

Book Reviews

Natural Therapies: The Politics and Passion

Judy Jacka, Ringwood Natural Therapies Pty Ltd, 4 Joseph Court, North Ringwood, Victoria 3134, Australia
Paperback, 178 pages, 1998.

I spent several days with Judy and Alf Jacka in 1983 while on a lecture circuit in New Zealand. At that time I knew almost nothing about naturopathic medicine, but I did attend some of the lectures given by Alf and Judy as they attended some of those I gave. I became more familiar with the concepts and treatment, as they did about orthomolecular medicine. Since then I have had more intimate contact with natural medicines of various types including naturopathic medicine as practised in North America. I found this book particularly interesting for this reason and especially because in this book, Judy, one of the main pioneers in Australia in initiating and promoting naturopathic medicine, reports the history of the movement, its difficulties, the opposition it generated, and the debates with government and with the established professions. Judy, with her nurses' training, was a good observer, and one had to take seriously her observations about patients and how they responded to treatment.

In fact, what Judy has done is to describe in vivid detail a major paradigm war between established medicine and natural medicine. Natural medicine was establishment medicine for many centuries because there was nothing else. Apart from advising patients about nutrition what else could our medical ancestors do? An English textbook on medicine written about 300 years ago contains a chapter on nutrition, about 30 pages, which would be a model for any current medical textbook on clinical medicine. About fifty years ago medicine, blinded by the brilliant accomplishments of surgery, anesthesia, the wonder antibi-

otics and steroid hormones, became convinced that the final solution was at hand. Nutrition was gratefully handed over to the departments of biochemistry, to dietitians, and to nutritionists, none of whom ever had any meaningful contact with patients, so they could not observe the results of poor nutrition and the vast improvement in health generated by good nutrition. Modern medicine became anutritional, not surprisingly, since after the war English medicine dominated world medicine.

The prevailing paradigm insisted that nutrition only played a role in medicine when serious vitamin or mineral deficiencies were present such as pellagra, scurvy, osteoporosis. Establishment medicine worked well for what has been called horizontal or emergency medicine. But for the ever-growing lists of chronic diseases called vertical medicine, modern medicine has been singularly ineffective except for orthomolecular diseases such as diabetes which used insulin, a natural product, and for other hormonal diseases. Physicians and others discovered that improved nutrition and adding vitamins and mineral supplements would help many of the chronic diseases which had never responded well to synthetic drugs. For example Dr. William Kaufman found in 1945 that large doses of vitamin B₃ were therapeutic for arthritis and for many diseases of aging. The new paradigm has slowly been overcoming the old paradigm and at the present rate of development will become the dominant paradigm in the next ten years.

Jacka describes another paradigm, naturopathic medicine, which included attention to nutrition but also used homeopathy and herbs and other natural substances in their treatment protocols. The history of the development of this form of naturopathy in Australia is detailed in this book. Since she was one of the main pioneers, together with Alf, she is the best person in the world to tell us what happened in Australia. I will not repeat the

story she tells, a marvellous anecdote, but I invite everyone interested in the history of medicine and how it changed with the years to read this informative book. The proponent of new paradigms will thereafter understand that when they enter into the battle of the paradigms they must expect that it will be rough and tough, and will take a long time. They should not enter the fray if they are shortwinded. As President Truman once said, "If you can't stand the heat, get out of the kitchen." Judy did stand the heat and the result is the flowering of naturopathic medicine in Australia, and in New Zealand as well.

—Abram Hoffer, M.D., Ph.D.

