

LIVE WITH Dr. Pizzorno

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BY MIKE ADAMS

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BY MIKE ADAMS
The Health Ranger



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Mike: Just for our readers who may not be familiar with naturopathic physicians, can you give just a brief description of what is an ND and how it came to be recognized as such?

Dr. Pizzorno: Well, if you think about health care, there are kind of two basic philosophies -- one is kind of the interventionist philosophy seen by conventional medical doctors, where the role of the doctor is to diagnose that disease and treat that disease. And the other side of the pendulum, you might say, is more of the natural oriented kind of practitioner who believes their primary role is to promote the health of the patient rather than specifically treat disease.

Now, we do treat disease, however, we treat diseases from the perspective of helping the body get healthier so that the body can get rid of the disease. So, for example, a medical doctor might use a drug, an antibiotic, to kill off an infection when a patient has an infection. What we would rather do is look at, well, why is that person's immune system not working the way it's supposed to, and look at what diet, herbal, lifestyle changes they need so that their immune system will work properly, and not only will that current infection go away, but they'll have less chance of infections in the future.

Mike: It sounds like it's an approach that has a lot of faith in nature and faith in the human body to heal itself.

Dr. Pizzorno: Very much so. We in naturopathic medicine have this theme called *vis medicatrix naturae* which is "the healing power of nature."

Mike: And you mentioned lifestyle changes as well -- what percentage of the health problems that people are experiencing today do you think can be treated with lifestyle changes?

Dr. Pizzorno: Well, I think we have a range from what therapies are curative versus those that help the patients become healthier, but don't necessarily clear up the disease. So every patient who comes to see me, virtually everyone who comes to see a naturopathic doctor, can have their health improved. Sometimes, however, if the pathology is progressed very far, then while we can improve their health, we may not be able to get the body to the point where it can get rid of the disease entirely. But I have never seen a patient that I couldn't give advice to that wouldn't help them become healthier.

Mike: That's good to know, indeed. Now what about the training of naturopaths? You're a founding president of Bastyr, and that is widely considered the leading disciplinary school -- university, I should say -- in naturopathic medicine. What kind of training does a future naturopath receive?

Dr. Pizzorno: Well, it's in many ways quite similar to conventional medicine. In order to enter a naturopathic medical school, a student first has to complete a pretty standard pre-med, and it's a four-

Live with Dr. Pizzorno

year graduate school, and upon graduation, they either go into practice or into a residency, and then they have to take the state boards to become licensed.

Now the four-year education is very similar to conventional medicine, and that is the first two years we teach basic medical sciences, and that means things like anatomy, physiology, pathology, biochemistry, etc, and the second two years are focused on diagnosis and treatment. Now, diagnostically, we cover pretty much the same diagnostic procedures as conventional medicine, like radiology and lab taking and physical examination, although we also put in some diagnostic courses that aren't typical of conventional medicine, such as assessment of nutritional status, assessment of environmental toxin load, things of that nature, and then therapeutically is how we are most different from conventional medicine. Well, we study some of the same courses, like we have some courses on emergency drugs and office surgery, we focus most of our attention on herbs and vitamins and diet and lifestyle and hydrotherapy and psychological counseling, basically any therapy we can find that helps make the body stronger.

Mike: You mentioned nutrition as well -- this has been one of the frequent criticisms of more traditional medical schools, that they really don't teach enough nutrition. How much training in nutrition and the relationships between food and health do students receive there?

Dr. Pizzorno: It's substantial. It ranges from specific courses in diet and nutrition, and, last I looked there were like four or five courses of 2-3 units each. But not only do we have the specific courses on nutrition, but we then look at the various diseases, and we get to develop an integrated care protocol for the disease, and nutrition and diet play a huge role in that. So students get literally hundreds of hours of training in how to use diet and nutrition in restoring health and reversing disease.

Mike: That's quite wonderful to hear that that's taking place. Do you think it's having an impact of maybe catching on though, in other traditional medical schools?

Dr. Pizzorno: No question about it. I think most conventional schools now have at least one course on alternative medicine. Now, from my perspective, those courses are kind of survey or familiarization courses -- they don't actually teach much in the way of skill, but it's definitely become more present in conventional medical schools. Interestingly enough, I think it's primarily being driven by the students. The students have formed within the American Medical Association the American Medical Student's Association. They actually formed an alternative special interest group, and they've worked hard to get more alternative medicine ideas into conventional medical schools.

Mike: That's an interesting point you bring up there, some of the most pioneering people in medicine and health care, in the health industry, have been traditionally trained MDs, and yet also some of the people that alternative health writers like myself tend to criticize the most are also MDs. What is it that brings an MD to your school instead of just staying in the old school line?

