine to determine how much vitamin D will keep you in the “tropical optimal” range, with its accompanying 65% or greater reduction in the risk of *all* invasive cancers!

Duct Tape Can Eliminate Warts!

For some, this may be old news. For others—no, not kidding! Researchers reported³ that 22 of 26 children (85%) treated

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JONATHAN V. WRIGHT, MD's
Green Medicine®

AUTHOR AND EXECUTIVE EDITOR

JONATHAN V. WRIGHT, MD

PUBLISHER

ALLIANCE FOR NATURAL
HEALTH USA

**EXECUTIVE AND
LEGAL DIRECTOR**

GRETCHEN DUBEAU

MANAGING EDITOR

MICHAEL SIKORA

EDITOR

CRAIG R. SMITH

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OUR PURPOSE

Green Medicine 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 since 1973 at the Tahoma Clinic, now in Tukwila, Washington. 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.

In 1992, Dr. Wright was among the original founders of the American Preventive Medical Association—now known as the Alliance for Natural Health USA—which was created to defend integrative doctors from relentless and coordinated attacks from the conventional medical establishment and the government agencies that protect them. Now one of the leading voices in natural health policy, the Alliance for Natural Health USA continues this mission by organizing half a million grassroots activists to protect access to natural, preventive medicine.

Dr. Wright and ANH-USA are proud to be teaming up once again to empower consumers to exercise their inalienable rights to choose their own healthcare, and to warn the public of continual, pervasive attempts from both government and private organizations to restrict them.

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with duct tape and 15 of 25 children (60%) treated with cryotherapy (freezing) had complete elimination of warts. The majority of warts that responded to either treatment did so within the first month of treatment.

The duct tape (no color specified) was cut to match the wart size as closely as possible and applied over each wart, with instructions to re-apply more tape whenever the tape fell off. After six days, the tape was removed, the area soaked in water, and then rubbed gently with a pumice stone or emery board. Duct tape was once again put over the wart the next morning. The treatment was continued for two months or until the wart was gone, whichever came first.

... And Maybe Vitamin A Can Eliminate Warts, Too!

A 30-year-old woman had a nine-year history of warts. She had twenty-three small warts (1 to 4 millimeters) on the back of her right hand, and one large (9 millimeter) wart on top of a knuckle on this same hand. The researchers described the treatment and its results⁴:

"The source of vitamin A was natural fish liver oil, 25,000 IU softgels. A needle was used to puncture the softgels and the oil was applied topically to the warts every night prior to sleep. The oil was allowed to soak into the tissue before the excess oil was removed with a dry towel. Soap was not used to wash the hands until the morning. On three to four days of the week, the oil was applied a second time, usually around midday."

"The daily topical application of vitamin A led to replacement of all the warts with normal skin.

Most of the smaller warts had been replaced with normal skin by 70 days. The largest wart on the middle knuckle of the right hand, although replaced by mostly normal tissue after four months of treatment, required six months of vitamin A treatment to completely resolve."

Vitamins K and C Eliminate Nausea and Vomiting of Pregnancy in 92% of Women

Sorry we can't be told this by our Ob/Gyn doctors; most of them don't know. One of the reasons why they don't know is to be found in this letter to the editor of the *New England Journal of Medicine*, along with the reply from an editor there:

October 25, 2010

To the Editor, *New England Journal of Medicine*:

Thank you for the comprehensive review of treatment of nausea and vomiting in pregnancy (*NEJM* 2010;363;1544-50).

From the 1970s to the present, I have found the treatment with vitamins K₃ and C described by Merkel in the *American Journal of Obstetrics and Gynecology* (1952;64:416-418) to be safe and effective in the very large majority of nauseated, vomiting, pregnant women.

In 70 such women, Merkel used 5 milligrams of vitamin K₃ (menadione) and 25 milligrams vitamin C (as ascorbic acid) given simultaneously orally, reporting that 64 of 70 had complete remission within 72 hours. Three were relieved of vomiting, but nausea persisted, and three did not respond to this treatment.

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Merkel emphasized that simultaneous administration is necessary for this treatment to be successful.

As 25-milligram tablets or capsules of vitamin C have not been available for years, I have used 500 milligrams [of C] with 5 milligrams of vitamin K₃ with the same degree of success. I have also observed that the occasional treatment failure can frequently be “reversed” with simultaneous injections (instead of continued oral administration) of the same vitamins.

