

© 2008, Reprinted with permission from *The Moneychanger*, Box 178 , Westpoint , Tennessee 38486 . Published monthly, \$94/year from www.the-moneychanger.com. *The Moneychanger* focuses on precious metals investing and from time to time on alternative health, since no matter how rich you are, you're still miserable if you're not healthy.

A Moneychanger Interview:

**DR. JONATHAN WRIGHT ON
HORMONE REPLACEMENT THERAPY
FOR WOMEN AND MEN**

I first heard about Dr. Jonathan Wright in the early 1990s when the Food and Drug Administration (FDA) raided his clinic with a SWAT team, held him and his employees hostage, and stole injectable vitamin B12, B-complex, herbals, glandulars, other natural remedies, computers and patient records.

That tipped me off he must be a pretty good physician doing pathbreaking work.

That was also the biggest mistake the FDA made in the long course of their vendetta against Dr. Wright and nutritional medicine. A local radio talk show host picked up the news and asked Jonathan to appear on his drive-time show. Pretty soon the whole west coast caught fire for Jonathan Wright and Tahoma Clinic, and eventually people brought enough heat on congress to force the FDA to back off. (Usually the story doesn't end so gloriously. More often the persecuting bureaucrats slowly destroy their victim over years, alienate the victim's family, friends and public support with a stream of vicious propaganda, then indict him for trumped-up crimes, and at last bury him in jail.)

In light of that experience and the seriousness of his profession, you might expect Jonathan Wright to be a bit restrained, even stuffy. In fact, he's a bit of a jokester with a great sense of humour, so interviewing him is a grand treat.

A son of the South, Jonathan was born in Birmingham, Alabama in 1945, but was then taken unwittingly northward to Ohio, whence he left for Harvard University in 1961. Escaping from that bastion of liberalism with his A.B. degree in 1965, he attended and graduated in 1969 with an M.D. from the University of Michigan Medical School. After a residency program in Family Practice, Dr. Wright slowly became aware of what he terms "real medicine" (also called "natural medicine") to prevent and treat illness, in contrast to using patent medication, unnecessary surgery, and dangerous radiation routinely taught in medical schools. In 1973, he founded Tahoma Clinic in Kent, Washington.

Dr. Jonathan Wright was the first to research and establish an extensive library of medical journal articles concerning diet, vitamins, minerals, botanicals, and other natural remedies. Joined in this effort by Alan R. Gaby, this collection now totals over 45,000 articles. Based on this data and extensive clinical experience, Drs. Wright and Gaby have taught four-day courses in nutritional and natural medicine for physicians on 17 occasions since 1982. This course is considered the Number One resource for physicians who want to apply nutrition and nutritional therapies in their practices.

Dr. Wright wrote a monthly column for *Prevention Magazine* from 1976-1986, and *Let's Live Magazine* from 1986-1996. He now writes a monthly newsletter, *Nutrition & Healing*, \$49/year from 702 Cathedral St., Baltimore, Maryland 21201 or call (888) 233-3402, or subscribe on-line at www.wrightnewsletter.com. For practical, clear information useful to your own health, you can't beat it.

In our interview Dr. Wright mentions two books, *Maximize Your Vitality and Potency – For Men Over 40* (1999) (publisher's title -- topic is mostly testosterone replacement for men who need it) by Jonathan Wright and Lane Leonard (\$14.95) and *Natural Hormone Replacement for Women Over 45* by Jonathan Wright and John Morgenthaler (1997) (\$9.95). These are published by Smart Publications at fax (only) (707) 763-3944, or you should find them at health food stores or online bookstores. He also wrote *Book of Nutritional Therapy* (1979) and *Guide to Healing with Nutrition* (1984). In total, his books have sold over 750,000 copies. If you can't find the books or the nutritional supplements mentioned below, you can order them from the Tahoma Clinic Dispensary, 801 SW 16th Street, Suite 125, Renton, Washington 98057 or call (425) 264-0051 or fax (425) 264-0058. The Tahoma Clinic's website address is www.tahomaclinic.com.

