

CHAPTER 1

INTRODUCTORY CHAPTER

The photograph of me at the front of this book, was taken shortly before the 56th birthday. Yes it's a youthful picture. This book goes to the heart of the matter of our aging. This is the thing you've been waiting for, but have not discussed with anyone. These are things we normally don't discuss. No, I haven't lost my mind with all the water, raw and powdered roots, possible and controversial tooth pulling, and some or other unmentionables we'll get to in turn. You can take it all with a grain of salt, as that is also suggested here.

A new discovery, dramatically changes the way we view the menopause, and women's aging generally. A woman is not born with a set number of eggs she'll use up in her reproductive years, as once thought. She instead produces new eggs throughout her reproductive years just as a man continually produces new sperm. The new question arises, what makes her stop producing eggs so relatively early?

With the new finding, Medicine's focus may now shift to the *environment* in which eggs are produced and then die off, *ie.* a woman's metabolism, food and waste, the immune system, and the pelvic environment itself. Now those health professionals who've been raising those subjects for years prior, can gain a greater part of the public ear.

Much has to happen, before our true needs will be met. I address here some most basic of our physical needs which the health care profession overlooks. Do you share my experience? As example, my amenhorria was reversed and menstruation was restored, in early age 20s with removal of silver (*mercury*) amalgam tooth fillings, effective hemorrhoid treatment at age 43 regulated my troubled menses more than hormone therapy could do, and drinking a quantity of water ended my hot flashes at age 47 and restored my waning menstruation at that time. Today at age 56, Wild Yam prepared in a unique way which I disclose here, raises my hormone levels.

Women, Food & Decay addresses our physical needs and differences as women, in an acute manner not ordinarily seen elsewhere. Another book of slightly earlier vintage, *Women, Food & God* reminds us of our separate physical being in a societal context and is a plea for self acceptance. The latter book is a bestseller. The one is as timely as the other I think, and please add my book to your reading list.

Water

What was I to think, at age 47 when the hot flashes started, and I virtually doused them out with lots of water? Not quite so simple—*lots of water*, minerals, some beer and fiber laxatives entirely ‘put out’ each hot flash, each night. Just like water on a fire. This also, restored my menses to a steady and longer monthly cycle, and a fuller flow. *See* Chapter 2 which discusses our water intake.

This has similarity to the “purging” stories for 18th and 19th century British women. The purge fell into disfavor when some of its practices grew bizarre. Yet the principle was the same then, as it is now, to open and release the eliminative channels of the body and remove waste and toxic residue where the channels may be slowed or impacted. This kept a woman younger then, as it does now.

I am a purger, by any other name. Many others are the same today. When we self treat or seek “alternative” health care today, we *purge*, essentially or incidentally.

You must drink at least 2½ quarts of water a day and take in some additional salt — this is a requirement. In my experience, *extra amounts of water and/or other fluids* achieved dramatic results past age 40, to quell my symptoms of female aging. On a hot day I might go over a gallon. Over 2½ quarts of water alone, one doesn’t urinate more. I’ll show you ways to get the water down pleasantly, and a novel way to induce thirst for water, and over time, you’ll be drinking more of it consistently.

You’ll stop your hot flashes with extra water, I promise you. But there is more to it. You must shorten your bowel transit time to ideally, 18 hours. Societal average is 40-80 hours. You must change that habit, if you have it. Then you’ll sleep through the night. Libido will pick up, headaches will ease, and all the common complaints for the aging female body will ease. This is the case both before, and after the menopause.

Hormone (Replacement) Production Therapy

A control study has surfaced from Taiwan, in which good amounts of edible Wild Yam were fed to postmenopausal women, with a number of beneficial result, including a significant rise in estrogen levels.¹

¹ Wu WH, “Estrogenic effect of yam ingestion in healthy postmenopausal women” *J Am Coll Nutr* 2005 Aug;24(4):235-43 (Abstract available on PubMed)

This is a dramatically new turn to an old story. You know the story — whole Wild Yam cannot synthesize into reproductive hormones in our bodies. But obviously, our bodies *can* synthesize those hormones from the Wild Yam.

There was no harm in trying this, was my thought.

