"turn the coach into a pumpkin" or vice-versa. (Perhaps the "Emperor's New Clothes" would be a better analogy?) I ask the *TL/D* readership to not be fooled.

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Recycling Placentas

Editor:

I would like that you let your readers know that I've appreciated a lot your article and that it made me laugh a lot! I've no other comments....

Tell your readers that if they want some more information (on a scientific level), I will not publish it anymore in your journal, but I can send them if they write me personally.

With my best placental regards or foetal regards (as you prefer...)

Docteur Paul Musarella
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On Recycling Placentas, Thyroid Suppression and Carpal Tunnel

Editor:

I am glad to see your comment, "Recycling Placentas," in the June issue. More such dialogue between authors and editors could make the magazine more interesting. Last month, I decided to wait to see whether others would comment on Musarella's statements. Since your comments covered many of the points that needed to be made, I'd just like to add some of my other reactions.

Usually, the authors of foolish medical claims at least have the slight virtue of pushing common errors to an absurd extreme, helping to make thoughful people more conscious of a problem they hadn't been paying attention to. But there are suggestions in Musarella's article that threaten to besmirch good research. I don't know what "Pr." might stand for, but Filatov is grammatically masculine (Filatova would be a woman's name), and in Russian medicine, the phrase "the Russian scientist Filatov" would be assumed to refer to Vladimir Filatov, after whom at least one Filatov Institute has been named. Vladimir Filatov was a pioneer in reconstructive surgery and in corneal transplants from cadavers. He found that corneas transplanted from cadavers that had been kept in cold storage for some time exerted a healing influence on adjacent tissues. He saw similar effects in reconstructive surgery using "tube-flaps" of skin, and concluded that tissues subjected to stressful conditions formed substances which promoted healing and regeneration. (Succinic acid and other dicarboxylic acids were identified among the "biogenic tissue stimulators." Succinate stimulates respiration and steroid formation, and protects against peroxidative damage. Filatov's work is an important complement to that of Engelhardt and Szent-Györgyi and Polezhaev and Meerson.) Because abscesses often formed when vital tissue was implanted, Filatov tried sterilized tissue, and found that it was as effective in stimulating healing and regeneration. At this point he realized that tissue extracts would have the same effects, and he made and used extracts from a great variety of "stressed tissues," including leaves. He published results showing that sterile extracts could stimulate regeneration of the optic nerve, and of various other tissues. Many years after he died, people at the Filatov Institute found that *extracts* of placentas were extremely beneficial to old people.

If there is a New Filatov who rejects the conclusions of Vladimir Filatov, and uses vital placental tissue, in a caricature of the experiments at the Filatov Institute, Paul Musarella certainly owes us an explanation, because his phrase, "the Russian scientist Filatov" is misleading. But I think Musarella is more likely just

More Letters

another person exploiting the gullible public, who are justifiably impatient with the failure of the medical establishment to work seriously on problems of aging and regeneration.

Although the *TL/D* deliberately avoids filtering out crazy ideas, I think a tiny editorial note at the end of such articles would be appropriate, commenting for example that no references were submitted, that the identity of "Pr. Filatov" wasn't explained, and possibly giving a little more information about the author.

Thyroid Suppression

In the June "Letters" section, there is an interesting discussion between Mona Morstein and J. Collin, with both assuming that there hasn't been clear research on the issue of thyroid suppression. It is easy for an excess of exogenous thyroid hormone to suppress the gland until there is no detectable endogenous thyroid hormone formed (using radioactive tracers), but the important point is that in normal people a totally suppressed thyroid function takes only two or three days to return to normal when the suppressive treatment is stopped. In a small percentage of hypothyroid people, treatment for a short time with thyroid supplementation can stimulate recovery of normal thyroid function, by activating the brain-pituitary system, raising blood sugar which activates the liver enzyme system that produces T3, and by lowering the anti-thyroid stress hormones. Without using radioactive material, it is easy to visualize the process of suppression: very obvious depressions in the neck thyroid region appear on a thoroughly suppressive dose, and reducing the dose for a few days restores the neck contour. This very rapid adaptation of the gland's anatomy and function to exogenous thyroid is necessary, because of the irregularity of our consumption of thyroid substance in a natural diet. Until this century, everyone ate the thyroid in various small animals, and we still get some in milk and shellfish and a few exotic foods.

The issue is different with thyroxin, T4. The bulk of our active T3 hormone is produced in the liver, as part of a quickly adaptive system for adjusting the metabolic rate in relation to nutritional status, but the pituitary is also able to convert T4 to T3, and a high level of T4 will cause suppression of TSH secretion, even if the liver is failing to produce the active T3, as

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in aging, stress, cirrhosis, and various other diseases. Thyroxin can literally make hypothyroidism worse. In this case you have suppression without a compensating absorption of active hormone.

Although a little thyroid substance is a normal dietary factor, and digestion of the glandular colloid converts the protein into the hormones in the same kind of process that occurs in normal secretion from the living gland, I agree with Morstein that it is important to restore the gland's normal function as far as that is possible. I think many of her suggestions derive from the endocrinology course I taught at NCNM in the 1970's, but I think some of the details are wrong. Normalizing the thyroid is now a pretty well defined physiological process, and the biggest problem is ideological, rather than technical. Many cultural forces, especially the drug companies, have made it hard for people to discuss thyroid endocrinology.