Dr. Pizzorno: I think there are several things, and I think it's important to recognize that conventional medicine has important strengths. If somebody has an accident, or has an infection, or a well-established disease, conventional medicine has some great tools. But for the day to day practice of health care, conventional medicine's tools are fairly weak -- this is my perspective -- and the more you change your focus from disease diagnosis and treatment focus to understanding why people are sick and how to help them to become healthy, you start realizing that the drugs aren't very useful.

For example, if you have a patient with chronic migraine headaches, you can use a conventional drug like Sumatriptan, which is pretty good in that it shortens the duration of a migraine headache, but does nothing to relieve the underlying cause of why that person has a migraine headache. So when I look at stuff like a migraine headache, I look at the patient. With the patient, while the end state's manifestation might be something like a migraine headache, a throbbing headache, they get there through a wide range of different physiological dysfunctions.

Some patients, for example, are overproducing histamine in the body. Other people are overproducing leukotrienes. Still others are unable to detoxify amino acids in their diet, and others might be because their mitochondria in their nerves aren't working well enough because their diet is deficient in magnesium. So, every person is sick for a different reason.

I think one of the great strengths of natural medicine is our ability to understand why people are sick and deal with the underlying cause of their illness. More and more conventional medical doctors are getting frustrated with drugs, because by far, the majority of drugs only relieve the symptoms -- they don't deal with the underlying cause why that person is sick. And when a doctor starts saying, "Why is our patient coming back with the same disease all the time?" Or, "Why do I have to put them on lifelong maintenance with this particular drug? Is there something I can do to deal with it more deeply?", they start reading more, start reading about nutrition, start reading about lifestyle, and they start realizing, "Well, wait a minute -- there's another way of dealing with patients. I wasn't taught this in medical school." And they start learning, they start going to conferences, read some of my books, for example, and they start practicing more like naturopathic doctors.

Mike: Doesn't this philosophy, though, this naturopathic position and belief system, doesn't it stand at odds with much of what's going on in the pharmaceutical industry today, which is "sell more no matter what"?

Dr. Pizzorno: Very much so. You mentioned the gold standard in the pharmaceutical industry, and this is from their own literature, is to find drugs people will be on for the rest of their lives. A lot of the research going on right now is to find these designer drugs. Well, sometimes that's appropriate, but most of the time, that's not what's best for the patient. If I have someone with migraines, is it better to give them an expensive drug, like Sumatriptan, which has significant side effects, or is it better to say, "Your diet

Live with Dr. Pizzorno

is deficient in magnesium -- consume foods richer in magnesium.” Now, only 1 out of 6 patients with migraines need magnesium. But for that 1 out of 6, increased magnesium in the diet is almost miraculous in what it does for them, because not only does it relieve the migraines, but everything else impacted by inadequate magnesium will improve as well.

Mike: What about a case like high LDL cholesterol? Now, of course, the statin drugs are the conventional approach -- what would your approach entail?

Dr. Pizzorno: Well, there are a lot of possibilities. One is, if you have a patient, for example, who just wants to use drugs, doesn't want to change their diet -- well, fine, use the statin drugs, because they are pretty effective. But also realize that the statin drugs have some significant side effects, and a lot of those side effects are due to the fact that statin drugs poison the enzymes of the mitochondria that produce coenzyme Q10. So if a person takes statin drugs, I would give that person an additional amount of coenzyme Q10 to help relieve the side effects of the prescription drugs. So that's an idea of, you might say, integrated or co-managed care, where we say, okay, you're going to be on the drug, but let's use some natural medicine to relieve the side effects of the drug.

Now, alternatively, most people who have elevated cholesterol and triglycerides, it is due to dietary inappropriateness. And so we go to the person's diet and look at, now what are they doing inappropriately? What food are they eating that they shouldn't be eating, what foods should they be eating that they're not eating, what nutritional supplements can we give the person to help their system start producing more appropriate levels and appropriate types of cholesterol? In addition, if we have to, there are some natural herbal therapies that can be used to help decrease their cholesterol levels. I always try first to do it with diet and nutrition, and then use the herbs.

Mike: That's interesting. Do you find that patients are able to integrate the diet and nutritional advice? What percentage are?

Dr. Pizzorno: Well, not everybody's willing to do that, but I admit, I see a skewed population. And that is, if people come to see me, and come to see naturopathic doctors, in general know what to expect -- they know they're not just going to get a pill. They know they're going to have to change their lives, so people who come to see us seem to be more willing to make the changes. And they're often pretty frustrated with what their experience has been with conventional medicine, so they're willing to make change.

