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## Men: Low Testosterone Means Much More than Just Low Testosterone

- Testosterone levels in younger men have been declining for the last several decades.
- Declining levels of key nutrients in our food is one significant reason; the other is the abundance of toxic chemicals we encounter every day.
- Natural treatments to increase “free” testosterone include therapies that help detoxify the body, and supplementation with vital nutrients and botanicals.

For literally hundreds of thousands of years—except perhaps during the time of the Roman Empire—when a man’s testosterone declined to low levels, it meant he was getting significantly older, and nothing more. (We’ll get back to the Roman Empire later on.) Over the last hundred years, or maybe a bit longer, declining testosterone has not been just a marker of age—it’s also been an increasingly important marker of environmental toxicity and a lack of essential nutrients! The explanation for this follows, but first a fact or two about declining testosterone at ever-earlier ages.

In 2007, researchers reported that the average testosterone level in men had declined an average of nearly 20% between 1987 and 2004. They wrote that this decline was significantly greater than the decline typically associated with age.<sup>1</sup> Men’s average testosterone levels have actually been declining for significantly longer; the decline appears to have started in the 1950s or even sooner. In the late 1940s, 1950s, and 1960s, it wasn’t at all unusual to find a strong testosterone level in a man in his 60s or even early 70s. In 2016, it’s possible, but not very likely.

Fertility problems in men have been steadily increasing right along with declining testosterone levels, especially in

the last two or three decades. As is the case with testosterone levels, sperm counts are generally lower in the “average” man in the 21st century than in the 1950s.

As noted above, two major reasons for lower testosterone at earlier and earlier ages (along with increasing infertility) are a lack of key nutrients and a large burden of toxins, most of which have never been found on planet Earth before the 20th century.

Where did the key nutrients go? They’ve been lost to food processing and soil depletion from over a century of non-organic farming practices. The words “organically grown food” weren’t needed prior to the 20th century because *everything* was organic!

The use of chemically based herbicides, pesticides, and other unnatural chemicals has increased exponentially throughout the 20th century and continues to increase in the 21st. A colleague who practices medicine in eastern Washington tells me that it’s routine to see young farm workers in their 20s with low testosterone levels.

“GMO agriculture”—which uses incredible quantities of the chemical spray Roundup—has made the problem

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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.

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## Men: Low Testosterone Means Much More than . . .

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much worse. A principal ingredient in Roundup is glyphosate, a chemical that is toxic to testicular cells even in very small quantities. Here's an abstract—with explanations [in brackets]—from research published in 2012:

“Roundup is being used increasingly . . . on genetically modified plants grown for food and feed that contain its residues. Here we tested glyphosate and its formulation on mature rat fresh testicular cells from 1 to 10,000 parts per million . . . the range [found] in some human urine and in the environment. . . We show that from 1 to 48 hours of Roundup exposure, Leydig cells [the testicular cells which make testosterone] are damaged. Within 24–48 hours, this [Roundup] formulation is also toxic on the other cells, mainly by necrosis [cell death], by contrast to glyphosate alone which is essentially toxic on Sertoli cells [testicular cells which make sperm]. Later, it also induces apoptosis [cell suicide] at higher doses in germ cells and in Sertoli/germ cells co-cultures. At lower . . . concentrations of Roundup and glyphosate (1 part per million), the main endocrine disruption is a testosterone decrease by 35%. The pesticide has thus an endocrine impact [lower testosterone levels and sperm counts] at very low environmental doses, but . . . a high contamination appears to provoke an acute rat testicular toxicity [cell death].<sup>27</sup>

Unless a man has been “eating organic” nearly 100% of the time for years, he's likely to be low in one or more nutrients that are important for his body's internal

synthesis of testosterone. He's also likely to be carrying around a burden of testosterone-suppressing toxins in his body, most of which have never, ever been in human bodies before!

So what to do if you're a man whose testosterone is low? If you're in your 70s or 80s when low testosterone is found, for the best of health it may be best to start right away with bioidentical hormone replacement, which includes not only testosterone but also DHEA, often thyroid, and sometimes melatonin or oxytocin—all of which decline with age.

