Silicon Valley Health Institute

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NEXT MEETING: Thursday, March 15, 2012, at 7pm

Tsu-Tsair Chi, Ph.D. on

Manage Estrogen to Prevent Cancer with Herbs

Meet Tsu-Tsair Chi, PhD

Dr. Tsu-Tsair Chi earned his PhD in Biochemistry from the Waksman Institute of Microbiology at Rutgers State University, New Jersey, in 1978. For the next 11 years, he was involved in R&D in various pharmaceutical companies in the fields of infectious diseases and cancer. Dr. Chi worked at ER Squibb & Sons (antibiotics research, 1978-79) and Warner-Lambert/Parke Davis (Antibiotics and Chemotherapy, 1979-83). From 1983-89, Dr. Chi worked as laboratory director at Omicron.

In 1986, Dr. Chi founded Chi's Enterprise, Inc. in California for research and manufacturing of science-based herbal supplements. He has introduced many products internationally to improve immunity, circulation, hormonal health, digestion, and other health conditions.

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Presentation Location:
Cubberley Community Ctr.
Room H1
4000 Middlefield Rd.
Palo Alto, California

Driving directions on our website, www.SVHI.com

For those who cannot attend we have live streaming and video archiving at http://www.SVHI.com/live

In This Issue

Foundation for Mind Being Research (www.FMBR.org)

March 23 Meeting: Master Li, "*ChiGong: the Latest Life Science for Rejuvenation and System Upgrade*"

April 27 Meeting: Amy L. Lansky, PhD will be the speaker. Most recently she has been active in the homeopathy community. Her website, www.renresearch.com/

He is a well-known speaker around the world. Dr. Chi has also published several books on Fingernail and Tongue Analysis and many articles on the role of herbs in promoting health and preventing physiological dysfunctions and complications.

Main Presentation:

Manage Estrogen to Prevent Cancer with Herbs

by

Tsu-Tsair Chi, PhD

Estrogen-responsive cancers are increasingly becoming common among both men and women. Due to physical and environmental factors, more and more people are at risk for breast, endometrial, uterine, ovarian, testicular and prostate cancers. Studies show that reducing estrogen may also reduce the risk of these types of cancers. The development of aromatase inhibitors (AI) more than a decade ago provided a novel way of managing estrogen, particularly the most potent form of estrogen, estradiol. With the rising popularity of natural and alternative medicine, there is also a growing interest in finding natural aromatase inhibitors.

Estrogen's Role in Cancer

Estrogen is a hormone that is vital to many biological processes. Its role in cell signaling is particularly important in understanding how estrogen plays a part in the development of cancer.

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Videos for Sale

The Feb 2012 meeting will not be recorded. Otherwise, Smart Life Forum offers an extensive video library of our meetings, available on DVD. Each DVD contains a video recording of one SLF meeting, including the presentation by the guest speaker for that meeting.

Future Speakers:

April 19: Dave Asprey, BS, MBA, on the Bulletproof Diet

May 15: Open

June 21: Ron Rothenberg, MD, on Hormones

July 19: Open

About Smart Life Forum

Smart Life Forum, Inc. is a 501(c)(3) California nonprofit corporation whose primary mission is to provide credible health education to the public with an emphasis on optimal wellness, anti-aging medicine, and longevity.

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For questions, please contact Mike Korek at (650) 941-3058.

(MAIN PRESENTATION, continued)
There are three forms of estrogen: estrone (E1), estradiol (E2) and estriol (E3). Estrone and estradiol are the most potent forms of estrogen and are the ones implicated in various diseases. Estriol is the weaker estrogen. When estrogen, especially estrone and estradiol, becomes excessive, its role in signaling cells to divide and multiply can trigger and promote abnormal growth of estrogen-responsive tissues. However, there is some evidence that estriol has anti-carcinogenic properties in the presence of the other two estrogens. It is therefore important to strike a balance among the three forms of estrogens in order reduce carcinogenic occurrences.

