

BSc Nutrition 2005



The Plaskett Nutritional Medicine College

in collaborative partnership

with Thames Valley University, London

THE HOLISTIC MODEL OF HEALTHCARE

FOLDER ONE, MODULE ONE

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The Alternative Approach to Nutrition

"Let food be your medicine and medicine be your food"



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Nutrition

1 INTRODUCTION – LOOKING AFTER THE BODY

In its basic and most simple form nutrition is the study of the material inputs to the human body. If we are being very restrictive with the scope of this definition, then we could call nutrition the study of those inputs that go in via the mouth.

1.1 What do most people know about Food and Health?

Most people have only the crudest of ideas on this topic. A great many have never received any proper education about it. Younger people, as part of the National Curriculum, now receive a minimal outline at school but along wholly orthodox lines, and such instruction often appears to be soon forgotten. The current culture does not favour the widespread application of what nutritional knowledge is available to people. So many, if not completely uninterested in the subject, are generally restricted to conversation about one food or another being either "good or bad for you" and whether or not it is a good idea to take some vitamins.

Perhaps if you were to take the top 10% slice of the population with regard to education, intelligence and/or interest in nutrition you would find a more informed picture. Then you are among people who may begin to appreciate why fresh fruits and vegetables are favourable, why organic growing is worth considering and some may be vegetarians. Nonetheless, the vegetarians may or may not understand why, apart from ethical reasons, larger scale meat eating may be negative for health. Also, there are a great many quite poor vegetarian diets. Meat eating is just one issue of many.

Knowing why particular dietary measures are good or bad requires that you should understand in fair detail how the various foods and nutrients interact with the human body. This requires at least a modicum of knowledge of human physiology. People are surprisingly ignorant of the workings of the body and where specific organs are located. You cannot expect people to have absorbed information that they are poorly prepared to understand. Nonetheless, it is quite possible to give people simple guidelines for good nutrition that they can understand without any physiological knowledge. There are some quite adequate and simple books to do this but only a small minority read them. Books that advocate quite freakish or specialised diets that leave people not knowing upon which authors to rely also complicate the picture.

Of course, when people develop health problems, particularly when they spontaneously develop internal chronic problems, then we can recommend the professional nutritionist.

These professionals, whom we train, often become very busy indeed. However, a great majority of the populace do not know that such professional help is available. If they do, they cannot yet see the need to visit an expert simply because they do not have enough knowledge to perceive the unique value of the expert's speciality. Today at a guess, we possibly have about 5% of the people who are quite interested in their nutrition and its relation to health and 95% who are, as yet, still most unaware. This is despite the various government-sponsored campaigns of late to promote healthy eating and attack the growing problem of obesity, particularly amongst the young.

The more perceptive of the 5% are aware that nutrition plays a determinative role in the nation's health and some will actually campaign to give nutrition a higher profile in the nation's life.

1.2 What do Doctors know about Food and Health?

Today we are faced with a vast scientific literature, contributed by scientists across the globe, demonstrating through reported research the efficacy of foods or nutrients in either preventative medicine or in clinical medicine. Yet when our patients (ie the patients of nutritional medicine practitioners) face their doctors across the desk and ask, "do you think nutrition could help me?" or even "should I see a nutritional practitioner?" the doctor is often much less than supportive. Damning with faint praise or outright disapproval are common responses. Some of the more liberally minded may actually go along with using a nutritional approach, while failing to understand that natural treatment and orthodox treatment are founded upon opposite principles. Few of these doctors have any experience at all of nutritional medicine in clinical practice. They therefore tend to dismiss the proven curative powers of nutrition.

In those cases where a medical practitioner adopts the use of nutrients in practice, he/she often does so with extreme selectivity. For example, the prescribing of calcium or iron is very common indeed, whereas zinc, manganese and chromium rarely come into the picture. There are strong (and entirely scientific) reasons for not supplementing single minerals without regard to the others. So we have widespread application of incomplete knowledge.

In contrast to the rest of their profession, just a few doctors have engaged in the practice of nutritional medicine. That, in itself, is fine, though it is our experience that they are rarely wholistic in their methods of practice. Moreover, when they do this, they tend to want to reserve this area of practice just to themselves, failing to acknowledge the existence of the much more significant numbers of wholistic non-medical practitioners.

1.3 What do Orthodox Dieticians know about Food and Health?

Dieticians working in the National Health Service and private clinics and hospitals are usually well trained in the basics of the subject, though they too have an entirely orthodox slant. By and large they seem to accept the general view of most of the medical profession that nutrition does not affect illness much. Hence, they restrict themselves to designing diets required by the doctors for whom they work – usually for specified narrow purposes, such as low fat diets,

low sodium diets etc. Such diets are, indeed, important in the hospital management of certain diseases (once these have become established) but they represent extremely limited horizons. Much that is in the basic and essential training of alternative nutritional practitioners is missing from the training of dieticians. As a result, most hospital diets are not very good for health, judging from the parameters that will be set down in the following Sessions.

1.4 Relationship to Science and the Limitations of Orthodox Methods

On one very important level, nutrition is a scientific subject. Science has furnished us with all the data we have about what nutrients are, which ones are essential and how much of them we need. Yet nutrition can unfortunately become a slightly 'dry' subject if that is all there is. Yet in recent times science has also furnished us with access to biochemistry and this enables us to understand exactly how the nutrients interact with the body processes. With this dimension added, the subject becomes a little more complex, yet at the same time enthralling.

However, the subject of Wholistic Nutrition transcends the area of human understanding for which science, alone, is appropriate. The reason is that it is 'vitalistic'. It recognises the presence, in all life forms including the human body, of subtle (or 'etheric') energy forces not easily measurable by the physicist's equipment. It shares that position with the 'energy medicine' disciplines such as homoeopathy, traditional acupuncture and spiritual healing. It follows an approach to those subtle energies that is embodied in the discipline and philosophy of naturopathy. That is why naturopathic principles are a key part of Sessions 1 & 2 of this Course.

It is wise to pause at this point to insert the definition of two very important concepts, which will be used in this course over and over again. These are "*Vitalism*" and "*Naturopathy*".



Vitalism is the notion that life in living organisms is sustained by a vital principle that cannot be explained in terms of physics and chemistry. This vital principle, often called "the life force" is something quite distinct from the physical body and is responsible for much that happens in health and disease.

Naturopathy is a relatively modern term for an ancient concept (dating back to 400 BC). This concept embraces the notion that the body is inherently self-healing and that it is the practitioner's job to stimulate and support this process. Each patient is recognised as having a unique life experience and a unique genetic inheritance. All diseases are seen as one and as attempts by the body to purify itself of toxins. Treatment focuses on causes rather than on symptoms and always addresses the whole person. The wise words of Hippocrates (often called the Father of Medicine) express some of the main tenants of naturopathic thought. He said:

- ⇒ "It is only nature that heals and wherever and whenever possible nature should be given the opportunity to do so.
- ⇒ Disease is only an expression of purification.
- ⇒ All disease is one.
- ⇒ Let food be your medicine and medicine be your food."



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These concepts provide a framework through which to observe and draw conclusions about the subtle energies that animate the human being. They serve to define important features of the ways in which these energies behave. Understanding that behaviour and observing and monitoring it during a person's illness and during the course of the nutritional treatment provides a unique key, or insight, into the patient's recovery or response to treatment. It simply is not good enough to view the human being as consisting of just a physical body. This level of insight is unique to 'alternative' nutritional approaches and the practitioner who works in this way enjoys a great enlivening of their work compared to working only on the material level.

Hence, most 'alternative' nutritionists see conventional nutrition, as being rather rigid and unmoving. Hence, they also see it as very limited. This happens because orthodox nutritionists tend to be locked into science alone. They fail to grasp the significance (or the reality of) the subtle energies and they reject the philosophy of vitalism. It is generally the view of 'alternative' nutritionists that understanding these things is a major step to healing the patient.

Orthodox science is well known to head down the route of specialism and detail. "Learning more and more about less and less" is the way it is often put. This can be commendable, but carried to the extreme, it can also be the opposite of wholism (which, as the name suggests, takes into account the whole person, ie all mental, physical, emotional and spiritual aspects).

Whilst both models are undoubtedly valid (and science brings us hard information about definite facts) if we lose sight of the "whole person", then we lose a really important dimension of our medical understanding. This even applies in respect of purely material issues. The giving of high levels of supplementary iron, whilst being unaware of likely damage to the body status in zinc and manganese, represents the lack of another sort of wholism at the purely chemical level. Adopting this approach blinkers the vision and fails to provide scope for thinking laterally – often regarded as an essential element of the 'alternative' outlook.

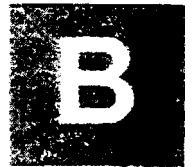
1.5 The Pressure of the Orthodox model

Almost everyone who takes steps towards 'alternative' medicine experiences a backlash from others around them who have not been able to make the same conceptual change. Patients wanting to settle into an 'alternative' approach can be subject to negativity from their doctors (and as a result many patients do not ask the doctor's opinion). But students and practitioners alike are frequently subject to negative expressions and even frank hostility from relatives who can understand only orthodox, symptomatic treatment. It is therefore best to be forewarned that your adherence to 'alternative' principles will be tested in these ways. At the outset, lack of knowledge may make one vulnerable to negativity, so students need to try to be strong in this area. Later on increased knowledge gives the power of counter-argument and confers more confidence.

1.6 The Body Consists of what has been Eaten

It is advisable never to lose sight of this ultimate logical argument. The diet is the only source from which the body can draw its materials. It has some ability, during digestion and

absorption, to select favourable from unfavourable substances. However, it is inevitable that if the intake of substances is grossly out of balance and contains far too much of the unfavourable materials, then the internal composition of the body cannot do other than change in an unfavourable way. If that did not adversely affect the way in which the body processes work, then it would be a miracle. The orthodox argument that food and nutrients do not affect health is clearly a false belief. Its refutation does not rest just upon the experience of individuals because such a wealth of scientific and medical literature exists to demonstrate the opposite.



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1.7 Distinguishing between Palliation and Treating the Causes

The classic 'alternative' viewpoint about the basis of orthodox medicine is that it treats only symptoms and the disease manifestations, not the fundamental cause. Moreover, it is seen that orthodox medicine treatments are designed to 'contain' the illness symptoms. This 'containment' is termed 'palliative' or 'palliation'. It consists of making the illness easier to bear. Painkillers make life easier for the sufferer. They do nothing whatever to remove or correct the causes of the pain. In some cases they are known to make those causes worse. Giving insulin to the diabetic may control, and hence palliate, a very difficult high blood sugar problem but it does nothing to correct the pancreatic insufficiency that lies at the root of the problem. Removing gallstones and the gallbladder with it, palliates the pain arising from the gallstones. In one sense it can also be seen as removing the cause too, since the stones are the direct cause of the pain. However, the sense of 'palliation' is still there, because the reason why the gallstones formed in the first place has not been addressed. The fundamental reason why the gallstones form has to do with poor liver function, which results in poor quality bile, and this is true whether you view the matter naturopathically or biochemically.

In gallstone disease the more enlightened solution is to encourage better liver function. We all recognise that there are many instances when it is too late to apply that solution. The reasons for this have to do with the lack of preventative medicine and the general tendency only to act upon correcting metabolic errors when they have progressed too far. The alternative approach to diabetes is to encourage the production of the patient's own insulin to start again. We all recognise that there are times when, through the constant use of insulin over many years, the insulin producing cells of the pancreas have died out and obviously cannot be resuscitated. Again, the lack of preventative medicine – or 'early detection' medicine – is to blame.