Mike: Let me get back to the school, and the kind of training that naturopathic physicians receive there. Along the lines of, you mentioned diagnostics, and they are trained in many of the same diagnostic tools as conventional medicine. I just want to point out to listeners how important that is, because a well-trained naturopath is able to diagnose with the same degree of experience as a traditional doctor, and can you speak to that some more?

Dr. Pizzorno: I think that there's a key issue, and that is, when people come to see us, they come to see us because they're sick, and we are responsible for diagnosing the pathology, because at times, they may have pathology that's better treated with conventional medicine, or they may have a pathology that requires some pretty dramatic intervention, or else it will progress and become worse and worse for the patient. So we do diagnose the pathology that the patient has.

I also want to make a point that we're family practice doctors -- we're not specialists. And so if we have a situation where a patient has a condition that does need the assistance of a specialist in diagnosis or in treatment, we would collaborate with conventional medicine practitioners. And 20 years ago it was hard to say that, because conventional medicine was so hostile. Now, they're much less hostile and much more willing to work with us. So, we do make a diagnosis. That means we have thorough training in physical examination, drawing blood and interpreting the results of the blood, taking x-rays, interpreting the x-rays, etcetera.

Mike: But then bringing in the more naturopathic-oriented therapies.

Dr. Pizzorno: Right, so in addition to that, because we're not interested in only finding the pathologies; as a matter of fact, when we find a pathology, and that's important to do, we're much more interested in understanding the physiological dysfunction that the patient is having. So we might run tests that, for example, evaluate how well the liver is detoxifying the chemicals in that person's environment, or we might run tests that measure the level of heavy metals or toxins like herbicides and pesticides the person's built up. Or we might run node tests to look at their intestines to see how well they're digesting their food, or if they're developing inappropriate bacteria in their intestines that are causing a toxic reaction.

One of the side effects of using antibiotics is that they often stimulate the growth of inappropriate bacteria in the intestines, and those bacteria could be very problematic. Most people don't realize that we have in our intestines ten times as many bacterial cells as we have in our body. Those bacterial cells are metabolically active, and sometimes the things they produce are useful for us.

For example, some bacteria like lactobacilli produce B vitamins that may be helpful for us. But other bacteria, such as the clostridium family, when they have protein in the intestines, break down the protein into what is called putrefaction products, and names that come up with things like putrescine, cadaverine, so you can figure out where this was first discovered, and those things are toxic to the body.

So people who have had a lot of antibiotics and haven't had much in the way of foods rich in lactobacilli like healthy yogurt, will build these toxic bacteria, and these toxic bacteria produce these chemicals that poison the body. So we take a very comprehensive approach to our patients, and again, really focus on

Live with Dr. Pizzorno

understanding why that person's sick and how to help them become healthy.

Mike: I have another question for you about the school -- one of the big criticisms of conventional med schools is the influence of pharmaceutical companies, and I'm curious how pharmaceutical companies' information and research are integrated into Bastyr University.

Dr. Pizzorno: Well, we give our students basic training in pharmacology, and the basic drugs, but they don't get detailed by the drug companies. There are some of the natural therapy people who come to see them and sell their products, so I think there is always some risk of that, but because our orientation is much more biochemical, our therapies don't change rapidly. We're not very interested in the latest, greatest drug. For example, vitamin C works the same today as it did 100 years ago. So if a patient needs vitamin C, it doesn't matter whether there's a drug company around or not -- I just give them vitamin C. And the same thing with all the nutrients. There are about 150 nutrients now known to have physiological effects on the human body, and that doesn't change. We may better understand how those nutrients work, but they don't change.

Mike: Moving onto some of the contrasts between conventional medicine and naturopathic medicine, in conventional medicine often a set of symptoms is actually labeled a disease -- high cholesterol is a disease or pain is a disease, or a brain chemistry imbalance is called a disease. It seems to me, from your explanations here, that naturopaths will always go at least one step further and say, what is the cause of this symptom? Does that mean that they have different names for diseases, or a different philosophy in naming them?

Dr. Pizzorno: Well, that actually is asking a fantastic question, and it gets into an issue that I address in an editorial I wrote for *Integrated Medicine*, a clinician's journal. This is a journal that I'm the editor of, and about a year ago I wrote an editorial which was a bit controversial, and I said on the editorial, is disease real? And I was trying to be provocative for a reason -- if you look at conventional medicine, conventional medicine has now come up with about 7,000 disease labels, and while this has worked well for medicine -- I think one of the reasons conventional medicine has advanced as well as it has is because they came up with these standardized diagnoses, came up with standardized diseases, and then standardized therapies for those diseases.

