

Dr. Jonathan V. Wright's

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Symptoms not improving?

Learn why undiagnosed food allergies could be to blame—
and how you can eliminate them for good

By Jonathan V. Wright, M.D.

“Food allergy can do anything to any part of the body.”¹ Dr. James Breneman wrote that in the first edition of *Basics of Food Allergy*. (At the time, he was the Chairman of the Food Allergy Committee, American College of Allergy.)²

Although this does not mean that food allergies are the cause of all symptoms and illness, a food allergy should *always* be considered as a possible cause of nearly *any* symptom—even ones you wouldn't normally associate with food allergies.

After all, according to Dr. Breneman, *food sensitivities are involved in 60 percent of all illnesses*. (See the sidebar on page 8 for an extensive list of symptoms that can be associated with food allergies.)

Dr. Breneman was careful to note that the term *allergy*, when first introduced into medicine in 1906, meant “altered reactivity.” Over the years, this meaning has been lost, replaced by a much narrower definition involving antigens and antibodies.

But there are many adverse reac-

tions to foods that don't involve antibodies, and you can feel just as sick from these adverse reactions as you can with “true allergies.”

Because Dr. Breneman includes non-allergic reactions to foods (as well as “true” allergic reactions) under the broader term “sensitivities,” I'll also use the term “sensitivities” to include all types of adverse reactions to foods.

When to suspect a food sensitivity

Any time you have an undiagnosed, persistent symptom or group of symptoms, you should consider a food sensitivity as a possible cause. The “index of suspicion” should always be higher if you have a history of childhood allergies, including colic as an infant, recurrent childhood sore throat, recurrent ear infection, eczema, asthma, or “catching everything going around.”

A history of hay fever or chronic sinus should also prompt thoughts of a hidden food sensitiv-

ity, as should any family history of allergies. And a history of strep throat *always* means milk and dairy allergy, even decades later! In my experience, every family that has eliminated all milk and dairy has also eliminated all strep throat, forever—that is, until the teenagers inevitably sneak some, and suffer the strep throat consequence!

(I learned that last one from Dr. Frank Oski, former head of the Department of Pediatrics, Johns Hopkins Medical School, from his book *Don't Drink Your Milk*.³ Dr. Oski graciously attributes his learning of this fact to J. Dan Baggett, M.D., a pediatrician then-practicing in Montgomery, Alabama.)

But now, back to suspecting food allergies in general.

Children will sometimes have physical signs of a food sensitivity, including the following:

- Allergic shiners (dark circles under the eyes not associated with crying or lack of sleep)
- Dennie's lines (multiple horizontal creases in the lower eyelids)
- Intermittent sudden redness in the ears
- Occasionally a horizontal crease across the lower nose

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A graduate of Harvard University and the University of Michigan Medical School (1969), Dr. Jonathan V. Wright has been practicing natural and nutritional medicine at the Tahoma Clinic in Renton, Washington, since 1973. 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.

Nutrition & Healing cannot improve on these famous words:

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

The inalienable right to life must include the right to care for one's own life. The inalienable right to liberty must include the right to choose whatever means we wish to care for ourselves. In addition to publishing the best of information about natural health care, *Nutrition & Healing* urges its readers to remember their inalienable rights to life, liberty, and freedom of choice in health care. This information is published to help in the effort to exercise these inalienable rights, and to warn of ever-present attempts of both government and private organizations to restrict them.

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Undiagnosed food allergies
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Adults have these physical signs much more rarely, but sometimes food sensitivity in adults is signaled by a fluctuation in daily weight of two to three pounds or more (a fluctuation that's not related to the menstrual period).

6 ways to identify a food sensitivity

There are many ways to identify food sensitivities. Physicians and other health care practitioners (as well as individuals suffering from symptoms) have found that elimination diets, certain types of skin tests, blood tests, muscle testing, electrodermal testing, and radionics can all be helpful in the identification of food sensitivities.