There are strong measures available in nutritional practice to counter adult diabetes and to have major impacts even upon diabetes appearing in childhood, just as various published works have shown. In joint pain, whilst it has to be recognised that often pain has to be alleviated, that again happens only because the process of joint deterioration has been allowed to go too far. The emergency has to be dealt with, though, of course it would have been better avoided.

The point is that the 'alternative' approach, which falls within the definition of 'wholism', is always drawn in these circumstances to more than just a palliative, anti-inflammatory, approach. Rather, the emphasis of treatment is placed upon rebuilding the damaged joints. It is, therefore, the palliation aspect and the absence of measures to promote tissue repair that characterise orthodox medicine, combined with a complete denial of the very existence of the

subtle energies and the life force. The toxic or inhibitory nature of orthodox medicine remedies also makes a significant contribution to the difference between orthodoxy and the 'alternatives'. This goes along with an outlook upon the causes of disease that is generally at variance with the 'alternative' view of causes. Taking a stomach disorder as an example, orthodoxy may say that the 'cause' is over-secretion by the stomach, or the cause is 'inflammation'. It is that thinking that leads to prescribing palliative remedies. The real causes are always more basic. Something must have caused the stomach to over-secrete or must have caused the inflammation. 'Alternative' medicine always seeks the ultimate cause. One esteemed teacher of the subject said "When you first study for your qualification I will teach you to find the cause, but in higher study I will teach you to find the cause of the cause of the cause".

The alternative argument thus goes as follows: because, in orthodox medicine, the fundamental concepts of the causes of disease are wrong, the remedies applied by conventional medicine are usually detrimental to the Life Force. The question of the toxicity of the remedies is also a major consideration. Their chemistry differs widely and the toxicity of different drugs varies across a wide range. However, in general, the more effective these remedies are, the more toxic they are and hence the more detrimental to the Life Force. Since orthodox practitioners do not recognise the existence of the Life Force, they do not look for it and have no means of gauging its health or otherwise.

Hence, across most of the population orthodox practitioners, even for quite minor symptoms, are applying toxic chemical remedies regularly, frequently and, it seems "at the drop of a hat". The problem is that the Life Force is being left more inhibited after each inhibitory treatment. This is reputed to "drive the disease deeper", and we shall see more clearly as we proceed what that means. The failure to address the underlying problem is absolutely the nub of the problem. The perception of most 'alternative' practitioners is that patients are sent into a downward spiral of ill health by repeated use of chemical medicines and other measures in allopathic practice that inhibit the Life Force. The result is escalation in the incidence of serious chronic diseases that could and should have been prevented in the first place.

READING: Please read Lindlahr p18-22

2 THE LIFE FORCE

2.1 What does our Energy Consist of?

At the root of most wholistic therapies lies the belief that all life is animated by a subtle force. We call this the Life Force. You either believe it or you do not. It cannot exactly be proved at the moment and the belief is not in accord with the yardsticks that we call 'scientific'. The belief is a little akin to the belief in God or in spirits or ghosts, and yet at the same time it is not, because the Life Force is by no means so remote from us. It is not necessarily difficult for an agnostic to accept the Life Force. The writer was once asked for a definition of the Life Force and wrote:

"The Life Force is that non-material, non-physical force that animates all life forms and distinguishes them from non-living matter. It is seen as a determining

Force, not as a mere accompaniment to the phenomenon of Life. That is, it determines whether Life can exist or not: it determines the physical form that a life form takes: by its quality and its strength it determines the health, vigour and vitality of the life form. Hence it determines our freedom from, or our susceptibility to illnesses, and our general ability to come through and to recover from Life's stresses and traumas."

The Life Force concept is fundamental to Western Naturopathic thinking, in which the strength of the Life Force is seen to be a crucial factor determining patterns of health and disease. The aspect of philosophy, which lies behind such therapies, is termed "Vitalism" (as defined earlier).

There is, of course, a whole literature available on this topic. It is non-scientific work, some of it by possibly gifted 'seers', some of it by investigators who feel sure they perceive some shades of the Life Force emanating through its interactions with various forms of physical matter. There is no absolute need to pursue that literature, but it is there for those who are attracted to it. In this section we simply quote what some of the influential writers have said about it. This will give something of the 'feel' of the subject.

Milner & Smart (1976) deduce that all matter on earth is accompanied by "etheric energy", even inanimate matter. They suggest the existence of four different levels of such energy that are associated with differing levels of physical matter and physical energy. The highest is the "life etheric force", ie the Life Force. The earth-bound human is only able to perceive this energy indirectly. All the different etheric forces are seen as influencing and associating with physical matter, but the low etheric energies do so more directly. The life-etheric force has to act through these lower energies to exert any effects upon the physical level. This book is a compendium of experiments concerned with the ways in which the etheric energies express themselves through the medium of physical matter. These considerations seem to mean that the Life Force as such is very close to the earth, not far removed from the physical level. The belief in subtle energies is akin to religious conviction, ie it is not scientifically provable. Yet these energies are very close indeed to the level of our everyday lives.

Watson (1974) approached the matter by considering in detail the nature of death. That is, indeed, one route into the problem in theory, because explaining death should throw light upon Life. Perceiving that the individual cells of the body could 'live' to a degree after the death of the person or animal, he proposed that they were in an intermediate condition, taking the view that there were actually three states, life, death and the in-between state, 'goth'. However, he found the relationship of the subtle energy fields to the personality intriguing. He goes on:

"There is no irrefutable scientific evidence for an alternative system to the familiar somatic one, but the discovery of life fields suggests that we have by no means explored all the possibilities.

The prevalence and consistency of out-of-body experiences suggest that separation in space may well be possible. There is nothing in biology that denies this possibility, and much that could be simply and logically explained by the existence of a relatively independent second system.



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We know that dissociation within the body and brain is of common occurrence, and it seems there is no valid reason for setting spatial and temporal limits to the process."

The postulate of a subtle Life Force makes a natural connection with such topics as out-of-body experiences, astral travel and even survival after death. This happens because the subtle Life Force appears by its very nature to be "Life within a different medium" and if Life can exist in a different medium, then why should it not exist quite independently of the physical body? You do not have to address such matters at all, though many doubtless will, or have already done so. During the person's life, or most of it, this Life Force is seen as being very closely associated with the body. Watson further writes:

"Burr concluded that his field both determines and is determined by the organism with which it is involved. This reciprocal action fits well with the new quantum mechanics."

The work of Burr being referred to concerns an electrodynamic field and will be referred to again below.

Gerber in (1988) writes very extensively, indeed, on this topic. The following passage, under the heading "The Physico-Etheric Interface" gives an indication of his thoughts:

"... there is considerable evidence to suggest that there exists a holographic energy template associated with the physical body. This etheric body is a body which looks quite similar to the physical body over which it is superimposed. Within the etheric energetic map is carried information which guides the cellular growth of the physical structure of the body. It carries the spatial information on how the developing foetus is to unfold in utero, and also the structural data for growth and repair of the adult organism should damage or disease occur."

To assist with this whole concept we reproduce below a quotation from Finlay (1951). It represents his concept and understanding of the Life Force, but he does, we think, paint a picture that is quite easily understood. In particular, he emphasises that it is a determining force, which, apparently, decides how it will employ matter for its own purposes - not just a force of energy, which accompanies a living organism.



"What is the cause of a tree in full bloom retaining its shape and its leaves, while another, which is called "dead," breaks in pieces at a touch and crumbles away into dust? There must be a something, to which we give the term "life," which animates the living organism and is absent in the dead organism. That something has the power to give the substance form and expression, whereas, when the something is absent, form and expression go, and the substance which was previously animated returns to form part of the earth.

Evidently, there is something we cannot see or handle, which is nevertheless real and powerful, besides having this faculty of creating forms out of inanimate earth. I say it must be powerful, because it is capable of raising matter against the force of gravity, and retaining matter in an erect position, as, when it leaves the substance, the force of gravity again assumes control and the substance in question is affected by all the forces of nature. A man, an animal, a tree, can stand erect when this life force permeates them, but when it does not they fall to the ground. Life, therefore, is an organising force which can counteract the tendency in matter to disorganise itself. Life is a formative, thinking force, entering matter and arranging it, whereas matter without it is inert and void of personality. Life, therefore, cannot be a part of matter any more than the potter can be a part of the clay he uses in his moulds, and besides this, it has personality. Every living thing has personality, because every thing alive is different from every other living thing. This life force, by this process of arguing, has powers quite beyond the powers attributed to matter. It is more powerful than matter, it can organise matter, and therefore things. Besides that it has individuality.

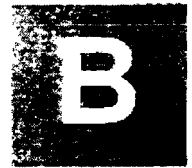
Consequently we can safely take a further step forward, and say that this organising force is influenced by Mind and that what we call Mind must be the living, active, dominating, controlling force in the Universe. Mind controls life and life controls matter. Death can therefore be described as a severance of Mind from its association with matter, and it would be illogical to conclude that Mind and its life-expressing vehicle, the etheric body, which have such power over matter, cease to exist when we lose sight of their organising powers.

Though we do not see Mind at work, it is logical and reasonable to assume that what can control matter cannot be destroyed. These general arguments, had we not direct evidence, might never lead us to anything tangible. We might always be right in assuming the indestructibility of Mind, and its expression, Life, but had psychic phenomena not come to our aid we would have been only halfway to our goal. The goal, however, has now been reached, and the path has been prepared for the human mind to travel the whole road."

Whether or not you follow him down "the whole road", this passage certainly conveys the full nature of the Life Force as conceived by vitalists.

2.2 Evidence Concerning the Life Force

Since our 'usual' human senses only work through the medium of the human body we can only expect to detect the Life Force, or other subtle forces, through their interactions with matter. It is clear that these interactions are themselves subtle and sensitive because one level, or state, is impinging upon another. It is postulated that they are not entirely of our world, not physical, only detectable with physical apparatus under special conditions. Often they are described as "that which science cannot see". Not surprisingly, therefore, when investigators come forward, convinced that they have a phenomenon that demonstrates the Life Force, the physicists,



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looking at it with a steely scientific eye, are not usually ready to accept the conclusions claimed. Hence, we have several delicate phenomena that are often claimed to be manifestations of the Life Force, yet not accepted as such scientifically.

Some of the best examples of these are:

- The experiments done by Harold Saxton Burr on "The Fields of Life".
- The experiments performed on detecting and measuring "Electrodynamic fields".
- The phenomenon of "Capillary dynamolysis".
- Homoeopathic effects.
- The Chinese 'energy pulses' at the human wrists.

These are not topics that you necessarily need to study. From experience it is clear that many students will simply accept the Life Force as 'obvious'. Some will say they have always known about it. Others are able to accept the concept now as a reasonable principle. Others perhaps (though we have rarely come across it) will never accept the Life Force. If that occurs, it seems a shame, for it removes some of the excitement from wholistic nutrition, but it is nonetheless perfectly possible to proceed without this conviction. It is still even possible to follow the energy changes within the patient, but you have then to think in terms of biochemical energy rather than subtle energy. Here, it is possible to offer just minor comments upon the sources of evidence cited above.

2.3 The Fields of Life

Milner and Smart (1976) write:

"Burr has found ... that there are electromagnetic fields associated with all living matter, from slime mould up to man, which he calls the L-fields (Life-fields). In trees the L-field shows a diurnal rhythm and a lunar rhythm: it varies with sunspot activity and varies with the atmospheric and geophysical electrical activity of its environment. The L-fields of seeds are related to their subsequent growth characteristics."