—Jonathan V. Wright, MD

November 5, 2010

Dear Dr. Wright:

I am sorry that we will not be able to print your recent letter to the editor regarding the Niebyl article of 14-Oct-2010. The space available for correspondence is very limited, and we must use our judgment to present a representative selection of the material received. Many worthwhile communications must be declined for lack of space.

Thank you for your interest in the *Journal*.

Sincerely,
Caren G. Solomon, MD
Deputy Editor
New England Journal of Medicine

Can you imagine such a response if this treatment was patented and sold by a patent medicine company? Let's hope that Dr. Caren Solomon never suffers from nausea and vomiting of pregnancy herself. In the meantime, this is information you can safely use yourself!

No More Strep Throat, Ever!

Once again, no kidding! The following quote is from a book⁵ by Frank Oski, MD, professor and Chair of Pediatrics at

the State University of New York (1972–1985), Director of Pediatrics at Johns Hopkins University School of Medicine, and Physician-in-Chief at Johns Hopkins Children's Center (sorry about all the credentials, they're necessary to calm the inevitable opposition to this idea, which persists even into 2016):

“Perhaps the most significant thing I have learned is that Group A beta-hemolytic streptococcus germ will not, under ordinary circumstances, establish an infection in a child kept on absolutely no-milk-protein dietary regimen. I have been aware of this for the past two and a half years and, so far, there have been no exceptions. Any time a patient of mine is found to have a streptococcal pharyngitis or pyoderma, we can establish by history that he has ingested milk protein within five days prior to onset of symptoms or signs bringing him to the office.”

“The observation relating streptococcal disease to milk protein in the diet can be verified by most any pediatrician with time and patience to test it. It is often helpful to ask the child first whether he has had milk, ice cream, or cheese in his diet within the week prior to the office visit where strep is suspected. This cuts down on the embarrassment of having the child volunteer information contrary to the parent's story.”

—J. Dan Baggett, MD,
Alabama pediatrician

Dr. Oski's book came to my attention in 1979. Since then, in my practice, strict avoidance of cow's milk and anything

derived from cow's milk has resulted in no more strep throats in all who strictly comply. No cow's milk, no dairy at all—no strep throat! Although there are no controlled clinical trials (because there's no money to be made by eliminating cow's milk and dairy), moms and dads can test this theory on their own. Remember: cow's milk is for little cows, and not for little people!

Heavy Menstrual Bleeding (“Menorrhagia”) Eliminated or Greatly Improved in 92% of Women

Even though this research⁶ was published in 1977 and works in a very large majority of women with this problem, in 2016 three women so far have told me they were advised to take birth control pills to control their exceptionally heavy menstrual bleeding. Yes, birth control pills work for many women with this problem, but it doesn't *treat the cause!* From the abstract to the research article:

“Serum vitamin A was measured in 71 women with menorrhagia. Vitamin A levels were significantly lower than in controls (healthy women attending the gynecology clinic). Patients with menorrhagia were given vitamin A (25,000 IU twice daily) for 15 days. Of 40 patients so treated, menstruation returned to normal in 57.5%, and there was a substantially diminished menstrual period or a reduction in the duration of menses, or both, in an additional 35%. Thus, 92.5% of vitamin A-treated women had either complete relief or ‘material improvement.’ . . . There was a significant increase in

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17-beta-estradiol levels after vitamin A treatment.”

Seems obvious from the research, but let's summarize. Women with menorrhagia had low serum vitamin A. With vitamin A supplementation, 92.5% of these women reverted to normal menstrual bleeding or substantial improvement, and their estrogen levels improved. So why don't all MD physicians tell women about this? It's not taught in medical school as there was never a PATENT and “approval” by *los federales*!

And just in case any woman is worried: this amount of vitamin A is safe *unless you are a fetus*! So don't take this amount of vitamin A for at least a month before becoming pregnant!

HCG Can Improve Ed and Low Libido for Men

Most of us have heard of human growth hormone (HCG), a hormone made in large quantities made by the placenta. HCG injections combined with restrictive diet has been a very popular weight loss program—because it works. But as it's an injectable prescription item, what's it doing in this article?

First and most importantly, HCG is quite harmless. Remember, we all “took a bath” in HCG for the first nine months at the very beginning of our lives (unless we were born prematurely, of course) and emerged unharmed by it. Even for adults, HCG by itself is harmless too. In one bit of published research,⁷ eight men were given 100,000 or 150,000 IU HCG intravenously. No adverse effects were observed.