Dr. Wright kindly made time for this interview on 17 January 2008.

MONEYCHANGER You must know about natural hormone replacement therapy because I've got your book for women in one hand and in the other your book for men.

DR. WRIGHT I wrote the very first prescriptions for those hormones written by a practicing physician in North America. I've been doing it now for 25 years.

MONEYCHANGER As a footnote here: a couple of months ago Newsweek ran a cover & an article about food allergies, and I kept turning the pages expecting to see some comment from Jonathan Wright, one of the world's foremost expert on food allergies, but nothing. There was however a lot about expensive programs and drugs. I got a bitter laugh out of it.

DR. WRIGHT As long as it costs a lot of money, is done by regular doctors, and paid for by insurance, why, it'll be in the paper. Less expensive, more natural, works better, it won't be in the paper.

MONEYCHANGER (Laughing) I've heard it so long I'm sick.

DR. WRIGHT But we both know the reason-- it's the bigger bucks.

MONEYCHANGER Why supplement hormones in men or women? Why not just let nature take its course? What's the real benefit? I know you're not going to tell me, "Good sex."

DR. WRIGHT (Laughing) That's on the list, but much further down. You're entirely correct. Menopause is natural, and so is a gradual decline in the man's hormones. Until perhaps the start of the industrial revolution and particularly after 1900, probably because of poor diet patterns, reduced exercise, and greatly increased pollution, ailments emerged that had been rare. The very first doctor to hang out his shingle as a specialist in cardiology was Paul Dudley White in 1915. The 19th century had no cardiologists because they weren't needed.

MONEYCHANGER *What?* Heart disease was much less common before the age of industrialisation?

DR. WRIGHT Believe it or not, *angina pectoris* [chest pain of heart sufferers] was rare in the 18th century and in the first half of the 19th century. Nobody needed a specialty called cardiology. However, in the late 19th century heart

disease started becoming more common and became rampant in the 20th century. Now we have cardiologists all over the place. Instead of looking for the problem's *cause* and stopping it at the root, *Uh-uh!* we just proliferate a specialty to treat it, to manage it, but never delve into the cause of the problem.

Heart disease became a big deal in the 20th century, but did peak in the 1980s and slacked off. But it's still a major killer. The slack-off had nothing to do with doctors but with people who did not want to get heart disease changing their own diets, getting more exercise, and taking a few vitamins & minerals.

Second problem is *Alzheimer's disease or senile dementia*. Alzheimer's wasn't known until mid-19th century when Dr. Alzheimer wrote about a rare case of somebody losing his marbles way prematurely. Alzheimer's disease was viewed as a curiosity.

That was the 19th century. Since then (like heart disease), the slope goes up, up, up, up and now (I'm not kidding you) the last time I checked the National Institute on Aging's website (another futile use of taxpayers dollars because they just tell us about it, they don't do anything about it) says that if a person reaches age 65 alive and does not have Alzheimer's, their chances of getting Alzheimer's by 85 are *forty-five percent*.

MONEYCHANGER That's half the population!

DR. WRIGHT Got that right, fellow. That's half the 40 to 65 year old population anyway. Can we believe the National Institute on Aging? Well, can you believe any government agency?

So we have cardiac disease and Alzheimer's, at extraordinarily high rates that never existed in nature before, and finally appears a problem called *osteoporosis*. Unless you happened to be an Eskimo, in the 19th century osteoporosis was rare, very rare. Eskimos had lots of osteoporosis, even in the 19th century, because of an almost entirely protein diet (no vegetables grow in the frozen north). The rest of the world wasn't getting osteoporosis very much then, but the 20th century saw an epidemic of osteoporosis that's roaring ahead now.

I mentioned those three things -- cardiovascular disease, Alzheimer's & senile dementia and osteoporosis -- because they can not only be prevented but also treated with bio-identical hormones.