The problem is, it assumes that everybody's the same, and they're not. We're all biochemically unique. So, I look at disease, and let's take juvenile diabetes as an example, or NIDD1. Now, juvenile onset diabetes actually describes what's going on in the patient physiologically. Basically NIDD1 means that their pancreatic cells are gone; they don't produce insulin. So there you have a good correlation between what's going on with the patient physiologically and the disease name they have. But if you look at NIDD2, or adult onset diabetes, there you have a situation where you have elevated blood sugar, and

we call it diabetes. However, people get the elevated blood sugar due to a wide range of problems - - it could be that they're not producing enough insulin, or it could be that the insulin they're producing is malformed, or it could be that the insulin receptor sites on the cell walls that attach to insulin aren't working properly, or it could be the cells signaling within the cell when the cell's supposed to absorb sugar isn't absorbing sugar properly. And there's some other reasons too, but each one of those reasons is physiologically different.

Now, if you take a conventional approach, you say, oh, elevated blood sugar -- let's give that person insulin. Well, yes, the blood sugar will go down, but the underlying pathology, the underlying physiological dysfunction which results in elevated blood sugar has not been addressed. So from my perspective, the term "diabetes" actually obfuscates what's actually going on with the patient physiologically.

So, while I won't put out and label a disease label on someone with insulin insensitivity on a cellular level, what I do is I try to reverse that insulin insensitivity so that the cells respond to insulin the way they're supposed to. Now it turns out that this is a very common cause of adult onset diabetes, and one of the primary reasons is because the standard American diet is very low in a trace mineral called chromium. Without chromium, the insulin receptor sites won't work properly. So what I do with these people is, not only do I put them on a diet that has lower amounts of refined sugar but I also get more chromium in the diet, either supplementary or through food, and by re-establishing normal function, the blood sugar goes down, and it goes down not because I gave them a drug; it goes down because I got the body working better.

Mike: Kudos to you, also for avoiding a quick label for individual patients, because isn't it true that many patients, once they are given a label, they adopt that as part of who they are? They say "I am diabetic," and then even that can change their response down the road, can't it?

Dr. Pizzorno: Oh, absolutely, and I think it's very tragic when somebody adopts the disease label as kind of a point of identification. I think that's very unfortunate, because not only does it have identification, but it also starts saying, "Well, I'm limited because of this." And you see this in patients -- they start restricting their life based on this diagnosis, which, one, is a diagnosis that is reversible, but more importantly, why be limited to something like that? It doesn't make sense, but that does happen to people.

Mike: I guess also a widespread belief that once you've been given a label of a disease, it seems like there's less you can do to reverse it at that point.

Dr. Pizzorno: Yes. And I think it's true that once a pathology is well-advanced, there's been so much damage, there's a limit to how far you can reverse things. But for the vast majority of people in our society, and particularly those early in the degenerative disease process, that's reversible, and one of my greatest critiques of conventional medicine is basically saying to people, "Well, either you're 'normal' or

Live with Dr. Pizzorno

you're got disease that is bad enough that it now warrants a drug." Well, between normal and a disease bad enough it warrants a drug, there's a lot of physiological dysfunction going on that's easily reversible at that point. But the longer you use the drug, the longer the disease progresses, the more difficult it is for the body to re-establish normal health.

Mike: What clarity! That's an excellent explanation, I think. People are often sending me e-mails and asking me about these diseases, and I always say, of course, go see an MD, but the right answer is, it depends on where you are in that process.

Dr. Pizzorno: Yes. It's kind of interesting -- one of the critiques from conventional medicine about natural medicine doctors is, "Well, you delayed that patient's diagnosis so that the disease progressed too far, and they were worse when they came to me." And I would say, "Well, that is a valid critique, but actually I think it's much more of a problem in the other direction." You can understand why, because from conventional medicine's perspective, the drugs they use are expensive and they're dangerous. They cause side effects. So of course they're not going to want to use the drugs any sooner than necessary. But that space between normal and developed pathology is when we should be using natural medicines most optimally. And we should have -- I know this is a dream that will unlikely come true, but our family practice doctors should be more like naturopathic doctors, and the conventional medicine, they primarily want to be specialists -- well, we should let them be specialists. That's the way their medicine works very well.

Mike: Well, that's interesting that you call it a dream -- that's a dream that you are actually helping to make reality, in your books, and with the school. I think a big question people have who are familiar with your work is how do you accomplish so much?

Dr. Pizzorno: Oh! Well, I started out young! I was only 30 years old when I started Bastyr University, so I had a lot of energy then!

Mike: And you have good longevity because you follow your own advice.