Secondly, as it's quite safe, we can inject it ourselves, just as we can vitamin B₁₂. (Which of course leads to wondering why either of these are forced to be “on prescription,” but that's a matter for another time.) On to erectile dysfunction (ED) and low libido in men. . . .

In 1987, a double-blind study on this topic was reported.⁸ Forty-five men with ED and six men with lack of sexual desire were treated with intramuscular injections of HCG, 5,000 units twice weekly, or placebo. HCG gave better results than placebo (47% improved vs. 12% improved—for the technically inclined, $p < 0.05$). The HCG also improved a significantly greater number of sexual parameters (six of seven, 86%) than placebo (two of seven, 29%). In this research, the effect on sexual behavior was not correlated with any increase in plasma testosterone.

Much more recent research has proven that HCG stimulates testosterone even in men with a genetic absence of luteinizing hormone (LH).⁹ HCG and LH even share a common “receptor,” termed by researchers¹⁰ the LH/CG-R. Why HCG wasn't found to stimulate testosterone in the 1987 study will never be known, but application of findings about HCG helping ED and lack of sexual desire have been corroborated by many (although not all) of the men with whom I've worked. And even though you'll need a prescription for HCG, you can learn to safely give your own injections.

Zestra Can Improve Sexual Experience for Women

From the abstract to a research report¹¹ about Zestra:

“Zestra for Women is a botanical feminine massage oil formulated to enhance female sexual pleasure and arousal when applied to the vulva. We conducted this randomized, double-blinded, crossover study to evaluate the efficacy and safety of Zestra for Women compared to placebo oil in 10 women with and 10 women without female sexual

arousal disorder (FSAD) in conditions of home use in conjunction with sexual activities. . . . All 20 . . . completed the study.”

“Three . . . reported single incidences of mild genital burning sensations lasting 5–30 min. after use of Zestra for Women. . . . Both normal and FSAD women showed statistically significant improvements, relative to placebo, in level of arousal, level of desire, satisfaction with arousal, genital sensation, ability to have orgasms, and sexual pleasure. . . . Zestra for Women improved sexual function in normal and FSAD women under conditions of home use.”

What's in Zestra for Women? According to the label of the product and the researchers quoted above: borage seed oil, evening primrose oil, angelica extract, *Coleus forskohlii* extract, theobromine, ascorbylpalmitate (an oil-soluble form of vitamin C), tocopherol, and natural flavor. All quite natural, even the flavor, the purpose of which we'll leave to imagination.

Zestra for Women is not allowed (by its manufacturer and distributor) to be available at natural food stores, compounding pharmacies, or the Tahoma Clinic Dispensary, but it is available without prescription through major chain patent medicine stores (“chain drug stores”) such as Walgreen's, Rite Aid, CVS, and others. It's also available online. ●

Endnotes

1. Darvin M et al. *Cutaneous concentration of lycopene correlates significantly with the roughness of the skin*. European J Pharmaceutics Biopharmaceutics 2008;69:943-947.

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2. McDonnell S, Baggerly C, et al. *Serum 25-Hydroxyvitamin D Concentrations Greater Than or Equal to 40 ng/ml Are Associated with >65% Lower Cancer Risk: Pooled Analysis of Randomized Trial and Prospective Cohort Study*. PLOS One 2016;April 6:11(4):e0152441.
3. Focht D R, Spicer C, Fairchok A. *The Efficacy of Duct Tape vs Cryotherapy in the Treatment of Verruca Vulgaris (the Common Wart)* Arch PediatrAdolec Med 2002.
4. Gaston A. Virolm J 2012;9:21;1-6
5. Oski, Frank A. *Don't Drink Your Milk! Teach Services*, Brushton New York, 1977, 1992. Quote on page 24
6. Lithgow DM, Politzer WM. *Vitamin A in the Treatment of Menorrhagia*. S Afr Med J 1977; Feb 12;51(7):191-3.
7. Sowers JR et al. *Effect of human chorionic gonadotrophin on thyroid function in euthyroid men*. J Clin Endocrinol Metab 1978 Oct;47(4):898-901.
8. Buvat J. *Human chorionic gonadotrophin treatment of nonorganic erectile failure and lack of sexual desire*. Urology 1987;XXX,3:216-219.
9. Valdes-Socin H et al. *Hypogonadism in a patient with a mutation in the luteinizing hormone beta-subunit gene*. NEJM 2004;351:2619-25.
10. Meng X-L, Rennert OM, Chan WY. *Human Chorionic Gonadotrophin induces neuronal differentiation of PC12 cells through activation of stably expressed lutrophin/choriogonadotropin receptor*. Endocrinology 2007;148:5865-5873.
11. Ferguson DM, Steidle CP, Singh GS, Alexander JS, Weihmiller MK, Crosby MG. *Randomized, placebo-controlled, double blind, crossover design trial of the efficacy and safety of Zestra for Women in women with and without female sexual arousal disorder*. J Sex Marital Ther. 2003;29Suppl 1:33-44.