Burr, (1972) also shows that disease patterns are associated with a certain deformation of the L-fields that can be detected before any physical symptoms appear. The claim is made that the ovulation of the female, the effects of injury, the healing process and the advent of malignancy are all reflected in changes in the L-fields.

2.4 Kirlian Photography

The technique of "high voltage photography" that displays "Electrodynamic fields", has been named after Semyon and Valentina Kirlian, who devoted much of their lives to studying it. Notwithstanding that other workers had found the phenomenon before (Carsten, Navratil, Baraduc, Nikola Tesla), the Kirlans were eventually responsible for drawing it to wider attention. The technique shows up a pattern of energy radiating from human hands and feet, or a pattern of energy around cut leaves, that gradually fades with time after the leaf was

separated from the plant. It also shows brightly displayed energies emanating from live, fresh foods and next to nothing from processed, preserved and refined foods.

The technique is famous for having shown up the "phantom leaf" effect. If a leaf with many leaflets has one leaflet removed, it shows up the energy pattern of the missing leaflet. The energy field of the leaflet, it seems, survives the excision of its physical form. References on this topic include *"The Unseen Self"* by B and M Snellgrove (1979) and *"Psychic Discoveries behind the Iron Curtain"* by S Ostrander & L Schroeder (1970).



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2.5 Capillary Dynamolysis

Capillary dynamolysis is, as Milner & Smart put it "a simple method by which these shaping forces of plants can be freed and made manifest". Solutions of plant sap or juice are allowed to permeate through a filter paper, mixed with or without a soluble inorganic salt, such as copper chloride. It would be expected that simple concentric rings would be formed, but instead complex feathery and ferny patterns develop that are characteristic of the plant or substance added. It is claimed that plants of the same family produce related patterns and that the nature of any fertilizer used for growing the plant affects the pattern in discrete ways. The technique has been studied for investigating the quality of a water supply. A version of the method exists in which crystallisation occurs, contributing to the patterns. This is alleged to provide a diagnosis of a person's health by adding a little of their blood to the crystallising solution. The contention is that in these techniques, whereas known physical forces would provide only simple straight forward patterns, the intricacy of the patterns actually realised comes from the qualities of the Life Force associated with the living material that has been used.

2.6 Homoeopathic Effects

It is not until Nutritional Medicine students have qualified and got into practice that they usually employ any homoeopathy as an adjunct to their therapy in anything other than a first-aid role. That is because homoeopathy is a complex training in its own right and a quite separate discipline. However, any demonstration of the effectiveness of homoeopathic medicines at potencies higher than 12C is evidence for the existence of the subtle etheric energies. Such remedies have been diluted beyond the point at which the last traces of material substance, derived from the Mother tincture, have been removed, leaving only the residual energy associated with the original material.

Today it is commonplace to have controlled clinical trials of homoeopathic remedies carried out in pursuit of legal medicine licences. Many of these are fully successful in demonstrating the efficacy of the remedy for a particular ailment or symptom. However, this has been done mainly with lower potency mixed (or complex) remedies in which the 12C potency was not reached. Nonetheless it seems highly likely that the same mechanism was involved, since the material substance of the remedy present would have been vanishingly small. For examples of controlled successful clinical trials of homoeopathic complex remedies see Zenner & Metelmann (1990), Claussen et al (1984) and Salehian (1992).

2.7 The Chinese 'Energy Pulses' at the human wrists

These pulses that are subjectively 'measured', or rather, sensed, in Chinese medicine accompany the blood pulse, yet are quite distinct from it, since they do not depend upon its volume or frequency. The variations in the quantity and quality of the 12 pulses are diagnostic in a detailed manner and change in very specific ways in response to needle treatment or moxa. They are widely considered to be a manifestation of the Life Force, referred to as the 'Chi'. In fact Chinese medicine recognises not one Life Force, but several, identified by individual Chinese names. If you wish to study this point further, please refer to *"Pulses and Impulses"* by Townsend & De Donna (1990).

2.8 General Reference to Subtle Energy Forces in Nature

There are several books on the subject of subtle energies in Nature. These do not necessarily have much specific relevance to nutrition, though some students may wish to fill themselves in on this as additional background. These include such works as *"Sensitive Chaos"* by Schwenk (1965) and *"Living energies"* by Coats (1996).

2.9 Toxic Effects upon the Life Force

The Life Force is generally seen as an abundant, ebullient and beautiful manifestation of Nature's energy. Although some forms of acupuncture take in the concept of a form of polluted Life Force called "Aggressive Energy", that idea is not shared much by other wholistic disciplines. We are left for the most part with the idea of a rather perfect form of energy.

In Western Naturopathic thought, the enemy of the Life Force is toxicity. The Life Force inhabits a potentially perfect physical body. The main threat to the integrity of that body consists of the body's own metabolic wastes, if they are not properly cleared out, plus environmental toxins that gain access to the body from outside, or that are generated in the bowel. In that way the bowel gains a high level of importance in Naturopathy and "Nature Cure".

The Life Force, then, with its almost holy purity, is in danger of being inhibited, dampened down and threatened by what amounts to some entirely physical dirt that gains access to that temple of the soul, the human body. Whilst in Traditional Chinese Medicine impurities in the mind, emotions or spirit are just as important as physical impurity, it is naturopathy that focuses upon the actual physical sewers of the body. It does not seem quite right to set aside the toxins of the higher levels and we do not suggest that you should entirely do so. Nonetheless, naturopathy and nutritional therapy inherently are set to work towards the higher levels through the physical, so that route of approach has to be accepted.

We shall turn shortly to consider those toxins in some detail. The inability of naturopaths in the past to identify specific toxins or to point with sufficient exactitude to the ways in which they can be removed, has been the Achilles Heel of the naturopaths in trying to represent their views in the past to orthodox doctors or medical scientists. These things are changing today, as we shall see in due course. Toxicology and detoxification are becoming exact sciences and this is a process which has been going on for some time.

Henry Lindlahr, whose book *"Philosophy of Natural Therapeutics"*, will be the subject of some of the student's first course reading, pinpointed this aspect of the subject as follows. The three contributing factors to a worsening condition were:

- lowered vitality
- abnormal composition of blood and lymph
- accumulation of morbid matter and poisons.

Lowered vitality signifies a reduced Life Force. Abnormal composition of blood and lymph denotes abnormality of physiological function and imbalance. To have this happening in the blood and lymph almost certainly signifies abnormality of function and imbalance in the tissues also. Finally, the reference to "morbid matter and poisons" is the nub of what we are dealing with here. The term "poisons" is easily understood, though the term "morbid matter" possibly signifies that the body is coping with dead tissue, dead cells and damaged cell constituents, such as chemically damaged proteins coming from damaged cells. If so, this is certainly accurate, since modern pathology recognises all these factors as being true components of tissue and cell damage and death.

The Life Force, then, is seen as struggling to oppose these adverse events and their consequences, as a perfect essence grappling with the adversities of having been attached to a physical form that has defects. It is as if the job of the Life Force is continually to make perfect, whilst perfection is not in the nature of this world order. Burr (1972) thought that to some degree, the Life Field and the life form were interdependent and co-determined one another. Without detracting at all from this probable truth, most sources regard the Life Force as the higher element.

2.10 Nutritional Effects upon the Life Force

2.10.1 Bulk nutrients

The taking in of food is the nourishment, of course, of the physical body. At this point, you might well wonder whether the Life Force is concerned in this process. But of course, it must be. The food itself, if we believe the evidence of Kirlian photography, is accompanied by some Life Force anyway. So the first concern is whether or not the food being taken offers any vitality to contribute to or to strengthen the Life Force of the human body.

Next comes the consideration of the bulk nutrients – the protein, carbohydrate and fat. These are our source of biochemical energy and we obviously starve without them. Their purity is crucial. If they have been chemically modified or damaged by toxic interactions, then they will entrain toxicity and also be hard to break down. Even at best, their digestion and assimilation costs energy, which may well be both biochemical and subtle. We have to consume a given amount. Consuming more than enough of these things is clearly detrimental on account of the energy cost of breakdown and the energy costs of disposal of the waste products that result from the excess. Moreover, there is reason to think that cells do not function well if loaded with surplus bulk nutrients.



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2.10.2 Food intake costs energy

Taking in food costs energy. Since food intake is essential, food is a necessary part of our energy balance, subtle and otherwise. However, the negative impact upon energy of surplus nutrients is clear and, in particular, the negative effect upon energy balance of the most energy-demanding bulk nutrient – protein. A low protein diet therefore helps the energy balance. This provides a relief from the energy expenditure of digesting and assimilating protein and then getting rid of the waste products. More energy can then be used for other activities, including detoxification. For most people a spell on the rice diet (not more than 10 days), which is a low protein diet, or even a rice and vegetable diet, will free up energy for other uses. It may produce feelings of energy surge. By comparison, diets of the type so common today, loaded with high protein and fat, tend to exert negative effects upon energy and upon detoxification. That is a basic tenet of naturopathic theory and practice.

2.10.3 The micronutrients

When you practice nutritional therapy in a naturopathic setting, being aware at the same time of the on-going biochemistry, you become critically aware of the role of the micronutrients in a way that the classical naturopaths were not. What we call the Life Force must be closely linked into the biochemical energy systems of the body. As indicated above, anyone who found the Life Force concept too much to swallow could still practice nutritional medicine by focusing upon the health of and the fluctuations in the biochemical energy systems.

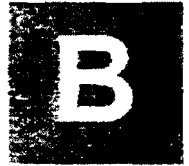
The micronutrients perform a number of roles in the body, but above all they are required to make enzyme systems work. Or, to put it another way, they are required to make biochemical transformations work. Enzymes will be discussed fully in later sessions and we will not pause to describe them now. However, it is important to know at this point that a very little of the important minerals will make a great difference to the biochemical activities of the body.

Biochemical reactions will flow better when they are present in the correct balance. Therefore the minerals have a key interaction with the Life Force. Without the right minerals the Life Force can be conceived of as pushing forward to achieve high activity in the body, yet being blocked through the chemical composition not being correct. If you apply the minerals in this situation, there may, indeed, be a surge forward of the energy. That can be true whether you regard the matter as a naturopath and vitalist or as a biochemist. Minerals can therefore release the Life Force from inhibition and increase tissue activities. Some vitamins, especially B Group vitamins, have some of the same effect. However, the tangible benefits of the vitamins are rarely so dramatic as in the case of the minerals, for reasons that will be seen in later Sessions.

2.11 Non-Material Effects upon the Life Force

In addition to the toxic negative effects on the Life Force, most naturopaths and wholistic practitioners generally would agree that non-material, non-biochemical factors directly affect

the Life Force also. On the negative side, harrowing experiences, trauma, separation, bereavement clearly afflict the whole person. The Life Force wanes or wilts, it would seem, under the force of such events. Under those conditions, it is believed, detoxification slows down and mineral and other nutrient losses from the tissues may well occur. The health outlook then darkens. On the other hand, the experiences of joy and laughter probably have the reverse effects. So we must recognise that life events interact rather closely with the Life Force and never fall into the trap of regarding our patient as though he or she were a mechanism. Life events have therefore, indirect nutritional effects. But, without any doubt, nutrition can make us better suited to cope with life and provide a biochemically sound physical body for the Life Force to inhabit. **READING:** Please read Vithoulkas p58 – 86.



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Checkpoint One



Checkpoint One

- What do you understand the term "naturopathy" to mean?
- Distinguish between palliation and holistic treatment.
- What do alternative practitioners see as the limitations of conventional medicine in terms of :-
Its approach to diet and health?
Its use of prescription drugs?