Dr. Pizzorno: I do try to follow my own advice. I'm an avid basketball player, and I still play every week with the students, and there's a group of guys I've been playing with for about 15 years, and all but one of the people I started out playing with 15 years ago no longer play anymore. And what was happening, I was noticing that after we played basketball -- and you know, we played for two hours full court, so it was pretty intense -- they'd be popping ibuprofen and aspirin and other anti-inflammatories, and I would be taking glucosamine sulfate and my vitamin C, and my lipoic acid and such.

What was happening was that by taking those anti-inflammatory agents they were decreasing their pain and stiffness afterwards, but they were also blocking the body's ability to repair the damaged tissue,

whereas glucosamine sulfate supports the body's own healing process. And so, it's kind of funny, the younger guys are now starting to ask me what I've been taking, because I'm by a sizable margin the oldest person playing with this group of guys.

Mike: And this is glucosamine sulfate, you said, vitamin C, lipoic acid?

Dr. Pizzorno: Right.

Mike: Those are the big three, huh?

Dr. Pizzorno: Well, and other things. I also take more vitamin E, and carnitine. One of the challenges people have is that our mitochondria, which are, you might say, the energy producers in the cells, they wear out over time, and most people, by the time they hit 50, the mitochondria are pretty dysfunctional at that point, and they start going downhill pretty quickly. That's one reason why older people have less energy than young people. Well, it turns out you can delay and slow down the aging process of the mitochondria by using fairly large doses of certain nutrients, and the ones that are of primary importance are lipoic acid, carnitine, vitamin E, and coenzyme Q10. There's actually a fair amount of animal research, and just now we're starting to see human research showing that these are able to substantially improve mitochondrial function in older animals and humans.

Mike: And getting back to COQ10, the production of COQ10 is suppressed by statin drugs, you mentioned.

Dr. Pizzorno: Yes, it is. It's suppressed by statin drugs, and also it's produced in the mitochondria, so as the mitochondria age, it's kind of like a double whammy -- they're being less functional producers of COQ10, which means they're more susceptible to cell damage and they just go down quickly.

Mike: To change the subject here briefly -- how many NDs are there now who are practicing graduates?

Dr. Pizzorno: There are about 2500 NDs in the country practicing in 14 states, they're licensed.

Mike: There are now 14 states that license?

Dr. Pizzorno: Right. We also have people practicing in unlicensed states, but right now we only have licensed practices in 14 states.

Mike: Is that one of the main agendas of the school, to get licensing in other states?

Dr. Pizzorno: Absolutely. Every state, people of every state should have the option of using our

Live with Dr. Pizzorno

graduates to improve their health.

Mike: So, big question among readers here is how can they find an ND?

Dr. Pizzorno: Actually, that's pretty straightforward. The American Association of Naturopathic Physicians maintains a national registry of appropriately qualified naturopathic doctors. Now notice I said "appropriately qualified." One of the problems you have in the unlicensed states is that if there's no state law for naturopathic doctors, there are people in those states who call themselves naturopathic doctors but don't have this training, don't have the standards, and are a public health risk.

Mike: Because there are a lot of places people can get an education and use the letters ND but it's not a four-year medical university.

Dr. Pizzorno: Yeah. They can't do it in a state that has licensing.

Mike: Okay. Now, is there a website people can visit to do a search?

Dr. Pizzorno: Yes. It's <http://www.naturopathic.org>, I think it is.

Mike: Okay. <http://www.naturopathic.org>. And they can put in a zip code or a state?

Dr. Pizzorno: Well, yeah, then there's a place where you can put in a zip code and it will tell you who's closest. Also, if a person wants to go to a naturopathic doctor, you want to see if they have a license. Even in an unlicensed state, the credentialed ones will have a license of another state. So as long as they're licensed in one of the states, you know you're talking to a doctor that is reputable.

Mike: So, what do people ask for? They just ask for a naturopathic license?

Dr. Pizzorno: Yes.

Mike: That's it?

Dr. Pizzorno: That's it. Just ask to see their license.

Mike: And if they have a license, it's probably only three or four places they could have obtained that license from, right?

Dr. Pizzorno: At this time in the United States there are 4 schools that are accredited to give naturopathic degrees.

Mike: Can you list those?

Dr. Pizzorno: Yes. So you have the Bastyr University here in Seattle, there's National College of Naturopathic Medicine in Portland, Oregon, there's Southwest College of Naturopathic Medicine in Phoenix, Arizona, and then there's the Bridgeport University that has a program in naturopathic medicine in Connecticut. There are also two schools in Canada -- the Ontario College of Naturopathic Medicine in Toronto, and then there's the Boucher College of Naturopathic Medicine in Vancouver, British Columbia. Dr. Boucher used to be one of my teachers, as was Dr. Bastyr.

