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NATIONAL COLLEGE OF NATUROPATHIC
MEDICINE

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By

Herbert M. Shelton

Author of

HUMAN LIFE: ITS PHILOSOPHY AND LAWS
HYGIENIC CARE OF CHILDREN
THE HYGIENIC SYSTEM (7 Volumes)
BASIC PRINCIPLES OF NATURAL HYGIENE
SUPERIOR NUTRITION
FOOD COMBINING MADE EASY
ETC., ETC.



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Dr. Shelton's Health School

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WHY has the human animal more sickness than other animals? There are many reasons. The first, and most profound reason is a cultivated belief *in esse* (in the actual existence) of disease, instead of the more rational belief that disease is *in posse* (in possibility—potentially possible). To inculcate the fallacy that disease is inescapable enralls the mind with fear and apprehension, and converts the human victim into an easy mark for high-powered salesmen who traffic in the cures of the various systems.

— JOHN H. TILDEN, M.D.

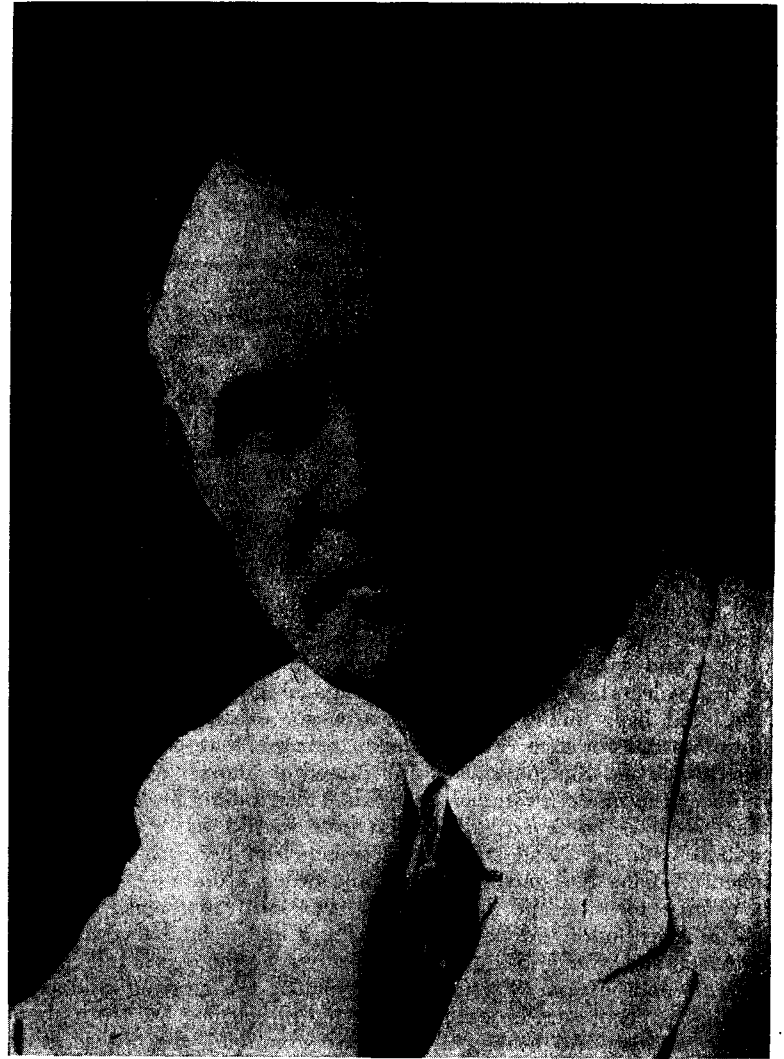
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Dedication

*TO P. I. CRUM whose sincere and magnanimous
philanthropy made possible its publication,
this book is gratefully dedicated by*

