

11/18/81

## ESTROGEN AND CANCER

-----\*

Interrelation and Dependence  
on  
Vitamins Minerals and Iodine.

By  
John A. Myers, M.D., F.R.S.H.

Estrogen has come to be as frightening a word to the patient and the physician as the word "cancer". In fact, whenever estrogen is suggested as a therapeutic aid, the question immediately arises: "Aren't you afraid of cancer?" To make the situation officially worse, the pharmacist is required by the F.D.A. to include a package insert with every prescription of estrogen, warning the patient of the danger of taking estrogen. At every opportunity the press and the television make passing comments about the danger of estrogen possibly causing cancer. Some of our finest physicians and surgeons are adamant in their opposition to estrogen supplementation. Their prejudice completely outweighs their reason. They usually cannot give reasons for their opposition.

Estrogen is the most important chemical on the face of the earth! Without estrogen none of us would be here. It is the chemical that is responsible for a child developing into a procreating female. It changes her from a little girl into a fully developed woman at puberty. It is the chemical that causes her to develop her feminine characteristics that make her attractive to the male. It is responsible for her sex drive and appetite, whose insistent demands for satisfaction lures her into the state of pregnancy. Estrogen is the chemical that prepares the lining of the uterus for the implantation of the fertilized egg. Tremendous amounts of estrogen produced by the placenta induces the baby

to grow from one cell to about eight pounds in nine months of gestation. This high concentration of estrogen during pregnancy does not produce cancer of the breast, cervix or uterus. It is the chemical that makes a woman's breast develop in preparation for feeding her baby after its birth. Without sufficient estrogen from her ovary after the placenta is delivered (the after-birth), she will develop postpartum psychosis and have great difficulty regaining her strength and sexual interest. (4)

Most people have some knowledge about this magnificent chemical called "estrogen" in association with sex, either as a part of the femininity of a woman, or in association with the sex act that leads to pregnancy. The use of the "pill" for contraception has brought the word "estrogen" into great prominence, because many people, including some doctors, believe that the "pill" is primarily estrogen--which it is not. The function of the "pill" as a contraceptive is due to progesterone, a male-type hormone developed in the wall of the ovarian cyst which has just released the egg for fertilization. If that egg is not fertilized, the corpus luteum, or "yellow body", which is formed in the wall of the ovarian cyst which has just released the egg, is absorbed as a scar in the ovary. If the egg is fertilized the corpus luteum continues to produce progesterone to prevent any further development of eggs in the ovary until the present one is developed and delivered. It was this knowledge of the physiological effect of progesterone that led to its use in the contraceptive "pill". This physiology was discovered by George W. Corner, M.D. (2)

Progesterone is a male-ish type hormone and when given in sufficient quantity will reduce the breast development and the sexual drive or appetite of a woman. It can even cause her to develop a mustache and

hair on her face and body. In some women who do not have enough of the female hormone normally, it will cause hallucinations and other mental aberrations that make life unbearable while she is taking the "pill". For this reason small amounts of estrogen are added to the "pill" to counteract the male-ish type of activity. The added estrogen is not a part of the contraceptive value of the "pill"--it is there only to balance to some degree the promotion of male-ish characteristics. The bad effects of the "pill", often attributed to estrogen, are due wholly to progesterone. Young women badly disturbed by an emotional upset from the "pill" are amazed at the improvement in their condition when placed on estrogen alone. Continuation of supportive estrogen makes them feel better than they had ever felt in their life.

Estrogen, which is called a steroid hormone, is manufactured in the body from cholesterol. Cholesterol is manufactured in every cell of the body from the moment of conception. In adulthood the greater quantity of it is manufactured in the liver and excreted from the liver as a part of the bile. For the past 30 years cholesterol has been accused of being responsible for coronary artery disease. After much experimentation in short and long-term projects, it is now concluded that the mere presence of cholesterol in the diet is not the full answer to coronary artery disease. Despite this fact there is television advertising in which children are suggesting dietary products "to fight cholesterol". As was shown by Joseph Stambul in his article entitled "Atherosclerosis", it is a derangement of the endocrine system that leads to the deposition of cholesterol in the arteries, mostly under the action of the anterior pituitary.<sup>(10)</sup> In a normally functioning endocrine system, cholesterol can be excreted in

any amount the body can make or absorb from the diet. It is important to understand that the liver can make its required amount of cholesterol without any cholesterol being in the diet. It is synthesized from a 2 carbon molecule called acetate, which is also the base of ethyl alcohol. It is a degradation product of fat, carbohydrate and protein.

Stambul shows that in the ovary there is manufactured a hormone called "di-iodo-tyrosine", which acts upon cholesterol to keep it in a soluble form. Cholesterol is a waxy type fatty material that will easily precipitate and form stones in the gallbladder and urinary tract. It is from these stones that cholesterol gets its name--which translate to "hard bile". It is because of this hormone manufactured in the ovary that the cholesterol, used to manufacture the milk in a woman's breast, is kept in solution. While keeping the breasts soft and fluid and free of lumps and cysts, the di-iodo-tyrosine also prevents the accumulation of cholesterol in the coronary arteries, and so the female is protected by roughly a 6 to 1 ratio to the male from coronary artery disease.