Not all techniques work for everyone, and food sensitivity testing and evaluation can be just as individual as the food sensitivities themselves.

1. Elimination diets are one of the oldest techniques, and among the least expensive. A well-planned elimination diet can be difficult to follow, since the most commonly offending foods usually include foods most commonly consumed. However, it's hard to argue with the results if eliminating a food (or foods) results in symptom disappearance, and re-introduction of the food(s) brings the symptom back.

Unfortunately, it's unusual to have just one or two food sensitivities, and symptoms often won't go away until a large majority (or in a few cases, all) of the offending foods are eliminated.

It's best to work with an experienced, nutritionally oriented practitioner who can help devise a suitable elimination diet, both to successfully avoid offending foods and to help you avoid nutritional

deficiencies while following the elimination diet.

2. Skin tests vary greatly in quality. Although scratch tests are still commonly performed, Dr. Breneman considered them to be unreliable—and nearly all natural medicine practitioners (and many conventional practitioners!) agree.

Two much more precise skin testing procedures, "provocative neutralization" and "dilution titration," have been employed for over 40 years by physician-members of the American Academy of Environmental Medicine (see Resources, page 8). Although these tests are quite time-consuming, hundreds of thousands of individuals have been successfully tested and treated by these means.

3. Blood tests include determinations of circulating antibodies to specific foods (ELISA), or tests of white cell reactivity to foods (ALCAT), or both (ELISA-ACT). The tests are among the simplest to perform, requiring only a single blood specimen. They're available through medical doctors, osteopaths, and naturopathic physicians (most of whom are members of the American College for Advancement in Medicine and the American Association of Naturopathic Physicians—see Resources, page 8), and chiropractors whose state laws allow the performance of blood tests.

Opinions vary widely among practitioners concerning the usefulness of blood tests.

As noted, blood tests determine either specific antibodies, cellular reactivity, or both. Although very useful, blood tests do not find other possible types of food sensitivities.

(Please see page 4 for a discussion of do-it-yourself home food al-

lergy testing using either elimination diet or mail-in “bloodspot” testing.)

4. Muscle testing (an aspect of applied kinesiology, “AK”) is used effectively by some practitioners to screen for food sensitivities.

I was impressed in the 1980s by a chiropractor who sent in patients for blood testing for food sensitivities to confirm his muscle testing results. Much more often than not, the blood tests showed the same results. (I’ve also encountered practitioners whose results didn’t seem to correlate with anything.)

Practitioners who muscle test must exercise great caution in keeping subjective factors to an absolute minimum.

5. Radionics is a remote-sensing technique practiced by an organized group in England (the Psionic Medical Society), as well as by individual practitioners worldwide. (Radionic equipment has many uses, only one of which is sensitivity testing.)

Ironically, radionics originated in the United States with the work of Albert Abrams, M.D., Professor of Pathology and Director of Clinical Medicine at Stanford University, and (at age 30) President of the San Francisco Medical-Surgical Society. Although Abrams’ work was continued after his death in 1924, its chief proponent, Ruth Drown, D.C., was jailed by (who else?) *los federales* at the FDA and the California medical authorities.

Although radionics was (officially) driven from our country where “freedom rings” (these United States), the practice thrives in England and elsewhere worldwide, where many are helped—and none ever hurt.

6. Electrodermal testing (EDS, also called Meridian Stress Analysis or MSA) is based on the work of the brilliant and pioneering German physician and engineer, Dr. Reinhold Voll.

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(For this reason, it was originally termed EAV, or electroacupuncture according to Voll.)

Dr. Voll observed small but very precisely measurable fluctuations in skin resistance to the flow of microcurrent electricity at specific acupuncture points when the individual being tested was exposed to foods (and other things) to which he or she was sensitive.

Equipment for EDS has evolved with the progress of electronics, and has been united with the latest in computer technology. Testing sequences once done by hand with a simple ohm meter, requiring hours and days to complete, can now be done in an hour or less.