In order for estrogen to function, it needs to attach to a receptor, determining how a cell will function for the rest of its life. Estrogen receptors are located in various tissues of the body and are classified into two types: estrogen receptor alpha (ER-alpha) and estrogen receptor beta (ER-beta). Each type of receptor has different effects in terms of cell proliferation. ER-alpha is found in the breast, endometrium, hypothalamus, liver, lungs, ovaries, prostate, testes and blood vessels. It is considered proliferative and pro-carcinogenic. ER-beta, on the other hand, is considered anti-proliferative and anti-carcinogenic. It is expressed in the breast, brain, bone, endothelial cells, kidneys, heart, intestines, lungs, prostate, skin, and blood vessels. Since estrogen receptors are distributed widely in the body, it is not surprising that estrogen would be involved in many different conditions.

In the biosynthesis of steroid hormones, estrogen is synthesized through different pathways. Hormones such as progesterone and pregnenolone can be converted to estrogens indirectly. Progesterone, for example, is converted to estradiol through the pathway involving 17alpha-hydroxyprogesterone, androstenedione and testosterone (Figure 1). Androgens are directly converted into estrogens as well. Of particular interest is the pathway from androstenedione to estrone and testosterone to estradiol. Both androgens are converted to estrogens through the aromatase enzyme. In the pathway, estrogen is also synthesized indirectly from other hormones such as progesterone, pregnenolone and dehydroepiandrosterone (DHEA).

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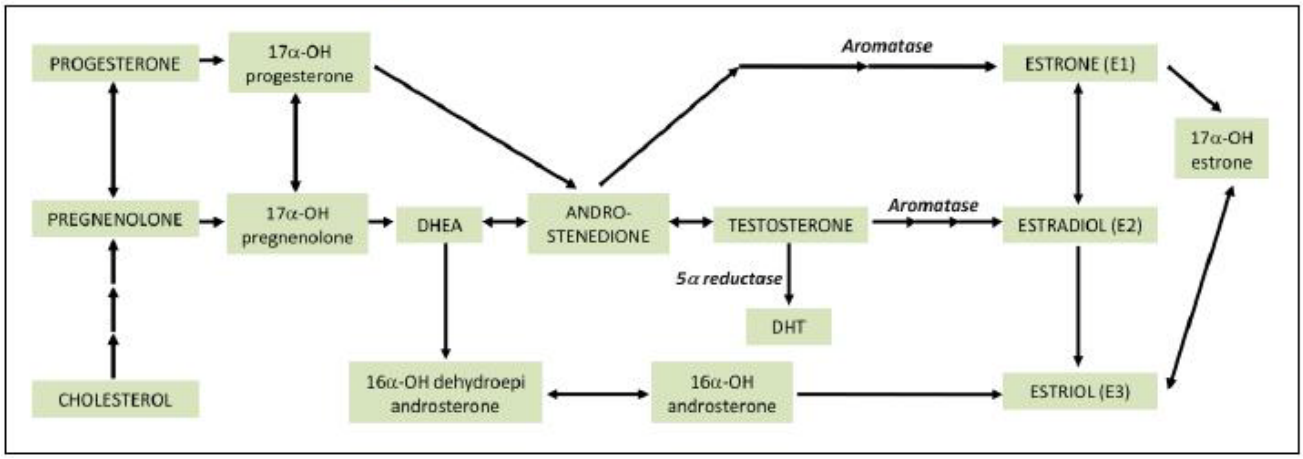
Figure 1. Biosynthesis of Steroid Hormones



Estrogen has been implicated in the pathogenesis of some types of cancer, including breast, endometrial, ovarian, prostate and testicular cancer. This is partly due to the expression of ER-alpha and ER-beta in these types of tissues. Recently, new studies show that estrogen may also play a role in lung cancer and melanoma.

In order to manage estrogen and reduce the risk for estrogen-responsive cancers, we need to be aware of various factors that contribute to elevated estrogen levels: (1) Hormone replacement therapy, (2) Obesity, (3) Xenoestrogens, (4) Hyperaromatization

Hormone Replacement Therapy (HRT)

A few decades ago, HRT was very popular among middle-aged women. However, the Women's Health Initiative Study revealed the dangers of using (synthetic) HRT. Long-term exposure to hormones, including bioidentical hormones, is the most likely cause of elevated estrogen levels. Various studies have established a link between HRT use and increased risk of breast, ovarian and prostate cancer, among other diseases.