MONEYCHANGER Bio-identical hormone supplementation therapy helps keep those diseases at bay?

DR. WRIGHT *Significantly reduces the risk*. We are using tools taken from nature -- *human nature*-- at a time when they are not usually present in the human body in those quantities, to prevent an entirely *unnatural* risk of an entirely *unnatural* disease pattern.

Let's take the most important: *reducing the risk of: Alzheimer's*. I'm thoroughly familiar with just about all the scientific literature on this point. I've written one book for women and one for men, and we also have all this stuff stored away electronically and we're going to put it up in a website. Study after study show that testosterone for men and estrogen for women *significantly* reduce risk for Alzheimer's & senile dementia. "Significantly reduce risk." I would never, ever claim 100%, that would not be right.

Take the Princeton Men's Study. In 1983 they rounded up around 500 to 1000 men over 55, did blood and other tests on all of them, and said "Good bye." Then in 1998 they checked their health. A few weren't living any more, but the majority were.

What did they find? The men who had the *lowest* levels of free testosterone in 1983 had significantly *more* Alzheimer's by 1998, while those with the *highest* levels of free testosterone in 1983 had the *least* Alzheimer's disease in 1998.

The same work has been done for women. Those with the *highest* levels of estradiol (one of the principle estrogen hormones) when younger have the lowest risk for Alzheimer's when older. And the women with the *lowest* estradiol levels had the *highest* Alzheimer's risk.

That's observation. Isn't that worth something? Yeah, but we don't know how it works. Excuse me, *we sure do*.

Researchers have observed neurons, human & animal, under microscope. As they get older they start accumulating beta-amyloid and tau protein and neuro-fibrillary tangle. That's natural, and as you get older it accumulates more and more, especially in neurons taken from women after menopause. All those are associated with Alzheimer's. If they take these same cells and introduce a physiological amount (the tiny amount found in nature) of estradiol with female cells and of testosterone with male cells, guess what? They stimulate the *housekeeping crew*, a protein that coordinates cleaning up all this garbage inside the cell and getting rid of it.

MONEYCHANGER Should readers who want to know more about natural hormone replacement therapy start by reading your two books?

DR. WRIGHT Thanks for the plug, I certainly recommend that. The book for ladies was published in 1997, but still lays out all the basic principles in an easy 128 pages. Same for the men, published in 1999. It has charts showing the risk reduction.

Here's another study that's come out since the books were published.

Non-smokers – people who have never smoked tobacco in their lives, both men and women -- still get emphysema and Chronic Obstructive Pulmonary Disease. For every *one* male non-smoker who gets COPD, *eight* women get it.

Using animal models, researchers figured out that the lung is much more estrogen-dependent than anybody ever thought. Estrogen specifically stimulates the enzyme that helps us exchange oxygen and carbon dioxide in the lung. Not only that, estrogen regulates all the lung's air cells called *alveoli*. Smaller they are, better we do because that gives more surface area. If there's not much estrogen, the surface area is smaller and the alveoli are bigger and we can't exchange oxygen as well. Estrogen helps maintain full surface area of the lungs and helps maintain the oxygen-carbon dioxide exchange. So there's another one.

Given these enormously increased, *unnatural*, disease pattern risks of the 20th & early 21st century, a risk-benefit analysis shows we actually have more benefit by using these hormones somewhat out of their time than we have risk, *as long as we follow these principles*: exact same molecules, exact same timing, same manner of administration, same complex of molecules. In two words, *copy nature*.

MONEYCHANGER Every cell in the body is affected by severe drop-off in sex hormone levels? So people who reach for the Viagra® are trying to solve the problem the wrong way and out of context, because the context is your entire health and longevity.

DR. WRIGHT That's right. Viagra doesn't treat every cell in the body, folks.

MONEYCHANGER Hormones are administered to men by creams or by supplementation?

DR. WRIGHT Yes, you can't send it into the liver first. It's sent into the body and into the bloodstream with the same type of rub-on cream that women use.