I wanted to try the Wild Yam. I didn't have access to the edible fresh Yams of the Taiwanese women, but instead had before me the impossibly bitter-tasting powdered herb of the Mexican Yam variety. These are the same plant genus but different species — the Mexican Wild Yam is far more potent. How to get it down? I found a way to ingest it. If I'd introduce my method to you in one sentence — you'd laugh. It's quick, it's as easy as playing with your food, and you *don't taste* the bitter Yam. I mix it with an oil — read on please.

I also have a fresh root from the produce section of a Chinese grocer. I'd first thought I had the Wild Yam. A Chinese doctor had directed me to the grocer, for a root that "is" the Wild Yam for an enzyme it contains.² This is the Gobo root. I juice the root.

In the months I have consumed Wild Yam and Gobo, my *estrogen* blood level has fluctuated significantly *above* my pre-Wild yam root level and is on average, same as 26% average result reported for the Taiwanese women.

The Taiwanese women were not tested for progesterone blood levels. Neither was I so routinely tested. Postmenopausally, doctors cease to measure our progesterone levels — the reasons for this are not so obvious as you'd think. We all produce progesterone to some degree — women and men, young and old.

I was tested for progesterone blood level upon my request. This proved worthwhile. We in the menopause need to know, that we still might produce more progesterone than estrogen, and it is *progesterone*, not estrogen production that we should encourage, and this is possible to do, and it involves lifestyle changes.

A day that I'd felt a mild euphoria, I went in for a blood test, and my progesterone had risen by 8%, and had doubled its ratio to estrogen. The doctor was surprised. *I am not a scientist — I am guessing at cause & effect.*

² The Chinese doctor may, or may not want credit for this, so at present he is anonymous.

Am guessing my experience the day of the blood test, however small by comparison, harkens back to the euphoria reported with the first uses of natural progesterone from the ovary of the sow.

Says Dr. Peat, that today's Yam-based "progestins", and micronized progesterone preparations, *cannot* render the same results which the ovarian extract did. He also claims for himself, according to his patented disclosure, that any pharmacist can prepare a Yam-based solution of *natural progesterone and vitamin E oil*, to be far more effective and safe than the commercial progesterone derivatives now available to us.³ You will learn how oils carry progesterone into the body's receptor sites. I will tell you soon of the oil that I use with the whole herb and the surprise ahead is, that you won't taste any of it upon swallowing.

Dr. Peat claims a wide range of good biological effects with his own progesterone formula, not only for women, but in some cases for men or children. He also claims he must monitor his new female patients for overdose, same as the older reports of "drunkenness", and anesthesia with use of ovarian extract.

He says of progesterone; "I found that [it] is the most powerful order-preserving substance ... on the cellular level and is the normal defense against calcium loss from bones. It is one of the few essential requirements, besides nutrients, for nerve (brain) cell growth and survival."

This changes everything. This is hormone *production*. It is not hormone *replacement*. See Chapter 3 on hormone therapy, and see there the Hormonal Cascade diagram to gain an appreciation of what has happened here. The cascade begins with a woman's LDL cholesterol, as it transmutes into one of her steroid hormones, then another, and another in turn. What is the active ingredient in Wild Yam? It is Diosgenin, similar in structure to *cholesterol*. The body performs a huge and precise task, in transmuting cholesterol into progesterone, and then from progesterone into estrogen which is last in the series of the cascade.

Egg Renewal

Medicine has recently acknowledged a woman's eggs renew throughout her adult reproductive life somewhat like a man's sperm do,^{4,5,6,7} and this has shaken the

³ R. Peat, PhD, *Progesterone in Orthomolecular Medicine* (1993 Raymond Peat, Eugene, OR); R. Peat, PhD, *From PMS to Menopause: Female Hormones in Context* (1997 Raymond Peat, Eugene, OR), books obtained at www.raypeat.com.

⁴ Bukovsky A. et al., Origin of germ cells and formation of new primary follicles in adult human ovaries,

foundations of reproductive medicine. Until now, medicine wrongly told us a woman is born with all the eggs she'll ever have and menopause occurs when the ovaries run out of eggs. Medicine had clung to the wrong idea of 'stored eggs' despite evidence to the contrary, including knowing that other mammals produce new eggs postnatally, and this idea stuck, based on an anti-Darwinian model introduced early on, that we are created from a preexisting "germ line" rather than being continually remodeled by our environment. This old idea dies hard.

