

"There is no reason for an active woman to endure the symptoms of hormone imbalance when safe, natural relief is readily available." Raquel Martin and Judi Gerstung, DC, *The Estrogen Alternative*

Carol & Dick Cover/701 N Lincoln St/Northfield MN 55057/507-645-7202

Concerns addressed in Dr Lee's pioneering work are confirmed by recent medical studies

Recently I have been trying to pare down my subscription list. We receive more health/nutrition magazines than I have time to read. One newsletter that is not negotiable, however, is *The John R. Lee Medical Letter*. We first heard Dr Lee speak at an AIM convention in Banff in 1997. Since then we try to hear him as often as he speaks locally. I like him because he is a homegrown Minnesotan, but mostly I enjoy his down-to-earth teaching style.

When we first began following his work with natural progesterone, it could be best described as "ahead of its time." The Martin/Gerstung book quoted above has a 1997 copyright, and Christiane Northrup MD, a holistic physician, has only one reference to Dr Lee in her 1994 book, *Women's Bodies, Women's Wisdom*. On page 165, she says, "Based on the clinical experience of Dr John R. Lee, an expert on the clinical uses of natural progesterone, I have recently begun using natural progesterone for some of my patients with endometriosis."

But when Dr Lee retired after 30 years in private practice to write and lecture about natural progesterone, "the only hormone supplement women may need as they age," he had already written a book for physicians

on natural progesterone [1993] and had been recommending over-the-counter botanical progesterone creams for his patients since 1979. His landmark book, *What Your Doctor May Not Tell You about Menopause*, addresses the concerns of women facing the decision of whether to use synthetic hormone replacement therapy with all the attendant side effects—or to endure discomforts common in menopause, such as hot flashes, night sweats, and worse.

While I was waiting in line to talk to Dr Lee in Banff, I talked with Mrs Lee. She told me that although he was newly retired from his practice in Mill Valley CA, early in his medical career he had practiced in Faribault MN, just 18 miles from Northfield. When I mentioned that I appreciated his respect for women's needs, she said that he has dedicated his life to sparing women pain.

In the introduction to his first *What Your Doctor...* book, Dr Lee writes, "We hope that as you discover for yourself the truth of what is written here, you will insist that your doctor read it too, and continue the quiet but powerful revolution in knowledge and practice that is taking place regarding hormone replacement therapy.

"There is a great thirst for

knowledge in this field. Women know full well that they are not being served properly by the treatments their doctors give them. They know there is something wrong when 650,000 (or more) hysterectomies per year are performed in the US. They know that they are not victims of some mistake of Mother Nature. They know that a hormone that is supposed to cure them should not also promote cancer. Women are far more knowledgeable, intelligent, and intuitive than their doctors give them credit for. The word of progesterone's success has spread and a revolution in women's health care is under way."

Sometimes revolutions take a long time. Sadly, many women died before they knew that there were botanical alternatives to toxic chemical solutions that they had been encouraged to use for the discomforts of menopause. In 1996 Dr Lee was already saying, "... treatment with supplemental estrogen may reduce hot flashes and treat vaginal dryness, but it does so at the risk of inducing a higher incident of endometrial cancer and breast cancer."

Why was it so readily prescribed? Perhaps because physicians were not aware of natural alternatives. Also, "Consider the financial impli-

cations. Turning menopausal symptoms into a disease of estrogen deficiency has resulted in Premarin's being one of the top ten prescription drugs sold in the US."

Dr Lee, as a pioneer, has opened a new line of thought for the benefit of others. Chances are you followed the news last summer about the landmark study linking conventional hormone replacement therapy (HRT) to heart disease, stroke, and breast cancer. [See **Quotables**, p 4.] Now there is more HRT news, this time about Alzheimer's disease and dementia.

Three new studies, involving 4,500 women enrolled in the Women's Health Initiative, looked at HRT's effects on brain disorders, i.e., strokes, dementia, and other forms of impaired thinking. Although HRT (estrogen plus artificial progestin) was once thought to protect women from dementia and Alzheimer's, the May 28, 2003 issue of the *Journal of the American Medical Association* reported that HRT may increase the risk of heart disease and cause thinking and memory impairment.

