

NATURAL HEALTH FOR WOMEN

*A program of diet and lifestyle for helping
women with PMS, menstrual dysfunction,
menopause, and aging.*

By

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Natural Health for Women

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Foreword

This book was formerly titled *No More Horse Estrogen!* It was again updated in 2012. You will find much information on natural health for women that you will not find anywhere else. In this book you'll find an easy to understand distillation of what the scientists of the world have discovered about diet, natural hormone balance, proven supplements, and how these can help you live a longer and better life in many ways. What you read is based on the last 30 years of published, international, clinical research.

Western women have an inordinate amount of health problems. These include heart and artery disease, various cancers- especially female cancers, diabetes, menopausal problems, osteoporosis, arthritis, Alzheimer's, obesity, PMS, and a very long list of other illnesses. One in eight will get breast cancer. One in three will be castrated. Don't be a statistic. All this can be prevented and cured with diet and lifestyle. Women have been misled and lied to long enough about the fallacies of being estrogen deficient, given horse estrogen, prescribed toxic progestin analogs, not having their hormone levels tested, castrated without reason, denied the other vital hormones they are deficient in, drugged up generally, and told menopause is a pathological condition. There are no holistic, naturopathic, or life extension doctors who can help you. You can only help yourself

Take personal responsibility for your health and welfare. You can change your very destiny. Treat the very cause of your problems, and not merely cover up the symptoms. Read *Zen Macrobiotics for Americans* to learn more about diet, hormones, supplements, exercise, and fasting. Cure your health conditions naturally with diet and lifestyle, rather than drugs, surgery, and medical procedures. Health is real wealth, and you can live a long, happy, healthy life by choosing a holistic lifestyle.

Holistic health is based on good diet, proven supplements, natural hormone balance, exercise, fasting, not having bad habits, and a healthy life generally.

Topic 1: About Menopause

In 1839 a French doctor by the name of Menville coined the term “menopause”. He said, “When the vital forces seek to work together in the interest of the uterus, they go to join those of the mind and the rest of the body. The critical age passed, women have the hope of a longer life than men, their thought acquires more precision, more scope and vitality.” This is a pleasantly enlightened view of the natural changes every woman goes through, and contrasts very strongly with the current prevalent pathological view generally held by Western societies today.

Menopause is a normal, natural, desired change in the female life cycle, like puberty. Yet, today we celebrate puberty, and dread menopause. What woman over the age of 50 would choose to bear children? This is a time for childbearing to stop (menopause is merely the cessation of menses), and a time to begin for more fulfillment, travel, self-development, discovery, introspection, enjoyment, reading, and leisure time. After menopause, experience, wisdom, serenity, and appreciation for life can be put to use more creatively than in the younger years. Many less technologically developed cultures appreciate and respect the mature women in their society for their wisdom, judgment, humor, advice, insight, compassion, and long experience. These matriarchs are the society’s honored storytellers, healers, advisers, and sages. Maturity is obviously an asset with many advantages, not a liability with many disadvantages.

There are now almost 40 million menopausal women in America, and over 30 million baby boomers very close to menopause. Now that women are living to an average age of about 78 in America, this means they will spend more than one third of their lives after experiencing the end of their periods. *Over one third of your life will be lived after menopause.* This time can be spent very creatively, healthfully, and enjoyably if you choose to. It is said that, “youth is wasted on the young.” There is a lot of truth in this. The last third of your life can be the most enjoyable period of all, instead of declining health and independence.

Menopause, in technologically developed societies, is generally viewed by medical practitioners as an illness or disease - a time when hot flashes, mood swings, depression, bone disease, and cardiovascular problems predominate. Ironically, this experience seems to be confined to the affluent Western Industrialized countries. In poorer, less developed countries women have far less of such problems as they reach the age of 50. In fact, it is around the age of 52 that most American women actually experience their last menstrual period. However, this can actually naturally occur in women in their thirties or forties. This change can take a few months, or as long as a few years, to be completed. The months or years of change going into menopause is called premenopause, or perimenopause, and is characterized by irregular menstruation. This is not a problem in itself. The spectrum of experience is so wide, that some women experience no real problems at all going thru menopause, while others actually have to be hospitalized. *You should be problem free!*

The standard medical treatment until 2003 was hormone replacement therapy (HRT) with horse estrogen, artificial progestins, and mind numbing drugs such as Valium and Prozac. Rarely are women tested for their basic hormones such as estradiol, estrone, estriol, DHEA, testosterone, pregnenolone, melatonin, growth hormone (GH), or thyroid hormones (T3 and T4). The fact doctors prescribe powerful horse estrogen and estradiol- without even testing a woman's levels- is criminally negligent. The supposed "benefits" of HRT have been shown to be illusory. The serious side effects include higher cancer rates, but are not discussed. Under this treatment women just get worse and worse, and most refuse to even refill their prescriptions and continue with HRT. Most Western women are, in fact, excessive in the estrogens estradiol and estrone, and deficient in estriol and progesterone when approaching and after menopause.

Perimenopause, or the climacteric, can last for years. This can start as early as the late thirties or early forties. Some women breeze thru this time with minimal problems, while others have endless difficulties. Again, irregular periods are a hallmark of perimenopause. Fatigue, occasional heavy flow, spotting, early hot flashes, emotional changes, fatigue, tiredness, poor sleep patterns, urinary incontinence, mood swings, dental problems, vaginal changes, variations in libido, waning sexual satisfaction,

headaches, joint pain, and digestive disturbances can all be a part of this transition. Bone loss generally starts well before menopause and gets worse with time. These problems are largely caused by hormonal imbalance and estrogen *dominance*, poor diet, obesity, taking prescription drugs, and lack of exercise.

As always, an ounce of prevention is worth ten pounds of cure. This is the time to prepare as much as possible for actual menopause. This is the time to choose better foods, start a full supplement program, balance all your basic hormones, get off any medications, limit any bad habits, exercise regularly, start fasting one day a week, and generally enjoy a total holistic lifestyle.

In Western society we can pretty much sum up the fear of menopause in three basic areas: 1) sexual and physical attractiveness and enjoyment, 2) decline of mental and physical health, and 3) losing the usefulness that has put meaning in their lives. Women do identify more with their bodies than men do. As women age, they feel more of a loss as their physical attractiveness diminishes. Sexual desire and enjoyment do decline in all cultures as people age. These are not “the sexy years”. The idea that we should have as much sexual activity as we did in our twenties, and enjoy it just as much, is a fantasy. Sexual desire in both men and women declines as we age, and with it sexual performance and enjoyment. This is something that starts in your twenties and continues throughout life. Authors who tell you that you can have the same level of erotic activity in your mature years as you did fifty years ago are giving you an impossible ideal to live up to. Sex is a great delight, but never has been or will be The Great Delight in life. Daily living, simply being alive is The Great Delight. Life on earth itself is the Great Delight.

Mental and physical abilities do fall seriously within the great majority of Westerners because of their unhealthy lifestyles. Yes, there is a decline of these powers in all cultures, but not as extreme as in Western societies. In technologically developed countries older people usually are seen as “over the hill”, of far less use and value. The elderly are often seen as old fogeys waiting to die. Retirement is a time to give up your old role in society and take on a new one. There is no better time for self development and relaxation. This is the time to enjoy your life, rather than worry about making money, business, your old job,

and career. *What could be more important than personal development and spiritual realization?* It is a perfect time to give of yourself with charity, philanthropic work, helping others, and contributing to your community.

During your postmenopausal years you can avoid the major problems the majority of women suffer from. These illnesses are *not* a normal, nor expected, part of your mature years, no matter how predominant they are in other women. Less than 100 years ago our forebears did not experience the current epidemic of PMS, depression, sexual dysfunction, osteoporosis, various cancers, Alzheimer's, dementia, arthritis, diabetes, stroke, heart disease, senility, and other negative symptoms women experience so commonly today. This is real world proof these conditions are certainly not inherent, genetic, normal, or expected. *They simply do not have to happen.* Our diet and lifestyle have deteriorated badly in the last 100 years. We have so much more knowledge of health, hygiene, nutrition, biology, and other sciences that we should be much healthier than we were a century ago. It is technically true we live longer, but our health and quality of life certainly aren't better. Length of life without quality of life just has no meaning. Longevity without a parallel quality of life is pointless.

One major problem with menopause and old age is *the morbid fear of death* most people have. The insidious, powerful fear of death- ceasing to exist- predominates in Western societies to the point of obsession. No matter what people profess as to religious preference, there remains an extremely deep fear of dying. *This is a time for spiritual development* to deal with this irrational fear. This is the chance to realize that we are, in essence, spiritual beings beyond both birth and death. We are not merely physical bodies, and temporal personalities, with an average lifespan of seventy plus years. This completely irrational dread of death is cultural insanity. The older we get the more we realize we will stop existing as physical bodies and personalities. The more you identify with being a mere personality in a very temporary physical body the more you will fear death, the more you will suffer, and the more you will dread the "final ending", instead of seeing it as a *transition* to another level.

Topic 2: What Is Estrogen?

In 1964 a gynecologist named Robert Wilson published a book called *Feminine Forever*. He told women that menopause was a disease, women were no longer feminine after menopause, and that horse estrogen was the “Magical Cure” for these conditions. Then Ann Walsh in 1965 followed up with her book *Now! The Pills to Keep Women Young!* She told them the same ridiculous story. Unfortunately, both of these completely undocumented and scientifically unsound books were monumental successes. The pharmaceutical corporations, who profited from these internationally prescribed hormone replacement drugs, were even more successful. This amazing popularity occurred with absolutely *no scientific basis at all*, and no proof of any of the claims. *There was simply no scientific evidence* that women were deficient in estrogen, or that estrogen supplementation had any benefits. The idea of using horse estrogen from horse urine, instead of real human bioidentical estrogens was *prima facie* insanity. This insanity continues today.

By 1975 women on estrogen replacement therapy (ERT) were getting up to 800% more uterine cancer among many, many other problems. This forced the promoters to change this to HRT (hormone replacement therapy) by adding unnatural progestin analogs instead of real human progesterone. Since progesterone cannot be patented, this was done purely for profit. Now even wilder and more extravagant claims were made - again *with no scientific basis at all*. Any side effects were denied. Of course the side effects were every bit as severe as before, only different in nature, since progestins themselves are toxic and dangerous. Many doctors today use the terms “progesterone” and “progestin” interchangeably as if they were the same hormones! This is absolute proof of incompetency and ignorance.

Possibly the biggest medical fallacy going is that estrogen levels in women drop strongly after menopause, and these low levels are directly responsible for all the many ills modern women suffer. This includes everything from depression to hot flashes. Countless clinical tests prove quite the opposite. Doctors simply ignore all the other basic hormones. The fallacy continues that horse estrogen is the “Magic Answer”, and you don’t even have to

test women for their three basic estrogen levels. *The truth of the matter is that Western women in America and Europe generally have excessive estrogen levels (even after menopause).* This is proven by endless studies of actual blood levels - especially of estradiol and estrone. Have you noticed how very few women re-filled their estrogen prescriptions? HRT “therapy” did not fulfill the many promises made, and the side effects were simply intolerable. How many women have ever told you how wonderful estrogen supplementation was, how much it helped them, and how you should try it, too? The fact is the HRT has been a dismal failure year after year. Nonetheless, doctors continued to relentlessly prescribe it, and women continued to mindlessly take it. Finally in 2002 it was officially admitted to be too toxic to use. This has not stopped many doctors from continuing the charade however. Progesterone, pregnenolone, melatonin, estriol, T3, T4, DHEA, and testosterone can fall after menopause. All three basic estrogens should be tested. *Balancing all your basic hormones is the obvious answer here.*

Menopause is anything but a disease caused by low estrogen levels, and cured by estradiol and estrone supplementation. Using horse urine estrogen, when bioidentical human estrogens are readily available, is insanity. Medical doctors almost never test women for estradiol or estrone, and certainly not for estriol, DHEA, testosterone, FSH, LH, prolactin, progesterone, melatonin, pregnenolone, thyroid hormones, or growth hormone. The many medical studies that have been done on women after menopause show that their levels of estrone and estradiol do fall somewhat, but just enough to prevent menstruation and fertilization. *After menopause estrogen levels are intentionally high enough for all the other necessary and needed bodily functions.* Nature understandably does not want women having children at this age. We can see the natural order stops childbearing at about age 40. *Menopause is an important and necessary part of the natural order of life.* The postmenopausal levels of estrogens are sufficient for normal functioning of your body, and it is unusual to find a deficiency of estradiol or estrone in Western women. Doctors would do immeasurable good for women by testing the levels of ALL their basic hormones and balancing them as much as possible. Fortunately, you don't need to go to an endocrinologist, gynecologist, or even your family doctor to do so. Now you can accurately and scientifically test most of your own

hormone levels with inexpensive saliva test kits without a prescription. You can test the others at Internet labs without a doctor. Doctors show almost no interest at all in such basic diagnosis and treatment of the whole body. What could be more central to your health than your basic hormone metabolism? *Hormones affect everything in your body and your mind.* Hormone balance is central to our well-being and longevity.

Women in Third World agrarian countries (especially Asia in general) do not experience these high rates of osteoporosis, heart disease, arthritis, hot flashes, cancers, and other problems. They have been shown to have generally lower levels of estradiol and estrone, and higher levels of estriol and progesterone. Western women overall have excessive estradiol and estrone levels from eating so much saturated fat, drinking alcohol, being overweight, high caloric intake, lack of fiber, lower omega-3 levels, and not exercising, among other factors. Read *Topic 18: Home Hormone Testing* to see how to test yourself without a doctor. Women with hysterectomies need special attention here for all their hormones. This is covered in *Topic 17: Don't Get A Hysterectomy*.

There are only three primary human estrogens we need to be concerned with and discuss:

ESTRIOL (E3), the “forgotten estrogen”, comprises approximately 80 to 90% of human estrogen. This is the most abundant, the safest, the weakest biologically, yet it can be the most beneficial. Since most women have excessive E1 and E2, but deficient E3, we will spend more time on estriol. Amazingly enough, almost no doctor or pharmacist seems to even be aware that it even exists, although it is the most prominent estrogen in our bodies. What little research has been done is extremely positive, and shows just how important this is for proper female metabolism. Estriol is not even manufactured in the U.S., sold in regular pharmacies, or listed in their source books. You must find a sympathetic and open-minded doctor, a compounding pharmacy to fill your prescription, and use sublingual drops, or a topical gel/cream. Do not use estriol unless you prove you are, in fact, low in it. *Never take oral estriol*, as it is poorly absorbed, and is broken down into unwanted metabolites. Never buy useless homeopathic estriol creams. You can find real estriol cream sold

on the Internet now, even though it is a prescription drug. They generally only contain about 50 mg and are very overpriced. Remember that a two ounce jar should state on the label it contains about 150 mg of real USP estriol (0.25%). Use a half gram daily. You can inexpensively test your saliva levels to see that they are sufficient, or a doctor can order an expensive blood test. Time of day and time of the month are vital here as levels vary greatly. Use a half gram daily with a 100 gram 0.25% tube (250 mg per 100 grams) transdermal cream or gel. Or get sublingual (under the tongue) drops in vegetable oil made with 0.5 mg (500 mcg) per drop. Retest yourself every year to see how you're doing. We should see more research done on this in the future. One day American companies will produce estriol creams, gels, and sublingual drops. Doctors will become aware of its importance, and this will finally become a regularly available natural hormone. At Fujita Health University in Japan (Nippon Naibunpi Gakkai Zasshi v. 72, 1996) doctors studied obese women and found *literally all of them were low in estriol*. Not just most of them, but all of them. There are other such studies proving it's value.

ESTRONE (E1) only comprises about 5 to 10% of human estrogen, and is much stronger than estriol, but weaker in effect than estradiol. Bioidentical transdermal (never take oral forms) estrone is readily available. The few women who are below range can use 100 mcg actually delivered into her blood sublingually. A topical cream/gel. 100 mg per 100 g tube (0.1%) would put 500 mcg on your skin and about 100 mcg (20%) in your blood using a half gram daily. Countless clinical studies show that American women generally have excessive levels of estrone from such factors as obesity (one third of women) and high fat diets. Americans eat about 42% saturated animal fats daily. It is uncommon to find a deficiency, even in women with hysterectomies. Excessive levels can be reduced by a low-fat, high-fiber diet, losing weight, exercise, avoiding alcohol, and taking proven supplements like DIM and flax oil. Low fat diet is most important here. The prevailing medical fallacy is that women are somehow "deficient" in estrone. Women in Western countries generally have excessive levels and need to lower them. Do not use the dangerous anti-aromatase drugs to lower your estrogen. You can test your estrone level along with your estradiol and estriol with a inexpensive saliva kit.

ESTRADIOL (E2) also comprises about 5 to 10% of human estrogen. This is the most powerful and most dangerous one, It is twelve times more potent than estrone, and a full eighty times more potent than estradiol. It is often high in women for the same reasons as estrone is and can be lowered in the same ways. Again, women are often told by their physicians they are deficient in estradiol and need supplementation without even testing them. In fact, they usually need to lower their levels. The few women who are actually below range can use 50 mcg actually delivered into their blood sublingually or topically in a cream/gel. A 100 g tube would contain 50 mg (0.05%), put 250 mcg on your skin and about 50 mcg (20%) in your blood using a half gram daily.

Horse estrogen was the most prescribed drug for women in the world with 45 million prescriptions a year. In 2002 it was finally admitted to be a dismal and dangerous failure. Nevertheless, it is still a popular drug even though it has been scientifically discredited. Horse estrogen is actually extracted from the urine of pregnant mares. Unbelievable! Horse estrogen is composed of about half estrone and estradiol, and half equilin and other equine (horse) estrogens. It is medical insanity to give a foreign animal estrogen like equilin to women. Doctors did not even test their blood levels, nor use or real natural progesterone with it. The prescription insert admits that breast and uterine cancer are side effects, as are gall bladder disease, abnormal blood clotting, and heart disease. Seventeen specific side effects are also listed.

The main estrogen used in birth control pills is ethinyl estrogen, and is very dangerous even at low doses. This is a completely synthetic estrogen that does not exist in nature. It is actually more potent than estradiol (E2). Find another means of contraception (e.g. tubal ligation) and *do not use The Pill* to avoid pregnancy. The long-term use results in severe side effects including various forms of cancer.

It seems every author on natural health is telling you that soy isoflavones are “phytoestrogens”, or plant estrogens, that bind to the estrogen receptors in our bodies. Ladies, this is the biggest crock since the “earth is flat” theory. Hormones only exist in animals, and never in plants. Soy isoflavones are plant *pigments* unrelated to hormones in any way, shape or form. Plant pigments

have nothing at all to do with estrogen or any other hormone chemically or biologically. Yes, isoflavones are a valuable and proven supplement to take, but they have nothing at all to do with estrogen levels, estrogen receptors, or anything else related to estrogen. Even scientists and medical journals repeat this fallacy. There are no “phytoestrogens” in plants, never have been, and never will be. A similar fallacy is promoted with “xenoestrogens” which are supposed to be environmental toxins that mimic estrogen and attach to your estrogen receptors. Certainly there are many environmental toxins we have to deal with, but none of them have anything at all to do with estrogen or any other hormone. Hormones are secreted by mammals and not by plants or plastic factories.

SERMs should be mentioned in this chapter. SERMs are selective estrogen receptor modulators. They are also called “designer estrogens”. These are just more toxic, synthetic, unnatural prescription poisons that will make your health and life worse. These dangerous drugs turn on some of the estrogen receptors in your body, and turn off others. The complex mechanism of their action is really not understood well at all. Obviously SERMs are anything but natural, and the effects they have on your body are very unbalancing. These may turn out to be even worse than horse estrogen and progestins in the end. Do not use these under any circumstances. Do not use any aromatase inhibitors to lower your estrogen levels either.

Doctors cannot help you here, but they certainly can make you worse. Women need to take responsibility for their health and learn the facts about natural hormone balance. This is the reason for the book you are now reading. Women should demand all their basic hormone levels be tested. Doctors need to learn about natural hormone balance, test all the basic hormones, and only prescribe bioidentical hormones in the proper amounts. It is almost impossible to find a doctor of any kind who understands these things. *Take responsibility for your own health* and saliva test your own levels. That doctors routinely prescribe horse estrogen, estrone and estradiol without ever testing the women they give these to is criminal. The fact they seem completely unfamiliar with such basic hormones as estriol, DHEA, testosterone, pregnenolone, growth hormone, and melatonin is equally so. Natural hormone balance is essential.

Topic 3: Estriol - the Forgotten Estrogen

Estriol needs a separate chapter for many reasons. This is the most prominent of all estrogens, and comprises about 80% of human and mammal estrogen. It is the good, friendly, beneficial, and safe estrogen, and has a lot of benefits. This is the orphan or forgotten hormone (along with pregnenolone). The research on estradiol and estrone is not only overwhelming, but very often unnecessary and repetitious. Much more work needs to be done with estriol, especially for various diseases and conditions. The research that has been done has been most impressive. The more we learn about this basic hormone the more benefits we are going to find for women who are deficient. Even though most of the research was done with oral doses, the doctors still got dramatic results. They will get much better results when they use the proper sublingual and transdermal forms. Estriol is rarely deficient in men, by the way, and men do not need to test this. Deficiencies in women, especially over the age of 40, are all too common. You can even find estriol deficiencies in teenage girls, especially those who are overweight.

Western women are generally low in estriol, while high in estradiol and estrone. Doctors do not have the word “estriol” in their vocabulary. This lack of knowledge includes endocrinologists, gynecologists, naturopaths, holistic, and life extension specialists. Pharmacies do not carry it, and cannot even special order the oral tablets. Never take oral estriol, estradiol, estrone, progesterone or testosterone. *Oral estriol does not work.* One mg of sublingual estriol equals ten mg of oral estriol, so you get lots of unwanted and harmful metabolites. Regular pharmacists cannot help you here. Only a compounding pharmacist can get this, but they are rarely knowledgeable either. Only about 20% of transdermal estriol cream is absorbed into your blood stream, so 80% is wasted. You need about 150 mg per two ounce jar, and use a half gram a day. Please remember that figure - 150 mg per 60 gram (two-ounce) jar of USP estriol. This is 0.25% or one quarter of one per cent (1 part in 250). Always use transdermal hormones on thin skin like your neck, abdomen, or inner wrists. DMSO solutions are 99% absorbed, but not approved by the FDA. Vaginal gels and suppositories are inconvenient and unnecessary. The best way to use estriol is to get 0.5 mg (500 mcg) per drop in

vegetable (not mineral) oil from a compounding pharmacist, and use this sublingually (under your tongue). You can expect about 99% absorption this way. Estriol is very inexpensive at about fifty cents a gram, or \$500 a kilogram. Compounding pharmacists will literally charge \$50 for fifty cents worth of this. Mexican and offshore online pharmacies just do not sell transdermal, much less sublingual estriol. You can buy two ounce jars on the Internet for \$20 fortunately.

It is not legal to sell estriol without a prescription, but you will often see transdermal creams sold on the Internet. These are usually expensive, weak, and may only contain 50 mg per two ounce jar. Do not buy these, as they are too weak to have any beneficial effect. Homeopathic estriol (or any other homeopathic product) and contains nothing at all. How do we know higher levels of estriol are good for women? Rural Asian women in general have much higher plasma levels due to their much healthier diet and lifestyle. They also have lower estradiol and estrone levels. Rural Asian women have a small fraction of the various cancer rates Western women do, especially breast, uterine, cervical, and ovarian. They suffer far less from other diseases, such as coronary heart problems, osteoporosis, PMS, menopausal issues, diabetes, and the rest of the epidemic illnesses American women do. Vegetarian, macrobiotic, and athletic women all have higher estriol levels than normal women. Blood levels go up dramatically during pregnancy, like progesterone, to protect the fetus. *You must have high normal levels* and not merely normal Western levels, since the rural Asian standard is healthier. High normal levels are the ideal here.

Kathleen Head did a lot of research on estriol. She published a fine study complete with 47 very good references (*Alternative Medicine Review* v 3, 1998). She emphasized the benefits and safety. Estriol should be used with real progesterone for best results. She quoted international researchers on the known and proven benefits. Estriol helps reduce hot flashes and other menopausal problems, helps build bone, is brain and memory supporting, helps stabilize mood, helps urogenital conditions such as incontinence (common in older women), lowers blood pressure, lessens CHD risk, lowers LH and FSH levels, restores healthy vaginal flora, reduces vaginal dryness and atrophy, reduces breast disease risk, and helps oppose androgen dominance.

Some of the best proof we have for the benefits of high normal levels is obese women. Obese women suffer far more of every illness known to science (except osteoporosis). Studies show overweight women generally have low estriol and high estradiol and estrone levels. One study proves the case very well. At Fujita University in Japan obese women were studied for an entire panel of hormones. Of course their estradiol and estrone were too high. *The estriol levels in every one of these women were deficient!* Not 99%, but 100% of the obese women were low in estriol and needed supplementation. (*Nippon Naibunpi Gakkai Zasshi v 72, 1996*). One third of American women are obese, and two thirds are overweight. The real answer here, of course, is not just to use estriol, but to lose weight with diet and lifestyle.

