

P. CHEN

Company,

Plants of

Nanking,
knowledge:

People's
Co. (NIH)

ical Fruit.
ciety, San

nica A in

Medicinal
972. (a) p.

Ann. Rev.

Dynasty.

Medicine.

Body Chemistry and Microendocrinology

Melvin E. Page, D.D.S.

Introduction

Forty years ago a dentist was merely a mechanic who spent his time filling and filing teeth, performing root canals and constructing dentures. I am a dentist, but I no longer perform those mechanical, although lucrative, procedures because 40 years ago I discovered the germ of a theory which since has developed into what I firmly believe will be recognized within the next two decades as one of the most profound revolutions in medical and nutritional history.

For every new idea or concept conceived by the human mind, there are a hundred voices rising in chorus to condemn it as unworthy of serious consideration. This holds true whether the revolution is political, literary or medical. The founding fathers of this nation were condemned not only by their political overlords across the ocean but also by their colleagues and neighbors here at home. Pioneers in literary expression found themselves shackled and fettered by tradition and orthodoxy. Only within the past 30 or 40 years have singular and progressive new modes of literary creation achieved widespread acceptance.

Dr. Robert Atkins of New York is under vigorous attack from the established medical profession, but what Robert Atkins is doing is not really a revolution. He is telling us about the dangers of refined sugars and that it might not be as well as everybody thought to drink milk. He is telling us to stay away from the massive load of carbohydrates which characterize American eating patterns. A great deal of what Dr. Atkins advocates comes as no surprise; it has been known by a small coterie of concerned nutritionists for 30 years or more. Because he speaks out against sugar and that great American god — carbohydrate, he becomes a kind of crackpot, subject to increasing abuse from the practitioners of orthodoxy.

Melvin E. Page, D.D.S., *Private Practitioner, St. Petersburg Beach, Fla.*

The real reason for this criticism, of course, is that Atkin's theories are achieving at least the appearance of revolution; that in itself is enough to persuade much of the medical establishment to train their cannons upon him.

The time has come for me to begin talking about the fears I have for the very survival of the human race and the anger I feel toward established medical and nutritional traditions which prevent millions of people from enjoying proper health and freedom from the degenerative diseases which threaten so many.

Thousands of my patients have entered this new world of good health and freedom from disease. At the same time, I realize that my methods (and the fears and angers I am expressing) are unorthodox. I, too, know something about the perils of unorthodoxy.

Forty years ago I began to think that it was time to consider the real causes of periodontal disease and dental caries. I became interested in the works of Dr. Weston Price, a pioneering scientist who drew the direct relationships between dental caries and diet and discovered that the ratio of calcium to phosphorus in the blood could serve as an almost foolproof indicator of susceptibility or immunity to caries. I began to experiment, to devote more and more of my time to studying Price's works and to branching out on my own in new areas of investigation. As I drew farther from the traditional practice of dentistry, I found myself shunned by social acquaintances, snickered at by colleagues and even reprimanded and asked to recant by the dean of the University of Michigan's dental school — the very institution from which I had been graduated. Today, after numerous studies, Dr. Price's work is not accepted by the educational institution and neither, I dare say, is mine. The same holds true at many other institutions of learning.

I stated that I fear for the survival of the human race — A rash statement, one might think, particularly in view of the proliferation of technological advances in the world today which appear to make it easier for man to cope artificially with the natural world which is his heritage. One of the reasons I possess this fear is the existence of an amazing and often disgusting conglomeration of poison and synthetic fare which we loosely refer to as the American diet.

Modern Dietary Habits

Let us examine this diet, or at least parts of it; who is manufacturing it; who is allowing it to be manufactured and who is telling us that it is "just what the doctor ordered." As we do this, let us consider ourselves not only

ories are
ough to
ns upon

have for
ablished
ple from
es which

ad health
methods
o, know

r the real
ed in the
lie direct
he ratio
foolproof
iment, to
s and to
w farther
unned by
nded and
tall school
day, after
ducational
e at many

- A rash
eration of
e in easier
s heritage.
vating and
which we

etaring it;
it is "just
not only

as human beings but as human animals who have descended from a dietary heritage lacking the kinds of poisons and artificial substances which grace - I should say disgrace - our tables today.