In an experiment by Perkin and Brown at the Lahey Clinic in 1938 they showed that when the thyroid is removed from a male dog his protein-bound iodine in the blood serum drops to almost zero.<sup>(8)</sup> When the thyroid is removed from a female dog, her protein-bound iodine remains the same. When both the thyroid and the ovary are removed from the female dog her protein-bound iodine also drops to near zero. This shows that the ovary is supplying an iodine product to the blood serum. This was shown to be di-iodo-tyrosine by Stambul.<sup>(10)</sup>

The presence of di-iodo-tyrosine in the blood serum of the female keeps cholesterol in solution in her breasts as its primary function, but it also keeps cholesterol in solution in her blood serum and

aids in the prevention of atherosclerosis and coronary artery disease. For this reason the female should not lose either of her ovaries by surgery under any circumstances, except if they be cancerous. They should not be removed as a prophylaxis against cancer. Even though they do not produce estrogen after the menopause, they still continue to protect the woman against coronary artery disease by the metabolism of iodine into di-iodo-tyrosine.

This experiment by Perkin and Brown took a very interesting turn when one of the female dogs in the experiment became pregnant. Even though she was given an adequate amount of iodine every day, her protein-bound iodine during the pregnancy dropped to a very low value, and returned to normal when the pregnancy was over. This again points up what we see around the world--goiter in the ratio of 4 to 1 between female and male, because of goiter prevalence in pregnancy. This function of the ovary to metabolize iodine during pregnancy is equally important in puberty. When there is insufficient iodine supplied to the body, the demand by the ovaries decreases the amount available to the thyroid. This lack of iodine to the thyroid prevents it from producing its hormone, which normally stimulates the ovary and controls the development of puberty.

It is at this time also that we see the development of a disease of the lymph system called "infectious mononucleosis". It is interesting to note that this disease has been mis-named and is neither "infectious" nor "mononucleosis". It is a lymphadenitis and, in my opinion, is due to a lack of iodine in the lymph system. This lack of iodine is responsible for the hyperplasia of lymph nodes all over the body. Often the disease is mis-diagnosed as an acute attack of appendicitis, and one can

discern his mistake when he sees the enlarged inguinal lymph nodes at operation. The swelling of the lymph system in the appendix and the colon makes it imperative that the appendix be removed anyway.

Having been a medical student associated with Dr. Warfield T. Longcope, Professor of Medicine of The Johns Hopkins University Medical School at the time that he described this disease, I have recognized and treated many cases. I was tremendously impressed by the complete debilitation of the patient and the remarkable development of the cervical lymph nodes, and the associated soreness of the throat as a primary characteristic of the disease. It is frequently said to look like a strep throat. On a number of occasions I have treated the disease with intravenous iodine with immediate and remarkable results. One patient, a male 21 years of age, had a white blood count of 200,000. Within three days of giving him intravenous iodine his white count was back to normal of 6,000, with a normal differential, and his energy and strength had returned to normal also. This is in marked contrast to the usual treatment in which nothing is done and the patient is given only bed rest for a year or more.

The need for iodine at puberty, the time of maturation, can be seen from the following experiments on frogs. A mass of frog eggs may be cut into four pieces.<sup>(3)</sup> The first piece is put into water taken from the water in which the eggs were found. This is the "control". The second mass is put into water taken from the city water supply. This is filtered water of low hardness content. The third mass is put into the city water supply in which a small amount of iodine is added. The fourth is also the city water supply, in which a small amount of thyroid

hormone is added. It will be found that the "control" will grow into tadpoles and then into normal size frogs. The eggs that are in the city water supply with nothing added will grow into tadpoles of unusually large size, but will never mature into frogs. The third group with the iodine added will grow into tadpoles and then mature into frogs somewhat faster than the "control" group. The fourth group with the thyroid hormone added will quickly grow into small tadpoles and then into small frogs. This shows that the maturation from tadpole into frog is under the control of the thyroid hormone. This experiment also shows the prevention of maturation and development of a tadpole that never develops into a frog is due to lack of iodine and thyroid hormone.

The development of young people into very tall, immature individuals can be seen all over our country. Along with their immaturity of maturation and their large size, one can see an immaturity in their attitude towards life. They are usually scared and backward children who learn slowly and have poor imaginations. Usually their hands are wet with perspiration all the time and under tension they will drip perspiration from their palms. They are afraid of the dentist from the point of view of the drill, as well as the injections of anesthesia. They are also afraid of doctors because of immunity shots and other kinds of injectable medication. They sun-ban poorly--often having sun poisoning. They easily fall heir to virus disease and other infections. This immaturity continuing in girls leads to poor development of their secondary sexual characteristics--their breasts, vagina, and menstrual periods. Along with the apprehensive symptoms outlined in the previous paragraph, they become victims of psychiatric analysis and shock therapy. Unless they

can find someone to give them iodine, thyroid, tyrosine and estrogen, they are miserable the rest of their lives.

This debilitated condition can also be precipitated in a person who has been very well, with all the attributes of sexual and feminine maturity. With a combination of poor metabolic support from a lack of vitamins, minerals and iodine, and with <sup>the</sup> acquisition of a virus attack, or infectious mononucleosis, they can be precipitated into a condition of illness that defies treatment with the usual drug therapy and psychiatry. Four examples will serve to cover the field from childhood to old age.

