



CHRISTIANE NORTHRUP, MD: A PIONEER IN THE FIELD OF WOMEN'S HEALTH

Interview by Frank Lampe and Suzanne Snyder • Photography by Barbara Peacock

Christiane Northrup, MD, is a board-certified obstetrician/gynecologist who helps empower women to tune in to their inner wisdom and take charge of their health. She is the author of the New York Times bestselling book Women's Bodies, Women's Wisdom (Bantam, revised 2006) editor of the bi-monthly The Dr Christiane Northrup Newsletter; and the host of six successful public television specials. Her New York Times #1 bestseller, The Wisdom of Menopause, was revised in 2006. Her work has been featured on The Oprah Winfrey Show, The Today Show, NBC Nightly News With Tom Brokaw, The View, and Good Morning America. Most recently, you could see Dr Northrup on her PBS television special, Menopause and Beyond: New Wisdom for Women. She lives in Maine.

Alternative Therapies (AT): What led you to enter the field of medicine? When did you know that you had to be a doctor?

Dr Northrup: It wasn't until after college and somewhere in the middle of medical school that I knew I had to be a doctor. I grew up around a lot of doctors. My aunt and uncle were both medical doctors, and my dad was a dentist, and he was very holistically oriented. Our immediate family was into whole and organic foods and other natural lifestyle elements. And the doctors in the family, my aunt and uncle, thought we were health nuts. My aunt even sent me the book *The Nuts Among the Berries [An Expose of American Food Fads; Ballantine Books, 1967]* when I went to medical school.

I went to medical school after being a biology major because as I went around interviewing to become a biology teacher, it was very clear that at that time—in the early '70s—every graduate program in biology was interested only in PhD research candidates, not teachers. I really wanted to teach biology. I called my advisor back at college and he said, "Oh, Chris, that's like a thoroughbred running a junk horse race. Why don't you go to medical school?" I thought, "Well, all right." I had taken a year off after college, I was very burnt out from it, and so I thought, "Well, this is a better degree. An MD will give me a lot

Christiane Northrup, MD, shown here at her home in Maine, believes that the biggest change in the landscape of women's health issues is happening now: women are beginning to understand that they can attract the care that they need and want.

more leeway in terms of career choices." Then, in my third and final year of med school at Dartmouth, I watched a baby being born and that was it: "Oh, my God; this is what I have to do." It was like breathing. Being around laboring women felt like breathing—that easy and that wonderful. Nothing had ever touched me that deeply.

So, I had always had an interest in science and biology and frogs and tadpoles and salamanders in the backyard pond. But this was a new level of biology connected with soul and spirit, and it was wonderful.

AT: Did that "aha" moment also lead to your focus on women's issues?

Dr Northrup: Absolutely. It started with babies and women. It started with women in labor because the birth experience and how a baby is gestated and birthed is so influenced by everything else in a woman's life. How can we optimize the birth experience? Well, to do that, a woman has to deal with her life. She obviously has to eat well and exercise and take supplements. But if she is being battered or if she is terrified of labor, those things are just as important. You have to make sure that what is going on in her head and what is going on in her body match up.

AT: You mentioned that you grew up in a holistic environment. When did that become part of your medical practice?

Dr Northrup: It was always there. As an example, when I was at St Margaret's Hospital for Women, a Boston hospital that has since closed, women would come in having miscarriages. So you would spend a lot of the evenings helping women through the miscarriages. Many of these women were Catholic, so I always made sure we baptized the products of conception. I knew this was really important to these women. They were losing a baby. Sometimes you could see a fetus, but most of the time you couldn't. And I know how important it was to tell the women that they didn't do anything to cause this. So there was a lot of what I call "good medicine" going on then. But it wasn't until after my residency, when my cousin called and said she was treating her fibroids with a macrobiotic diet, that I really got interested in using nutrition therapeutically. I was just completing a 4-year internship and residency in obstetrics and gynecology, and we treated fibroids with surgery. I thought, "Well, this is interesting."

My cousin arranged a meeting for me with Michio Kushi,

who, of course, was the American founder of macrobiotics. I used to sit with Michio in his consultations, mostly with people with cancer. A good percentage of them did much better after he helped them. I saw their medical records, and they'd already had chemotherapy and radiation, and they were a wreck. Often they were a wreck from the Western medicine. I'd watch them within a month's time get rapidly better with Michio Kushi's help.

I was recently in Beverly Hills, where Dean Ornish and I, as well as O. Carl Simonton, received awards at the Heal Breast Cancer Foundation. As you know, Dean is doing wonderful research showing how meditation, diet, and a holistic program can turn chronic degenerative diseases, such as heart disease and cancer, around far faster than we ever dreamed possible. It literally changes gene expression. But Michio Kushi was doing that with a macrobiotic diet 30 years ago in Boston.

Interestingly enough, William Castelli, who ran the Framingham Heart Project, and I eventually started to give lectures on the same program for the East-West Foundation in Boston. At the time, Bill would show slides of monkeys and how their arteries would clear with diet, and then he would quip, "And in this country you have to be a monkey to get the right treatment." Then Dean Ornish came along and obviously showed the same thing in humans. So there are a lot of studies that show that these holistic methods work. But it was the experience of sitting with Michio Kushi and watching these people come from all over the world and many of them—certainly not all—getting better by changing their diets and switching to a more holistic lifestyle. That's what did it for me, and as a result of that, once I got into private practice in the early '80s, I was compelled to include diet as an important component, but the spiritual component was already there and had always been there.