Please turn to the end of this part to check your answers



Points to Ponder

- What do you understand the term "life force" to mean?
- How do you see the life force being affected by toxins and nutrients?
- Which source of evidence for the existence of the life force do you personally regard as the most convincing and quotable to others?

3 THE EBULLIENCE OF THE LIFE FORCE: STOPPING THE ROT AND STARTING TO RECOVER

3.1 The Horror of Deterioration: The Chronic State

All that has gone before has already shown that the grassroots of deterioration in the physical body are:

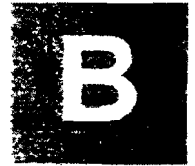
- Weakened Life Force
- Nutritional Deficiency and Imbalance
- Toxic Attack

These three factors, it is clear, are strongly associated with each other. If some causative factor afflicts the Life Force, then the defences that arise from the subtle forces are "down". Then nutrients are lost and toxins accumulate. If nutritional error or deprivation are the more strongly implicated primary cause, then the Life Force struggles with an unbalanced physical body, getting the tissue biochemistry to work at full integrity is impossible; hence, the body's detoxification system becomes incompetent and the body's toxic burden may rise steeply. At the same time the Life Force ails.

So, focusing as we do now upon elimination of toxins (the very nub of classical naturopathy), we perceive that it is a process that depends upon a good strong Life Force and also upon adequate nutrient intake. Therapies that directly stimulate the Life Force (homoeopathy, acupuncture and spiritual healing) therefore make an indirect, though real, contribution to toxic elimination through increasing the Life Force or otherwise improving its health and balance. Changes towards a toxin free lifestyle, diet and environment obviously have the effect of alleviating toxic input. These give the body more chance to increase its toxic output if it still has the vitality to do so. But the classical naturopaths were always bound to be right that the ultimate outcome of any confrontation between a human body and its toxic load would be determined by the ability to detoxify. Above all that parameter needs to be optimised.

If that does not happen, then we are usually headed upon a downward path. Although we will focus more clearly upon the toxic burden and toxicology later, at this point you do need to comprehend the implications of a failure to detoxify. As the toxic load increases, so does the consequent tissue damage. The first effects comprise an impairment of biochemical function, including the ability to produce cell energy. Indeed, this consists of a slowing down of most of the key processes of metabolism. After that the cell membranes and other structures may become progressively damaged. The cells that comprise the living parts of the body tissues are normally in a constant state of repair and replacement, but accumulation of toxins leads to a loss of the ability to repair and replace faulty components. Eventually this process leads towards necrosis, or cell death. Degenerating tissues contain many semi-moribund cells, fully moribund cells and dead cells. Tissue activity has then to be performed by the remaining cells, which may also be biochemically impaired. Different tissues become the prime targets of chronic destruction, dependent upon where the toxins accumulate. This is what is meant by the chronic condition. It features a sluggishness, the presence of a toxic load, the inflicting of toxic damage, partial loss at least of specialised functions and progressive loss of the ability to self-repair.

Examples are readily provided. The arthritis sufferer has impaired biochemistry and necrosis in his or her joints. For others it may be an endocrine gland that fails, giving diabetes, pancreatitis or Addison's disease. The location of the most intense degeneration depends upon other factors, which will be discussed later in the course. The crucial point is that unless necrosis and degeneration can be stopped, there will be no recovery, no light at the end of the tunnel. The eventual outcome, of course, is death. We all face that anyway, but the point is that to permit ever increasing toxicity is either to head towards a much earlier death than is necessary or to head toward a long spell of life lived in relative decrepitude.



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3.2 The Idea of Elimination

The idea of 'turning back' from the spectre just described has become commonplace in alternative medicine circles. Bernard Jensen, the celebrated American naturopath, has clearly spelt out the options related to this in a chart. Jensen's chart shows the human body heading downward, following the line of a graph, through regions of reactive toxicity, exemplified by hay fever and eczema, towards darker regions of chronicity that end up in cancerous states. The German homoeopath, Hans Heinrich Reckeweg, who was clearly also a naturopath at heart, perceived six stages of toxification of human tissues, representing progressive steps in the accumulation of a toxic load and of toxic damage. These stages will be reviewed as they are very significant in a clinical setting. Also, a popular type of book by Hampton (1993), called *'The Way Back'*, is about retracing steps from the abyss of chronic illness, towards the brighter prospects of better health.

Whichever of the naturopathic writers you follow, the process requires the activation of the pathways of detoxification. That means getting the toxins out of tissues in which they are lying. It may call for their biochemical transformation. It always calls eventually for transporting them outside the body. We now look at various processes that are involved in detoxification, not yet from the standpoint of a biochemist, but rather from that of the naturopath's.

3.3 Acute Conditions – Fevers, Crises, Inflammation and Hyperactivity

3.3.1 The 'acute' form of reaction

This is one of the 'big' topics within the philosophy of natural therapeutics. It is so important because various forms of acute incident loom large in the management of many patients undergoing naturopathic or wholistic nutritional therapy. The topic also looms large in the philosophical opposition that exists between alternative and orthodox forms of medicine, wherein they are subject to utterly different interpretations.

You could take an attack of the common cold as an example. Let it be a really acute one with streaming nasal discharge. The orthodox approach is to try to suppress the symptoms to make the subject more comfortable in the short term. The naturopath takes the view that the cold is an elimination of toxic waste products from the body and that it is therefore important not to interfere with the eliminatory process. Stopping the discharge that is a part of the cold

would, according to naturopathic theory, result in toxins that the body was making an effort to discharge, being retained within the body instead, where they would persist in doing harm. Nothing divides the orthodox outlook from the alternative more thoroughly than this particular disagreement. Much the same can be said of acute red rashes on the skin, boils and carbuncles, and other outflows from many of the body orifices, be they through the bowel (eg. as diarrhoea), from the liver (as a bilious attack, perhaps with nausea and vomiting), or from ears, mouth, nose, even the eyes, urinary passage or vagina. So ear infections with discharge, thrush in the mouth, short, sharp attacks of cystitis and acute vaginal discharge all fall into this distinct category of "acute" conditions that do succeed in getting some foul material out of the body.

It is difficult for people to accept at first that these unpleasant events and processes should really be regarded as beneficial. The usual reaction of most people these days (for it is a time of instant solutions), is to request the doctor to prescribe a drug, if one is available, that will quash the symptoms and make the person more comfortable for now. The orthodox remedy is therefore likely to be an antibiotic for the infection or something to inhibit the production of surplus secretions. The true nature of what is going on in the patient's body simply gets no attention either from patient or doctor. The idea of putting up with discomfort now in order to make oneself better in absolute terms afterwards is unpopular throughout the greater part of our society. However, education can change this.



READING: Please read Lindhar p28 - 41.

3.3.2 Fevers

Another unpleasant health event that naturopaths regard as beneficial in the longer run is a fever. The clear distinction between the chronic and the acute is whether tissue activity is being stimulated or depressed. Sluggishness characterises chronicity; hyperactivity characterises the acute condition. In fever the temperature rises (by definition) and the pulse tends to quicken and deepen in volume, while there is frequently redness in the face. The fever is therefore an 'all systems go' condition. The rise in body temperature and the enhanced flow of the circulation that accompanies it ensure that cellular processes increase. Oxygen consumption increases. To an approximation, the rates of chemical reactions tend to increase with increasing temperature, doubling for every 10 degree Centigrade rise. With enzyme reactions the effect may be greater. The surge in biochemical activity that results leads to a major increase in the tissue resources of energy and a greater ability to synthesise necessary substances. Hence, the resources are being mobilised in fever to both repel invading organisms and also to detoxify and remove toxic substances. That role of a fever is not recognised in orthodoxy. Instead, medicines will often be administered that reduce the fever artificially, depriving the body, as the naturopaths would say, of the opportunity to expel a proportion of the stored toxins. Alternative Medicine therefore has to be against the use of such medicines that foil the body's elimination attempts and compel it to retain the toxins within.

3.3.3 Crises

Where the surge in tissue activity reaches a crescendo and the activity level is overwhelming, the condition is referred to as a 'crisis', or a 'healing crisis'. There is no absolute definition of such a crisis except that it tends towards the upper limits of the acute state, to seriously inconvenience and even temporarily incapacitate the patient and that it tends to be systemic, ie to involve the whole of the patient's system. The classic example, that has been cited many times, dates back to before the time when alternative medicine had become a recognisable entity. The doctors of the early 20th Century had no sulphonamides or antibiotics and inevitably resorted to the naturopathic management of patients. With only caring and palliative nursing attention available, such patients would largely be left to their own devices while in fever. Doctors would then observe that pneumonia patients, who always developed a fever, would develop a crisis in that fever at a particular point in the course of the illness. Some patients might not survive that crisis if the infection was too much in the ascendancy, but in others the crisis proved to be a turning point and they would be out of danger quite soon after the crisis itself passed.

In a case like that, where life itself is threatened, there is nothing very beneficial, of course, about the infection having occurred. The infectious organism in such cases is itself quite a serious 'toxin', in the broadest sense and, indeed, is a biological entity that manufactures toxins. Nonetheless, the naturopathic principle at work here is that, in response to a threat, the body galvanises its resources of resistance, including its detoxification abilities. These having been unleashed upon the infection, they will, in the course of dealing with the infection itself, be capable also of effecting the elimination of some of the body's other long-stored toxins, thereby reducing the body's overall toxic burden. In the case of life-threatening pneumonia, as we said above, nothing has been gained, since the patient will afterwards be found to be much depleted of resources. However, that does not invalidate the principle that more minor infections can act as inducers of an eliminatory response in the body that ends up having a markedly beneficial overall effect.

Classical naturopaths and orthodox practitioners have developed vastly different views about infections. The orthodox view is that the infection is an entirely negative external cause of trouble within a human body that might have been doing very well before the infection arrived. This view makes the influence of the infection absolutely adverse, a concept that is employed to justify the orthodox onslaught with antibiotics. Instead, the naturopathic practitioners of the past took the view that the human body that had reached a certain point of toxic accumulation within would 'seize upon' the opportunity presented by the infectious organism to mount a major elimination. This would be based upon and fuelled by, the acute activity surge that would accompany the attack upon the infection. Infections were, therefore, not seen as just 'opportune' but were seen as occurring at appropriate moments to 'fit in with' the naturopathic needs of the body. Since you can, of course, die from an infection, and since there are such things as infections that are capable of afflicting a high percentage of a given population, their negative or destructive aspects often outweigh naturopathic benefits.

Where then does that leave us today? Today, there is no doubt that we should see virulent infections as a very toxic hazard. What, for example, could be the possible advantages of going to Central America and dying of yellow fever? In fact, the very serious tropical diseases over which we have least control do help us to put the matter into perspective. They are



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dangerous. The fact that some infections are not only toxic at the time they are in progress, but also leave behind damage, like measles or rubella, also helps to disperse the idea that they can ever be an overall benefit to human kind.

On the other hand, in defence of the long existing naturopathic position that non-life-threatening infections can be a benefit, we can see no reason why it should not be true that they often succeed in setting up a useful surge of immune and detoxifying activity. Hence, the body may end up in a more toxin-free state than at the outset. This seems to fit in with clinical observation, wherein some forms of infectious episode lead to an improved condition afterwards. In other cases, infections appear, to the eye of the naturopath, to be at least an attempt at elimination, but it is not always effective if the surge of activity that can be raised is insufficiently powerful.

Suffice it to say here, at this early stage, that healing crises comprise a part of the manifestations that arise from naturopathic and nutritional treatment. They must be spotted, monitored and prescriptions must be altered to take account of them. Patients with non-threatening troubles must be steered clear of them whenever possible. Patients with threatening conditions should actively seek and grasp at a healing crisis, regardless of temporary inconvenience, for the sake of the detoxification it will engender.

