Jonathan V. Wright MD
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Niacinamide Slows Aging and Stem Cell Loss

Niacinamide (one of two forms of Vitamin B3) has been used in large quantities in clinical practice since the 1940s, when Dr. William Kaufman taught us how to completely control osteoarthritis symptoms in a very large majority; for more details, see *Green Medicine Newsletter* for September 2016.

Much more recently, many of the beneficial effects of niacinamide have been explained by the well-researched fact that niacinamide is incorporated into our mitochondria (the "energy engines" in every one of our bodies' millions of cells) as "NAD" (niacinamide adenine dinucleotide). Without enough "NAD", mitochondria produce less of the "energy molecule" ATP, so the cells themselves grow weaker.

One example of the application of this knowledge was published in 2017, when researchers reported that glaucoma was prevented in 93% of mice "genetically programmed" to develop this disease; for more details, see *Green Medicine Newsletter* for May 2017.

An article[1] summarizing other research about "NAD" was sub-titled: *"Restoring a mitochondrial metabolite slows stem cell loss and aging"*. As most of us know, stem cells are "repair and maintenance cells" for body tissues; aging needs no explanation! This and much other research shows that all of us who want to stay as healthy as we can, for as long as we can, should (if we're not doing this already) consider adding niacinamide to our "anti-aging" supplement list.

Fortunately, niacinamide is found inexpensively in every natural food store, the Tahoma Clinic dispensary, and compounding pharmacy.

Fortunately, niacinamide is found inexpensively in every natural food store, the Tahoma Clinic dispensary (www.tahomadispensary.com), and compounding pharmacy. Over-dosing on niacinamide—as with nearly anything else—is possible, but always gives a "signal", low level nausea, like being mildly seasick. Dosage should of course be reduced if this happens. Check with your physician skilled and knowledgeable in natural medicine about what amount might be best for you. ●

ENDNOTES

[1] Guarente L. *The resurgence of NAD: Restoring a mitochondrial metabolite slows stem cell loss and aging.* Science 2016;352 (6292) 1396-1397.

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OUR PURPOSE

Green Medicine Newsletter is dedicated to helping you keep yourself and your family healthy by the safest and most effective means possible. Every month, you'll get information about diet, vitamins, minerals, herbs, natural hormones, natural energies, and other substances and techniques to prevent and heal illness, while prolonging your healthy life span.

A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine since 1973 at the Tahoma Clinic, now in Tukwila, Washington. Based on enormous volumes of library and clinical research, along with tens of thousands of clinical consultations, he is exceptionally well qualified to bring you a unique blending of the most up-to-date information and the best and still most effective natural therapies developed by preceding generations.

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

Dr. Wright is proud to empower consumers to exercise their inalienable rights to choose their own healthcare, and to warn the public of continual, pervasive attempts from both government and private organizations to restrict them.

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Many Antibiotics Damage Human Cell Membranes, DNA and Mitochondria

This Damage Can Be Prevented!

By now, even "mainstream" physicians have become aware—and so have most of us who aren't physicians—that antibiotics can eliminate not only "bad guy" bacteria, but also "good guy" bacteria that (by Nature) live in our bodies, mostly in our intestinal tracts. Because of this awareness, within the last two decades, sales of "probiotics" have increased enormously, as we've all become aware of this effect of antibiotics on our "microbiome". Probiotics can definitely help re-populate our intestines with beneficial bacteria, but they cannot fix the damage to human DNA, mitochondria, or cell membranes routinely caused by three major categories of antibiotics.

This very under-publicized information about additional damage caused by certain antibiotics was reported[1] by researchers from American universities—Boston, Harvard, and Wake Forest Universities—in 2013!