AT: Who were your mentors?

Dr Northrup: There is a man named Millard Simmons, who was my ob/gyn medical school teacher and who was the most compassionate champion of women I've ever met. I've lost touch with Millard, but he was absolutely wonderful. As a med student, as a

woman going into obstetrics and gynecology—and by the way, no one was going into it when I went into it—I needed a mentor. Med schools at the time were run by internists, and they basically said the lowest members of the class go into ob/gyn. They'd ask, "Why would you want to go into women's health?" I'll never forget thinking, "What is wrong with you? Where does the human race come from? Where would you want to focus your resources? On women having babies. This is completely backward." But Millard was fabulous. One of my other important mentors was Bernie Siegel, absolutely. Bernie and I were co-presidents of the

American Holistic Medical Association in the early '90s. Also, O. Carl Simonton, who wrote *Getting Well Again* (Bantam, 1992). I saw Carl in Beverly Hills. I was thrilled to see him; what a wonderful man. Norman Cousins was important to me. Others? Marion Woodman, a Jungian analyst who wrote all kind of wonderful books on women's psyche; Gladys McGarey, a family physician in Phoenix who is now 90. She delivered babies at home—delivered her daughter, who was a physician. They just pretended they couldn't make it to the hospital in time (laughing); that was very funny. Elisabeth Kubler-Ross was an incredible mentor to me. So was Norm Shealy, the founder of the American Holistic Medical Association. Those are some of the most important ones.

AT: That's quite a distinguished and broad list.

Dr Northrup: Yes; I've been at this a long time. Oh, and of course, Michio Kushi, absolutely, and his wife, Aveline.

AT: Over the course of your practice and in all your writing and research, what are the most important discoveries you've made about why there are so many hormonal disorders in women?

Dr Northrup: I love this question. This question is at the heart of it all. And I'll tell you, this is the question that actually started me on the road that led to writing *Women's Bodies, Women's Wisdom*. It was about 1982, and an article came out in the prestigious medical journal *Family Circle* (laughing) on PMS (premenstrual syndrome). What is the monthly scourge of women that's bothering everybody? The article talked about PMS. Well, suddenly, because of this *Family Circle* article, which really struck a nerve, a

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lot of women with PMS were coming to see me. Meanwhile, my colleagues were saying, "It's all in their heads and this doesn't exist." But these women were clearly suffering, and I was wondering what was going on. PMS, as you know—and, by the way, all these other conditions, PMDD (premenstrual dysphoric disorder), adrenal dysfunction, thyroid disease, PCOS (polycystic ovary syndrome), infertility—have hundreds and hundreds of symptoms surrounding them. With PMS, you get bloating, swelling, and headaches, and because Western medicine uses a kind of Newtonian physics approach where you target the one symptom with a drug, I'd see women with PMS coming in with anti-depressants for their depression, pain medication for their headaches, and diuretics for their bloating, until they were a pharmacologic mess and not getting any better.

The man who opened the first PMS clinic, Dr Ronald Norris, lectured nearby, and he was using natural progesterone, or a progesterone that is bio-identical, and having some good results with it. He also talked about the work of Guy Abraham, who did a great deal of research on essential fatty acids, B vitamins, and magnesium in PMS. So I began to help women with their diets and with a good multivitamin containing those supplements, and getting them off of caffeine, and perhaps getting them on a little natural progesterone. I had some amazing success with that—I mean, *amazing*. They'd get better in 1 or 2 cycles, but then some couldn't maintain the lifestyle changes. So everything would go to hell again. What I noticed—and this was a revelation for me—was that the women with the worst PMS, the ones who just had the hardest time, were all adult children of alcoholics. They had some kind of severe dysfunction in their family. Seeing that led me to a whole new way of looking at all of these different issues. What I would find is that the women who just didn't get better, who had the hardest time, who couldn't stick to a diet or whatever, had childhood trauma that was not yet resolved. And in almost every case, I would find that these women had survived incest, rape, being battered, or were in a co-dependent relationship. When I say that, people say to me, "Oh, that's so '80s." But have you noticed that alcoholism is still with us? Don't you love that marketing: "Oh, that's so '80s; been there,

done that"? That's fine. But have you noticed that people are still in relationships with addicts?

As I began to help women with that aspect of their lives, Claudia Black was coming out with her work with adult children of alcoholics, and all kinds of good research and good work was coming out in the mid-80s. When you put those two together, you found that you had a complete package that you could use to truly help people get into 12-step programs. I'm a big fan of the 12 Steps. I even went to Al-Anon when I couldn't convince my patients to do what I wanted them to do. Because I liked admit-

ting I was powerless as a physician. It was such a relief!