As with any “new” technology in medicine (it actually dates back to Dr. Voll in the 1940s and 1950s, but that’s “new” for medicine), EDS is quite controversial, and sometimes draws the wrath of state medical boards, *los federales*, and physicians who specialize in name-calling and ridiculing things they don’t understand or even try to understand (self-described as “Quackbusters”).

Despite this, along with many other physicians, and tens of thousands of allergy and sensitivity sufferers, I’ve been repeatedly impressed with the usefulness of EDS testing and EDS-guided treatment.

How to treat food sensitivities

Nearly all of us have heard of allergy shots (for inhalant allergy) given by conventional medical practitioners. They’ve been used since the 1920s. We know they frequently relieve allergies. Yet no placebo-controlled, double blind trials have ever been conducted to prove that allergy shots actually work.

That’s the case for almost all treatment for food sensitivities (which includes allergies). Only “provocative” skin testing followed

by allergy treatment has been found effective in a single double-blind trial.⁴ (Opponents of the technique conducted their own trial disputing some of these results.⁵)

Despite the lack of controlled trials, most of us (including conventional physicians) are willing to believe when eliminating a food or foods eliminates symptoms, and re-introducing the food(s) brings it back. (A strictly scientific view would be that it could still be a placebo effect.) Most of us are also willing to believe the results when other means of food sensitivity treatment are accompanied by symptom reduction or elimination.

Yet somehow conventional doctors (and even some natural medicine doctors) refuse to believe that the following techniques can be as effective as food elimination and food rotation (eating all foods or at least the most-offending ones every three or four days).

And while it’s true that almost none of these allergy treatment methods have been proven by controlled clinical trials, there are thousands of practitioners and hundreds of thousands of their satisfied clients ready to attest to their effectiveness.

1. Homeopathic desensitization

Conventional allergists don’t mention (or perhaps don’t know) that one of the three founders of the first professional organization for allergy doctors was a homeopathic physician!

The current allergy shots used by conventional allergists (as well as the techniques used by members of the American Academy of Environmental Medicine) evolved from the practice of homeopathy, which uses tiny (sometimes tiny, tiny, tiny) doses of an offending agent to ultimately remove the symptoms that much larger quantities cause.

Practitioners who use EDS (MSA) testing and radionics both

(continued on page 5)

Your D-I-Y guide to allergy testing

Until just the last few years, there's been only one way to self-diagnose food allergies: self observation. Sometimes we can tell right away that we're allergic to a food (a peanut allergy is a classic example). But as Dr. James Breneman wrote, the large majority of reactions to foods are delayed, sometimes by as much as five days.

Although most elimination diets are not designed to detect reactions to foods that occur three to five days later, a carefully designed and executed elimination diet can help enough adverse food reactions to make it worth doing if you have the time.

Elimination diets start with foods considered least likely to be allergens. There are many opinions about what these are. Dr. Breneman's list is relatively strict, and includes lamb as the only animal protein, rice, yams, cranberries, cherries, apricots, peaches, and other fruits. My colleague Alan Gaby recommends a wider range that includes lamb, fish, rice, potato, buckwheat, beans, and soy—although many are sensitive to soy—along with all vegetables except corn and all fruits except citrus.

After five to 10 days on the basic diet, both doctors recommend adding foods back in one at a time. Dr. Breneman recommends eating large quantities at every meal for at least three consecutive meals to ensure that any reaction will be uncovered. Dr. Gaby recommends adding one food back in to the basic elimination diet each day. (However, if one of your symptoms is joint pain, you should add one food every two days, since the symptoms may not appear for up to 48 hours.)

Although both of these systems

of adding back in will identify a majority of adverse food reactions and will be sufficient for most allergic people, leaders of the American Academy of Environmental Medicine have reported for years that a minority of food allergy reactions can occur up to five days after ingestion. If that's the case, you'll need a different approach.

