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# Townsend Letter

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## In Celebration: Townsend Letter's 30-Year Journey

by Jule Klotter

Thirty years ago, in 1983, Sally K. Ride became the first US woman astronaut to enter space; Motorola began testing cellular phone service in Chicago; and Jonathan Collin, MD, published the premier issue of *Townsend Letter for Doctors*. What began as an "informal newsletter for doctors communicating to doctors" has matured into a 120-page magazine with an international reputation for presenting the clinical experiences of alternative/integrative doctors and practitioners. Collin, who has had a lifelong interest in publishing, wanted to provide an outlet for doctors who thought and worked outside the medical status quo. He envisioned the publication as "a bulletin board for doctors to share their pet therapies and mad-scientist ideas." Unlike professional journals that specialize in one branch of medicine, *Townsend Letter* is a kaleidoscope, a truly holistic publication that has not shied from discussing any subject that affects alternative/integrative practitioners and the patients whom they serve.

### The Early Years

The *Townsend Letter* office consists of the dining room and a bedroom in a small, two-story house, which also holds Dr. Collin's Olympic Peninsula medical practice, in uptown Port Townsend, Washington. It was there that Collin and editor Jan Kelley prepared the very first eight-page issue. That issue contained three articles and six advertisements. One article was a press release about a proposed study that would use bone densitometry to monitor changes in patients undergoing EDTA chelation therapy. "Controversies in Nutrition,"

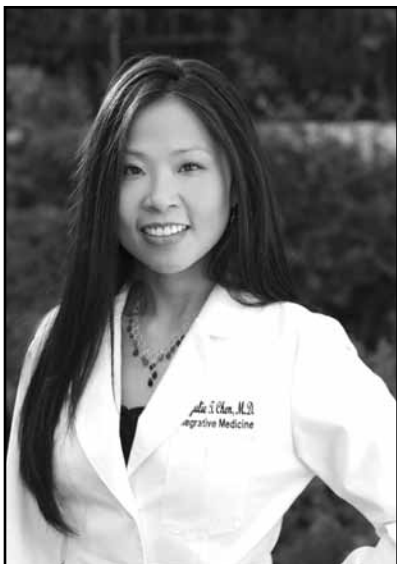
written by Collin and Kelley, discussed the digestion and absorption of fat-soluble vitamins A and E.

The third article concerned the use of chiropractic and thyroid gland support to help athletes with chronic pain. Dr. Collin and colleague Harold McCoy, DC, had observed a correlation between severe muscular stress in the neck and hypothyroid area and hypoglycemic-type complaints and thyroid symptoms. Dr. McCoy had become a staff consultant for the University of Washington intercollegiate athletic department in 1980, the first chiropractic physician, ever, to consult for a university. "A delicate balance exists between the thyroid gland and the musculature of the head and neck," Dr. Collin wrote in this article. "A wide number of individuals demonstrating muscular stress in the neck also demonstrate symptoms typical of thyroid underactivity." Both chiropractic adjustment and iodide-containing biologics/treatments, such as kelp or thyroid hormone (USP), reduced symptoms and muscle stress.

Those first articles modeled the inquiry, debate, and clinical observations that Collin and Kelley hoped to receive from the newsletter's readers. They made it very clear in that first issue that *Townsend Letter for Doctors* was intended to be different from other medical publications: "...By expressing a minority opinion, asking for helpful information on a patient case, disputing a previously published report, offering a suggestion for another physician's inquiry, we can establish a network for physician communication."

By November 1985 (#32), *Townsend Letter for Doctors* was a 28-page publication – too lengthy to be a newsletter but not yet a bound magazine. Chelle Roberts had been hired





## Dr. Julie

by Julie T. Chen, MD  
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### ‘Why Do I Feel So Tired and Achy?’

If there are two symptoms which I can say that I see the most in my clinic, they would be “fatigue” and “pain.” It seems that no matter what initial presenting symptom the patient came in to see me for, be it thyroid disease, hair loss, weight gain, insomnia, or any other medley of complaints, inevitably during the review of symptoms, the patients usually come up positive for fatigue and pain of some sort.

In my patient population, when people come in with these two common symptoms, the cause is usually related to the endocrine system, autoimmune disease, adrenal fatigue, or major food sensitivities. So typically tests are done for all these categories and, fortunately, most of my patients seem to improve dramatically once we address these issues.

So imagine my surprise and frustration when one of these patients walked into my clinic, and after evaluation and treatment of these major categories, did not improve in her symptoms of fatigue and generalized muscle aches and pains.

First a bit about her history.