What are the three categories of antibiotics that can cause this additional damage to human cells and cell contents? Technically, they're termed "beta-lactams", "fluoroquinolones", and "aminoglycosides". Each of these three categories include literally dozens and dozens of antibiotics, so there's no way they can all be listed here.[2] Better known "beta-lactams" include penicillin as well as other well known antibiotics such as Amoxicillin, Keflex, Cefazolin, Mandol, and Cefzil. Some of the better-known "fluoroquinolones" are Cipro, Levaquin, Noroxin, Factive, Avelox, and Floxin. "Aminoglycosides" include Streptomycin, Neomycin, Paromomycin, Garamycin, Tobramycin, and Amikacin.

There are so many antibiotics in just these three categories that none of us can remember them all, so don't worry! Unless it's an emergency situation, you can ask your doctor and particularly your pharmacist whether the antibiotic you've been prescribed is a "beta-lactam" "fluoroquinolone", or "aminoglycoside".

These types of antibiotics are known as "bactericidal", which as many know means "bacteria killing". A surprise to many of us is that other antibiotics effective against bacterial infection don't actually kill bacteria! Instead, they stop bacteria from growing or reproducing themselves.

These bacteria-inhibiting (but not outright killing) effects are usually enough to allow our immune systems to "take over" and eliminate the infection. This type of antibiotic is termed "bacteriostatic". According to the researchers, damage to human DNA, mitochondria, and cell membranes caused by bactericidal antibiotics can be *"...prevented by preferential use of bacteriostatic antibiotics."* So to completely avoid the additional problems caused by "bactericidal" antibiotics, the first strategy suggested by these researchers is to use "bacteriostatic" antibiotics instead!

The researchers report a second strategy that we can use if we're told we "must" use one of the bactericidal antibiotics. They wrote: *"We showed that bactericidal antibiotics—quinolo-*

nes, aminoglycosides, and b-lactams—caused mitochondrialdysfunction and ROS overproduction in mammalian cells, ultimately leading to the accumulation of oxidative tissue damage. We found that these deleterious effects could be alleviated by administration of…N-acetyl-L-cysteine (NAC)". Later in their report, they noted that the N-acetyl-L-cysteine did not interfere with the bactericidal effects of these antibiotics.

Yes, there are other ways to treat serious bacterial infections without antibiotics of any sort, whether bactericidal, bacteriostatic, or whatever. There's high-dose intravenous vitamin C, pioneered by Dr. Frederick Klenner; see *Green Medicine Newsletter*, July 2017. There's ultraviolet blood irradiation, described as "the cure that time forgot" in 2016 by researchers[3] from Harvard University and Guangxi Medical University; see *Green Medicine Newsletter*, July 2016. But if you ever find yourself in a situation where there appears to be no alternative to a bactericidal antibiotic, then—to protect the DNA and mitochondria within your cells, and the membranes of your cells, too—take some N-acetyl-L-cysteine right along with it.

Although N-acetyl-L-cysteine can have adverse effects in a small percentage of individuals, they're usually mild. Ask your physician skilled and knowledgeable in natural medicine if N-acetyl-L-cysteine (if ever needed) is OK for you! ●

ENDNOTES

1. Khalghati S, Spina C, et al. *Bactericidal Antibiotics Induce Mitochondrial Dysfunction and Oxidative Damage in Mammalian Cells.* Science Translational Medicine 2013 July 3;5(192) :192ra85
2. For the very technically inclined who want to know the names of every antibiotic in each of these three categories, put the category name followed by the word "list" into a computer's search engine, and enjoy!
3. Wu X, Hu X, Hamblin M. *Ultraviolet blood irradiation: Is it time to remember "the cure that time forgot?"* J PhotochemPhotobiol 2016 Apr;157:89-96

"Death By Regulation,"
A Book By Dr. Mary Ruwart

In this extremely well documented book, Dr. Mary Ruwart explains that too many of us in our "free" country are dying because of deliberate actions of all three branches of the Federal government. ***"Death by Regulation"*** is an accurate title; the book explains in detail how nearly innumerable regulations by the "administrative branch" (especially the Food and Drug Administration (FDA) are "responsible" (a much better word is "irresponsible") for most of these deaths. But the book also tells us that most of these irresponsibly caused deaths were enabled by the Congress and President of these United States.