**The same things that can make your testosterone “go low”—thousands of possible pollutants, and likely low essential nutrients—are also messing with the rest of your bodily functions, your brain, heart, lungs, liver, every cell in your body.**

But if you're a younger man whose testosterone is low, perhaps in your 30s, 40s, 50s, or even 60s, it's a very good idea to think about restoring your own body's ability to have the same levels of testosterone that Grandpa (and Great-grandpa and all the generations of men who've gone before) had at that age.

I realize this is serious repetition, but it's important: low testosterone (especially in younger men) is not due to “just getting older”! And it's not just your testosterone that is affected. The same things that can make your testosterone “go low”—thousands of possible pollutants, and likely low essential nutrients—are also messing with the rest of your bodily functions, your brain, heart, lungs, liver, every cell in your body. No kidding! Every cell in your body!

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## Men: Low Testosterone Means Much More than Just Low Testosterone

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For a younger man whose testosterone is low, ignoring all that—and just relying on a testosterone prescription to stay healthy—puts him on the road to premature deterioration of many areas of his body, then obvious illness, and even a significantly shorter lifespan. Low testosterone is in many ways just a marker for body-wide health problems, even if those problems haven't come to the surface yet!

If a program to raise your own internal testosterone level—*before* considering a testosterone prescription—is successful, it can't help but improve your overall health significantly, not just your testosterone!

So where to start? The first step is to “remove the barriers” to optimal testosterone production. All the nutrients in the world can't help raise your testosterone levels if you have lead and cadmium (known to repress testosterone), “environmental estrogens,” glyphosate (Roundup), or many other unnatural chemicals in the way. Using nutrients to raise testosterone without detoxification is like trying to lift a manhole cover from below while a large rock is sitting on top of it!

Start with “detox”! There are many ways to detoxify our bodies; two effective ways are heavy sweating and chelation.

Heavy sweating? Yes! There's been research<sup>3</sup> on that. Fat was biopsied from the same areas of research volunteers' bodies and sent for testing to a toxicology laboratory. Everyone's biopsied fat was found to have significant levels of chemical toxins. Using saunas, the volunteers sweated heavily in saunas for thirty days, thirty to forty minutes each time. After that, second biopsies were done as close to the first biopsy site as possible, and that fat was found to have significantly fewer toxins than were found in the first biopsies.

Infrared saunas not only help us to detoxify, but they also help improve blood circulation. When infrared rays penetrate into the walls of blood vessels, the

enzyme that produces nitric oxide is activated (for the technically inclined, that enzyme is called nitric oxide synthase), more nitric oxide is produced, and blood vessels dilate (but not abnormally so) all over the body.

**In the 21st century, everyone needs detoxification, as we aren't yet able to convince many of our friends, family, or associates—and especially not politicians—that the use of toxic chemicals must be dramatically decreased.**

Not just saunas—anything that makes us sweat heavily will help us detox, too. Heavy sweating from exercise will help us detox, and of course, that exercise helps build muscle and has many other beneficial effects too. As noted above, lead and cadmium are proven to suppress testosterone. The most effective and quickest way to remove toxic metals (although it may still take weeks to months) is intravenous chelation therapy, done at physician's offices. There's also oral chelation, which is less expensive and less time-consuming, but the process takes considerably longer and many not remove as much toxic metal.

A single intravenous chelation followed by a urine collection (usually for six hours) and then tested for all the toxic metals is—in my opinion—the best way to determine the proper treatment. It will reveal whether oral chelation may be enough to do the job, or whether the toxic metal load in your body is high enough that intravenous chelation is the best and most effective way to remove all the toxic metals you may have. (Physicians who do intravenous chelation therapy can be found at [www.abcm.org](http://www.abcm.org) and [www.acam.org](http://www.acam.org).)

Back to the Roman Empire for just a moment. Historians know that one of

many reasons for the “decline” of the Roman Empire was the extensive use of lead in urban plumbing! Yes, lead pipes! Chances are excellent that Roman men who drank that water had premature decline in testosterone! Chelation therapy might have helped slow the decline of the Roman Empire! But back to the real topic. . . .