About 100 years ago the average daily consumption of sugar was about 10 lb/yr; by 1937 the figure had risen to about 100 lb/yr; and by 1958 it was up to 120 lb/yr. Today, it approaches 130 lb/yr. To what can we attribute this alarming increase in the use of refined sugar, a substance which contains no vitamins, no minerals and exists as pure carbohydrate? Even the AMA handbook of nutrition warns that excessive use of sugar may be dangerous - not a powerful or striking warning, to be sure, but at least recognition by AMA of this truth.

As far back as 1869, the Pennsylvania Dental Association heard a paper linking sugar consumption with health problems, and this was when average annual refined sugar consumption was about 10 pounds per person. Actually, it is not difficult to determine the reason for this increased consumption. Open the pages of any national magazine - almost certainly there will be a full-page advertisement extolling the nutritive values of sugar. Observe the labels on commercially packaged foods - almost every one will list sugar as an ingredient, along with a half dozen chemicals which add color, substance and flavor to the product. More recent research includes the studies by Yudkin; the work at the York Peptic Ulcer Research Trust in England, which indicates that excessive sugar use may cause peptic ulcers; the work by Drs. Coons and Womack in Beltsville, Md., indicating that sugar is one of the foods suspected of causing degenerative diseases of the heart and arteries; and Dr. Royal Lee's work indicating that sugar consumption works to impair the assimilation of calcium.

What is the most common placebo given to quiet unruly children? Some form of sugar. What substance most commonly rewards children for good behavior? Candy. Which single element is essential to the rich desserts that are a part of the American diet? Again, it is sugar.

Almost from birth, the child learns to expect sugar to be a part of his diet. Adults expect sugar in almost everything they eat; yet this refined substance played no part at all in the diet which man, the human animal, became accustomed to thousands of years of eating only natural foods. He developed, through this natural diet, a sugar regulating apparatus designed to cope with this diet and seldom did this apparatus fail him. Now, however, contemporary dietary patterns place new demands upon this apparatus. demands the mechanism cannot and will not meet. Massive and increasing intakes of sugar overtax this system. Among the thousands of patients who have sought my aid, this system usually has failed and it is

left to me to pick up the pieces. It should be evident that sugar is one of the things I insist my patients give up immediately. Once they have done this, I almost always notice marked improvement in blood sugar levels.

American medical schools, when it comes to meaningful teaching about nutrition, diet and the complex interrelationships of body chemistry, are doing very little. We cannot turn to the medical profession for recognition of our alarm. We cannot expect it to appreciate our concern. Medical education in this country, in this respect, is bound tightly in the tenets of orthodoxy and stultified. I am not alone in this belief.

Dr. Roger Williams, probably responsible for more original work in the field of vitamin research than any other living scientist, says: "Medical schools in this country are now standardized (if not homogenized). And no matter what medical school one attends, one gets essentially the same instruction. Of course, there is no overt demand that compels individual medical educators to think alike, but no one can deny that a strong orthodoxy has developed and that this has put a damper on the generation of challenging ideas. Research is strongly encouraged, to be sure, but only within the framework of the accepted ideology." Dr. Williams accuses the profession of largely ignoring the role of cellular malnutrition in the etiology of disease and the role of the human element in disease. His concept of genotrophic disease, based on biological observations which have never been questioned, has never been tested with respect to any major disease. The reason, he says, is that the medical profession is preoccupied with traditional and conventional approaches.

Medical schools are not alone in their abdication of responsibility in this area. For the large part, the dental profession still concerns itself with the local action of sugar and starches in the mouth and there is little recognition that dental caries is a systemic affliction, with considerably more than local causes.