Here's the thing. The doctor is supposed to be the person who takes care of everything, right? The one who cures illnesses and defies death. As a doctor, I'm supposed to do that, but if I couldn't even get the patient to stop caffeine and sugar, let alone alcohol, then how was I going to help people get well, which is what I wanted to do? That's why I went to Al-Anon for a while, to admit that I was powerless over people's behavior. It was enormously helpful. Then in the early '80s, I saw that women's health problems were inextricably related to the way women lived their lives. And the way women lived their lives was inextricably related to the way they thought about their lives and the way they thought about their

bodies and the way they thought about their potential. So I began to reframe all of it. I began to reframe the entire female body. I was taught that the female body was a series of potential dysfunctions waiting to go awry so that they could be cured. My chief resident once said to me, "There's no room in the tomb for the womb." We were literally taught that the uterus was for making babies or cancer. So as soon as the childbearing's done, you take it out. One of my colleagues at the time said, "It's a marriage made in heaven: the doctor has a boat payment, and the patient hates her uterus." Isn't that cynical? It's horrible. And the truth is that when you have 1 in 3 women getting a hysterectomy, when it's that common, something's wrong. You don't see 1 in 3 men signing up for a prostatectomy or to have their testicles removed. Can you imagine men being talked into removing their testicles as often as women are talked into removing their ovaries? You've got to be brainwashed into thinking that this organ is going to

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get you, so you'd better take it out. Or perform a prophylactic removal in case it might get you later on. That's the conversation around women's health. So I realized that we need to reframe it. What is the strength behind the menstrual cycle? It is the cycle that is responsible for all of human life. How could we be so off that 60% of women suffer around the cycle that is designed to put human life on earth?

I began to read some Native American teachings and Jeannine Parvati Baker's books, and I found out that there is this rich, rich, rich history of the menstrual cycle being a cycle that is connected with the moon and creativity. And I began to teach women that it's a natural cycle of focusing inward and needing to rest, to be more mindful, to understand that the tide is out and that your energy naturally ebbs and flows with the moon. You begin to understand that the menstrual cycle can be used for enormous spiritual growth and for completely recreating your health. I don't mean that women should call in sick to work, by the way, because I didn't do that and I don't recommend it.

In India, there are still areas where women rest for the first couple of days of their periods. I remember asking the chief of my program at the time if we could have a moon lodge at the hospital. He said, "Well, as long as research papers come out of it, it would be okay" (laughing). So in the '80s, I was thinking about all of this and reframing it. But back to the question: Why are there so many hormonal disorders in women? The reason has to do with psychoneuroimmunology—the mind-body connection. Every thought we think and every emotion we feel results in biochemical changes in the body. So when your primary beliefs about your female body are negative, this is quite naturally going to result in adverse functioning of the endocrine system. It's important to remember that the brain produces neurochemicals when it thinks, and these neurochemicals affect every cell in the body. Moreover, even white blood cells produce the same chemicals the brain makes when it thinks. We have a thinking immune system that eavesdrops on our thoughts. When women have been taught by their mothers, their doctors, and their culture that being female is a curse and that their



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female bodies are a mistake, those beliefs play out in the function of the physical body. This thinking, by the way, is what has resulted in a 30% Cesarean-section rate. Also, 80% of autoimmune diseases—where the immune system turns on the body—are in women. Why is this? You always find out that it is because the cells of the body are getting the message, “Something is wrong with you. I don’t like you let alone love you; why do I have to go through this pain-in-the-ass monthly cycle?”

When I wrote *Women’s Bodies, Women’s Wisdom*, it felt like I had a pick-axe and I was just banging through rock. In my practice, women were telling me why they were sick. This seems like ancient history now, but my colleagues at the time would say, “Chris, you’re seeing all these women with PMS who have a history of abuse or who have relationships that aren’t satisfactory. That’s weird; I only see normal patients.” So the word on the street was that all the nuts came to me.

Let’s be clear. To some degree, this may be true. It is estimated that in any given primary care practice, 25% of the patients, the chronic patients, the “frequent flyers,” have what’s



“We are rescue addicts. . . . There are a million ways you can help. But, you have to be really, really careful of the overlap between the mind and the body here—and psychiatry. That’s probably a whole other interview.”

known as borderline personality disorder. And the reason I mention that is that many, many times, these are the people who, for whatever reason, are difficult to treat no matter what you do, and if you are a holistically oriented practitioner or a very compassionate practitioner, you will try everything to come up with a cure for them, when in fact their mind-body connection is off. They have symptom magnification and you need a good team to help them. The therapy that works there is DBT—dialectic behavioral therapy—and these people can get well. I do not mean to be disparaging here. But *Alternative Therapies* is a publication for doctors, and I want doctors to be healthy. And doctors will not be healthy unless they understand that there is a certain group of patients, mostly women, who get a tremendous amount out of coming to the doctor and having something wrong that is not diagnosable. They receive the care that they’re craving. It is the process of being cared for that they are looking for—not a cure for their actual problem.