Osteoporosis is an epidemic in the elderly, especially women. This is covered in *Topic 5: Osteoporosis*. A total program of diet and lifestyle will certainly include estriol balance. Estriol is proven to help promote bone and joint health. A study in *Journal of Obstetrics and Gynecological Research v 22, 1996* showed this. Also studies in *Maturitas v 1, 1979*, and *Nippon Sanka Fujinka Gakkai Zasshi v 48, 1996*, *International Journal of Gynecology and Obstetrics v 92, 2006*, and *Nippon Ronen Igakkai Zasshi v 33, 1996*. Estriol works best with a comprehensive program of diet, lifestyle, proven supplements (like flax oil, glucosamine, minerals, and vitamin D) hormone balancing, and resistance exercise to prevent and cure bone loss. Rural Asian women do not experience this epidemic of osteoporosis because of their diet, lifestyle, and manual labor.

As women age their urogenital system tends to weaken, and many problems can develop. Estriol can help with many of these as well. In the *New England Journal of Medicine (v 329, 1993)* doctors found this helped reduce urinary tract infections. These are all too common in women, especially as they age. In the journal *Menopause v. 11, 2004*, at the University of Sassari in Italy, doctors found urogenital health was improved with estriol supplementation alone. No other treatments but this, yet they got very impressive results. This included the usual symptoms such as incontinence, vaginal atrophy, and urinary tract infections. In Turkey vaginitis was reduced (*Turkish Journal of Medical Sciences v 28, 1998*). Vaginal infections by *Ganarella* and other such

yeasts are common, as well as chronic, in many women and difficult to treat. This therapy was aided by acidophilus supplements. In China (*Zhongguo Linchuang Yaolixue Zazhi* v 16, 2000) vaginal atrophy was successfully treated with estriol suppositories. In Copenhagen (*British Journal of Gynecology* v 107, 2000) the same treatment of this was also successful as well as for incontinence, urgency, nocturia, and dysuria. Estriol was applied directly to the vagina. Same results for urogenital atrophy in general in the Netherlands (*European Journal of Obstetrics and Gynecology* v 71, 1997). In Brussels doctors treated bacterial vaginosis with low dose estriol and acidophilus very successfully (*Arzneimittel-Forschung* v 46, 1996) with an 88% cure rate and no other treatments. Estriol gel was directly administered to women with vaginal atrophy in Basel (*Archives of Gynecology* v 239, 1986) at only 0.5 mg (500 mcg) daily. "Atrophy symptoms were alleviated almost immediately." Why aren't medical doctors using this?

It is very interesting that estriol cream (0.1% to 0.3%) has been shown to be a wonderful skin cream especially to reduce scars. Generally only surgical procedures can reduce scarring, and they are expensive and of limited effectiveness. At University Hospital in Finland (*Annales Chirurgiae et Gynaecologiae* v 76, 1987) women with acne scars were treated with topical estriol cream. The elastic fibers in their faces were thickened, scarring was reduced, and the total skin thickness was actually increased—which is all but medically impossible. Doctors at the University of Hautlinik in Vienna (*Zeitschrift fur Hautkrankheiten* v 58, 1983) showed that raising blood estriol levels in women with acne improved their condition. Doctors who used 0.3% estriol cream (*International Journal of Dermatology* v 38, 1995) found that it reduced atrophic acne scars in men and women in only 90 days. The photos were very dramatic. More studies were published in *International Journal of Dermatology* v 34, 1995 and *Archives of Dermatological Research* v 256, 1976. This has been known about for more than 30 years, but unknown to the medical profession, even to dermatologists and plastic surgeons.

Doctors are in the Dark Ages and almost completely divorced from the amazing advances in the international published research. Estriol should be a mainstream, normal part of medical practice but is almost completely unknown....the "orphan or unknown estrogen."

Topic 4: Natural Progesterone

Whenever we use hormone supplements we should use the natural, bioidentical forms in such doses that maintain our normal *youthful levels*. Not normal levels for the elderly, but youthful ones. This is one of the seven main pillars of natural health and life extension. Most all of the supplements and hormones we buy are, in fact, synthesized, but are equivalent to the natural human molecule chemically and biologically.

Synthetic vitamin C, for example, is very inexpensive and always used in supplements regardless of what you've been told by the vitamin companies. Natural vitamin C extracted from fruit, on the other hand, is a laboratory curiosity, and is far too expensive to use. Progesterone (as well as estradiol, estrone, estriol, testosterone, pregnenolone, melatonin, DHEA, etc.) cannot be extracted from cadavers or dead animals. They must be synthesized from soy sterols and other natural bases.

Unscrupulous supplement promoters used to put plain yam extract into creams. They told women this was the "biological precursor" to real progesterone. They said the body would "convert" it. This disappeared from the marketplace. Homeopathic progesterone contains nothing. Read the label on the jar. The product must clearly state exactly how many milligrams of progesterone are contained in it. Many creams simply refuse to state this, so don't buy them. Again, the label must clearly state how much actual USP progesterone is contained in the jar. A good cream should state that a two-ounce jar contains about 800 to 1,000 milligrams (400 to 500 milligrams per ounce in other words), and retail for about \$10. Bulk progesterone is only about \$500 per kilogram, so there is no reason to pay more.

Progesterone is not absorbed when taken orally. The liver breaks it down into unwanted byproducts and metabolites, and very little progesterone is actually absorbed into your blood. Pharmacies and doctors often sell such ineffective oral overdoses. Never take oral progesterone (or estrogens). Injections are totally unnecessary here, and very impractical. Suppositories (anal or vaginal) are completely unnecessary. A nasal spray would have to be approved by the FDA, as it would be considered a new drug

form, and require government approval (bureaucrats improving your life as usual). You would also need a prescription. Progesterone readily penetrates the skin and enters into the bloodstream therefore bypassing the liver. About one third is absorbed this way. *Transdermal creams are far and away the most effective, proven, safest, least expensive, and most convenient way to use it.* Sublingual (under the tongue) vegetable oil drops (10 mg daily) would work, but are not available without a prescription. DMSO transdermal solutions (also, 10 mg a day) are not approved by the FDA. Progesterone cream is an over the counter product, and no prescription is needed.

Use a good brand of cream during the days from day 12 to 26 of your cycle (day 1 is the first day of your actual period). This follows the natural cyclical pattern you experience, since this is when progesterone is released by the ovarian follicles. A half teaspoon a day applied to thin skin will give you about 30 milligrams on your skin, and *about 10 milligrams should actually enter your bloodstream.* During perimenopause, when periods are irregular, this can become more difficult to do. Just do the best you can here to use it 14 out of every 28 calendar days. After menopause you can use a quarter teaspoon any two weeks of the calendar month as an easy to follow pattern. This will put about 5 mg into your blood. You do not need to use more than this. You simply need less progesterone (and less estrone and estradiol) after menopause. Use this the rest of your life.

It is crucial to use natural hormones, in natural ways, in normal physiological amounts to maintain youthful levels. Youthful hormone levels help us stay in the best of health, and live as long as possible. Progesterone is very safe and nontoxic, especially in the amounts we've talked about. There are many benefits of progesterone supplementation, and more are being discovered. There are quite a number of studies proving that transdermal progesterone creams are effectively absorbed into the blood, and have the dramatic effects we have been talking about. More studies are being done all the time that show natural progesterone can be of great benefit to women in ways we haven't yet discovered.

Progestins are NOT "synthetic progesterone" at all. We've seen that all bioidentical human equivalent hormones such as

natural progesterone must be made in laboratories. Progestins, however, are unnatural analogs (completely different molecules) of real progesterone. They are taken orally. Progestins are very, very different chemically and biologically. They have none of the wonderful benefits of progesterone, but have many serious side effects. Surprisingly, you will often hear medical doctors and other health professionals call progestins “progesterone.” This is inexcusable ignorance on their part. Progestins are part of most all birth control pills, as well as traditional HRT. Progestins do not exist anywhere in nature, and should never be used. The most widely sold progestin is Provera®, which is medroxy progesterone. Natural progesterone cannot, of course, be patented for profit, and Provera® is the most popular patented progestin.

Natural progesterone in normal doses has *no known side effects or contraindications*. All progestins however, have many such negative effects. By law these must be listed in the package insert. Read this and you will see five specific side effects, eight contraindications, ten adverse reactions, and five consequences. *That's 28 different and compelling reasons not to take them*. Liver malignancy, cystitis, depression, fatigue, headache, nervousness, dizziness, insomnia, epilepsy, asthma, cardio-pulmonary aggravation, as well as lowering the levels of real progesterone are just a few of the reasons not to take them. Add to this list fluid retention (edema), possibility of birth defects, breast cancer, blood clots, menstrual irregularities, skin problems, hair loss, and weight gain. You wonder why anyone in their right mind would even consider taking a drug this dangerous - or why any doctor in their right mind would prescribe them. No competent physician should ever prescribe progestins. They have no valid use. Remember this includes birth control pills. Read your labels ladies.

Obviously there is only one reason that toxic drugs like progestins are so heavily marketed and sold to unsuspecting, naive women- instead of inexpensive, natural, bioidentical, non-prescription progesterone. *That reason is PROFIT*. There is no other reason to give women expensive, dangerous, unnatural prescription analogs, with a long list of side effects, and no real benefits.

Let's look at some of the differences between the effects of progesterone versus that of estradiol and estrone. Estrogens stim-

ulate endometrial growth, stimulate breast growth, raise blood pressure, retain water (edema), stimulate blood clotting, stimulate malignancies and cancers generally, remove dead bone cells (osteoclasts), weaken immunity in excess, promote tumor and cyst growth, aggravate PMS, increase inflammation, upset menses, worsen arthritis, increase menopausal symptoms, speed ageing, decrease fertility, increase the incidence of abortion, and cause obesity. In men excess estrogen is the basic cause of prostate cancer. Prostate cancer parallels breast cancer. Female cancers are routinely associated with high estradiol and estrone.

On the other hand, progesterone limits endometrial growth, matures breast cells, normalizes blood sugar, is diuretic, normalizes clotting, lowers blood pressure, resists malignancies and cancers, builds bone cells (osteoblasts), boosts immunity, resists tumor and cyst growth, lessens PMS symptoms, reduces inflammation, makes menses more regular, relieves arthritic symptoms, eases menopause, slows ageing, aids fertility, is correlated with slimness, and promotes conception. Progesterone helps prevent and cure prostate conditions in men.

It is obvious that estrogens (in excess) has very toxic effects on us, while progesterone has safe and protective effects. Estradiol and estrone certainly are important for our health in moderation, but are very dangerous when the levels are high, or there is not enough progesterone to balance them.

The ideal is to have the youthful levels you had at about the age of 30. You are better off doing this yourself, and not depending on any doctor. That includes gynecologists, naturopaths, life extension specialists, and endocrinologists. That's right; stand on your own two feet and take responsibility for your own health and welfare. *Be your own doctor as much as possible.* You can use saliva hormone testing and Internet testing without a doctor. Most all hormones are legally available on the Internet without a prescription for personal use.

We have already discussed women who take birth control pills and why they should use progesterone. We have also discussed women who have had hysterectomies. Using progesterone is rather different for pre- and postmenopausal women, but just as easy. If you are no longer having periods just use a

quarter teaspoon every day any two weeks of the calendar month. The same two weeks each month (first, middle, or last). A two ounce jar will last over two months when used this way. You will do this the rest of your life, and benefit greatly from it. Remember *one third of your life will be spent after menopause*. Make this a healthy, happy, and fulfilling time.

If you have a specific problem, like fibrocystic breasts or endometriosis, you can apply the cream directly to the area that is affected. Always apply this to soft, thin tissue, and not thick areas of skin. Breasts, abdomen, inner thighs, and inner wrists are all soft, thin tissue that progesterone penetrates well. If you apply this to thick skin, like stomach or arms, the progesterone will basically just penetrate the skin, and tend to stay in the fat cells rather than entering the bloodstream. There is no need to use larger amounts. More is not better with any hormone. You are looking for a natural balance of estrogens and progesterone, and not excessive levels of any hormone, no matter how beneficial.

Here saliva testing does not work well. Progesterone is fat soluble, and does not carry well in saliva or plasma. Do not use saliva tests for your progesterone. You really don't need to test your progesterone level, especially if you are over 40. High progesterone levels are very rare, especially after menopause. If you want your progesterone levels tested, you can go to a medical doctor and have them do a blood serum (not plasma) test. This is expensive and requires an office visit. Most all doctors are very unfamiliar with hormone testing, and hormone levels, strangely enough. Yes, this includes endocrinologists and gynecologists. What do they go to medical school for? If you do have a blood test, be sure to insist on a *serum test* and not a plasma test. Progesterone is fat soluble, and measuring serum is the only way to do this. A plasma test would be useless. It is very important to note that progesterone testing must be done at specific times of your cycle if you are still menstruating. *You must note your menstrual status for this.*

Remember that the production of progesterone goes from about 20 mg a day to about 400 mg a day during pregnancy - a 2,000% rise! So, there is a wide latitude for safety. Progesterone is very safe and non-toxic, with no known side effects. The most you will ever use is a half teaspoon of cream (about 33 mg) two

weeks per month. Women who are still having periods should be assured their estrogen levels are sufficient- or they wouldn't be able to menstruate. Any doctor that wants to give you synthetic progestins instead of real natural progesterone, or wants to give you estradiol or estrone without testing your levels, is telling you he is not competent to treat you or anyone else. Women who are taking horse estrogen, estradiol, or estrone should cut back slowly over a three month period to get off them. After you are off all estrogen supplements for at least one month you can have your free levels of estradiol, estrone, and estriol tested to prove that your levels are sufficient. The fact is, that most women in America have too much estradiol and estrone from fat intake, obesity, alcohol use, lack of exercise, low fiber intake, and other factors. Therefore, such estrogen supplements make an already bad situation even worse. You'll notice that your doctor is probably not even aware of estriol, the third estrogen. This proves the inexcusable lack of knowledge in the medical profession.

Besides progesterone and the three basic estrogens, it is important to realize that our endocrine (ductless glands that secrete our hormones) system is a united and synergistic system. No hormone works alone; all our hormones work in concert together in harmony as a team. They work best when they are at youthful levels - neither too high nor too low. In the chapter *Topic 16: Natural Hormone Balance* you'll read more about your other basic hormones, what they are, and how to test and balance them for optimum health benefits. DHEA, pregnenolone, melatonin, testosterone, T3, T4, growth hormone, and even LH, FSH, and prolactin are all vital female hormones.

Always remember that these hormones all work together in concert, and should all be balanced at youthful levels as much as possible. Progesterone is a very beneficial hormone, but is only one part of the endocrine picture and has the greatest benefits when supported by all the others.

Topic 5: Osteoporosis

Bones are living, growing dynamic cells that need proper nutrition to thrive. You can nurture healthy bone growth. Only a total program of diet and lifestyle is going to keep your bones and joints strong, and rebuild lost tissue. The older you get the more difficult it is to do this. Diet, as always, is most important. Balancing all your basic hormones is necessary, especially testosterone, DHEA, estriol, and progesterone. A full spectrum of proven supplements is needed. This would include glucosamine, vitamin D, flax oil, and a complete mineral supplement. Resistance exercise is necessary and not just walking or aerobics.

Total hormone balance is needed. Our bones are very influenced by hormones. Osteoclasts (remove dead cells) are controlled by estrogen, and merely remove dead cells from our bones. Estrogen replacement never did prevent or slow down bone mineral density, much less build new bone cells. Osteoblasts (build new cells) are controlled by progesterone along with the androgens DHEA, testosterone, and androstenedione. Estriol, the “good estrogen”, is also necessary. All this is well known in science, but not to the medical profession.

At the University of British Columbia a stunning review was done complete with 96 references (*Endocrine Reviews*, v. 11, 1990) called, “Progesterone as a Bone-Tropic Hormone.” This is the best review ever published on the subject, and proves overwhelmingly that progesterone is the bone-building hormone. “Is Natural Progesterone the Missing Link in Osteoporosis Prevention and Treatment?” (*Medical Hypothesis* v 35, 1991) by the late Dr. John Lee, well known author of books on natural health for women. “The hypothesis that progesterone, and not estrogen, is the missing factor was tested in a clinical setting and was found to be extraordinarily effective in reversing osteoporosis.”

Androgens are very overlooked in women as they are considered, “male hormones”. Women need DHEA, testosterone, and androstenedione just as much as men do, only in smaller amounts. At the Indiana School of Medicine (*Journal of Clinical Endocrinology* v 97, 1996) progesterone levels were positively correlated with bone density. Pre-menopausal women had levels

of 0.17 ng while post-menopausal women only had levels of 0.07 ng. Two hundred and thirty-one women aged 32-77 were studied here. DHEA and testosterone were also found to be bone-building hormones.

Osteoporosis is an *unnecessary*, but currently epidemic, affliction in the Western world. This is not true in many other parts of the world however, especially in Third World countries such as Africa, Asia, and South America. This proves *bone disease is caused by factors we can and should control*. Isn't it ironic that poor people in Third World countries generally suffer less bone and joint disease than the wealthy developed countries? Osteoporosis, like any other illness, is not some mysterious "accident" we don't understand. Taking prescription drugs for this is not the answer at all, as *none* of them work or have ever worked. *No osteoporosis drug works*. You'll find that no matter what you hear in the media about the osteoporosis drug of the year it not only won't help you, but it sure will make you worse in the end. The advertising is as persuasive as it is misleading, so don't be persuaded by it. Every year a new "miracle drug" for building bone is trotted out with much fanfare, but never lives up to any of the promises made for it. The way to prevent and cure osteoporosis is DIET, supplements, hormones and exercise. There are no chemical shortcuts here. You must deal with the causes of bone loss, and not just the symptoms.

This is certainly not due to calcium deficiency, as is popularly believed. Women in Western countries have the highest calcium intake of anyone on earth due to the highest consumption of dairy products. These same women also have the highest rates of osteoporosis, hip fractures, bone disease, and arthritis. Half of all Caucasian women over the age of 50 already have serious bone loss, as this starts at about the age of 35 on the average. *Half of all American and European women suffer from osteoporosis at only fifty years of age!* This simply was not common in America 100 years ago. Many factors contribute to this- most of all our current American diet.

The very high calcium intake of American and European people nearly all comes from dairy products. The USDA wants us to believe we need 1,000 mg of calcium daily for good health. This is ridiculous, as it means you must include dairy products such as

milk and cheese in your diet to get this much. Many cultures, especially in Asia, do not include dairy in their diets at all. Calcium cannot be absorbed without magnesium, boron, strontium, silicon, vitamin D, vitamin K, and other bone building nutrients. You should not have dairy products in your diet at all, nor do you need to supplement with large doses of calcium. A 250 mg dose of good bioavailable calcium is recommended. That's all.

The other prevailing myth is that osteoporosis is due to estradiol and estrone deficiency. Taking estrogen supplements, especially horse estrogen, will not strengthen your bones. Estrogens do not build bones, despite the constant propaganda you hear otherwise. A 1995 study in the *New England Journal of Medicine* studied 9,500 women over a period of eight years. They found no benefit at all for women who were taking estrogen supplements, especially with regard to hip fractures. *Hip fractures are the single most important injury due to osteoporosis*, and half of the women who suffer from them never walk again. Estradiol and estrone do not help or cure osteoporosis at all. These two estrogens merely control the cells that remove the dead bone (osteoclasts), while androgens and progesterone stimulate the bone cells (osteoblasts) to build new bone. Of course estriol is never mentioned by doctors, even though it comprises 80% to 90% of human estrogen. It has been shown that estriol, the "forgotten estrogen", is important in bone metabolism, and has powerful bone building potential. Doctors do not even know about estriol much less test for it. Use saliva testing since your doctor will not know anything about estriol. You can get transdermal (use a half gram of 0.25%) or sublingual estriol (use 0.5 mg) only from compounding pharmacists, since no U.S. pharmaceutical corporation makes any estriol products. You can find good transdermal estriol creams and gels on the Internet for \$20. Never take toxic, unnat-ural, oral estriol salts.

The facts are that bone loss starts in most American women in their mid-thirties when they have very youthful estrogen levels. Women need to realize that it may take 20 years or more for this bone deterioration to become obvious, and this doesn't start at menopause. Bone loss often occurs when progesterone levels are low. Low progesterone can be due to such conditions as anovulation. Unfortunately, women cannot tell if they have not ovulated as this is basically without symptoms. Progesterone

supplementation should start therefore in most women at least by the age of thirty to forty. Serum testing will tell you if you are producing progesterone during the appropriate time in your cycle. Starting years before menopause occurs is necessary, since this is when the bone loss is really beginning, but not yet showing any outward symptoms. As a general rule bone loss occurs at a rate of about 1.5% lost cells every year until women at eighty only have about HALF the bone mass they had at the age of forty! Imagine having half your bone strength. This is frightening to know you can only expect to have fifty per cent of your bone cells at that age. You can avoid this situation, however, by good diet and lifestyle, resistance exercise, proper supplements and hormone balancing.

We think of bones as rigid and dead, rather like the anatomical skeletons we see in laboratories, but quite the opposite is true. Our bones are very alive and well; they are dynamic and constantly replace old cells with new ones. About every three months we have completely new small (trabecular) bones. About every twelve years we have completely new long (cortical) bones. *We are always growing new bones.* Your bones can be healthy and strong throughout your life if you give them the needed nutrients and resistance exercise.

Osteoclasts take out the old bone cells to make room for the new ones. These are controlled by estrogen. This proves estrogen cannot build new bone cells as you have been repeatedly told. Osteoblasts actually build new bone cells. These are controlled by progesterone. If you are low in progesterone and androgens your bone building metabolism will be limited. You can actually reverse osteoporosis in most cases and start re-building lost bone cells. The older you get the more difficult this becomes however. Just follow a total program of healthy diet (please read *Zen Macrobiotics for Everyone*), proven supplements, natural hormone balance, avoiding bad habits, not taking prescription drugs, and resistance exercise to stress your bones. It is total lifestyle that will keep your bones strong all your life.

Diet is the most important factor. It is important to reduce animal fat and protein, as well as sugar and sweets. Foods such as these acidify the body and upset the normal alkaline balance. Americans eat almost half (42%) of their calories as fat calories and these are mostly saturated animal fats. Americans eat 160

pounds of various sugars every year they don't need at all. Dairy products should be avoided, no matter how low-fat or non-fat due to the lactose content as well as the animal proteins (especially casein). Again, American and European women who eat the most dairy products have the highest rates of osteoporosis, arthritis, and bone disease. See www.notmilk.com or www.milksucks.com on the Internet to see more reasons not to drink milk or eat dairy products. *You should take dairy foods completely out of your life.*

Vitamin D3 is the most important vitamin to take. "Vitamin" D is really a hormone. It is not found in our food except very small amounts in some animal products like eggs. Most people don't get enough exposure to the sun, especially in winter, to make this. Take 800 IU a day. If your vitamin supplement has 400 IU take another 400 IU. Never take more than 1,200 IU, no matter what you read somewhere. The importance of vitamin D must be stressed here. You cannot absorb calcium without it, and most people are deficient in it. The science behind vitamin D benefits is extensive. There are many other benefits to having plenty of vitamin D in your system as well.

Any resistance exercise will strengthen bones. One reason women in poorer countries have stronger bones is that they usually do a lot of manual labor and physical exercise just to survive. Swimming is good, and any exercise that puts weight on your bones and stresses them makes them stronger. Weight training for women with lighter weights is the ideal exercise here. Join a gym or put exercise equipment in your house. You can learn to "superset" (perform one set after another continually) and spend just a half hour a day, two to three days a week to stay in top shape and have stronger bones. That means an investment of merely one hour a week to be strong, stay slim, look good, be fit, and strengthen your bones. This is a most important factor in having strong bones, as American women rarely do any work that requires muscular exertion. Ironically obese women generally have less osteoporosis as they have to support all the extra weight they carry.

Osteoporosis and bone loss are increased by such things as high protein intake (Americans eat twice the protein they need), lack of exercise, drinking sodas (phosphoric acid, sugar and caffeine), smoking, hysterectomies, hormones dysmetabolism,

mineral deficiency, drinking alcohol and coffee (even decaf), high sugar intake (any sweeteners including honey), stress, excessive salt intake, eating saturated fats, and chronic stress. This includes almost every single American woman right there. The only way to maintain and build bone mass is by a program of total diet and lifestyle. Nothing less is going to work.

You can find out the state of your bone loss by getting them measured by a physician. Dual photon absorptiometry (DPA) is considered 97% accurate. This uses photons (light energy) to measure bone loss, and may be preferable to using DEXA. Dual Energy X-Ray Absorptiometry (DEXA) uses low level X-radiation and is also considered to be 97% accurate. It is a good idea to avoid radiation whenever possible. Choose the DPA.

The androgens, including DHEA, testosterone and androstenedione are all bone building hormones. These three androgens, along with progesterone and estriol, are the five hormones most responsible for bone growth, repair, and maintenance. DHEA and testosterone generally fall in women as they age, but some women can have excessive levels. Use saliva testing for DHEA and free testosterone levels to see if you are low. You are looking for the youthful level you enjoyed at thirty, and not the normal level for older people. Women can be too high or too low in these androgens, so testing is necessary. Monitor your levels yearly. If low in DHEA you can take 12.5 mg (half tabs) as women have less DHEA than men. If low in testosterone please read my book *Testosterone Is Your Friend* to see how to use transdermal or sublingual testosterone. Women only need about 150 mcg in their blood if they are low. Never use oral or injected testosterone! Your androstenedione levels will generally parallel your testosterone levels. If your androgens are too high only diet, lifestyle, and exercise will lower them. No drugs can safely and effectively lower high hormones levels of any kind.

This is the natural way to prevent and cure bone loss naturally. Please don't resort to pharmaceutical drugs as they simply do not work.