READING: please read Lindlhar p152 - 159. (2-5-5)

3.3.4 Inflammation

Inflammation is a high activity state in the tissues that is recognised in the pathology books as being a normal body reaction to trauma or toxic damage. As such, it is a process that facilitates the access of the immune system to the site of damage to ward off infections, but it also lays down the early foundations for healing to occur. Inflammation can be either acute or chronic. Chronic inflammation has special significance of its own. Here we address acute inflammation such as that which accompanies a cut finger. The area is affected by pain, swelling, redness and heat – the classical signs – denoted often by their rhyming Latin names, *dolor, tumor, rubor and calor*. The swelling, redness and heat in the area reflect a greatly increased blood supply that brings in nutrients, oxygen and elements of the immune system, all in increased amounts. There is a weeping of coagulable fluid into the area that will eventually form the ground substance for healing growth of new cells to occur. This local acute inflammation is a form of hyperactivity that prepares for fighting infection and for repair and replacement of damaged parts. It is a little different from hyperactivity that may arise spontaneously, ie without traumatic injury, in the internal organs in response to treatment. We now address that phenomenon.

READING: Please now read Lindlahr p145 – 151. (2-5-5)

3.3.5 Hyperactivity

Fevers, as discussed above, are a form of high activity throughout the entire body, accompanied by a raised temperature. Hyperactivity may occur without the raising of temperature, usually in individual organs and systems. It could be in the nervous system, it

could be in the bowel, or it could be in individual small organs like, for example, the thyroid gland. This hyperactivity is chronic inflammation. It is in many respects like the hyperactivity of acute inflammation, in that the tissue activity level is raised, perhaps dramatically and perhaps quite suddenly. The reason for this is usually because the organ or system concerned was toxic and perhaps damaged. At the very least, being toxic, it was chronic and suffering from low activity and under-functioning.

The change from the chronic condition towards the acute can only come about through a change in circumstances with regard to the Life Force, toxic inputs, or nutritional balance. These events occasionally occur incidentally to fluctuations in life style. They are, of course, inherently likely to occur under treatment. So we have hyperactivity of individual organs and systems as well as feverish whole body hyperactivity. These more local spates of hyperactivity can nonetheless exert quite an impact upon the patient, with actual soreness of the affected area, swelling of the organ if it is one that can be palpated (ie felt), or the effects of temporary over-function.

All of these hyperactive (acute) states are ones that potentially may be taken before the doctor's attention for the administration of suppressive medicines. In all cases, as seen by the naturopathic practitioner, this is a very retrograde step, preventing the body's normal self-preserving processes of self-cleansing and self-repair.

3.4 Smoother Eliminations

The great advantage of smoother eliminations, if they can be produced, is that they cause no discomfort, no marked hyperactivity and no risk of putting the patient into bed for a week of recuperation. The ability to achieve this or not is partly a matter of case-management. It is a matter of matching the strength of treatment to the constitution of the patient, so as to give treatment, without excessive fast reaction. This is not always possible because patients with severe conditions may need to detoxify urgently. Moreover, there are limits to the practitioner's ability to judge the strength of treatment. Sometimes healing crises are produced when not really wanted on account of idiosyncrasies of the patient's constitutional make-up.

When smooth eliminations are achieved, the strength of treatment is just right to give rise to a shedding of toxins from the tissues at a rate that the excretory organs can handle without uncomfortable symptoms developing.

3.5 The Law of Cure

We have above depicted the move from relative health to chronic illness as a downward path. Equally, the route back from the edge of the abyss of chronic illness is one of revitalisation and detoxification. The idea of the 'route back' was spotted years ago by the homoeopath, Constantine Hering, and has become known as 'Hering's Law of Cure'. A core idea that is embodied in his Law is that as you progress downward towards ill health, you pass through different stages of disease characterised by different symptom patterns. Then, if you take up naturopathic (or homoeopathic or nutritional) treatment and begin to retrace your steps, these earlier symptom patterns will recur. This, then, leads to the idea that there tends to be a recapitulation of former symptom patterns during recovery.



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The Law further embodies the notion that toxins, and therefore symptoms, tend to move outward from within as recovery or cleansing occurs. This is fully in accord with the classical naturopath's ideas. Toxins close to the surface of the body are conceived to be most likely on their way out. The skin is an eliminatory organ and toxins at or near the skin level are not so much of a threat to well being. Naturally, the patient may well be horrified at the disfiguring rash that may be seen by all. Nonetheless, the patient is seen to be far better off than when having these toxins deep within the body, held, perhaps within essential organs that are becoming progressively damaged. It also embodies the idea of the hierarchy of organs whereby, during cleansing, the most important organs are cleared first.

The full statement of the Law reads:

"Cure proceeds from above downward, from within outward, from the most important organs to least important organs and in the reverse order of appearance of symptoms."

Some of us may not feel quite so sure as Hering that 'from the top downward' is necessarily always such an important parameter. However, clinical experience leaves little room for doubt about the importance of the other two components of this Law. These are much celebrated in alternative medicine circles for bringing understanding about the inter-relationship of symptoms and conditions.

Vithoulkas (1986) adds to this a corollary:

"Cure proceeds by amelioration on internal planes coupled with the appearance of a discharge or eruption of skin or mucous membranes."

This does not add any different idea, but illustrates the type of change to be expected during the healing process. When we observe, on the other hand, the progression of disease from milder, more reactive conditions, towards more serious ones, the processes described in Hering's Law all tend to go in reverse. The progression of disease is therefore best described as Hering's Law of Cure working in reverse. The writer has often been tempted to call it Plaskett's Law, just because it seems never to have been stated clearly as such, and it goes as follows:

"The progression of chronic disease proceeds from the bottom upward, from without to within, from the least important organs to the most important organs and in a pattern of increasing severity of the symptoms or labelled conditions leading onward towards more under-function, loss of function and death."

The naturopath sees a complete inevitability about this process whereby the only answer to stopping this onward deterioration is to reverse the process and detoxify. Since the toxins, and the accompanying low Life Force and nutritional stress or imbalance, are the actual and real cause of the condition of the patient, nothing useful will be likely to happen unless they are addressed. If palliation should be achieved by toxic means then, of course, the overall condition can only worsen. This is the usual experience with chronic illness treated with drugs.

READING: Please now read Lindlahr pp 42 -65.

Laws of Cure



3.6 Suppression

Naturopathic Law states that there is an especially high price to be paid for suppressing, ie stopping an acute elimination. For example, simply stopping the rhinitis and discharge associated with a cold prevents the toxins from being eliminated by these routes. That much has been covered. Similarly, cutting out the gallbladder because it contains gallstones and has become inflamed and painful, is perhaps a solution of a sort, but the reasons for the gallstones forming in the first place have not been addressed. The fact that the cause has to do with the incorrect function of the liver has not been realised and nothing has been done to remedy that underlying problem. The likelihood is that, even though gallstones cannot recur, there will be other distinctly adverse effects from the wrong function of the liver. These have almost certainly not been taken into account. Hence, the disease is still present and nothing has been done towards eradicating it.

Boils use to swell up into a red sore and then burst: very bad ones, or carbuncles, might be lanced to cause the pus (morbid matter) to run out. These days, boils and carbuncles tend to occur much less than formerly, presumably because of the lower Life Force of the population and the generally suppressive medical culture. The chances are that they get treated with an antibiotic long before they get a chance to come to a head and burst. Such treatment is suppressive, in the strictly naturopathic sense of the word. The same is absolutely true with regard to bringing down artificially the temperature during a fever, whereas 'sweating it out' is the natural thing to do.

It is the 'offence' or 'insult' that is being committed against the Life Force that is the subject of sharp focus by naturopaths in having to deal with these situations. They reckon to be able to observe in their patients that the body (or rather the body's Life Force) prepares itself for some time before it launches an energetic assault upon its toxic burden. There is considered to be a storing up of subtle energy that, through its close relationship with the biochemical energy of the body, will eventually translate into a major immune system response and a cellular detoxification response. When this building up of energy has occurred it is considered to be a very adverse step to stop it and thwart it by artificial means. The penalty to be paid is that the Life Force is considered to suffer a really serious set back to a point lower than it was before the build up started. It is also considered that the task of eliciting elimination in the future, either by a smoother process, or by a second healing crisis, is rendered far more difficult. We suggest that anything that offends and depletes the Life Force can be regarded as suppressive and that this extends beyond physical realms and includes emotional, mental and even spiritual factors.

Today we have an orthodox medical culture that is dominated by the 'pill to solve this and pill to solve that' kind of philosophy and it has led to a position in which suppression with drugs is rife. Infections, in particular, occur, are attacked with antibiotics, only to recur and to be attacked with antibiotics again. In the course of this, any naturopath would say, the body's immune defences are being both hampered and inhibited, the Life Force set upon a path towards giving up, and the detoxifying mechanism is being over-loaded and inhibited by the unquestionably toxic drugs that are being used. The first key point of alternative medical philosophy here is the role of the acute incident as an important detoxifying phase. The second is the particularly damaging effect from stopping such incidents by artificial means. If



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chronic disease. Often, however, the position is finely balanced so that only a slight move towards a lower toxic intake or a better micronutrient intake can make the difference between slow deterioration and slow recovery. Alternatively, only a slight knock to the Life Force might make the difference between slow recovery and the start of a slow deterioration. From the practitioner's standpoint this explains quite well how some patients respond at once to minor measures taken for the good of their health, while others need really major moves to have any discernible effect.

3.9 The Concept of the Chronically Acute

The vision we have of the acute detoxifying reaction is simple enough. We picture, to use graphic terms, an army of leukocytes (white blood cells) launching an attack upon an infection by micro-organisms, coupled with a rapid production of detoxifying enzymes, with heightened tissue activity and oxygen consumption. However, we now consider what happens when the acute reaction cannot be overwhelmingly successful. Perhaps the acute reaction is mounted and gets under way, but the toxic burden and the underlying under-function of the tissue, limit the strength of the immune and enzymic onslaught.

Hence, the acute incident can only be half-hearted. It may fade away, due to lack of impetus. Or, alternatively, it may grind on without notable progress. The result of that is an on-going attempt in the tissues at an acute reaction, but it neither succeeds in getting off the ground nor does it fade away altogether. It is not clear that this state has ever been fully recognised within the annals of naturopathy, but this author has coined the term "chronically acute" to describe it in naturopathic terms. It has a definite equivalent in orthodox pathology and that is simply "chronic inflammation". It can be conceptualised as a "battle" between the forces of cleansing and the forces of toxicity that cannot be resolved. It becomes a "war of attrition". Neither side can win and, of course, the Life Force is sapped away in the process.

The inflammation that forms in arthritic joints is chronic inflammation. Note that the usual orthodox remedies are drugs to inhibit the inflammatory part of the problem but they do nothing whatever to solve the initial reason for the inflammation. Obviously the inflammation itself is due to damage occurring in the joints.

The non-steroidal anti-inflammatory drugs that are most commonly used for arthritis are actually known to increase joint damage – reference, Vidal y Plana, R R et al; *"Articular Cartilage Pharmacology I – In vitro studies on Glucosamine and non-steroidal anti-inflammatory drugs"*, Pharmacol Res Commun 10 (6), 551-69 (1978).

They do this by inhibiting the repair of the joint substance as it wears. That alters the balance between the breakdown of the joint substance and its replacement, in a wholly unfavourable direction. Hence, as is so often the case with orthodox drug treatment, some relief from symptoms is gained in the short term but at the cost of long term worsening of the underlying condition.