Estrogen is known to be the key factor in the development of breast cancer. In one United Kingdom study, breast cancer incidence rose by 66% among HRT users (estrogen + progestin). [Progestin is a synthetic, non-bio identical hormone – Ed.] Among women who used progesterone only, the increase in incidence was 22%. HRT use not only increases the risk for developing breast cancer but also increases breast cancer recurrence.

In another study, HRT users (with or without progesterone) were found to have a 44% increased risk for ovarian cancer. Women using an estrogen patch have a 13% higher ovarian cancer risk. And women who use intra-vaginal estrogen have a 23% increased ovarian cancer risk.

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Progesterone, DHEA, testosterone, and androstenedione are also likely to contribute to the risk for estrogen-responsive cancers because these hormones go through the same biosynthesis pathway and may eventually be converted to estrone or estradiol.

Progesterone, in fact, has been listed as a carcinogenic substance under California's Proposition 65 since 1988. Furthermore, breast cancer cells have both estrogen and progesterone receptors.

Women on birth control pills should also be aware of their risk for estrogen dominance. Birth control pills contain small amounts of synthetic progesterone and estradiol. Over time, these hormones can accumulate in the body, increasing the risk for developing estrogen-responsive cancers.

Testosterone and androstenedione, too, can be a risk factor for estrogen dominance. Testosterone is directly converted into estradiol and androstenedione into estrone through the aromatase enzyme (refer to Figure 1). This process called hyperaromatization will be discussed in more detail in a later section.

Obesity

According to the National Cancer Institute, estrogen levels are 50 to 100 times higher among postmenopausal obese women than lean women. This can be attributed to the fact that fat tissue has a high concentration of aromatase. There is an excessive conversion, therefore of androgens to estrogens. This puts obese men and women at a much higher risk for estrogen-related cancers.

Obesity also promotes larger tumor size, advanced grade, increased nodal involvement, and higher mortality among breast cancer patients. In prostate cancer, obesity means more aggressive tumors and higher recurrence rate.

Among the obese, there is a cycle that results when hyperaromatization occurs. As mentioned, fat tissue has a high concentration of the aromatase enzyme. This, of course, contributes to reduced androgen and increased estrogen levels. Since testosterone promotes muscle buildup, low levels lead to reduced muscle mass and increased fat accumulation, especially in the abdominal area.

Xenoestrogens

Xenoestrogens, also called environmental hormones or endocrine disrupting chemicals, are substances that mimic the effects of estrogen. They attach to estrogen receptors and disrupt endocrine functions. Some common xenoestrogens include plasticizers, clouding agents, and phthalates. People are continually exposed to xenoestrogens in the environment. Clouding agents, for example, are found in sports drinks, juices, tea drinks, fruit jams, syrups, tablets or powders.

Constant exposure to xenoestrogens can cause damage to the reproductive system and other organs and can lead to cancer. In men, it reduces sperm count, has feminizing qualities and increases risk of testicular and male breast cancer. In women, it can cause early puberty and increase breast cancer risk.

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Hyperaromatization

Hyperaromatization is excessive conversion of testosterone and androstenedione to estradiol and estrone, respectively. This is one of the issues faced by individuals on HRT and bio-identical hormone replacement therapy (BHRT), and also women on birth control pills. For individuals taking hormones, this can be problematic for a number of reasons. First, they are not retaining all the hormones that they need. Second, they are accumulating more estrogen than necessary. This leads to an increased risk for cysts, fibroids, belly fat, gynecomastia and certain types of cancers.

According to Jonathan Wright, MD, the founder of BHRT, people at risk for hyperaromatization have the following conditions: Overweight, Type 2 diabetes, Insulin resistance, Family history of Type 2 Diabetes, Hypertension, High cholesterol level and High triglyceride level.

Dr. Wright has stated in various lectures and articles that hyperaromatization leads to increased estrogen and usually coexists with insulin resistance (Townsend Letter, Jan 2010:56; Presented at the American College for Advancement of Medicine, Nov 2010).

This would explain the increasing prevalence of diabetes and/or insulin resistance among those with estrogen-dominant conditions. Estrogen and its receptors are considered to have an important role in insulin sensitivity (Acta Physiol. 2011 Feb 1). Studies have also shown an association between insulin resistance and estrogen. One such study found that among 99 patients with endometrial cancer, an estrogen-responsive type of cancer, 30 patients had diabetes (Amer J Obstetrics & Gynecology. 2011; 204(4):355).