Congress passed (and the President signed) the laws which have made it possible for the citizens of our "free" country to be literally regulated to death by FDA and other administrative agencies. And as Chapter 8 explains, the "third branch of government"—the federal courts—have "ruled" that we—as "free citizens" of these "free" United States have no right to try to save our own lives unless the FDA "approves"!!

A very sad example: In the 1970s, Dr. Stanislaw Burzynski started treating human cancers with entirely natural substances ("antineoplastons") normally found in the bodies of humans who don't have cancer. He helped a significant proportion of individuals with cancer to eliminate their cancers, with no adverse effects. Individuals afflicted with brain cancers were found to have higher chances of cure with no adverse effects than with any "conventional" or "standard of care" brain cancer treatment. (See Chapter 30, pages 72-74 about the FDA's decades-long persecution of Dr. Burzynski. For complete details about the safe treatment he developed and what FDA did to him, see the book *The Burzynski Breakthrough* by Thomas D. Elias.)

In July of 2014, an M.D. friend of mine applied for "permission" from FDA (reminiscent of the days of King George III prior to the American Revolution) to use the Burzynski treatment for a child suffering from a brain cancer called "diffuse intrinsic intrapontine glioma", "DIPG" for short. Surgery is physically impossible for "DIPG"; brain radiation is the only "approved" treatment. According to Dana Farber/Boston Children's Hospital website, the cure rate for this childhood brain cancer is very low.

In response to the "request for permission" to treat this inoperable brain cancer, FDA personnel responded in a letter dated September 10, 2014: *"A review of the data…does not support a finding that the potential benefits justify the potential risks of the treatment use in this patient…you must provide evidence that would support a finding that the potential benefits from antineoplaston treatment justify the potential risks in patients with… DIPG."*

What's this? Dr. Burzynski's therapy—using molecules present in cancer-free human bodies, molecules which have a solid record since 1976 of curing a significant percentage of brain cancers without killing (or even seriously harming) anyone—were judged by FDA personnel to be *more dangerous*

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than dying from brain cancer! Denied "permission" to even try to cure his brain cancer, and having had no help from "standard of care" treatment, the child died of the "DIPG" brain cancer. That's just one example of very real **Death by Regulation!**

As this is being written another child's parents are trying to save their child's life from **Death by Regulation** by escaping our "free country" for what (so far for this child) is effective treatment in Mexico. His name is Hunter Jones; he and his family live right here in Western Washington State. He was diagnosed with "DIPG" brain cancer in January of 2016, and was subjected to "standard of care" radiation of his brain, which (as is so often the case with "DIPG") wasn't effective. Here's what his parents wrote in their Facebook page on April 27th, 2017: *"Our family has spent the last 6 weeks since radiation ended cherishing our time with Hunter, and soul searching as to what our next steps of Hunter's healing will be. You will hear many families with DPIG children say there is no right answer when there is a less than 1% chance at survival...we agonize about the unbelievably limited treatment options we have for our DIPG children in 2017. We have been keeping a very close eye on a new treatment protocol in Monterrey, Mexico. There have been some amazing results for the children treated there...this will require an initial one month stay in Mexico.... We will have to return to Mexico monthly for four days to receive treatment for many months. We estimate our costs will be $200,000 as insurance will not cover any of it....Hunter's six weeks of radiation (remember, he had that here in these United States) also cost $200,000 which insurance covered..."*

Later in 2017, Hunter's parents wrote: *"Update: Hunter's tumor is shrinking little by little every treatment he receives in Monterrey which is phenomenal given that DIPG tumors can double in size every 2-3 weeks..."* In case any more information about Hunter Jones is of interest, "go to" www.healinghunterjones.org. For information about eleven children treated for this usually-fatal cancer at the clinic in Monterrey, Mexico, "go to" https://makingdipghistory.com. And please consider donating to help Hunter @ https://www.gofundme.com/healinghunterjones. He needs our help!