Topic 6: Heart and Artery Health

What is the leading cause of death by far in people worldwide? *Coronary heart disease- far and away.* All types of heart and artery disease kill people every year more than anything else. What can you do about it? Read *Zen Macrobiotics for Americans*. Read *Lower Cholesterol Without Drugs*. You can also read *Lower Blood Pressure Without Drugs*. Follow the suggestions in this book and make better food choices, take proven supplements, balance your basic hormones, avoid prescription medications, drop or limit any bad habits, fast weekly, and get regular exercise. That is what you can do. More specifically what can you do for better heart health? Lower your cholesterol and triglycerides— THE two most important diagnostic factors. The average cholesterol level for adult Americans runs about 225-250 mg/dl. In the Asian countries it is more commonly about 150. Do not accept the regularly advocated figure of 200 mg/dl, as *150 is the practical ideal.* What about your triglycerides? *Keep your triglycerides under 100.* What's the difference? Saturated fat intake is the basic cause of high cholesterol. Sugars are the basic cause of high triglycerides. Americans eat 42% (mostly) saturated animal fats. We should eat 20% or less of unsaturated vegetable oils. Stop eating all that red meat, poultry, eggs, and dairy products. The worst fats of all are the hydrogenated or “trans fatty acids” which do not exist in nature. Real vegetarians, and people who eat seafood, basically have no cholesterol problems. Remember there isn't a drop of cholesterol in any plant, and it only is found in animal foods. The cholesterol in fish and seafood does not raise your levels when eaten moderately. Stop eating the 160 pounds of various sugars every American hogs down yearly. This is what raises triglycerides. Keep your homocysteine, C-reactive protein (CRP), and uric acid levels at low normal and not merely average levels. *Cholesterol, triglycerides, homocysteine, CRP, and uric acid are your five basic diagnostic tests.* Be sure you test all five of these.

Diet keeps these five parameters low. What about supplements that will lower cholesterol and greatly reduce the risk of heart disease? We are going to talk about four cornerstone supplements that will do this along with diet or exercise. If you are willing to make better food choices and exercise regularly the

results are truly astounding. Anyone who takes dangerous prescription drugs for high cholesterol is making a very unnecessary and very unwise choice. These drugs are not effective, are very expensive, worsen your health, do not lengthen lifespan, and have very severe side effects. It is very easy to lower your cholesterol and triglyceride levels naturally without dangerous, toxic drugs. These four supplements will also help your health in many other ways, and some have already been discussed in the supplement chapter.

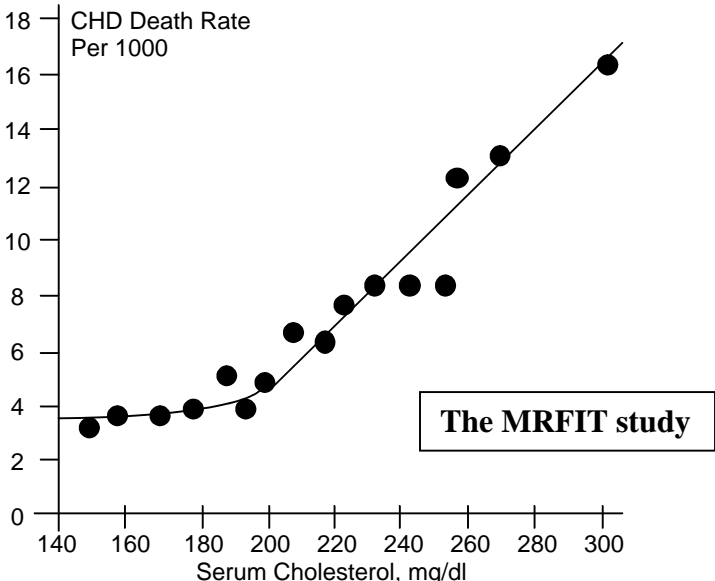
The first one is beta-sitosterol. If you can't find this at your health food store or vitamin catalog search the Internet for a brand with 300 mg of mixed sterols. This is simply an extract of sugar cane or soybeans that has been known about for over 40 years. This has powerful and beneficial effects on blood lipids (fats) verified by published international studies. make sure each tablet contains 300 milligrams of mixed sterols. Take 300 to 600 mg a day. *Mixed plant sterols are the single most important heart healthy natural supplement to take.*

The second is flax seed oil, and has already been mentioned in the supplement chapter. Buy this refrigerated and keep it refrigerated. Take one or two 1,000 mg capsules a day. You can also buy bulk refrigerated flax oil and take a half teaspoon daily. Two capsules will add an insignificant 18 fat calories to your diet. This is the best source of omega-3 fatty acids known, and is a much better choice than fish liver oils for a variety of reasons. *Flax oil clearly beats fish oil* as it has more omega-3 fatty acids among other factors. Our diets have an overabundance of omega-6 fatty acids (linoleic) and a scarcity of omega-3 fatty acids (linolenic). There are many studies of the varied health benefits of flax oil supplements for our health in general aside from improved blood lipid levels. Omega-3 deficiency is epidemic.

The third is beta glucan, and has also been mentioned in the supplement chapter. Please read my book *What Is Beta Glucan?* to learn more about the great benefits of this supplement. Besides being the most powerful immune enhancer known to science, it also does wonders for your cholesterol levels. Take 200 to 400 mg a day of either oat or yeast beta glucan. Both sources are equal in power regardless of the advertising. Eat a small bowl of oatmeal several times a week and you won't need a

separate beta glucan supplement. Technology has advanced only in the last few years to extract this economically, and make it available to the public inexpensively. The research on its health benefits only goes back about 30 years, so the benefits are well documented. Beta glucan is even being studied for its potent anti-cancer properties among other benefits.

The fourth is soy isoflavones, which were mentioned in the supplement chapter as well. Just take 40 mg a day of mixed isoflavones containing both genestein and daidzein. You are just not going to be able to eat enough soy foods to get this much unless you drink a cup of soymilk a day. One cup will add a whopping 3,600 calories a month to your diet, as each cup contains about 120 calories depending on the brand. Every time you study a disease you find that soy isoflavones show benefits for that condition. The international published research on this is simply overwhelming. Again, these are “flavones” or plant pigments. They are unrelated in any way, shape, or form to estrogen, and cannot attach to estrogen receptors (see *Topic 2: What Is Estrogen?*).



You can see very clearly by this chart from the MRFIT study that the ideal cholesterol level is about 150 mg/dl. Anything over this level results in a higher death rate from coronary heart

disease, so a level of 200 is not good enough at all. Keep your triglycerides under 100. Keep your CRP, homocysteine, and uric acid at low normal and not merely average. Also be sure to keep your blood sugar below 85, and not just under 100 as your doctor will tell you.

What other supplements are useful here besides these four cornerstone ones? If you are over 40 take all the supplements in *Topic 14: Natural Supplements*. A complete vitamin and mineral formula, acidophilus, FOS, glutamine, CoQ10, ALC, PS, lipoic acid, beta carotene, vitamin D, vitamin E, glucosamine, quercetin, NAC, and DIM. You can also take 3 grams of regular (not modified) citrus pectin for one year. Those under 40 only need about eight supplements including acidophilus, FOS, vitamin D, vitamin E, vitamins, minerals, beta glucan, and flax oil.

Hormones have strong influence on our heart and circulatory system. Balance your progesterone, estradiol, estrone, estriol, DHEA, insulin (as blood sugar), cortisol, testosterone, T3, T4, pregnenolone, and melatonin. Growth hormone (GH) is very costly, should be injected ideally, and should can be used by those over fifty who can afford it. GH is completely overrated.

You must exercise to keep your heart strong and arteries clear. You also need to exercise to stay slim and healthy generally. Just walking a half hour a day religiously will do the job. Aerobic exercise is more important than resistance exercise here, but the ideal is to do both. Decades ago Nathan Pritikin did miracles with heart patients by simply feeding them a whole grain based, low fat, high fiber diet and had them walk five miles a day.

Please read my books *Zen Macrobiotics for Americans* and *Lower Cholesterol Without Drugs* and you will learn things you will never read anywhere else. You can also read *Lower Blood Pressure Without Drugs* as it is very much concerned with heart and artery health in general.

Topic 7: Breast Health

As always, prevention is the answer. ***Prevention is your best protection.*** The biggest lie told about female cancer is, “early detection is your best protection”. Organizations that promote such lies walk in darkness, while they profess to, “race for the cure”. Healthy diet and lifestyle are your best protection. ***Do not get a mammogram.*** First of all, mammograms don’t save lives, no matter what kind of propaganda you’ve heard. Secondly, radiation just stimulates malignancy. Do not get any form of x-rays or radiation. ***Never get a biopsy of any kind.*** Biopsies are never necessary, no matter what some doctor tells you. You can get a sonogram, color Doppler, or MRI. If you have breast cancer, getting surgery, radiation, and chemotherapy all end in horrific quality of life and early death. These allopathic procedures only remove the symptom while leaving the cause intact.

The three breast problems most commonly found in women are cysts, tumors, and cancer. The breasts are strongly hormonally influenced, very sensitive, and easily susceptible to problems. More than any other organ, especially during puberty, pregnancy, and menopause, ***the breasts are influenced by your endocrine hormones.*** Estrogens, especially estradiol and estrone, cause cell proliferation, and can be the basis of excessive and malignant growth. At Harvard Medical School in Massachusetts (*Journal of the National Cancer Institute* v 90, 1998) the doctors concluded, “The authors’ data in conjunction with past epidemiological and animal studies, provide strong evidence for a causal relationship between postmenopausal estrogen levels and the risk of breast cancer.” More proof of this is that women with ovariectomies or hysterectomies (the ovaries always atrophy and die after the uterus is removed) have less breast cancer due to lower estrogen levels. Progesterone, on the other hand, slows and moderates the growth of breast cells and influences them to mature. Excessively high androgens such as DHEA and testosterone are correlated with breast disease, especially cancer.

Women with normal to high estradiol and estrone and low progesterone levels are prime candidates for abnormal breast cell growth due to the ratio of estrogen to progesterone. Women who are anovulatory (when they don’t produce progesterone and are

not even aware they aren't), have more breast problems (*New England Journal of Medicine* v 293, 1975.) Research around the world shows over and over that women with low progesterone levels have up to 500% more risk of early breast cancer. Such women also have up to ten times the normal death rate from all malignant neoplasms (cancerous growths), and three times the normal death rate from all causes (*American Journal of Epidemiology* v114, 1981). Maintaining youthful levels of all your basic hormones will help you to live longer and better. Women on birth control pills have more breast problems due to the toxic synthetic ethinyl estradiol. Find another method of birth control. Tubal ligation is safe and even reversible.

Other studies have found that women with low progesterone levels suffer from more of every possible breast disorder including mastitis, mastodynia, cysts, fibrocystic breasts, tumors, and nodularity (*Obstetrics and Gynecology* v 54, 1979) Some studies found that low progesterone levels are associated with breast cancer (*Journal of Reproductive Medicine* v 29, 1984). Studies of postmenopausal women have found breast cancer patients are characterized by high estrogen and low progesterone levels (*Pharmacy Science* v 8, 1995).

On a more positive note, researchers have shown progesterone supplementation inhibits the growth of breast tumors and sarcomas (*Acta Chir. Scandinavia* v 140, 1974) and *Acta Pathologica Micro. Scandinavia* v 83A, 1975) One of these studies used a mere 2.5 mg of progesterone applied directly to the breasts in a gel form. Breast metabolism was improved in less than two weeks (*Fertility and Sterility* v 63, 1995). Using higher, more physiologically normal doses would have surely resulted in even more dramatic effects. Doctors in Buenos Aires (*Journal of Steroid Biochemistry* v 73, 2000) proved the beneficial effects of transdermal progesterone on breast metabolism and alleviating cysts.

Since you have a one in eight chance of getting breast cancer in your life, all women should read Robert Kradjian's book Save Yourself from Breast Cancer. He shows that women in industrialized countries generally have about 600% more breast cancer than women in agrarian countries. This is basically due to high fat diets. 85% of this occurs after the age of 45 when pro-

gesterone levels fall severely, and the estrogen to progesterone ratio changes so radically. It takes two to sixteen years for the tumors to grow large enough to be detected during examination. Only in America and the European countries are one in eight women coming down with outright breast cancer. This rising epidemic of breast cancer only applies basically to white European affluent countries. This is not a genetic situation, as only 6% of identical twins both get breast cancer. In the *Journal of the American Medical Association* (July 21, 1993) only 2.5 percent of breast cancer was attributed to family history. Why is this happening? *Our high fat diet is clearly the main reason* here, and high fat diets are the single most important factor. There is no other explanation in the world that better explains breast cancer rates than total fat intake. Saturated animal fats are the worst, but vegetable oils are also a factor. Trans-fat intake is the worst.

You can prove that to yourself by looking at the following chart on page 36. This is based on the fat calories eaten by women around the world. The thirteen leading cancer countries all eat about 40 percent fat calories mostly from animal sources (*Cancer Research* v 45, 1985). In many Asian and African countries people generally eat ten or fifteen percent fat calories, mostly of vegetable origin. Migration studies further prove this. When these women come to the U.S. and adopt the typical Western diet, they get the same high rates as European women. One good example is that only one in every one hundred and twenty women in the country of Kenya get breast cancer- less than one per cent. Less than one in one hundred Kenyan women get breast cancer because they can't afford the luxury of a high fat diet. The death rate in American women has not improved despite the endless propaganda that we are, "winning the war on cancer". *We are not.* The fact is it gets worse every year. You can protect yourself from breast and other cancers simply by eating less than twenty per cent fats with most of them coming from vegetables. You might hear of fallacious studies that deny any relationship of dietary fat to breast cancer such as the Harvard Nurses Study. In this study they merely lowered the fat intake from the usual 42 percent to 32 percent. This is not significant and didn't make any real difference. You must go under the critical level of 20 percent, and preferably down to 15 percent. The ideal is 10 percent total fat calories, which many cultures maintain normally.

Don't think this is only due to saturated animal fats. Other studies show that vegetable oils promote tumor growth just as quickly as animal fats. Always remember that high fat intake equals high estrogen levels, equals high breast cancer rates. Instead of listening to the medical propaganda that "early detection is your best protection", realize that prevention is your best protection. **Prevention is your best protection.** You can prevent breast cancer by eliminating red meat, poultry, eggs, milk, and dairy foods. Women who drink coffee and alcohol also have more breast problems. You are not going to have healthy breasts as long as you drink coffee or alcohol even moderately.

Dairy foods have to go including yogurt. Milk products contain both allergenic lactose and cancer promoting casein. The *British Journal of Cancer* (v 61, 1990) proved that women who drink milk have many times the lymphoma rate than those who don't. The *American Journal of Epidemiology* (v 130, 1989) showed that women milk drinkers also have far more ovarian cancer. There are numerous similar studies showing this. You can find tasty soy equivalents for most all dairy products including soy milk, meltable cheeses, cream cheese, and yogurt.

At the European Institute of Oncology in Milan (*Journal of the National Cancer Institute* v 90, 1998) a very interesting study was done. 5,157 women were studied to see which factors were correlated with breast cancer rates. They found that alcohol intake, low beta carotene intake, low vitamin E intake and lack of exercise were especially important. They stressed that these four factors were very easy to modify, and could thus prevent at least one third of the breast cancer cases in Italy.

Prostate cancer is the male equivalent of female breast cancer, and the causes and cures are very parallel. Beta-sitosterol 300 mg (discussed in the previous chapter) has shown benefit in breast cancer and other forms of cancer such as prostate and colon. DIM 200 mg is good for lowering estrogen levels and improving estrogen metabolism so the more potent estrogens are changed into less potent ones. CoQ10 100 mg is very powerful for breast health. At the University of Texas (*Biochemical and Biophysical Research Communications* v 3, 1994) women with breast cancer were given CoQ10 with no other therapy. Unbelievably, they all improved with some women actually having no tumors at

all after only three months. This is a most important supplement to take. Flax oil is very important to help regulate estrogen levels. Take all the proven supplements listed in *Topic 14: Natural Supplements* if you are over 40. If under 40 take the eight supplements for younger people.

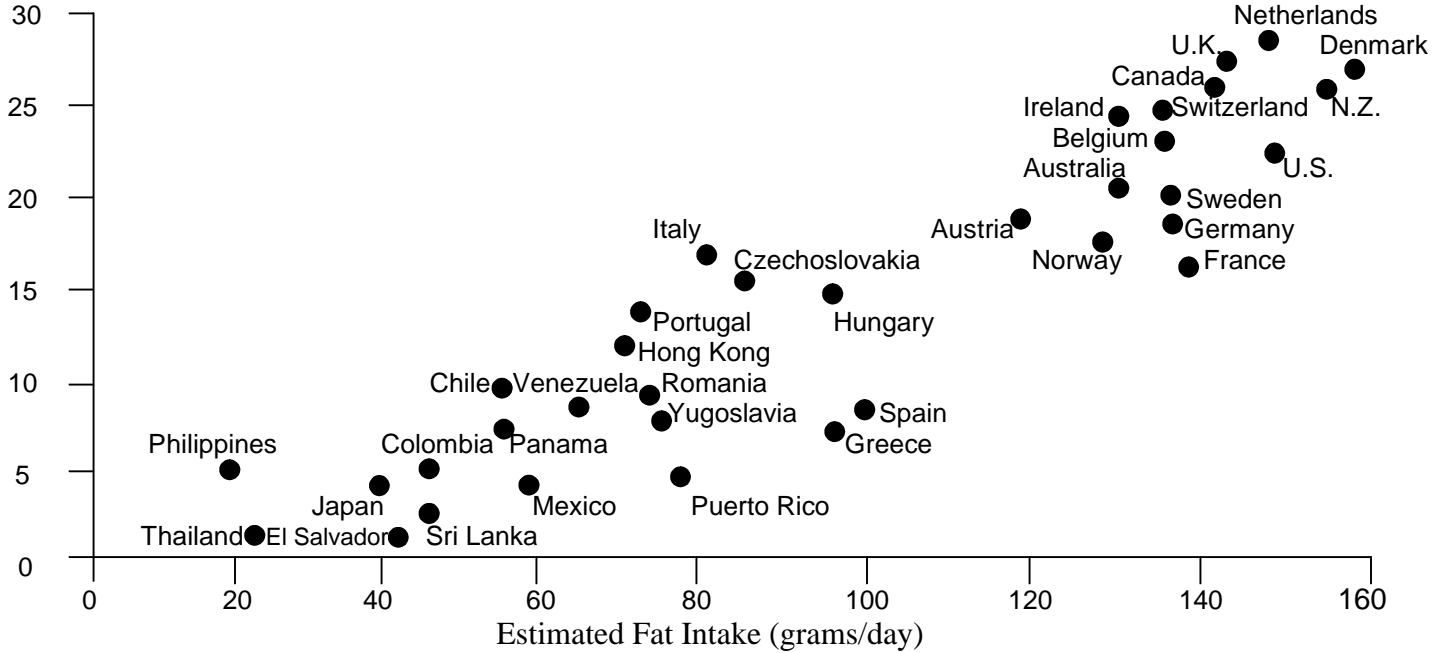
The hormone melatonin is vital for protecting us against cancer in general, and especially in the breast and prostate. At the Medical School of Lodz in Poland doctors said, "Moreover, preliminary results of use of melatonin in the treatment of cancer patients suggest possible therapeutic role for melatonin in human malignancy" (*International Journal of Thymology* v 4, 1996). The University of Tübingen in Germany studied this situation and published their findings (*Wiener Klinische Wochenschrift* v 109, 1997). They said, "A progressive decline of pineal melatonin secretion was observed parallel to the growth of primary breast and prostate cancer indicating substitution therapy to be promising." At the Cancer Registry in Norway (*British Journal of Cancer* v 84, 2001) studies of 15,000 women showed the ones with the lowest levels of melatonin had the highest rates of breast cancer. Melatonin has potent anti-cancer properties.

DHEA is another hormone that is important in preventing and treating cancer, especially breast cancer. At the famous Johns Hopkins University in Baltimore, researchers found a strong relationship with low DHEA in women with breast cancer (*Cancer Research* v 52, 1992). They found that "The mean serum levels of DHEA among (cancer) cases was 10 percent lower than among controls" and that there were more extreme differences in women in the top third of DHEA levels compared with women in the bottom third. DHEA is a two-edged sword, however. This can also be too high in women and be correlated with higher cancer rates. Therefore it must be measured before supplementing like all androgens.

You don't need to be a statistic. There is no reason for you to ever suffer from any kind of breast condition. Prevention is your best defense with a total program of low-fat diet and lifestyle.

International Breast Cancer Death Rates Related to Fat Intake

Age Adjusted Death Rate
Per 100,000 Population



Topic 8: A Healthy Reproductive System

The female reproductive area is sensitive, very hormonally controlled, and subject to many ills -especially fibroids, endometriosis, ovarian cysts, cervical dysplasia, pelvic inflammatory disease (PID), polycystic ovaries, and vaginitis. Many of these problems are often due to excessive estrogen levels. Never get x-rays, as these only add to your risk of cancer and malignancy. Forget the mantra, “early detection is your best protection”, and remember that **prevention is your best protection**. Prevention is your best protection, not detection. Getting a safe, inexpensive sonogram (echogram), or a more expensive MRI (magnetic resonance imagery), is always a good idea.

The worst problem, obviously, is outright cancer. This can be the only real basic justification for such a drastic procedure as a hysterectomy. Have you ever asked yourself if surgically removing your uterus and/or ovaries is really the answer when you have cancer? Did you ever consider that this is just a symptom, and you need to look at the *cause* of what gave you the cancer? High fat diets and obesity raise estrogen levels, thus causing the various female cancers (*Tetrogenesis, Carcinogenesis and Mutagenesis v 15, 1995*). Before you submit yourself for such destructive surgery, radiation, or chemotherapy, which will ruin and shorten your life, please go read Milenka Dobic’s book *My Beautiful Life*. She had uterine cancer and started to get the usual medical treatment. After she met several women who had actually undergone this, and saw how terribly they had been damaged, she looked for a natural way to treat herself. She stopped eating meat, poultry, eggs, milk, dairy, refined foods, tropical foods, and sweeteners. She refused all medications, surgery, and radiation. She started eating whole grains, vegetables, beans, salads, and fruits. Within one year she was cancer free. She followed the very unnecessarily rigid traditional Japanese style macrobiotic diet, did not take supplements, did not fast, and did not balance her hormones. She would have had a much easier time of it by eating American macrobiotic foods, taking proven supplements, fasting, and balancing her basic hormones. This is a true story of a woman no different from you, and she did cure her cancer in only one year. This was done by simply making better food choices. This is an inspiring story you should read before you blindly let doctors get

hold of you. Take control, take responsibility for your life and health, and stop trying to pawn it off on doctors. Always remember that your ovaries atrophy and die after a hysterectomy, even though your doctor rarely will admit that. If you have uterine, cervical, ovarian, or any other type of cancer, cure yourself naturally. Avoid the traditional destructive symptomatic medical route of surgery, radiation, and chemotherapy. The “cure” is worse than the disease.

Fibroids (aka myomas) are benign tumors composed of muscle and fibrous tissue that can grow to the size of grapefruits. Fortunately, only about 1 in 200 women will develop malignant fibroids. A simple ultrasound (sonogram) test will reveal these. Fibroids develop most often when women are in their thirties. After menopause, as estrogen levels fall, fibroids generally stop growing. Some estimates are that *80 percent of American women will develop fibroids*. Black women develop about 50 percent more, and Asian women develop less than Caucasian women. Fibroids often cause the uterus to drop, which, in turn, causes urinary incontinence. Women with heavy, painful, and irregular periods are most at risk here for fibroid growth. These are almost impossible to remove (myomectomy), even by the most advanced laser surgery. They are composed of muscle and fiber mixed together, and are actually part of the uterus. Prescription drugs are ineffective. Doctors are simply helpless here. Natural means are the only way to reduce these. Basic hormone balance is vital. Using natural progesterone, for example, can help stop their growth, but shrinking them is very difficult. You have to lower your estradiol and estrone levels as well to shrink them. A low-fat, high fiber, low calorie macrobiotic diet is the most effective way to do this. Any woman over 40 needs about 20 proven supplements. DIM 200 mg (diindolylmethane), and flax oil 2 g, lower estrogen levels and improve estrogen metabolism. These are discussed in the supplements chapter. Beta-sitosterol in 300 mg doses has been shown to benefit uterine functioning (*Biochemical Molecular Biological International* v 31, 1993). Losing weight, not eating saturated fats, avoiding alcohol, and getting more exercise are good ways to lower high estrogen levels. There are two more specific ways to shrink fibroids. One, is to fast (on water only) for one or two weeks at a health center. Yes, a two week fast is safe. This is especially good if you are overweight. Two, you should go on a

very low calorie diet permanently. Read either of Roy Walford's two books on calorie restriction *The 120 Year Diet* and *Maximum Lifespan*. Fibroids are simply not a justification for something as drastic as a hysterectomy, although this is done all the time. Don't be a castrated statistic.