There are certainly other ways to “detox,” significantly reducing levels of the thousands of harmful chemicals never before found in human tissues (or on planet Earth), but there's not enough space in this article to include them all. It's very sad, but very true: in the 21st century, everyone needs detoxification, as we aren't yet able to convince many of our friends, family, or associates—and especially not politicians—that the use of toxic chemicals must be dramatically decreased. Unfortunately, for toxic metal elimination, nothing else works as well as chelation treatment.

Returning to that younger man with low testosterone: he needs detoxification! For a younger man, covering up the problem with a testosterone prescription and not detoxifying first to raise his own testosterone is not at all a good idea for the best of overall health, as well as for his longevity.

Once “detox” is done, or at least well underway, what nutrients can help raise testosterone levels? Here's at least a partial list of research proven testosterone boosters, starting with essential nutrients:

The famous “Iranian dwarf studies” done in the 1960s by Professor Anada Prasad demonstrated that **zinc** deficiency led to low levels of human growth hormone (HGH) and testosterone. Zinc supplementation for these individuals added inches to their height and enabled “secondary” sexual development.

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As is the case with most nutrients, zinc only raises testosterone levels if a zinc deficiency exists; however, as a mid-twentieth century report from *los federales* (in this case, the USDA) told us, in all states west of the Mississippi except Nevada, soils were zinc-deficient, so odds of one or another degree of zinc deficiency are quite good.

**Vitamin A** (*not* beta-carotene or other carotenoids) is not only necessary for internal testosterone secretion, but also for sperm production. Researchers wrote, “Retinoids . . . exert action on the three main testicular types of cells.”<sup>4</sup> In our bodies, vitamin A is made from beta-carotene. As do many other functions, this process (the conversion of beta-carotene to vitamin A) slows with time.

Double-blind research found that **vitamin D** increased testosterone very significantly (for the technically inclined,  $p < 0.001$ ), while placebo didn’t increase testosterone at all. As a bonus, men with higher vitamin D levels had lower levels of sex hormone-binding globulin (SHBG). Since SHBG makes less “free” testosterone available, it’s a good idea to have lower SHBG. (“Free testosterone” is the active form of testosterone. It’s good to know that total testosterone is adequate, but it’s “free testosterone” that “gets the job done.”)

**Manganese** is very necessary for stimulation of LHRH (luteinizing hormone-releasing hormone), which is secreted by the hypothalamus. LHRH travels to the pituitary gland, where it stimulates secretion of LH (luteinizing hormone), which in turn stimulates the testicles to secrete testosterone.<sup>5</sup> (For women this same chain of events stimulates the ovaries to make progesterone.) If testosterone is low, then it makes sense to try manganese by itself, as no other essential nutrient is known to stimulate LH, directly or indirectly.

**Magnesium** is another essential nutrient that—like vitamin D—has been found to increase both total<sup>6</sup> and free testosterone.<sup>7</sup> However, unlike vitamin D, which increases free testosterone by lowering SHBG, magnesium inhibits the binding of free testosterone with SHBG, making more free testosterone available without lowering the SHBG level itself.<sup>8</sup>

**Vitamin K**—specifically the vitamin K<sub>2</sub> fraction named MK-4—increased both testicular and serum testosterone in experimental animals. This appeared to be a direct-on-the-testicles effect, as there was no change in LH levels.<sup>9</sup>

**Boron** increases free testosterone. After one week of taking ten milligrams of boron daily, free testosterone increased significantly, and (more “bonus points”) estradiol decreased significantly.<sup>10</sup> The researchers made sure that the blood tests were done at exactly the same time to give the best comparability.

In experimental animals (male rats), **gold** very significantly increases serum testosterone.<sup>11</sup> Gold is also good for male fertility as there was a significant increase in sperm count, too. (For the technically inclined, for both effects the significance was  $p < 0.001$ ). (Since this is the Seattle area, to be both gender-neutral and diverse, we must mention that gold elevated estradiol in immature female rats. The researchers also wrote that several aspects of fertility appeared to be improved in the immature female rats given gold, but not in the immature female rats in the control group.<sup>12</sup>)

From essential nutrients, we’ll go to botanicals. Nearly every human culture has determined that one or more botanicals can enhance “male function.” Whether that “male function” increase was due to increased testosterone or not wasn’t known, as the testosterone molecule itself had not been isolated. Here

are a few botanicals which increase “male function,” most of which are now known to improve testosterone levels:

**Ashwaganda** (also known as *Withania somniferum*) has been reported to significantly increase LH and testosterone,<sup>13</sup> suggesting that the effect was not directly on the testicles. The same team of researchers reported that Ashwaganda increased testosterone levels by 10% in cigarette smokers and 22% in men under psychological stress, and by 13% in non-cigarette smoking men not under psychological stress.<sup>14</sup> I’ve learned a lot about Ashwaganda because it’s extremely helpful for adrenal health. However, there are many botanical experts—including Kerry Bone<sup>15</sup> and Stephen Harold Buhner<sup>16</sup>—who know much more than I about botanicals, testosterone, and “male function.”

The list of botanicals that help “male function” that follows is from Stephen Buhner:

- Pine pollen tincture,
- Nettle root,
- Tribulus terrestris,
- Panax ginseng,
- Tienchi ginseng, and
- Eleutherococcus senticosus.

He writes that these botanicals “will reliably act to increase testosterone levels, general energy levels, and overall sense of well-being.” The details about how whether these work by increasing testosterone and/or by other means are to be found in the thirty-five pages of his book *The Natural Testosterone Plan*.

Back to a main point of this article: as important as estrogen is for women, testosterone is very important to a man’s health for his entire lifetime. Unlike estrogen—which drops to a permanently

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low level after menopause—a man’s testosterone declines gradually. Moreover, it can often be revived, although the odds of doing so decline with age. It’s certainly possible for younger men!

Detoxification and essential nutrients can help revive not only testosterone, but also all the hundreds of other body function that are being “messed up” by those thousands (it’s actually tens of thousands) of environmental pollutants that have been released just in these United States over the in the 20th and 21st centuries. Ridding our bodies of lead, cadmium, and other toxic metals is a very good idea for long-term good health, too. And if any or all of the essential nutrients are needed for better testosterone levels, they’re also needed in every part of bodies for better function.

The botanicals are also “bonus points.” Unless we think that eating our vegetables is “using botanical remedies,” we actually can live long healthy lives without any botanicals. But many men—if not most—wouldn’t mind at all if their testosterone levels could be boosted even further with botanicals; that’s very likely why there have been botanicals used for “male function” for hundreds (if not thousands) of years!

A few years back, there wasn’t a supplement available that combined most or all of the eight essential nutrients described above—and a few of the botanicals—that men’s bodies need for internal testosterone synthesis. Now it’s available; it’s named “Vicariin.” Vicariin<sup>17</sup> can be found at Tahoma Clinic Dispensary, but for whatever reason not at natural food stores or compounding pharmacies. Vicariin doesn’t contain gold, which can be quite variable in price, or vitamin D, as quantities of vitamin D necessary to achieve the “tropical optimal” level<sup>18</sup> are usually more than are in combination formulations. Of course, all these nutrients can be found

separately too, and in multiple vitamin formulations, but the quantities of each may not be the same.

Remember: If you’re a relatively young man whose testosterone levels are low, *don’t start trying to improve them with essential nutrients and botanicals alone!* Results will not likely be as good as they can be without detoxifying first, or—at the very least—at the same time. And yes, when any of us men get old enough, we will need a testosterone prescription to maintain optimal health—including most importantly, mental health—for as long as possible. Until then, try to get your own body to make as much testosterone (and by the same means improve overall health) for as long as possible! ●

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16. Stephen Harrod Buhner, *The Natural Testosterone Plan*, chapter 4, pages 20-55, Phytoandrogens: Natural Hormone Replacement for Men. Healing Arts Press, 2007.
17. Yes, I am responsible for asking a manufacturer to combine the ingredients in

Vicariin to make it more convenient for myself and others to find them in sufficient quantities “all in one bottle” rather than in many separate containers.

18. The “tropical optimal level” of vitamin D is the amount found in the blood of people living in the tropics

(60-100 nanograms per milliliter (ng/ml), who *do not have any overdose effects from those levels*, and are known, among other things, to have significantly less auto-immune disease, high blood pressure, and (before the days of airplanes) rarely “caught the flu.”