Not all children with DIPG are cured at the Monterrey Clinic; we can read on that website that one child died of complications of this cancer. But in addition to Hunter Jones, others are recovering, and as this treatment is as expensive as the "standard of care" radiation treatment, but not "approved" (and therefore not covered by insurance), all their treatments are being funded by donations from thousands of individuals and families.

It's so very, very sad that despite the inalienable rights of all citizens (including children) of these United States, stated by the Declaration of Independence to be Life, Liberty and the pursuit of Happiness, we have no Liberty to choose whatever type of health care we want to support our Life which of course enables us the pursuit of Happiness! Instead, we are forced to "ask permission" to save our own lives when all "approved" remedies have failed—and even worse, that "permission" can be denied!

Literally thousands of regulations, legislation, and court decisions are not only causing many deaths, but also significantly raising the cost of health care. Another example: Since the 1990s, I have personally spoken with and in some cases observed many individuals who have cured their own skin cancers with a very safe, natural, remedy that's not "approved" here in our "free country," but must be obtained elsewhere. Yes, that's skin cancer cured without a physician, without surgery, safely cured within two to three months with a very well-researched natural treatment—not kidding! (A very small percentage—particularly those with "salicylate sensitivity"—have an allergic reaction to this treatment which manifests as intense redness of the skin. When treatment is stopped, the allergic reaction goes away.)

Some background: In 1987, in the 47th and 48th scientific publications of his long scientific career, Dr. Bill Cham described skin cancer curing (yes, that's curing skin cancer) effects of substances found in many plants. (For complete information about this natural skin cancer cure—in readable English—see the books *The Eggplant Cancer Cure* and/or *Inspired by Nature, Proven by Science,* both written by Bill Cham Ph.D., or "go to" www.curaderm.net). Unfortunately, this research-and-experience proven safe and effective skin cancer cure was banned by FDA years ago when it was offered for sale in our "free country" by Lane Laboratories, who were also punished with millions of dollars in fines. Anyone who wants to use it for themselves is forced to order it from outside the borders of the "land of the free".

What's the cost of curing our own skin cancer? Including shipping from overseas, the entire cost of this harmless, entirely natural treatment is $200-$400. According to www.health.costhelper.com/skin-cancer.html, "conventional" or "standard of care" skin cancer treatment varies from $392 to $9,388 per treatment.

FDA will never "approve" this well-proven, safe and natural treatment for skin cancer researched and developed by Dr. Bill Cham, who deserves

a Nobel Prize for his contribution to curing cancer! Here's a clue about why, spoken by J. Richard Crout, former Director of the Bureau of Drugs at the FDA tell us: *"I never have and never will approve a new drug to an individual, but only to a large pharmaceutical firm with unlimited finances."* (Quoted in Spotlight, January 18, 1982)

And what does FDA "approval" cost? According to a 2014 report by the Tufts (University) Center for the Study of Drug Development the cost of patent medicine (also called "drug" or "pharmaceutical") "approval" is $2.6 billion. (No, am not kidding, look it up "on-line"). FDA regulation is driving the cost of patent medicines—with rare exception, the only type of medication of which FDA "approves"—so high that very few of us can afford it without "insurance" coverage.

Also as this is being written, the health of postmenopausal women and older men is being threatened by proposed regulation. Once again, not kidding at all, regulation which will kill some of us and drive up the cost of health care to those who remain will go on and on and on until we all put a stop to it! This particular regulation would be funny if the potential adverse health impact weren't so great—and if allowed to happen, *it will impact you!*

First, the funny aspect: some of us may remember Will Rogers, the famous comedian who was with us from 1879 to 1935. One of his most famous remarks—it's even in "Wikipedia" on-line—was "I don't make jokes, I just watch government and report the facts." If these facts weren't such a serious threat to our health, we might think this threat was a joke, too. So what's the joke and what are the facts?