The first one is that of a young woman 17 years of age who has grown rapidly to 6 feet tall. Growth hormone from her pituitary gave her the appearance of hyperactivity of the pituitary gland. She had a long face and a very prominent projecting chin, making one think of prognathism. She had no breasts and both nipples were inverted. She had no buttocks and straight, thin legs, with a wide separation between her thighs. She had a sore vagina, with a discharge which had been treated for five years by a gynecologist with antibiotics. She had no sex interest. She had about twelve boils around her perineum which were extremely sore and discomforting, and which had resisted treatment over a long period of time.

This girl was brought to me not because of her poor maturation, but because she was having great difficulty doing her work in school and she was fearful of not graduating from high school. She was so tired that she could not absorb the work in class and too tired to carry out her homework after class. She was treated by a gynecologist for five years for her vaginal discharge, and by several physicians for



her general feelings of discomfort and inadequacy. She was diagnosed as a psycho-neurotic, with an anxiety neurosis and was given tranquilizers, which made her worse. She came to me reluctantly, not wanting to see another doctor and be told again of her neuroses.

A diagnosis was made of an over-active growth hormone from the pituitary, with unsatisfactory response from her thyroid and ovary. If these cases are allowed to progress, eventually the pituitary burns out and they remain miserable individuals the rest of their lives. She was prescribed Premarin (estrogen) 1.25 milligrams once a day. After a week on this medication, plus supportive vitamins, minerals and iodine, and thyroid 1/2 grain twice a day, this patient experienced a remarkable change. In one week the action of the estrogen on her vaginal mucous membrane caused it to produce mucous and she lost the soreness that she had had for five years. Both of her breasts showed a beginning response to growth. In the left one the nipple had already become erect. The right one remained inverted. Patient felt so peppy and energetic that she was able to stay awake to do her homework.

The second week her estrogen intake was doubled to 1.25 milligrams twice a day, along with thyroid 1/2 grain morning and afternoon. She again picked up in energy and was able to go dancing and still keep up with her work in school. She was sleeping better and feeling rested upon arising. Her menstrual period was normal, without the usual "horrible" cramps. In one month she had gained weight from 117 pounds to 128 pounds. In two months she gained up to 131 pounds, and in three months she was up to 133, with no increase in her height. Her breasts are developing slowly, but well. Both nipples have begun to stand up--

the left one practically normal and the right one still not completely out of its inversion. Patient has unbounded energy, has graduated from high school with ease, has excellent libido, and is working in a food market with great enthusiasm about her work.

It is to be noted that this patient no longer needs the Mycostatin for her vaginal discharge. She now has a normal flow of mucous, and no soreness of her vaginal lining. Without any application of antibiotics to the boils in her perineum, they have all cleared up from the change in her internal immunity mechanism. The skin all over her body has taken on a softness and velvety texture, with a loss of the pimples and roughness everywhere. She is greatly aware of this improved quality of her skin, and both her family and friends recognize the improvement. She is a straight "A" freshman student in college.

The second patient is a 35-year old woman who had been a perfectly normal individual until she had her only pregnancy five years ago. During this pregnancy she took on weight and was tired, but had a reasonably normal delivery of a baby boy. Since that time she has been tired, accumulated excessive weight, and lost her femininity and sex drive. She has been so tired that she could not take care of her house and its myriad duties. She had been to many physicians who rather assumed that she had a thyroid deficiency and discussed it with her, but the tests did not show such a condition unequivocally and so supportive treatment was withheld. Due to her irritability she had given up getting help from physicians and was getting into cult medicine. She stated that her marriage was on the rocks and that she and her husband were about to be divorced. He was in such an emotional state that he

was using drugs and threatening suicide. She had agreed to see me very reluctantly and only because I had helped one of her close friends who was four months pregnant.

This woman had sore breasts, especially the right one, which had a lump about 3 inches in diameter and very tender to the touch. Her husband was very skeptical about any kind of supportive medication, and particularly with vitamins and minerals. I had him present to observe while I gave her a treatment. I gave her first 2 grams of di-iodo-tyrosine powder under her tongue. Within a few minutes her husband could see and feel the change of the induration in her breasts. He felt the induration change to fluid, with a complete loss of pain. It was beyond his comprehension that such a change could take place at all, and especially in a matter of minutes. The patient herself was ecstatic over the loss of the soreness, pain and lumps in her breast. Following the action of the di-iodo-tyrosine, the breasts felt fluid and light, with no sense of heaviness.

Her neck was stiff, due to the malfunction of her thyroid, so I gave her 1 grain of iodine and allowed it to be absorbed under her tongue. Within a few minutes her neck became loose and flexible and the pain disappeared. The addition of copper, molybdenum, zinc and manganese ions absorbed under her tongue caused a further improvement in the flexibility of her neck and a feeling of refreshing brightness in her head. The room seemed much brighter to her, due to the iodine and metal ions. The increased sensitivity to light and color is caused by the change in the physiology of the retina. Patient had gone from a state of darkness to brightness, in which reds become redder, blues become

bluer, greens become greener, and all white appears whiter. The sharpness of vision is also noticeably improved, so that they see things with a sharper outline. Along with this, the sluggishness in her brain gave way to a fresh, clearer thinking that she had not had for a long time. She said it was like the machinery of her brain was being oiled after its gears had been running in some sort of gummy secretion.