This is sobering news. Ask me for a copy of *HRT Now Linked to Alzheimer's, Dementia*, if you would like the whole article. +++

Osteoporosis is not just a problem for women; men may be at risk

NEW! John R. Lee MD's *Hormone Balance for Men.*

If you are on the web, visit Dr Lee's website: www.johnleemd.com. You will find a wealth of information and resources, a special subscriber's area, and the most up-to-date speaking schedule.

We're getting a copy of *Hormone Balance for Men* by renewing our subscription. It is also available to new subscribers. I commend this newsletter to you. It is not *just* about women's hormone issues. A recent issue has suggestions for staying healthy while traveling.

If you are concerned about osteoporosis and you are not using a natural progesterone cream, you need to read one of Dr Lee's books, for example, *What Your Doctor May Not Tell You about Menopause*, which has 46 pages of material on osteoporosis.

In this week's *US News and World Report*, Bernadine Healy MD opens her article, "Our mothers' bones," recounting the details of her 81-year-old mother's broken hip and describing the pain endured in her mother-in-law's 9th and 10th decades as a result of painful vertebral fractures and three fractured wrists. "Osteoporosis," she says, "sneaks up over the decades. Its signature is the 'fragility fracture' in which hips, spines, and wrists, unable to bear ordinary burdens, snap unexpectedly like dry twigs."

My mother, who was born in 1911 and passed away in 2000, broke both wrists sequentially one January when she was in her 70s. Even though she fell often as a result of prescription drugs that affected her balance, she never broke bones after beginning AIM's flagship product Barleygreen® in 1992 and using AIM's natural progesterone, Renewed Balance®, from 1996 until she died. This is surprising, considering that her xrays after 30 years on prednisone showed "cottage cheese bones."

Dr Healy says, "It is well known that women's

bones suffer mightily with the precipitous estrogen fall of menopause. But what is often missed is that brittle bones are not just about women. While osteoporosis appears later in men than in women, hip fractures occur in some 80,000 men every year." The common thought is that people fall and break their hips. My father, in his mid-70s, broke his hip while getting leaves out of the gutters of their home—then he fell off the ladder.

Dr Healy continues: "The male skeleton is a thing of beauty—strong, powerful, with lavish bone mass—but men, too, face diminishing bone density. The decline is set up by aging, poor diet, and reduced activity. It is hastened by the inevitable downward drift of testosterone, which in turn starves bone tissue of its favorite hormone, estrogen."

Dr Lee's experience with the positive effects of natural progesterone on bone density is something you should know about. I would strongly encourage you to read *What Your Doctor May Not Tell You about Menopause*, available in major book stores and many healthfood stores, if osteoporosis is a concern to you or anyone in your family. I am also willing to send you some of Dr Lee's tapes at my cost. Please e-mail/call; I will tell you what I have. Here's a brief look at what he says on the topic:

"In 1989..., I took the opportunity to review the

charts of 100 patients presently using transdermal progesterone under my care for osteoporosis prevention and/or treatment. Of these, 63 had followed through with serial bone mineral density (BMD) testing, and 62 of them had been on natural progesterone for at least three years." [The next page shows charts with results of collated data.]

The women with the lowest bone densities experienced the greatest relative improvement. Those with good initial BMD either retained their good levels or improved only slightly. Age was not an apparent factor. The improvement of patients over 70 was equal to those less than 70.

"With experiences such as these in patient after patient over a 10-year period, I cannot doubt that natural progesterone, along with a program of [good] diet, a few vitamin and mineral supplements, and modest exercise will effectively, inexpensively, and safely reverse osteoporosis in women. Since bone cells are not inherently different between the sexes, I would predict that the same benefits would occur in men lacking testosterone.... Since there is no evidence that progesterone is a risk for men with prostate cancer, I would hope that a clinical trial would be offered to protect their bones in conditions of testosterone deficiency." [See sidebar for news about his *Hormone Balance for Men.*] +++

If you use supplements of any kind, here's your assignment

The May 2003 issue of Dr Lee's newsletter reports that the hard-won natural health freedoms insured by the Dietary Supplement Health and Education Act (DSHEA) of 1994 are endangered. Instead of heeding the advice of the supplement industry, the FDA is listening to the editors of leading medical journals, who are calling for changes in the way dietary supplements are regulated.