Endometriosis occurs when tiny pieces of the uterine lining (endometrium) grow outside the uterus in nearby inappropriate places. Even teenage girls can suffer from this. These tissues migrate into the uterus (surface or inside the muscle), Fallopian tubes, ovaries, bladder, colon, and pelvic cavity. This inflammation can cause severe pain, which is worse during menstruation, as these pieces then bleed. Symptoms start about 7 to 12 days before onset of the period. Since these are actual endometrial tissues, they swell with blood and bleed along with the menstrual cycle. Therefore menopause cures endometriosis. Like Alzheimers and AIDS, this is a modern disease that did not exist before. The symptoms were just not in the medical literature. One major cause is high estradiol and estrone, and low progesterone levels (*Chiba Igaku Zasshi* v 69, 1993). Progesterone can be very helpful here. Remember estradiol and estrone promote inflammation, while progesterone mitigates it. Endometriosis tends to be reduced or cured during pregnancy when progesterone levels go up 1,000 percent. Many women with this condition often delay getting pregnant or are unable to. About one third of infertile women do have endometriosis, so this is a basic cause of infertility. Lower your estrogen levels with diet, lifestyle, exercise, and balancing your other basic hormones. This is very difficult to diagnose except by laparoscopy (surgical insertion of a tiny medical camera). X-rays, sonograms, or color Doppler just don't pick up the very small pieces of tissue. You can just make a non-medical diagnosis by your symptoms. *Go by symptoms here*. Uterine fibroids will cause similar symptoms, but the basic natural cure is the same for both conditions. Do not try to treat this with dangerous GnRHa agonists, birth control pills, NSAIDs, synthetic progestins, danazol, aromatase inhibitors, or surgery. Doctors can do nothing valid here. Even when laparoscopic surgery is partially successful, the tissues simply grow back within two years. Some doctors will literally remove your ovaries, or even a total hysterectomy, as a "cure". You can do this naturally by yourself.

Ovarian cysts are characterized by failed or disordered ovulation. They often cause abdominal pain or may be asymptomatic. Symptoms include swelling, pressure or pain in the pelvis, lower back pain, incomplete urination, painful sex, weight gain, painful periods, nausea, unusual bleeding and tender breasts. If this progresses to dizziness, faintness, weakness or rapid breathing then it is serious. Such cysts have become far too common in Western women and may be benign or malignant. These occur mostly in the thirties. Sonograms, or even a color Doppler, will show whether a cyst exists and whether it is benign or malignant.

The two basic cysts are follicle cysts and corpus luteum cysts. Follicle cysts occur when the sac doesn't open. They are tiny and usually dissolve in 90 days. Corpus luteum cysts occur after the egg is released and the sac reseals itself. These can be large, but usually dissolve in a few weeks. There are also four other types. Endometriomas occur in women with endometriosis. Here foreign tissue attaches to the ovary and grows. Cystadenomas occur on the outer surface of the ovary. Dermoid cysts have many types of cells in them, and can be large and painful. Polycystic ovaries are the sixth type and will be discussed separately. The CA-125 test is popular but unreliable. Surgery can result in the loss of one or both ovaries. Laparoscopy is done with small incisions and local anesthesia. Laparotomy is done with large incisions and general anesthesia. Healthy diet, natural supplements, and hormone balancing is much safer and effective. Drugs and surgery should always be the last option.

Cervical dysplasia is precancerous condition where abnormal growth of surface cervical cells is due to human papilloma virus (HPV). It hits the 25-35 age group especially. This is classed as CIN1 mild to CIN3 severe. Women at risk include ones who were sexually active before 18, gave birth before 16, had multiple sexual partners, whose mothers took DES, had other illnesses, took medications that impair immunity, were smokers, and had HPV genital warts. *This can quickly lead to malignancy.* One frightening aspect of this is there are no symptoms. The routine pelvic exam will be normal. Get a regular PAP smear to test for this. This is very common now and is medically treated by a variety of allopathic procedures. Do not get a cone biopsy, endo-

cervical curettage, cryosurgery, electrocauterization, laser vaporization, LEEP procedure, or outright hysterectomy. These can result in permanent damage to the cervix and even sterility. None of these address the cause at all. Symptomatic treatment with topical retinoic acid (*Journal American Academy of Dermatology* 1986, v 14) is less destructive, but doctors are un-aware of it. A much more sensible approach is eating whole, natural low-fat foods, and avoiding dairy products, meat, poultry, and eggs. Use natural progesterone applied to your abdomen (*International Journal of Cancer* v 52, 1992). Take the full array of 20 proven supplements- even if you're not over 40- (for one year) to strengthen your immune system. Balance all your basic hormones. If you are on birth control pills, estrogen supplements or other medications, talk with your doctor about getting off these. This condition can be cured naturally in 90 days without drugs or surgery. As always, the real cure is diet and lifestyle. There is just no reason to resort to surgery when this can be effectively cured naturally and safely without side effects.

Pelvic inflammatory disease (PID), aka salpingitis, is a serious bacterial inflammation of the uterus, ovaries, or Fallopian tubes. One million women in the U.S. alone every month suffer from this. Sexually active women under 25 are mostly affected. The more sexual partners, the more the chances of contracting it. This can also be viral, fungal, or parasitic. This is an external infection that moves up thru the cervix. Women who douche, or use an IUD, also have more occurrences. The scarring forms adhesions to nearby tissues. This causes abscesses and even necrosis. PID is a dangerous situation that can result in permanent damage, including sterility. 100,000 American women lose their fertility to PID every year. Sexually transmitted diseases are the biggest cause, but this can be caused by the lymph system, abortion, miscarriage, birth, infected blood, or using an IUD. About half of PID is caused by gonorrhea alone. Chlamydia is another major cause, and here the symptoms are milder. Regular testing for any sexually transmitted disease is the best preventative. Two thirds of women with PID simply are unaware they have it. *It can be asymptomatic.* Symptoms can include fever, cervical pain, infertility, painful intercourse, ectopic pregnancy, and irregular bleeding. It is very difficult to diagnose and usually invasive laparoscopy is required. Antibiotics and surgery are the usual

allopathic treatments. Natural progesterone and an intra-vaginal estriol cream can be helpful here along with the usual better diet, supplements, and hormone balancing. You should test all three of your estrogen levels. While you can cure this, you often cannot cure the permanent effects from the infection.

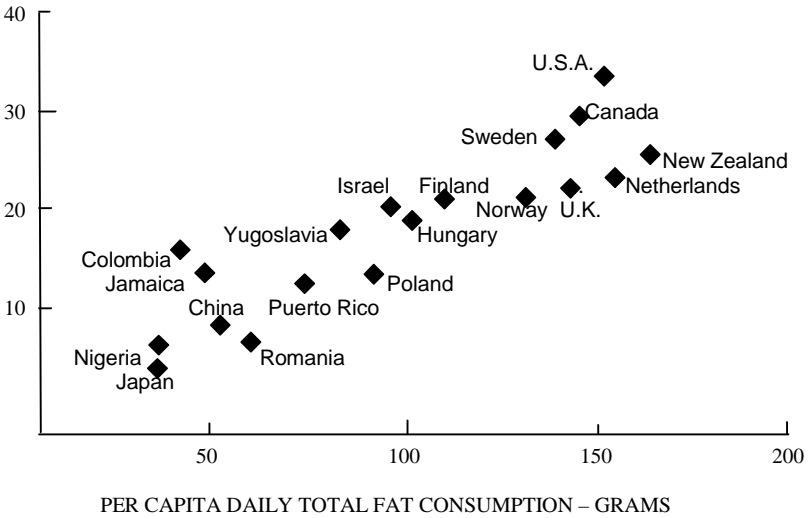
Polycystic ovary syndrome (PCOS) is very common now in Western countries, and affects about 7percent or 1 in 14 American women. This is characterized by numerous small surface ovarian cysts. Instead of being released, the eggs stay on the surface and form a cyst. Vascular impedance (reduced blood flow to the ovaries) is involved here. Women with PCOS are at higher risk for CHD and other diseases, as well as premature death. There are three basic causes of PCOS: androgenicity (high DHEA, testosterone, and androstenedione), obesity, and insulin resistance (the body cells no longer react well to normal insulin). These are the three cornerstones. High levels of LH and prolactin also characterize this condition, but only diet and lifestyle will lower them. Low progesterone levels are basic, so using progesterone cream is very important here. Symptoms can include high triglycerides, LDL/HDL imbalance, low progesterone, low blood magnesium, hirsutism, oily skin, acne, few or no periods, weight gain, vaginal bleeding, hair loss (scalp), depression, miscarriage, infertility, sleep disorders, pelvic pain, general menstrual problems, and hypertension, You definitely want to get an accurate, safe, and inexpensive sonogram or color Doppler as *this can be asymptomatic*. Be sure to get one of these two tests since there may be no symptoms. PCOS is the most common cause of menstrual irregularity generally. Insulin resistance is closely connected, and must be determined with a GTT (glucose tolerance test). In fact, insulin resistance is almost synonymous with PCOS. Since insulin resistance is also epidemic (see *Topic 10: Prevent Diabetes*) in Western countries, a routine GTT is always a good idea. Progesterone can be of great help here, as well as 800 IU of vitamin D. Treat insulin resistance as you would diabetes with a total program of diet, supplements, exercise, and natural hormone balance. *You treat these three basic causes and you can cure this very quickly*. Only a total program of diet and lifestyle will lower your androgens. Be sure to balance all your other basic hormones, as they all work together synergistically in harmony as a team. Only diet and lifestyle can keep you slim and get rid of those

extra pounds. Make better food choices and you can honestly eat all you want and lose weight. Insulin resistance is a precursor to diabetes, and can quickly be cured by taking all desserts, sweets, sugars, fruit juice, and sugar substitutes out of your diet. This includes maple syrup, honey and any other natural sweetener. Sugar is sugar is sugar. Read my *The Natural Diabetes Cure*.

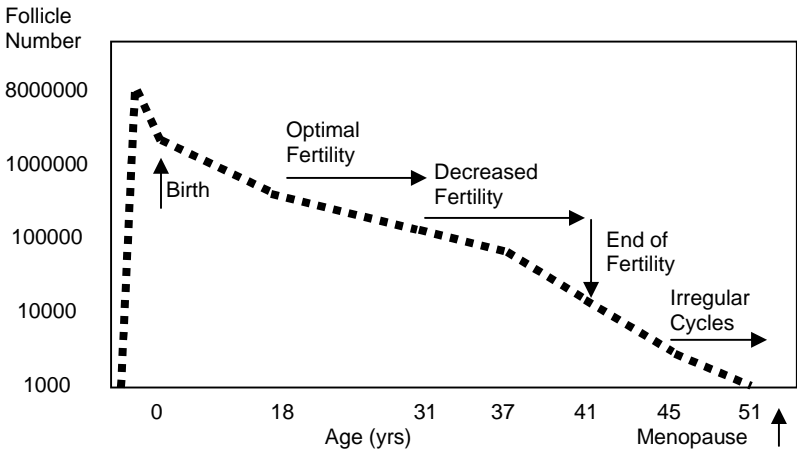
The vagina is strong, but very sensitive and weakens with age. Imbalance of the vaginal flora is basic here. Infections, and thinning of the walls (atrophic vaginitis) are common after menopause. Lichen sclerosis (after menopause) is characterized by white patches on the vulva. Try 1 percent zinc pyrithione cream or spray. Vulvodynia is common, where the vulva itches and burns. Fortunately vaginal cancer is rare. Dryness, and mucus are two other major conditions women experience. Trichomonas is caused by a protozoa. Candida yeast infections are common and known as thrush. Genital warts and herpes are caused by viruses. Vaginitis, or infection, is a bacterial infection, is very common, and can be uncomfortable and embarrassing. Mucus and discharge can be odorless or not. This is often caused by birth control pills or estrogen supplements. The usual medically treatment is powerful antibiotics that only make the natural balance of the beneficial vaginal bacteria worse. If you are on birth control pills or estrogen supplements, speak with your doctor about getting off of these. Vaginal atrophy is another common problem. Here the walls of the vagina thin, and intercourse can be painful or even harmful. Vaginal dryness is a problem that cannot be solved with emollients. Vaginal mucus is very easy to cure, usually by taking dairy products out of your diet. Very good diet, natural progesterone cream, proven supplements and intravaginal estriol cream (you must test your estriol level first) can be of great help. Many studies for decades now have shown the value of using an estriol vaginal gel for menopause and vaginal atrophy (*Maturitas* v 3, 1981). You must also get this from a compounding pharmacist. You can consider occasional herbal or acidophilus douches here, but no more than once a week, or you'll upset the natural balance in your vagina. Instead of douching, introduce a half dozen capsules of strong (6 billion units per capsule or more) acidophilus mixed in water deeply into the vagina, while laying down or inverted with your feet above your head. Do not introduce yogurt into your vagina. There are always natural cures for your problems.

Uterine Cancer is Due to Fat Intake

Incidence of uterine cancer / 100,000 women



Decreasing follicles mean less progesterone



Topic 9: Your Cycle and PMS

The occurrence of physical and psychological changes in women during the week prior to the onset of their periods dates back 2,000 years ago. Hippocrates, the “father of medicine”, wrote about this syndrome. *PMS is now estimated to occur in two thirds of American women.* This is an epidemic plain and simple, but a very unnecessary one. Most women have simply resigned themselves to suffering every month. Ironically, it can be rare in poor, agrarian countries. It is a complex condition with multiple causes including hormones, diet, social, genetic, and psychological factors. The most common complaints are irritability (almost universal), emotional instability, tension, and headaches. There are no single or universal causes, deficiencies, or excesses that can be consistently identified. The only way to deal with such a complicated problem like this is with a total program of diet and lifestyle. This includes diet, supplements, hormone balancing, no prescription drugs, regular exercise, fasting, and limiting any bad habits. A good example is from the University of Colorado (*Journal of Reproductive Medicine* v 32, 1987). Women were given better diets with less meat and dairy, and more whole grains and vegetables. They were also given vitamin and mineral supplements. This simple regimen resulted in very strong reduction in premenstrual problems. A very fine group of doctors, including Neal Barnard and Dean Ornish, formed the Physicians Committee for Responsible Medicine (PCRM) to advocate natural health practices. They published a study (*Obstetrics and Gynecology* v 95, 2000) where real women were fed a low-fat, vegetarian diet for two menstrual cycles. They lost weight, their menstrual cycles improved, and their PMS symptoms lessened. These simple changes lowered their estrogen levels, and had many other beneficial effects. *Just diet alone had such dramatic effects.*

Seven to ten days prior to a woman’s cycle, in the luteal phase (the twelve days prior to the period), various physical and psychological symptoms appear. These increase in intensity as the menses approaches, and then cease with the onset or slightly after the start. In the luteal phase progesterone is not normally low, but has been found to be so in some women. There is a very strong hormonal factor here generally, but it is not yet well understood. It is important to test your estradiol, estrone, estriol,

DHEA, progesterone, testosterone, pregnenolone, thyroid (T3 and T4), and melatonin levels and balance them accordingly. Cortisol is what it is, and doesn't need to be tested. Blood sugar should be under 85 and a glucose tolerance test (GTT) is also valuable here.

It is rather amazing, but over 60 years ago, Dr. Leon Israel (*Journal of the American Medical Association* v 110, 1938) found that during that time “only” 40 percent of women complained of “pre-menstrual tension”. He said this was largely caused by low progesterone, and could be remedied very effectively with injections of natural progesterone. Remember this was before the invention of synthesized bioidentical progesterone, and the only form available was animal progesterone. He treated these women with very expensive progesterone (extracted from animals) with good success. Over 60 years later we are finally realizing he was right. Doctors at the time were doing hysterectomies by destroying the uterus with powerful radiation! This dramatically increased cancer after the procedure. Obviously, this led to many horrible side effects, especially outright cancer, and this practice was stopped. Doctors try to cover up and hide such facts. Fifty years from now they will try to hide the fact one third of American women got unnecessary hysterectomies. At the time (1938) Dr. Israel described the main symptoms of “premenstrual tension” as tense irritability, crying, headache, vertigo, insomnia, restlessness, painful breasts, nymphomania(!), dysmenorrhea, and stomatitis.

Progesterone can be a help to some women, but by itself this is not a panacea (cure all) by any means. Katharina Dalton claimed an 83 percent success rate in improving symptoms of PMS in women (*Canadian Journal of Psychiatry* v 30, 1985). They were given high doses of natural progesterone during their luteal phase. She has worked with over 30,000 women and started her work almost 50 years ago. While this sounds promising, other researchers did not get such positive results, and the issue is far more complicated than simply progesterone levels prior to menses. *Diet and lifestyle should be the focus here, as it should be in any illness.* Total hormone balance is needed, not just progesterone supplementation.

The study at the University of Colorado (cited earlier) studied the dietary intake of women who suffered PMS regularly.

These women consumed 275% more refined sugar and sweeteners, 62% more refined carbohydrates (instead of whole grains), 79% more dairy products, 78% more sodium, 52% less zinc, 77% less magnesium, 53% less iron, half the fiber, and drank far more coffee than the healthy women. The PMS sufferers ate fats and protein mainly from animal sources rather than vegetable sources. This is absolute proof that *poor diet is the main cause of PMS*. Too much fat, too much sugar, too many calories, too much protein, and too little nutrition. Women who eat more fat, especially saturated animal fat, have higher blood levels of estrogens than women who eat 20% or less fat calories. The doctors suggested women with PMS cut down greatly on simple sugars, eat more whole grains, eat more fiber (whole grains and beans are the best sources of fiber), and less meat, poultry, eggs, and dairy products. This means less calorie intake and less obesity, while eating all you want and never being hungry. They also suggested supplementing with a complete variety of vitamins and minerals. You can do much better with the supplements and minerals listed in Topics 14 and 15. Adding basic hormone balance would be even more dramatic. Here are medical doctors intelligently recommending natural and dietary cures instead of drugs and surgery. In 2012 you have a much larger selection of proven natural supplements to choose from, as well as natural hormones.

Probably the most enlightening study ever published on this was by Kathleen Head in the *Alternative Medicine Review* (v 2, 1997). After extensively reviewing this complex set of symptoms we call PMS she found women could be divided into four basic types, even though they often included the symptoms of two different types. This work has never been equaled. She took a very complex issue and refined it down to a much easier to understand framework. She called these four types PMT-A, PMT-H, PMT-C, and PMT-D.

PMT-A was the most common type, and affects over two thirds of American women. Two out of three women in the U.S. suffer from PMT-A every month, not knowing there is a natural cure for it. Here mental and emotional symptoms dominate with anxiety, depression, irritability, insomnia, and generalized nervous tension occurring. In PMT-A estrogen (estradiol and estrone)

clearly dominates progesterone. Here the psychological rather than physical symptoms dominate. For PMT-A total natural hormone balance, especially progesterone, is very effective. Katherine did not know about estriol, but estriol deficiency is another common issue here.

PMT-H was the second most common type affecting less than two thirds of American women. Countless millions of American women suffer unnecessarily from this every month. This is very easy to diagnose due to the obvious physical symptoms. This is a very physical condition more than psychological issue with weight gain, abdominal bloating, tender and engorged breasts, and edema (water retention) in the face, hands, and feet. They found low dopamine levels generally in these women. Good diet and lifestyle is the best way to raise dopamine, rather than medical dopamine injections. Again, physical symptoms are dominant over psychological in PMT-H.

PMT-C occurs in less than a quarter of the women, and is clearly related to blood sugar metabolism and pre-diabetic symptoms. *Read Topic 10: Prevent Diabetes*, and keep your blood sugar under 85. Also read my *The Natural Diabetes Cure*. Such women should treat this type as if they did have diabetes, and eat a diet based on whole grains and vegetables with no fruits, fruit juice, dried fruit, sugars, or sugar substitutes, or sweets of any kind. The symptoms here are increased appetite, craving for sweet foods (especially chocolate), and hypoglycemic symptoms including headaches, fainting, fatigue, dizziness, palpitations and trembling. High insulin levels were shown here thru GTT testing. A simple, effective, inexpensive GTT test is vital here.

PMT-D was least common, rarely occurred alone, and was harder to define. This occurred in less than five per cent of the women, and often occurs in combination with PMT-A. PMT-D is characterized by depression, lethargy, sadness, crying, confusion, gloom, a sense of hopelessness and helplessness and even suicidal tendencies in a minority of subjects. Here we find a very unusual predominance of progesterone over estrogen, so overall hormone balance, without progesterone, is needed. This is clearly characterized by psychological symptoms, over physical.

Medical doctors are woefully uninformed here, cannot help, and make the situation worse by prescribing progestins, estradiol, estrone, HRT, antidepressants, diuretics, anti-anxiety agents, and other harmful drugs. They do not realize the biological basis of much of this. Basic hormone testing is not done of course. These are just more examples of trying to cover up the symptoms while ignoring the underlying causes. Some doctors actually go as far as to recommend a complete hysterectomy to treat PMS! More enlightened doctors like Guy Abraham (*Journal of Applied Nutrition* v 36, 1984) are aware of the literature on PMS, and the groupings of it into four basic categories. For PMT-A he suggested vitamin and mineral supplements, using real progesterone, eating more fiber, and not eating dairy foods, desserts, or animal products. For PMT-H he again suggests vitamin and mineral supplements, avoiding prescription drugs, and ending bad habits such as caffeine, nicotine, and alcohol. For PMT-C he recommends minerals, fatty acids (use flax oil), avoiding all sweets, and getting a glucose tolerance test (GTT). PMT-D is much harder to treat, and he called for a complete physical with comprehensive hormone testing. Here high heavy metal levels in the blood may be present (use 3 g of sodium alginate for a year)). Psychiatric counseling is needed if severe depression or suicidal thoughts are present.

In a good study from the University of Calgary (*Clinical Investigative Medicine* v 20, 1997) women with PMS were given oral progesterone during their luteal phase, and got good general improvement. If they had used transdermal progesterone certainly the results would have been better, as oral progesterone requires very high doses and is mostly broken down into unwanted metabolites. At the Institute of Endocrinology in Moscow women with edema complaints prior to their menses were found to be low in progesterone (*Problem Endocrinology* v 25, 1979). At the University of Umea in Sweden (*Journal of Steroid Biochemistry* v 5, 1974) women with PMT-A symptoms were found to be low in progesterone, high in estrogen, and gained body weight during the last part of their periods. Doctors at the Institute of Endocrinology in Prague found women with PMS symptoms generally had low levels of progesterone in the follicular phase (the time of the cycle after the period) of their cycles as compared to controls without such symptoms (*Hormone and Metabolic Research* v 30, 1998).

Katharina Dalton more than 50 years ago (*British Medical Journal* May 9, 1953) noted then that “only” about 40 percent of women complained about premenstrual problems. Compare that figure with over 70 percent today. This is very significant to see such an increase. The term used at the time was “premenstrual tension.” Katharina was a real pioneer in women’s health, and her studies are still quoted today. She noted as far back as 1937 that excessive estrogen levels caused water retention (edema) - one of the classic signs of PMS. She said, “The concept of an abnormally high estradiol/progesterone ratio has much in its support.” Notice the word “ratio”, as a woman can have either high estrogen or low progesterone levels or both. She reviewed earlier work in the 1940’s where doctors had successfully treated women with PMS by injecting them with natural progesterone. Remember that it was not possible to synthesize bioidentical progesterone yet, and the idea of transdermal progesterone was simply not discovered. She was also trying to use testosterone therapy for the women, but the only forms used by doctors at the time were oral forms and not sublingual salts, or transdermal creams. Nor did she test the women for testosterone levels. Her success with progesterone injections were stunning and now being “rediscovered” a half century later. This is the kind of doctor we need today.

Why would a physician give a woman unnatural progestins instead of real, natural progesterone? A study done at PMS Medical in New York (*Comprehensive Therapy* v 19, 1993) showed that women given synthetic progestins *worsened* their PMS symptoms. The progestins actually made them sicker! If they had been given natural transdermal progesterone their symptoms would have clearly improved. Some doctors will actually give women these progestins and call them “progesterone”, thus leading their patients to believe this is actually real progesterone. This is criminal. Taking progestins actually decreases the production of biological progesterone by the body making the blood levels even lower.

Medical doctors rarely understand that hormone imbalance is a major factor in PMS, but this has been published internationally and is common knowledge in clinical studies. Melatonin, for

example, is very important here. Doctors at the University of California in La Jolla (*Journal of Biological Rhythms* v 12, 1997) showed that women suffering from symptoms before their periods generally had low melatonin levels. They said, "These findings replicate the author's previous observation that nocturnal melatonin concentrations are decreased in PMDD (premenstrual dysphoric disorder)". *All your basic hormones must be balanced out to be in ideal health.*

Some natural health authors have recommended various herbs, such as chaste tree, dong quai, black cohosh (be careful with this one), and blue cohosh. The problem here is that all herbs are "exogenous" and do not exist in our daily food or in our bodies. Everyone is biologically different, so one herb may help one person, yet be toxic to another and actually make them worse. Even if you did find an herb to benefit you, it would only work for about six months to a year and then be useless. You just cannot depend on herbology to help you. Exogenous supplements are temporary in effect. If you are over forty there are about twenty permanent supplements, plus the hormones you need. Women (not men) can add 10 mg of B-6 and 800 mcg of folic acid to this regimen. Making better food choices, proven supplements, natural hormone balance, lots of exercise, weekly fasting, no prescription drugs, and limiting or ending any bad habits will raise your immunity, energize your metabolism, and raise your general level of health so you will successfully and effectively deal with the very complex and not well understood myriad causes of PMS. Only a total program of diet and lifestyle is going to help you with such a complex condition. PMS is definitely a complex condition.