MONEYCHANGER What about testosterone troches that melt under the tongue?

DR. WRIGHT Only part of it is absorbed through the mucous membranes. Rest is swallowed and goes to the liver. It does work better than swallowing pills, but not nearly as well as properly used rub-on creams.

Your readers may also wonder why not use under-the-skin pellets in men, since they don't have cycles. Right, but monitoring shows that the greatest output occurs after they've been inserted, and then it gradually drops off, and at different rates in different men, so some men will be out of testosterone for two months before they get another pellet. Transdermal creams work better.

MONEYCHANGER None of these are solve-it-with-a-pill-and-forget-it problems. This therapy requires one to pay intelligent and continuing attention & monitoring.

DR. WRIGHT Right.

MONEYCHANGER Hormone replacement therapy got a bad rap a few years ago. Why?

DR. WRIGHT *So-called* Hormone Replacement Therapy (HRT) finally met its downfall -- when somebody actually studied it! Imagine that. That was 2002, after they'd been doing it for 20 - 30 years without any actual rigorous study. I term it "so-called hormone replacement therapy" because even the best science writers do not yet understand that what was *called* hormone replacement therapy did *not* use hormones that belonged in the human body. But the drug companies managed to capture the term, and also to blur some other lines so that they could call things "hormones" that don't belong in the human body.

The major form of estrogen they used was taken straight from *horses!* In fact, it was called Premarin® for "pregnant mare", because they got it from pregnant mares.

Horse physiology differs somewhat from people physiology. That's self evident. When one analyzes estrogen from horses, especially from horse urine, 70% of the molecules in there have never been seen in a human female body. So what are we doing putting them there? It is true, they're natural -- if you're a horse. Otherwise it's a horse hormone, not a people hormone.

Even worse, the other component of "Hormone Replacement Therapy" was a synthetic twisted take-off on the natural human hormone progesterone that was called *medroxyprogesterone*. Not only had that never ever been in a human body female or male, it had never been found on this planet! In effect, medroxyprogesterone was an extra-terrestrial molecule. That's not to say it was brought in by extraterrestrials, although sometimes I wonder about some of the drug companies and what they're doing, but even so it definitely falls into the category of an extraterrestrial molecule.

Why are we putting into human bodies molecules never before found in human bodies or even in nature or planet Earth? With that kind of molecular treatment on both estrogen and so-called progesterone sides, you could absolutely predict there would be trouble. Let's say you have a Chevrolet, and it breaks down. What are you going to fix it with? *Chevy* parts, not Ford or Toyota parts. The others might work for a little while, but only as an emergency temporary fix. That's what the medical profession did with ladies for over 20 - close to 30 -- years.

Drug companies cleverly blurred the lines and called medroxyprogesterone a “progestin.” But look in dictionaries. The word progestin was never in the English language until the drug companies made it up. Since they couldn’t call it progesterone they said, “Look! Here’s a whole category of molecules including progesterone and the synthetic ones that are extraterrestrial take-offs on progesterone, and we’re gonna call them all ‘progestins’ so we can call this therapy ‘estrogen-progestin therapy.’” They blurred the distinguishing lines to convince the public and even the most intelligent science writers that progestins are just progesterone and that’s all okay.

Finally they conducted a rigorous study was finally conducted, but called it to an early halt in 2002 because it showed that so-called hormone replacement therapy *increased* the risk of breast cancer, stroke, *etc.* *Goodness!* That could have been predicted & in fact everybody who uses a natural approach to medicine was predicting it right along. So thank goodness so-called hormone replacement therapy got a bad name.

The Wyeth Company was selling the most so-called hormones, the pregnant mare estrogen, and saw their sales drop from over \$4 billion down to “only” \$800 million within two years. Meanwhile the use of “natural” hormones surged. What I mean by “natural” hormones here is hormones *precisely identical* to the ones that exist in women’s body in good concentrations from menarche to menopause. Not only are the *molecules* precisely identical but the *timing* is precisely identical, the *quantity* is precisely identical, and even the *route of administration* must be precisely identical. Or, to sum up in two words what is called now called “bio-identical hormone therapy”: *COPY NATURE*.

