Zinc and Alzheimer's Disease

Editor:

I read with great interest the editorial by Dr. Collin in the December *Townsend Letter* that zinc supplementation has a connection to amyloid clumping found in Alzheimer's disease. I have had Alzheimer's for over 12 years and have taken 50 mg of zinc, other vitamins, minerals, trace minerals, digestive enzymes and HCl at meals every day for over six years. A blood test from Princeton BioCenter indicated zinc and B-6 deficiency. Prior to taking zinc there were, for as long as I can remember, white spots on my fingernails.

I am not a medical specialist, nor am I trying to imply that Massachusetts General Hospital's research is inaccurate, but until there is more information than is presently available, I am reluctant to discontinue zinc supplementation.

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Oral Progesterone is Not Inactivated by Stomach Acids, Pancreatic Enzymes or Liver Detoxification

Editor:

Stephen Dentali, commenting on my remarks about oral progesterone, has indicated that "any pharmaceutical text" can be consulted to understand certain issues in pharmacology and pharmaceutics.

Textbooks are useful for introducing students to a new subject, and they are an interesting literary genre, allowing us to see how the individual author handles a certain area of knowledge. But anyone who has seriously studied a subject knows that textbooks aren't intended to resolve scientific questions. Different authors sometimes take different positions on the issues. By reading many texts on a given subject, we can see that the people who write textbooks are usually far behind the decisive scientific work in most of the areas covered by their book. If they are researchers themselves, their particular area will usually be described in an up-to-date, though personally filtered, manner. Increasingly, publishers are influencing the content of textbooks, for the purpose of maximizing sales. (Richard Feynman's entertaining discussion of textbooks should be read by every teacher.) It is important to critically examine original scientific publications, but textbooks are generally so far removed from the original work that it would be a waste of time to criticize their subjectivity and inaccuracy page by page. That isn't necessary, as long as people realize that they shouldn't be treated as anything but secondary (or tertiary) sources.

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Many textbooks have said that since insulin is a protein, and since proteins are digested in the stomach, insulin is inactive when taken orally. Since oral insulin can cause lethal hypoglycemia in dogs (whose capacity to digest protein is very great), we can see the limitation of reasoning without evidence. Progesterone happens to be very resistant to acid as well as to stomach enzymes, but ultimately the body is able to modify it into other substances, which are excreted.

Dentali invokes the "first pass" dogma of liver inactivation, but he neglects the whole point of what I said, namely, that chylomicrons are *not* consumed on the first pass though the liver. Progesterone equilibrates from the chylomicrons into the other fractions of the blood, and a large part of it is carried in the red blood cells. Laboratories which measure the progesterone (or pregnenolone, or DHEA) contained in the serum after removing the chylomicrons and red blood cells are probably following some old textbook dogma, without realizing that they have discarded a major part of the hormone they would like to measure.

Dentali seems to have been offended by my reference to the "bizarre crystallization" that occurs in some progesterone products, and by my reference to FDA errors. I will respond to those points.

If the products that are unstable oily solutions bore labels warning users to heat and stir the mixture before use, they might be acceptable. But some of the products are in opaque bottles, and the physicians who prescribe them are not likely to suspect that the progesterone crystals have settled to the bottom. My patent is based on the fact that vitamin E stably holds progesterone in solution, so that it can be assimilated effectively by any route, transdermally, vaginally, or orally. Various companies have tried to take advantage of the awareness that my formula works, but I think some people have assumed that any product which contains "vitamin E" and progesterone will work in the way I have described. In the case of opaque transdermal (or rectal or vaginal) creams, the progesterone crystals in bad formulations are harder to see. Spreading the cream in a thin film, they can be seen under a microscope. What is visible is not going to be able to go though the skin.

FDA officials have said that the only "approved" form of progesterone is the oily injectable form, which is described as progesterone dissolved in vegetable oil, with benzyl alcohol added as a bacteriostat. In "bacteriostatic water," benzyl alcohol may be present at 0.9% to 1.9%, and even at that concentration it is a dangerous neurotoxin and allergen. But the vegetable oil used as vehicle is a very poor solvent for progesterone; and it is not a hospitable environment for bacterial growth. (For example, it is a strong mutagen.) The so-called progesterone in vegetable oil needs the very high concentration of approximately 10% benzyl alcohol to stay in solution on the shelf. When such a solution is injected, the toxic alcohol diffuses away into the body fluids, leaving the (cancer promoting) vegetable oil with progesterone, and the progesterone crystallizes out of solution. The benzyl alcohol is the actual solvent that permits the progesterone to stay in solution while the product is on the shelf. The massive amount of this neurotoxin in the "approved" form of progesterone is reminiscent of the FDA's approval of a bronchodilator for asthma patients which contained metabisulfite as a preservative. When I told them that I thought that was an irrational product, since metabisulfite can kill people with asthma, and that the deadly "paradoxical" bronchoconstriction that was killing patients didn't seem paradoxical at all, they just didn't respond in any visible way. They similarly have not responded to the many complaints I have made about their "approved" form of progesterone. In another case, when I sent them evidence of what I believe is a gigantic and continuing drug fraud, they actually wrote me a letter saying they don't handle individual's complaints.

The FDA has done tremendous damage to women's health by claiming that natural progesterone has the terrible side effects of the synthetic progestins. This has never been a scientific issue: It is strictly a matter of the FDA's giving demonstrably false information to the public. Some of the widely used synthetic progestins have been powerfully estrogenic and teratogenic, while natural progesterone is neither.

Natural progesterone is known to be a safe and effective treatment for epilepsy, while *all* the recognized anti-seizure drugs are teratogenic, and it is largely the FDA's false attribution to progesterone of the side-effects of synthetic progestins that is responsible for the continued failure to make progesterone available to pregnant women with epilepsy.

Progesterone can be used as an anesthetic, but it is not correct to ascribe to it the properties of ether.

Progesterone has anti-inflammatory properties, but it is not correct to say that it must therefore have the properties of cortisol.

Progesterone has mineral-regulating properties, but it is wrong to classify it as a mineralocorticoid.

Long ago, Hans Selye pointed out some of the problems involved in classifying multiple action substances by one of their actions. But what the FDA has done goes far beyond any problem with sloppy scientific terminology. It has falsely claimed that the toxic properties of various synthetic drugs belong to natural progesterone. By their reasoning, if testosterone has a "progestational" effect on the uterus (as it does), then progesterone will produce whiskers and big muscles. If no one had tried to point out to them the egregiousness of their errors, I could believe that the FDA was innocently incompetent, but in fact they actively work to obscure the truth.

In this case, and in others that I have discussed elsewhere, I believe the FDA has taken irrational and antiscientific positions to protect the interests of the giant drug companies, to the great detriment of public health. They, and the companies they serve, should be held accountable for the death and disability resulting from their actions. Legally, I think patients, physicians, and pharmacists all have many bases on which to act against the abuse of power by people in the FDA. Illogical and arbitrary application of the law is simply illegal.

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PS: In previously published articles I have given references to the various points I make here.