She was so elated with her improvement that she insisted that her skeptical husband also take a treatment to see if it would help him. It is interesting to note at this time that when he was a young man he was a fine athlete and a championship horseman, and generally a very nice person. However, after he finished any of these activities and sat down to rest, he became very tired and sleepy and it was difficult to awaken him. A statement from his mother pointed out that in his boy-scout days he had to be rolled out of bed onto the floor to awaken him. However, while he was active and interested and enthusiastic about whatever he was doing, he was able to stay awake and perform with a high degree of excellence. Apparently as he grew older and throughout his married life this feeling of tiredness dogged his footsteps and he had trouble making himself do his work. He was still hard to get up in the morning and he was grouchy and irritable. His sex drive was very poor. His constant obsession was his feeling that nothing could be done about his condition, and that vitamins and minerals were a waste of time.

Examination of his neck showed it to be stiff and sore, indicating that he was having thyroid difficulty and this, added to his sleepiness previously mentioned, pointed to the fact that he needed a supplementation of thyroid hormone. As he did not sun-tan well and

usually had sun poisoning, I gave him a large dose of tyrosine (about 10 grams). This is the tanning agent of the skin and the basic amino acid of the thyroid hormone. I then gave him 2 grains of iodine to absorb under his tongue and 1/2 grain of thyroid hormone. Within a few minutes the room became brighter to him, the color became clearer and his neck became free and loose to bend and turn. I then gave him an intravenous injection of 200 milligrams of magnesium chloride, 500 milligrams of calcium pantothenate, 100 milligrams each of thiamine and pyridoxine, 2 c.c. of Vitam B complex with methionine, 1,000 micrograms of B<sub>12</sub>, 2 c.c. of 1:1,000 hydrochloric acid, and 2 c.c. of 10% calcium gluconate. This combination given intravenously activates the respiratory cycle of the cells, whose end products of metabolism are carbon dioxide and water. Large amounts of water are manufactured--this being an exothermic or heat releasing reaction and causing the patient to feel warmth all over his body. He feels the heat first in his throat and then in his rectum, and then spreading into his arms, face, head and legs--in that order. After the injection of about 4 c.c. this patient could not believe the remarkable improvement in the brilliance of the room, the brightness of the colors, and the feeling of clearness in his head, and he was greatly impressed by the intensity of the heat produced in his body in the areas just described. When the injection was finished he jumped up and threw his arms over his head and kept saying "I feel like I am this tall--that I am this tall." Apparently the feeling of relief of depression and from the tension of his neck made him feel like he was growing taller. It was just amazing to watch him trying to fathom these changes that had occurred so quickly and yet were breaking down his long-standing skepticism.

The child born to this couple, now 5 years of age, seemed normal in outward appearance, but his kindergarten teacher had sent a note home to the mother saying that he was slow in learning and was rather dull. His mother asked me if I would see him, to see if anything could be done to help his mental response. She was aware that he did not read very well. I agreed to see him and when I examined him the sides of his neck were studded with small lymph nodes, and his neck was stiff and tender to the touch--just like his parents. I gave him 1/2 c.c. of Roma-Nol iodine (9) under his tongue, along with 1 gram of di-iodo-tyrosine. Within five minutes he commented about how bright the room had become, and his neck had become softer and easier to move. His mother who was watching the procedure, was amazed at the remarkable change that took place in this 5-year old in a matter of minutes. He was treated twice more and when he brought his book home from kindergarten to read, his mother was amazed when he read it from beginning to end, and without error. She said she was sure that this could not have been done before. Several weeks later his father called me to tell me that he could see a marked change in the maturity of this child, and so he is continuing to give him the vitamins and minerals, the iodine and the thyroid. This father no longer has any doubt about the efficacy of these supportive nutritional agents.

The third case is that of a 73-year old woman who was in the hospital with a heart condition, asthma and bronchitis. She did not respond well to the medication given her by a family physician and he told her husband that he did not think she could survive this severe spell of illness. He had used the strongest drugs he knew of. The husband

asked the physician if he would try giving her some vitamins and minerals, because in his earlier days he had been a detail man for one of the large nutritional distributor outlets and was aware of their value. The doctor refused to use this type of medication and told the husband that this was not countenanced in that hospital. It was at that time that the husband asked me if anything could be done for his wife. I suggested that they check her thyroid because she was so tired and had such a sore neck. The doctor agreed to do a thyroid scan with radioactive iodine, and a catscan of her lungs. However, after giving her the radioactive iodine she became much worse and the doctor was sure she would not survive.

The radioactive iodine had inactivated her remaining store of vitamin C and made her suddenly worse. I suggested that the husband give his wife 15 grams of sodium ascorbate per day; one multi-vitamin and mineral capsule three times a day; one 0.625 milligram estrogen tablet three times a day; one drop of iodine twice a day; and 1/2 grain of thyroid three times a day. The patient made such a remarkable improvement in three days that the physician, who did not know that any of this material was being given to her, said that a miracle had taken place in her recovery. He made no attempt to find out why the miracle had occurred, and he discharged her from the hospital a week after this supportive medication was started.

She continued this regimen at home. Three months later the patient came to see me and I gave her some of the intravenous magnesium combination that I mentioned previously on page 13. She had a most instant and remarkable heat reaction throughout her body. There was such a general improvement in her sense of well-being that even I was surprised

at her response. Two weeks later she was seen by her physician and he told her that if he had not known how sick she had been, he wouldn't have believed that anything had been wrong with her.