Yes, I know that only a very small percentage of people ever contact their legislators, but please do this **now**. The bill, S. 722, is scheduled to be on the Senate floor **by the end of July**. Letting those who represent us know our thoughts on issues that concern us is one of the privileges and responsibilities of citizenship in a democracy.

Why does this issue matter? Under the terms of DSHEA, since 1994 manufacturers are to be responsible for establishing their own manufacturing practice guidelines and for making sure that a supplement is safe before putting it on the market. Once a dietary supplement is marketed, the FDA must demonstrate that the product is unsafe before it can take regulatory action against it.

DSHEA was enacted to assure consumers that nutritional supplements are beneficial. Laws protecting consumers from dangerous foods have existed for decades and also apply to supplements.

An article from Smart Publications, quoted in Dr Lee's May issue, states: **"Using the adverse media attention surrounding the herbal supplement ephedra as a lever, the Food and Drug Administration, with the blessing of the Department of Health and Human Services and at the request of US Senator Dick Durbin (D-IL), has reopened the comment period on the DSHEA legislation. If the forces backing this measure are successful, DSHEA may be amended so that any and all dietary supplements can be banned!"**

You may adapt this sample letter to send to your local representatives in Washington:

As your constituent, I urge you to oppose any efforts by your fellow Senators to pass S.722, the so-called Dietary Supplement "Safety" Act, recently introduced by Sen. Richard Durbin. I am deeply concerned about this issue. I feel that this new act would unnecessarily expand the au-

thority of the FDA. Congress should instead investigate and oversee ways in which the FDA can make full use of its current and more than adequate authority as granted by the Dietary Supplement Health and Education Act of 1994. I believe that the Durbin bill, despite its title, would allow no more current protection than the current law provides. It does, however, contain new discretionary enforcement powers that would significantly undermine many of the freedoms that American consumers of dietary supplements like myself hold dear.

If adopted, this bill would subject nearly all vitamins, minerals, herbal products, and other supplements to a level of scrutiny that is both unwarranted and unnecessary. Products that have been used safely and beneficially for hundreds—and in some cases, thousands—of years would be subject to clinical evaluation that are at the complete discretion of the FDA.

I am concerned that this bill, by questioning the safety of any dietary supplement that receives even one complaint, will potentially result in hundreds of beneficial products being removed from the marketplace. With the passage of this legislation, the FDA would have complete discretion to make this determination, regardless of whether the product was used under conditions cautioned against by the manufacturer on the label.

By almost every measure, and by a wide margin, dietary supplements can be used more safely than conventional foods and over-the-counter drugs. Yet this proposed legislation exempts foods in these product categories from being classified as stimulants. Specifically, the bill unfairly excludes the most common stimulant ingredient in foods—caffeine.

I ask you to oppose this extreme and unnecessary legislation and instead take the opportunity to encourage and support the FDA in fully utilizing its enforcement powers as granted by DSHEA.

I look forward to hearing your thoughts on this important matter. [your signature]

If you are computer-literate, you can scan the above letter and make changes that reflect your own thoughts. Handwritten letters are fine. To protect your consumer rights, call, fax, or write your US Senators and Representatives in Congress—**now**. If you do not know their addresses, call 1-202-224-3121. To contact Secretary of Health and Human Services, Tommy G. Thompson, use <http://www.hhs.gov/ContactUS.html>. Contact Mark B. McLelland MD, PHD, Commissioner of Food and Drugs, USFDA, at <http://www.fda.gov/comments.html>. +++

