



IN THIS ISSUE

Back to the Future: Infections Cured by Ultraviolet Blood Irradiation (UBI) 1

- Developed in Seattle in the 1920s; used safely and successfully nationwide
- UBI “replaced” by antibiotics in the 1950s
- Researchers report that UBI may be an alternative approach to treating infection

Nutritional (Low-Dose) Lithium4

- Low-dose lithium causes new brain cell growth, prevents Alzheimer’s
- Dozens of other uses for low-dose lithium
- Case report: low-dose lithium safety

Defeat *Los Federales*’ War on Pharmacy Compounding! 7

- The price of the most metabolically active, preservative-free vitamin B12 injections from compounding pharmacies has increased by as much as 946% in ten years
- Help save pharmacy compounding and natural medicine!

Back to the Future: Infections Cured by Ultraviolet Blood Irradiation (UBI)

- Developed in Seattle in the 1920s; used safely and successfully nationwide
- UBI “replaced” by antibiotics in the 1950s
- Harvard University and Guangxi Medical University researchers report that UBI may be an alternative approach to treating infection

If there’s fungus growing on a cloth, you know what happens to that fungus when it is left all day in bright sunshine: you can watch it fade and die. What part of sunshine does this? Chances are you know it’s the ultraviolet frequencies—that very same ultraviolet light that’s supposed to give us all skin cancer if we don’t bathe our bodies in sunscreen.

Yes, the May issue of *Green Medicine* reported that it’s poor diet—not lack of sunscreen—that’s responsible for the large majority of skin cancer, so we’ll leave that alone and go back to that extremely valuable but (since approximately 1950) almost completely ignored aspect of ultraviolet light: it kills germs! Not just fungi, but bacteria and viruses too!

Of course, shining ultraviolet light on the outside of the body won’t kill any germs on the inside of the body. The ultraviolet frequencies must get to where the germs are, and that’s where ultraviolet blood irradiation really—and literally—shines!

Ultraviolet blood irradiation (UBI) began right in Seattle in the 1920s. Scientist Emmett Knott knew that sunlight and UV light was being used to successfully treat infectious diseases. The 1903 Nobel Prize in Medicine was awarded to Dr. Niels Finsen for his discovery that artificial UV radiation of the skin cured tuberculosis of the skin. Dr. Knott reasoned that if skin infections could be treated

by irradiating the skin, blood infections might be cured by irradiating the blood! Knott built and patented¹ equipment that would remove a small amount of blood volume, anti-coagulate it, expose it to UVB and UVC radiation, and then pump the irradiated blood back into the body. His first report² on the success of this treatment was published in 1934.

Why did the American Medical Association oppose a treatment which had been found so effective?

How is UBI done? Approximately 300 cc of blood—5% to 7% of the total for adults—is removed while being irradiated by ultraviolet light, and re-infused into the body. This may be done just once, or repeated several times depending on the severity of the problem. The blood is then returned to the patient and the process is repeated a number of times, depending on the seriousness of the condition being treated.

How successful is UBI treatment? In 1942, Professor George Miley at Hahnemann Hospital in Philadelphia reported³ using UBI (which he named the “Knott Technic”) on 103 patients with life-threatening infections. At that time,

Continued on next page

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OUR PURPOSE

Green Medicine 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 and ANH-USA are proud to be teaming up once again 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.

All material in this publication is provided for information only and may not be construed as medical advice or instruction. No action should be taken based solely on the contents of this publication; instead, readers should consult appropriate health professionals on any matter relating to their health and well-being. The information and opinions provided in this publication are believed to be accurate and sound, based on the best judgment available to the authors, but readers who fail to consult with appropriate health authorities assume the risk of any injuries. The publisher is not responsible for errors or omissions.

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Infections Cured by Ultraviolet Blood Irradiation (UBI)

Continued from previous page

antibiotic treatment was barely getting started. The only antibiotics available were sulfa drugs, so the large majority of these patients usually died.

Dr. Miley classified the patients into early, moderately advanced, and moribund (close to death) groups. The diagnoses included sepsis (infection throughout the body), septic (badly infected) abortion, peritonitis, pneumonia, abscess in the appendix, pelvic abscess, wound infection, and similar conditions. He treated all of them with ultraviolet blood irradiation and reported that all 20 of the early patients, 46 of 47 of the moderately advanced patients, and 17 of 36 moribund patients fully recovered.