Carpal Tunnel Syndrome - Or, "The Sick Hand Scam?"

When a physician chooses the most profitable diagnostic and therapeutic approaches to a health problem, it is likely to be considered fraudulent if the doctor is a chiropractor, but not if the doctor is a surgeon. If a naturopath tells you that bed rest is the best treatment for a ruptured spinal disc, surgeons will warn you about the dangers of quackery, but the research clearly shows that, for safety and efficacy, surgery is distinctly inferior to bed rest. There are many other cases in which doing nothing, or using a more conservative treatment, is clearly superior to the standard medical or surgical treatment, but the medical industry has learned how to control public opinion by manipulating the mass media.

By consulting with thousands of women who believed they had a hormone imbalance of some sort that their physicians couldn't identify, I began to see several clusters of symptoms that responded immediately to a rational nutritional and hormonal anti-stress program. One of these clusters might be called Subtle Constellation of Absorbed-Mucoprotein-related signs and symptoms, or possibly sub-clinical myxedema, though neither term is likely to be widely adopted in the medical community.

Women are several times more likely than men to have "thyroid disease," simply because estrogen tends to block thyroid function. Estrogen-induced thyroid hypofunction can be compensated to some degree by various hormonal adjustments; elevated secretion of adrenalin and cortisol are common. When the compensation is inadequate, there will often be hypoglycemia and a tendency to form too much histamine. Too much adrenalin will cause cold hands and feet, too little will cause orthostatic hypotension (blacking out when you stand up too quickly) and bowel spasms, for example.

Various water-binding glycoproteins are formed under the influence of hormones or stress, but whatever proteins are in the blood, including albumin, will show up outside the blood vessels, around the tissue cells, when the blood vessels become leaky. Low thyroid, high estrogen, and high histamine are known to increase the permeability of blood vessels.

Patients who have myxedema typically have mitral valve prolapse, and at autopsy it can be seen that the valve is thickened into a jelly-like mass. Many women with the premenstrual syndrome have a mitral valve heart murmur premenstrually, but not at other times of the month. The jelly can be formed and removed fairly quickly.

Old textbooks on the thyroid gland often listed emphysema as a symptom of myxedema. When rats are given a large injection of estrogen, the oxygenation of blood in their lungs is sharply decreased in less than an hour. Although it is not common to test oxygen diffusion in humans, I know of two women in the same family who showed very poor pulmonary oxygen diffusion after they were put on high doses of estrogen. (Since estrogen inhibits thyroid secretion, and hypothyroidism is associated with elevated estrogen, they should be considered together.) Leakage of proteins from capillaries in the lungs is probably responsible for the decreased diffusion, by thickening the layer through which the oxygen must diffuse.

When myxedema exists in childhood, the cartilage in joints swells, and is deformed, causing a characteristic knock-kneed appearance. In milder form, the swelling can cause joint pain that doesn't involve the characteristic inflammation of arthritis. In a mild form, the calf muscles tend to swell after prolonged activity; the "growing pains" that are so common around the beginning of puberty are probably the result of a temporary hypothyroid edema of the leg muscles.

When a tendon swells, it is sometimes the result of a local injury or of a particular over-use of a muscle, and in these cases local treatment can sometimes produce a permanent cure. But when the problem keeps recurring, or keeps showing up in different areas, there is probably a general hormonal problem.

When a tendon in the wrist swells, it can cause numbness in the hand, by pressing on a nerve which passes through the carpal tunnel with some tendons. The tunnel is formed by a ligament that holds the tendons in place, and swelling of the ligament itself can contribute to compression of the nerve. Even the connective tissue that forms the nerve sheath itself can swell. Many people with undiagnosed hypothyroidism complain that they "have poor circulation," and that their hands and feet go to sleep easily. I think these are two separate (but related) problems. Low thyroid people often have cold hands and feet, and they often have nerves that are over-sensitive to compression. Poor oxygenation is involved in edema, both as cause and consequence but swelling can cause compression and nerve injury in a way that is exacerbated by certain postures or repetitive actions, and this compression can be relieved by surgery. But if the tissue was susceptible to swelling because of the general hormonal environment, other problems will follow. Pinched nerves and arthritis commonly follow treatment of the carpal tunnel syndrome by surgery or local cortisone injections.

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Only Very Good Testers Should be Selected for Tests, *Not Just Anyone*

Editor:

Thank you for your letter of April 16th 1990, regarding the VEGAtest-Method. It would be helpful for everybody concerned if you publish the following in the *Townsend Letter for Doctors:*

The VEGAtest-Method[1] was developed from the Electro-Acupuncture according to Voll.[2] Instead of measuring the skin resistance on organ-related acupuncture points e.g. liver, kidneys etc., in the VEGAtest-Method organampoules of liver, kidneys etc. in potencies of D4 and lower are placed in the measurement circuit and measurements are made on one suitable point only - connective tissue.[3]