Again, I don’t want to be disparaging. I think there are other choices these women can make. I got my toes really close to the fire with those patients, and everyone who reads this journal knows exactly what I’m talking about. So I would just say “Caution” when a patient says, “Doctor, thank God I’ve met you; you’re the only one who can help me.” Then you really want to have a little light bulb that goes off in your head that says, “Warning. Warning.” Many of us in the healing profession live to hear that. We are rescue addicts. We’re desperate to help, and especially with the alternatives that are available, you not only have drugs and surgery, but now you’ve got all these herbs and other remedies. There are a million ways you can help. But, you have to be really, really careful of the overlap between the mind and the body here—and psychiatry. That’s probably a whole other interview.

Here’s the deal. There is no question that in women, the connections between the right hemisphere and the body are much richer than they are in men. Traditional right-handed, left hemisphere–dominant white males usually have fewer connections between the left side of their brain and the right side of their brain. That’s well documented. Women have more connectivity, and therefore they tend to feel more symptoms in their bodies than most men do. Then they have the monthly fluctuations of hormones in the body that make them emotionally porous premenstrually. Scientists have done what are called dichotic listening tests, and women will literally be able to hear negative words much more clearly and will read negativity into a conversation much more when they are premenstrual. Eckhart Tolle, who wrote *The Power of Now*, calls this “the pain body.” The collective pain body comes up premenstrually; I agree with that. So I tell women that it’s their job to clean up their part of the collective pain body and not splat it on their husbands, children, or bosses.

Women need to get out of the victim role. The movie *The Secret* was just featured on *Oprah*. It’s huge, and now the book is a #1 *New York Times* bestseller. And you know what the secret is? Hello? The law of attraction. I wrote about that in *Women’s Bodies, Women’s Wisdom* in 1994. It’s not a new secret. The laws

of manifestation have been talked about forever. The message I want to get out is this: the law of attraction works with the physical body; it doesn't just work with attracting houses and cars and the right boyfriend. It also works with the physical body. The physical body is created through the law of attraction. So I want women to understand that there is something in their lives that attracted this condition, albeit subconsciously—and maybe not even in this current life, which is another issue. If you could be responsible to your body but not responsible for this illness, then we can work together really well. Here's how I say it: "The patient has knowledge of her body, the physician has a body of knowledge." When you put those two together you get a partnership. That, in and of itself, often will start the dialogue that begins to clear up these disorders.

AT: What is the best course of action for women entering menopause as far as getting good, valid advice on hormone replacement therapy (HRT) and/or other potential remedies for symptoms of menopause?

Dr Northrup: This is so timely because there are 45 million Baby-Boomer women who are in the menopausal transition. Menopause is a normal transition that doesn't always require treatment. If a woman is healthy before menopause, her body is replete with the right omega-3 fats and enough magnesium and B vitamins, and she's happy and exercising and living a healthy life, then she's probably not even going to need any treatment. Some women need HRT—there's no question—and the Women's Health Initiative (WHI), which was abruptly stopped in 2002, was a disaster for some women who were doing beautifully on their hormones and then all of a sudden found out that the hormones will supposedly give them cancer. [Editor's note: *The WHI was a research program launched in 1991 by the National Institutes of Health to address the most common causes of death, disability, and poor quality of life in postmenopausal women: cardiovascular disease, cancer, and osteoporosis.*] The best approach is to go to somebody who is skilled in individualized hormone replacement. I believe that the hormones given should match those of the female human body, which are available through formulary pharmacies and also through regular pharmacies. This area is so confusing for doctors and patients alike, but it's simple. Estrace (Warner

Chilcott) is bioidentical 17 beta-estradiol, and so are the Vivelle-Dot patch (Novogyne Pharmaceuticals) and the Estraderm Patch (Novartis). They are bioidentical. So you can take what's in a regular pharmacy, such as Crinone (Serono Laboratories), which is a vaginal progesterone gel, and Prochieve (Columbia Laboratories)—a vaginal progesterone gel. Prometrium (Schering-Plough) is natural progesterone in capsule form. You can actually break the capsule and put it on the skin. There are all kinds of ways to get around the formulary pharmacy thing. But what you want to do is go to a doctor who knows what he or she is doing in this area. For most women going through menopause, the keys are cleaning up their diet, getting them to exercise a little

bit, and cleaning up their beliefs that this is the end, that they're old, and now nobody will want them. You've got to update those beliefs.

Thank God Helen Mirren won the Oscar this year. The woman looked fabulous and sexy, and she's 61. It's been said her husband married her for the sex when she was 52. Yes, we need to hear more of this!

AT: Are today's ob/gyns well enough informed about natural treatments?

Dr Northrup: Not a chance. And we know why: conventional ob/gyn training is heavily influenced by the pharmaceutical industry. This explains why the prize for the junior fellow of the American College of Obstetrics and Gynecology is given by a pharmaceutical company.

This influences what is studied and how it is studied. And that's well-documented. See the movie *Side Effects*.

We're in the middle of this paradigm shift where, believe me, the Baby Boomers are pushing for more natural treatments. Whole Foods Market just opened here in Portland, Maine, and the conventional grocery stores are flocking to create organic sections. Makes me laugh. It's like, "Where have you been?" This is where we've been going for the last 30 years! It's exciting, so I don't get caught up in the negativity of it. But no, ob/gyns are not well informed about natural treatments because the training is overly influenced by drugs and surgery. It's just the way it is. That training works fabulously when someone is bleeding to death, but it is not always the answer.