Another force which leads to my fear for the survival of the human race is the great and pervasive influence of the various manufacturing associations which daily spew out thousands upon thousands of substances harmful to our health. The influence of such organizations extends far deeper than the public prints or the screens of our television sets. It penetrates to the centers of our medical and dental schools, our learned institutions and it exists powerfully at the very core of the regulatory machinery established to protect public health and well-being.

For example, let us examine the public statements of Dr. Frederick J. Stare, Chairman of Harvard University's Department of Nutrition and expert witness at FDA-sponsored hearings for such firms as the Cereal

Instit
ture:
tion.
Ame
further
a tea
peopl
and
high-
A
\$200
Nutri
and
Gene
effor
rodag
indus
B
The
the
their
cultu
diete
I
adve
it is
parts
But
whic
indis
huni
coar
(
devel
horn
desig
spect
humi
anter
prod

sugar is one of
 they have done
 at levels.
 of teaching
 body chemis-
 profession for
 our concern.
 ightly in the
 f.

I work in the
 ys: "Medical
 enized). And
 ally the same
 els individual
 hat a strong
 he generation
 are, but only
 is accuses the
 rition in the
 disease. His
 rations which
 spect to any
 profession is

possibility in
 ms itself with
 there is little
 considerably

of the human
 manufacturing
 of substances
 s extends far
 ision sets. It
 s, our learned
 he regulatory

. Frederick J.
 Nutrition and
 as the Cereal

Institute, Inc., Corn Products Company, the Pharmaceutical Manu-
 facturer's Association, the National Biscuit Company and the Sugar Associa-
 tion. Dr. Stare says there is no convincing evidence that, in the average
 American diet, decreasing the intake of sweets will lessen tooth decay. He
 further states that even people on severe reduction diets can afford to put
 a teaspoonful of sugar in their tea or coffee three or four times a day, that
 people who criticize the empty calories of sugar are guilty of exaggeration
 and that frankfurters and luncheon meats are good foods which furnish
 high-quality protein

As far back as 1963, Dr. Stare's department was receiving as much as
 \$200,000 yearly from industry. One of his largest contributors is the
 Nutrition Foundation, an organization which he himself helped organize
 and which is made up of some of the nation's largest food manufacturers.
 General Foods alone has contributed more than \$1 million to his research
 efforts; thus, Dr. Stare might not be in his position of power and eminence
 today had it not been for the generous help of his friends in the food
 industry.

Besides utilizing too much sugar, we as a nation drink too much milk.
 The vast majority of Americans would be far better off if they gave it up
 the day they were weaned and never touched milk again for the rest of
 their lives. The literature of anthropological study is rife with examples of
 cultures foregoing milk immediately after weaning. This is another of the
 dietary restrictions I impose upon my patients. Milk is definitely out.

I will now approach the penultimate heresy. Look at all the
 advertisements which tell us to drink three glasses of milk per day because
 it is the perfect, or nearly perfect food. It is one of the most accepted
 parts of American life. Milk goes with anything, the advertisements tell us.
 But consider this: We ingest each year millions of gallons of a substance
 which is derived from cows, intended for consumption by cows, yet given
 indiscriminately to humans of all ages. We advocate, even insist, that
 humans ingest the milk protein molecules in cow's milk, which are far
 coarser and cruder than those found in human milk.

Cow's milk contains growth hormones designed for development — but
 development of a cow. All milk, of course, contains such growth
 hormones, but it is one of the wonders of nature that these hormones are
 designed for the species for which the milk is designated. We can only
 speculate upon the long-term effects of such growth hormones on the
 human organism. Because these growth hormones are the product of the
 anterior pituitary gland, and because modern dairy cows are forced to
 produce as much milk as possible, thereby creating in them acutely

overactive anterior pituitary glands, the ramifications become even more disturbing.

Here, too, the scientific research is accumulating: Dr. I. M. Rabinowitch started it years ago with his work at the Montreal General Hospital. Dr. J. Sim Wallace continued the research. Dr. William Dock shed light on the effects of milk consumption on the incidence of coronary disease. Work completed at the University of Iowa even indicates that poor appetites in preschool children may be caused by milk overfeeding. Dr. Eugene Rosamond claims that while the common advice to drink a quart of milk per day might be excellent commercial propaganda, it is poor medical advice.