## Fluoridation Increases Type 2 Diabetes Risk

- Fluoride, added to community water supplies, is linked to an increased risk of type 2 diabetes in adults, and IQ impairment and ADHD in children.
- The media has generally been silent regarding these findings, which allows public health authorities to ignore the science.
- The fluoridation of water is strongly opposed by top scientists at the Environmental Protection Agency.

Have you heard or read about the very recent (May 2016) research report telling us that community water fluoridation is associated with increased risk of type 2 diabetes?<sup>1</sup> There’s been not a word about this in our Seattle-area media—nothing in the newspapers, on television, or on the radio. And yes, you can read about this online, but you’ll need to find it yourself—it won’t come to you through any of the big media channels.

You’ve likely also not heard or read about the 2012 research review findings that water fluoridation also causes a significant impairment in IQ points in children<sup>2</sup> or the 2015 research which reported that fluoride is associated with greater risk of attention deficit–hyperactivity disorder (ADHD).<sup>3</sup> Sorry about the “repeat,” but when these reports were published, there was not a word about either one in our Seattle-area media—nothing in the newspapers, on television, or on the radio. You can read about these online too, but you’ll need to find them yourself—they won’t come to you through any of the big media channels.

The title of the fluoridation and type 2 diabetes report tells us in many fewer words what the very large amount of data

proved: “Community water fluoridation predicts increase in age-adjusted incidence and prevalence of diabetes in 22 states from 2005 and 2010.” That’s a very large amount of data, and rather difficult to contradict; so far no one has tried. At present, the strategy of public health “authorities” is to ignore these three reports (and many others about the adverse effects of water fluoridation), and very likely do what they can to make sure there’s little to no publicity.

**Parents reported higher rates of medically diagnosed ADHD in their children in states in which a greater proportion of people receive fluoridated water from public water supplies.**

The IQ-point loss caused by fluoride in the water was reported by a group of researchers from—no kidding—the Harvard School of Public Health, the School of Medicine at Mt. Sinai (New York), and the University of Southern Denmark. They reported that high fluoride exposure was associated with a 0.45

reduction in the standardized mean difference (SMD) in intelligence. Some fluoridation proponents have mistakenly interpreted this to mean that a half-point reduction in SMD equates to a half-point reduction in IQ. This, however, is NOT the case. As the research team confirmed, a reduction of 0.45 SMD is “approximately equivalent to **seven IQ points** for commonly used IQ scores.”

The ADHD researchers summarized their findings in just one sentence: “Parents reported higher rates of medically diagnosed ADHD in their children in states in which a greater proportion of people receive fluoridated water from public water supplies.”

Just one group of public health authorities—the Union of Scientists at the Environmental Protection Agency of these United States—has recognized the detrimental effects of fluoridating public waters. Unfortunately, they have no control at all over fluoridation, but they did try to let us all know. In 1999—well before the three research reports mentioned above—this Union of Scientists published a White

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Paper entitled “Why the Union Opposes Fluoridation.”<sup>4</sup>

The very first paragraph states:

“The following documents why our union, formerly National Federation of Federal Employees Local 2050 and since April 1998 Chapter 280 of the National Treasury Employees Union, took the stand it did opposing fluoridation of drinking water supplies. Our union is comprised of and represents the approximately 1500 scientists, lawyers, engineers and other professional employees at EPA Headquarters here in Washington, DC.”

Fluoridation, then, is linked to an increased risk of type 2 diabetes for adults; for children, significantly lower IQ points and greater risk of ADHD; and much, much more, which you can find at [www.fluoridealert.org](http://www.fluoridealert.org) and [www.fluorideaction.net](http://www.fluorideaction.net). We’ll stop this here with an obvious question: why are we all allowing this well-documented health hazard —outlawed in Israel in 2013—to be dumped into the water we and our children drink? ●

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## New Hope for Multiple Sclerosis

- Biotin, often called vitamin H and sometimes vitamin B<sub>7</sub>, can actually reverse disabling multiple sclerosis symptoms, according to research scientists.
- It takes a number of months for biotin to do its work, but the improvements are long-lasting.
- Researchers saw the biggest improvements in spinal cord involvement and vision.