Some people complain, “There’s never been a rigorous study of bio-identical hormone treatment.” I respond, “How long have these hormones been inside a woman’s body in exactly this combination? Depending upon what you believe, from a couple of thousand to a couple of hundred thousand to a couple of a million years. Your mother, your grandmother, your great-grandmother all the way back had exactly these same hormones in her body in precisely the same quantities on exactly this timing. Could you guess that this approach would at least do a lot *less* harm -- if it harms at all -- than pregnant horse’s estrogen with an extraterrestrial molecule? *Of course* it will. Still, we can never claim no harm for natural substances. You can drown in water!

MONEYCHANGER You very carefully said: “Identical to hormones found in nature, administered the same way, in the same timing.”

DR. WRIGHT Gotta be done that way or you’ll get in trouble.

MONEYCHANGER Clinics are popping up that insert hormone pellets under the skin. What about those? They say they’re bio-identical.

DR. WRIGHT They are bio-identical, but they’ll give trouble in the long run. Nature, evolution, or Creation, whatever you believe in, has designed women’s bodies to *cycle* the hormones. From the time a woman begins menstruating she has a menstrual period that lasts 3 - 5 days (usually). During that time the hormones are very low. After that the hormones begin increasing, and in an average (not *every* woman) roughly 28 days, long about midway through that cycle there’s a *surge* in estrogen & testosterone. At that ovulation time estrogen and testosterone surge so the woman will feel a *little* more like getting with her husband. That’s the plan for continuing the species.

Let’s say she doesn’t get pregnant; most months most cycling women don’t. Then the hormones taper off rapidly again. In the cycle’s second part progesterone is higher, just in case she got pregnant, because that maintains

the conceived baby until the placenta can get going. So in the cycle's second part the progesterone is a little higher and the estrogen is about the same as it was in the cycle's first half. Then when it's time for menstrual bleeding, everything tapers off and we have low hormones again. That goes on every month, unless she happens to be pregnant or there's some disturbance in the menstrual cycle.

There's no way in the world the hormone pellet can copy that, because the pellets go in under the skin. Granted, they will tell you, "Oh, they last anywhere from 3 months to 6 months." But do they release at the same rate the whole time? Well, we *think* they do, but we don't do tests to verify that.

The main objection is that pellet places the "hormone receptors" under continuous exposure. They're the little molecular structures that receive hormones and pass on their message to the cells. The pellet continuously activates those hormone receptors. Well, so what? That also happens during pregnancy. True, so for a short time it's probably not going to cause a problem. But how long do pregnancies last? Nine months, and then time to have the baby and back to cycling again. Usually there's a time when she's not cycling, particularly if she's nursing the baby, but most of the time she's having cycles.

If we're going to copy nature, we've got to lower the hormone levels every month or so for 3 to 5 days. That's what nature does. What happens if we don't do it? We only have animal models because nobody is putting any money into researching natural hormones right now. (By the way I know a program headed up by Professor Jeanne Drisko in orthomolecular medicine at the University of Kansas Medical School that only needs money. They've got the patients lined up but nobody will give them money because corporations can't make big bucks on something that's not patentable. Make sure you put that plea in the interview.)

Even if the very safest estrogen molecule we know of (estriol) is given to those animals every day without any break, guess what? *They start getting extra cancers.* Because we are overriding and not copying nature's plan, we are stimulating those receptors every day without a break. Imagine if you were a receptor, Franklin, and you expect some downtime every 28 days, and you don't get any downtime for 2, 3, 4, or 5 years? You'll go wrong, because you're designed to get that downtime. Override it and there's trouble coming.

Short term, say, nine months, the pellets probably won't create a problem. Long term, acting as if we were pregnant and stimulating those receptors for 4 - 5 years, *bad news.*

MONEYCHANGER What are the alternatives?