AT: Would you recommend that women see another type of practitioner before or instead of a traditional ob/gyn?

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Dr Northrup: You bet. I wanted my own daughters to see that kind of person, so I called Woodson Merrell, MD, who runs the Continuum Center at Beth Israel in New York City. That whole hospital is starting to incorporate integrative medicine in surgery and in internal medicine. I asked, "Do you have a good nurse practitioner?" He said, "Yes, we've got somebody who does all the conventional work, but she also provides traditional Mayan GYN massage and is a master herbalist." This nurse practitioner is working right in the middle of New York City, in the hospital, and they're all over the place. This is good news. People like me have been "hiding out" in conventional medicine settings for years and years; back in the 1980s, I used to have to close the door when I talked to a cancer patient about nutrition—for fear that my colleagues would hear this "heresy." Now it's not heresy anymore. I find that there are good people within the system everywhere—but also good people who don't work within the system at all. The best thing, obviously, is to work with somebody who's involved in the conventional medical system as well as integrative medicine, where you can get the best of both worlds. That's going to occur more and more. There's a Duke University program for Integrative Medicine; the University of Minnesota Medical School has a medicine and spirituality section. So this is happening.

I think everyone needs a good acupuncturist who does traditional Chinese medicine. Everyone needs a massage therapist. The last person I personally ever go to is an MD. Ever.

AT: A lot of MDs are probably not going to want to hear that.

Dr Northrup: And a lot of MDs know exactly what I'm talking about.

AT: Would you agree that there still is a hierarchical order to medicine, with the MDs thinking they need to be on the top? And yet your comment about seeing the MD last is in conflict with that thinking.

Dr Northrup: Yes, and of course, it's based on my own experience. Many doctors feel that way, too. I noticed 20 years ago that many doctors use holistic therapies with their wives and children, but

they didn't want to say anything about it to their colleagues lest they lose status within the profession, you see. To me that's an alcoholic-family system. That's what that is. That's not medicine.

AT: Are there specific resources that you would recommend to doctors for quality information on providing integrative therapies?

Dr Northrup: They should attend an annual meeting of the American Holistic Medical Association, or go to an Institute for Functional Medicine (IFM) meeting. Their eyes will be opened. Just like my eyes were opened years ago when I sat with Michio Kushi and watched him help people with cancer. You have to

have one heck of an ego structure in place to feel proud of yourself and your profession when you watch so many people, let's say at a chiropractor's office, or receiving any alternative treatments. Just sit in the waiting room and ask, "Why are you here?" And they'll tell you that they've already been to the Cleveland Clinic, the Mayo Clinic, Memorial Sloan-Kettering. They've done all that, you see. And many haven't been helped. I don't think it should be that way. Before resorting to drugs and surgery and treatments with major side effects, we should be working on the front end to correct energy imbalances

in the first place. This could be done with a team approach consisting of, for example, a good acupuncturist, a chiropractor, a massage therapist, a nutritionist, etc. Let's get the healers together first and then we can all work together.

I was just at SANOVIV (Medical Institute), a hospital in Rosaritas, Mexico, and it's also a medical spa. I go down for the detox and regeneration programs. You drink a lot of green juice and wheat grass and get massages, among other therapies. What an amazing place. The cancer patients who go there on the front end of chemotherapy don't get sick because they're detoxed before they even start. It's very inspiring to see. David Jones (president and chief medical officer of IFM) was just down there, and in fact, people from IFM are going to teach protocols to the doctors there. It's the perfect model for how it needs to be.

There are many places for practitioners to educate themselves now. For me, there was the American Holistic Medical

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Association, and that was it. But you can bet I went there because we're herd creatures. We need to know that we aren't the only ones who think this way.

AT: What's the bottom line about HRT?

Dr Northrup: The bottom line for me is you use the lowest possible dose that makes the woman feel better if she needs it. Generally, we choose the hormone levels of a 35-year-old woman, but here's the problem. This science is in its infancy, so we don't know how the receptors in the cells are changing. If your estrogen receptors are ramped up or ramped down, then how the hormone is going to affect that tissue is incredibly different. It's absolutely true that there is a link between HRT and an increased risk of estrogen receptor-positive breast cancer. 17-beta estradiol is, after all, a growth hormone for estrogen-sensitive tissue. However, if it is balanced with bioidentical progesterone, then that generally shuts down the growth factor in the estrogen because of the way progesterone reacts with the P-53 system.

Personally, I am not afraid of bioidentical hormone therapy at low doses. But the data is mixed. In the Women's Health Initiative study, using Prempro (Wyeth Pharmaceuticals Inc), which is Premarin (pregnant mares' urine—equine estrogens; Wyeth Pharmaceuticals Inc) and medroxyprogesterone acetate, breast cancer rates were higher, although not remarkably higher. That's using what I consider the wrong estrogen and the wrong progesterone. Neither of those is bioidentical for the human female, and the daughter compounds from Premarin—in other words, the metabolic endpoint—are biologically stronger than the original compound. Provera (Pfizer Inc) also seems to have a bad effect on breast tissue. So the two together are a lousy combination. It is not surprising to me that there is an increased risk for breast cancer. I would love to see a study of the same magnitude with individualized bioidentical hormone prescriptions. I don't think we're going to see that in our lifetime, however. The cost would be too high.