Since estrogen dominance and insulin resistance appear to be coexisting conditions in many patients, it is important to check for elevated estrogen among diabetes patients.

Managing hyperaromatization and other risk factors for elevated estrogen (i.e., HRT, obesity, and xenoestrogens) can significantly improve one's chances for avoiding estrogen-responsive cancers. One way of achieving this is through Myomin, a natural aromatase and estrogen reducer.
Dr. Wright has reported a case of hyperaromatization in a male patient. With the help of Myomin, he was able to manage his estradiol level.

Case 1: Myomin reduces Estradiol in Male Patient on Testosterone Therapy
Dr. Wright has a 70 y/o/m patient with low testosterone and given daily 75mg testosterone cream. It did increase his testosterone, but his estradiol level increased as well (hyperaromatization). Within two months of taking Myomin, his abnormal estradiol level was within normal range (from 50.4 dropped to 13.3 pg/ml).

Estradiol reduced with Myomin: Middle-aged Male on Testosterone Therapy

Serum Test	Before	After 2 months	Male range
Estradiol (E2)	50.4	13.3	6-30 pg/ml
Testosterone	645	639	300-750 ng/dl
Testosterone/Estradiol Ratio	12.8	48.0	20-50

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Managing Estrogen through a Natural Aromatase Reducer

Myomin is an herbal formula that has been demonstrated to reduce aromatase expression and estrogen levels in animal and human studies. It can be safely taken with HRT, including BHRT, to minimize its associated risks. Many healthcare practitioners recommend Myomin with the safe use of hormones. At four different medical conventions in 2010, Dr. Wright has discussed the safe and effective use of Myomin with BHRT to correct hyperaromatization.

By reducing aromatase expression, Myomin blocks the conversion of androstenedione and testosterone into estrone (E1) and estradiol (E2), respectively. E1 and E2 levels are kept at optimal levels while estriol (E3), the good estrogen, continues to be produced unopposed. To reiterate, some studies suggest that E3 becomes an anti-carcinogen in the presence of E1 and E2. Suzanne Somers, in her book, *Knockout: Interviews with Doctors Who are Curing Cancer and How to Prevent Getting It in the First Place*, shared how she has been able to protect herself against cancer by keeping adequate levels of E1, E2, and E3.

Keeping the right balance among E1, E2 and E3 is important in reducing cancer risk, as in Suzanne Somers' case. Professor Henry Lemon derived the Estrogen Quotient (EQ), a formula that provides a guideline to keeping the right E1, E2 and E3 balance. It is defined as E3 divided by the sum of E1 and E2 (EQ = E3 / (E1+E2)). An EQ over 1 signifies lower cancer risk. Because of E3's protective effect against cancer, ideally there needs to be more E3 than E1 and E2 combined.

These case reports illustrate Myomin's effect on EQ as well as hormone and PSA levels.

Case 2: Myomin increases Estrogen Quotient (EQ) in Female Patient with Breast and Thyroid Nodules

I. Ekasari, PhD from CO, has a 59 y/o/f patient with breast and thyroid nodules in Oct 2008. Then she started taking Myomin and Angiostop. In August 2011, after 1 ½ years, her E1, E2 and E3 levels are within normal range. Her EQ is now over 1.0, signifying a lower risk for breast cancer. Her breast and thyroid nodules have also reduced. A low Pg/E2 ratio is consistent with estrogen dominance.

Increased EQ with Myomin: Postmenopausal Female with Breast and Thyroid nodules

Saliva Test	Result	Postmenopausal range
Estrone (E1)	17.46	5.8 – 34.2 pg/ml
Estradiol (E2)	1.08	1.0 – 3.2 pg/ml
Estriol (E3)	18.97	<30.0 pg/ml
EQ = E3/(E1+E2)	1.02	>1.0
Progesterone (Pg)	49.84	200-600 pg/ml
Ratio Pg/E2	46.15	200-600
DHEA	252.27	106-300 pg/ml
Testosterone	45.50	30-60 pg/ml

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Case 3: Myomin reduces Estradiol in Breast Cancer Survivor

Y. Dikansky, ND from NY, has a 48 y/o/f postmenopausal patient who had breast cancer at 38 years old. She had surgery and radiation for that. Then the cancer recurred when she was 43 years old, for which she underwent surgery and radiation again. In May 2011, at 48 years old, her estradiol was high at 196.50 pg/ml and found that she had fibrocystic breasts. She was given Myomin right away. Her fibrocystic breasts improved but in July 2011, they still performed a biopsy and found that it was not cancerous. By Oct 19, 2011, her estradiol level reduced to 53.21 pg/ml, within normal range.