DR. WRIGHT The alternative to that is summed up in those same two words: *copy nature.* We use the *exact* same molecules found in the woman's body. We put this into a rub-on cream because swallowing them is very, very foolish. In nature's plan estrogens do not enter through the gut.

Anything absorbed through the gut goes straight to the liver. In nature's plan hormones start in the ovaries and go to the pelvic veins, and then to the heart, and the heart pumps them *all round* the body where every single cell gets exposed to unchanged estrogen. The cells use it the way they want to use it for what they were designed to use it for. Some of that estrogen passes by the liver every time the blood circulates thru the body; the liver's job is to get rid of it! The liver's job is mostly to get rid of things, to detoxify, so if we swallow those estrogens it's just like throwing them into the garbage disposal instead of giving them to our cells first.

So it has to be rubbed on, but where? A lot of ladies start out by rubbing it in through thin skin and it absorbs just fine, but over and over I've observed that *some* (not all) women just stop absorbing it for unknown reasons. Then we have to switch to rubbing it into mucous membrane, the vaginal area. I've never seen that fail.

So first, we have the exact same molecule that nature uses. Second, the way it enters the body needs to follow the route that creation/evolution intends. Third, we want to follow the *timing* that nature does.

MONEYCHANGER That means that these rub-on hormones must be changed at some point in the month?

DR. WRIGHT Yes, they have to be used on a certain timing, and not used on a certain timing.

They also have to use the same *complex of hormones* that Nature uses. Estrogen never appears by itself, there's always progesterone. Always there's a little testosterone, too. When we're older, our adrenal glands significantly slow their synthesis of a hormone called DHEA, so that must be there. If we use estrogen, it slows down the action of thyroid hormone, so we have to add thyroid hormone. It's a big system to keep track of. Just like vitamins come in complexes -- don't take Vitamin B2 without Vitamin B1 or Vitamin B3 -- you definitely don't want to take ONE hormone without the entire complex that nature intends to be in our bodies at the time of our lives when we have those hormones.

Quantity is important too, in addition to type of molecule and timing. We don't want to give you more than nature puts in. Some hormone replacement programs use natural hormones, but two to five times as much as belongs in a woman's body. That will give you trouble, too, over the long run.

The whole goal is to *copy nature, copy nature, copy nature!*

One other thing I want to mention: *monitor, monitor, monitor, check, check, check, safety, safety, safety*. You must be safe with these natural hormones. Some ladies need a larger dose to give their bodies the average amount while others need a lot smaller dose. This applies to bio-identical hormone replacement for men, too, but men's hormone system isn't nearly as complex.

Our tests need to monitor not only the hormones a woman is taking, but also their breakdown products.

Switch to men to help understand. In bio-identical hormone therapy, men take testosterone. That by nature can turn into estrogen. In fact, every man's body has a little bit of estrogen just like every woman's body has a little bit of testosterone.

How is the estrogen made? In both sexes it starts as cholesterol, and that's converted into pregnenolone, then it goes to another molecule and sooner or later it ends up as testosterone. And both sexes turn that testosterone into estrogen. It follows the same path in both sexes -- nice economical design pattern .

Ladies' bodies have a very active enzyme turning testosterone into estrogen, while men have a very slow enzyme. But as men get older, in a higher and higher percentage of us, that enzyme becomes more active, and turns more and more testosterone into estrogen. Ever been on the beach and seen some fellow 65-70 years old with breasts? He's not fat, but he's got breasts. He's turning too much of his testosterone into estrogen, and that presents a health hazard for the male cardiovascular system & for the male prostate. Both botanical medicines and other things that are NOT drugs will slow that enzyme down.

The majority of men turning too much of their testosterone into estrogen happen to already have maturity onset (Type II) diabetes or are on the road to it. If we do a test that shows testosterone is going into too much estrogen, we then need a test that will reveal insulin resistance. If we find that, they have to go on a really strict diet to control that so they don't get Type II diabetes.