Again, we are only a "voice in the wilderness." I have mentioned two of my fears, but these are merely reflective of an overriding concern that this nation, and most of its medical community, is laboring under a dangerous and myopic illusion when it comes to matters of nutrition and health. How can we approach the root causes of degenerative disease when we treat almost all disease with palliatives? How can we expect progress when entrance into new areas of investigation is at the opposite end of the philosophy espoused by our medical schools?

Why worry? one might ask. After all, America is the most prosperous nation in the world. We are a nation of "haves." Even our poor fare better than the wealthy in some countries. We rank first in industry, commerce, defense and almost every measurable quantity which comes to mind — except health.

In this crucial area, we do not even place second, third or even fourth. Statistics reveal that we as a nation have an overall health record which ranks 12th in the world. Lifespans are longer than they were 50 years ago, but the reason for this increased longevity is the enormous advancements in medical technology, not a generalized improvement in overall health. More than 50% of us die from degenerative cardiovascular disease. More than 25% of us eventually die of cancer. More than 86% of us older than 65 years suffer from some form of degenerative disease.

I am frankly worried about the continuing viability of the human race. I am shocked and sickened by the apathy of much of the medical profession. I am deeply disturbed at the attitudes of many of our medical schools. I believe we have the key, in terms of the nutritional approach to treating and preventing degenerative disease. We have the key, but we are not even permitted to approach the door. That key is the Page method of correcting body chemistry. This system was begun 40 years ago and has resulted in dramatic, observable improvements in thousands of patients. It consists of four major elements:

reg
m:
pa
pr
cu
de
go
in
en
cu
an
st
av
th
fu
efi
pr
no
afi
cir
vis
ori
im
ma

Diet, which in itself consists of a basic, almost zero carbohydrate regimen in which no milk or sugar is allowed and, later, an "ancestral diet" made up almost exclusively of those foods which were traditional to the patient's ancestral heritage.

Blood sampling, to determine basic general health, the possible presence of chronic or temporary infection, blood sugar levels and the crucially important relationship between calcium and phosphorus.

Digestive and assimilative efficiency analysis, to determine the exact degree of efficiency with which a patient's digestive process functions, as governed by exocrine activity.

Anthropometrics and the correction of unbalanced endocrine activity, in which I determine basic gene inheritance, body type and degree of endocrine activity and then seek, through minute doses of hormones, to correct body chemistry to the point where blood sugar levels reach normal and calcium-phosphorus ratios of the blood come into balance.

Each element will be discussed in greater detail; however, the following statement should be considered as an introduction to the entire method:

To possess good body chemistry, a patient must first have a good diet. He achieves this "good diet" by the omission of sucrose (refined sugars), milk and white flours. The doctor dealing with correcting body chemistry must be capable of measuring body chemistry, measuring exocrine activity and measuring endocrine function. He must be capable of bringing about changes in these functions. At the same time, the doctor must be able to measure and take into consideration gene inheritance. The basic purpose of the method is to correct and improve the assimilation of food.

At the heart of the method is the consideration of the fundamental activity of the living cell — the conversion of the nutrients it receives into the energy and special materials needed to perform the various specialized functions with which it is charged. The method recognizes that the efficiency with which the cell carries out its function is determined primarily by its inheritance and the quantity and quality of available nourishment.

Patients from around the world have come to me with all manner of afflictions, ranging from digestive afflictions to periodontal disease, circulatory ailments and arthritis. Ninety-five percent of these patients had visited physicians before and most of them had not been helped by orthodox medical treatment. In 95% of my cases, dramatic and observable improvement resulted after proper corrections in body chemistry were made.

Diet

A patient entering my care is almost always placed immediately on the "basic diet." Although I conceived this diet more than 30 years ago, it is quite similar to the low-carbohydrate, high-fat and protein regimen which Dr. Atkins currently advocates.