In 1943, Professor Miley reported⁴ on 40 patients with generalized peritonitis (a usually fatal infection of the abdominal cavity). All 23 moderately advanced patients and 9 of 17 moribund patients recovered after blood irradiation.

In 1947, Professor Miley (yes, he published more research about UBI than anyone else) reported⁵ what might be the largest case series involving UBI: 445 patients with a variety of life-threatening infections treated during six years. All of the “early” infection patients, 98% of the “moderately advanced,” and 45% of moribund (remember, nearly dead) patients recovered after treatment with Knott's UBI—results that would rival those obtained today. The only side effect noted was skin flushing, which occurred in most treated patients and lasted up to 30 days. They also noted that treatment of staph aureus septicemia with sulfa drugs actually reduced the effectiveness of UBI.

In 1948, Dr. Miley reported⁶ excellent results with UBI treatment of viral pneumonia. Within a few days of one treatment, fever disappeared and symptoms abated. There are dozens of other research reports about effective treatments of non-infectious disease problems with

UBI, but they would fill more space than this newsletter allows.

For all this information and more, please see the book *Into the Light*⁷ by Dr. William Campbell Douglass, Sr., who reports effective treatment of thrombophlebitis, bronchial asthma, polio, and HIV with UBI, as well as descriptions of UBI use in Russia and Africa, and much more. The chapter on HIV includes a report on his own case written by a physician whose own HIV was treated successfully with UBI.

Dozens of reports documenting the effectiveness of UBI against a very wide variety of infections were published before 1950, but many, many fewer after that. What happened? Adverse effects weren't an issue. Dr. George Rebbeck of Shadyside Hospital in Pittsburgh reported, “There have been no signs of harmful effects in approximately 4,000 blood irradiation treatments under my direct supervision at Shadyside Hospital in the past five years.”⁸

Two things happened to bring the use of UBI to a nearly dead halt. The first was the development of numerous antibiotics by patent medicine companies. With apparently no thought at all given to the very significant disruption of the normal intestinal (and other) bacteria by antibiotics (similar to “collateral damage” in wartime), or to the possibility of microorganisms not at all liking being killed and fighting back by developing “antibiotic resistance,” antibiotics were pushed by patent medicine company representatives to physicians at their offices and at conventions. One big selling point was the “ease of administration,” since no intravenous treatment was needed at all.

Secondly, the American Medical Association went to war against UBI with an article published⁹ in 1952. They focused

Continued on next page

Infections Cured by Ultraviolet Blood Irradiation (UBI)

Continued from previous page

on their finding that blood irradiation didn't sterilize the blood, which to them meant it couldn't be effective in killing germs, even though there had been hundreds of reports from universities and hospitals reporting effective treatment—including life-saving treatment—with UBI! These researchers also gave UBI to 68 patients with a wide range of diseases and found it safe, but claimed it was ineffective—although apparently it was effective enough to keep all of their patients from dying of those diseases.

Why did the American Medical Association oppose a treatment which had been found so effective? For insight, let's look at the Fitzgerald Report to the Senate Interstate Commerce Committee, published on August 3, 1953, in the *Congressional Record*.¹⁰ Here's a verbatim excerpt: "There is reason to believe that the AMA has been hasty, capricious, arbitrary, and outright dishonest. . . . The alleged machinations of Dr. J. J. Moore (for the past 10 years the treasurer of the AMA) could involve the AMA and others in an interstate conspiracy of alarming proportions."

Cooperation among the AMA, "Big Pharma," and *los federales* to eliminate competition with "approved" therapies was known in 1953 and—unfortunately—has continued until now. As that's not the main topic here, let's return to UBI.

Reports about research and treatment with UBI have continued outside these United States, in Africa, Germany, and particularly Russia. In 2006, Dr. John Cannell wrote a report¹¹ listing sixteen reports published from 1982 to 2002 in Russia; he notes that hundreds more were published there.

Back to the Future!

In April 2016, researchers from Harvard University and Guangxi Medical

University published a research review¹² titled "Ultraviolet Blood Irradiation: Is It Time to Remember 'The Cure that Time Forgot'?" They wrote:

Ultraviolet blood irradiation (UBI) was extensively used in the 1940s and 1950s to treat many diseases including septicemia, pneumonia, tuberculosis, arthritis, asthma, and even poliomyelitis. . . . However, with the development of antibiotics, the use of UBI declined and it has now been called "the cure that time forgot". . . the modern view in Western countries is that UBI remains highly controversial. . . .