AT: What inspires you most about medicine and healthcare today?

Dr Northrup: What inspires me most is the good news that I see everywhere. The fact that I'm still standing after all these years. You know, the visionaries of the past—Carl Simonton, Dean Ornish, Norm Shealey—so many of these people are not only surviving, they're thriving. The audience for this kind of work grows larger every day. The Baby Boomers are going to transform medicine and healthcare because this group is the one that said don't trust anyone over 30. This is the group that spawned Bruce Springsteen and the best rock-and-roll acts in history. This is not a group that is going to go gently into that good night. The movie *What the Bleep Do We Know!?* was huge in places such as Plano, Texas. There is a change afoot, and it's very exciting. I think we've already addressed the thinking that the natural cycles of a woman's life are still treated like a disease. I think that the

next thing I'll probably get into after I'm done with this post-menopausal thing is death. I think we need to transform death. It is probably the biggest orgasm on the planet, but we don't know it because we're so afraid of it.

Let me give you a capsulated summary of women's health. All the places that we're taught to be afraid of—the menstrual cycle, breast-feeding, labor, menopause, death—they are the places where there is the most power. When you can transform your feelings and beliefs about that and start to experience that power for yourself, all bets are off. The paradigm shifts because you become this new paradigm within yourself. That's what we're seeing all over, because it's happening with women everywhere. By the way, the old paradigm is also women against men. I hate that. We need a partnership between women and men—not a war between the sexes.

When women are healthy, they improve the men in their lives; they uplift them, make them heroes. They don't try to be like men, which is what the early women's movement did in the '70s. You own your own femininity; you see the power in it, so you have no need to compete with men. Yes, women can live a high-functioning, high-quality life without HRT. My mother is a perfect example. She's 81; she just went out to Telluride to ski with the Over-The-Hill Gang—people who were there at the birth of skiing in the United States after World War II. She went out there and skied all day, every day in Telluride.

AT: Are there other herbal medicines and natural treatments you'd like to mention that are not on everybody's radar?

Dr Northrup: I think one of the big ones to watch for is vitamin D, believe it or not. Vitamin D is grossly underestimated in terms of its effects on breast tissue, colon tissue, the immune system, and bones. According to research from the Garland Brothers out of the University of California, women need at least 1,000 IUs of vitamin D per day to get up to optimal levels. We are grossly underestimating the importance of vitamin D. Another one is omega-3 fats, particularly fish oil. There are new studies out of Italy that show there is a 40% decrease in hot flashes with enough omega-3 fats in the form of fish oil. So I think that those two things are enormously important. Also, the effects of meditation. Herb Benson pointed this out years ago: a 90% reduction in hot flashes and menopausal symptoms with the relaxation response. That's 20 minutes of meditation twice a day.

AT: You interact with many women in your travels and your media appearances. Is there a message or a sentiment that you hear from them that would be helpful for physicians to hear?

Dr Northrup: It's hard for me to believe that I still hear some women talking about how they're not heard. I still hear from women everywhere I go that their doctors don't listen to them, or that the hospital doesn't listen to them. The difference is that women now realize that they don't need to go into victim mode: "Oh my God, something must be wrong with me." There is less

and less anger, because I see that women are using their innate feminine power to turn things around in their favor.

Let me tell you what I tell them. I tell women that doctors are healers. We go into this profession because we want to heal. We are the quintessential wounded healers. And though everything that they are saying about the doctors not listening and not having enough time is true; the system in which many doctors work is absolutely bigger than they are. So women will begin to get the care they want if they begin to have compassion for the doctor, go in with their questions and try to be as proactive as possible. Keep the anger to a minimum. Nothing good happens—well, there's some good that happens with a little righteous indignation, but you don't want to stay there. I'm also hearing from women that they know they can be healthy; there's a shift in that. Women know that they're not meant to deteriorate with age. They know that chronic degenerative disease is not a life sentence for everybody. They're beginning to get a sense of their own power in changing the world for the better.

AT: What is your personal definition of the divine? What role does spirituality play in the healing process?

Dr Northrup: The way I see the divine is that we are divine beings, and we are having a physical experience. You know the old saying: "We are spiritual beings having a physical experience." I see myself as a divine being and part of God—a little piece—and I have direct access to the divine. My job is to make this physical body and this earthly experience as divine as possible. My job is to create heaven on earth by seeing it that way as much as possible. And that uplifts my electromagnetic field; it puts my electrons into the next orbit, and it literally changes the world around me. That is, in fact, the law of attraction. I think the law of attraction is God. All of the great teachers and all of the great religions have said exactly the same thing at some level.

Now, when you are dealing with patients, it's very important to ask them what God is for them. I'm a Christian by birth, and my name is derived from Christian. When I think about religion, my first chakra training is Jesus and the Blessed Mother, and that's sort of where I go because I was raised Christian. If you're raised a Jehovah's Witness, then Jehovah's the one that does it for you. So it's important to find out where people are.