The “Boeing engineer” approach

Over two decades ago, two retired engineers (who didn't know each other at all) impressed me with their unique approach to the elimination diet. Both had trouble controlling their blood sugar, so I referred them to Dr. William Philpott's book *Victory over Diabetes*. This book documents that in some cases, blood sugar elevations could be caused by food allergies.

These engineers ate only one very simply prepared food at a time, measuring their blood sugars before and after with the “fingerstick” technology of the time. If their blood sugar numbers went abnormally high, they continued testing every hour without eating anything else until their numbers declined to normal.

In addition to the usually suspected foods, one engineer found that beef caused his blood sugar to rise abnormally high—higher than any other food he ate. The other discovered that chicken did the same for him. (Both of these foods are officially low on the glycemic index.) Being engineers, both men double and triple checked these results with repeated challenges with these and other foods that tested positive.

The two Boeing engineers were

retired, and they both said, “I have the time.” However, many say they can't do an elimination diet because they don't have the time. And still, others won't do it because of the meticulous planning, note-taking, and close observation that's required.

So for decades, many allergic individuals either haven't been tested for foods, or have relied on tests done by their physicians.

But for the past few years, there have been two types of “do-it-from-home” food allergy tests available. Both types involve collecting a home specimen, mailing to a laboratory, and then waiting for the results to be returned.

The first—and second—lines of allergy defense

The most cost-effective is the “bloodspot” test. It uses blood from a “fingerstick,” taken much like a home blood sugar test. Drops of blood are pressed into a cardboard card, allowed to dry, put into the envelope provided, and mailed postage-paid to the laboratory. Results arrive within two weeks, and include a simple interpretive chart along with a suggested rotation diet.

Results of the bloodspot type of test rely on the detection of antibodies termed immunoglobulin G (IgG). If there are antibodies to anything, then our bodies must be reacting to those things, whether they are microorganisms, our own tissues (auto-antibodies) or, in this case, foods.

According to researchers at John Hopkins University Medical School¹ who did a thorough review of the medical literature², “Among mo-

dalities used by many conventional and alternative practitioners, immunoglobulin G (IgG)-based [food allergy] testing showed promise, with clinically meaningful results. It has been proven useful as a guide for elimination diets, with clinical impact for a variety of diseases.”

IgG antibodies are made by white blood cells circulating in the blood stream. These white blood cells are the second line of defense against food allergies.

The first line of defense are the cells that line our intestines, which come into direct contact with the offending foods as they literally go streaming by. If you're allergic to a food, intestinal lining cells make local antibodies (which don't circulate in the bloodstream) called secretory immunoglobulin A (sIgA). These antibodies “go after” the foods in the intestinal contents, mix with them as they flow along, and are best detected in stool specimens.

In my experience, sIgA testing can sometimes detect a food allergy when the IgG test misses the same allergy, or shows a lesser degree of allergy. (This is especially true with regards to gliadin, a protein always found with gluten.) Although it's presently only my theory and not

yet proven, it's likely that the sIgA antibody is triggered well before the IgG, since the food antigen goes into the intestine first, and not first into the bloodstream where the white blood cells circulate. It makes sense that the earliest reaction is in the intestine, with the white blood cell reaction coming later.

Details for D-I-Y testing

My favorite labs for these two types of do-it-from-home tests are Enterolab of Texas and Meridian Valley Laboratory.

Enterolab of Texas does the exceptionally sensitive but much more expensive sIgA antibody testing. I'm not affiliated in any way with Enterolab—but I do send them tests!

Enterolab tests four foods—gluten, cow milk, egg, and soy—each for \$99, or all four for \$379. A larger Enterolab 11-food panel tests for sIgA antibodies to corn, oat, rice, beef, chicken, pork, tuna, almond, walnut, cashew, and white potato for \$399. Enterolab's individual or combination food test panels are returned in 14-21 days.

To contact Enterolab of Texas, call (972) 686-6869, or go online to www.enterolab.com.