This review discusses the potential of UBI as an alternative approach to current methods used to treat infections, as an immune-modulating therapy and as a method for normalizing blood parameters. Low and mild doses of UV kill microorganisms by damaging the DNA, while any DNA damage in host cells can be rapidly repaired by DNA repair enzymes. . . .

However, the use of UBI to treat septicemia cannot be solely due to UV-mediated killing of bacteria in the bloodstream, as only 5–7% of blood volume needs to be treated with UV to produce the optimum benefit. . . .

With the recent emergence of bacteria that are resistant to all known antibiotics, UBI should be more investigated as an alternative approach to infections, and as an immune-modulating therapy.

How Does UBI Kill Infections?

As the Harvard and Guangxi reviewers report, UBI can directly kill bacteria by damaging their DNA, but there must be one or more other ways that UBI can effectively clear infections, as "only 5–7% of blood volume needs to be treated with UV to produce the optimum benefit."

Dr. John Cannell has had another theory for years. He writes:

In 2007, I teamed up with an alternative health practitioner in Canada who still uses the Knott technique. He obtained 25(OH)D levels before and after treating three of his patients with the Knott Technique and found that each irradiation delivered between about 50,000 to 100,000 IU of vitamin D to the systemic circulation.

The Harvard [and Guangxi] authors did not include vitamin D as a possible mechanism of action of the Knott Technique in their paper. However, after I emailed the lead author with my 2006 newsletter, he admitted vitamin D may explain some of the remarkable treatment effect of this . . . treatment.¹³

But does it matter if we know in detail all the ways UBI kills germs (its "mechanism of action" for the scientifically inclined) and does whatever else it does for noninfectious illnesses? What really, really matters is that UBI can eliminate infectious disease without adverse effects (except perhaps that temporary "flush" mentioned by one of the researchers reviewed above).

Even better, UBI does not devastate beneficial microflora in the intestines or elsewhere in our bodies, and also does not

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Infections Cured by Ultraviolet Blood Irradiation (UBI)

Continued from previous page

promote the evolution of treatment-resistant “superbugs” such as MRSA.

Where Is UBI Treatment Available?

If you have a serious or stubborn infection, UBI may be worth considering. Yes, it’s done here at Tahoma Clinic, and you can find practitioners who use UBI in most areas of these United States. Check online at the websites of the American College of Advancement in Medicine and the International College of Integrative Medicine; details for both are on page 8.

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Nutritional (Low-Dose) Lithium

- A well-documented, information-packed, readable book
- Low-dose lithium causes new brain cell growth, prevents Alzheimer’s
 - Dozens of other uses for low-dose lithium
 - Case report: low-dose lithium safety

Late last year, I was honored by James Greenblatt, MD, an assistant Clinical Professor of Psychiatry, and Kayla Grossman, RN, an educator and yoga practitioner, to be asked to write a foreword for their book *Nutritional Lithium: A Cinderella Story*, subtitled *The Untold Tale of the Mineral that Transforms Lives and Heals the Brain*. They’ve done an exceptionally good job of documenting all of the capabilities of low-dose lithium described in their book. They don’t “overclaim,” being very careful to point out when the supporting research cited is “promising but incomplete.” The

extensive footnote documentation contained in *Nutritional Lithium* is always important when introducing what for many of us is a “new” topic. Even with all the footnotes, they’ve made sure the book is very readable, explaining the science well for non-scientists.

Lithium stimulates the growth of brand new brain cells in adults!

The effects of low-dose lithium on our brains, as described in *Nutritional Lithium*, are numerous. Lithium stimulates the

growth of brand new brain cells in adults! Lithium helps increase the numbers and improves the function of mitochondria (the tiny “energy engines” that fuel every cell) in brain cells as well as elsewhere in our bodies. Lithium protects existing brain cells in many ways. It helps balance neurotransmitters, decreases brain inflammation, helps transport B12 and folate into cells (including brain cells), protects against free radicals, inhibits a brain-damaging enzyme (for the technically inclined, the enzyme is called GSK-3, which

Continued on next page

Nutritional (Low-Dose) Lithium

Continued from previous page

also promotes cancer in many places in our bodies), supports the removal of excess tau protein and beta-amyloid (major factors in Alzheimer's), and promotes growth of existing nerve cells as well as old ones.