For most of my patients, this diet consists of meat, fish, eggs, and a small amount of raw and cooked vegetables. Salad greens are also recommended. Refined sugar is absolutely out, as are milk and many milk products. Because efforts are made to tailor each diet to the specific needs of the individual, some persons are allowed to have small amounts of natural grain products. All patients are asked to forego alcohol and tobacco.

This basic diet achieves two major results: It does not disturb sugar levels and calcium-phosphorus ratios in the blood (Actually, in some patients, this diet alone can very quickly correct improper blood sugar levels and bring calcium-phosphorus counts into near-perfect balance). Although I do not offer medical treatment for obesity or any other illness, it almost always results in a healthy weight loss in obese patients.

The next dietary step in my treatment is the formulation of what I call the "ancestral diet," a diet based on the theory that a person functions best on a diet similar to the one followed by his ancestors of 200 years ago. The theory behind this is that most Americans today are eating foods that were unheard of 100 years ago — foods to which they cannot adapt and which do them considerably more harm than good.

The determination of ancestral diet was made by inquiring of a patient's ancestry for four or more generations. The color of his eyes and the shape of his head are also factors which play an important role in the formulation of this diet. All of this, of course, is part and parcel of determining the patient's basic gene inheritance.

For example, I have discovered that patients with blue, gray or green eyes show a dominance of ancestors from northern Europe. If these same patients display elongated head and cranial development patterns, it is probable that their ancestors were coastal dwellers accustomed to eating mainly fish, meat, eggs when available and some greens and berries in season. If these same blue-eyed people have head and cranial structures which tend more toward roundness, I deduce that their ancestors came from central European regions where diets inclined more heavily toward meat and, much later in history, grains.

My observations have shown that dark-eyed persons, regardless of head shape, generally come from Mediterranean stock. Ancestral diets in these

cases are considerably heavier in fruits and are generally characterized by a greater variety of natural foods than in the more northern climes.

Basically, it is the individual heredity of each individual which endows him with his specific characteristics and these characteristics are largely determined through environment. This is the major reason why a specific diet cannot be prescribed for everyone. In my research, however, I have discovered that certain foods are universally harmful to everyone: sugar and all foods made with sugar, white breads and refined grains, coffee, tea, milk (excluding cream and butter), fruit and vegetable juices and hydrogenated fats.

Blood Sampling

The first step is to determine the presence of any temporary or chronic infection. If such is present, the patient is promptly referred to a physician for proper treatment.

While every patient's blood test is completed in my laboratories for a number of parameters — including red cell count, cell volume, uric acid, T-3 thyroid value, 17 ketosteroid and estrogen and testosterone values — the initial concentration is upon blood sugar levels and calcium-phosphorus ratios.

The first blood test is taken before the patient begins his basic diet. It provides the researcher with an accurate picture of the patient's imbalances in mineral and blood sugar levels. Subsequent blood tests are taken regularly throughout the course of treatment.

Why the emphasis on blood testing? Because blood is the single most important substance with which we can deal: It carries nutrients to every one of the billions of cells in the human body. It transports minerals, vitamins and minute amounts of hormones from every endocrine gland. Blood carries antibodies to fight bacterial infection and is a dynamic force in life, the critical and crucial indicator of health or illness.

All work at this point, and throughout the treatment, is directed toward arriving at a blood sugar level of around 85 mg/100 ml, a calcium count of 10 mg/100 ml and a phosphorus value of 4 mg/100 ml (more properly stated, a calcium-phosphorus ratio of 2.5 parts of calcium to 1.0 part of phosphorus). Experimentation has shown that optimum resistance to degenerative diseases occurs at these levels. Achieving these levels, of course, is at the very heart of the method and two approaches are combined to reach this goal: diet and prescription of minute amounts of hormones to correct endocrine and exocrine activity.