The new question Medicine asks is, what makes egg production dwindle then cease so relatively early in the woman?

It is a two-part puzzle, if you like. Ovarian stem cells produce both (a) new eggs or ova (oogenesis), and (b) new follicles which will house the eggs (folliculogenesis). *Follicle production may cease long before egg production*, and 'wasted' new eggs may appear in menopausal ovaries. Why are they there?

I think we find an analogy to the puzzle in the Biblical Genesis. Egg production issues from the Tree of Life, and follicle production and the rest of the ovary, issues from the Tree of the Knowledge of Good & Evil. The Tree of Knowledge is who we become, and it invokes our responsibility to maintain the health of our body which is our 'house', and to learn to balance ourselves with the environment. But we systematically abuse ourselves, and the environment. *Ex.*, we produce pollution, and tooth decay like there's no tomorrow.

Our human evolution is *messy*. Coincidentally it is a fact, that nonhuman primates do not experience menopause as we do. Comparisons to us, vary with the different primate species. The human menopause is said to be 1 ½m - 2m years old. See Chapter 4, Egg Renewal.

Egg Renewal Employed in New Forms of Therapy:

Every woman of every age, is affected by this discovery of egg renewal:

Reprod Biol Endocrinol. 2004 Apr 28;2:20 (U. Tennessee Grad. Sch. Medicine, Knoxville, TN)

⁵ Johnson J, et al., Germline stem cells and follicular renewal in the postnatal mammalian ovary, *Nature*, 2004;428:145–150

⁶ Heng BC, et al., "Waste" follicular aspirate from fertility treatment – a potential source of human germline stem cells?, *Stem Cells and Development*, February 1, 2005,14(1): 11-14

⁷ See N. 3, books by R. Peat, PhD.

The *young woman* needs to prepare now, for a menopause which scientists are now planning to delay to her sixties.

The *infertile woman* may now look forward to a genetically related child with use of her own *ovarian stem cells*. Surprisingly, those POF sufferers who didn't meet threshold requirements for conventional IVF therapy, *ex.* they've never menstruated, may have more luck with stem cells.

The *woman with POF or early menopause* needs to understand her eggs are a product daily of her body which carries them, and they are not 'the other' as we'd all been raised to believe. Sadly stem cells may, or may not help her to restore menstrual cycles, and no test therapies are planned.⁸ Yet I may have a surprise for this woman!

The *peri-menopausal woman* needs to understand her eggs are a product daily of her body which carries them, and she is the one who will most demonstrably and consistently benefit from the principles in this book, stem cells aside. She may bring us new fruit from the Tree of Knowledge. I think she will surprise us.

To the *postmenopausal woman* I say, we're all going to live in the body of the Old Crone longer than anyone. But surprise, if our ovarian stem cells, *be we of any age*, are cultured in a Petri dish, that culture will produce new eggs.⁹ These stem cells are "totipotent" and can produce, in addition to new eggs, a variety of other cell types.

As to the variety of other cell types, which can be generated by the ovarian stem cell — does this signal for a new type of *stem cell therapy*? Yes, and women, *even in advanced age* carry their own pharmacopeia for the treatment of degenerative diseases, in their viable ovarian stem cells. Dr. Bukovsky suggests the older woman to be a candidate for autologous stem cell therapy.

⁸ Doctors' plans may change, so don't rely on my printed word. I have my information from the following article: Bukovsky A., Potential new strategies for the treatment of ovarian infertility and degenerative diseases with autologous ovarian stem cells, *Expert Opin. Biol. Ther.* (2006) 6(4):341-365.