Meridian Valley Laboratory does a very accurate—but sometimes not quite as sensitive—IgG antibody testing. I am indeed the Medical Director at Meridian Valley Laboratory, where I also insisted we do the most comprehensive safety testing done anywhere for bio-identical hormone therapy (BHRT).

I send lots of allergy tests to Meridian, too, as their Foodsafe™ Allergy Test test checks for IgG antibodies to 95 individual foods for \$175.75. Meridian's Foodsafe™ Allergy Test results are returned to you along with suggested elimination and rotation diet in 10-14 days.

To contact Meridian Valley Laboratory, call (425) 271-8689, or go online to www.meridianvalleylab.com.

It's very important to understand that neither of these tests (IgG or sIgA) detect immediate, severe allergic food reactivity. Severe, immediate food allergy and reactivity (peanuts always come to mind, but there can be others) are mediated by immunoglobulin E (IgE). Do-it-from-home tests for IgE antibodies are not presently available. **JVW**

Undiagnosed food allergies

(continued from page 3)

make use of homeopathic techniques to relieve allergies and sensitivities. Hundreds of thousands of individuals believe that their sensitivities have been improved or eliminated through homeopathic treatment (even though strict science would say it might have been a placebo effect).

2. NAET

NAET is an acronym for Nambudripad Allergy Elimination Technique, a system of allergy and sensitivity treatment devised by Dr. Devi Nambudripad. It com-

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binest muscle testing with knowledge of acupuncture and what can best be described as “body work.”

NAET is most frequently employed by chiropractic physicians, along with a few MDs and DOs. Despite not using it myself, I have observed it to be effective for many sensitive individuals, and I recommend it when homeopathic sensitivity treatment isn't effective.

The bottom line

Since food allergies and sensitivities are so common, you

should always consider them if you have symptoms or illnesses that aren't improving. Remember, food allergies and sensitivities are factors in half or more of all undiagnosed symptoms.

Although there are a variety of means for identifying food allergies and sensitivities, the most useful means vary from individual to individual (and practitioner to practitioner). The same is the case for the most effective means of treating your food allergies and sensitivities. **JVW**

The #1 herb every woman should know about

By Kerry Bone

In more than 10 years of this column, I've written in detail about many important herbs. But there is one major herb used by western herbalists that I have unintentionally overlooked. Not any longer!

The herb in question is the chaste tree berry (*Vitex agnus-castus*), and it's the most important herb I use for supporting reproductive and hormonal health in women patients. There is so much useful clinical information on this valuable herb that my article will be in two parts.

In this first part I will give you some of its background and history, together with a review of the broad range of its uses and how it works. In next month's column I will focus on the impressive research that validates the use of chaste tree as the key herb for premenstrual syndrome (PMS).

A solution for PMS, infertility, endometriosis, and more

The ripe berries of chaste tree have long been regarded as a symbol of chastity and were used in the Middle Ages and earlier to suppress sexual excitability. The name "agnus" derives from the Greek "agnes," meaning pure or chaste.¹ The dried fruits have a peppery taste and were apparently used in monasteries instead of pepper, supposedly to suppress libido. Hence another common name, "monk's pepper."

The main traditional use of chaste tree occurred in Europe, where it was widely used by women for a variety of gynecological

problems. Details of such use by women are scant (as is often the case with such remedies). However, the herb appears to have enjoyed a wide variety of applications and was a standard women's herb in some Mediterranean traditions.

A survey of current practice among 155 herbalists conducted in the UK and Ireland and published in 1997 found the following therapeutic uses for chaste tree (in order of decreasing prevalence): PMS, perimenopausal complaints, female acne, uterine fibroids, breast cysts, fibrocystic breast disease, female infertility, menstrual irregularities, endometriosis, male acne, and PCOS.² The average dose used was 2.2 mL/day of a 1:5 tincture, which corresponds to 440 mg of the dried berry.