Mike: Oh, okay. Here's an interesting questions: is the demand so high for this education that there's a waiting list to get into these universities, or what's the situation on that?

Dr. Pizzorno: It varies. Somebody who's well-qualified, has done their pre-med, and has good grades and good recommendations should be able to get into one of the naturopathic colleges. Bastyr University has probably the highest standards, it's the most difficult to get into, probably because we've been accredited the longest and have, I think, the most rigorous science program, but all the schools provide a good education, and there's typically enough room for qualified candidates.

Mike: And what is the big trend here -- are there more graduates each year than the previous year?

Dr. Pizzorno: There have been. The enrollment at naturopathic medical schools has pretty much leveled off the past three years. But before that, we had just a huge growth. When we started Bastyr University, in 1978, we had 31 students, and when I left as president of the university in 2000, we had 150 students entering the program, so it increased by a factor of 5 in the 22 years that they had at Bastyr.

Mike: Let me ask you about your involvement with the -- there's a journal that you are the editor of, is that correct?

Dr. Pizzorno: Yes, two years ago I became the editor of a new journal called Integrative Medicine, A Clinician's Journal, and what I've done with this journal is create a resource for clinicians, although it can also be read by the educated layperson, and on my board, my editorial board, I have medical doctors, I have naturopathic doctors, I have chiropractors, I have PhDs, I have people from acupuncture, people from nutrition -- basically I'm bringing people from all of the healing arts together to talk about how we can work collaboratively together in the best interests of our patients. So, one of the key elements of our journal is integrated care protocol. So we'll look at a condition like diabetes, for example, and look at when you use, say, the herbs, when you use the nutrients, when you use the drugs, how the drugs and herbs interact with each other, and provide an integrated care profile so that we can provide the best quality care for our patients.

Mike: So, let me ask you about, in the headlines recently, we've seen about other medical journals, this controversy about, now I think 11 of them are saying they're only going to print studies from companies that are willing to print all of the studies. And there's been quite a few accusations of distortions in more conventional journals -- how does your journal differ from that, or does it?

Dr. Pizzorno: Well, I think that's a wonderful trend to see, because I think that indeed there's a lot of negative information and adverse outcomes information on the drugs that has not been properly presented to the clinicians. Our journal doesn't do much original research. We're more interested in integrated protocols, where clinicians have thought through how to do things, and then show how those, how they work, either through controlled studies or through anecdotal reports of patients. So we're not doing basic drug research, and we don't even have, for example, articles on single herbs. I'm not very interested in that -- I'm more interested in integrated care protocols, where we look at everything that can be used.

Mike: So that leads me to I think an important question for readers, which is -- how does a patient assemble a team of integrative care providers?

Dr. Pizzorno: Boy, that's a real challenge, because there are some clinics around where you have practitioners working together, and that's certainly a good start, but most people don't have that ability. So when they go to their doctor, whether it's a medical doctor or a naturopathic doctor, I think their first question would be, "Who do you collaborate with?" If this medical doctor says, "Well, I think this natural medicine stuff is kinda baloney," well, if he were reasonably open-minded he may say, "Well you can use it, it won't hurt you," well, someone like that, why waste your time with them? Go to somebody who says, "Yes, I work well with these people I know that I'm really good in what I do, but I also know there's some areas where I don't have skills, and I have these other people I work with they have high-level skills there, and I'm delighted to work with those people," and that's the kind of doctor you want, regardless of the school of thought. Same thing with a naturopathic doctor -- you go to a naturopathic doctor, and you say, "Well, who do you work with collaboratively?" And they say, "Eh, in that profession they're a bunch of idiots that just kill people." Well, I wouldn't want to go to a naturopathic doctor like that.

Mike: Sadly, it seems though, that so many practitioners in conventional medicine there's still many who are shut, very close minded, to alternative medicine or complementary medicine.

Dr. Pizzorno: I think that's very true, and I think there are unfortunately alternative medicine people whose minds are shut as well. And I thought about this for a lot of years, wondering why we're so hostile towards each other -- I mean, not everybody is, but a lot are, and it occurs to me, we only see each other's failures. So if somebody's happy with what's going on with conventional medicine, they're not going to seek alternatives, and alternatively, someone who is happy with alterative medicine is not going

to go seeking conventional medical doctors very often. So it's only when their therapies fail or they get improper diagnosis and treatment that they are likely to go to another practitioner, that other practitioner looks and says, "Well, that wasn't very good care the person got. Boy, these people must not be good health care practitioners." So I think we get a skewed perspective that's not very accurate.