⁹ [Unpublished] Bukovsky, A., Origin of germ cells and follicular renewal in adult human ovaries. Presented at: *Microscopy & Microanalysis Conference Honolulu, Hawaii*. 2005. 2005 – July 31 – August 4 (Invited): [as referenced in] Bukovsky A., Potential new strategies for the treatment of ovarian infertility and degenerative diseases with autologous ovarian stem cells, *Expert Opin. Biol. Ther.* (2006) 6(4):341-365 (In this article, is Dr. Bukovsky's 1st disclosure that the stem cell substrate disappears from the ovary for a few years around the menopause, but after a few years the stem cells reappears there and the stem cells are again capable of being cultured in vitro into eggs. His earlier articles may state only that the stem cell substrate disappears from the ovary around menopause.): Contrast earlier article, Bukovsky A, Oogenesis in cultures derived from adult human ovaries, *Reprod Biol Endocrinol*. 2005, 3:17, available online at www.rbej.com/content/3/1/17 .

And inevitably, a postmenopausal woman will give birth to a genetically related child using her own ovarian stem cells. It's not a matter of if, but when. She will try to relive history. No clinical trials are as yet scheduled for her.

None of the above proposed ovarian stem cell therapies are as yet offered, or scheduled. All stem cell therapies are discussed by Dr. A. Bukovsky in the article below. He announces tentative plans for IVF Clinical Trials at the University of Tennessee in same article.

Bukovsky A., Potential new strategies for the treatment of ovarian infertility and degenerative diseases with autologous ovarian stem cells, *Expert Opin. Biol. Ther.* (2006) 6(4):341-365

Menopause's Deepest Secret (Perimenopause)

It's a secret known to every 45 year old woman. Her *eliminative* channels are clogging up. She sweats fitfully at times.

She may suffer "fatty liver" or, in the extreme, gallstones. The "4 F's" — fat, female, forty & fair are indication for liver/gallbladder problems.

Premenstrual constipation is progressively more uncomfortable, and her headaches take on a new character. A hemorrhoid assumes the new ability to disrupt her menstrual cycle. Dental work can disrupt her cycle too. Thyroid symptoms may now show up if they haven't done so before. She may be in agony with these things. Or she may be in agony with other things not mentioned here. And of course, her cycles are waning.

For women at this stage, a lot of *self treatment* occurs for the digestive and inflammatory problems. The doctor will not be of much help to her.

Historically woman at this stage conduct the "purge." This is our Fountain of Youth and we, as women have always known it. Read at Chapter 5.

Reverse POF and Early Menopause

Your body houses a paradox, the same one as discussed throughout this book. A woman's eggs are very resilient, and the ovarian stem cells they originate from are more resilient still. Yet the 'housing structure' of the ovary, and the immune cells

which guard and rebuild it,¹⁰ fail very early in life. Ordinary aging processes are speeded up in the ovaries. Why? This is the question for you to focus upon.

In theory it may be possible to give an amensis woman a genetically related child using her ovarian stem cells, but more difficult to give her menstrual cycles, according to Dr. Antonin Bukovsky. This is a paradox.

Dr. Bukovsky has no stated plans for clinical trials to treat POF or early menopause *per se*, yet he plans to treat those same women who want to become pregnant through IVF treatment, as of Dr. Bukovsky's year 2006 article.¹¹

Yet I say, it may be very easy to resume your menstrual cycles! You'd think an infected or toxic metal-filled tooth, might harm a pregnancy, might it not? But can you imagine also that those teeth might shut down the menstrual cycle? It can happen, and I likely experienced such a shutdown temporarily, early in adulthood.

Yes like you, I was amensis several years when very young. My menses resumed as the first mercury-based fillings were removed, and also I'd been taking a hormonal stimulant which the doctor prescribed. Coincidence? See Chapter 6, and decide perhaps the likely cause or rule out the other.

The remarkable news, how the bone plays a role in ovulation, will certainly open your eyes to possibilities. The teeth then, are the first stage in a woman's *decay*. To guard your teeth, is the next logical step.

Delay the Menopause

The menopause might be delayed beyond age 50 using the principles of food & decay as in this book. This again, is our Fountain of Youth. Gary Null, PhD, author and radio commentator has claimed to do this for women in a way like the purge. Some may remember Risha Mushnikue, Beverly Hills hydrocolonic therapist who is reputed to have restored menstruation to women in their fifties. I restored my own menstruation at age 47, then at age 51, using less than the principles in this book.

¹⁰ See N. 11. Dr. Bukovsky's article proposes that the immune system plays a dual role in the ovary, of guarding against disease as we're familiar with, and guiding and rebuilding the structure and function of ovulation.