When I worked at St Margaret's in Boston, where almost everyone was Irish Catholic, I would ask patients to bring in a spiritual power that they thought could help them. Many, many

of them related to the Blessed Mother, the Blessed Virgin. This helped them. The other thing I loved about St Margaret's was because it was a Catholic hospital run by the Sisters of Mercy, they had little plaques at the scrub sinks where we would scrub before doing a Cesarean section or hysterectomy. There was one plaque that read, "May the divine physician work through me in the work I am about to do." That meant so much to me. Because the thought that I was doing this alone, that the buck stopped with me, that it was just my ego and my skills—that's so much responsibility, it's crushing. But if you had the feeling that you had spiritual help, that there were angels and guides and others to help you and inspire you during this, that was a real plus. I

have always asked my patients to tell me what works for them so that everyone can name this power however they want to name it, to get in sync with it.

I think spirituality in healthcare is essential. It helps to answer that question, "Why me? What is the meaning of this disease for me? How did I manage to attract this, and how can I make meaning out of this experience in a way that enhances my life instead of me feeling victimized by it?"

That's how I have approached everything I personally have had, and it works—doing affirmations. I've loved Catherine Ponder's work—*The Dynamic Laws of Healing*, *The Dynamic Laws of Prosperity*. This stuff works. In my 20s, I'd read about how we create our own reality. And I remember thinking, "Well, I don't

know if that's right." I spent a lifetime thinking about it and researching it, and it's true. But the part of us creating our reality is not the part of us that is conscious. I mean, you don't do this on purpose. There is a bigger part of us—the 90% of our thoughts that are unconscious. I choose to believe that we have power within us that is always guiding us toward more fulfillment, and if we would just listen, we could use that power to create a healthier life, a better life. I've seen it over and over and over again. However, if you are getting something out of being a victim, and people do—we learned this in conventional medical school—there's a payoff. You know, television's Dr Phil says, "What are you getting out of this?" (laughing). Until you own that you have some power and that your spirituality can be part of that power, I think it must be very hard to get up in the morning. If you think you're the only one who's doing anything here—that would be really hard.

Like that atheistic approach? There is a wonderful new book out, *Extraordinary Knowing: Science, Skepticism, and the Inexplicable Powers of the Human Mind* (Bantam, 2007) by Elizabeth Lloyd Mayer, who worked with the quantum physicists at Princeton and was a Freudian analyst. Her story is that her

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daughter was a harpist and had an extremely valuable instrument stolen in Oakland, California. The police couldn't find it, no one could find it, and finally, on a dare, a friend said, call this dowser in Arkansas, which she did. The guy said, "Send me a map of Oakland and I'll tell you where it is." She did, and he said it's in one of two houses. She drove over there, didn't dare to go in, but she put up a poster with a reward.

That night someone called her and said, "I have your daughter's harp. I'll bring it to you." It had been months since this harp was stolen. She was so shaken by this that she began a lifetime of using her keen, left-hemisphere intellect to figure out how this could happen. She interviewed remote viewers from the military and, whether we know it or not, our government spent millions training remote viewers to see missile silos, submarines, and other areas of interest in the Soviet Union. Lloyd Mayer points out that when you as a scientist look at all of the information on prayer and healing—and she also talks about the rigorous, rigorous scientific designs that have proven how the consciousness changes material matter—you'll find that prayer works. All this works, but when you go ahead and publish it, usually your career folds on you because no one wants to hear it.

Lloyd Mayer said there's a huge denial system within us about how reality really is. She brought all of her powers of observation to bear, and there is so much hardcore evidence in this book that by the end of it I said, "My God; if I'm still denying the power of this, then I'm just in denial." Lloyd Mayer says that our entire culture has been in denial about the importance of spirit, about the things that we say we can't know, yet we do know. She interviews a neurosurgeon who had an extraordinarily successful career. None of his patients ever died. She asked him, "Why is this?" He said, "I sit with the patient, and when I see a light streaming out of their head, I know it's okay to operate, but I don't operate unless I see that." He quit doing surgery because he couldn't tell anyone about his experience because he thought he would be criticized. I've been hearing these stories for my entire career, and it's time we all came out of the closet about this. This book is enormously helpful, especially to those doctors who have extraordinary knowing. I know that you're out there; you know who's going to get well and why. Maybe you see auras and maybe you know things you're not supposed to know. This is the future.

I recently was introduced to the work of Bruno Gröning, a

healer in Germany after World War II, who reached the height of his popularity in 1949. He is deceased, but healings still occur around his work. I just discovered that there is an entire medical and scientific community that is documenting his work. It's called the Bruno Gröning Scientific Circle, consisting of 3,000 doctors all over the world, and they document healings that could not have occurred in any other way: 40-year-old, third-degree burns, all the scars completely disappearing—that sort of thing. He taught a practice called Einstellen, where you simply absorb the healing stream, the Heilstrom. I learned how to do this (it's incredibly simple), and I have been working with physicians around the world with this. Extraordinary healings like this shouldn't be happening, but they do. If you're going to

get someone to document it, get a German—they're very rigorous. I've always believed we could dematerialize tumors. Now I find that there was a man who was able to do it. He said, "I don't do anything. I'm a servant of God; God does it. I'm just a transmitter. I'm a bridge." And the healings are still going on even though he is no longer living. It's so exciting to me, I can't even begin to tell you. There's a big international meeting in White Plains this spring. I will be going to meet with The Bruno Gröning Circle of Friends from all over the world.