She is a 43-year-old Asian female who had been generally healthy her entire life until she started developing significant fatigue and myofascial pain with some occasional, seemingly transient feelings of numbness and tingling in her hands and feet about two years before she started seeing me. She had been seeing her primary-care doctor, but she was ruled out for heart disease, lung disease, thyroid disease, diabetes, and Addison’s disease. She found me herself and decided that she needed to be evaluated for food sensitivities and vitamin levels. She also

wanted to be treated with acupuncture to see if it might help her.

She reported that there was nothing out of the ordinary around the time of the onset of symptoms. She rather felt as though it just started to sneak up on her one day. She reported no foreign travel and no exposure to areas where she might have picked up parasites or obscure infections.

Since her history seemed relatively uneventful and benign, we started testing for some of the common causes of fatigue and nonspecific generalized pain in her body. During that time, she was also sent by her primary-care doctor to a neurologist and had a normal spine and brain MRI.

Her labs came back negative for thyroid disease and autoimmune disease, but she was positive for gluten and dairy sensitivity in her labs. She wanted to forgo heavy metal testing due to potential costs and because she didn’t take any vitamins and said she wasn’t exposed to any blatant sources of heavy metal. But she had prior lab testing two years ago showing that she had mild adrenal fatigue, so she wanted to go ahead with treatment now since the fatigue was getting worse.

Since she did not have hypertension or renal disease, we decided to start with a treatment regimen for the adrenal fatigue and with vitamins and minerals in which she was found to be low on her labs. She also wanted weekly acupuncture therapy for her symptoms. She worked with a dietitian and removed her food sensitivity items from her diet altogether.

After 3 months of the therapy, she reported that she felt mildly better but still occasionally had symptoms of the



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► tingling and still felt fatigued and achy. She did say that she was about 40% less achy and fatigued but also “still didn’t feel like myself.”

At this point, I suggested that she get a nerve conduction study done and revisit the neurologist about her symptoms. I also highly recommended that the heavy metal testing be done. The patient assented to the evaluation and labs, since she still was not feeling as well as she would have liked. However, during this time, she also relayed to me that she would be moving to another state and would need to know how to follow up with the test results when they came back, since she probably wouldn’t have enough time to do the treatment with me.

When the results came back, they were positive for several heavy metals, and her nerve conduction study was consistent with that as well.

At this point, I went over with the patient more in detail her daily environment and food sources and, after extensive discussion, she mentioned that her family members from Asia had been bringing her teas and dried foods from Asia in the last three years. She really enjoyed the foods and teas and, since she had been using them for a while, had not thought to mention them.

Once we identified the potential risk of these items from Asia, she decided to stop consuming them. She confessed that she didn’t know where the items were purchased from but that she would ask her relatives. We had time for one other lab test before she moved, and so we rechecked the heavy metal levels after a week off the food items, and the levels were indeed lowering.

The patient searched through the national holistic boards and associations and was able to find an integrative practitioner in her new home state. She then had her integrative practitioner there perform chelation therapy and she continued to refrain from those food items.

When she returned this year for a visit with friends, she stopped by my clinic and reported that her pain, fatigue, and tingling were gone and that her recent labs were all normal for heavy metals. She reported that she is just starting to feel more like herself and that the healing process had taken quite a bit of time for her to start to feel “normal again.”

She has maintained her vitamins and minerals as well as her diet that is free of gluten and dairy while she was working with her other integrative practitioner. She reported that the entire experience helped her to realize

how important food and environment are to her health status and that she is helping her friends and family evaluate these factors in their lives as well.

This case is a great example of a few concepts that I believe make all the difference in patient care. So, I’ll leave you with these concepts that I think are important for patients and practitioners alike to keep in mind when assessing disease and symptoms.

One is that food and environment are indeed very important to our health, so delving in deeply with patients about these aspects of their lives is crucial to ascertaining what needs to be treated.

Second is that despite how common the symptoms seem, there is no such thing as cookie-cutter medicine and that each patient needs to be evaluated as though each case is in fact different, even if the symptoms seem common.

Last is that even when symptoms improve, if they persist, it pays to dig deeper to try to get rid of as much of the problem as possible; had we stopped looking at 40% improvement, we would never have dug up this patient’s problem with heavy metal toxicity.

Julie T. Chen, MD, is board-certified in internal medicine and is also fellowship-trained and board-certified in integrative medicine. She has her own medical practice in San Jose, California; is the medical director of corporation wellness at several Silicon Valley-based corporations; is on several medical expert panels of websites as well as nonprofit organizations; is a recurring monthly columnist for several national magazines; and has been featured in radio, newspaper, and magazine interviews. She incorporates healing modalities into her practice, including but not limited to medical acupuncture, Chinese scalp acupuncture, clinical hypnotherapy, strain-counterstrain osteopathic manipulations, and biofeedback.