The Tahoma Clinic Macular Regeneration Program

- Age-related macular degeneration can be stopped and reversed
- It is vital to determine and treat the causes of the degeneration—usually a combination of nutrient deficiencies and digestive difficulties
- A treatment program of intravenous minerals, herbs, amino acids, vitamin supplements, and often hormones, has been used for over twenty-five years with tremendous success

Age-related macular degeneration (also termed “dry” macular degeneration) is preventable, and prevention is always best! It’s not widely known that the progress of age-related macular degeneration can be stopped—and very frequently significantly improved—for the majority of individuals with dry macular degeneration with a treatment program developed at Tahoma Clinic during the 1980s.

My father was diagnosed with dry macular degeneration by an ophthalmologist; at the time, he was told his vision was 20/80 (with glasses) in each eye. After being treated with the Tahoma Clinic Macular Regeneration Program, he said he could see significantly better; the same ophthalmologist told him his vision (again with glasses) had improved to 20/30 in each eye. In 1990 we published two case

studies¹ describing successful treatment of dry macular degeneration. The Tahoma Clinic Macular Regeneration program is so often successful because it *treats one of the major causes of the problem!*

No, we’re not eye doctors! That’s why we insist that all diagnoses be made by each individual’s eye doctor, and that everyone we treat have their visual acuity (20/20, 20/30, etc.) determined by an eye care professional. Understandably, it’s unbelievable—especially to medical doctors—that a “natural medicine clinic” has been stopping and often reversing deterioration in dry macular degeneration for thirty years.

It was unbelievable to Dr. Tom Dorman, too, a California physician who relocated to Washington state to join Tahoma Clinic in the 1990s, where he

practiced for several years before moving on to his own practice. He wrote the following in 1998:

“It was an amazing experience when I joined the Tahoma Clinic—that I found a routine for managing macular degeneration. It would have been impolite of me to have said what I thought: “It cannot be.” Of all the forms of quackery, the assumption that a nutritional physician could cure that which the specialist for the eye could not was the most brazen and not likely to be substantiated. Now, in retrospect, I am glad that I did not hastily express skepticism.”

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‘It fell to me, however, to follow the protocol established at the clinic and treat many of the individuals who flocked (and who still flock) to our clinic asking for help with this disease. Mostly the disease was diagnosed correctly by their ophthalmologists across the land, and mostly they were told and are still being told that nothing can be done: ‘The prognosis is hopeless.’”

“Well, having utilized the protocol for macular degeneration in my own practice for one-and-a-half years, since my move from California to Washington state, I can testify from the clinical experience I have gained personally that about seven out of ten of the patients who have come in with this diagnosis (and only those in whose case the diagnosis was correctly made) benefited substantially from the regime used to improve their vision. One must emphasize that in advanced cases, the dosage of the nutrients required is so high that these need to be administered through an intravenous protocol carefully. Accordingly, this is usually done in our clinic setting. A course of treatment of about eight weeks is required. Many of these people come and stay in motels near the clinic during the course of their treatment; but what a boon it is to save one’s vision! I, for one, now stand foursquare behind this routine, based on my clinical experience.”

—Thomas Dorman, MD

Thank you to Dr. Dorman—who sadly is no longer with us—for this independent

perspective on the Tahoma Clinic Macular Degeneration Program!

Treat the Cause

As noted above, our program is so often successful because it *treats the cause*. This case study—first published in 1996—is an excellent illustration of one of the major causes of dry macular degeneration.

Elaine and Tom MacDonald walked to my office, Tom guiding Elaine as unobtrusively as he could. He showed her a chair, and they both sat down.

As we get older, an increasing number of symptoms and health problems need to be approached by checking the stomach and the rest of the digestion first.