Relatively recently reported research<sup>1</sup> (2015) tells us that biotin—a vitamin with minimal (if any) adverse effects, found anywhere supplements are sold—can significantly reduce symptoms of multiple sclerosis (MS). The delay before improvements are seen is long, from two to eight months, but it’s well worth the wait. According to one research publication, four individuals suffering from MS and visual problems due to optic nerve damage had significant improvement when they took biotin, 300 milligrams daily. Sixteen of eighteen (89%) with major spinal cord involvement were significantly improved. One person who had loss of half the field of vision in each eye kept improving from two to sixteen months after starting treatment.

The researchers who published these and other case reports also published a review of the role of biotin in the biochemistry of the brain, along with their thoughts about why it might have beneficial effects—which included promoting regeneration of damaged nerve axons with improved myelin and energy production.<sup>2</sup>

Even more recent (2016) research<sup>3</sup>—double-blind, placebo-controlled—reported that 12.6% of those using “MD1003” (more about that shortly) had significant disability reversal by nine months, confirmed at twelve months, while none of the individuals taking placebo had any improvement at all.

But what’s this about “MD1003”? Why is “high-dose biotin” now in parentheses and “MD1003” featured in the title of this publication, when biotin—not

“MD1003”—was openly named as the active agent in the first two reports? Consider that Sedel, the first author listed by that first article, was reported by that article to be working at the Pitié-Salpêtrière Hospital in Paris, France.

Sedel is still listed as the first author of the second article, but this time he is listed as working not only at that hospital but also (remember “MD1003”?) listed first as working at MedDay Pharmaceuticals in Paris, France, with his email address also at MedDay Pharmaceuticals. In the third article, Sedel was demoted to the 16th listed author, no longer listed as working at the Pitié-Salpêtrière Hospital, but only as working at MedDay Pharmaceuticals.

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**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:

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## New Hope for Multiple Sclerosis

*Continued from previous page*

Anyone still wondering why “MD1003” was featured in the title and the term “high-dose biotin” (remember, the third article reports the two are the same) was demoted? We all know where this is going, so let's go on to the fact that biotin is still available wherever supplements are sold at a still-reasonable price. Anyone who plans to use biotin—to help with multiple sclerosis, or anything else biotin is used for—might consider “stocking up” while it's still easily available at the usual relatively low price, and hasn't yet been morphed into “MD1003” for a much higher price!

There are many other things that can be done to improve or even eliminate multiple sclerosis symptoms. These include topical (rubbed in) bio-identical estriol, histamine delivered by transdermal patches, low-dose naltrexone, and food allergy

elimination. With the exception of food allergy elimination, the rest all require visits to a physician. Biotin—but not biotin's identical twin “MD1003”—can be safely used by anyone for themselves. ●

### Endnotes

1. Sedel F et al. *High doses of biotin in chronic progressive multiple sclerosis: a pilot study*. Multiple Sclerosis Rel Disord 2015;4(2):159-169.
2. Sedel et al. *Targeting demyelination and virtual hypoxia with high-dose biotin as a treatment for progressive multiple sclerosis*. Neuropharmacology 2015; :1-10.
3. Tourbah A, et al. *MD1003 (high dose biotin) for the treatment of progressive multiple sclerosis: a randomized, double-blind, placebo-controlled study*. Mult Scler 2016 September.

### ALTERNATIVE HEALTH RESOURCES

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[www.Naturopathic.org](http://www.Naturopathic.org)

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(for supplement orders only)  
Phone: (888) 893-6878  
[www.TahomaDispensary.com](http://www.TahomaDispensary.com)

#### INTERNATIONAL COLLEGE INTEGRATIVE MEDICINE

[www.ICIMED.com](http://www.ICIMED.com)

#### MERIDIAN VALLEY LABORATORY

Phone: (855) 405-8378  
[www.MeridianValleyLab.com](http://www.MeridianValleyLab.com)

#### THE ALLIANCE FOR NATURAL HEALTH USA (ANH-USA)

Phone: 1-800-230-2762  
[www.ANH-USA.org](http://www.ANH-USA.org)

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Phone: (888) 439-6891  
[www.ACAM.org](http://www.ACAM.org)

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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.

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