¹¹ Bukovsky A., Potential new strategies for the treatment of ovarian infertility and degenerative diseases with autologous ovarian stem cells, *Expert Opin. Biol. Ther.* (2006) 6(4):341-365.

Experimental scientists announce, they will delay the menopause beyond age 60, and one announces it can be delayed beyond age 70. There is intensive work being done now, since the 2004 public disclosure of egg renewal in the adult.

The younger woman needs to act now, in concert with the experimental techniques so that she may extend her fertility beyond her mother's day. Nothing harsh or expensive is required of her, amazingly — but she must act in a timely way.

Fertility Treatment and the Older Mother

For you who are undergoing fertility treatment (IVF), everything in these pages applies to you. Everything applies to you, whether you are young or old, sick or healthy. And you are the key to so very many questions — so all attention is focused upon you.

Chapter 8 has information useful to a 20-year old woman, and information also useful to the 60-year old woman who is seeking IVF treatment.

For the younger woman: Clinical trials for culturing autologous ovarian stem cells, in other words to culture *your own eggs* for use in IVF procedure, might take place at University of Tennessee with Dr. A Bukofsky,¹² but we do not know when the trials might begin. Surprisingly, the autologous stem cell culture might succeed, where other efforts have failed you, in producing a genetically related child.

For the older woman: Clinical trials ahead in Tennessee are for the younger women only, wherein eggs are cultured *in vitro* from ovarian stem cells for use in IVF procedure. But for you, there are two important points to cover:

(a) Dr. Bukovsky suggests the *older woman* to be a candidate for autologous stem cell therapy. Women, even in advanced age carry their own pharmacopeia for the treatment of degenerative diseases, in their viable ovarian stem cells. These stem cells are “totipotent” and can produce, in addition to new eggs, a variety of other cell types.

(b) Inevitably an *older woman* will give birth to a genetically related child using her ovarian stem cells in an IVF procedure. Such an event is discussed here,

¹² See N. 11.

and it will be comforting for that woman, or women to know that much older natural birth mothers exist in the world.

Follow the Food

What is a woman's essential physical character? She's a *food bearer*, be she of almost any age. She has a *dynamic metabolism*, and this means she is pressed by intensified needs or capacities that go to her own bodily feeding, buildup, breakdown, elimination and renewal. *Food and decay*. Even her bones, the bone marrow, the sanguine and fatty portion, is more metabolically active than a man's, and it breaks down sooner and more severely.

Anti-Aging medicine's dictum, is that the processing of food is our body's hardest job, and is how we age. Anti-Aging medicine and "alternative" or holistic medicine, form a ragged overlap as caused, no doubt by most recent and expensive laboratory research and between them each, they've pegged the aging process to the anatomy of food and fluid digestion and metabolism from mouth to anus, and outward peripherally to the inside of every cell of the body. Thus the Purge, and the cellular Mitochondrial Model of aging share some common ground.

Yet in this book alone, at Chapter 9, Follow the Food, it is suggested a woman's aging process can be far more easily pegged to the anatomy of food and fluid digestion, than a man's aging process is. It is a Tale of the Obvious.

By *age 20* we have tooth decay. At *age 35* our enzymatic digestion is compromised, and most critically our proteolytic enzymatic digestion, and we in turn do more poorly at replicating our own bodily proteins. At *age 40* a high incidence of women present to the doctor with liver/gallbladder problems which the profession labels as "the four F's" for fat, forty, female and fair. By *age 55* most men and women are afflicted with diverticular disease in the descending colon, which is outpouched sacs of waste on the column wall which ordinarily do not empty.

It is a woman's comparatively rapid *reproductive aging* which is under discussion. At *age 35* she may slow or cease to produce new ova (eggs). At *age 40* the symptoms of perimenopause arise and these are likely described by her as a 'clogging up'. By *age 55* virtually all women have passed the menopause.

Diet takes up a great deal of discussion in this book. My food combining diet is built upon the Hay System, which is most simply a separation of "concentrated"

starches and "concentrated" (animal) proteins at separate meals. This way of eating frees up your enzymes to do their best work, and reaps many, many other benefits.