Mike: And then your journal, on the other hand, kind of balances the scale by showing where it works together.

Dr. Pizzorno: Yes, and where it doesn't work together, so we pay just as much attention to drug/herb/nutrient interactions where you have adverse effects. We want to give people good quality, objective, unbiased information about how to practice better medicine, and in many ways, I don't care what you call it, because I think there's a lot of wisdom out there. I think we all have to use the best wisdom available.

Mike: You've led me to another question -- in the press, we always hear about how an herb, usually St. John's Wort, interferes with some prescription drug, but we never hear how a drug interferes with the body or a drug interferes with a nerve.

Dr. Pizzorno: And we should. It's interesting -- many of, maybe the most of side effects from commonly prescribed drugs are due to nutritional abnormalities induced by the drug. And that's one reason why using them both together can be so effective, because if you know what nutritional abnormalities are being induced by the drug, by providing extra amounts of those nutrients, you can help mitigate a lot of the side effects of the drugs.

Mike: Can you give a simple example that people would recognize there?

Dr. Pizzorno: Well, the example I gave already of the coenzyme Q10 being removed by the statin drugs. Another example, and this is very common one, a lot of people are now using cimetadine, and other H2 blockers. Well those H2 blockers, not only do they block the secretion of hydrochloric acid in the stomach, but they also block the secretion of intrinsic factor. Well, intrinsic factor is critical for the absorption of B12. So if somebody's using cimetadine for a long period of time, they're going to develop a B12 deficiency, so we want to give these people extra amounts of B12. Now there are a lot of examples of well-proven nutritional abnormalities induced by drugs that are just being ignored by conventional medicine.

Mike: Because people aren't getting this information from their pharmacists, they're not typically getting it from their doctor, either.

Dr. Pizzorno: Actually, they're more likely to get it from their pharmacist than from their medical doctor, because the pharmacists have better training in the drugs than a medical doctor does.

Live with Dr. Pizzorno

Mike: That's fascinating. Let me ask you about your recent book, "Natural Medicine for the Prevention and Treatment of Cancer," and this is available through all the traditional book channels?

Dr. Pizzorno: Yes it is.

Mike: And I noticed the title seems carefully chosen -- the treatment of cancer. If you could summarize the story here, how effectively can cancer be treated with naturopathic medicine?

Dr. Pizzorno: Well, if you look at the book, you might see it break down into kind of three sections. One section is the prevention of cancer, and as you know there's just this huge body of knowledge out there that shows us how to use diet and nutrition to prevent cancer. So we do a good job of evaluating research in that area.

The second area is natural therapies alone in the treatment of cancer, and we go through and we try to look at the various natural therapies out there, and look at just what research is out there that supports using this kind of approach, and is that research going to indicate you're going to get a better or worse outcome than if you use conventional medicine? Frankly, right now, there aren't much in the natural medicine therapies that by themselves can be relied upon to treat cancer.

Then the third part of the book we look at the integrated cancer cure -- we say okay, here's your cancer, here are the drugs that can be used for it and here's how you use natural therapies to help the drugs work more effectively. Because you kind of look at this, when you look at chemotherapy for example in a patient, you can use nutrients to increase the ability of the chemotherapy to kill cancer cells, use nutrients and herbs to protect normal tissues from the chemotherapy, but also be aware that there are herbs and vitamins that should not be used because they can actually block the activity of chemotherapy. So in our book, in a well-documented manner, we kind of show people how to use natural therapies in conjunction with natural medicine to get the best outcome.

Mike: What about the prevention side? If I could ask you, what percentage of cancer is preventable if people would start...

Dr. Pizzorno: Oh, it's at least 80%.

Mike: At least, huh?

Dr. Pizzorno: Yeah, those are not my numbers, that comes from the medical literature. Between 80% and 85% of cancer today is induced by dietary abnormalities both deficiencies and excesses, and environmental toxins people are exposed to.

Mike: So why isn't this front page news, do you think?

Dr. Pizzorno: You know, we do see articles occasionally on this, but we have a society that doesn't take care of itself. Just look at the epidemic we're seeing in overweight and obesity. Everybody knows why people get overweight, and yet we keep doing it. And 25% of adults still smoke cigarettes, cigarettes are one of the leading causes of death, we all know that. And now, fortunately it's down from, what was it, about 40%, 20-30 years ago, down to 25%, so we're making progress on the cigarette smoking front, but boy, we're sure losing ground on the dietary side.

Mike: A lot of people are now comparing the food manufacturers to Big Tobacco, because they're selling a product that causes, or at least promotes disease.