If you are on prescription drugs, or birth control pills, talk to your doctor and get off of them. You can find another form of birth control. Prescription drugs will just cause PMS symptoms to worsen. *You cannot poison your way to health.* Obviously you'll be far better off with a natural alternative to your prescription drug whatever it is. You are never going to enjoy good health while taking some toxic, unnatural, synthetic prescription chemical with dangerous side effects that covers up your symptoms while worsening the underlying cause.

Exercise is the most important aspect of lifestyle next to diet. Women athletes and women who exercise regularly show far less PMS than other women. In Finland women who participated in sports had far less PMS symptoms than other women (*Acta Obstetrics and Gynecology Scandinavia* v 50, 1971). You can certainly walk every day. Join a gym and go two or three days a week. Learn resistance weight training. Join an exercise or dance class. Exercise will reduce PMS and make you healthier in many other ways. Alcohol intake is more harmful to women than men, and often upsets their reproductive systems. Women are simply much more sensitive to alcohol. Just one or two drinks daily can cause serious medical problems in women. Coffee has become a national addiction, and coffee consumption will make your symptoms worse. The coffee oils kawool and cafestol are just as harmful as the caffeine. Smoking is related to PMS, and well connected with such problems as premature menopause, osteoporosis, and coronary heart disease. One third of American women smoke cigarettes. If you exercise regularly, stop drinking alcohol, stop smoking, and don't drink coffee you'll have a much better chance of being symptom free every month. Healthy women really are symptom free, and don't suffer these problems every month prior to their periods. There is nothing natural, normal, or inherent in suffering every cycle. *The menstrual cycle is by nature a healthy one without any negative symptoms.* The unpleasant experiences most women suffer every month between the ages of 13 and 52 are due to poor diet and lifestyle. Many women go thru life experiencing their cycles with no problems at all. This is especially true in poor Third World countries where they work hard by necessity. They cannot afford the luxuries of a high fat, refined diet with too many calories. American women eat twice the calories they need, half the fiber they need, five times the fat they need, twice the protein they need, and 160 pounds of sweeteners they have no need of at all. This is on top of the refined foods, chemicals, preservatives, coffee, alcohol, and nicotine. Add stress to this and you can understand the epidemic rates of most every known medical condition and disease in American women. The richest country in the world has the worst health.

Topic 10: Prevent Diabetes

Diabetes is an epidemic in our country with 800,000 new cases a year now, affecting over 16 million people. Every year more and more and younger children are diagnosed with it. *One in three American children will grow up diabetic.* Insulin resistance is even more of an epidemic, only not as obvious. Metabolic syndrome is another epidemic. High blood sugar an outright pandemic. Type 1 accounts for only about 10 percent of cases. This is due to an impaired pancreatic function where insulin is lacking. Type 2 accounts for about 90 percent of cases. This occurs when excess insulin is produced as our cells no longer react effectively to it. Since 1990 the rate of new cases has risen over 40 percent. *1 in 5 Americans over 65 have outright diabetes.* This is prima facie cultural insanity. What is this epidemic due to? *Our extreme intake of over 160 pounds of various sweeteners, our fat intake - which is almost half of our calories, our protein intake - which is twice what we need, refined foods, epidemic obesity, lack of exercise, and the fact we eat twice the calories we need.* Americans eat a mere 1% whole grains. Age, family genetics, and race are other factors. Medical doctors tell us this is “incurable”, and prescribe oral or injected prescription drugs. *This is the seventh leading cause of death in the U.S.* Diabetes eventually results in early death, poor quality of life, amputation of limbs, blindness, kidney failure, and various forms of heart disease. The symptoms are obesity, hypertension, high triglycerides, high insulin, lack of energy, chronic tiredness, and physical weakness even after sleep or naps. All of this is totally unnecessary, caused by lifestyle factors, and can be avoided.

Oxidative stress is the basis of blood sugar disorders. We cause this by our diet and lifestyle. What kind of diagnostics can we use here? *Keep your fasting blood sugar under 85,* although doctors will tell you under 100 is all right. Get an inexpensive blood sugar meter. Get a one hour, one draw glucose tolerance test (GTT), and look for a result at least 10 points below the usual accepted level. An optional HbA1c test will give you a very accurate average of your blood sugar over the last three months. *Look for a HbA1c level of 4.7 or less.* Triglycerides are vital here, so keep them under 100. Uric acid should be in the low normal level. CRP (C-reactive protein) should also be in the low normal

level. Keep your blood pressure at 120/80 or less. Homocysteine should also be in the low normal range.

The most important thing to do is stop eating sugars of all kinds. This means no sweeteners no matter how “natural”. All simple sugars are basically the same whether you are talking about fruit juice, dried fruit, white sugar, brown sugar, agave, raw sugar, molasses, honey, maple syrup, maltose, fructose, sucrose, corn syrup, or amazake. No sugar substitutes either, including stevia, sucralose, aspartame, lo han, and the rest. Until you are well, you should not eat fresh fruit, dried fruit, fruit juice, or anything else sweet. Your body is unable to digest and metabolize simple sugars properly. This may sound somewhat extreme, but it is necessary. There is very little nutrition in fruit anyway, and all fruits are basically just sugar and water with very little vitamin or mineral content at all. Read my book *Zen Macrobiotics for Americans* for more on this. When you are well you can eat 10 percent local fruit in your diet.

You must take excess fat out of your diet, especially saturated fat. Americans eat a whopping 42 percent calorie saturated fat diet. Diabetics almost always have abnormal cholesterol and triglyceride levels - they go hand in hand. Stop eating all red meat, poultry, eggs, and especially dairy products, regardless of how low-fat or no-fat they are. Remember that dairy products contain indigestible lactose and cancer promoting casein. Eat a plant-based diet with 10 percent seafood (if you have no seafood or fish allergies). Or eat a pure vegetarian diet. Use very little vegetable oil (including olive oil). The ideal is 10 percent fat calories from vegetable sources, but 15 percent is acceptable.

Whole grains and beans should be the very basis of your diet. No more white rice, white pasta, white flour, and white bread. Brown rice, whole wheat, barley, corn, spelt, quinoa, oats, buckwheat, rye, and millet are all good choices. The University of Minnesota in 2002 proved with 160,000 real people that whole grains reduced the incidence of diabetes. The Finnish Public Health Institute did the same thing in 2003 with almost 5,000 people. At Yonsei University in Korea in 2001 people lowered their blood sugar an amazing 24 percent in 16 weeks just by eating whole grains. Harvard University in 2002 said whole grain consumption

reduces diabetes. The USDA said the same thing in 2000. The famous Framingham Study proved whole grains prevent and reduce diabetes. Eat all the whole grains, green and yellow vegetables (except nightshades), beans, soups, and salads you want. These digest and metabolize very slowly, and normalize your blood sugar levels over time. Type 2 patients can stop any medications, make better food choices, take all the proven supplements, balance their basic hormones, avoid all sugars, and exercise daily. Type 1 patients can dramatically reduce their insulin needs and improve the quality and length of their life. Type 1 diabetics have no functional pancreas and cannot produce insulin.

A real world example of this is the Pima Indians in Arizona and Mexico. The Pimas in Mexico are slim, generally very healthy, and have very little heart disease or diabetes. They live on a traditional diet of corn, beans, vegetables, and other natural foods. They eat little meat, sugar, or refined foods. The Pimas in Arizona are overweight, have numerous health problems, high cholesterol levels and heart disease, and high rates of diabetes. They eat a typical American diet of meat, sugar, refined foods, and other typical such fare. This is real world proof that natural diet and lifestyle prevent diabetes and other health problems.

The allopathic drug treatments just address the symptoms and not the cause. These synthetic toxins just make the patients worse. There are very serious side effects to these drugs including severe liver damage, lactic acid buildup, acute kidney damage, and many other side effects. What about the type 1 diabetics who do not produce the insulin they need? This is due to an impaired or atrophied pancreas. Such people will have to stay on insulin the rest of their lives, as their pancreas doesn't function. Beta cell and pancreas transplants just don't work. These patients can, however, make dramatic improvements in their health and longevity, and greatly reduce their insulin needs. Type 1 diabetics can still get very impressive benefits and live much better lives.

Take the proven supplements and natural hormones you need. Anyone over 40 needs about 20 supplements, plus the hormones they require. Hormone imbalances are found in diabetics and other blood sugar conditions. It is vital you get all your basic hormone levels tested and balanced. Insulin, of course, is a basic

hormone, and works together synergistically in harmony as a team with all the others. Doctors don't know about hormonal influence in diabetes, nor do the foundations that are supposedly trying to find a cure for it. The studies are right there in the medical journals for all to see. Pay special attention to DHEA, testosterone, melatonin, pregnenolone, estriol, T3, and T4. Please read my book *Testosterone Is Your Friend- A Book for Men and Women*.

Most diabetics are overweight, and simply aren't going to get well until getting their weight down to normal. *You must lose weight to normalize your blood sugar and insulin*. There is no way around this. Americans literally eat twice the calories they need, enough for two people every day. Men only need about 1,800 calories a day, and women only about 1,200. Obesity is a major factor here, and one third of American adults are obese. If you eat the foods advised in the natural diet chapter you can eat all you want and never be overweight. Just *make better food choices* and you can stay slim and never be hungry.

Exercise is absolutely necessary to cure all blood sugar conditions. If you want to cure diabetes, you are going to have to exercise, even if it is just walking for a half hour a day. You can do aerobic, or resistance or both. The more exercise you get, the faster you'll get well, and the longer you'll stay well. Harvard University, the University of Perugia, University of Barcelona University of Vienna, Syracuse University, Maastracht University, University of Maryland, and other such institutions have all published studies on this. *Exercise cures and prevents diabetes and insulin resistance*. Unfortunately, diabetics are unable to fast (on water only) for more than a few hours without getting ill. As you get stronger you'll find you can go longer and longer without any food with no ill effects or discomfort. This shows you are getting better. When you are off all medications you can fast for 24 hours, and gradually even longer with no problems. Type 2 diabetes can be cured within a year or less with good diet, supplements, exercise and hormone balancing. You'll see clear results every month. Some people have literally cured themselves in less than six months. Please read my book *The Natural Diabetes Cure*.

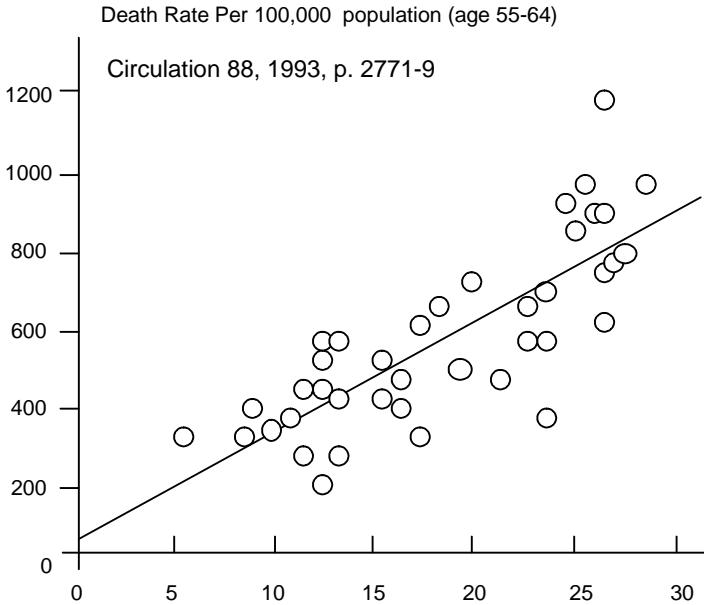
Topic 11: Natural Diet

Diet is everything. Nothing is more important to your health than what you eat every day. Your daily food is paramount to your well being. *We are what we eat.* Americans eat twice the calories they need, over six times the fat they need, 160 pounds of various sugars they don't need at all, half the necessary fiber, and twice the necessary protein. Yet, they are chronically under-nourished and lacking in vital nutrients, vitamins and minerals. Let's look at the basic food groups, and see what we have available to eat and what is best for us. It is our diet and lifestyle that causes our stratospheric rates of various diseases. You can literally cure cancer, heart disease, arthritis, diabetes, and other conditions by taking responsibility for your health and making better food choices. Diet is the most important part of natural health.

Americans eat 42 percent fat calories, almost all of which are saturated animal fats. Meats such as beef, pork, and lamb are very high in saturated fats, very high in calories, contain no fiber and have a very unbalanced profile of nutrients. High consumption of meats is associated with such diseases as diabetes, heart and artery disease, arthritis and many types of cancer. Ideally, you would eat no meat at all, and you cannot eat meat if you are sick. You do not have to be a vegetarian and can eat 10% seafood if you like. If you want to be healthy, enjoy good quality of life, and live as long as possible just stop eating dead animals. Organically raised meat (and poultry, eggs, and dairy) is still meat - don't kid yourself. The book *The China Study* proved that animal protein per se lowers quality of life as well as length of life. Again, the ideal is no meat at all.

Poultry and eggs are also high in saturated fat, high in calories, low in fiber, and have a very unbalanced nutrient profile. *Poultry and eggs are also two of the top ten allergenic foods.* You may be allergic to one or both, and not even be aware of it. There may be no overt and obvious symptoms right after eating them. You really should give up eggs completely. You should give up poultry as well, although it is ubiquitous in our culture. No matter how organic or "free range" the poultry or eggs are, they are still poultry and eggs. They still contain large amounts of fat, cholesterol and animal protein, and are no less allergenic. Each egg

contains a whopping 250 mg of pure cholesterol. Egg and poultry consumption is clinically associated with various cancers and other conditions.



Cholesterol Saturated Fat Index per 1000 kcal/day
The more saturated fat you eat the more coronary heart disease you get based on 40 countries.

Milk and dairy foods are the worst choice of all. They are high in saturated fats, high in calories, have no fiber and have a very unbalanced ratio of various vitamins and minerals. Most cultures do not drink milk or eat dairy products at all. Some people mistakenly assume that using organic or low-fat dairy foods is the answer. The problem is that all dairy products (except hard cheeses which are very high in saturated fat by nature) contain lactose (milk sugar) and casein. Lactose cannot be digested by any adult of any race, since we lose the ability to produce the enzyme lactase at about the age of three. Africans and Asians are notoriously lactose intolerant, and Caucasians are just less obviously intolerant. Man is the only mammal that drinks milk after weaning. Yogurt, which is traditionally touted as a “health food”, is worse, because it contains twice the amount of lactose as regular

milk. Why? Because milk powder is added to yogurt to make it thicker. Stop drinking milk and stop using dairy products. Go to websites like www.notmilk.com to read more about the many reasons to take all dairy out of your life. Substitute with soy milk and meltable soy cheeses. There are also rice, oat and almond milks available, so keep trying them until you find one you really like. More and more you will see vegetarian replacements for dairy products like yogurt, sour cream, cream cheese and others. Buying expensive organic milk and dairy products is just deluding yourself - they are just as bad as the regular ones. Low-fat dairy foods are still full of cancer promoting casein and indigestible lactose. Many people have seen their health improve dramatically just by taking milk and dairy products out of their diets for a single month.

Whole grains are literally the “staff of life”, and should be the basis of your diet. Whole wheat, brown rice, corn, buckwheat, barley, rye, oats, and millet are, and have been, central to human nutrition around the world for centuries. How many whole grains do you eat every day? Americans only eat 1 percent whole grains, when they should be eating at least 50 percent. Whole grains are low in fat, low in calories, have high quality protein, are full of fiber, and have an excellent nutritional profile. They are also very non-allergenic; the repeated fallacies that wheat and corn are common allergens just aren't true. Allergies to any grain are almost non-existent, and brown rice may be the least allergenic of all foods. Gluten intolerance is an urban myth. It is very easy to have brown rice or whole wheat pasta for dinner instead of white rice or white pasta. Chain grocery stores now carry 100 percent whole grain breads without preservatives. Discover polenta and corn bread. Make some barley soup. Cook up some buckwheat or millet one night and see how you like it. Have whole grain cold cereals or hot oatmeal for breakfast. Get creative with a variety of whole grains!

Brown *rice* can be your daily staple food, as it is for much of the world. It is good to buy 25 or 50 pound bags of short or long grain organic rice. You can even choose jasmine or basmati if you like. Sweet rice is really meant for desserts. Wild rice is a grass, and not a true grain. It is still a good food, and can be used to flavor your brown rice and other grains. One cup of cooked brown rice has only 173 calories, 5 percent fat calories, and is full of

nutrition. Brown rice pasta is a good choice. Nearly all the *wheat* eaten in America is refined nutritionless white flour. Read your labels. A slice of real whole wheat bread has about 70 calories, 13 percent fat calories, and 8 percent protein. Two ounces of dry whole wheat pasta (six ounces cooked) only contains about 200 calories and 5 percent fat calories. Always use whole grain pasta. Bulgur wheat cooks like rice and is another good choice. Most cous cous is refined, but you can find whole wheat cous cous. *Corn* is very versatile, and a staple in some countries. You can use this as a vegetable including fresh or frozen (but not canned) corn kernels, or whole corn meal (not degermed). Try whole grain polenta. 100 percent whole grain corn chips are available. Corn grits, however, are nearly always refined. *Oats* are eaten as oatmeal, breakfast cereal or added to multigrain bread. A cup of cooked oats contains 145 calories and 15 percent fat calories. *Buckwheat* is very underutilized, but a very good food. Add this to your brown rice for flavor and variety. *Rye* is not commonly eaten because of the strong flavor, but goes well in bread. *Millet* is a staple in some African countries, but is not eaten much in the West. *Spelt*, *teff*, and *quinoa* are rather expensive, but very good whole grains.

Beans are a staple of any healthy natural diet. There are many types of delicious beans available. You can find wonderful beans in ethnic and gourmet grocery stores that you have never even heard of. Like whole grains, beans are low in fat, low in calories, have excellent protein, are loaded with fiber, and have a good assortment of nutrients. A cup of most beans only contains about 120 calories, 2 percent fat calories, and over 20 percent protein. Allergies to beans are rare, and this includes supposed soybean allergies. The modern soybean has been bred to be high in oil content, but very few people eat cooked dried soybeans anyway. Get a good recipe book, and learn how to cook beans in various versatile, flavorful, and delicious ways. You can make bean soup, bean dip, refried beans, bean sprouts, and bean spreads like hummus. You'll find they taste as good as they are good for you. Pinto, black, lentils, chickpeas, pink, kidney, adzuki, chili, black-eyed, limas, fava, navy, northern, mayacoba, and cannellini are just some of the varieties you can find in stores. Tofu, by the way, is a heavily refined food lacking in nutrition.

Americans generally just do not eat enough vegetables. Asians generally eat the most fresh vegetables, especially the Chinese, Thai, and Vietnamese. Green and yellow vegetables are the next most desirable food to eat, but not every one of them. Most vegetables are healthful and important for the nutrients, like beta-carotene, they contain. Vegetables have almost no fat, are very low in calories, and contain lots of fiber. They provide certain nutrients that only vegetables can provide, like lignans and sterols. It is the nightshade family that should be avoided; this includes potatoes, tomatoes, eggplants, and peppers. Vegetables in the nightshade family contain toxic alkaloids like solanine. If you extracted the solanine from a 100 pound bag of potatoes and ate it, you would literally fall over dead. Potatoes, tomatoes, peppers, and eggplants have dangerous and deleterious amounts of solanine in them, and should only be eaten occasionally at most. Tomatoes also contain the toxic alkaloid tomatine. For centuries tomatoes were considered an ornamental, toxic plant not fit for humans or animals to eat. In many cultures nightshade plants, such as tomatoes, are not eaten at all. Americans eat a very inordinate amount of potatoes and tomatoes, and this is one more reason for their high rates of sickness and diseases. Learn to cook fresh vegetables in various international styles. Asian recipes in general are the best way to do this. Americans just eat too few green and yellow vegetables. A good way to lose weight is to temporarily go on an all vegetable diet or an all vegetable soup diet for a week. Sea vegetables (aka seaweed) such as dulse, hizike, wakame, nori, and kombu can be used, but contain too much iodine for regular use.

Fruits, surprisingly, are not very nutritious, and should only be about 10 percent of your diet. Most all fruits are basically just sugar and water with very little nutrition. Fruits have a very poor nutrient profile. Look at a nutritional analysis of any common fruit and you'll see it has almost no biologically significant amount of any vitamin or mineral whatsoever, except for a little vitamin A or C. Read the article *Fruits Have Almost No Nutrition* at our website. Dried fruits and fruit juices are even higher in sugar than fruits per se, and should be avoided. A glass of fruit juice has as much simple sugar as a soft drink, and *all simple sugars are basically the same*. All sweeteners are harmful in excess. Whether the sugar is sucrose, dextrose, fructose or maltose, it is still a simple

sugar and should only be eaten in small amounts. Tropical fruits are meant for tropical people living in hot climates - like India and Africa. They are very allergenic, and citrus fruits as a group (lemons, limes, grapefruits, oranges and tangerines) are one of the top ten allergenic foods. Most vegetarians tend to be sugar addicts and eat large amounts of fruits, dried fruits, fruit juice, honey, maple syrup, and other sweeteners. Thus, they have the same health problems as people who eat plain old white sugar. *Sugar is sugar is sugar* regardless of its source.

Westerners have a concept of “desserts” at the end of most meals. Asians do not. *Drop the habit of desserts completely.* You can eat a piece of fresh fruit after dinner if you like. Sugar is an acquired habit and can be dropped. As a *temporary* transition, you can get a macrobiotic dessert book and make them out of whole grains, and whole fresh (or frozen) fruit.

Seafood can be an addition to your diet if you don't want to be a vegetarian. A few people do have allergies to seafood, and these allergies may not be obvious. Fish and shellfish can be eaten in moderation regularly (i.e. a four ounce portion daily) if you choose to. There is no evidence to show that pure vegetarians (vegans) are any healthier than those who add seafood to their diets. The human body is designed to eat 10 percent fish and seafood if you so choose. Pick low fat white fish like flounder, snapper, and sole over high fat types such as catfish and turbot, or fatty, dark skinned fish like swordfish, tuna, and salmon. Such dark fish can contain 30 percent or more fat calories. Limit your fish and seafood intake to one tenth of your diet or less.

It should be mentioned there is no botanical category known as “nuts”. *There is simply no such thing as “tree nuts”.* Nuts that grow on trees- such as almonds, walnuts, pecans, hazelnuts and others- are unrelated botanically. They are completely different species, and have nothing at all in common. To use the term “tree nuts” in reference to allergies is ridiculous. All nuts are very, very high in fat (over 80 percent generally), very high in calories, contain an unbalanced nutritional profile, and should only be used as a garnish for your other foods. *Use nuts as a garnish* for your foods like the Chinese do. Peanuts are tropical legumes, and are

not nuts at all. Peanuts are very allergenic and one of the top ten allergenic foods known. Nut butters can be used in moderation.

You'll find that most of the popular diet authors are very uninformed and misleading - to put it politely. The most popular diet in history was the Atkins diet. Atkins recommended you eat all the meat and fat you want, but avoid all whole grains like brown rice and whole grain bread. This was also called the "ketogenic" or Paleolithic diet, and is based on the "glycemic index". The author fell over dead of chronic cardiomyopathy from following his own inane advice. Similar "Paleolithic" diets like the South Beach and various low-carb regimens have jumped on this deadly bandwagon. The term "ketogenic" is based on the pathological disease state of *ketosis*, where you have excessive toxic *ketones* in your body. The glycemic index is too silly to even talk about, since the proponents class simple carbohydrates as identical to complex carbohydrates. *Their basic reference food is white bread!* The glycemic index advocates irrationally claim whole grains are the same as simple sugars! How can intelligent people even listen to this kind of insanity? The Mediterranean diet includes cheese, white pasta, white bread, white rice, and far too many tomatoes and olive oil. These fad diets are as silly as they are irrational. One such diet is based on your blood type as your biological destiny! This foolishness still has followers around the world who eat the wrong foods because they happen to have a certain blood type. The popularity of such diets is very sad. Most all vegans and ethical vegetarians do not eat for health at all. They are all sugar addicts, and eat many refined foods. The raw food advocates will not eat any cooked food, not even steamed grains. They eat inordinate amounts of sugar, and eventually have to include cooked foods as their health deteriorates badly. The South Beach, Zone Diet, and other such fads, have disappeared, but the glycemic index is now even found in the published medical literature. This is inexcusable.

Most all of the popular diet authors you see today have very poor advice about how to eat. They are usually overweight medical doctors who are in poor health themselves. It's all about money and self aggrandizement. In fact there are very few good authors out there who are sincere, practice what they preach, and are good examples of what they advise. Dean Ornish is very

sincere, and is now a member of the Physician's Committee for Responsible Medicine (PCRM). Neal Barnard is also a very sincere writer and member of the PCRM. You probably saw Susan Powter on television. She writes excellent books like *Stop the Insanity*. Gary Null is a prolific writer who practices what he preaches, and makes a lot of sense telling people that natural foods really do taste better than the refined ones. Robert Pritikin followed in his father's tradition, and has a very practical approach to eating well and staying slim. Terry Shintani wrote two excellent books, *The Hawaii Diet* and *The Good Carbohydrate Revolution*. They do not promote macrobiotics and know nothing about supplements and hormones however. If you have never read anything on the "macrobiotic" or Zen diet please read my *Zen Macrobiotics for Americans*. Do this especially if you are sick, or have a chronic illness. This is the only book in the world to make the whole grain diet practical, varied, fun, and delicious. All the unnecessary and restrictive Japanese influence has been taken out of it. There are many good books on traditional Japanese macrobiotics, and George Ohsawa and Michio Kushi are the leading authors. All the unnecessary Japanese trappings need to be taken out of traditional macrobiotics. Countless people have actually cured cancer and other "incurable" illnesses by eating a whole grain based diet. Some then have gone on to write books like *My Beautiful Life*, *Recalled By Life*, *Recovery from Cancer*, and *Confessions of a Kamikaze Cowboy*. They relate their healing with natural means instead of allopathic medicine. How do you know which is the ideal and healthiest diet when there is so much conflicting and confusing information? Very simply- the results. The whole grain based diet is the only way to cure so-called "incurable" illnesses. Real world results are the bottom line.

