

Letters to the Editor

The Foreskin is Necessary

Editor:

I wish to congratulate you on your excellent review of the issues surrounding infant circumcision in your April 1996 issue. I have not seen elsewhere such a thorough discussion in a format which provides both a provocative challenge to health professionals and presents information in a manner that is fully accessible to a layman.

James Ryan, MD, MPH
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Editor:

This letter concerns the routine surgery, circumcision, as there are no medical reasons for it. This practice of routine Newborn Infant Circumcision and Female Genital Mutilation need to be exposed for the fraud and atrocities that they both are. Normal and natural human genitals need no alterations or mutilations. It is worse than "Sexual Rape."

Neither I nor any of my male family members and friends have ever had any medical problems with our intact sex organs. To me, it is unbelievable that such "reasons" as hygiene, religion, or "matching Daddy" are actually being used to justify the destruction of a highly useful, normal, pleasure enhancing body part.

The majority of circumcisers are male physicians who were circumcised as infants. They cannot know the merits of the foreskin. These doctors, even the ones who don't do circumcisions, are ignorant of the natural penis. They are uneducated on the structure and function of the healthy foreskin.

My journey of becoming an activist against Human Genital Mutilation (HGM) started over 50 years ago and I'm still trying to have it abolished as a crime against children.

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Octacosanol for Brain Injury

Editor:

In the May *Townsend Letter* Denise Brown asked if any readers might provide suggestions that might prove helpful to her husband who suffered a serious traumatic head injury which left him partially paralyzed.

One substance which has been advocated as being potentially helpful in such cases is octacosanol. I do not have any personal experience with octacosanol, but I did correspond for a period of some years with the well-known nutritionist, Carlton Fredericks, now unfortunately deceased. Carlton was a great advocate of the use of octacosanol. In his letter to me of September 17, 1981 he wrote: "I have seen responses to octacosanol therapy in cerebral palsy - particularly spastics; in post-viral encephalitis; post stroke syndrome, muscular dystrophy, multiple sclerosis, epilepsies following brain trauma, etc." He has also mentioned cases of carbon-monoxide poisoning and near-drowning.

In addition to sending me some of his own writings on the subject, Carlton sent me a bibliography of articles, some of which go back to the 1920s and 1930s.

My octacosanol file weighs almost 8 ounces. Any readers interested in having a copy made and mailed to them, may have one for \$10, which will cover copying and postage charges.

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Concerns About Progesterone Cream and Yam Extracts

Editor:

I notice that on page 68 of the April issue a word was added editorially to "Preserving the tissues," a chapter from my book on the menopause, which reversed my meaning. In the 7th and 8th lines, it should say "and other factors, especially progesterone and thyroid, allowed the organism to restore itself in ways that neutralized the cortisone response," but as printed it has me saying "estrogen...called up...progesterone and thyroid, and allowed the organism to restore itself..." My original wording expressed the opposition between estrogen and the restorative factors, but your alteration has me seeming to side with those who claim therapeutic benefits for estrogen.

In spite of Dr. Gaby's good comments on the "yam scam," I notice you publish an ad for a "yam extract cream." If progesterone is "a yam extract," then so is estrogen, and so are the anabolic steroids, the glucocorticoids, and the contraceptive steroids. Does the phrase "Mexican yam root extract" or "wild yam" honestly describe the contents of the product? Obviously not, because *Dioscorea*, wild yam root, has been in the National Formulary for many years, as a drug in itself, used to treat "bilious colic" and as a diuretic and expectorant. In the last several years I have spoken to people in the Portland and Seattle offices of the FDA about this, as well as with people involved in the production of the "yam" creams, and it seems clear to me that the FDA is either knowingly condoning this fraudulent labeling, or actively participating in it. While they fail to enforce their laws regarding honest labeling, they have told me that I (rather than those who mislabel the products, and who have falsely used my name in their advertising) appear to be the one violating the law by writing about progesterone and related substances while having patents on them. It is clear to me that it is the scientific information which offends them, not the illegal claims and

mislabelings. It is only the latter over which they have jurisdiction, and it is there that they take no action.