HERBERT M. SHELTON



*Yours for Health Truth and Medical Liberty
Herbert M. Shelton*

WE gave up the ox-cart for the automobile, the flail for the threshing machine, and no one regrets these exchanges. No one regrets the substitution of the modern stream lined passenger train for the old stage coach. But there are other fields in which we cling with bull-dog tenacity to ancient and outworn superstitions and practices as though our very existence depends upon them. We cherish old traditions, beliefs, customs, and folk-lore however worn out and fallacious they may be. We refuse to exchange our old outworn superstition that diseases are "caught" for the more rational belief that man is the author and builder of his own disease. We continue to believe in infections, contagions, specific diseases and disease entities, long after we have discarded our belief in witches, ghosts, werewolves and evil spirits. We believe that there is such a thing as malaria, smallpox, cholera, diphtheria, poliomyelitis and other "catching diseases," and we continue to use and search for immunizing agents—vaccines, serums, antitoxins, toxoids—although we have ceased to search for the *Elixir Vitæ*, the Philosopher's stone, the holy grail, the Fountain of Youth, and perpetual motion. We refuse to cast off our belief in "cures," even though we have discarded our belief in levitation, mind reading, astrology, necromancy, and fortune telling. We have discarded our belief in a God with all the atrocious attributes of bad men and substituted therefor a God of love and wisdom, but we still believe in the existence of myriads of malevolent beings—evil spirits, malignant germs and specific viruses—that have almost no other reason for existence than to make life miserable for man. The common belief is that sickness is man's inheritance and that physicians are trained to "cure." We accordingly reject the modern rational belief that man builds his diseases and that so-called *cures* are absurd. *Cures* should have gone out of fashion with the "load stone" and a belief in the existence of the unicorn. Ours is a universe of law and order, a cosmos, not a chaos of chance, fortuity, and malevolence. Our cultivated belief in medical fallacies builds, extends, intensifies and makes fatal the sufferings that men and women bring upon themselves by the overindulgence of *appetite* and *passion*. Fortunately for mankind, a growing number of intelligent people are becoming interested in learning the truth about health, disease and healing. These are examining the old superstitions and the damaging and fatal practices built thereon and are beginning to see them in their true light.

Introduction

I write of the recovery of health because this is the primary need of our age. It should be understood, without me having to say so, that, maintenance of health is of greater importance than its recovery; but, unfortunately, in our world of today, most people will have to recover health before they can maintain it. It is a fortunate circumstance, however, that the means of regaining health and the means of retaining it are identical, modified only to meet the needs and capacities of the body under the varying conditions and circumstances of life.

This is not a book of *cures*. Indeed, there is not a single *cure* for a single so-called disease offered in this book. This book deals with the *Hygienic* rather than the *therapeutic* care of both the well and the sick and depends upon the self-healing powers of the living body to accomplish the restoration of health after the causes of impairment have been removed and the conditions of healthy life have been duly supplied. The idea that diseases can be *cured* is a survival of primitive *shamanism* or what is known today as *voodooism*. It is wholly out of keeping with our modern knowledge of the processes of life.

Nor is it the intention of the author that this book be used to supplant the competent doctor in the care of patients ill with serious disease. For the minor ills of life, which commonly do not send the sick to their doctors, this little book will serve as a reliable guide to the intelligent individual. For the more serious ills it will also reliably point the way to recovery, but the care suggested should be supervised by a man trained in and experienced in the application to the sick of *Hygienic* principles and measures. Only such a practitioner can properly modify the measures to adapt them to the varying and changing needs of different patients. It is not possible to offer blanket instructions or cover-all programs that will, without any modification whatsoever, exactly fit the needs of every patient. General instructions are all that can be given in a book of this size.

In a sick world, such as we know, there is great need for simple and dependable instruction which will enable the people to care for

themselves so that they may get well and remain well. A hasty glance at the condition of the people will substantiate this statement.

The United States Public Health National Survey of 1935-36 estimated that there were at that time in this country no less than twenty-three million persons, more than one in six of our population, who had some chronic disease. I think that we may reasonably assume that today the number is much greater than this figure, not alone because there has been a marked increase in our population in the intervening time, but also, and more significantly, because there is a year-by-year increase in the incidence of many chronic diseases.

To mention but a few of the diseases that are on the increase, we note a steady rise in the incidence of cancer, diabetes, heart disease, high blood pressure, apoplexy, rheumatic and arthritic disease, gastric and duodenal ulcers, nervous diseases and insanity. We are not building asylums fast enough to house our growing army of mentally ill. Although we have built larger and better hospitals all over the land, they are crowded and there is always an army of sick waiting to get into them.