The fourth case is that of a woman who is now 84 years old. I had treated her for about 30 years, during which time she had received estrogen every day and she looked extremely well and youthful for her years. Three years ago she was seen at the Scripps Memorial Hospital for a physical check-up--mostly because she was then 81 years old. She told the examining physician about the nutritional support she was taking of vitamins and minerals and estrogen. He showed no interest in the nutritional support, but told her that she should stop the estrogen--that this was something she did not need and that already she had taken it over too long a period of time. In the past year or so (3 years after stopping estrogen), she had become tired and run-down. She had lost weight so that she had no breasts and the skin of her buttocks draped on her. Her most prominent symptom, however, was abdominal discomfort. Her bowels didn't move well, her digestion was poor, and she didn't feel like eating anything. She said she is "picky" about everything she does eat, and she had been in and out of Scripps Hospital three different times. She had asked me several times what I could recommend for her, but I felt that she had enough physicians treating her and so I did not enter into the picture until finally she felt that she was going to die and the doctors at Scripps had said there was nothing they could do for her.

I asked her how much estrogen she was taking and discovered she had not been taking any for three years--having been told that it was



unnecessary for a woman at her age, and that the danger of cancer was too great for her to continue this medication. I suggested that she immediately start taking estrogen 0.625 milligrams every day. Even by the next day from the first tablet, she could see an improvement in her condition. By the second day she was markedly improved--and by the third day she was completely over her abdominal distress and had regained her energy and feeling of well-being. Not only did she need estrogen for her physical symptoms, but she needs estrogen to make her feel like a real female who has pep and energy, creative ability and the desire to be up and around and enjoying her friends--and she must take it the rest of her life.

There is no need to be afraid of cancer from taking estrogen. Estrogen promotes the growth of cells as seen by the remarkable growth of a baby from one fertilized cell to 8 pounds in a period of 9 months' gestation. This estrogen is produced by a new organ (the placenta) and when it is delivered as the after-birth, if a woman cannot produce enough estrogen from her ovaries she frequently has a postpartum psychosis and ends up in a mental institution where she is given shock therapy and tranquilizers. This is discussed in my paper entitled "The Shocking Psycho-Biology of Post-Partum Psychosis". (4)

It is easily understood that if you promote growth, you must necessarily supply the materials for that growth and repair. These materials are the vitamins and minerals, iodine, amino acids, hormones and all of the approximately 40 other nutritional agents from one's diet. (5)

If these materials become in short supply, in some devious way, the respiratory cycle of the cell will break down and the Krebs Cycle will be unable to produce its high level of energy. The cell will regress to its

pre-evolutionary state of using the fermentation of sugar for its metabolic energy. At this stage the loss of energy from the inactivity of the Krebs Cycle reduces the cellular energy to 1/15th of what it was when it was using atmospheric oxygen, and the cell becomes cancerous. This is Warburg's theory of cancer and it is discussed in my paper entitled "Metabolic Aspects of Cancer". (9)

Thus we see that cancer is not a disease of acquisition--cancer is a disease of evolutionary recession. It is not a disease that can be cured--but it is a disease that can be prevented by supplying the agents that support the respiratory cycle of the cell in the utilization of atmospheric oxygen. It has been projected by a statistician at the Walter Reed Hospital that if we do not succumb to intercurrent infection or heart disease, everyone will be dead of cancer at 120.

It is sad that there is so much opposition to the idea of supplementing our diet with vitamins and minerals and iodine--yet not one of us would oppose the application of nutrient materials to our soil before we would plant the seeds for our fruits and vegetables and flowers. It is accepted without question that the addition of these fertilizing elements will produce better fruit and flowers--yet when we suggest the same support to the health of a woman so that the soil in which the woman's seed of life is planted will be at its peak of perfection, we are told that this is unnecessary--that she can get all she needs from the food she eats.

After nearly 50 years of studying this subject of metabolic support I can say with confidence that I have never yet seen a patient whom I could not make better by the supplementation of these

vitamins and minerals, amino acids and hormones. The health of the mothers are markedly improved by them during their pregnancy and afterwards, and the babies they produce are "super" babies. It does not require a statistical analysis of double-blind studies to recognize the quality of these children. It is my hope for the future that we will be able to give trace elements and vitamins to all of the children in the public schools, starting in the first grade. I hope lectures to the young boys and girls in their junior year in high school will let them see that their newly-acquired adulthood physiology and sex interest must be supported with these nutritional agents if they are to produce the kind of "super" children that they will be proud of in their families. And, finally, to prevent, as best we can, the occurrence of early cancer.

As these young people grow into adulthood and through their time of procreation, they will ease into the time of menopause. This is a time of the diminution of the procreative drive in both men and women. It is a more balanced state of chemistry in men. In women it is a cessation of egg production and a concomitant cessation of estrogen production. This leads to a whole series of distressing symptoms, among which we have arthritis and neuritis in the pelvis and legs, but it can occur anywhere in the body. Abdominal distress, vaginal dryness and soreness, hot flushes, bouts of fatigue, depression, weeping and apprehension, lack of ambition and a loss of creative ability are also a part of this syndrome.