“As you may have guessed, I’m not seeing as well as I’d like,” Elaine began. “My eye doctor tells me it’s macular degeneration in both eyes, though the left is worse than the right. I’ve been taking those vitamins that eye doctors are starting to use these days, but they don’t seem to be helping at all, and my vision is slowly getting worse.”

“We’ve heard you have a treatment that can help macular degeneration sometimes,” Tom said. “We’re hoping it’s not too late to help Elaine.”

“As it is now, I can read an interstate highway sign if I’m standing right in front of it,” Elaine said. “And that’s with my glasses on. I was a teacher before I retired, and I so miss being able to read my books and newspapers.”

“Of course she can’t drive anywhere either,” Tom added.

“How’s your health otherwise?” I asked.

“As far as I can tell, it’s OK. I don’t have the energy I’d like, but then I’m 67, so I guess that’s to be expected.”

“No other bothersome symptoms?”

“None that I can think of.”

I asked about her health history, family health history, diet, and exercise. Then we went to an examination room for a physical exam. All appeared OK until we got to her fingers. Her nails bent very easily.

“Excuse me, but your fingernails aren’t very strong, are they?”

“They’ve been that way all my life. Never have been able to grow nice nails like some women do. Mine, they crack, peel, chip. . . . I took gallons of gelatin when I was younger, but it never helped. The last few years I’ve been taking a lot of calcium, it helps a little. They’re stronger for a while, but then bad again. Can’t really put it together with anything.”

“Do you get cramps in your legs?”

“Yes.”

“How often?”

“Oh, two or three times a week, especially at night, but occasionally when I’ve been doing a lot of walking. But there’s nothing unusual about that, is there? Tom gets them, too, and so do some of our friends. We thought it just went with our time of life, like this gray hair.” She touched her head.

“You’re right,” I replied. “Those of us past fifty do get more leg cramps than younger people, but those cramps aren’t an inevitable part of aging. They’re a correctable malfunction.”

I made a few notes. We finished her exam, and went back to my office.

“What shall I do first about eyes?” Elaine asked. “I’m anxious to get started right away.”

“First, have your stomach tested. . . .”

“My stomach? How will that help my eyes?”

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“As we get older, an increasing number of symptoms and health problems need to be approached by checking the stomach and the rest of the digestion first. By the time we’re sixty, at least half of us who have symptoms or health problems have problems with digestion and nutrient assimilation. The leg cramps that you and many past-fifty people have are usually a symptom of inadequate digestion and assimilation of calcium, magnesium, potassium, and other minerals.

“In your particular case,” I continued, “it’s likely you’ve had digestion/assimilation problems for years. If we don’t ‘patch up’ these problems as best we can, we won’t have as much of a chance to help your eyes, since all the nutrients our eyes need enter our bodies through the digestive tract.”

“Maybe that’s why these vitamins the eye doctor gave me aren’t working?” she asked.

“Likely that’s part of it, but they don’t have all the necessary nutrients, and the few they do contain are in very small quantities.”

“Why do you think I’ve had digestion problems for years?” Elaine asked. “I don’t have any digestive symptoms, as far as I can tell.”

“Your fingernails. A large majority of women who have cracking, peeling, chipping fingernails also have poor stomach and digestive function.”

“Really? You’re saying I could have had glamorous fingernails all these years had I only known?”

“Don’t know about glamorous, but at least a lot stronger. But getting back to tests . . . along with the stomach test, we need to check further on your digestion through a stool analysis, looking at mineral levels, amino acids, and hormones, particularly testosterone.”

“So far,” Elaine said, “I think I understand checking my digestion and the minerals—even these vitamins that you

say are weak have minerals—but amino acids? Testosterone?”

“Amino acids are the building blocks of protein. If we hope to rebuild cells and tissues, we need to make sure amino acids are adequate. Yours have a higher probability of being low. . . .”

“Because of poor digestion and assimilation.”

“Exactly.”

“But what about testosterone?” Tom asked. “What does that have to do with eyes?”

In four weeks, Elaine’s vision started to improve. After eight months of treatment, she reported that instead of just being able to read interstate highway signs, she could read books and newspapers again.

“It’s certainly not the most important factor, but vision is so important that we want to cover all the bases right away. Testosterone is the most powerful anabolic steroid that our bodies make naturally. Anabolic steroids do much more than stimulate the growth of muscles. They stimulate repair and regrowth of many damaged body tissues. I’ve observed that correcting unusually low levels of testosterone can help tissue repair in either sex.”

“How long will it take to get the tests done so I can get started?”