In very truth there is more chronic illness in our country than these figures by the Public Health Service indicate, for the survey did not take into consideration the great mass of minor troubles that rarely send people to physicians, hospitals and clinics, but which represent early stages of more serious troubles—troubles that will have developed more fully next year.

Repeated surveys of school children in all parts of the country have shown that as early as the first year in grade school the young of our species show many marked signs of physical and mental deterioration. There are faulty posture, pot bellies, round shoulders, spinal curvatures, bow legs, defective teeth, faulty jaw development, knock knees, poor vision, impaired hearing, skin rashes, enlarged tonsils, undernourishment, even though the children are constantly overfed, frequent colds, nervousness and many other evidences that our children's health is far from good. Many of them have asthma or hayfever or both, great numbers of them are much underweight while another great number of them are overweight. The deplorable condition of the children means a high infant and child death rate.

The condition of those children that reach adulthood may be seen by a glance at the findings of the examinations for the armed

forces of the country. Going a few years back and, for the nonce, ignoring the armed forces, there were the nation-wide examinations of young men and women for the Youth Administration that was set up during the depression. The examinations of draftees in World Wars I and II and for the Korean conflict and the examinations of young women for the Waves, Wacs, Spars, etc., during the second World War and during the "police action" in Korea, all tell a sad story. The high percentage of rejections for physical and mental unfitness do not tell the whole story, for among those who were accepted for service in the Army, Navy, Marines, Air Force and the various women's forces, there are many evidences of defectiveness and poor health.

The steady growth and increasing numbers of organizations devoted to fighting some particular disease, such as the National Foundation for Infantile Paralysis, the Society for the Prevention and Control of Cancer, the Tuberculosis Association, the Arthritis Association, the Cerebral Palsy Association, and several others, together with their increasing demand for ever mounting sums of money, their regular drives for funds, all indicate, not only an increase in disease, but a failure of the measures that are being employed with which to meet the problems presented by the mounting incidence of these diseases. Although a generous public contributes millions each year with which to fight poliomyelitis, the disease is definitely on the increase. It has become epidemic yearly, has spread over a greater part of the country and lasts for a much longer season each year, even into the colder months. On the surface, at least, it would seem that the more the disease is fought the greater its incidence. The year 1952 broke all past records for poliomyelitis incidence.

I do not think that I exaggerate when I say that the alarming rate of increase in the number of people who are suffering with crippling chronic diseases is rapidly heading towards a national crisis, even a national scandal. It is no answer to this to say that a greater number of people are living to old age than formerly so that these "diseases of later life" naturally increase. The first objection to this reply is that an increasing number of these diseases, even cancer, is seen in the young. There has been, for example, an alarming increase in the incidence of heart disease in the young. There is much diabetes in the young. The second reply is that these diseases are

end-points in a progressive deterioration of the body and, while it is largely true that they are "diseases of later life," they have their initial beginnings in early life, even in infancy, and in a certain number of instances, before birth. They cannot be blamed upon age, and actually the percentage of people who reach old age is not much if any greater than it was in the past. Our increased average life span has grown out of a greater saving of lives at the beginning of life rather than an extension at its distal end.

In view of the steadily mounting incidence of and increasing death-rate in such diseases as diabetes, Bright's disease, diseases of the heart and arteries, diseases of the brain and nerves, the increase in cerebral palsy, multiple sclerosis the yearly epidemics, which tend to be greater each year, of poliomyelitis, the yearly epidemic of infant diarrhea or what was formerly called cholera infantum and summer complaint, and, in view of the fact that we cannot build hospitals and asylums fast enough to house the growing army of invalids and mentally ill and (added to these conditions, there is the fact that "modern medicine" is armed with the most diabolical weapons of its entire history, although these have proved to be futile), in view of the further fact that all of the other schools of so-called healing have failed, either singly or collectively, to provide a constructive approach to the problems of disease, may we not justifiably doubt the accuracy of the statistics that purport to show that we have the longest average life-span of any people in the world? It is now admitted that there is a tendency towards shortened life after forty. Certainly, the intelligent person must recognize that there is something radically wrong somewhere, a wrong that is not being found by microscopic observations and experiments on rats.