The cessation of the menstrual bleeding may be associated with flooding and irregular periods. Sometimes after years of no menstrual periods, suddenly either a full period or a partial one with spotting will

occur. Both episodes lead to the apprehension of it being caused by cancer. Frequently after investigative biopsies and D.& C.'s we find only hyperplastic tissue, which is mis-diagnosed as cancer and the patient is given the full treatment prophylactically for cancer--a procedure which is devastating both mentally and physically. Although estrogen can alleviate practically all of these symptoms and make the patient feel very well, it still stimulates the growth and development of the lining of the vagina and the uterus, which is its normal and natural function. The natural development and lubrication of the vagina makes a woman feel more comfortable and feminine. Development of the lining of the uterus is normal also, but the associated bleeding and discarding of the lining in the time of the menopause produces apprehension and query whether or not it might be aberrant and cancer. The strain of repeated D.& C.'s and biopsies make for a very worrisome and costly period of life which may spread over 20 years. Even when the menopause is normal and uneventful, there comes a time in the 60's when the uterus starts a messy discharge which cannot be stopped without hysterectomy.

It has been my policy that as soon as a woman is satisfied that she will never want any more children, I have her uterus and tubes removed by the vaginal route--leaving her ovaries in place. This operation removes the site at which the cancer would be likely to occur--the cervix and the uterus. It leaves the ovaries in place to carry out their function of producing di-iodo-tyrosine to keep her breasts in normal condition and the additional function of preventing atherosclerosis. Supplementing her with estrogen gives her a normal balance to her system with good energy, creative interest, normal libido, a normal vaginal lining

and mucous, and a general feeling of emotional stability. By removing the uterus in the late 30's or early 40's the woman is freed from all of the difficulties of the menopause and can enjoy the transition without discomfort. By supplying a proper balance of vitamins, minerals, amino acids, iodine and thyroid, a woman need have no fear of cancer as a consequence of taking estrogen. Just as estrogen is the most important chemical in a woman's early life, it is also the most important chemical in maintaining her health and well-being in her later life. Estrogen does not turn back the aging process, but it maintains her femininity and allows her to grow old happily and gracefully.

"The Pharmacological Basis of Therapeutics", sometimes called the pharmacists' bible, has a Chapter 69 entitled "Estrogens And Progestins". E.B. Astwood, M.D., Ph.D., Professor of Medicine, Tufts University School of Medicine, and Senior Physician, New England Medical Center Hospital, Boston, Massachusetts, is the author. A section of this chapter is entitled "Carcinogenic Action of Estrogen" and I have taken the following paragraphs verbatim from this chapter: (1)

"Interestingly though these early experiments with selective strains of mice may have been, they succeeded more in disseminating an unwarranted fear of cancer than in showing cause for such alarm. Attempts to induce malignant tumors in most animals with estrogen have been unsuccessful, and no evidence of a carcinogenic action has emerged from extensive use in man. It has been stated that, in the 30 years since diethylstilbestrol was first widely used, not a single malignant tumor in man has been ascribed to estrogen. Curiously it may turn out

that replacement therapy after the menopause may, by preventing the atrophies and their attendant changes, actually reduce the incidence of malignant tumors in older women.

"The decline in the secretion of estrogen by the ovary is a slow and gradual process that continues for some years after menstruation has ceased. It is a frequent observation that menopausal symptoms are more severe following removal of the ovaries than with the natural menopause. Sometimes, too, hot flashes appear for the first time or become more intense if the ovaries are removed after the menopause.

"Almost invariably the decline in ovarian function at the menopause is associated with symptoms, and these are clearly due to deficiency of estrogen. The characteristic hot flashes may alternate with chilly sensations, inappropriate sweating, paresthesias (including formication), muscle cramps, and myalgias and arthralgias. There is an unbearable uneasiness that gives rise to manifestations of anxiety, overbreathing, palpitation, dizziness, faintness, and syncope. Untreated, a few women become chronic invalids, some experience years of ill health, and most feel genuinely miserable and understandably lack vigor and initiative. Treatment with estrogen is specific and effective.

"One form of arthralgia, not admitted as an entity by some rheumatologists, but resembling the early stages of osteoarthritis, arises after the menopause and is relieved by estrogen.

"For reasons that are difficult to fathom, some physicians are disinclined to use estrogen in the menopause; they feel that the symptoms are largely emotional in origin and are better managed by reassurance and psychotherapy and with the use of small doses of a sedative such as

phenobarbital. If estrogens are used at all, small doses are given for a limited period to 'tide the patient over' the transition and permit her to become adjusted to her new condition. It seems much more reasonable to use estrogen freely; it provides good replacement for the deficient estrogen, and the therapeutic response is as clear as that of a patient with scurvy to vitamin C. Replacement therapy for an unlimited period of time prevents the atrophies referred to above and may have a favorable influence on the strength of bones and on the endurance of the skin and the cardiovascular system."

#### EXPERIMENTAL FINDINGS:

In this Chapter Dr. Astwood points out that "ethinyl estradiol is the most natural and the most long acting estrogen that has been thus far synthesized, is the most active natural estrogen known, and is roughly 25 times as potent as diethylstilbestrol".

"Conjugated estrogens (Premarin) is made up of a mixture of estrogens derived from the urine of pregnant mares. Sodium estrone sulfate predominates and standardization is in terms of this substance. It is the only commonly used estrogen that is an impure mixture, and it is said to have unique properties not shared by pure compounds. In doses usually recommended it is less active than most preparations, a feature that might contribute to its favorable acceptance."