Here's the joke: Did you know that after 400,000 years or so of human existence on planet Earth that certain rather important molecules naturally present in every man and woman—without which the human race wouldn't even be here—these molecules are being put through the process of being declared "dangerous substances" by (guess who) FDA. Yes, estriol, progesterone, estradiol, testosterone, and even HCG (human chorionic gonadotrphin, produced by every human placenta) have been "nominated" to be declared "dangerous" by FDA.

Literally thousands of regulations, legislation, and court decisions are not only causing many deaths, but also significantly raising the cost of health care.

What a joke! Let's start with the beginning of our own lives, the nine months or so we all spent inside of our Moms before we were born. During that time, we all "took a bath" in HCG, estrogens and progesterone. If these are such dangerous substances, how did all of us survive to be born unharmed by these hormones? Moving on to puberty: during those years, estrogens, progesterone, and testosterone go from very low levels to the highest they'll be in our lifetimes—and no teenagers or young adults die from the dramatic increase in these "dangerous" substances.

After puberty and young adulthood and into "middle age", these hormones subside somewhat, but still remain at levels high enough to ensure continuation of the human race. And—again, a key point—no deaths or injuries have ever been attributed to these internally produced hormones in women or men. Certainly, these hormones decline after age 40—rather rapidly in women, more slowly in men—but if these are truly dangerous substances, shouldn't women or men *actually feel better mentally or physically* when levels of these "dangerous substances" (estrogens, progesterone, and testosterone) decline? Ask any menopausal woman if she feels better without her estrogens and progesterone, ask any older man if he feels better (or worse) without his testosterone. Duh! Of course not!

That's what's behind the ever-increasing popularity of bio-identical hormone replacement therapy ("BHRT"). Everyone using it safely and effectively feels *better*, not *worse* with BHRT. A 36 month study involving 75 women[1] using BHRT demonstrated improvement in multiple physical and psychological factors measured and no worsening in the remainder of the factors; there were no "adverse effects" from these about-to-be-declared "dangerous" substances.

A very recent report from the Swedish cancer database[2] told us that men who used the about-to-be-declared "dangerous" substance testosterone showed that (compared with men who did not use it) there is a lower risk of highly aggressive prostate cancer.

Enough of this FDA "joke" about the non-existent "danger" of HCG, estrogens, progesterone and testosterone. Compounding pharmacies have been safely compounding all of these natural hormones and more since the very first prescriptions for comprehensive BHRT were written at Tahoma Clinic in 1982! What's really going on here?

It's part of FDA's undeclared war on pharmacy compounding! It's well known that "Big Pharma" would prefer that any competition for "Big Pharma"—such as compounding pharmacies providing individualized bio-identical hormone

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replacement prescriptions, and stores which sell nutritional supplements—be suppressed or even forced to go out of business. That's why no supplement company is "allowed" by los federales to publish on their websites or on the labels of their supplements the scientific research—even if extensive—that supports the use of each supplement. Yet again, not kidding! There's no 1st Amendment "freedom of speech" about any science supporting the use of natural substances to improve health! See Chapter 39 for details!

If the FDA actually is allowed to declare these hormones found in our own bodies to be "dangerous", they will force (another reminder of King George III) compounding pharmacies to build "clean rooms" for "safety", even though since 1982 no pharmacist has ever, ever reported any injury caused by compounding HCG, estrogens, progesterone, or testosterone. The cost for building each "clean room"? A quarter of a million dollars! Several smaller compounding pharmacies have already closed in anticipation of this forced action. Compounding pharmacies remaining in business will be forced to recover this cost by charging substantially more for each individual bio-identical hormone prescription containing suddenly-found-to-be "dangerous" compounded substances. Compounding pharmacies tell me that costs for bio-identical hormone prescriptions are likely to double or even triple!