This picture is black but I have tried not to overdraw it. I am convinced from my own observation that, if a complete account of the incidence of disease were possible this picture would be seen to be very mild indeed. Our decay, which, as previously pointed out, is not confined to middle age and beyond and to young men and women of military age, but has its inception in infancy and early childhood, even before birth in many instances, presents a problem for which the various and conflicting schools of so-called healing, neither singly nor combined, are prepared to offer a satisfactory solution. They are one and all content to treat (palliate) symptoms and ignore causes. But even in their treating of the symptoms they are

not doing a satisfactory job. It may almost be said: "Once an invalid, always an invalid," so futile are the many and varied modes of care that are offered the sick. To say that the regular medical profession has not provided us with an effective means of stemming the tide of chronic disease and the ever-rising mortality in these diseases is merely to assert what the profession freely admits.

No plan of state medicine (now commonly miscalled "socialized medicine"), which is nothing more than state implementation of the existing modes of care, can ever hope to solve the problem presented by this great amount of physical and mental decay. More and bigger hospitals in which to perform more operations, give more poisons, inoculate the sick with more vaccines and serums, etc., will not suffice to stay the downward progress of our civilization. This is to say, no amount of multiplication of past and present failures, whether financed by private or public funds, will sum up to success. We may endow more research institutes, train more physicians, surgeons, dentists, and technicians, treat more people by the same old measures, and tax ourselves into the poor house trying to pay for all this, but we will not succeed in solving this, our first problem, until we are ready and willing to toss aside the historic failures and make a new and radical departure from traditional approaches.

It is obvious to the informed and thinking individual that something is basically wrong with the whole of the traditional approach to the problems posed by disease and that a new and totally different approach must be made if we are ever to solve the growing problems that now confront us. Indeed this fact has been stressed by more than one leader in the medical profession, but these men, while recognizing the inadequacy of present methods and the futility of present approaches, as well as their fundamental falseness, have been unable to suggest a different approach. Their own training has been so limited and so narrowly confined in traditional channels that they are unable to think outside the old thought-patterns. It is, therefore, obvious that the solution to this pressing problem must come from a different source, from men whose minds have not been stultified by rigid training in ancient fallacies and false principles. Only those who are capable of appreciating and accepting new truths and who have no vested interest in the preservation of old systems can be expected to lead the people out of the morass of weakness, degeneracy, suffer-

ing, disease and premature dying in which they now flounder helplessly.

The new school, that of *Natural Hygiene*, which is not a school of so-called healing and which does not offer a single alleged "cure" for a single so-called disease, has departed radically from the traditional theories and modes of practice and has courageously struck out into hitherto untrodden territory. This school has completely abandoned the conceptions of health, disease and healing that have ruled the minds of men since the days of the ancient *shaman*. It bases its philosophy and its practices upon the bedrock of physiological and biological law. It offers to the people a science of life, not a science of medicine; a plan of living not a mass of methods and modes of treatment.

Natural Hygienists do not assert that they possess the complete answer to the problem of the increasing mortality from chronic disease; but we do insist that we are in possession of the principles that will ultimately supply the answer. We recognize that a large part of this mortality is the direct result of methods of treatment that are lethal. We know that so long as the treating professions are content to treat (suppress) symptoms and ignore causes, there can be no reduction in the mortality from these diseases. We also recognize that a large part of these diseases is tied in with economic and social conditions over which the individual has but little or no control; but we are in possession of the principles that will enable the community and the people as a whole to remedy these factors.

Out of the distant past comes a voice saying: "Where there is no vision the people perish." Today, as never before in history, there is great need for a new and higher vision. The old ways have failed us; the old traditions have "gone glimmering through the things that were." Old institutions and old dogmas have decayed and are worm-eaten. What is called the *Modern Science of Medicine* looks backward and sees, not a new vision, but the decayed mural of primitive *shamanism*. Even now its researchers are ransacking the out of the way places of the globe, seeking "cures" in the practices of the medicine men of savage tribes. Although medical men study physiology and biology, they do not build on these, but return, like the dog to its vomit, to *shamanism*. Medicine offers the world no true hope.

With all of its boasted "science," there is a steadily increasing incidence of the so-called "degenerative diseases of later life," and

a growing mortality from these diseases. Instead of getting down to bed-rock studies of the factors in modern life that cause these troubles, the profession spends much of its time and energy in defending, condoning, encouraging, even urging continuance in the very harmful practices that are chiefly responsible for the increasing incidence of cancer, heart disease, diseases of the arteries, Bright's disease, diabetes, paralysis, insanity, and like affections. Indeed, its very treatment of disease leads inevitably to worse disease, as I shall make clear in the pages of this book.