You should eat according to your genetics and your environment. Tropical races in yang tropical lands should eat such yin tropical foods as mangos, avocados, papayas, and bananas. If such people move to a temperate area they can no longer eat these foods. They have left their genetic environment. Nature gives us the proper foods in our environment for our genetics. Temperate races in temperate lands cannot eat these tropical foods except occasionally as a treat. Americans eat an inordinate amount of such tropical foods especially citrus, bananas, and avocados.

Chapter 12: Losing Weight

Diets don't work...nobody wants to go hungry. If you eat whole natural healthy foods, you can honestly eat all you want and lose weight. Do not even think of "going on a diet"- just *make better food choices*. It really is that simple...choose natural whole foods. Will power is an illusion, and hunger is one of the strongest instincts we have, much stronger than mere sexual desire. People can go their entire lives without sex, but only hours without food before complaining about hunger. Over half of Americans are medically overweight, and over 20 percent are clinically obese. You now see many overweight and obese children and teenagers. This entire situation has really only occurred in the last 30 years. Look at those TV shows from the early 1970's and see how most everyone is slim. What has happened in four decades? America is now the fattest nation on earth, with the highest intake of fat calories (42 percent). We are overweight because of this extreme fat intake along with our extreme sugar intake (160 pounds a year), the refined, nutritionless food we eat, and the fact we just eat too darned much. We eat twice the food we need each day.

You do not have to go hungry to lose weight. You couldn't do it if you wanted to anyway. Do you know one person who is able to not eat for more than a few hours? The inherent desire to eat to stay alive is too instinctual and too ingrained in us. You just need to choose better foods so you can eat whenever you are honestly hungry. What does "honestly hungry" mean? If you are honestly hungry you will be very happy to eat something simple, like a piece of whole grain bread with apple butter, a bowl of hot or cold cereal, a piece of fruit, or something else simple, natural, and tasty. If you want, say, a piece of chocolate cake, you aren't really hungry, but just looking for some emotional satisfaction. It is not a matter of how much you eat, but rather *WHAT* you eat. *Just make better food choices*. You can actually eat *more food every day*, yet take in less calories, by choosing whole grains, beans, vegetables, fruits, soups, salads, and seafood, rather than meat, poultry, eggs, milk, dairy products, refined foods, and sweetened foods.

The people in rural Asia, for example, are generally poor and agrarian, but they have a surprisingly high calorie consump-

ion. They cannot afford to eat rich foods like meat, poultry, or eggs in any quantity, and dairy products are not a part of their culture. Therefore, they exist mostly on grains such as rice, wheat, and barley with lots of vegetables. They only eat about 15 percent fat calories. These fat calories are mostly from vegetables, not animal foods. Obesity is uncommon, as are most forms of cancer, diabetes, heart/artery disease and other illnesses. Their food choices are largely forced on them by a lack of affluence, but they eat a lot and stay slim generally. This is basically true in countries like Indonesia, China, Thailand, Burma, Viet Nam, Korea, and Japan. The city dwellers in countries like these have more and more adopted the Western diet. Many urban Asians now eat more beef, pork, chicken, milk, cheese, yogurt, butter, eggs, and other high calorie, high fat animal foods. As they do, their health proportionately deteriorates, and their disease rates more and more match those of the Western countries.

Diet and lifestyle is the only way to stay slim. The popular fad diets simply don't work. There are countless books on diet in print. If any of these diets worked, there wouldn't be an obesity problem anymore. The current fad in 2012 is still the ridiculous glycemic index. There are no magic supplements to help you lose weight either, although billions of dollars of diet aids are sold every year. There are no prescription drugs that will make you lose weight. You can take amphetamine based drugs temporarily to lose weight, but the psychological/mental/emotional side effects of regular amphetamine use are very severe. It is up to you to *choose better foods* by reading books on natural health and educating yourself about what is best to eat. Making better food choices is not a "diet" at all, because you eat all you want, and eat delicious whole natural foods. This is a matter of changing your lifestyle and being more aware of what you eat. You can actually eat whenever you are hungry and maintain a normal weight for your height. You will never go hungry on a macrobiotic diet. Most of the diet books available are really awful, and the authors are completely clueless as to what they're doing. Fortunately, there are a few very sincere authors who do know what they are doing, and do practice what they preach. A good example of this is Dean Ornish's book *Eat More, Weigh Less*. Another fine example is Susan Powter's *Stop the Insanity*. Any of the books by Gary Null, Neal Barnard, Robert Pritikin, Michio Kushi, or Terry Shintani are

very helpful. These authors suggest you eat whole grains, vegetables, fruits, salads, beans, and even some seafood to lose weight and be healthy. Please be sure to read my *Zen Macrobiotics for Americans*- the only book ever written that makes the powerful macrobiotic diet practical, down to earth, fun, tasty, and varied. This is macrobiotics with all the unnecessary Japanese culture and influence taken out of it. Go to your local library and look up some of these authors, and read what they have to say. It is not a matter of will power at all but, rather, of understanding what is best to eat. Will power is an illusion; understanding brings freedom. Diets don't work! You just need to *make better food choices*. You can actually eat all you want to eat and not gain weight and never be hungry.

A study was done at the University of Hawaii (*American Journal of Clinical Nutrition* v 53, 1991) by Dr. Shintani. Obese Native Hawaiians, in very poor health, were put on their ethnic high complex carbohydrate, moderate protein, and low-fat diet for only three weeks. *They ate all they wanted!* They ate taro, breadfruit, yams, green vegetables, local fruit, seafood, and even some chicken, as their ancestors did. Hawaiians traditionally eat root vegetables rather than grains. In just 21 days they lost an average of over 17 pounds each, lowered their blood pressure, lowered their cholesterol, and lowered their blood sugar all very dramatically with no exercise or supplements. All this in just three weeks! This is real world proof that you can eat all you want and stay slim all your life if you'll just *make better food choices*. It is fat that makes you fat and not food that makes you fat.

At Cornell University in New York another human clinical study (*American Journal of Clinical Nutrition* v 46, 1987) proved that you can eat all you want and stay slim as long as you choose low-fat foods. Everyone was given the same foods, which only varied in the amount of fat calories. For example, everyone got bran muffins, but some were full of butter and eggs and others were not. *Everyone ate all they wanted to without restriction*. The ones on the low-fat foods ate a mere 2,087 calories a day while the ones eating the high fat foods ate 2,714 calories. This was only a two week study, but based on these results the healthy group would expect to lose 23 pounds a year while the unhealthy group would expect to gain 18 pounds a year.

At the University of Alabama another human study (*American Journal of Clinical Nutrition* v 37, 1983) was done to see how many calories people would eat given unrestricted access to foods varying in fat content. They were not weighed as the doctors only wanted to determine caloric intake. The ones who ate the low-fat foods only averaged 1,570 calories a day, even though they could eat all they wanted. The ones who ate the high-fat foods averaged 3,000 calories, which is almost twice as much. This is the power of better food choices.

One practice that will help is to eat a hot, hearty bowl of soup before lunch and before dinner each day. Eating a hearty, delicious soup makes us feel full, and fulfills our hunger on far less calories. Eating soup at least once a day will lower your caloric intake significantly while completely satisfying your hunger. Get some soup cookbooks, and get in the habit of having soup for lunch and dinner every day. Hot soup is an Asian tradition, and one more reason they are the slimmest people in the world.

Your hormones can affect your weight very much, and be responsible for some (emphasis on the word “some”) of your excess pounds. An underactive thyroid gland can cause weight gain. You must test your freeT3 and T4 thyroid levels. Overweight women have been shown to be universally low in estriol. You can easily and inexpensively do this with a saliva test kit since medical doctors never test for it. Estradiol and estrone are well known to often be high in overweight women. The only way to lower them is through total lifestyle and a low fat, high fiber diet, exercise, and limiting or avoiding alcohol. High insulin levels due to insulin resistance are very common in people over 40. Find a doctor who will give you a glucose tolerance test (GTT) to find out your insulin metabolism. Please read *Topic 10: Prevent Diabetes* to learn how to normalize your blood sugar and insulin levels naturally. Be sure to test all your hormone levels and balance them as much as possible, since our entire endocrine system works together harmoniously and synergistically. Please see the chart of Basic Hormones at the back of the book to see the 16 vital hormones you should be concerned with.

Topic 13: Natural Arthritis Relief

Arthritis and joint inflammation affects at least 95 percent of Americans over the age of 65. This is totally unnecessary, and can be prevented with good diet and lifestyle. The fact that 19 out of 20 people will suffer from joint pain is just not necessary. Surprisingly, there are almost no published studies on curing arthritis naturally. The information in Topic 5: Osteoporosis applies equally to arthritis. This epidemic does not occur as much in most poor, agrarian countries, where they can't afford to overeat or eat the wrong foods. Medical doctors have almost nothing to offer here, despite their constant claims to new "medical breakthroughs." Did you notice that none of their highly media acclaimed breakthroughs ever turn out? Again, they are trying to stamp out the symptom without addressing the cause. No matter how much advertising you see, *these wonder drugs never do work.* Every year another very expensive Magic Arthritis Drug is trotted out that doesn't work and has serious side effects. Every year this new Magic Drug fails.

Natural hormone balance is vital here. A basic cause of joint inflammation is hormone imbalance. You must balance all your basic hormones, since they work together harmoniously together as a team. They work synergistically. This includes testosterone, DHEA, estradiol, estrone, estriol, pregnenolone, melatonin, T3, and T4. Read Topic 16: Natural Hormone Balance carefully. Progesterone has been shown to be intimately related to arthritic conditions, but you are never told this. Over 60 years ago (*Mayo Clinic Proceedings* v13, 1938) a study was published about the relationship of progesterone and joint inflammation in women. This was first observed in pregnant arthritic women. Many of them often experienced great improvement as their progesterone levels went up during their pregnancy. Other studies around the world have shown the benefits of progesterone for bone and joint health.

High levels of estradiol and estrone are definitely inflammatory, and most Western women have too much of these. Estriol deficiency, on the other hand, is all too common among them. You can saliva test these three basic estrogens very cheaply without a doctor.

The androgens DHEA and testosterone are vital for bone and joint health. Both tend to fall after the age of 30, but you must test them. They must not be too high or too low; youthful levels are the ideal. DHEA is vital for joint health (*Arthritis and Rheumatism* v 40, 1997). You don't need to test androstenedione.

Pregneolone has not been studied for its relationship to arthritis or osteoporosis. We need much more research on this "forgotten" hormone. This is basic, and must be balanced so the other hormones will work together. Pregnenolone falls sharply after the age of 35 and then stabilizes. Women over 40 can take 25 mg. Melatonin has been proven to be vital in joint health and inflammation. Your doctor doesn't know this, nor care, since it is available without prescription. Studies (*Zhonngua Yaolixue Tongbao* v 10, 1994) verify this, but even natural health researchers are unaware of this relationship. Your thyroid hormones T3 and T4 are very basic to total hormone balance. Test your levels of free T3 and free T4 and make sure they are midrange, and not merely "in range". Bone health and joint inflammation are almost identical in cause and treatment. Balance all your basic hormones.

The most important thing you can do for joint inflammation is to eat a low calorie, low sugar, high fiber, plant based, low-fat, low protein, high complex carbohydrate diet of whole natural foods. The whole grain based macrobiotic diet is the least allergenic regiment of all. A study (*Drug Therapy Series* v 5, 1992) found a strong relationship between what people ate and how much arthritis they got. Much of this has to do with food allergies but, we currently do not have the technology to diagnose them. The ALCAT, ELISA, and other such supposed allergy tests just don't work and are very inconsistent. Using food elimination techniques is almost impossible, since many allergies are subtle, hidden or delayed in action. *Everyone has multiple unknown food allergies.* Whole grains, beans, and most vegetables are the least allergenic of all foods and should be your staples.

Many people have improved their conditions by taking nightshade family vegetables out of their diets. The nightshade group includes tobacco, jimson weed, deadly nightshade, and other poisonous plants. Potatoes, tomatoes, eggplants, and peppers are all in the nightshade family. All four of these contain the

toxic alkaloid solanine. Tomatoes contain toxic tomatine as well. A study (*American Medical News*, January 25, 1999) recently proved the strong allergenic nature of nightshade vegetables on hospital patients. You must omit, or severely limit, nightshade vegetables in your diet if you want to be free of joint inflammation. Use whole grains instead of potatoes and take tomatoes, eggplants, and peppers out of your diet.

Other studies (*Journal of Clinical and Biological Chemistry* v 20, 1996) have shown that inflammation of the joints is largely dependent on what foods you eat. The worst foods you can eat to worsen inflammation are fats, especially saturated animal fats and hydrogenated oils (*Pharmacology* v 51, 1995). The worst fats you can eat are the hydrogenated and partially hydrogenated oils (aka trans-fatty acids). They do not exist in nature, and cause myriad problems (*British Journal of Nutrition* v 61, 1989) such as clogged arteries, stroke, heart attack, and altered hormone levels. People in poor countries that eat a healthier diet than us suffer from far less bone and joint problems (*Nutrition Research* v 14, 1994). They eat fewer calories, less meat, less sugar, and less refined foods. Besides eating better food you can eat less food. Stop eating three unnecessary meals a day and *start eating two meals every day*. You can go even further and have a light snack in the morning or at noon and eat just one basic meal a day. The average woman only needs about 1,200 calories a day, and most women in America probably eat twice that much. The less you eat the longer you live and the healthier you are (*Science*, August 27, 1999). Fasting on water only can produce immediate and dramatic effects. Some excellent books on fasting have been written by Bueno, Cott, Adamson, Bragg, and Fuhrman. Fasting is the most powerful healing technique known and can produce miracles.

What specific supplements can you take for arthritis? Our intestinal health has a strong influence on inflammation (*Scandinavian Journal of Immunology* v 40, 1994) so you can take acidophilus, FOS, and L-glutamine as discussed in the supplements chapter. These will strengthen your digestion. Glucosamine sulfate is good for arthritis, but must be supported by the right vitamins and all known minerals (and hormones) to be effective, as it can't work alone. This is why some people get no relief from a glucosamine supplement used by itself. Glucosamine needs co-

factors like flax oil, vitamins, and a complete mineral supplement. One or two grams a day of flax oil is very good, and a better choice than fish liver oils for a variety of reasons.

What supplements are not clinically proven to work? Take all the twenty proven endogenous supplements discussed in Topic 14: Natural Supplements. Chondroitin, surprisingly, has no published research behind it. MSM, or methyl sulfonyl methane, is an oral form of DMSO that has been promoted. After all these years there is not one published human clinical study showing its value. Rubbing DMSO per se on your joints is not a natural health practice, and will severely raise your blood levels of DMSO. DMSO is not found in our bodies or our food. Such popular remedies as ginger extract, devil's claw, and CMO (cetyl myristoleate) have no scientific support either. Herbs like curcumin and boswellin are "exogenous" and temporary, and only help some people in the short term.

Vitamins, especially C, D, E, and K, are very important here to stop inflammation. Take the RDA of all the thirteen known vitamins. Use methyl cobalamin instead of regular B-12.

All twenty of our basic known minerals are vital to healing inflammation. Reread Topic 15: Minerals. This includes calcium, magnesium, boron, copper, manganese, molybdenum, selenium, silica, cesium, chromium, iron, iodine, vanadium, gallium, germanium, cobalt, nickel, zinc, strontium, and tin. Search the Internet for "mineral supplements".

Exercise is important here, but you can find yourself in a "Catch-22" situation. Exercise can cause even more damage to your joints if they are not well lubricated, and don't have the same strong protective coating where they move. Even walking can be painful. Until you get better you should look into physical therapy and year round indoor swimming. This may sound very limited, but such things as resistance exercise can actually harm you if your joints are inflamed and the protective coating has worn off.

Topic 14: Natural Supplements

There are about twenty natural, safe, proven, effective, and inexpensive supplements you can take to be healthier, have stronger immunity, feel better, and live longer. Nothing will replace a good diet, however. Please don't think taking Magic Supplements will somehow make up for not eating well. It is very confusing to choose which supplements to take, as nearly all of what you read is well written advertising promotion, rather than science. The natural supplement industry is as bad as any other, sorry to say. The real motivation for most of these people is profit, rather than helping make people healthier without drugs. If over the age of forty, you need about twenty proven supplements plus the hormones you need. If under 40 you only need about eight. All of the following will help you live a better and healthier life, avoid illness, live longer, and avoid taking prescription drugs and getting surgery.

- **Multivitamins** are basic and should contain all thirteen vitamins you need. Most all vitamins, by necessity, are synthesized despite claims to the contrary. It is better to buy a vitamins-only formula and take your minerals separately. Be sure the B-12 is in the form of methyl cobalamin, because regular B-12 cannot be absorbed orally. Women can take extra B-6 and folic acid if they want.
- **Mineral supplements** are all but impossible to find with all 20 needed minerals - calcium, magnesium, iron, selenium, chromium, boron, copper, silicon, iodine, molybdenum, cobalt, zinc, cesium, gallium, manganese, vanadium, germanium, strontium, tin and nickel. Search the Internet for "mineral supplements". Most all formulas only have about ten elements at most, and use "fillers" such as phosphorous, potassium, and sulfur.
- **Vitamin E** 200 IU (or 400 IU every other day) natural mixed tocopherols. The mixed tocopherols are the most natural and complete form. Do not use the synthetic alpha-only tocopherol. Vitamin E is very deficient in our diet, since Americans only eat about one percent whole grains - the best source. This is a very important heart and artery healthy supplement.

- **Vitamin B-6** only 10 mg. Women can benefit from extra B-6. The RDA is 2 mg, so this is 500 percent of what you need. Yes, some short-term studies used 50 mg, or even more, but megadoses of any nutrient are contraindicated, even water soluble vitamins like this.
- **Folic acid** 800 mcg. Women can also benefit from extra folic acid.
- **NAC (N-acetyl cysteine)** 600 mg. Glutathione is one of your two major antioxidant enzymes, and can fall as people age. NAC raises glutathione much more effectively than glutathione itself.
- **PS (phosphatidylserine)** 100 mg. This is very important for brain function and memory, as large amounts of PS are found in our brain tissue. Many good studies on this. This is a relative of lecithin (phosphatidylcholine). Best used with pregnenolone and ALC.
- **Lecithin** is an extract of soybeans, and helps lower cholesterol and support good brain metabolism. A 1,200 mg softgel is good. This is an optional supplement, but anyone concerned about CHD health should take it.
- **Vitamin C** only 250 mg. That's right- that is 400 percent of your RDA, and you don't need any more than that. People who tell you to take megadoses of this, or any other nutrient, are misinformed quacks. Taking grams of vitamin C will acidify your blood, and cause serious side effects over time. The 60 mg RDA in your vitamin supplement is fine.
- **Beta Carotene** 10,000 IU is the direct precursor of vitamin A. This is a very basic and important antioxidant. This only exists in fruits and vegetables. Better than vitamin A itself.
- **Beta-sitosterol** (300 to 600 mg) is a plant sterol in every vegetable you eat. This is good for breast and uterine health, and will lower your cholesterol levels very effectively. You must use 300 mg of mixed sterols to get good effects. Read the label for contents. Our diets are very deficient.
- **FOS (aka inulin)**, or fructooligosaccharides, one or two 750 mg capsules a day to improve your intestinal flora. FOS is an indigestible sugar "prebiotic" that feeds the good colon bacteria. Use this with acidophilus and glutamine. Digestive problems are epidemic due to our poor diets and lifestyle. This is not found in your food.

- **Acidophilus** 6 billion units a day with about 8 different strains. *Buy it and keep it refrigerated.* Buy only reputable name brands that state “6 billion units per capsule” or more on the label. This probiotic will help keep your intestinal bacteria flourishing. Use with FOS and glutamine.
- **Lipoic acid** 400 mg to help keep blood sugar and insulin levels normalized, as well as maintain good cardiovascular health. Lots of published science on this. *R-only lipoic acid is overpriced and unnecessary.* All the clinical studies uses regular lipoic acid. There is no lipoic acid in our food, so a supplement is necessary.
- **Flax oil** one or two 1,000 mg capsules a day. *Buy this and keep this refrigerated.* A one gram capsule is a mere 9 fat calories. *This is the best known source of omega-3 fatty acids, and better than fish oil.* Flax oil has more omega-3 fatty acids, lignans, and no arachidonic acid. Choose flax oil! This is a supplement for all ages.
- **Glucosamine** 500 to 1,000 mg is a fine supplement for arthritis and joint inflammation. It is a basic building block of cartilage and connective tissue. Glucosamine needs co-factors in order to be effective. Ninety-five percent of Americans over 65 have arthritis.
- **Vitamin D** may already be in your multivitamin, but an extra 400 to 800 IU is recommended. It is not found in food, and only comes from exposure to the sun. *Do not take more than 1,200 IU daily.* The importance of taking vitamin D cannot be overemphasized! Vitamin D deficiency is literally a pandemic in most countries of the world.
- **Soy Isoflavones** 40 mg are essential. You just aren’t going to eat enough soy foods to get this amount. Do not listen to the anti-soy hysteria you may hear, as the studies on soy benefits in humans run into the thousands. You do not need this if you use soy milk regularly.
- **L-glutamine** one gram of this “prebiotic” twice a day will do wonders for your intestines. It is inexpensive and has much science behind it. This will temporarily spike your levels of human growth hormone. A very important amino acid to take. Use with FOS and acidophilus. You can buy this in bulk and take one or two tablespoons a day if you have a digestive problem.

- **Beta Glucan** 200 mg *is the most potent immune system enhancer known to science.* The studies on this are overwhelming. Read my booklet *What Is Beta Glucan?* This is a basic supplement for all ages. If you eat a small bowl of oatmeal (or barley) several times a week you don't need this, and will get much more glucan.
- **DIM (diindolylmethane)** 200 mg helps balance estrogen metabolism and lower estradiol and estrone. *All "special delivery systems" are scams.* Low normal estrone and estradiol, and high normal estriol is the ideal you want. *Always take with flax oil or food* for better absorption as it is oil soluble.
- **CoQ10** (coenzyme Q10) is a powerful antioxidant, and vital for any good supplement program. You must take at least 100 mg of real Japanese ubiquinone to get benefits, and 200 mg if elderly or ill. *Do NOT buy ubiquinol*, as it is not real CoQ10, and has no shelf life or stability. Also, do not buy expensive products with "special delivery systems". Always take with flax oil or food for better absorption.
- **Quercetin** is a potent plant antioxidant that is not well known yet. You can take 100 mg of any good brand as the daily intake is only about 10 mg. There are good studies on this, it is not expensive, and has important benefits. This is a borderline supplement, as it is only found in apples and onions basically. Optional.
- **Acetyl-L-carnitine (ALC)** 500 to 1,000 mg is a good anti-aging supplement, with powerful antioxidant properties that promote good brain metabolism and memory. *This is a much more absorbable form of L-carnitine.* Lots of good studies on this to maintain good cognition into old age. Best used with PS and pregnenolone.

Temporary supplements are "exogenous", and not found in our daily food or in our bodies. *These are only to be taken for about six to twelve months and then dropped.* After that they will not help you. Please realize that exogenous supplements do not work for everyone and may even be allergenic to some people. These are completely optional.

- Ellagic acid 100 mg or more is a good anti-cancer supplement, but only for one year. Found in black walnut hulls.

- Curcumin 500 mg is a fine temporary supplement with good science behind it, especially for inflammation. This is an extract of the turmeric root used in Indian cooking.
- Citrus pectin 3 grams. Take six 500 mg tablets of citrus or apple pectin for one year. This is good for your digestion and helps lower cholesterol and triglycerides safely and naturally. *Modified citrus pectin is overpriced and completely unnecessary.* Plain citrus (or apple) pectin is fully absorbable, and doesn't need to be "modified".
- Aloe vera two 200 mg capsules of a 200:1 extract. This would equal over two ounces of fresh aloe gel (99.5 percent water). This is a time proven remedy for better digestion, ulcers, blood sugar regulation, stronger immunity, and other benefits. This also has good topical benefits for the skin.
- Green tea 200 mg must be taken as decaffeinated extract only. You can also drink decaf green tea as a beverage at less cost. The polyphenols here are very effective, and there is good science behind them.
- Sodium alginate 3 grams. Take six 500 mg tablets daily of this natural seaweed extract for six to twelve months to help remove heavy metals from your blood. Mercury, lead, cadmium and other heavy metals can build up in your body over time. *Chelation therapy, oral or injected does not work.* Chelation of any kind is not a natural health practice.
- Trimethylglycine (TMG) is a powerful liver rejuvenator. Take 3 grams (six 500 mg tablets) daily for six to twelve months. Read *Rejuvenate Your Liver* at our website.
- Milk Thistle two capsules a day with 40 percent silymarin content. This is a very effective liver rejuvenator and can be used with TMG and a low fat diet. Lots of science here.