“The tests are important, but I recommend you start treatment today or tomorrow, as soon as your tests are turned in. Over the years, I’ve found that if we give key nutrients intravenously, particularly zinc and selenium, twice weekly, we make much faster progress. We make sure the quantities are safe, of course, but also sufficient to do the job.”

“Just zinc and selenium?”

“Those are the most important minerals, but we make sure to back them up with a variety of minerals and other nutrients. And of course, I’ll ask you to start with oral supplementation, too.”

“But what about digesting and assimilating them properly?”

“Your stomach test will be completed and the results known today; the remaining tests on your digestion will be completed in just two or three days.”

“What about the rest of the tests? Shouldn’t we wait for them?” Tom asked.

“We’ll adjust or add to what we’re doing as soon as they become available, but since we know many of the major items of importance we can start them right away.”

“How often does this work?” Elaine asked.

“Not every time, but definitely more than half the time.”

“How long before I know one way or another?”

“In my experience, if we use the IVs, digestive aids, all the oral supplements, and hormones if necessary, you can see—literally—results starting in four to six weeks. If there’s been no improvement in six to eight weeks, then it’s not likely this all will help.”

“I hope it works for me,” she said. “In addition to the IVs, what supplements should I take?”

“Very, very likely, the list will start with taking betaine hydrochloride with pepsin at meals, to replace what your stomach likely isn’t doing, and pancreatic enzymes after meals. Together, these should restore a large part of weak digestive function.”

“We’ve already covered zinc and selenium, two most important minerals,” I continued. “Vitamin E and taurine are very important, too. Bilberry and ginkgo—herbal medications—contain flavonoids

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and other substances important to the retina. Vitamin A, copper. . . .”

“Hold on,” Elaine said. “I can’t remember all of this.”

“You don’t need to. There are several combination formulas available in natural food stores that contain most or all of these ingredients, including one designed by Dr. Alan Gaby and myself.”

“IVs, digestive aids, a combination formula with the nutrients you’ve recommended . . . anything else?” Tom asked.

“The tests will tell us if amino acids, testosterone, and possibly other hormones are advisable.”

“When I start seeing results, how long will I need to continue having IVs?” Elaine asked. “I certainly can’t get those done for years and years.”

“You won’t need to. Remember, much of the problem is due to poor digestion and

assimilation, and you’ll be taking care of that so that oral supplementation has a better chance to do the job. But just for insurance, when the IVs are discontinued, we’ll ask you to use some of the key nutrients in DMSO, which gets them in through the skin. But don’t worry about that now, we’ll cover it when the time comes.

“Also,” I said, “please remember that this treatment doesn’t work every time. I’ve observed it to work in a majority of cases; unfortunately that’s not 100%.”

“At least all these nutrients won’t hurt me,” Elaine said.

“And we’ll pray that Elaine’s in that majority,” Tom added.

“Please do! That’ll help, too.”

In four weeks, Elaine’s vision started to improve. After eight months of treatment, she reported that instead of just being able to read interstate highway signs, she could

read books and newspapers again. She’s continued her treatment, and five years later has maintained her vision at that level.

Tahoma Clinic physicians have been treating individuals with previously diagnosed age-related macular degeneration since 1986 with the degree of success mentioned by Dr. Dorman. If you’ve been diagnosed with macular degeneration, consider treatment at Tahoma Clinic with the Macular Regeneration Program. A strong chance of stopping visual deterioration and—even more likely—improving vision makes the time, expense, and effort involved worthwhile. ●

Endnotes

1. Wright JV. *Improvement of vision in macular degeneration associated with intravenous zinc and selenium therapy: two cases.* J Nutr Med 1990;1:133-138.

ALTERNATIVE HEALTH RESOURCES

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About Dr. Jonathan V. Wright

Dr. Wright established Tahoma Clinic in 1973 in Washington State to offer nutritional and other natural therapies for common health conditions instead of patent medications.

A long-time researcher, author, speaker, and clinician, he has educated physicians in his techniques since 1983. Dubbed the “Father of Bio-Identical Hormones” by his peers, Dr. Wright was the first physician in the United States to prescribe comprehensive hormone replacement therapy (in the early 1980s) with hormones identical to those found in nature. This therapy (shortened to “BHRT”) is now used nationwide by millions.

Also an author, he has written 13 books (with two texts achieving best-selling status), numerous medical articles, monthly magazine columns from 1976 to 2000, and since 1994 has written a popular monthly newsletter on natural health topics.

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