What Your Doctor May Not Tell You About Menopause

John R Lee M.D. with Virginia Hopkins.
Warner Books, Inc. New York, New York,
1996. Paperback, 372 pages, US \$12.99

This book is about natural progesterone. Why do we call it natural progesterone? We do not write about natural adrenalin or natural insulin. The reason why we have to specify natural is the reason for this book since very few women and almost no men realize that the substances women are given for hormone replacement therapy are not the hormones that they make in their bodies. They are synthetic chemicals derived from natural sources for which the drug companies have received major patent protection, but since they are not natural they cause many undesirable toxic effects in the body. The reaction between a hormone and what it binds to is as specific as the fit between the lock and key. If one makes the slightest change in the hormone, by adding one atom, or by taking one atom away, or by giving the molecule a different twist, it will no longer fit well with the receptor it is intended for. Moreover, since it does not fit its natural receptor it will be free to wander about and

do other things in the body which can be very harmful. This is why we now talk about natural progesterone. We distinguish it from the usual synthetics which are prescribed. Recently natural progesterone became available in oral form on prescription, and perhaps one day when the US FDA and its equivalent in Canada become more enlightened they will ban all the synthetic analogs, and then we can, with sigh of relief, drop the term natural, because all the progesterone will be natural.

In this book Dr Lee describes the complex interrelationships of the steroid hormones, which includes the male and female hormones. Each one plays an important role. The synthetic hormones may mimic some of the properties of the real hormones but they also generate many undesirable toxic reactions. They also mimic some of the aspects of good health which are clearly listed and described. Dr Lee points out the role played by these hormones in maintaining health and what happens when the hormones essential for health are not made nor provided. If a woman lacks progesterone, this will not be replaced by giving her a synthetic which only mimics the real hormone. Dr Lee points out that with most cases of imbalance between the estrogens and progesterone the fault lies in the under-production of progesterone, and when the balance is restored by adding the real progesterone, there is a remarkable improvement in health.

Progesterone is used for controlling and preventing symptoms of the menopause, for preventing and treating osteoporosis, for maintaining proper cardiac health, for preventing premenstrual tension and other pelvic disorders such as endometriosis and ovarian cysts. He finds that women with breast cancer have almost no recurrence if they take progesterone after they have been treated. He also finds that men may profit from taking progesterone. After all, men do have some estrogen and women do have testosterone. There is no

perfect division of hormones by sex. I am particularly intrigued by his suggestion that progesterone may inhibit the development of prostate cancer. Hormonal blocking agents used in the treatment of prostate cancer are supposed to decrease the effect of testosterone. In nature testosterone is balanced by the female hormones. Thus men have much more testosterone and women have much more estrogen and progesterone. Increasing the amount of progesterone in men may therefore be a more natural way of reducing the effect of testosterone. And if excess testosterone activity in males plays a role in prostate cancer, it is certainly conceivable that giving progesterone will reduce that role.

Natural progesterone is best given as a cream applied to the skin. It easily absorbs through the skin into the body and most of it is spared a journey through the liver. On the other hand, when taken by mouth about 90% is destroyed in the liver, necessitating a higher dose. A common dose applied to the skin is around 25 mg per day whereas the oral dose is 100 to 200 mg. Details about how to use this hormone are given in this good book. Progesterone must not be confused with substances in plants from which it can be made.

A few days ago, a patient I had started on natural progesterone told me that her hands and feet were no longer cold. I was surprised at this since I had been trying to rid her of her feeling of chilliness with other methods. A few days later another patient suffering from severe chilblains or Raynaud's disease complained about the terrible feeling and excruciating pain she had in her legs and she was very worried about the final effect of Raynauds which can include horrible things like gangrene. I then told her about the previous woman's observation. She was silent for a while and then she said that the only time she had no problem with her Raynauds was when she was pregnant. Her feet were then normal. During pregnancy the placenta makes large

amounts of natural progesterone. I suspect that the addition of progesterone to her program will solve her problem. Dr. Lee, if you have not heard of this you may add this to your list of good things about progesterone.

A note to all women: You do not have to suffer from menopausal symptoms nor from a large variety of female disorders. Read this book.

To men: If you want to help your wives, lovers, daughters also read this book, so that you will understand what the problems are, how they can be made worse by the improper use of synthetic hormones and alleviated by the proper use of natural hormones.

—Abram Hoffer, M.D., Ph.D.