I tested these two preparations on patients who had been stabilized on Premarin. After a <sup>month</sup> week of taking the ethinyl estradiol in the amount of .02 milligrams per day, all of the patients complained of headache, dizziness, loss of libido, reduction of breast fullness, and a general feeling of fatigue. The headache and dizziness was the most

disturbing to all. They were all surprised that this potent estrogen could cause them to lose their feelings of femininity.

It is pointed out by Dr. Astwood that the ethinyl estradiol causes a swelling of the anterior pituitary. Apparently this happened to all of these patients and they were happy to stop this form of estrogen and return to their Premarin 0.625 milligrams twice a day, or in some cases three times a day. These smaller doses spread throughout the day seemed to give better results than the larger dose once a day.

It is also to be noted that the Premarin, a form of conjugated estrogens, not only produces the smoothest and more natural supplementation, but it also gives the patient a marked improvement in the quality of her skin, it fills out her breasts and her buttocks, it quiets her gastro-intestinal tract and gives her a better appetite. Estrogen keeps the mucous membrane of the mouth in good condition and supports the gums and tightness of the teeth. In several patients who had irregular rhythm in their heart, it helped return the heart to a normal rhythm. And, finally, it induces a feeling of quietude and tranquility that no sedative of any kind can match. From my experience, Premarin in small doses of 0.625 milligrams spread throughout the day, produces the most satisfactory form of estrogen supplementation for whenever it is indicated throughout the life of a woman.



CONCLUSION:

With all the good that can be accomplished in a woman from taking estrogen, one wonders how so much prejudice has developed. Why does this prejudice get so much professional approval? There would be many more healthful and happy women and happy families, and fewer women in the hands of psychiatrists and mental institutions if all women were supplemented with proper metabolic support of vitamins, minerals and iodine, based on estrogen.

ACKNOWLEDGEMENT:

Financial support for this paper was obtained from the Health Renewal Foundation.

November 18, 1981

104 E. Biddle Street,

Baltimore, Maryland. 21202

SYNOPSIS:

This paper is presented to show that the almost universal feeling that estrogen supplementation at any time in a woman's life must be held suspect as a cause of cancer, is unwarranted. It is shown by basic physiology that estrogen is the most important chemical on earth, and without it we would have no reproduction. All female life is dependent on it. It is shown by example that femininity in the female is dependent upon estrogen and supported by vitamins, minerals and iodine. In reference to Warburg's theory of cancer, it is shown again that cancer is a preventable disease by support of the respiratory cycle of the cell with vitamins, minerals and iodine. Despite warnings and fears of the medical profession, officially vindicated by the F.D.A., requiring warnings by package inserts, estrogen is recommended for relief of menopausal symptoms by "The Pharmacological Basis of Therapeutics", the bible of pharmaceutical teaching for unlimited periods of time. It also states that in 30 years of use not a single malignant tumor in man has been ascribed to estrogen. Finally, attempts to induce malignant tumors in animals with estrogen have been unsuccessful.

The Annual Conference of the American Heart Association was held in Raleigh, North Carolina on March 6, 1982. They released the following report: "In a sample of 2,269 white women between the ages of 40 and 69 it was found that the death rate among those women taking estrogen after hysterectomies was one-third of that compared to women not taking estrogen." This study also said: "Since the long-term risk of death from endometrial cancer is relatively small, while death from cardiovascular disease is rather large, it may be that the net effect is a lower mortality in women taking estrogen."

This corresponds to a statement that I have made over the past thirty years--that the benefits to be gained in longevity and health from taking estrogen is so great that the risk of getting cancer from estrogen can be ignored. All of my patients have told me at one time or another that they would rather accept the risk of cancer than give up the benefits they get from taking estrogen. Fortunately, none of my patients have developed cancer who have taken estrogen, and many of them have taken estrogen continuously over a period of forty years. It is interesting to note however, and very significant that this first positive report concerning the beneficial effects of estrogen should come from the prestigious American Heart Association.

One of my patients, a woman 80 years of age, had been taking estrogen for thirty years and looked like she was about 60, with a beautiful physique. She was seen by a doctor who gave her a routine physical examination. After commenting on how wonderful she looked and what a fine condition she was in, he asked her to what she attributed her good health. She jubilantly told him it was from taking vitamins and minerals and hormones as recommended by Dr. Myers. He ignored the vitamins and minerals, but

the word "hormone" brought him up with a quick request of "what hormone". When she told him "estrogen" he was immediately disturbed and told her that she was foolish for taking estrogen over such a long period of time, and particularly at such an advanced age of 80---and he admonished her to stop it immediately, which she did. Three years later she looked like a skeleton of a haggard old lady, with no breasts or buttocks. She had also developed a constant abdominal discomfort: everything turned her stomach and she had great difficulty eating anything. She made repeated trips to the doctor who had told her to stop the estrogen, but he gave her no help whatever and finally told her that she was a neurotic. After taking Premarin 0.625 milligrams a day for three days at my suggestion, all her abdominal symptoms disappeared. It will require a lot of personal care and guidance to bring her back to the state of health in which she was four years ago and it may even be impossible at her age.