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3.10 Summarising those Actions and Conditions that Encourage Toxic Elimination

From all the foregoing it follows that elimination of toxins and, therefore, the patient's recovery are favoured by:

- A light diet that is adequate but not excessive in bulk nutrients. It should not be overloaded with calories, protein or fat. The quality of the bulk nutrients delivered should be high.
- A generous to excessive allowance of the micronutrients to help to facilitate and accelerate metabolism at cell level.
- Favourable life conditions that are uplifting, with good and interesting things happening, and positive emotions.
- Energy therapies that can be applied to directly stimulate or rebalance the Life Force.
- Minimal exposure to environmental toxins and dietary and water-borne toxins.
- Minimal internal generation of toxins and acidity.
- Measures to maximise biochemical detoxification – this involves measures that favour inducing additional detoxification enzymes.
- Naturopathically established procedures for direct stimulation of toxin removal should be considered for possible application to the patient. This can include various forms of baths, hydrotherapy and washouts, according to the case.

In practice the practitioner applies these combinations of favourable conditions in a carefully ordered manner so as not to give the patient too much to cope with. Specifically this means not inducing eliminations too strong to be handled comfortably, unless this has been agreed beforehand and is intended by both practitioner and patient.



Checkpoint Two

- a. What are the biochemical effects on the body's cells of toxic accumulation?
- b. List the main forms of "acute reaction" and explain the terms acute and chronic.
- c. Explain in your own words "the Law of cure" and what are its principles
- d. Define suppression and its after effects.
- e. Why do some patients respond well to very little treatment?

Please turn to the end of this part to check your answers

4 MOVEMENTS OF TOXINS WITHIN AND AROUND THE BODY

4.1 The Concept of Toxic Deposits

The purpose of this section is to focus more specifically upon the toxins themselves and their role in disease. We also wish to show something of the behaviour of toxins in the body whenever they are shifted from the location where they have been deposited. Practitioners need to become familiar with the signs of these different forms of behaviour by toxic deposits. From the clinical standpoint it is by no means time to learn this. Here you simply learn of what the behaviour consists.

Toxins must locate themselves somewhere. Upon being absorbed from the gut (if that is their route of entry) they will generally enter the hepatic portal vein and be carried to the liver. This is a major organ of detoxification and elimination, so the toxins may be transformed or removed here. We have to assume that for one reason or another that fails to happen and the toxins are able to flow through the liver into the blood that supplies the general circulation. The toxins then have access to the whole body, though they may yet have to run the gauntlet of the kidneys. Again, assuming they are not picked out of the circulation here, they may 'lodge' anywhere. Skeletal muscle is the biggest mass of tissue, but many fat-soluble toxins dissolve in the fat of the fat depots (fat storage tissues) of the body. However, other solid organs, such as the spleen may well take up toxins, but the fact is that they can lodge anywhere, according to criteria that are to be described below.

Having been drawn preferentially to a specific tissue or tissues, the toxins first reside there temporarily. We may then see what happens next through the eyes of Hans Heinrich Reckeweg. His six stages of toxification have been described earlier as a deepening interrelationship between the toxin and the tissue. The connection is seen as loose at first and the toxin is most easily dischargeable at the start. It is susceptible to being eliminated by even quite slight acute reactions that do not cause much symptom trouble.

The progression from this state to a tight bond with the tissue depends upon both time and toxic concentration. In the next stages (or phases, as Reckeweg calls them), the toxin is still reasonably readily dischargeable, though with a higher price to pay in respect of symptoms experienced. Thereafter a process develops that Reckeweg refers to as "impregnation". This implies a bonding to the tissue substance. In the terms that this writer uses, this also implies that tissue damage is being inflicted, because, as the toxin reacts with the tissue, it is almost certainly undergoing some chemical change too. The distinction that Reckeweg offers us, between the "reaction phases" and the "impregnation phases", implies a great deal that has to do with the seriousness of the situation.

Reckeweg's "impregnation" certainly implies that the toxin is now very hard to remove, being combined with tissue substance. However, he recognises three stages of "impregnation", representing different degrees of chemical binding to tissue and hence different degrees of reversibility, though reversal is always said to be difficult.



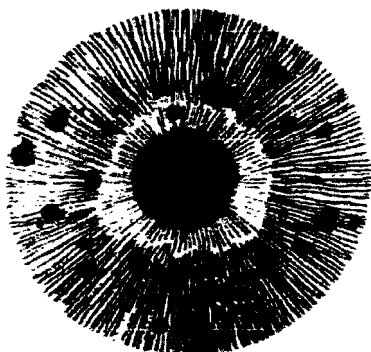
Checkpoint
Three

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4.2 How Iridology Helps us to See Toxic Foci

As mentioned above, toxic foci (deposits) in the body show up in the iris of the eye. The iris is arranged so as to encompass a complete 'map' of the body, with all the organs and systems laid out upon it. Hence the location of a toxic deposit in the iris shows the iridologist its position within the body. The toxins may appear as colours, spots, blobs and smears in particular places in the iris, or as darkened areas.

Toxic deposits on the iris



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Natural Medicine,
www.purehealth.com*

4.3 Where the Toxins Go - Weak Organs and Systems

Whilst it will not be obvious at first why toxins locate themselves in particular parts of the body, we have nonetheless provided a basic explanation. Since the opposition between toxins on the one hand and the Life Force and the nutrients on the other exists, it follows that the balance between these factors may be different in different organs and systems. The iris again furnishes us with information about how the person's constitutional strength varies from one part to another. It is, perhaps, fairly obvious that regardless of whether a constitution is strong or weak, the strengths and weakness vary from part to part. If discomfort and misfunction, when they occur, most often occur in our kidneys, then it seems likely that the kidneys are the weakest organ. In fact organs tend to vary from very strong to quite weak and the pattern shows a marked genetic inheritance.

We do not always need iridology to show this. We have very adequate diagnostic procedures in Nutritional Medicine apart from using the iris. However, when distinguishing between the conditions of different organs it is useful to mention the evidence that comes from iridology.

Some forms of toxin have an affinity for certain organs or systems of the body and so will tend to locate there anyway. Hence, it seems that organophosphorus pesticides have a strong tendency to locate in the nervous system, including the brain. Apart from that kind of phenomenon, the tendency is for toxins to locate most heavily in the organs and systems that are constitutionally weaker than others are. Hence we find that a person's toxin burden is usually distributed according to a characteristic and unique personal signature. Another factor that can strongly influence their distribution (though this is also a part of that personal signature) is inheritance, because components of the toxic burden can be inherited directly from parents, along with toxic location.

4.4 What Determines which Diseases we Get?

Orthodox Medicine really has very little forecasting ability to determine which disease or diseases a person is likely to develop. One that it has recently acquired is genetic analysis, though it is not yet much in use. It is, however, rather a blunt instrument in most cases. Although genetically determined illnesses may be uncovered, of course, these usually exist already and we are not talking about a forecast at all. For the major and common diseases all that genetics can normally provide is information about a tendency or an increased risk of a named condition. Orthodox medicine is also a source of potential information about environmental effects. If you are a smoker or a drinker, then it will influence your illness risk in defined ways, but again you are only speaking of altered risk. Of course, if you have had exposure to a carcinogen above certain levels, then you will be at increased risk, perhaps much increased risk of cancer, but almost no cancer is actually detected as a result of such information.

Of course, naturopathic information about the weakness of particular organs, since these organs are the ones liable to suffer toxin accumulation and therefore tissue damage, gives us a clear pointer to the likely future sites of trouble. We can see that an individual's pattern of illness will be determined in part by their vitality, nutrition, inheritance and toxic exposure. However, the individual pattern of strong and weak organs (which is a part of inheritance) is most likely to prove determinative of the location and nature of chronic complaints. All the time, during a person's life, these various factors are interacting in a dynamic way, producing different patterns. It seems that only alternative medicine has any real hope of seeing those patterns. Within the Orthodox field, genetic analysis is promising, if expensive, but we are only just starting to learn what to look for. It may be a long time before this approach even begins to be as useful as the "weak and strong organ" diagnosis.

4.5 First Movement of Toxins: Elimination from Tissue Level

When the toxins lie in the tissues, be it in a "reactive" state or an impregnated state, nothing dynamic is happening to the person except that in time, if the toxic condition is bad enough, there will eventually be some disease consequences probably slow in onset. Rapid and more dynamic things tend to happen if these toxins are disturbed.

Toxins that have been located in weak organs can be regarded as having been "tucked away" for the time being. However, when they come out of the tissue in which they have lodged, they are reactive and symptom-causing. Now flowing freely in the blood plasma, in the intercellular fluid and free to reach sensitive tissues anywhere in the body, they may well give rise to a "poison reaction", as you might get if you took something pungent and destructive. It will be an appropriately robust tissue reaction unless the Life Force is very low.

When a person has toxins in the organs, they will find it most comfortable to "let sleeping dogs lie". As soon as something is done to disturb them, the sleeping dogs are no longer sleeping. To achieve a disturbance of the toxins you must usually apply naturopathic / nutritional treatment. In doing so, we speak of applying an "eliminator pressure". In each case the amount of such pressure required to generate significant release of toxins from the tissues is not exactly known, though clues arising from our thorough diagnosis should be informative.



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Suffice to say here that each individual is going to take different degrees of such pressure to instigate elimination from the tissue deposits. This is termed "tissue level elimination" and it is obviously the first necessary step towards getting rid of the toxins. Hence, there is no elimination totally free from the risk of "poison reactions", though at best they may be very short-lived or may be avoided altogether by correct management. Tissue level elimination amounts, therefore, to an expulsion of toxins from the tissues that are holding them, though, with some tissues, a certain level of biochemical transformation of the toxins may also occur at this stage.

Obviously, the treatment applied to produce this eliminatory pressure will be a precisely defined combination of the various measures given above to encourage detoxification.

4.6 Relation to the Lymphatics

The next stage in the overall process of elimination is transportation from the tissues, a process that initially relies upon the lymphatic circulation. The tissues themselves are bathed in a filtrate of the blood called the intercellular fluid (or, alternatively, extracellular fluid). Tissue level elimination implies expulsion from the tissues. The only way toxins can get out of the cells is via the intercellular fluid, which drains into the lymphatic vessels. These vessels then drain to a number of lymph glands (which lymph glands will depend upon the anatomy of the local lymphatic drainage). The really early "poison reactions" may, therefore, occur in the tissue from which the toxins are draining or else from the lymph glands or lymph vessels leading away from the site. They are most likely to consist of swelling, pain, inflammation and maybe infection.

The point needs to be made that nothing is more vital at this stage than that the lymphatic vessels should be clear of obstruction and that a reasonable flow of lymph should be attained. Lymph vessels do become clogged with mucus and certain sources blame the plasticizers from today's plastic utensils as another cause of such blockage. Treatment exists to help to clear blocked lymphatics. Nutritional, herbal and massage methods can all be brought to bear if needed to clear the way for proper tissue level elimination to take place unimpeded.

4.7 Movement of Toxins: Systemic Effects

The lymphatic vessels link up into larger ones and eventually drain into the blood circulation by entering the subclavian vein (in the shoulder area) via the thoracic duct. After that point, the toxins that have come from the tissues are freely circulating and can reach any site in the body. From this point on the "poison reactions" may occur anywhere. Obviously, this will tend to be in the most sensitive and reactive organs, those most easily "triggered" into this kind of activity. Therefore, the nature of any reaction that occurs can be quite varied. The brain and nervous system is often in the front line and the results may be headache, migraine, agitation, confusion or insomnia, to mention only a few. General muscle aches and pains, or pains in the joints, are also common, especially if these body parts are in a vulnerable condition. Any body part or organ, particularly if already in an irritated state, through inflammation, is likely to respond at this point with increased reactivity, pain and other symptoms, as it becomes subject to the effects of the circulating toxicity.