Estradiol reduced with Myomin: Premenopausal Female with Breast Cancer			
Urine Test	**5/31/2011**	**10/19/2011**	**Premenopausal range**
Estradiol (E2)	196.50	53.21	<5.00 – 54.70 pg/ml

Case 4: Myomin reduces Estradiol in a Female Patient

F. Cromeyer, RPh from TX, has a female patient in her 50s who took Myomin for 2 months. Her estradiol level reduced from 6.5 to 2.4 pg/ml.

Estradiol reduced with Myomin in Postmenopausal Female			
Saliva Test	**Before**	**After 2 months**	**Reference range**
Estradiol	6.5	2.4	1.0– 3.2 pg/ml

Case 5: Myomin balances Hormones in Overweight and Insulin Resistant Female PCOS Patient using Progesterone Cream

J. Weber, DC from NY, has a 33 y/o/f patient who had hormonal imbalance. Her periods have been irregular since she was 19 years old. She is also overweight, has low thyroid function and had insulin resistance. For premenopausal women, an elevated testosterone level (her reading was initially high at 55.10 pg/ml) suggests insulin resistance. Her very low Pg/E2 ratio signifies estrogen dominance. Dr. Weber recommended progesterone cream, Myomin, Chi-F, Pro-Metabolic and Slender All. After only a month on the program, her periods became regular. A year later, her hormones are balanced and she lost 40 lbs.

Hormones balanced with Myomin: Premenopausal Female on Progesterone Cream			
Saliva Test	**9/15/2010**	**10/3/2011**	**Premenopausal range**
Estradiol (E2)	2.2	1.76	1.0-10.8 pg/ml
Progesterone (Pg)	< 10.0	219.26	127-446 pg/ml
Ratio Pg/E2	4.40	124.58	200-600
DHEA	128.20	219.01	106-300 pg/ml
Testosterone	55.10	43.09	5.9-49 pg/ml

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Case 6: Myomin reduces Estradiol in a Male Patient in 3 Weeks
J. Carrozzella, MD from FL, has a male patient in his 50s who took Myomin (3 BID). After only 3 weeks, his estradiol level reduced from 60 to 25 pg/ml.

Estradiol reduced with Myomin in Male Patient			
Serum Test	Before	After 3 weeks	Reference range
Estradiol	60	25	6-30 pg/ml

These case reports and various animal and clinical studies clearly show Myomin's effective use for estrogen-responsive conditions, such as ovarian cysts, fibrocystic breasts, uterine fibroids and endometriosis. Men and women on hormone therapy have experienced the benefits of adding Myomin to their regimen. Several case reports have also shown that it has been beneficial for several estrogen-responsive cancers.

Case 7: Myomin reduces PSA level in a Male Patient in 9 months
R. Welch, DC from CA, has a 76 y/o/m patient with PSA level of 3.82 in March 2011. He had been taking Terazosine and Finasteride daily. (Finasteride has been linked to increased malignancy when taken by men who already have prostate cancer.) Then he added Myomin and Prosta Chi. After 9 months, his PSA level reduced to 1.79, a much safer level. His prostate-related symptoms are cleared as well.

PSA level reduced with Myomin and Prosta Chi in Male Patient Test Date PSA Level

PSA level reduced with Myomin and Prosta Chi in Male Patient	
Test Date	PSA Level
3/22/2011	3.82
5/26/2011	3.49
12/08/2011	1.79

Case 8: Myomin and Angiostop reduces high PSA level in a Male Patient in 5 months
R. Ornelas, DC from CA, has a 54 y/o/m patient with a PSA level of 8.7 in March 2011. After 4 months on Myomin, Angiostop, Prosta Chi, and Kidney Chi, his PSA level reduced to 4.8. One month later, it further reduced to 2.4. His urination stream is also much stronger than before.