Dr. Pizzorno: Well, I'm sorry; I'm not going to give responsibility to the restaurants. People know if they eat a lot of sugar, they're going to gain weight. So why blame the restaurant for making it available?

Mike: And what about food manufacturers? Same take?

Dr. Pizzorno: Yes, I would like to see food manufacturers pay more attention to making whole foods available to people and in more interesting manners, and also having the food grown organically. The organically grown food is higher in nutrients and is lower in pesticides and heavy metals and insecticides and things like that, and it's just basically healthier.

A study was done and published in Seattle about a year ago, it's quite interesting. The researchers decided to compare the level of pesticides and insecticides in children comparing those who ate conventionally to those who ate organically. So they basically they stood in front of Future Consumers' Coop, it's kind of the local health food cooperative, and they got children from the parents coming out of those places, and they measured their urine, and they measured the metabolized levels of pesticides and insecticides. They then got kids whose mothers were walking out of the regular local chain grocery store and did the same urine test on them.

What they found was that as long as kids were eating 75% of their diet organically, that the kids in the organic diet had 1/9th the level of herbicides and pesticides in their body as the kids eating conventionally. The kids eating conventionally had almost 10 times as much of these toxic chemicals in their bodies. And we wonder why children have so many problems with ADHD and things of this nature. Because a lot of these insecticides and pesticides, they're neurotoxins, and are we surprised that the neurology of humans are affected by it?

Mike: Last question for you, Dr. Pizzorno -- what's your take on the recent news about antidepressants

Live with Dr. Pizzorno

and the risk of violent behaviors and suicide?

Dr. Pizzorno: I think we need to look at this very, very carefully. I don't want to make any assertions, but there's no question that some of the antidepressants have had side effects in adults' violent behavior. There's been very limited research on these drugs in children, and it could be that some of the violent behavior seen in children is because of these drugs, but I'm not going to assert that. What I want to say is that this has to be researched -- if there's enough total anecdotal evidence to make one suspicious, there may be a problem here.

Mike: What kind of approach would a naturopath take?

Dr. Pizzorno: Well, of course we see kids in with ADHD and behavior problems and depression and such. What we do first is try to figure out, why is it happening? You know, most of these kids, their diet is terrible. You look at the average American child, what they're eating, and they're grossly deficient in B vitamins, for example, so of course the nervous system and the brain thinking processes don't work properly if they don't have enough B vitamins. Eating foods high in heavy metals and neurotoxins -- well, of course their brains aren't working the way they are supposed to.

Before we use those drugs -- and sometimes we do need them -- let's first optimize the child's health and see if that takes care of it. I've seen a lot of these kids in private practice where we take this approach, and the kids are fine.

Mike: Their ADHD symptoms disappear?

Dr. Pizzorno: Absolutely.

Mike: And depression?

Dr. Pizzorno: Yes.

Mike: I think there have been a few small studies showing that as well.

Dr. Pizzorno: Yes, there are some studies; there have also been some very provocative studies done in prison populations that I think have gotten more attention.

Mike: So, any closing thoughts, Dr. Pizzorno?

Dr. Pizzorno: Our bodies have tremendous ability to be healthy, if we just give them a chance, and I believe that the best doctor is the doctor who helps people understand why they're sick, and helps them

understand how to become healthy. And the more therapies you use that support the body's own natural functions, then the healthier people will be.

Mike: Thank you for your thoughts. Thank you very much for your time today.

Dr. Pizzorno: Delighted to talk with you.

About the Author



The Health Ranger (Mike Adams) is a holistic nutritionist with over 5,000 hours of study on nutrition, wellness, food toxicology and the true causes of disease and health. He is the author of *The 7 Laws of Nutrition*, *Grocery Warning*, *Health Seduction*, and many other books available at <http://www.TruthPublishing.com>.

Adams is also the creator of the popular *Honest Food Guide*, a free downloadable nutritional guide found at <http://www.HonestFoodGuide.org>. In addition, more than 1,500 free articles on health, nutrition and wellness have been authored by Adams and are available at <http://www.NewsTarget.com>.

Adams uses no prescription drugs whatsoever and relies exclusively on natural health, whole foods, superfoods, nutritional supplements and exercise to achieve optimum health. To prove the value of nutrition and physical exercise in enhancing health, Adams publishes detailed statistics on his own blood chemistry (with full lab results) at <http://www.NewsTarget.com/AdamsHealthStats.html>.

Other books by the Health Ranger

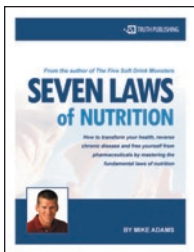


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