Obviously, the practitioner who is monitoring the patient will identify the arousal of such systemic effects. The positive aspect of this type of event is that it confirms that tissue level elimination has occurred. The question that now arises is just how effective can be the elimination of the disturbed toxins. Fruit fasts, especially so-called "grapefruit fasts" are, depending upon the way you look upon them, either famous or notorious naturopathic means of elimination. They are famous on account of rather wide use. They are notorious because of the "poison reaction" effects that they produce.

In the long run there is little point in arousing tissue level eliminations unless they can be matched with effective work by the eliminatory organs. This work is either to transform the toxins to non-toxic, or only slightly toxic products (called by Reckeweg "homotoxones"), or to pass them right out of the body in excretions, or preferably both. Too many patients treated by practitioners of nutritional medicine succeed with tissue level elimination (sometimes called Level 1 elimination), only to fail at the level of the eliminatory organs (Level 2). The results are as described below.

4.8 Frustrated Attempts to get Outside: Aggravations

A few comments on terms would be helpful at this stage. An "elimination" is a very general term, because it can be applied to any successful or partially successful voiding of toxins from the body. This is so whether the elimination is gradual or precipitate, comfortable or distressing. The term "tissue level elimination" only refers to eliminations from the individual tissues, not from the body.

Because so many patients, as just stated, respond to treatment by eliciting Level 1 elimination but fail at Level 2, we are often faced with the consequences of "circulating toxicity". This is a "stand-off" situation between the toxins and the body forces seeking to eliminate them. But it does not amount to a "chronic inflammation" situation, ie the "chronically acute", as set out above, because those situations are long term, on-going wars of attrition and represent the basic reason for the prime symptoms of many chronic illnesses. By contrast, the "stand-off" that we now seek to recognise is short term and acute. It is the equivalent of a healing crisis that does not come off. This means that the tissue level elimination is intense and "poison reactions" occur around the body. They occur intensely and often distressingly because, with the failure of Level 2 elimination, there is no let-up from, nor amelioration of, the toxic symptoms. At the height of the problem, of course, the forces that set in motion the elimination from tissue level, go on working, intensifying the "poison reactions". Since there is failure to remove these circulating poisons from the blood, the adverse reactions go on until eventually the tissue level elimination subsides and the toxins can be taken up again by tissues, either the tissues from whence they came, or by other tissues. In either event, the whole exercise has been pointless.

This pointless "arousal" of the body's toxin stores is referred to as an "aggravation". Please note how distinct it is from a healing crisis or from a smooth elimination. It is specifically the result of blockage at Level 2 accompanied by rather intense activity at Level 1. It is likely to be of relatively short term, like a healing crisis, often just days, at the most a few weeks. That latter point about timing clearly demarcates it from chronic inflammation, which is usually at a lower intensity and really long term.



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Hence, aggravations comprise a common problem to practitioners in the management of their cases. They have to calm down tissue level elimination, while seeking, through longer run measures, to open up the channels to the outside. The intention is that, as treatment develops, a similar amount of eliminatory pressure may be applied to the patient, and that it will then prove effective.

Obviously, aggravations may occur at all sorts of differing degrees of severity. Sometimes lesser aggravations may be experienced when the tissue level eliminatory pressure is slight, or when the blockage at Level 2 is only a partial one.



Checkpoint Three

- a. Explain the process by which toxins absorbed in the gut reach and become lodged in the organs of fatty storage tissue of the body?
- b. What did Hans Reckeweg mean by the "impregnation phase" of toxic accumulation?
- c. Why do some organs accumulate more toxins than others?
- d. What is meant by tissue level elimination?
- e. When might an aggravation reaction occur and what are the consequences?
- f. What is a healing crisis and how does it differ from an aggravation reaction?

Please turn to the end of this part to check your answers

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weaned progressively off the antibiotics. The antibiotics had become a part of his disease. It will be no surprise that the doctor's open-mindedness did not extend that far.

Attempts to work with orthodox practice will always hit that type of problem very early unless there is a real understanding about it on both sides. It also calls for the medical people involved to drop any false sense of superiority over the other. A doctor can refer the patient, but such a patient needs to be allowed to place faith in the alternative practitioner's methods. The patient in the above example was actually beyond the help of the doctor, but having to consent to the cautious removal of antibiotics from the treatment proved to be a step too far.

5.3 Do Drugs have a Place?

Yes they do. People are surprised sometimes to hear us say so. Any symptoms that are genuinely of a potentially life-threatening nature, or which are so severe that you cannot ask the patient to bear them, should be remedied by orthodox means, if alternative treatment is unavailable or would take too long to take effect. However, if this situation occurs, then we have to recognise that opportunities to act earlier with alternative solutions have most probably been missed. Alternative therapy is ideally suited to the prevention of illness or to the treatment of chronic illness that is in early stages or in mid-course. Advanced chronic illness may be treatable too, but will require a great deal of time and attention.

Hence, intense pain of sudden onset may demand drugs. Very serious asthma cases may need steroids, but only because no one attended to their needs soon enough and an emergency developed.

In the absence of universal availability and, indeed, universal application, of alternative preventative measures on the Health Service and similar availability of alternative treatment for ailments in their early stages, drugs will have to be used. Since the continued use of drugs in a serious chronic illness is likely to herald a further downward spiral into even more serious conditions, due to toxicity, we need flexibility about what happens next. Since to treat with toxic chemical drugs is an anathema to the principles of wholistic medicine, any attempt at alternative treatment at this point will necessitate a commitment to a cautious and well-supported withdrawal of the drug in the future.

Those who commit themselves to follow alternative medicine treatment for all their minor ailments are relatively unlikely to ever reach an emergency that positively demands the use of drugs.

All the foregoing applies to "acquired metabolic disease" and does not apply, of course, to simple injury or to the results of past operations that may leave the patients minus certain organs, or with organ transplants.

5.4 What Place for Surgery in Acquired Disease?

The position of surgery in relation to alternative medicine is rather like the position of drugs, but without the toxicity elements, excepting in respect of the necessary anaesthetics. Hence, it may become, of course, quite dramatically pressing to have the appendix out. By the time that

happens there is an emergency. Whatever else, you must hand to surgeons an unlimited accolade in respect of their skills in dealing with these situations, as also in dealing with all forms of physical injury. These people are great masters of sewing up the physical body when it has been torn apart. But we would far rather save the patient's appendix, tonsils, or gallbladder if at all possible. Removal is only really necessary if the situation has already been allowed to become dangerous. Otherwise, alternative medicine, especially nutritional medicine, has a good record of helping to save these body parts.

From time to time cancer patients seek our advice. We only assist such patients when they have decided for themselves to adopt a nutritional approach. Sometimes they have decided to reject all orthodox forms of treatment, though that is not necessarily recommendable. It can often help for them to have the primary tumour removed and then apply nutritional treatment to combat any cancerous residue or simply to inhibit recurrence. In that sense surgery and alternative treatments can be co-operative. However, until orthodox practitioners recognise and value what alternative therapists can achieve, there can be no real co-operation. For the patient simply to decide to undergo the two forms of treatment in sequence does not imply co-operation.

5.5 What Place for Immunisations?

Here we shall restrict ourselves to saying as little as possible. We shall, indeed, make no recommendations. However, the classical naturopaths and homoeopaths have all been of one voice in condemning the use of morbid diseased matter for injection into the human body to prevent disease. It was not, they said, a proper procedure. There has also been much disagreement about how effective such measures are. Of course, whenever there is danger of infection, it is wrong to do nothing. At least you should use the homoeopathic equivalent treatment. As to the effectiveness of those methods, that is beyond the scope of this course.

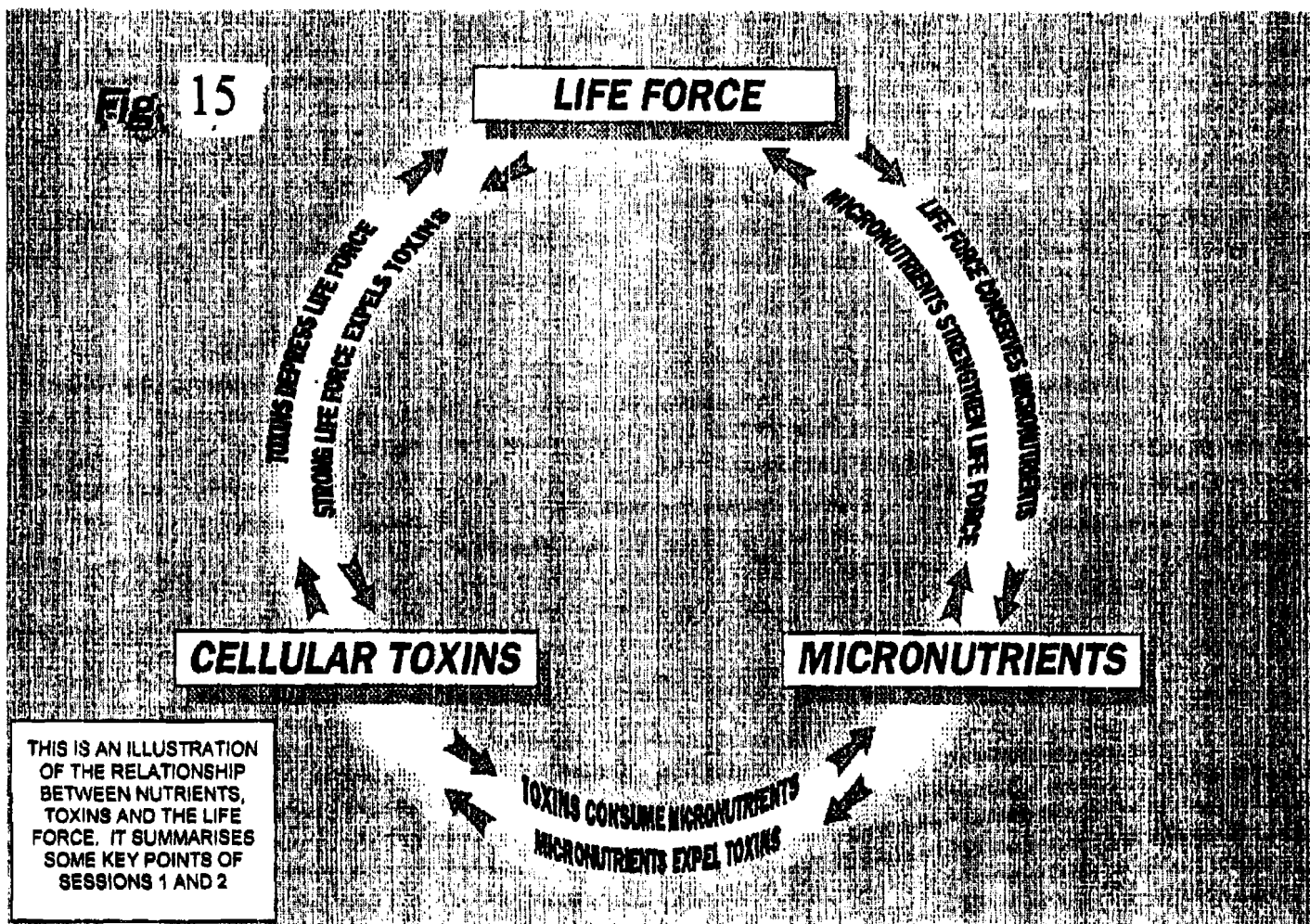
As to the personal view of the writer, it is that the natural therapists who have declared themselves on this topic in the past are probably right. They have maintained that immunisation is just another form of toxin and an especially potent one capable, on its own, of sparking a downward spiral into ill health in susceptible people. As to what extent that effect might be balanced by benefit, that is an unresolved argument. The writer does not use immunisations himself.