Conclusion

Estrogen is widespread and its accumulation in the body can lead to major health issues. In women, estrogen dominance can lead to cysts, fibroids, belly fat, endometriosis, fibrocystic breasts, or cancer of the reproductive organs. In men, it can lead to benign prostatic hyperplasia, prostate cancer, or testicular cancer. In both men and women, it can lead to obesity, diabetes/insulin resistance, or cardiovascular risk (Figure 2). It affects sexual vitality and is a risk factor in some autoimmune diseases, such as lupus and hypothyroidism.

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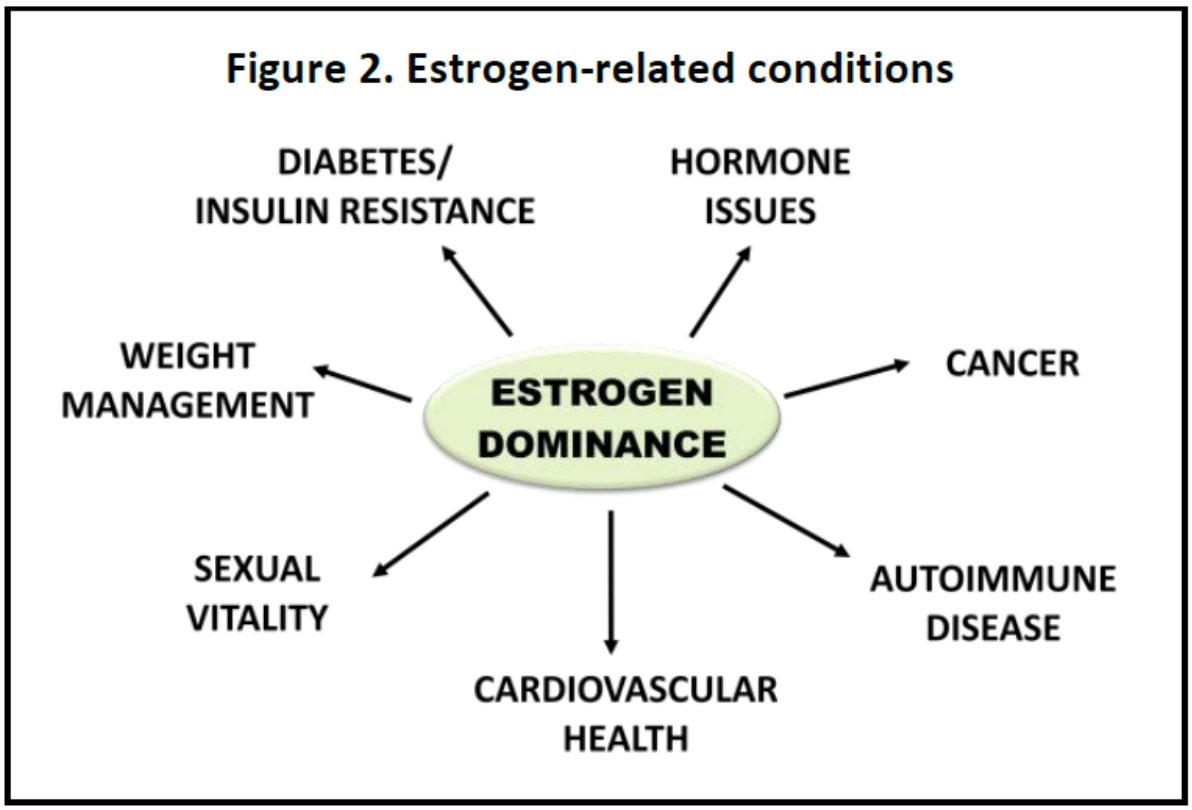

Due to its aromatase-reducing and estrogen-reducing functions, Myomin will be very beneficial for individuals at risk for estrogen-responsive conditions (such as in Figure 2). Furthermore, individuals on HRT and BHRT will not only be able to keep ideal levels of the hormones they are taking but also lower their cancer risk.

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First time Visitors may attend free of charge.