(If you're presently using or intend in the future to use bio-identical hormone replacement therapy, and also want to keep it from being priced beyond your resources—particularly during "retirement years"—please go to your computer and "go to" www.anh-usa.org and "Click" on "take action.")

We could go on and on about all the deaths and enormous health care expenses caused by regulation, legislation, and court decisions, but that's covered very, very well by Dr. Ruwart in the following pages. So let's conclude with two other very reliable information sources about what's really happening in "health care" in these United States. The first is an article published in 2013 in the Journal of Law, Medicine and Ethics, titled *"Institutional Corruption of Pharmaceuticals and the Myth of Safe and Effective Drugs."* (Once again, am not kidding, that's the title of the article written by three university faculty members, an M.D., a Ph.D., and a J.D.) At the time of this writing, this article is "downloadable" by "clicking" http://ssrn.com/abstract=2282014.

The second was published in 1953 in the Congressional Record, (yes thatCongressional Record) which is also "downloadable" as this is written by putting "Fitzgerald Report 1953" into any computer search engine. Written by Benedict Fitzgerald Jr., special counsel to the Interstate Commerce Commission, this report is a scathing indictment of collusion between the FDA, the "pharmaceutical" (patent medicine) industry, and the AMA to suppress all competing approaches—including safe, effective, natural therapies—to the treatment of cancer. Here's a quote from the Fitzgerald Report: *"...we should determine whether existing agencies, both public and private, are engaged in and have pursued a policy of harassment, ridicule, slander, and libelous attacks on others sincerely engaged in stamping out this curse of mankind....Public and private funds have been thrown around like confetti at a country fair to close up and destroy clinics, hospitals, and scientific research laboratories which do not conform to the viewpoint of medical associations."*

Interstate Commerce Commission Special Counsel Fitzgerald also gives us an example of how this "conspiracy" (his description) was driving up the cost of health care even then. He wrote that the same tube of penicillin-containing ointment could be purchased over-the-counter in Canada for twenty-five cents (in 1953), but because of the conspiracy between FDA, the "pharmaceutical" (patent medicine) industry, and the AMA, that same tube was not available in these "free" United States except by a physician's prescription, which definitely raises the cost to more than twenty-five cents.

Enough from me. In ***Death by Regulation***, Dr. Ruwart has done a terrific job researching and explaining to us why the title of this book is entirely but very sadly true. Thank you, Dr. Ruwart!

Death by Regulation will be available on April 10th, 2018. "Go to" www.deathbyregulation.us to pre-order, and for other information.

A final note: please consider joining the Alliance for Natural Health (www.anh-usa.org) Membership is free! ANH keeps us all informed about regulation and legislation that not only threatens our health, but as documented in ***Death by Regulation*** can actually kill us! The Alliance for Natural Health gives us all a quick and simple way to join together and stop the implementation of these threats!

ENDNOTES

1. Stephenson K, Neuenschwander PF, Kurdowska AK. *The effects of compounded bioidentical transdermal hormone therapy on hemostatic, inflammatory, immune factors; cardiovascular biomarkers; quality-of-life measures; and health outcomes in perimenopausal and postmenopausal women.* Int J Pharm Compd. 2013 Jan-Feb;17(1):74-85.
2. Loeb S, Folkvaljon Y, Damber J et al. *Testosterone Replacement Therapy and Risk of Favorable and Aggressive Prostate Cancer.* J ClinOncol. 2017 May 1;35(13):1430-1436

An Excerpt From Green Medicine Radio:
Replacing Macular **De**generation with Macular **Re**generation!

Many readers of *Green Medicine Newsletter* know this already; for those who don't, *Green Medicine Radio* has been "on the air" and "on-line" every Saturday from Noon to 2 PM Pacific Time on AM 570 KVI. *Green Medicine Radio* has been broadcast every Saturday since December 2009. The program is hosted by me, and from time to time (when away from Seattle) it's hosted by other Tahoma Clinic physicians, mostly Dr. John Sherman and Christa Hinchcliffe.