To provide an example of how effective the basic diet alone can be in correcting body chemistry, particularly blood sugar problems, case histories of almost 700 patients were recently reviewed. Each had a specific ailment and had been previously treated by a number of physicians without relief from symptoms. Only slightly more than 200 of the patients had acceptable blood sugar levels. After two weeks on the basic diet alone, nearly 400 patients recorded acceptable blood sugar levels. Following the administration of endocrine supplements, all but 63 recorded acceptable blood sugar levels and the others displayed significant improvement.

Digestion and Assimilation

Few statistical or theoretical data need be provided to support the contention that proper nutrition is quite impossible without first achieving acceptable efficiency of digestion and assimilation.

An important element of the Page method, then, is the determination of digestive efficiency. Patient stool samples are minutely examined as a part of this procedure. Undigested protein is sometimes found in the sample, as well as undigested starches or an excessive accumulation of fat.

Some patients digest fat poorly due to a lack of bile. Others cannot digest meat because of a lack of hydrochloric acid in the stomach. Still others are unable to properly assimilate a coarse diet, which must be digested slowly because the intestine expels the food particles enveloped in hard capsules of cellulose before the cellulose is dissolved by the bacteria in the large intestine.

The key to proper digestion and assimilation, I have discovered, lies in the degree of exocrine activity. Once the nature and extent of the digestive problem has been determined, the problem can be corrected through augmentation of exocrine activity.

Endocrine Patterns

The fourth and most crucial aspect of the Page method is the analysis of endocrine function. The key is a system of anthropometrics I have evolved to allow me to tell quickly and accurately many important facts about individual endocrine systems and their efficiency and balance. These measurements, while they were difficult to evolve, are actually quite simple.

Circumferences are taken at various points on a patient's lower arms and legs. The measurements are transferred to a graph called an

he can be in
blems. case
each had a
number of
than 200 of
eks on the
lood sugar
, all but 63
significant

upport the
achieving

emination
ommed as a
and in the
tion of fat.
ers cannot
each. Still
h must be
veloped in
he bacteria

ered, lies in
e digestive
d through

he analysis
ies I have
tant facts
nce. These
ally quite

ower arms
itted an

endocrinograph; from analysis of this graph we are able to tell much about the activity of the thyroid and anterior and posterior pituitary glands.

One of the first things we look for when analyzing these graphs is the proportion of secreted sex hormones. Both sexes secrete both male and female hormones, but often an individual will secrete an excessive amount of one or the other. We refer to persons who secrete excessive amounts of testosterone as andrics, whether they are male or female. We refer to persons who secrete excessive amounts of estrogen as gynics, again regardless of sex.

We are aware that people differ greatly in size and basic body shape. As few people share exactly the same personality patterns, few share exactly the same body configurations. To a large degree, these differences are produced by the varying amounts of chemicals produced by the endocrine system. My system of anthropometrics provides very valuable clues to the kind of endocrine system with which any given individual is endowed. As growth rings differ in trees, so do growth patterns differ in humans; in both organisms these differences tell much about vital life processes. It is possible, of course, to make the same kind of endocrine pattern investigation through exhaustive blood tests, but I have discovered that my system of anthropometrics is far more efficient and equally as accurate.

There can be little doubt about the importance of the human endocrine system in regulating and controlling almost every human function. Without these eight tiny glands, which together weigh little more than 2 oz. there could be no control of body chemistry; no control of body growth, reproductive capability and inclination; no checks on salt and water balance in the body — in short, no bodily function. Because all of its member glands are responsible for sending hormones throughout the body and because of the extremely potent nature of these hormones, it can be seen that hormonal imbalance can seriously influence human health. My observations over a period of 40 years have enabled me to identify specific degenerative disease with specific hormonal imbalance. Correcting hormonal imbalance at the same time alleviates degenerative disease by attacking its cause.

Once the basic endocrine pattern has been established, we correct existing imbalances by using minute quantities of hormones — minute because the substances are among the most powerful in the world. In most cases the doses are 1/1000th, or less, of quantities often prescribed by orthodox physicians to correct specific medical problems.