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Notable Quotables

- **Ignore your scale and get out your tape measure:** "The size of your waist is a surprisingly accurate indicator of your abdominal fat. That's important because many studies have shown that fat stored in the upper body, especially the abdomen, is a strong signal of increased risk of disease. ...Lower body fat accumulates just under the skin, but 'abdominal fat is actually inside your abdominal cavity,' says Marc-Andre Cornier MD, assistant professor of medicine at the University of CO....The risk of health problems increases at a waist measurement of 35 inches for women and 40 inches for men, according to the National Heart, Lung, and Blood Institute. But a recent study by the NY Obesity Research Center at Columbia University found that **the risk of heart disease and diabetes starts inching up at just under 33 inches for women and 35 inches for men.** Those numbers hold true regardless of height. " *Consumer Reports*, August 2003.
- **Like it or not, GMOs are on our plates:** According to Tony Hall, the US Ambassador to the US Mission to UN Agencies for Food and Agriculture in Rome, 80% of the US soybean crop and 38% of the corn crop are now biologically engineered. "Whether it's corn-on-the-cob, soy sauce, canola cooking oil, or Fritos, we have been consuming bioengineered food regularly since 1996." 2003 Tribune Media Services, quoted in *WORLD* newsmagazine, June 14, 2003.
- **Glucosamine may slow the progression of osteoarthritis:** Boston University Medical Center arthritis expert Tim McAlindon commented on a report by Belgian scientists published in *Lancet* medical journal that suggests the popular nutritional supplement glucosamine could improve the structure of the joints. "Scarce currency has been given to the notion that osteoarthritis could be retarded pharmacologically, let alone by a nutritional product....The report may radically change the situation." Glucosamine sulfate is an amino sugar version of a body substance that helps build cartilage, the tough tissue that lines the joints. *The Roanoke Times*, January 26, 2001. **For more information on AIM's Frame Essentials™, please be in touch, and we will mail you a data sheet and the testimony of Debbi Lawrence, USA Olympian racewalker, 1992, 1996, 2000.**
- **Ad in our local newspaper:** "PREMPRO™ According to clinical study results, women who used estrogen plus progestin (the active ingredients in Prempro™) in Hormone Replacement Therapy experienced higher rates of serious side effects compared to women taking a placebo. Serious side effects include: a 26% increase in breast cancer; a 41% increase in strokes; a 29% increase in heart attacks; a 22% increase in total cardiovascular disease; a doubling of rates of venous thromboembolism (blood clots). If you or a loved one has suffered any of the serious side effects listed above while taking estrogen plus progestin... call now and find out about your legal rights." The ad is signed by a MN attorney with associates throughout the US. ++

A report to those who elected to download our newsletter e-dition

We are pleased to report that there were 126 people willing to help reduce the number of newsletters we print/mail each quarter. That means that our local postmaster will sell us \$46.62 less in stamps, and the local Kwik Kopy can reduce our printing bill by \$45.36. I'm not sure how that translates into trees saved, but we also appreciate having the extra time that would be spent on folding and stamping.

In the event that you have internet access and would be willing to be added to our list to receive our newsletter as an e-mail, please send an e-mail to our address above.

As replies have come in, we are making a special file for these names/e-mail addresses.

[On the other hand, if you only check your e-mail once a month, this service is probably not for you. One of the advantages of the e-

Ten reasons to buy local food

1. **Locally grown or produced food tastes better.** It was probably picked a day or two ago.
2. **Local produce is better for you.** Produce that has been in a supermarket for a week has lost some of its nutrients.
3. **Local food preserves genetic diversity.** Local farms grow many varieties to insure a long season for harvest.
4. **Local food is GMO-free.** Factory farms are offered biotech varieties. Local farmers don't want them.
5. **Local food supports local farm families.**
6. **Local foods build community, connecting the grower and the eater.**
7. **Local food preserves open space.**
8. **Local food keeps your taxes in check.**
9. **Local food supports a clean environment and benefits wildlife.**
10. **Local food is about the future.** *MFA DIGEST* +++

mail version is that you will get our newsletter sooner. The spring edition went out in early May; the spring paper version went out in mid-June after we caught up from three weeks of vacation.]

We will be certain to **protect your privacy carefully.** No list with your name/address will appear at the top of our *ink spots* edition. Nor will we ever share our list with anyone.

Another reminder: If you are an

AIM member, we encourage you to give AIM your e-mail address. We receive so many valuable offers that we wish everyone had an e-mail address on file with AIM. Instead of having to wait for *Partners*, you will find out much sooner about the specials or teleclasses of the month. You can always delete an e-mail, if there's nothing that interests you. So why not give AIM and *inkspots* e-dition a try? +++