The *Hygienist*, with clear vision and practices grounded in correct principles, offers the world, not just a better way to health, to recovery, but the only way. All else is mere illusion. But we do not expect the medical man, with his vested interest in the old system and old institutions, to accept the new way of life. When Sir Walter Scott heard that it was proposed to light the streets of London with coal-gas, he said: "It can't be done. It's only the dream of a fanatic." Speaking of the same proposal, Sir Humphrey Davy, the eminent chemist, said: "It's all nonsense. You might as well talk of lighting London with a slice of the moon, as to talk of lighting London with gas." When it was first proposed to navigate the ocean with steam powered ships, Dr. Lardner demonstrated, as he supposed, by elaborate calculations, that the matter was practically impossible. When Franklin demonstrated that lightning and electricity are identical, he was laughed at. When Morse proposed to send a telegraphic message between Washington and Baltimore he was regarded as a subject fit for the lunatic asylum. When Bell invented the telephone and Congress was asked to help in building a telephone system, a congressman introduced a bill in which it was proposed to build a telephone to the moon. Only men of vision, imagination and daring ever break with old formulas and old dogmas and pioneer in new and untrodden fields.

When it is proposed to prevent disease without serums, vaccines, anti-toxins, and toxoids and to restore health without the poisons of the physicians and the knives and saws of the surgeons this proposal seems as preposterous to many millions of people who have been brought up in traditional thinking and who have been spoon-fed on medical dogmas from infancy, as the proposal to light the streets of London with gas seemed to Sir Walter Scott and Sir Humphrey Davy. Foolish men, like the congressman who proposed to appropriate money

to build a telephone to the moon, deride the very idea that the sick can recover without the able assistance of poisons. To these men, Medicine is a "science," and that settles the matter for all time. But there is a new vision in the world and increasing thousands of people are grasping it each year. The archaic dogmas and practices of the old system of medicine (?) are on their way out.

In the most important field of all, that of life and living, and more particularly in the field of health, disease and healing, the new vision, which is a radical and revolutionary departure from traditional ways, will bring newness of life to the world. It is the way to physical health, mental sanity and ethical wholesomeness. Teach *Natural Hygiene* to present generations of man and the next generation will sing the song of a new redemption.

Of all the many and varied movements of modern times designed to improve the conditions of mankind and to enable the race to live on a higher and more normal level, the *Natural Hygiene* movement is of greatest significance. Based, as it is, on a bed rock of natural law, concerned with the physical, mental and moral advancement of man, and making intelligent use of all the normal factors of life, it contains within itself the promise and potency of greater human benefit than any single revolution that has yet occurred in the thinking and living of the race during the historic period. If there are those who think that we claim too much, we ask only that they reserve judgement until they have given the subject a fair and complete investigation.

Natural Hygiene constitutes the most thoroughgoing revolution in the thinking and practices of mankind since the race first fell victim of the system of ancient magic. It is, indeed, the only system of mind-body care that has ever been offered that is completely divorced from the system of ancient magic, both in thought and deed. It can be fully understood only by those who can divorce themselves from ancient thought-forms and the incredible superstitions which we have inherited from primitive times. It is the inability of great masses of people to quickly throw off their heritage of error that constitutes the greatest obstacle to the spread of *Natural Hygiene* among the people.

Let me enumerate a few things that *Natural Hygiene* is not before I attempt to say what it is. It is not a system of therapeutics; it is not a collection of *cures* for "disease." It is not a dietary system.

It is not fasting. It is not physical culture. It is not sunbathing. It is not a system of "mental healing."

Natural Hygiene is a complete and many-factored system or plan of living, involving in its make-up everything that is essential to the vigorous and healthful performance of all of the functions of life. It makes use of the same elements of living in disease as in health, modifying these only in so far as the altered needs and capacities of the sick organism require, but superimposing no added and anti-vital elements upon the normal elements of living. It is more interested in the preservation and enhancement of health than in its recovery; but, as we live in a sick world, we are more or less forced by the very circumstances of contemporary human morbidity to devote a large share of our attention to the promotion of recovery from the prevailing morbidity.