The natural products industry is generally very corrupt, and is mostly based on useless products that have no benefits and no science behind them. Resveratrol, for example, is currently one of the the most popular supplements. However, there are just no valid published human studies for it. Coral calcium, chondroitin, colloidal minerals, noni juice, deer antler velvet, pomegranate products, maca root, colostrum, breast enhancers, modified (not regular) citrus pectin, 5-HTP, Tribulus terrestris, chrysin, MGN-3, AHCC, red rice yeast, grapefruit seed extract, glyconutrients, oral

SOD, CLA, coconut oil, Gymnema, whey protein, 7-keto DHEA, horny goat weed, tongkat ali, arginine, hoodia, graviola, mango-steen products, olive leaf, astaxanthin, nattokinase, hyaluronic acid, any OTC growth hormone supplement, colloidal silver, policosanol, any bee product, libido and virility enhancers, lycopene, chorella, spirulina, homeopathic remedies, saw palmetto, and other such products just have no scientific backing. Please read my book *The Supplements You Need*.

No amount of supplementation is going to help you if you are not eating and living well. A good whole grain based, low-fat, low sugar diet is the basis of natural health. If you are under 40, you only need about eight supplements. These are beta glucan, a multi-vitamin and mineral supplement, flax oil, vitamin D, vitamin E, FOS, and acidophilus. You can add glutamine to this. If you are over 40, take all of the permanent supplements plus any hormones you need. Spending your money on proven supplements (and hormones) is much more effective than wasting your money on ineffective, after-the-fact health insurance plans. An ounce of prevention is worth ten pounds of cure here. Allopathic medicine has almost nothing whatsoever to offer you. Taking these proven supplements is one of the Seven Steps to Natural Health listed at the end of this book. Diet and lifestyle are the keys to natural health. These clinically verified supplements are very powerful only when used in a total program of diet and lifestyle.

Topic 15: The Minerals We Need

Every disease, and known health condition, is due in part to mineral deficiency. *We are all mineral deficient*, no matter how well we eat- and very few people eat well at all. Please read my booklet *The Minerals You Need*. *You are simply not going to have good health until you get all the known minerals you need*. There are at least 24 known elements we need, and we get enough sodium, potassium, phosphorous, and sulfur in our diets. Yet, there are only ten elements classified officially as essential. We know there are more than twice that many. The real point, which will be repeated over and over, is that *we need all the known minerals*, not just some of them. Minerals work together as a team in harmony and synergy. The ideal way to get the possible minerals we need is to find a supplement with all 20 of the ones we know we need. Just search the Internet for “mineral supplements” to find a good one.

Calcium is very overemphasized. The only high calcium foods are dairy products, and no one should be eating milk and milk products. Americans and Europeans have the highest calcium intake, as well as the highest disease rates on earth generally. *The official RDA of 1,000 mg a day is simply ridiculous*, clinically unsupported, and completely contradicted by epidemiological studies of millions of people. A realistic intake would be 250 mg from diet. You could add another 250 mg from supplementation. The usual citrates and carbonates are effective. *The RDA is simply wrong*. The real problem with calcium is not intake at all, *but rather absorption*. You need co-factors like magnesium, progesterone, silicon, strontium, vitamin D, testosterone, and omega-3 fatty acids, among other nutrients, to properly absorb the calcium.

Magnesium deficiency is very common. Plants use magnesium as the core for chlorophyll, just as mammals use iron as the core for blood. Eating a whole grain based diet should give you about 400 mg a day, and you can add a supplement of 200 mg. The average American probably only gets about 300 mg a day due to the heavily refined foods they eat. *One in seven Americans is seriously deficient in blood magnesium*. The very best source of all is

whole grains, but we eat a mere one percent whole grains in our diet. Citrates, lactates, and oxides are effective.

Iron deficiency is as common as ever, even with our excessive consumption of red meat. High blood levels of iron are rare, and are *due to an excretion problem*, not excessive intake. Iron is the “heme” in hemoglobin, and the basic mineral in our blood. A good supplement will contain the female RDA of 18 mg. The male RDA is only 10 mg. Common sulfates, fumarates, and gluconates are good choices. Iron deficiency is as common as ever.

Zinc has an RDA of 15 mg but most people don't get this. Zinc is found in whole grains, beans, nuts, and meats. The published research is simply overwhelming. The benefits of healthy levels are too numerous to list. Deficiency is especially true for the poor, elderly, and alcoholics. There are about 2.5 g of zinc in the human body, half of which is in the muscles. Whole grains and beans are the best sources. *Never take in more than 50 mg of zinc daily*, as this is a heavy element. The usual citrates, oxides, and sulfates all work well. You will find this in all mineral supplements.

Boron *is probably the most deficient mineral in our diet*. There is no official RDA, but 3 mg is the suggested daily intake. Our soils and food are very boron deficient. You would think all mineral supplements would contain 3 mg of this inexpensive, vital element, but many don't. Americans probably only take in a mere 1 mg a day. Boron deficiency is all too common. Citrates or boric acid are fine here. The importance of boron supplementation cannot be emphasized enough. You must get your daily boron.

Manganese is very important, and the RDA was only recently established at 2 mg. Whole grains are a major source, along with beans, legumes, nuts, and some vegetables. There is an abundance of research about the benefits for our health. A 2 mg supplement is good insurance for such an important element. We only have a total of about 20 mg of manganese in our bodies. That's all, just 20 mg. Whole grains, beans, and leafy green vegetables are the best sources. Sulfates and oxides are effective.

Copper also has an RDA of only 2 mg. Americans probably take in about half this amount. Whole grains and beans are the best

source. Our bodies only contain a total of about 150 mg of this vital element. Taking 2 mg in your supplement is good insurance. It would take about 15 mg a day for toxicity, which is unlikely. Citrates, oxides, and gluconates are all well absorbed. Copper deficiency is common.

Silicon is the ignored or “orphan mineral”, and almost never found in mineral supplements. There is no RDA set for this, but 10 mg a day is a safe and effective dose. Do not use horsetail as a source. The science here is most impressive. Plain silica gel (silicic acid) is a good and inexpensive source. You need silicon for good bone and joint health. You will almost never find this in supplements.

Iodine is very important, and the RDA is a mere 150 mcg. Eating high-iodine sea vegetables like kelp, nori, and hijiki regularly, as many Asians do, is not a good idea surprisingly. Overdoses of any mineral unbalance your metabolism, and are not simply excreted without effect. The most important value here is thyroid metabolism, but *iodine will not correct thyroid conditions*. There are only about 30 mg in our bodies. Most supplements have this.

Chromium only recently has an RDA of 120 mcg. This is vital for normal blood sugar and insulin levels. This is often deficient in our diet, due to the refining of the grains we eat. Never exceed an intake of more than 400 mcg. Ignore claims a certain form of chromium is the, “only effective one”. Regular chelates (a non-metal ion bound to a metal ion for better absorbability) are the best sources. Chromium is found in most mineral formulas.

Vanadium was ignored until the last fifteen years. Still there is no RDA for it, even though it is now accepted as essential. Taking 1 mg (1,000 mcg) a day is good, but almost no supplements contain this vital mineral. Why don't more companies include this in their mineral formulas? Do not exceed one or two mg a day, as this is a heavy element, and toxic at 10 mg or more. This is very deficient in our diets, as the main source is whole grains. There is now very good science on the importance of vanadium. Chelates and sulfates are your best choices here.

Molybdenum has an RDA of 75 mcg, but that may not be enough. All common salts are good sources, and you will find this

in all your supplement formulas. Molybdenum is safe and non-toxic, even though it is a heavy metal. The research is concerned more with soil and plants, rather than animals and humans. Farmers and gardeners commonly use this in their fertilizer and animal feed.

Selenium finally has an official RDA of 70 mcg, but was ignored until very recently. It is very deficient in both our soils and heavily refined foods. Do not exceed a daily intake of more than 200 mcg. Whole grains are the very best source. Chelates are the most absorbable form of selenium. Studies show that people with low blood selenium suffer from higher disease rates such as cancer, coronary heart disease, and diabetes.

Germanium is a very important ultra-trace element that you will almost never find in mineral supplements. You only need about 100 mcg of ultra-trace elements like germanium. Clinical human blood studies prove this is a vital element. This is a very overlooked element. Germanium sesquioxide and chelates are safe, but germanium dioxide is not. *Only take 100 mcg.*

Strontium is another very important trace element with very good science behind it. This is necessary for good bone and joint health. It is deficient in our soils and our diet. You will almost never find this in mineral supplements. One mg (1,000 mcg) is a good dose. No RDA has been set, but science finally recognizes this as essential. Do not confuse it with the radioactive form strontium-90. Chelates and asparates are good choices. Look for one that has 1,000 mcg.

Nickel is an ignored ultra-trace element; 100 mcg is all you need. Food and blood analysis of animals and humans show this is an essential element, but there is little research on its benefits, or on the problems caused by deficiency. Nickel is needed in human and animal nutrition. You will very rarely find this in the mineral supplements on the market. Regular salts, such as chlorides and sulfates, are good.

Tin is also ignored as a necessary ultra-trace element. 100 mcg is a good dose. Common food and soil studies prove this is an essential element. Unfortunately, the FDA irrationally limits the

dose to 30 mcg. You rarely find tin in mineral supplements. Human studies have shown low blood tin levels in some illnesses. Regular salts such as chlorides and sulfates are well absorbed.

Cobalt is almost never found in mineral supplements, even though it is the basic building block for vitamin B-12. Food and blood studies prove its importance. Take at least 25 mcg a day. We must have cobalt in order to synthesize our own vitamin B-12. We probably only take in about 25 mcg (micrograms) or less, but we only need to make about 3 mcg of B-12 daily. Taking B-12 orally just doesn't work, so you must take 1 mg of methyl cobalamin. It must be emphasized that sufficient B-12 is just not found in foods, is orally unavailable, and that a cobalt supplement should insure that you synthesize the 3 mcg you need every day.

Cesium is an important ultra-trace mineral, and 100 mcg is all you need. Do not take more than that. Human blood, common food, and soil studies prove how vital this is for our health. You will almost never find it in mineral supplements. International studies show the importance of cesium in our soil, our food, and our blood. Cesium is vital for humans and animals. Soon science will admit this and set an RDA. Regular salts, especially chloride, work well here. Cesium is another very overlooked vital element. Just take 100 mcg.

Rubidium is not an ultra-trace element at all, as our intake is about 1 mg (1,000 mcg). Why is this basic mineral so totally ignored? Rubidium deficiency has not been demonstrated. This is never found in mineral supplements, and is very ignored by science. Found abundantly in soil and crops, as well as in animals and humans. The few studies we have are very positive. This is definitely required in human, animal, and plant nutrition. Chloride is a good form to use.

Gallium is a vital ultra-trace element and you only need about 100 mcg. Nitrate is a good choice. Studies of food and human blood prove this is necessary in nutrition. It is found in every organ in our body. The earth's crust has an amazing 10 mg of gallium per kg. The book *Advances in Micronutrient Research* (1996) shows good evidence for it. We need more research on the benefits of gallium.

In the future, we will find other ultra-trace elements are also vital for our health and well being. It is *very* difficult to study these ultra-trace elements, since they occur in such tiny microgram amounts in our food and in our bodies. *Barium* is essential, but no deficiency has been demonstrated. *Lithium* is essential, but we probably get enough in our daily food. Mega-doses of lithium for depression is medical insanity. *Europium* may well be essential, and science will probably decide this in the next decade. *Lanthanum* has considerable research, and is probably vital. *Samarium* has food studies to indicate it may be essential. *Indium* is claimed to be effective, but studies do not support the Internet ads you see for it. *Cerium* is found in significant amounts in human blood. *Erbium* is also found in significant amounts in human blood. *Dysprosium* is found in human and animal blood as well. *Neodymium* has shown promise in both animal and human studies. *Thulium* (not thallium) has also shown promise, but only in soil and plant studies so far. *Praseodymium* has some animal and human nutrition research to indicate possible importance. *Tungsten* will soon be proven as vital. *Titanium* has good research and will also be proven as vital. *Yttrium* may turn out to be essential, but needs more study. *Gadolinium* is found in human blood. Gold, silver, platinum and palladium show no value at all. Colloidal silver has no science behind it. There are other ultra-trace elements that may also be found to be vital. Meanwhile, if you eat whole natural foods and take the twenty elements we need, you'll be fine. You can find a good mineral supplement on the Internet by searching "mineral supplements."

While these good minerals support our health, the "bad" minerals do the opposite. These include lead, cadmium, aluminum, arsenic, mercury, and thallium. *Lead is the most prominent toxic metal for humans*, with aluminum second. Mercury and cadmium are lesser common toxins, along with arsenic and thallium. Eating well, calorie restriction, exercise, and *weekly fasting*, are good ways to lower these toxic metals. Three grams daily of sodium alginate, a seaweed extract, for six to twelve months is a good way to get these metals out of your body. Just search "sodium alginate" on the Internet for a source.

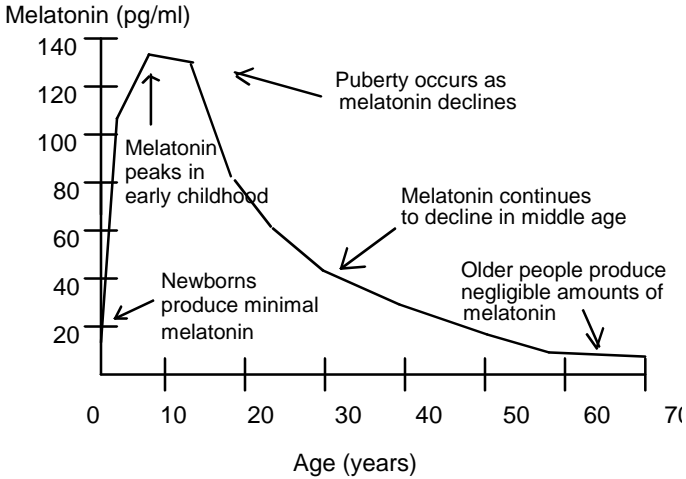
Topic 16: Natural Hormone Balance

Why is it that medical doctors almost never test your hormone levels? Why in the world would they give a woman estrogen supplements without testing her levels of estradiol, estrone, and estriol? Why don't doctors even know about estriol? Why are they almost completely disinterested in such vital, basic, and important hormones as (real) progesterone, DHEA, melatonin, testosterone, androstenedione, pregnenolone, cortisol, insulin, thyroid, and growth hormone? Our hormone levels are critical in countless ways, and central to our health, yet almost no one has any idea at all what their hormone profile looks like. We have already covered the three basic human estrogens and progesterone, so let's look at eight more of our most basic hormones.

DHEA is called the "life extension" hormone with good reason. As you can see by the chart, DHEA levels fall after the age of 20 in both men and women. They are generally very low by the age of 60. However, it is possible to have too much as well as too little DHEA, so testing your levels is required. Having too high a level is just as harmful as having too little. If your level is too high it is only possible to lower it by diet, exercise, and lifestyle. Unfortunately, there are no known supplements that will help lower it. Ideally you should strive for the youthful level you enjoyed at about the age of 30. You can do this by taking 12.5 mg (half of 25 mg tablets) a day orally and monitoring your results after about two months, until you maintain where you want to be. Very few women will need higher doses, and only if they are very old or ill. Countless clinical human studies have been published on the importance of this hormone in how long we live, our immunity, menopause, sexual functioning, desire, and fulfillment, obesity, cholesterol, arthritis, cancers of many types, memory, high blood pressure, diabetes, stress, infections, and sense of well being. Never take this without testing to verify that your levels are low, as it is a very powerful and effective hormone that must be used intelligently. This is one of the three androgens along with testosterone (and androstenedione).

Melatonin is secreted by the pineal gland, and is called the "aging clock" hormone. Like DHEA, this hormone in part, determines how long we live. As you can see by the chart, mela-

tonin peaks when we are teenagers, and declines through life until it all but disappears before we die. Women over 50 should take about 1.5 mg (half of a 3 mg tablet) of melatonin nightly. Women have lower levels than men. You can only take it at night, as melatonin falls during the day when we perceive light, and rises in the evening especially when we sleep. You can saliva test individually for this at 3:00 AM in the morning to monitor your levels if you want. This is optional, but good practice. Melatonin is very underestimated currently, but clinical studies are showing just how vitally important it is for our health and longevity. Melatonin affects every cell in our body, and has even shown anti-cancer activity in human studies. Several good books have been written on it, but even they can underestimate the power of this basic hormone. You will hear much more on this in the future.

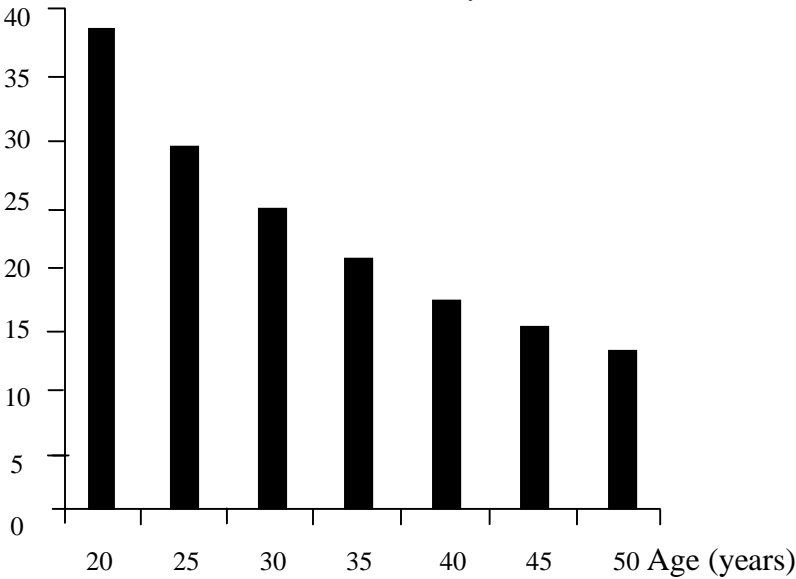


Why are we talking about **testosterone** for women? Isn't this the "male hormone"? You only have about one tenth as much as men do, but testosterone is critical for many of your biological processes especially the building, maintenance and repair of your bones. While men are estimated to produce about 6-8 mg a day, *women are estimated to produce about 600 to 800 mcg*. Here you can also have too much as well as too little, and testing for testosterone levels is required. Like DHEA, this is important for sexual desire and fulfillment. If you are low, a 150 mcg (0.15 mg)

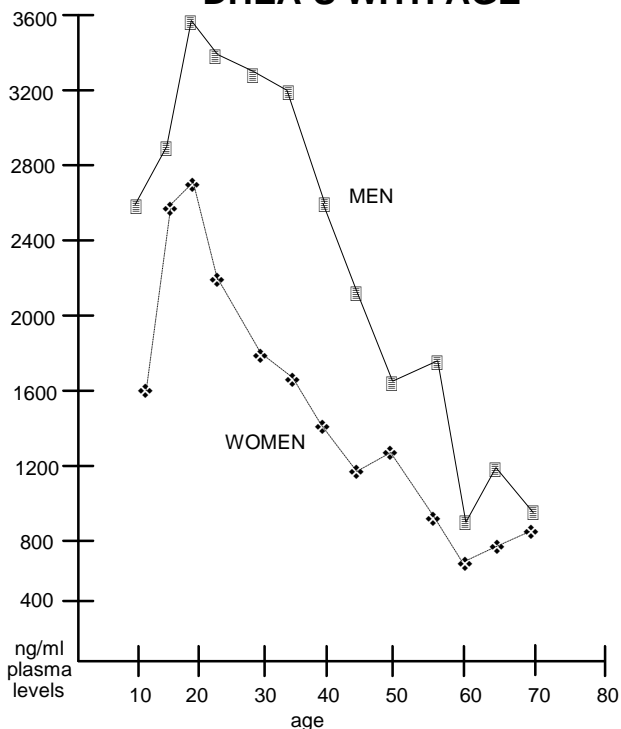
in your blood is a good dose to start with. You can see a doctor and get 100 grams of a 0.3 percent natural testosterone cream or gel. Just monitor your levels after, say, three months of use to make sure your dosage is correct. Use one quarter gram (750 mcg) or less and expect about one fifth (150 mcg) to be absorbed on thin skin. This will last over a year. An even better idea is to get a compounding pharmacist to make you a vegetable oil solution with 200 mcg enanthate per drop (150 mcg actual testosterone). Use one drop sublingually (under your tongue) daily. A 10 ml suspension in vegetable oil would be about 320 drops with a mere 64 mg of testosterone enanthate. This would last eleven months. Natural (unsalted) testosterone tastes terrible! Nasal sprays are not approved by the FDA. It is important to *never take oral testosterone salts or injections*. You must use this sublingually or transdermally. You are looking for the youthful level as you enjoyed around the age of 30. Do not test for androstenedione. It is also an important androgen for women, but usually parallels testosterone levels. Please read my *Testosterone Is Your Friend-A Book for Men and Women*.

24hr. Avg. Testosterone
(ng/dL)

AVERAGE TESTOSTERONE IN PRE-
MENOPAUSAL WOMEN AGED 20 to 50
Intl. J. Fertility, v.47 (2002)



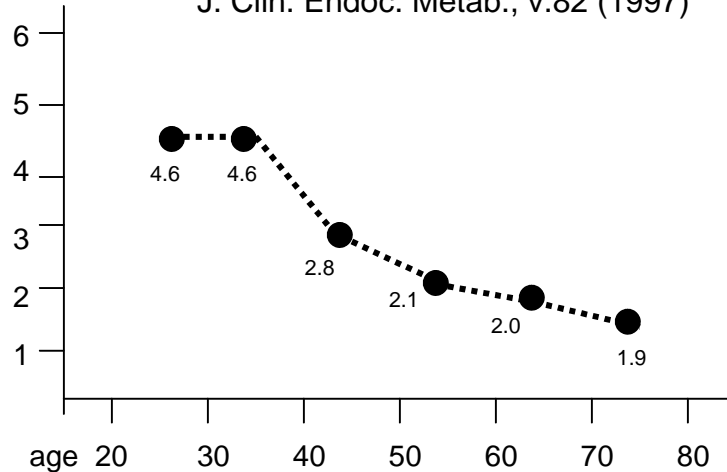
DHEA-S WITH AGE



Pregnenolone is the "forgotten" or orphan hormone. This basic hormone has few studies available and so little research. Pregnenolone is the "grandmother hormone", as it is the precursor to all the other sex hormones. Medical doctors- even endocrinologists- generally have no idea about its importance. Your levels fall at about the age of 35, and then stabilize. *This is THE most powerful memory enhancer known to science*, and the most important hormone for brain metabolism. If you study the published medical literature of the world you will find very few studies are done every year. A blood test can be ordered inexpensively on the Internet at www.walkinclinic.com without a doctor. There is no saliva testing available in 2012. If you are over 40, you can take 25 mg a day (men can usually take 50 mg daily). Again, you are looking for the youthful level you had at about age 30. To keep your brain healthy with a sharp mind and good memory, pregnenolone supplementation is very important along with PS and acetyl-L-carnitine.

Pregnenolone Levels

(combined male/female, Labrie et al,
J. Clin. Endoc. Metab., v.82 (1997))

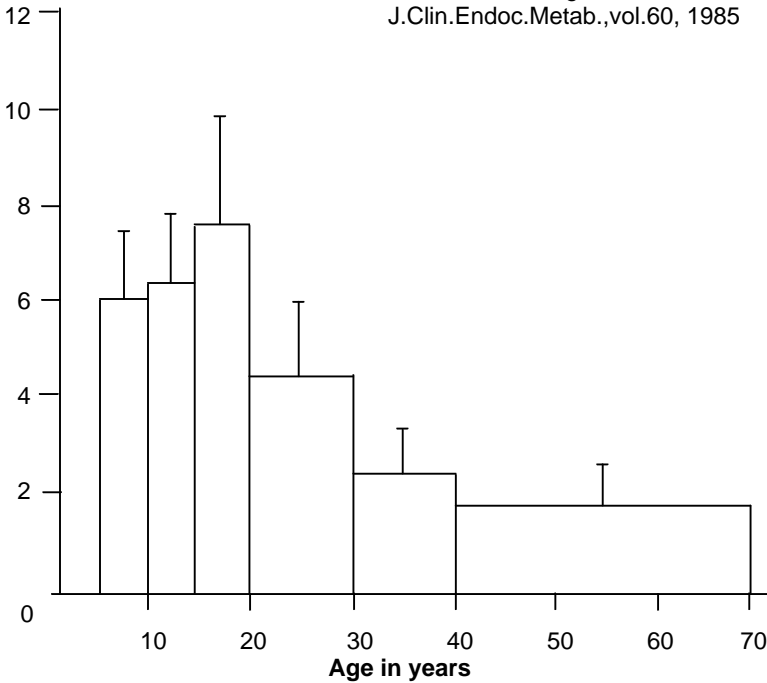


Growth hormone (GH) falls as we age, and can only be measured by a blood profile test at 9/1/5/9. *You cannot use IGF-1 levels as an indicator, regardless of the “conventional wisdom”.* None of the supplements sold that promise to raise growth hormone work, no matter how convincing the advertising. **None of them!** Do not buy any of these, because they don't work. You can temporarily spike your growth hormone by taking one gram of the amino acid L-glutamine twice daily (AM and PM). Eating less, healthy diet, exercising, fasting, total hormone balance, and ending bad habits all help keep GH levels higher.