The endocrine pattern varies as to the gene inheritance of the person. When the endocrine pattern needs to be corrected, it can be done by

augmentation of the weak glands. Without assimilation, there is no adequate nutrition. When all steps are taken correctly, we have a method to arrest killing and crippling diseases and, better still, to predict and prevent them.

The treatment, then, is basically a series of experimental steps aimed at achieving, through diet and hormonal augmentation, that proper combination of nutrition and endocrine activity which will improve general health and vastly increase resistance to systemic degenerative disease.

When body chemistry is made efficient, all of the ingredients of the blood become normal in their levels, leading to improvement in dental health. I have observed that other symptoms of ill health, such as scleroderma, migraine, arthritis, gingivitis, osteoporosis, proneness to coronary symptoms and even some mental conditions, are affected favorably. This does not mean that severe damage of body tissues can be corrected, but the progress of most degeneration can be reversed to regeneration or, at least, halted.

In my work of prevention I have learned something that may help those physicians who deal with coronary cases to determine those susceptible to this malfunction and what to do about it. The great majority of people prone to coronaries are andrics; that is, they have too much of the male hormone. This applies to women as well as men, but women are nearly free of coronaries until after menopause, when they have about as many as men. Apparently, the female hormone, which women have in greater amounts than men, protects them from coronaries until their production of estrogen decreases. Estrogen can be used as a means of prevention of coronaries, providing the amount necessary to fill the need is used and no more. This amount varies with each individual. For those not accustomed to prescribing rat units (RU) of estrogen, 1 RU is 1/12,000 of a milligram.

One can tell an andric male by the complete baldness of the fore part of the head, by the diastolic blood pressure which can be from 80-120 mm Hg and by the pubic hair line. The andric hair line tends to peak toward the naval while the gynecic hair line is horizontal. The andric carries his hands with the back of his hands more forward, his elbows outward.

Another method is to measure the width of the shoulders and the pelvis. The shoulder width is divided by the pelvic measurement and will give a quotient averaging 1.236 in women and 1.346 in men. When a woman's quotient is above 1.236 she is apt to be andric. When below this point, she is likely to be gynecic.

Gynecic women marry andric men and vice versa. It has been noted that when the husband has a coronary, his gynecic wife may have cancer of the

re is no
a method
dict and

aimed at
er combi-
e general
use.

ts of the
in dental
such as
ness to
affected
s can be
tered to

na, help
ne those
he great
have too
men, but
her they
e, which
ronaries
sed as a
ry to fill
ful. For
IRU is

forepart
120mm
toward
rries his
d.
ard the
ard will
When a
law this

nd than
of the

breast. In such a case the wife needs testosterone but seldom in amounts of more than 0.1 mg, and more often, 0.01 mg.

In coronary insufficiency, the person is likely to be gynecic, in which case the remedy is testosterone in minute doses. The diastolic and systolic pressures tend to be low and the pulse pressure is low, principally due to lack of exercise over a long period of time.

It has been discovered very recently by Dr. Leif Erhardt and his associates in Stockholm that blood clots form after a heart attack, not before. If a heart attack is not caused by clots, then what does cause it? We know the answer, at least partially. It is lack of sufficient estrogen, as stated previously.

I had a patient who was a minister to five groups of Eskimo living on the shore of the Bering Sea. He traveled by dog sled to see these people, and in his parka he carried candy bars to help keep him warm. The patient's church sent him to me for his body chemistry to be corrected. He was losing his teeth by caries and periodontal disease. He also had the worst case of psoriasis I have ever seen. I asked him about the diet of the Eskimo and whether they carried candy bars to keep them warm and whether or not any of them have psoriasis. He answered, "No," they carried frozen fat!

This presentation, unfortunately, is only a brief overview of the many ramifications inherent in the Page method. There are almost countless factors which enter the method and bear upon the mode of treatment. The Page method, as I view it, is an ongoing process. I am in the process of constant discovery. I have been very heartened by my results over the years and strengthened by the number of patients who have been helped to health. I believe this method and its attendant theories hold the key to many of the doors that have been closed to us for so many years.