Although the first approximately twenty minutes of the program usually discusses one or more specific health problems, *Green Medicine Radio* is mostly a "call in with your health questions" program. Whatever the health problem may be, we give our perspective on it, and of course recommend that callers check with their own physicians skilled and knowledgeable in natural medicine about whether any of the possible solutions we mention may be safe and useful for each caller's personal circumstances.

Green Medicine Radio programs, from the first one in 2009, are archived online at www.greenmedicineradio.com and accessible for listening at any time at no charge. What follows has been broadcast on *Green Medicine Radio* for *Green Medicine Newsletter* readers who may not have heard it.

In the 1980s Tahoma Clinic assembled a safe, effective treatment to stop the progression of, and often improve vision in "dry" macular degeneration, the very most common type. We now call this treatment the TAHOMA CLINIC MACULAR **RE**GENERATION PROGRAM, as it stops degeneration and promotes **re**generation of the macular area of the eyes for over 70% of those with this problem. With this program my father's vision improved from 20/80 to 20/30 in both eyes. No, we're not eye doctors, but this treatment stops the progression or in many individuals restores better vision in over 70% of those treated. Sound unbelievable?

"Many of these people come and stay in motels near the clinic during the course of their treatment; but what a boon it is to save one's vision! I, for one, now stand foursquare behind this routine based on my clinical experience..."

Sounded unbelievable to Dr. Tom Dorman, too. Here's what he wrote:

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

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

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

Thank you to Dr. Dorman for writing this! Here are some notes from individuals who improved their vision with the Tahoma Clinic Macular **Re**generation Program:

"My wife and I want to thank all of you for the time spent at Tahoma Clinic. The results, after two months, were thrilling. She can now see clearly out of both her eyes. The macular degeneration has been stopped and reversed subject to taking her

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An Excerpt From Green Medicine Radio:
Replacing Macular **De**generation with Macular **Re**generation!

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pills regularly. This experience has prompted both my wife and me to consider doing free seminars beginning next year. Most medical doctors seem to believe that macular degeneration is untreatable. Your research over the decades proves there is hope and the possibility of stopping and/or reversing M.D. We live in an area where lots of seniors have M.D." ~ N.S., Palm Springs, California

"...macular degeneration sounded like a sentence to blindness. I decided to take the I.V. treatments as I felt I had nothing to lose. By the ninth treatment, I felt that I could see better, objects were clearer and colors more brilliant. ... My eyes adjusted to the light much more quickly than before, television was easier to see and reading became easier. As an added bonus, I noticed that my hearing had improved some...I feel that the treatments have been very beneficial and worth the time and effort." ~ G.G.

"I am delighted to provide a testimonial about...my experiences with you that I consider to be miraculous. I had a dark spot in the center of my vision that was partially blocking my ability to see and... read road signs. I consulted with two eye doctors, and then two eye specialists, and after extensive testing they told me that I had macular degeneration and there wasn't anything that could be done about it, with the possibility that it would just be getting worse. I then consulted with you within weeks of this diagnosis, and I appreciated very much that you spent two hours with me in that initial visit investigating all the possible solutions...Within a month after starting IV treatments my eyes returned to normal and I no longer had the vision blockage...When I went back to my eye doctor, after a thorough examination he stated that there was no trace left of the macular degeneration, and my vision that had previously been correctable to 20/50 was now 20/20. He stated that some things are unexplainable and he had not seen this happen before. I have not had any return of the macular degeneration." ~ J.P.

The entire treatment program at Tahoma Clinic for "dry" macular degeneration—which includes nutrients given intravenously three times weekly—takes two months, and then self-treatment at home to maintain the improvements attained. And yes, two months of intravenous treatment isn't inexpensive. But the very good chances of stopping the progress to blindness and in most cases, actually improving vision again make the time and expense involved very worth it. Wouldn't you agree?

NATURAL HEALTH CARE RESOURCES

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About Dr. Jonathan V. Wright

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

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

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