It is important to recognize that estrogen is a chemical agent that adds a degree of health to a woman beyond anything one can imagine. It is true that estrogen is necessary to make a woman maintain her femininity and make her a good specimen of the feminine sex. It is high time however that we stopped thinking of it only as something to make her feel sexy.

It is important to remember that every female child is born with her prime function being procreation. Her menstrual cycle is the product of millions of years of evolutionary development. This procreative cycle existed long before she developed the beautiful body that she has today. The procreative cycle is the main theme of her existence. Many doctors think of her as a female with a menstrual cycle. Actually, she should be thought of as a menstrual cycle around which this beautiful body has developed.

When she arrives at her menopause and her menstrual cycle ceases and her ovary has no more eggs to develop, she passes into a state of debilitation characterized by hot flushes and emotional disturbances such as weepiness, anxiety, a sense of fear, a loss of decision-making ability, and a general feeling of weakness and anxiety. It must be stated here that there are a few women who do not have this complete pattern of the menopause, but they have some of the milder symptoms.

Rehabilitation with vitamins, minerals, iodine, thyroid hormone and estrogen in proper balance removes completely this set of symptoms and makes a woman feel completely normal again. There is no drug therapy of any kind that will match the response to these natural biological chemical agents, and a woman can and should take them as long as she lives.

There is great controversy over whether the menopause should be treated as a disease or a natural condition. To me this seems a point of unnecessary quibbling, as can be seen in the animal kingdom and even in the plant kingdom: the end of procreation is often the end of life, and so the menopause is a natural function. It is in no way to be considered a disease. Sometimes this condition exists in young women in their teens and this metabolic support gives them a new lease on life. At this time

it is often mis-diagnosed as a psychiatric syndrome and treated with psychotherapy and shock therapy. It is also called multiple sclerosis and lupus erythematosus. Sometimes this metabolic support must be continued indefinitely. Other times it is sufficient to give the normal metabolic function a stimulus and thereafter it is able to carry on for a long time. But I have never seen a patient of this type who could be made completely independent of some periodic help.

In any case, the metabolic support must be complete when estrogen, thyroid, or any other stimulating chemicals are given to increase the rate of metabolism. An immediate supplementary intake of the vitamins and minerals is necessary to support the increased metabolic activity. It is this supplementation of the vitamins, minerals and iodine to the cellular respiration that prevents the cell from developing cancer, according to Dr. Otto Warburg's thesis. It keeps the woman, in every department of her existence, in a more youthful state and holds back the symptoms of aging and senility.

John A. Myers, M.D.

Baltimore, Maryland. 21202

REFERENCES

1. ASTWOOD, E.B., M.D., Ph.D. "ESTROGENS AND PROGESTINS", PHARMACOLOGICAL BASIS OF THERAPEUTICS, 4TH ED. JUNE 1971, 1542-1546, THE MacMILLAN CO., 866 THIRD AVE., NEW YORK, N.Y. 10022
2. CORNER, G.W., M.D. AND ALLEN, W.M., "PHYSIOLOGY OF THE CORPUS LUTEUM" AMERICAN JOUR. PHYSIOLOGY, 1929, 88, 326-346
3. ETKIN, WILLIAM "HOW A TADPOLE BECOMES A FROG", SCIENTIFIC AMERICAN MAY 1966, 76-88
4. MYERS, JOHN A., M.D., F.R.S.H. "THE SHOCKING PSYCHOBIOLOGY OF POSTPARTUM PSYCHOSIS" LETS' LIVE MAGAZINE FEB. 1981, P. 23  
444 N. LARCHMONT BLVD., LOS ANGELES, CALIF. 90084
5. MYERS, JOHN A., M.D., F.R.S.H. "METABOLIC ASPECTS OF HEALTH"  
PRICE-POTTENGER NUTRITION FOUNDATION,  
P.O. BOX 2614, LAMESA, CALIF. 92041
6. MYERS, JOHN A., M.D., F.R.S.H. "IODINE AND TRACE ELEMENTS IN THE PROMOTION AND MAINTENANCE OF METABOLIC EXCELLENCE"  
REFERENCE NO. 5, PP. 283-296
7. MYERS, JOHN A., M.D., F.R.S.H. "METABOLIC ASPECTS OF CANCER"  
REFERENCE NO. 5, PP. 267-281

REFERENCES

8. PERKINS, H.J., M.D.  
AND  
BROWN, BROCK R., M.D. "THE INFLUENCE OF THE THYROID GLAND AND OF THE  
OVARY IN THE METABOLISM OF IODINE"  
ENDOCRINOLOGY, VOL.22, MAY 1938  
J.B. LIPPINCOTT CO., PHILA., PA. 19105  
REPRINTED WITH PERMISSION AS PART OF REFERENCE  
NO. 5, PP. 297-301
9. ROMA-NOL IODINE A WATER SOLUBLE SOLUTION OF IODINE 0.8%  
JAMOL LABORATORIES, INC.,  
13 ACKERMAN AVE., EMERSON, NEW JERSEY. 07630
10. STAMBUL, JOSEPH, M.D. "ATHEROSCLEROSIS"  
JOUR. ALBERT EINSTEIN MEDICAL CENTER,  
VOL. 3, No.4, 131-181 AUG. 1955  
YORK & TABOR ROADS, PHILA., PA. 19141  
REPRINTED WITH PERMISSION AS PART OF REFERENCE  
NO. 5, PP. 303-339