AT: Please address what appears to be chronic fear of and misinformation about

the safety of dietary supplements and herbal products in the media.

Dr Northrup: It's the same fear about the healing power of prayer and all the rest of it. And it's probably also driven, in part, by the pharmaceutical industry. Remember Linus Pauling, the Nobel Laureate who won two Nobel prizes, and then when he started to think vitamin C was a good idea, everyone said he was demented? That's interesting to me. The guy has the intellectual rigor to win two Nobel prizes, but then he supports vitamin C and he's demented? He said, "What we're not up on we tend to be down on." Let's be clear. When you watch a daytime television program, what is the financial stream that supports that program? The pharmaceutical industry, by and large. That's why people tend to be down on supplements and herbs. You just look at the economic stream and it pretty much provides the answer.

However, many in the pharmaceutical industry are getting

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involved in supplements and herbs. And you wait—suddenly they will have discovered these. It will be an overnight sensation, 30 years later. That's what's going to happen in the next 10 years—you mark my words. Suddenly there will be all of these active ingredients from herbal plants. I think Parke-Davis has a whole group that goes to remote areas and tries to find the next big herb. The pharmaceutical industry does an amazing job of purification and better living through chemistry, and if we could get that incredible power working with the intelligence of the human body, wouldn't it be amazing? Wouldn't it be wonderful? There's so much that industry could do.

I'd like to see the bioidentical hormones of progesterone, maybe testosterone, and estrogen, together in various dosages, all produced by the mainstream pharmaceutical companies. They'd do a great job with that. Some things they do are wonderful. Morphine continues to be a phenomenal drug for pain relief. I'd like to see it all come together, and I think that's going to happen. There has been a change in 2007; I don't know if you've felt it. But it feels as though things have opened up in 2007 in a new way. I felt it at the Heal Breast Cancer Foundation meeting in Beverly Hills, where we learned that physicians are compiling all the research that's been done on the fact that you can read a change in the brain on a CAT scan, say from an emotional trauma, and then a certain response will show up in the body, like maybe in the breast, and it's a healing response in the body to the emotional trauma that appeared on the CAT scan. And if you can change the emotional trauma, the brain will change, and the bodily organ will change. That's what they're working on. There is a lot of information on this. It's very exciting.

AT: You've already racked up quite a career as a surgeon, as a non-practicing physician, and as a writer. Out of all of these, what most feeds your passion?

Dr Northrup: I think uplifting people and making them know they can be healthier is the biggest kick on earth. That's it. Watching people get better, become happier, become more successful. I'm a midwife at heart.

AT: What do you do on a day-to-day basis that really allows you to do that?

Dr Northrup: Actually practicing what I preach. I live in a great place, I get out in nature, I eat good food, I like my life, I go to movies. I think enjoying your life and taking pleasure in living is the only way to go. I don't believe in the sacrifice model—though I used to.

AT: Considering your writing, your public appearances, the book signings, and other ways you interact with the public, where do you most feel a connection with people and your ability to implement some of your teachings?

Dr Northrup: It's all of it. When I'm up on the stage, though,

there is something about being in a group of a couple of thousand people that inspires you in a new way. It's as though their energy lifts you in a new way, and you discover things from that. The audience is actually making it happen for you. It's interesting. You get these "aha" experiences that you didn't have before. But when I'm doing a one-on-one interaction, such as a book signing or meeting with a family member, it's the same as it's been for 30 years. That's me being a doctor and helping somebody. That's just as sacred.

They're different experiences. Whether it's TV or a book signing, it's all aspects of the same thing. But there is a huge rush of energy when it's a huge crowd. Television is weird. You're just alone with someone in the studio and you can't believe that millions of people are watching. Then they are, and you go, "Oh God . . ." because it's really intimate.

AT: Looking into your crystal ball, where do you think the biggest change will come in terms of the overall landscape of women's health issues?

Dr Northrup: The change is happening now. It's going to be women understanding that they can attract the care that they need and that they want. You're going to see women leading the way in every aspect of life. Women make 85% of all decisions for healthcare and everything else—even whether to buy a John Deere tractor. Women know they have this power, and like I said, they're not wielding it like an axe. It's not power over something; it's the power to empower. You're going to see things change in a wonderful way. We're already seeing it from companies giving back and being eco-friendly. Whole Foods is a good example. Or Beth Israel Hospital in New York, realizing it's cost effective to have integrative medicine throughout the whole system. It saves them money. We're finally starting to realize that this stuff works.

And we're also going to see the rise of the "win-win" model in which the companies and individuals who are thriving are the ones who will help others thrive. We will see that the companies that are the most profitable are the ones that are doing the right thing. We will see the death of the old "zero-sum" model, which is based on scarcity and lack. The good news is that we don't have to wait until the future to experience this. We can begin, right now, in our own lives and in our own bodies, to experience the enormous power of choosing thoughts, beliefs, and behaviors that feel good. Simple. Not always easy—but always well worth it!