Lithium can reduce alcohol consumption and "alcoholic behavior," and helps significantly reduce alcoholic relapses.

Working in the ways just described (and likely others yet to be discovered), low-dose lithium can help control Parkinson's disease symptoms, depression, as well as bipolar disease—all at those same low doses. Studies which were first done in Texas and were repeated around the world demonstrated that even the small amounts of lithium naturally found in drinking water (still very low doses) were associated with significantly lower suicide rates. (We hope physicians at the Veteran's Administration read this book!) Also described is research done in prisons and elsewhere showing that lithium can decrease—sometimes dramatically—anger, aggression, and irritability, as well as improving impulse control.

And that's not all! Lithium can reduce alcohol consumption and "alcoholic behavior." Lithium helps significantly reduce alcoholic relapses. It's been shown to reduce addictive gambling behavior, and to help against other addictions. Like zinc, lithium also helps anorexia nervosa; it may not be a coincidence that both minerals have been proven to raise levels of an important brain hormone (for the technically inclined, it's BDNF). Lithium can lessen binge eating as well as symptoms of ADHD.

Going beyond the brain, *Nutritional Lithium* also gives us information about the use of lithium for fibromyalgia, Lyme disease, glaucoma, and cluster

headaches. And even though one of the major points of this book is that lithium is effective at low, non-prescription quantities found in natural food stores, there's a discussion of its safety.

Nutritional Lithium also contains good discussions of an often neglected aspect of effective psychiatric practice, nutrition! Dr. Greenblatt writes, "For psychiatrists to treat mental illness as exclusively psychological disorders fails to account for the brain's physiological response to a shortage of essential nutrients. This response occurs regardless of culture, psychological traits, or family pressures. The malnourished brain must be restored with the nutrients it lacks." For optimal mental health, psychology and biochemistry—which depends on nutrition—must be combined.

As *Nutritional Lithium* makes obvious, at present lithium is the #1 missing brain nutrient!

A Low-Dose Lithium Case History

Nutritional Lithium ends with eight case histories, all concerning the mental health effects of low-dose lithium. I'll end this article with an accurate-as-possible recollection of another low-dose lithium case history from nearly forty years ago.

Sometime in the late 1970s or early 1980s, a twenty-one-year-old woman came to see me at Tahoma Clinic. She'd been in a few times previously as a teenager for relatively minor health problems; her parents had been in several times about issues that mostly traced back to the alcoholism they'd both suffered from since they were young (except when her mother was pregnant with her, she had been told).

She told me she wasn't ill, but wanted to know if it would be all right for her to take the same amount of lithium her parents were each taking, once daily. However, she

had told me at a prior visit that she had "never swallowed as much as one drop of alcohol in my whole lifetime," motivated by what she'd seen it do to her parents themselves and to their marriage.

At that visit she'd also told me that her parents had been doing much better—although not perfectly—since starting on daily lithium. Her father wasn't losing his temper as much, not yelling nearly as much, and was definitely less irritable. Her mother was even happy some of the time now, not depressed and weepy all the time as she'd been before. And no, they hadn't stopped drinking alcohol, but the amount and frequency had both diminished significantly.

So why did she want to take lithium herself? Had she started drinking alcohol since her last visit? No, she quietly assured me, she hadn't, and never would. So, why? Before answering, she sat upright in her chair, stared at me, and then asked, "Don't I have the same genetics as my parents?" She was of course correct, couldn't argue with that!

She continued to say that she'd observed her parents feeling better and getting along better since shortly after starting the lithium, and although her own behavior wasn't—and never would be, she repeated—influenced by personal alcohol use, she thought she might feel better too if she took the same amount of lithium they did every day. Her parents had advised her to check with me, and so here she was.

We reviewed lithium safety first. Even though adverse effects were very unlikely if she used the same quantities her parents were using, why not do something that might significantly lower if not eliminate any chance of lithium causing her problems? She agreed that prevention was probably better than cure, and asked what that might be.