The only way to raise your levels is expensive injections of recombinant (synthesized) rhGH that will cost you over \$300 a month (plus office visits) for 30 IU (10 mg). If you can afford this cost and are over 50 you can inject 1 IU daily. This is not a Magic Hormone just because it is expensive. It is expensive to make only because it is a long 191 amino acid chain. Yes, you will get some positive benefits if you are, in fact, low in GH, but you must also balance all your other basic hormones to get the full value from this. Always remember that hormones work together as a harmonious team and support each other. Balance all of them.

Integrated concentration of Gh (ng/mL)

Relationship between the integrated plasma concentration of growth hormone and age
J.Clin.Endoc.Metab.,vol.60, 1985



Cortisol or the “stress hormone.” Cortisol varies radically during the day. You would have to test this with a saliva profile over 12 hours at 9/1/5/9. Don't bother. Cortisol is what it is. High levels indicate stress, and lower levels indicate longer life and better health. The only way to lower high cortisol levels is diet, lifestyle, exercise, and dealing with whatever stress is causing the problem. Deficient cortisol levels can be supplemented with 5 mg Cortef® tablets at the exact time they are low. This is not easy to do. Just don't bother with cortisol tests.

Our thyroid gland is very important, and everyone should know their two thyroid hormone levels. You must test your free **T3** (triiodothyronine) and free **T4** (L-thyroxine) separately. Supplement with generics such as Cynomel and Levoxyll if you are deficient. Name brand T3 (Cytomel) and T4 (Synthroid) are expensive. All these are, in fact, bioidentical to the hormones your body produces. Some clueless authors recommend pig extracts (like

Armour®), which contain both T3 and T4 in the 1:4 ratio. This will raise both your levels, even if just one level is deficient. So, this can almost never be used. Test and take your T3 and T4 separately. Treat them separately. It is your free T3 and free T4 you need to know about. Hyperthyroid (overactive) conditions are not common, but hypothyroid (under-active) conditions are all too common in Americans, especially those over 40. This is especially true with T4 more than T3. *Do NOT accept low range results.* Your doctor may tell you that any result in normal range is acceptable. If the T4 range is 7 to 25, for example, with an average of 16, you would want about 14-18. *You must be midrange.* Raising a low thyroid level can have very dramatic effects inexpensively and safely.

Prolactin (milk secretion hormone), **FSH** (follicle stimulating hormone), and **LH** (luteinizing hormone) can all be measured with a blood test. This is a very good idea. If any of these are too low or too high, the only realistic way to normalize them is with a total program of diet and lifestyle. Remember FSH and LH vary dramatically during the month in premenopausal women.

You can also test your blood sugar and *insulin* levels. Blood sugar should be 85 or less. Rather than test insulin per se, get a one hour, one draw glucose tolerance test (GTT) to see if you are “insulin resistant”, and not reacting properly to the insulin you produce. The GTT is the Gold Standard and very under-utilized. Make sure your result is at least 10 points under the usual accepted level. Insulin is secreted by the pancreas, but is also influenced by the thyroid hormones. Insulin resistance occurs when excess insulin is produced because it isn't accepted by the cells. This is a major problem in Western society, and due in part to our extreme intake of various sugars, refined grains, saturated fats, as well as obesity, lack of exercise, and various mineral deficiencies.

The *thymus* gland atrophies as we age until it basically disappears. The thymus does not simply produce one or two hormones we can replace. It is an operant organ like the liver. Current technology does not have any way to regenerate our thymus gland or replace the hormones it produces. When we can

supplement thymus activity we will go a long way towards better health and longer life.

You will surely find that whatever doctor you go to – medical, endocrinologist, or naturopathic – they are very unfamiliar with your hormones. Doctors simply do not understand their effects, testing them, and giving you proper supplements in natural ways to correct any imbalances. Even expensive life extension clinics are generally incompetent in the area of natural hormone balance. Basically you are going to have to do this yourself, and not depend on a medical professional of any kind. Fortunately, you have saliva testing available as well as reasonably priced Internet blood testing. America is the only industrialized country in the world where you can legally buy most hormones over the counter inexpensively. You can also legally order most all hormones on the Internet, for your personal use without a prescription, from offshore pharmacies under U.S. Code 21, Section 331. Always remember that all our hormones act in concert, and work together harmoniously as a biological team. Don't just test and balance a few of them. Do your best to test all your basic hormones (see the list at the back of the book) and take the ones you need (and lower the ones that are excessive) to lead a long and healthy life. As we learn more and more about the importance and benefits of our endocrine systems and the hormones produced, the more doctors will be forced to routinely test your hormone levels. You are never going to be healthy and feel good if any of your hormones are out of balance.

Topic 17: Don't Get a Hysterectomy

It is simply inexcusable and criminal that one third of American women will end up being castrated by unnecessary hysterectomies. **One in three American women will be castrated!** This is not something that happens just to elderly women; it generally occurs at an average age of about 40. Women in the 25 to 44 age group are targeted. Castrating a woman, by removing her uterus, is simply a barbaric act of unjustified butchery. "Castration" is the correct term, as it is defined by removal of the testes or ovaries. *The ovaries always die after the operation.* The blood supply to the uterus is the same one that supplies the ovaries. No matter what lies the doctor tells you, the ovaries always atrophy and die after the uterus is removed. There is rarely any justification at all for this. In poor, agrarian countries only about one percent of women undergo this radical operation. Almost one million hysterectomies are performed in the United States every year, and most all of them completely unnecessary. Only 10 percent are even done for cancer. This entire epidemic of hysterectomies is completely due to uneducated doctors who make their living from surgery. There is no valid cause whatsoever. If a doctor does just two procedures a day at \$10,000, that is a staggering \$5 million a year income working a five day week. This is dangerous, and can result in adhesions, bowel injury, inability to orgasm, bladder injury, post-op bleeding, and infection. This female procedure is second only to cesarean section for childbirth. This does not save lives in any way. That's a lot of money going into doctors' pockets. Now more women are being tempted by "easier" procedures such as laparoscopy. Why do women mindlessly, naively, and unquestioningly agree to this? Strangely enough, almost no women even look into the side effects before agreeing to such a serious operation that removes essential organs. It is a simple matter of going on the Internet and typing in a term such as "hysterectomy + side effects".

All the female organs are vital and necessary for overall health. The uterus and ovaries are obviously necessary for the female body to function well. Doctors will tell you there are not necessary, not needed after childbirth, and can actually be a "nuisance" that is best removed. The American College of Obstetrics and Gynecology stated in 1971, "...after the last planned

pregnancy, the uterus becomes a useless, symptom-producing, potentially cancer bearing organ and therefore should be removed.” That’s a quote! In 1979 the head of Harvard School of Public health said, “If a woman is thirty-five or forty years old and has an organ that is disease prone and of little or no further use, it might as well be removed.” That’s also a quote! Why is it that America leads by far in surgery rates? Women in other countries very rarely get hysterectomies, especially in Third World and Asian countries. Women often feel they are no longer whole and “intact” after a hysterectomy. This is certainly understandable.

Men would never agree to have their testicles cut off. In fact, if doctors tried to castrate one third of all men, like they currently castrate women, they would be found hanging from telephone poles. If women were more educated about this, the rate would fall to almost nothing. Most doctors will try to tell you the uterus and ovaries are “optional” organs, that you don’t need after forty or don’t want any more children. Always remember ***when you get a hysterectomy, your ovaries always atrophy and die.*** All hysterectomies are, in fact, female castrations. Doctors usually purposely mislead women by telling them their ovaries will remain intact, while knowing full well they will not live due to lack of blood supply - your ovaries always die after a hysterectomy. The side effects from losing your uterus and ovaries are played down and denied by doctors, but are extremely injurious and debilitating. Depression, nervousness, irritability, anxiety, mental disturbance and psychological problems from no longer having all their reproductive organs are universal and permanent. Depression is the most common of the psychological effects, and can be serious as well as permanent. Endorphin (the feel good hormone) and androgen levels fall. Most women feel they are no longer “complete women” any more. The many other severe side effects include poor self image, complete hormonal imbalance, dizziness, mood swings, headaches, hair loss, urinary dysfunction, weight gain, vertigo, insomnia, weakness, chronic fatigue, joint pain, bone loss, loss of libido, skin problems, inability to orgasm, vaginal dryness, inability to enjoy sex, various forms of sexual dysfunction, heart palpitations, and *greatly increased rates of coronary heart disease and heart attacks.* The famous Framingham Heart Study showed that women who do not get this done have one third the cardiovascular disease (CHD) rates. *That*

*means a hysterectomy **triples** the CHD occurrence!* Many other diseases and conditions are associated as well. Sex experts tell us there is no orgasm possible without a uterus. Some women simply no longer have any real fulfilling sex life after undergoing this. *Hysterectomy can and will ruin your life.*

The main three justifications given for this unnecessary and cruel procedure are fibroids, endometriosis, and prolapse. Pelvic infections and bleeding are also false justifications. Ladies, none of these common complaints justify such radical butchery and biological devastation. Fibroids, endometriosis, and prolapse are all discussed in *Topic 8: A Healthy Reproductive System*. Fibroids are benign growths, and not harmful per se. Fibroids have nothing at all to do with cancer. Fibroids are due to excessive estrogen and deficient progesterone more than anything else. They stop growing after menopause when estrogen levels naturally decline. Endometriosis is also generally caused by excessive estrogen levels, and can be remedied naturally with hormone balance and changes in diet and lifestyle. Cramps are the main symptom here. This also ceases at menopause when estrogen levels fall. Endometriosis occurs mostly in younger women in the twenties and thirties. Do not try to treat this with surgery or dangerous estrogen blockers. Treat endometriosis naturally with hormone balance, diet, and lifestyle. Prolapse is due to weakening muscles and ligaments that support the uterus. This generally happens to postmenopausal women who have had children. It can be corrected by a specialist in gynecological surgery, instead of removing the uterus. The idea of removing a tipped uterus rather than repositioning it is totally irrational anyway. Infection and bleeding are not causes for hysterectomy, and can also be treated naturally without resorting to such an extreme procedure.

What if you have already had this done? Fortunately, there is good news for you. Test and balance all your basic hormones so that they will be at youthful levels. This would include pregnenolone, DHEA, testosterone, progesterone, estriol, estrone, estradiol, T3, T4, insulin (as blood sugar), and melatonin. Any that are low can easily be raised with supplementation. Any that are too high can be lowered with changes in diet and lifestyle. You can do a much better job of this at far less cost than doctors can.

Your hormone profile can actually be better than the majority of women who have not undergone surgery, since they have never tested and balanced their hormone levels. You should also make better food choices, take all of the supplements recommended in Topic 14: Natural Supplements, get regular exercise, and limit any bad habits. You can overcome many of the very serious side effects of this operation and live a long, healthy life in spite of it.

If your doctor has suggested a hysterectomy, please find a new doctor. You can get diagnosed with laparoscopy, hysteroscopy, and ultrasound, but never use x-rays. You don't need a doctor that wants to butcher you without just cause. Educate yourself by reading up on this, and you'll come to see this is completely unnecessary in nearly every case. Here are six books you should read on this subject, and four of them written by women:

No More Hysterectomies, Vicki Hufnagel
How to Avoid a Hysterectomy, Lynn Payer
The Hysterectomy Hoax, Stanley West
The Castrated Woman, Naomi Stokes
Hysterectomy Before & After, Winnifred Cutler
You Don't Need a Hysterectomy- Ivan Strausz

These books are only good to help you understand the removal of your uterus is rarely, if ever, necessary. The authors do not have such good advice in other areas. They tend to think synthetic progestins are really progesterone, drugs cure disease, surgery cures disease, HRT is very beneficial, women don't need testosterone, estriol doesn't exist, fibroids are easy to remove surgically, the ovaries live after hysterectomy, fibroids are somehow genetically "inherent" in women(!), and other such things.

What if you have female cancer? You can cure this naturally diet a total program of diet and lifestyle. Very rarely is a woman willing to do this. This is the only justification for removing your organs. Uterine cancer is not common in women, as only about 2 in 100 will ever get it. HRT has been a major cause of female cancer and is still being prescribed. Use natural means to cure yourself.

Topic 18: Home Hormone Testing

It is very important you test the levels of all your basic hormones that we have discussed. You can go to a doctor and get blood tests done, but these are invasive, expensive, require an office visit, and blood must be drawn. Doctors are very uneducated about hormones generally, and don't even know the difference between bound (not bioavailable) and unbound (bioavailable) levels. Words like "melatonin", "progesterone", "DHEA", "estriol", and "pregnenolone" just aren't in their vocabulary. Often doctors will actually call unnatural, synthetic progestins "progesterone", and mislead you to believe that is what you're getting. Proteins in our blood (called sex hormone binding globulins or SHBG) attach themselves to most of our sex hormones and make them biologically unavailable. About 98 percent of testosterone, for example, is bound and unavailable, yet the doctors will often check bound and total testosterone levels as if they have any practical meaning. They don't.

Fortunately, there is another way to do this easily and inexpensively without a doctor. Just buy a saliva hormone test kit. Or go on the Internet for an online laboratory. Saliva testing for hormones has been done in clinics for decades, but was never available to individual doctors, much less consumers. Bringing both of these to the retail market inexpensively is a great technological medical breakthrough. Now anyone can test their basic hormones inexpensively without a doctor. You simply purchase a kit, which contains a plastic tube, and mail a sample of your saliva to the lab. They analyze this with sophisticated RIA (radioimmunoassay) apparatus and send you the results. You also get a chart to compare your levels according to sex and age. Or choose an online lab and go to a local cooperating clinic.

Estradiol: use a saliva kit and look for low normal levels.

Estrone: use a saliva kit and look for low normal levels.

Estriol: use a saliva kit and look for high normal levels.

Progesterone: don't test for this; just use it per your menstrual status. Progesterone requires a serum (not plasma) blood test.

DHEA: use a saliva kit and look for a level of about 3.0 on the ZRT scale. Every lab differs so there are no universal ranges.

Testosterone: use a saliva kit. You want youthful levels. 40 on ZRT (and 100 for men) is a good youthful ideal.

Androstenedione: does not need to be tested per se, and usually tracks your testosterone level.

Melatonin: if you are over 40 just take 1.5 mg every night (men take 3 mg). You can test this at 3:00 AM with a saliva kit, but don't need to.

Pregnenolone: if you are over 40 just take 25 mg every day (men take 50 mg). You can test this at www.walkinclinic.com without a doctor with a real blood draw.

T3 and T4: test your free T3 and free T4 levels without a doctor at www.healthcheckusa.com. *You want midrange levels and not merely "in range" levels.* They must be midrange!

Insulin: should be tested as glucose tolerance test (GTT), and not insulin per se. Blood sugar only needs a home meter. A GTT can be ordered online. Do this even if your blood sugar is 85 or less.

LH, FSH and prolactin are optional. If you have a health problem you should test all three. Use an online laboratory.

Cortisol: you can use a four sample saliva kit over twelve hours at 9/1/5/9 for a comprehensive profile. This is optional and unnecessary. Cortisol is what it is.

Growth hormone (GH): must be tested in a lab with four blood draws over twelve hours at 9/1/5/9 for a comprehensive profile. If you are over 50 you can use GH without testing, but it will cost you about \$3,000 a year, and should be injected subcutaneously (under the skin). Sublingual GH solutions work, but cannot be prescribed legally.

Search the Internet under "saliva hormone tests" to find saliva kits. We not longer list these companies for a variety of reasons. Search "online laboratory tests" for blood testing. California, Maryland, and New York actually ban saliva testing! (Just use the address of a friend or relative in another state.) Vegetarians and people who eat seafood (but no meat or dairy) will generally have lower levels of sex hormones (cortisol and melatonin are not sex hormones). Always test your levels at the same time each morning, say, 9:00 AM. Do not brush your teeth beforehand, or the results will not be valid. Estradiol, estrone, estriol, and progesterone must be tested at exact times of your period if you are premenopausal, as they vary greatly during the month.

Topic 19: Fasting is Powerful

Fasting is the most powerful healing method known to us. Fasting has physical, psychological, emotional, intellectual, and very spiritual benefits. Americans literally eat twice the calories they need every day. Fasting is a good way to counteract this and lessen your obsession with food. You will learn that hunger is a desire, and not a need. Use this understanding of how fasting is benefiting you rather than illusory will power. You do not need to eat in the short term. Most of our hunger for food is merely emotional and not a biological requirement for caloric intake. Like calorie restriction, regular fasting will help you live not only longer but better. Quality of life is always more important than mere length of life, but you get both when you fast. This is one of the *Seven Steps to Natural Health* listed at the end of the book. Hippocrates said, "Natural forces within us are the true healers of disease." When you fast all your natural healing energy is allowed to heal, detoxify, and repair. You will not be using this energy to digest your food. Expelling built up toxins is one of the biggest advantages here. The only real fast is a water fast. People who talk about such fasts as "juice fasts" are really talking about juice *feasts* and sugar overload. Fasting only on water gives your body a rest so it can heal, repair, and cleanse itself. All the major religions and cultures used to include fasting as an integral part of observance. Christians, Catholics, Muslims, Buddhists, Hindus, Jews, Mormons, and Native Americans all used abstinence from food as a healing method and spiritual practice. Fasting is mentioned repeatedly in both the Old and New Testament. In one instance the disciples could not heal a man who was possessed. Jesus said to them, "this kind goeth out not, but by prayer and by fasting". *Fasting will produce miracles.*

The more you know about fasting the more willing you are to do it. There are a variety of very good books on the subject. These are listed under *Books to Read*. The first thing to do is fast one day every week from dinner to dinner on water. (Or you can do breakfast to breakfast or lunch to lunch as you wish.) We eat dinner every Friday night, and don't eat again until Saturday night. If you can't go 24 hours without food at first, skip breakfast every week for a month. Then skip breakfast and lunch and you'll be doing a 24 hour fast. This means you are fasting 52 times a year,

or almost two months out of every year. This gives your poor, overworked, tired, overfed body a much needed rest every week. If something comes up, fast the day before or the day after. You can actually fast on cruise ships and vacations.

The second thing to do is join our monthly Young Again International Fast. This is the last complete weekend of every month from Thursday to Saturday. You can find a fasting schedule at www.youngagain.org. You'll find articles there on fasting including *Do a Five Day Fast in 72 Hours*. If you can't go two days without food, just work up to it gradually. It really is easier than you think. It is a little psychologically intimidating to think of going two days with just water, but it becomes easier every month.

If you are ill, or just want to be in optimal health, you can fast up to one or two weeks. You will probably need to go to a spa or clinic to get the psychological support you need to do this. There are very few fasting centers in the U.S. There are, however, many spas and health clinics that will gladly support you in any length fast you want to do. You can search the Internet for "fasting spas" and similar terms to find them.

You can take your supplements on the one day fasts. On two day and longer fasts you can take them or not as you like. You should definitely take your hormones, along with acidophilus, FOS, and glutamine, on two day and longer fasts. These three supplements are far more effective with no food in your digestive system. Get lots of rest and all the sleep you want when you fast. Be sure and walk during your fast. Walking is the best exercise during this time. You can also do other exercises like weight lifting if you feel like it. You will be somewhat weaker, but you can actually have more endurance and energy.

People who warn about the non-existent "dangers" of fasting are ignorant. Fasting is only contraindicated for those with diabetes, especially type 1, where the patients have no operant pancreas. Yes, pregnant women can do short one and two day fasts and their pregnancies will go much better. Children should also fast and will do this if their parents do it.

Books to Read

The following books are not great, by any means, but they all have something valuable to offer. If you don't see a prominent author mentioned here, it is probably because they are still promoting the "value" of estrogen replacement and progestins, and the supposed "benefits" of HRT generally. You'll find some unsound and misleading advice in many of these books, and some of the authors are still taken in by some of the many estrogen myths. Their advice on diet can be poor, and their knowledge of supplements and hormone non-existent. There are just very few factual and accurate books on natural health on the market. Why should you bother then? Because they all have something of value to say, regardless of their weaknesses.

It would be nice to expose some of the really bad books for women - especially those by the most popular, but very misguided and uninformed authors. This is considered "bad form" in the publishing business to do this, however, so there is no list of "Books Not to Read."

PMS- A Guide- Katharina Dalton
Once a Month- Katharina Dalton
Natural Progesterone for Women- John Lee
What Your Doctor May Not Tell You About Menopause- John Lee
What Your Doctor May Not Tell You- Premenopause- John Lee
The Estrogen Alternative- Raquel Martin
Natural Woman, Natural Menopause- Marcus Laux
Hormone Heresy- Sherrill Sellman
Natural Progesterone- Anna Rushton
Holistic Menopause- Judy Hall
Menopause without Medicines- Linda Ojeda
The Menopause Industry- Susan Coney
For Women Only- Gary Null
Natural Treatments for Menopause- The Natural Pharmacist
O.K., So, I Don't Have a Headache- Christine Ferrare
Menopause- Michael Murray
Menopause- Edna Ryneveld
Natural Choices for Menopause- Marilyn Glenville
The HRT Solution- Marla Ahlgrimm

Eat More, Weigh Less- Dean Ornish (anything by Dean)
Stop the Insanity!- Susan Powter (anything by Susan)
The Pritikin Principle- Robert Pritikin (anything by Robert)
Dr. Shintani's Hawaii Diet- Terry Shintani
The Good Carbohydrate Revolution- Terry Shintani
Save Yourself from Breast Cancer- Robert Kradjian
My Beautiful Life- Milenka Dobic
What's Your Menopause Type?- Joseph Collins
The Menopause Manager- Mary Mayo
Perimenopause the Natural Way- Eldred Taylor
Wisdom of Menopause- Christiane Northup
It's Not in Your Head, It's Your Hormones- Melinda Bonk
Cycles of Life- Ellen Kamhi
Keep Your Breasts- Susan Moss
Breast Health- Charles Simone
How to Prevent Breast Cancer- Ross Pelton
Recovery From Cancer- Elaine Nussbaum
The Truth About Breast Cancer- Joseph Keon
Complete Idiots Guide to Fasting- Eve Adamson
The Okinawan Program- Bradley Willcox
The China Study- Colin Campbell
The Miracle of Fasting- Patricia Bragg
Miracle Results of Fasting- Dave Williams
Recalled by Life- Anthony Satarillo
Macrobiotic Miracle- Virginia Brown
Healthy Eating for Life- PCRM
Live Longer, Live Better- Neal Barnard (anything by Neal)
Healthy Fasting- Norbert Kriegisch
Fast Your Way to Health- Lee Bueno
Fasting- and Eating- for Life- Joel Fuhrman
Fasting- The Ultimate Diet- Alan Cott
The 120 Year Diet- Roy Walford
Maximum Lifespan- Roy Walford

YOUR BASIC HORMONES

Androstenedione- the second major androgen

Cortisol- the stress hormone

DHEA- dehydroepiandrosterone

Estradiol- E2 the most powerful estrogen

Estriol- E3 the safe estrogen

Estrone- E1 the second strongest estrogen

FSH- follicle stimulating hormone

Growth Hormone- the pituitary hormone

LH- luteinizing hormone

Melatonin- secreted by the pineal gland

Pregnenolone- the brain hormone

Progesterone- the progestation hormone

Prolactin- for milk secretion

Testosterone- the major androgen

T3- triiodothyronine thyroid

T4- L-thyroxine thyroid

Insulin- for blood sugar regulation

Seven Steps to Natural Health

With these seven steps you can cure “incurable” illnesses like cancer, diabetes, heart disease, and others naturally without drugs, surgery, or chemotherapy. These are seven vital steps to take if you want optimum health and long life. Do your best to do all of them. The only step to add would be prayer or meditation.

- An American macrobiotic whole grain based diet is central to everything. Diet cures disease; everything else is secondary.
- Proven supplements are powerful when you’re eating right. There are only about twenty scientifically proven supplements for those over forty, and eight for those under forty.
- Natural hormone balance is the third step. The fourteen basic hormones are listed on the previous page. You can do this inexpensively without a doctor.
- Exercise is vital, even if it is just a half-hour of walking a day. Whether it is aerobic or resistance you need to exercise regularly.
- Fasting is the most powerful healing method known to man. Just fast from dinner to dinner on water one day a week. Join our monthly Young Again two day fast. This is the last weekend of every month.
- No prescription drugs, except *temporary* antibiotics or pain medication during an emergency. (There are rare exceptions such as insulin for type 1 diabetics who have no operant pancreas.)
- The last step is to limit or end any bad habits such as alcohol, coffee, recreational drugs, or desserts. You don’t have to be a saint, but you do need to be sincere.
- Prayer or mediation can be your eighth step.

Other Books by Roger Mason

The Natural Prostate Cure – Roger Mason	\$ 6.95 US
The Minerals You Need – Roger Mason	\$ 4.95 US
What is Beta Glucan? – Roger Mason	\$ 4.95 US
Lower Cholesterol without Drugs – Roger Mason	\$ 6.95 US
The Natural Diabetes Cure – Roger Mason	\$ 8.95 US
Lower Blood Pressure w/o Drugs – Roger Mason	\$ 7.95 US
Zen Macrobiotics for Americans – Roger Mason	\$ 7.95 US
Testosterone Is Your Friend- Roger Mason	\$ 8.95 US
The Supplements You Need	\$ 4.95 US

Author:
Roger Mason

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PHOTO

Roger Mason is an internationally known research chemist, who studies natural products, life extension, and natural cures for illness. He writes unique and cutting edge books on his findings. In 2011 he sold Beta Prostate® and formed the Young Again Foundation charitable trust. He has written nine other books. At www.youngagain.org you can read his books and articles. He lives with his wife and dog in Wilmington, NC.