Good fats and alkalinity in the diet each are an important part of this book, and I promise you some of the best reading on the subjects that you might experience. You will sort out the difficult fatty acid chains by using my charts, and shop the grocery market with ease for the right kind and proportion of healthful fats. As to alkalinity -- *what is it?* Practical confusion arises with the question, is table sugar alkaline? The jury remains out on the question if table sugar is alkaline, or acid. You can make informed and better choices in an alkaline diet with the help of this book.

Rectum and feet conclude Chapter 9. I give you no prelude here but I promise you, when you read it you will be surprised with old information which is vital to our womens' health care, and which information has been ignored or perhaps even withheld from us. This lapse in information is quite a large one.

Anti-Aging Medicine

Anti-aging research today is based in the structure and function of the *cell* as it ages. Does the cell lose significant water volume as it ages? Or is free radical damage the major culprit? Which part of the cell ages first; the nuclear DNA, telomeres, mitochondrion, or the cell's outer membrane? Does the cell replicate only a set predetermined number of times, then die? Or can the cell outlive us? The answer one chooses, sets up a unique profile to one's study of aging, and draws upon separate people and resources with which to ask, and answer the questions which must follow. This has big implications.

You may not have heard of Dr. Alexis Carrel's experiment with the chicken heart. Yet in the 1920s he, and the chicken heart were chief celebrities in New York city. He kept the heart tissue alive for 34 years immersed in a fluid which was changed daily. Carrel said, "[t]he cell is immortal. It is merely the fluid in which it floats which degenerates." The tissue was discarded after Carrel's death, and the idea discredited, it is said, but there may be more to this story than meets the eye.

Dr. Leonard Hayflick followed Dr. Carrel as effect follows cause, and is critical to history. Dr. Hayflick counted the number of times young and old cells replicate in a Petri dish. Clearly cells do age and then die, it was determined. And they age at a set given rate, which science has named the "Hayflick limit", today a pillar of biology. Thus today's ambitious and expensive genetic research into aging was launched. Carrel's "immortal cells" are today a disgarded bit of history, but all too conveniently.

Meanwhile came free radicals and free radical damage, and AGEs as causes of cellular aging. The cell's fate is to age in its own food and waste, but we have a margin of control over this. Dr. Denham Harman introduced the Mitochondrial Model of aging. The mitochondrion is the food engine of the cell, so this model seems to explain itself. We directly and knowingly, and with a portion of "self help", benefit from his breakthroughs daily.

Crosslinking and AGEs, are terms used almost interchangeably and this is a source of confusion. Think of each, as the scar tissue that comes with aging. Crosslinking is the hardening of bodily proteins, ex. layers of skin harden and wield together resulting in wrinkles. Glycosylation and its graver form of AGEs, occurs when sugars bond with damaged proteins and make a type of scarring described as "biological Krazy glue" by Dr. Barry Sears. **"Inflammation" is our common condition.**

All the while, the cell had been giving up increasingly more information, and diagnostic techniques were improving. Did free radicals attack nuclear DNA, the mitochondrion and mitochondrial DNA, or the outer cell membrane?

As questions and answers multiply, one outcome is, the fluidity and permeability of the outer cell membrane is key to the cell's age. As the cell membrane stiffens with age, fluids and nutrients can't enter, and wastes can't exit the cell, and this is the "membrane hypothesis [of aging]" according to Dr. Imre Nagi. All the ideas devolve to *fluid*.

The fluid content of the cell itself, and its loss with age, is now a central theme to many in Anti-Aging Medicine. We may now be revisiting Carrell's *fluid medium*.

Fountain of Youth

So is there a Fountain of Youth? Ponce de Leone was on his way to the world's largest mineral spring in what is now North Port, Florida, when he was fatally wounded by Indians. Was this the Fountain? The spring is long purported to heal people, and today a health spa is erected there. Ponce de Leone lived during the Age of Restorative Waters — have you ever heard of it? Do you worry there's not enough information to draw from? No, worry there is relatively too much, that never reached you. You don't even have to go far from Florida to find more springs. There was the Shaker Spring at Harvard, purported to extend the Shaker lifespan there beyond that of their neighbors. What happened to that Spring? You'd hardly believe it — but if you travel Highway 2 you pass by what's left of it. *See Chapter 10.*