Continued on next page

Nutritional (Low-Dose) Lithium

Continued from previous page

Dr. David Horrobin had taught us at a seminar that essential fatty acids would eliminate or reduce lithium toxicity.¹ Although Dr. Horrobin and his colleague Dr. Lieb had used safflower oil in a preliminary study, after studying essential fatty acids it appeared to me that flaxseed oil would be a better choice.

At different times in the years after Dr. Horrobin's seminar, two severely bipolar individuals were referred to me by a psychiatrist who'd helped them keep their severe bipolar symptoms under control for several years with high-dose lithium. Then each had signs and symptoms of lithium toxicity appear, including tremor, nausea, and rising blood pressure. Excess protein was found in their urine.

But even a small reduction in lithium dose caused their bipolar symptoms to flare, so each wanted to stay with the higher doses of lithium. The psychiatrist referred them to me. Each was advised to take flaxseed oil, one tablespoonful thrice daily (along with vitamin E 400 IU twice daily), and for both individuals the lithium toxicity slowly went away in three to four weeks.

For her, large quantities of flaxseed oil itself were very likely not needed, and there was an alternative means of getting the same oil that many had told me was even tasty, ground flaxseed itself, two level tablespoonfuls daily. She agreed it would be easy to stir that into the oatmeal she liked to eat for breakfast.

In subsequent years—it wasn't known at that time—researchers have found that ground flaxseed also reduces risk of breast cancer, improves progesterone-to-estrogen ratios (which often lessens PMS), increases the percentage of ovulatory cycles, and even raises a woman's testosterone levels slightly. But enough about ground flaxseed; back to lithium.

She didn't return for nearly a year. There was definitely a change in her per-

sonality; she seemed more confident, and didn't wait to be asked about what she had in mind for the visit. When we were done with that concern, she said she had something to tell me about herself that she hadn't mentioned at any prior visit. Here is what she told me:

I never had any close friends when I was growing up. I thought it was because of my parents; before they started lithium, I didn't want to be around them much either. But even after that, still no close friends. There were very few invitations to parties or to join clubs, and when all the other girls were old enough to have boyfriends, I didn't until I was nineteen, and that lasted less than a month.

But since I started the lithium and (she smiled) ground flaxseed, everyone who knew me in high school says I'm not the same person. A few of the more outspoken ones asked me if I'd been having psychological counseling. I tell them no, I just made a decision about my life and let's leave it at that. I've been invited to more parties in the last few months than in my entire time in high school.

I've decided to go to college, and I've gotten a job to earn money for it. I've met lots of people at the job, and one of them has been my boyfriend for six and a half months now! Now I understand what the other girls were talking about in the locker room in high school gym. My parents are amazed at the change that's happened to me, so I tell them it's all their fault for taking the lithium you suggested. The

other reason I'm here is to thank you for doing that.

Which was very kind of her. . . .

Why We All Should Consider Low-Dose Lithium

Even if you don't have any of the multitude of mental and non-mental health problems listed in *Nutritional Lithium*, there's one very important reason we all should consider a low-dose lithium supplement—unless you live in one of the few areas where the water supply already contains lithium.

This very important reason is Alzheimer's disease prevention. The overwhelming weight of research tells us that low-dose lithium will cut Alzheimer's risk dramatically. If we add curcumin, or turmeric as a source of curcumin, and testosterone for men, estrogen for women (both as part of overall bioidentical hormone replacement), the risk of Alzheimer's disease risk will be very, very small. (An organic-as-possible diet, exercise, and individualized supplementation are important for the best of health too, but most everyone reading *Green Medicine* knows that.)

Another Note about Low-Dose Lithium Safety

The "low doses" of lithium discussed in *Nutritional Lithium* are five to ten milligrams daily. Prescription doses of lithium carbonate are 300 milligrams (55 milligrams of which are lithium, the rest carbonate), and instructions are usually one capsule (very occasionally two capsules) three times daily. Even at the usual dose, that's 165 milligrams of lithium itself daily—much, much more

Continued on next page

Nutritional (Low-Dose) Lithium

Continued from previous page

than is ever possible to consume from naturally occurring water sources.

Adverse effects from these “un-Natural” daily quantities are very possible, and can be found on-line by entering “lithium adverse effects” into any search engine. So far, no adverse effects have been reported from low-dose lithium, but I have seen early signs of kidney and parathyroid problems in a very, very few individuals who exceeded the quantities recommended by Dr. Greenblatt (and me). If low doses don’t work for you and you want to explore higher amounts, work with a physician skilled and knowledgeable in natural medicine

who knows how to work with lithium. Also, remember Dr. Horrobin’s observations about preventing lithium adverse effect mentioned in the case history above.