If the yam-substance is applied to the skin, the saponins in it might be good for cleaning the skin (it was commonly used for washing clothes, shampooing, etc.), but they will have no hormone action. If the "menopause creams" contain estrogen, they might have a systemic effect, but the studies of topical progesterone, by Papa and Kligman, showed that progesterone had a local effect, but no detectable systemic effect. This is because of its low solubility in ordinary oils. The progesterone-vitamin E combination, which I patented, is stably dissolved so that it can be absorbed by any route - transdermal, oral, rectal, or vaginal, but I have not licensed my patent to any of the companies such as Yamcon/Phillips Nutritionals or Pro-Gest/Transitions/Professional & Technical Services, which advertise creams for the treatment of menopause. Some creams contain progesterone, some creams contain vitamin E, some contain neither. The patented progesterone-in-vitamin E products are sold only in Eugene, Oregon.

The order in which ingredients are listed on the label must be in the order of their quantity in the product. Pro-Gest's advertisement claims that "For over 17 years, physicians have recommended Pro-Gest to their menopausal patients," but I participated in the design of some of the original progesterone lotions which were sold by Professional and Technical Services (while I was "President" of that corporation), and those early formulations (I still have copies of the various brand-name labels) essentially had no effective shelf life, because of their poor formulation; the progesterone was crystallized by the time it arrived from the factory. The composition of the various Professional & Technical Services products, at least according to their labels, has changed over the years. It is incorrect to say that Pro-Gest has existed for 17 years. One formulation, for example, showed a higher content of vitamin E than of progesterone, meaning that there was sufficient vitamin E to dissolve the progesterone, and thus to infringe my patent. When I pointed this out to MacFarland, he didn't want to pay me royalties, so he obligingly changed the formulation. "Cielo 2000" another of MacFarland's previous products, moved vitamin E far

down on its label, meaning that its solvent action was very limited. My samples of Pro-Gest contain massive amounts of crystals, indicating that they didn't copy my patented composition.

A friend quoted one manufacturer of a progesterone cream, as saying, when she told him of my patent, "that's easy to get around." But a truthful label will say in a simple way whether or not it is violating my patent, by indicating the relative amounts of vitamin E and progesterone.

Lab analysis shows that the products licensed under my patent contain by far the largest amount of progesterone of any product tested, but the important point is that the progesterone is dissolved in vitamin E, and is completely available biologically. Crystalline progesterone isn't available transdermally, and when it is ingested, it is quickly metabolized by the bowel and the liver, into a derivative of progesterone, which has a certain biological activity, but which is chemically and biologically distinct from progesterone.

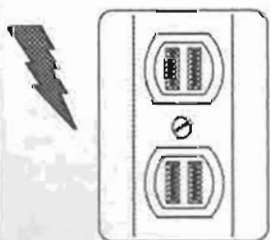
A small amount of any herbal saponin, such as those found in the

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Dioscorea yams, may be harmless, but larger amounts can be lethal, by causing hemolysis, and there is also some evidence that it can cause liver damage. The people in Mexico traditionally used the yam for washing clothes and for killing fish. Russell Marker, who created the steroid industry based on the Mexican yam, took a dose of saponin while working on a project in Mexico, and was seriously poisoned. His colleague, Norman Applezweig, said the next day that he looked as if he had "been hit by a truck," because he was covered by bruises resulting from the hemolytic action of the saponins.

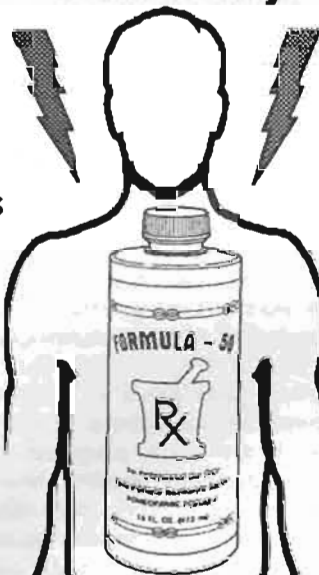
Ray Peat, PhD
P.O. Box 5764
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A number of years ago the noted soil and nutritional scientist Dr. G.H. Earp-Thomas said: "This is what happens in the blood at a time of crisis. Minerals are liberated and at that instant the invading germs are instantly killed. The reason for rapid killing, I believe, is the increased osmotic pressure brought about by the introduction of the minerals. Also, the electric potential from negative to higher positive charges are brought about. It is my belief that a potentiometer would show that effect, that a negative charge causes death as all dead people are acid and negative electrically, whereas all living people are alkaline and positive. This I believe is a law of nature like gravity and is immutable. That being the case no person can be dead if they are alkaline and positively charged."



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