If they comply, they quit making as much estrogen, and make less and less as they do better on their diet plan. If we combine that diet plan with appropriate botanical remedies, then sure enough he stops making too much estrogen and reduces his risk of prostate cancer.

There's another pathway for testosterone. We've all heard about it because of the TV advertising for a drug for it: testosterone can go to DHT, a pro-carcinogenic form of testosterone. Fortunately if the man's body is metabolising properly the next step turns it into another type of testosterone that's *anti*-carcinogenic. So if it's metabolizing properly, we have that balance that keeps us out of trouble.

Back to the ladies. Those men and women who are getting bio-identical hormones need to do at least one or two follow-ups that check not only the hormones levels, but also whether the man's or woman's body is metabolizing those hormones safely. A woman's body should be metabolizing her replacement estrogen into safe estrogen. Trouble is, the large majority of clinics do not do the careful metabolic testing once or twice after they've administered the hormones, so you don't know how the person is faring. Monitor, monitor, monitor, test, test until you know you're safe.

MONEYCHANGER Then these bio-identical hormone replacement clinics that are springing up are not safe because they're not following Nature's pattern, and not monitoring enough.

DR. WRIGHT They are safer than using horse urine and extraterrestrial molecules, but we should be as safe as possible by *copying nature*. Then test it, test it, test it. And I don't mean that's going to cost the person a lot of money. Ordinarily you only do one comprehensive follow-up test on metabolism, and most of the people pass that test. Then all we have to check is just the hormones themselves. Maybe two-three years down the road we'll check to see if the metabolism has changed. For some people we have to check metabolism two - three times because it's going in the wrong direction and making too many carcinogens. That we have to adjust with this herb, that vitamin, that mineral until we get the pathways adjusted. For several years now along with a faculty of doctors I've been teaching that in seminars on how to do bio-identical hormone therapy properly *and* safely.

MONEYCHANGER *Where* are those clinics? *Who* are those doctors? It does my readers no good to know that they *might* be benefited or endangered by these therapies unless they know where they can go to get them. Is there a directory or association?

DR. WRIGHT Not quite yet. One's being organized, so right now your readers will need to ask the clinic, "How do you monitor?" If they answer, "We check your hormone levels," then ask, "Do you also check for safe and unsafe metabolites?" If they answer no, then you don't want to go there.

Another question to ask is, "Do you use the whole complex of hormones?" Most of them do, but ask anyway.

Third question is, "When you do this, do you copy nature as closely as possible, as to same molecules, timing, and route of administration, and quantity?" If you don't hear YES to all this, call the next clinic.

MONEYCHANGER Unfortunately, not everybody in the world lives in Seattle so they can't run down to your clinic for natural hormone replacement therapy. What can they do?

DR. WRIGHT I understand that, but it doesn't take more than one visit out here. We've worked up a lot of people who make one visit, then talk and test after that, and most of them don't need to come back. But it is a legal requirement that we do a personal evaluation first. I also serve as a consultant on the hormones to their local physician. So I'm happy to do that for folks who want to go that route, (especially *Moneychanger* readers who I've found, *oh*, just more *fun* to work with). At the clinic we have two women doctors and two other male doctors, and we all do this therapy the same way.

There are at least three organizations *nearly* all of whose members follow this same pattern: www.ACAM.org (American College for Advancement in Medicine), www.icimed.com (International College of Integrative Medicine), and www.aaemcom [American Academy of Environmental Medicine]. On their websites, all three offer doctor lists from all over the country.

MONEYCHANGER Thank you for the generous gift of your time and for sharing your knowledge with our readers.

© 2008, Reprinted with permission from *The Moneychanger*, Box 178 , Westpoint , Tennessee 38486 . Published monthly, \$94/year from www.the-moneychanger.com. *The Moneychanger* focuses on precious metals investing and from time to time on alternative health, since no matter how rich you are, you're still miserable if you're not healthy.