READING: Please read Lindlahr p96 – 110 and 168 – 179.



Our
Relationship to
the Medical
Orthodoxy





6 REFERENCES

The following books have been mentioned in the text. They are not specifically recommended as Course books and you do not have to consult them. Sometimes students feel they have to get to see any book that is mentioned. That is not the case and this list is specifically for those students who want to know the sources used for the Session and who may wish, of their own volition, to consult some of them with a view to wider reading of the topics concerned.

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References



Points to Ponder

- a. What significant difference is there between the terms "alternative medicine" and "complementary medicine"; what are the objections to the latter?
- b. When might you accept the use of drugs?
- c. What is the difference in principle between orthodox and alternative treatment?

7 ANSWERS TO CHECKPOINTS

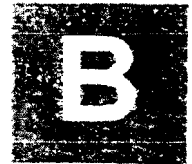
Due to the diversity of the checkpoint questions some of the answers below are provided only as a guideline for students to aid with comprehension and revision. Some questions are open to a degree of interpretation and students are encouraged to include their own opinions where appropriate.

7.1 Checkpoint One

- a. Naturopathy is based on the philosophy that the body is inherently self-healing and the practitioner is there to stimulate and support this process. Naturopaths view all diseases as one and as the body's attempts to rid itself of toxins. The patient is perceived as an individual with his/her own genetic inheritance, constitution and life experiences. Naturopathic treatment is primarily focused on causes not symptoms and addresses the whole person not simply the diseased organ or system.
- b. Palliative care addresses the symptoms and manifestation of a disease without exploring and treating the cause. Treatments are designed to contain and suppress illness symptoms and make the condition easier for the patient to bear. They do nothing to remove or correct the causes of the discomfort and in some cases are known to exacerbate the underlying problem. An holistic treatment approach always seeks the underlying causes of disease symptoms and emphasis is placed on encouraging the body to rectify the fundamental cause of the problem. In holistic treatment consideration is given not just to the affected organ or system but also to the whole person including physical body, emotional state and the life force.
- c. Many orthodox practitioners do not accept the link between nutrition and health and are usually sceptical and damning about the application of nutritional treatment. Where a medical practitioner does adopt the use of nutrients in practice, it is often done for reasons of palliation and with extreme selectivity. Single supplements such as calcium or iron are often prescribed, with the exclusion of many very important nutrients such as magnesium, zinc and manganese. Prescription drugs are given regularly for the palliation of symptoms no matter how minor. Many are inhibitory in nature and are detrimental to the life force. The toxicity of the drugs and the effect of these toxins on the body's systems must be considered. Although this varies widely from drug to drug in general,

the more effective the drug the more toxic they are. The life force is left more inhibited after every treatment and this is reputed to drive the disease deeper, which may lead to more frequent severe disease manifestations.

7.2 Checkpoint Two



- a. As the toxic load increases so does the tissue damage. The first effects comprise an impairment of biochemical function, including the ability to produce cell energy. This consists of a slowing down of the most key processes of metabolism. After that the cell membranes and key structures become progressively damaged. The accumulation of toxins leads to a loss of the ability to repair and replace faulty components. Eventually this process leads to necrosis, or cell death and tissue activity has then to be performed by the remaining cells, which may also be biochemically impaired.
- b. Fevers; crises; inflammation; hyperactivity. An acute reaction is an important eliminatory mechanism by which the body attempts to rid itself of toxic waste products. It is characterised by stimulation of tissue activity resulting from hyperactivity and increased biochemical function. This results in a major increase in the tissue resources of energy and a greater ability to synthesise necessary substances. A chronic reaction can be described as an unsuccessful acute reaction that is unable to fade away. White blood cells and detoxifying enzymes are mobilised at the point of damage or infection but are unable to launch an adequate immune response. This may be due to toxic burden or compromised tissue function but will continue indefinitely causing inflammation, tissue damage and necrosis.
- c. The law of cure was developed by the homeopath Constantine Hering. He believed that as you progress downwards toward ill health you pass through different stages of disease characterised by different symptom patterns. If one begins to work towards better health these former symptom patterns will be revisited during recovery. The law also states that symptoms move outward from within as recovery occurs and from above downwards. Hering believed in a hierarchy of organs with elimination of symptoms occurring in most important organs first to the least important last.
- d. Suppression is the stopping of an acute elimination without addressing the cause of the disease state. Suppression within orthodox medicine can consist of blocking or inhibiting eliminatory pathways or, more aggressively, surgical removal of eliminatory products or organs. The effects of such suppression usually results in recurrence of the same problem at a later date or, if this is not possible due to the removal of tissue, then other adverse effects will manifest at another site. Later symptoms may be more severe as the toxins accumulated from administered drugs add to the toxic burden of the body and push it further along the path towards disease. Suppression adversely affects the life force as it is thought that it prepares itself for some time before it launches an assault upon its toxic burden. When this accumulation of energy is suppressed it is thought to give adverse consequences. The life force is thought to suffer a serious set back to a point lower than it was before and future eliminations become more difficult.
- e. The size of the toxic burden, the strength of the life force and micro nutrient status strongly influence a person's response to treatment. Therefore a person with a low toxic burden, high micro nutrient status and strong life force should respond well to very little treatment. These factors are all interrelated and collectively enable a person to successfully detoxify as and when it is necessary.

7.3 Checkpoint Three

- a. Toxins absorbed from the gut will generally enter the hepatic portal vein and be carried to the liver, here they should be transformed or removed. However if this process fails the toxins are able to flow through the liver into the blood that supplies general circulation. If they are not picked out of the circulation by the kidneys they can lodge anywhere. Many fat soluble toxins dissolve in the fatty storage tissue of the body but other solid organs such as the spleen take up toxins.
- b. The impregnation phase when a toxin has lodged in a tissue for some time and begins to chemically bond to the host tissue. This implies damage occurring to the tissue as it is said to incur chemical changes. The toxin is then thought to be very hard to remove as it is now combined with the tissue substance.
- c. Some forms of toxins have an affinity to certain organs or systems of the body and will tend to locate there. However, the tendency is for toxins to locate most heavily in the organs and systems that are constitutionally weaker than others. Inheritance can also influence toxic load because components of the toxic burden can be inherited directly from parents, along with toxic location.
- d. Tissue level elimination is the process of toxins leaving their host tissue and entering the blood plasma in the intercellular fluid. This is usually achieved by naturopathic/nutritional treatment and is a necessary first step in the process of detoxification.
- e. An aggravation reaction occurs when the intense tissue level elimination has occurred but the body is unable to remove the circulating toxins from the body. It is a short term acute reaction as once tissue level elimination ceases the toxins will be taken up again by the tissues. Toxins resting in the tissues generally cause few dynamic reactions. However, once out of the tissues they may well give rise to a poison reaction, similar to if you took something pungent and destructive. This will continue to worsen until tissue level elimination ceases as plasma toxin levels increase.
- f. Healing crises and aggravations are both acute, systemic reactions to elimination. However, an aggravation is the pointless arousal of the body's toxin stores which in no way leads to detoxification of the body whereas a healing crisis is a response to necessary and successful detoxification. The crisis occurs where a surge in tissue activity, as a response to disease, reaches a crescendo and causes intense elimination of toxins. Unlike aggravations, successful phase II elimination rids the body of these toxins.

8 EXAMPLE ANSWERS FOR POINTS TO PONDER

There are no right or wrong answers to the questions given below. They are simply included to encourage students to explore their beliefs. Sample answers are merely given as a guideline.

8.1 Relating to section B, subsections 1 and 2

- a. It is the notion, not as yet scientifically proven, that the life in any living organism, including the human body, is sustained by a vital principle that cannot be explained in terms of physics and chemistry. It is believed to be a subtle non-material, organising energy force quite distinct from the physical body that determines whether life can exist, the physical form an organism takes and the vigour and vitality it displays. It is thought to be a crucial factor in determining patterns of health and disease as it determines our ability to recover from stress and trauma.

- b. The life force inhabits a potentially perfect physical body. The main threat to the integrity of that body is from harmful toxins acquired from environmental sources and the body's own metabolic waste. These cause biochemical imbalances and abnormalities of physiological function, which in turn inhibit and dampen the life force by accumulation of pollution in its physical home. The life force is then seen to struggle to oppose these adverse events and recreate a perfect environment. This task expends much energy and can manifest in lowered vitality if persistently required. The macronutrients are our source of biochemical energy. Some energy is expended on digestion and assimilation of these nutrients. If excess amounts are consumed, particularly of protein, excess energy is utilised for breakdown and disposal of waste products. Cells do not function optimally if loaded with surplus nutrients and waste and therefore the life force is affected. Chemical modification of bulk nutrients during processing can produce toxins and alter their structure making them difficult to break down. This again requires the body to employ excess energy, which could be used for other activities including detoxification. The micronutrients perform a number of roles in the body ensuring the functioning of biochemical pathways and reactions will flow better if they are present in the correct balance. Without the micronutrients the life force is seen to strive for high activity in the body whilst being blocked by biochemical imbalances. With adequate micronutrient intake the life force is released from inhibition and tissue activity increases.
- c. I believe that Kirlian photography is the most convincing evidence for the existence of the life force because it is a phenomenon that has been observed by multiple scientists before drawing wider attention. The photographs produced are visual evidence and could be attributable to little else beside some kind of energy field. Perhaps the most compelling aspect of Kirlian photography is the diminishing of the energy patterns seen around leaves once they are cut from the plant and the negligible energy field visible around processed foods.



8.2 Relating to section B, subsection 5

- a. The term "alternative medicine" suggests a group of disciplines that is autonomous from and a replacement for orthodox treatment. The term "complementary medicine" suggests that it is a discipline that is used alongside orthodox medicine for the benefit of the patient. It suggests that the two disciplines complement each other. Objections arise to the latter term as orthodox and alternative medicine practises are based on opposing philosophies that often work against what the other is trying to achieve. Furthermore many orthodox practitioners show little respect or understanding for alternative treatment and are unwilling to work with alternative practitioners.
- b. The use of drugs may be accepted when symptoms are potentially life threatening or too severe to bear and alternative treatments are either unavailable or would take too long to take effect. Intense pain of sudden onset may demand drugs, as may very serious asthma cases where steroids need to be administered. Alternative therapy is ideally suited to prevention of illness or to the treatment of chronic illness in its early to middle stages. Advanced chronic illness may also be treatable but it is likely to take a great deal of time and effort. If these situations occur then it is probable that earlier opportunities for intervention using alternative therapy have probably been missed, making the use of drugs unavoidable.
- c. The basis of the differences between orthodox and alternative treatment lies in their handling and interpretation of symptoms of disease. Orthodox medicine is predominantly palliative in nature and seeks to suppress and reduce symptoms using any means necessary whether such treatments are toxic or not. They seek to stop the body's response to a disorder without righting the disorder itself. Alternative medicine regards symptoms as a necessary elimination process undertaken by the body to remove an underlying condition. It is concerned with actively encouraging that elimination whilst seeking to address the fundamental cause of the problem using natural products designed to reduce toxicity.