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Appendix: The Fluoride Story

By Stanford Field,

B.S. Chemical Engineering, M.S. Meteorology

What is the Thyroid Gland and What does it Do?

The thyroid is a gland found in the neck (also called the "Adam's Apple") that controls multiple functions of the body:

- The speed of the body's use of energy
- The speed of protein manufacture, and
- How sensitive the body is to other hormones (chemicals released by a cell or gland in one part of the body that affect cells in other parts to coordinate living activity).

The thyroid participates in these processes by producing thyroid hormones, the principal ones being triiodothyronine (T3) and thyroxine (T4). These hormones regulate the rate of metabolism and affect the rate of function of many other body systems. T3 and T4 are synthesized from both iodine and tyrosine.

Hormonal output from the thyroid is regulated b thyroid-stimulating hormone (TSH) produced by the anterior pituitary, which itself is regulated by thyrotropin-releasing hormone (TRH) produced by the hypothalamus.

Modern Disruption by Fluorides

The atomic bomb project needed to win World War II (1940s) was called "The Manhattan Project" and used fluoride to separate the uranium needed for the bomb. Since then, fluorides have been accumulating in U.S. government stockpiles." Scientists were ordered by U.S. government powers to obfuscate the proper handling and disposal of those fluorides.

By the 1950s, the story was modified to promote the usefulness of fluoride in preventing tooth decay. From 1945 to 1956, fluoride, in a "guinea pig experiment, fluoride was secretly added to public drinking water in Newburgh, New York.

So, it was the U.S. government bureaucracy that cooked up a major use for all that fluoride that had been accumulated for sixty or so years. Put fluorides in the drinking water all over the U.S.

Governments all over the world followed the U.S. lead and insisted that fluoridation of water is safe and non-injurious to health. No claims were made that fluoride was healthy!

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Fluorides are Cumulative Toxins!

One of the first effects discovered was that fluorides were displacing iodides and were rendering people hypothyroid from iodine deficiency. This was taught in high school by explaining the periodic table of elements. In the halide group, **fluorine would displace chlorine which would displace iodine.** The fact that iodide is the most stable is why it is found in the thyroid gland which controls the metabolic rate of the body.

Bottled water is essentially tap water that contains the harmful fluorides. Most people are deceived by the clear but deceptive look of bottled water that is part of the marketing game for profit. "Health" authorities are complicit in allowing the deception.

Symptoms of Hypothyroidism

- Feeling cold
- Constipation
- Depression
- Fatigue
- Heavier menstrual periods
- Joint or muscle pain
- Paleness and/or dry skin
- Brittle hair or fingernails
- Weakness and anemia
- Decreased taste and smell
- Puffy face, hands, and feet
- Enlarged heart
- Thickening of the skin
- Thinning of eyebrows
- Swelling of arms and legs
- Thin and brittle hair

Conclusion: The use of the atomic bomb waste Fluoride is harmful to the health of any one who drinks water and by dentists who have swallowed the line that Fluoride prevents cavities.

Recommendation: The U.S. government health agencies take action to begin the long process of eliminating fluoride from all sources in which the fluoride is contained

[Editor's note: There has been activity in Europe, for example, some of whose countries have been taking flouide out of the water supply. http://www.fluoridealert.org/govt-statements.htm]

Coming to the Commonwealth Club on March 21st noon til 3:00 pm will be a forum entitled Avoiding Over-Treatment: Practical Steps for Laymen. This forum will discuss ways in which we can keep our hearts and brains healthy. Speakers include Mark Houston MD author of What Your Doctor may not tell you about Hypertension and What Your Doctor may not tell you about Heart Disease, Pamela Smith, MD Director, Center for Healtht Living and Longevity, International Speaker, author of HRT: the Answers and Vitamins: Hype or Hope and Richard Smayda, DO, and expert in holistic approaches to keep the brain healthy.
Time: 12:00 p.m. to 3:00 p.m. Cost: $20, $8 members, $7 students (w/ID)
Location: SF Club Office Gold Room; 595 Market Street, 2nd Floor San Francisco, CA 94105
Tel: (415) 597-6700
http://www.commonwealthclub.org/events/2012-03-21/avoiding-over-treatment-practical-steps-laymen