The secret power of the "chastity berry"

From the 1960s up to the 1990s, the conventional wisdom was that chaste tree corrected a clinical situation of estrogen excess (or relative progesterone deficiency) by acting on the pituitary gland to increase luteinizing hormone (LH) and decrease follicle-stimulating hormone (FSH). The increased luteinizing hormone was thought to encourage the development of the corpus luteum in the ovaries in the second half of the cycle, consequently increasing progesterone production.

Later research has challenged this perspective. It is now known that chaste tree has dopaminergic activity (which means it acts like the chemical dopamine).

This is important when it comes to treating gynecological problems because dopamine inhibits prolactin secretion from the pituitary, and high prolactin levels can be to blame for many women's health problems.

Increased prolactin levels inhibit corpus luteal development, thereby indirectly reducing the secretion of progesterone in the luteal (second) phase of the menstrual cycle. Ultimately, this indicates that chaste tree likely increases progesterone by reducing prolactin secretion (rather than by increasing LH, as previously thought).

High prolactin levels (hyperprolactinemia) are associated with premenstrual breast pain, benign breast tumors, and infertility. In many cases the high prolactin levels may not be constant and is referred to as "latent hyperprolactinemia." Here, prolactin is typically elevated by stress and/or premenstrually.

One girl's "miracle cure"

An 18-year-old girl had a prolactinoma (a benign pituitary tumor that secretes prolactin), which caused her to miss periods and to produce milk even though she wasn't pregnant.³ Six months later, she reported a regular 28-day menstrual cycle, and she was no longer experiencing the discharge. An endocrinologist also determined that she had a decrease in her serum prolactin (although it was still elevated).

What caused the dramatic difference? The girl had been taking
(continued on next page)

15 drops each morning of a chaste tree tincture for three months.

And although some people expressed concern that chaste tree could mask a prolactinoma, another group suggested that the herb might instead prove to be a useful treatment for this condition.⁴ They described another case of prolactinoma treated with a chaste tree tincture (20 drops twice a day) by a 31-year-old woman. While this time the chaste tree did not alter the typical symptoms as they did with the 18-year-old, it did reduce prolactin levels.

Stop suffering from irregular menstrual cycles

Chaste tree has important uses in regulating menstruation and fertility. Early uncontrolled clinical studies on chaste tree date back to 1954. Improvement was noted in patients suffering from a variety of menstruation disorders, including loss of periods.

Results were particularly marked for patients suffering from cystic hyperplasia of the endometrium (a disorder due to a relative deficiency of progesterone) over treatment periods of five to 24 months at a dose of 45 drops of tincture/day.

But that was just the beginning. Take a look at the list of chaste tree's benefits:

- In a number of these patients ovulatory cycles were re-established.⁵
- Beneficial effects were also observed in 66 percent of patients with heavy or frequent bleeding.⁶
- For 33 cases of polymenorrhea (shortened cycle), treatment with chaste tree (45 drops/day of tincture) length-

ened the average cycle from 20 to 26 days.

- For 35 cases of infrequent menstruation (called oligomenorrhea), the average cycle was shortened from 39 to 31 days.
- For 58 cases of heavy menstrual bleeding (menorrhagia), the average duration of bleeding decreased from eight to five days.

Treatment with chaste tree was over at least two to three months.⁷

Such results were confirmed in a later uncontrolled six-month trial involving 120 women with irregular cycles. Chaste tree (20 mg dried extract/day) normalized the cycle of 63 percent of women in one trial, and 29 percent became pregnant.⁸

In another study, 13 patients with high prolactin levels and menstrual cycle disorders were treated with a chaste tree tincture (60 drops/day). After three months, the menstrual cycle returned to normal in all patients, and prolactin levels were significantly reduced or normalized.⁹ Of 20 patients with loss of periods, half of them experienced restored menstruation after six months of treatment with chaste tree (40 drops/day of tincture, equivalent to around 33 mg/dried herb).¹⁰

Finally, in another study 37 women with luteal phase defects due to LHP (latent hyperprolactinemia) completed a three-month double blind, placebo-controlled trial testing the efficacy of a chaste tree preparation (20 mg/day dried herb equivalent). In women with LHP, the menstrual cycle is abnormal because the luteal (second) phase is much shorter (although the total length of the cycle can be

normal).