Why You Should Consider Buying This Book

To be practical, it’s because the information packed into *Nutritional Lithium* isn’t available all in one place anywhere else, and you can (if you wish) use this information safely for yourself and your family with low-dose lithium, which is found in most natural food stores. (Just

in case they don’t have it, which is increasingly unlikely, low-dose lithium is also available at compounding pharmacies, the Tahoma Clinic Dispensary, and online sources.)

If you’re a healthcare professional, definitely buy this book. It will help you help your patients even more than you’re doing now!

Endnote

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Defeat *Los Federales*’ War on Pharmacy Compounding!

- The price of the most metabolically active, preservative-free vitamin B12 injections from compounding pharmacies has increased by as much as 946% in ten years
 - *Los federales* are the cause of this price increase
- Help save pharmacy compounding and natural medicine!

Green Medicine’s very first issue (March 2016) reported that your doctor can no longer be trusted (by *los federales*) with injectable vitamin B12 from a compounding pharmacy in his or her office, even though there’s never, ever been a death, overdose, or a serious adverse effect from vitamin B12 since it became available in the 1940s.

But that may not matter anymore, as *los federales*’ War on Pharmacy Compounding is forcing the price of the most effective, preservative-free injectable vitamin B12 from compounding pharmacies so high that it won’t be affordable for the age group who benefit from it the most—people over 65 years of age who are “just getting by” with their savings and so-called Social Security. (Very brief digression: is anyone actually “secure” with Social Security?)

Back to unaffordable vitamin B12 injections. In the mid-2000s, the retail price for a 30 cc vial of vitamin B12 from a compounding pharmacy (enough for 30 injections) was \$30, \$1 per injection. The price for 30 ccs went slowly up towards \$50–\$60 by 2010. But after the contaminated product disaster at the New England Compounding Center (which *los federales* could have prevented^{1,2,3}), *los federales* used this episode—for which they were responsible—to stampede Congress into passing the so-called “Drug Quality and Security Act.”

Despite repeated warnings by members of Congress, *los federales* have misused this law to invoke so many “guidelines,” new rules, and very-expensive-to-comply-with regulations that the number and type of available products made by compounding

pharmacies has significantly declined and the prices of those that remain has dramatically increased. In February 2016, the price for that same 30 cc vial of vitamin B12 was \$154, and in March \$284 (\$9.46 per injection)—a 946% increase in little over a decade!

Please don’t let *los federales* win the War on Pharmacy Compounding! Your own health might depend on it! I hope you’re quite well now and stay that way, but should you and your physician decide that a natural substance previously available through compounding pharmacies would be good for maintaining your good health in the future, it may not be available.

Just one of many examples: injectable adenosine monophosphate (AMP), found in every human body, rapidly

Continued on next page

The Alliance for Natural Health USA is a grassroots advocacy nonprofit dedicated to protecting your access to natural health. Some of our current campaigns include:



GMO FACT CHECK

We want meaningful reform for consumers who don't want a food system reliant on GMOs.

SAVE OUR SUPPLEMENTS

Protect your access to supplements and the research that supports their use.

SAVE NATURAL MEDICINE

Help us save important compounded medicines like hormone replacements and vitamin IVs.

SAVE VACCINE CHOICE

Help us in the fight to protect important vaccine exemptions.

VISIT US AT WWW.ANH-USA.ORG!

Defeat Los Federales' War on Pharmacy Compounding!

Continued from previous page

relieves the pain of shingles (herpes zoster),⁴ according to research published in *JAMA*, the *Journal of the American Medical Association*—but now it's impossible to obtain! *Los federales* are and will continue to be responsible for all the previously treatable suffering from shingles, but of course shingles sufferers will be advised that pain relief is always available—some of it potentially addictive—from patent medicines!

Please don't let los federales win the War on Pharmacy Compounding! Please go to www.anh-usa.org, click on "Save Compounding," and participate in the Action Alerts. It's really easy, and takes very little time! By working together—"clicking" together—we cannot only save pharmacy compounding and also your right to take care of your own health with natural medicine!

Endnotes

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