Following the chaste tree treatment, prolactin release was significantly reduced compared to placebo. Shortened luteal phases were normalized, and luteal phase progesterone deficiencies were corrected. Two patients receiving chaste tree became pregnant. PMS symptoms were also significantly reduced in the women taking chaste tree.¹¹

One final caution

So as you can see, chaste tree is a wonderful assistance in regulating the menstrual cycle and promoting fertility. So why then is it called "chaste?" The answer is probably that in much higher doses the herb might reduce fertility.

The experiences of scientists observing monkeys in Africa could be relevant here. Wild female baboons that consume a relative of chaste tree, the African black plum (*Vitex doniana*), exhibit substantially higher progesterone levels.¹² The herb appears to act on cycling females as both a physiological contraceptive (like the oral contraceptive pill) and a social contraceptive (preventing sexual swelling and reducing association with males). Similarly, high progesterone is observed in female wild chimpanzees after eating the berries of *Vitex fischeri*.¹³

It's clear that too much chaste tree can ultimately have the opposite effect of what's desired. For best results, I recommend the equivalent of 200 to 500 mg/day of the berries in tincture, tablet, or capsule form.

Stay tuned for next month's column, where I'll share impressive research on the herb for PMS, as well as specific dosage recommendations. **KB**

Food allergy checklist

Dr. James Breneman made a list of symptoms commonly associated with food sensitivities. If you're suffering from any of the following symptoms, you may have undiagnosed food sensitivities.

- | | | |
|--|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Edema | <input type="checkbox"/> Joint pain and swelling |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Malabsorption |
| <input type="checkbox"/> Bladder infection | <input type="checkbox"/> Gall bladder "attacks" | <input type="checkbox"/> Minimal Brain Dysfunction |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Gas | <input type="checkbox"/> Nephrosis |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Gastritis | <input type="checkbox"/> Personality Changes |
| <input type="checkbox"/> Canker sores | <input type="checkbox"/> Headache | <input type="checkbox"/> Protein in Urine |
| <input type="checkbox"/> Celiac disease | <input type="checkbox"/> Hives | <input type="checkbox"/> Recurrent Infection |
| <input type="checkbox"/> Chronic low back pain | <input type="checkbox"/> Hyperactivity (ADHD) | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hypoglycemia (low blood sugar) | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Irritable colon | <input type="checkbox"/> Skin Rash |
| <input type="checkbox"/> Duodenal ulcer | <input type="checkbox"/> Itching | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Eczema | | |

After 38 years of medical practice and observation, I've added the conditions:

- | | |
|---|---|
| <input type="checkbox"/> Chronic fatigue syndrome | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Diabetes(types 1 and 2) | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Myasthenia gravis |
| <input type="checkbox"/> Grave's disease | <input type="checkbox"/> Polymyalgia rheumatica |
| <input type="checkbox"/> Hashimoto's disease | <input type="checkbox"/> Raynaud's syndrome |
| | <input type="checkbox"/> Sjogren's syndrome |

Just because a symptom appears on this list does not mean that an allergy is the entire cause. However, food allergies can make the symptoms worse, while eliminating the allergies will help improve the symptoms of each problem.

There are also many, many other symptoms and conditions which are associated with (or caused by) food allergy and sensitivity; they're just not as common. **JVW**

ALTERNATIVE HEALTH RESOURCES

American College for Advancement in Medicine (ACAM)
Phone: (888)439-6891
www.acamnet.org

American Academy of Environmental Medicine (AAEM)
Phone: (316)684-5500
www.aaem.com

Tahoma Dispensary
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