Whether the *Natural Hygienist* is directing the care of a healthy child to insure that it shall remain healthy and that it shall grow and develop normally, or is directing the care of a sick child or adult, he is bound to make full use of all the normal or primordial elements of living. His approach to both problems is an all-out one. He does not seek to promote health or to restore health by any piece-meal program. He uses diet and sunshine, he employs activity or exercise and rest and sleep, he provides pure water and fresh air, he must guide the intellectual and emotional life of his patient, he must bring to bear upon the life of the individual all of the positive moral factors that enhance life. Whether his client is well or sick, he must never forget that he is caring for a human being, not *curing* a disease. On the negative side, he must guide his client away from all enervating or devitalizing mental and physical habits. He rejects everything that nature rejects, he rejects nothing that nature demands. It is only by this total approach to the problems of life that they can be successfully solved.

Because *Natural Hygiene* is based squarely upon demonstrable laws of nature it is not reduced to the task of trying to restore health by resort to innumerable tricks that it is hoped will work wonders. In the field of diet, for example, our feeding is designed to meet the nutritive needs and capacities of the sick organism and is not made up of a series of trick diets that are employed on the well-known basis of, "where one diet fails, try another." When fasting is

employed, it is not arbitrarily limited to a specific number of days, but is carried out according to individual need. It is precisely because *Natural Hygiene* is based on natural law and because it is divorced from *shamanism* in all of its variegated forms that it is of such vital significance for man.

A few words about my own experiences may be appropriate in concluding this introduction. I began my practice more than thirty-three years ago. I established my Health School in August 1928 since which time it has been in continuous operation. Patients come here from all parts of the civilized world, suffering with many and varied forms of disease. In the great main these patients have been the rounds of the various schools of so-called healing. They have been drugged, serumized, inoculated, cut upon, treated with X-rays, dosed with vitamins, dieted, manipulated, mauled, twisted, pushed and pulled, steamed, toasted, electrocuted, frozen, buried in mud up their necks, boiled and broiled, punched and gouged, colon-flushed and irrigated, had their intestinal flora changed and in a variety of other ways have been treated into worse illness. They have taken yeast, eaten black strap molasses, stuffed themselves on proteins, fed on powdered milk, guzzled yogurt and tried the various trick diets that are offered to the sick. They have been to psychologists, metaphysicians, psychiatrists and spiritual healers galore. I need hardly add that if these things had been effective in restoring them to health, they would not have come to the Health School.

Hygienic care has its limitations. It cannot resurrect the dead; it cannot grow a new leg when one has been lost; it cannot give you a new heart; it cannot restore to health the patient who is standing with one foot in the grave and the other on a banana peel. I have received patients for whom I could do little and a few for whom I could do nothing; but for the most part my patients have either made full recoveries or they have made great improvement, their improvement being commensurate with the time they have remained with me. Time is a requisite in all recovery. There is no instantaneous healing. There are cases of arthritis, for example, that have undergone so much joint change that they cannot recover; there are others that may still recover but require a lengthy period in which to make full recovery, and there are those who make speedy recoveries. There are heart impairments of a structural nature that cannot be remedied

anymore than one can grow a new leg; there are many other heart diseases from which full recovery is easily possible.

So far as it is possible for a man who is far from being infallible to do so, I do not accept patients for whom I think I can do nothing. If there are reasonable grounds for thinking that I can help a patient, I accept him or her. My position is that I am not justified in taking the money of a patient for whom I think I can do nothing. To promise a sick man or woman health or improvement when one does not actually think that improvement or recovery is possible is to accept money under false pretenses. I have never been able to lower myself to the level of those surgeons who perform operations upon cancer patients whom they know will be dead in a few hours to a few days and take a handsome fee for this piece of fraudulent work.

Due to the very nature of my work, to its revolutionary character and the fact that, while it has been practiced for over a hundred and twenty-five years by hundreds of practitioners, it is not well known, a majority of my patients have been of the hopeless class—the scraps and derelicts who have graduated from the schools of *cure*—yet in spite of this fact, I have enjoyed a success in piloting my patients back to good health that is the envy of all who know of it. I do not say this boastfully, for the credit belongs, not to me but to nature, but state it as a matter of fact. As my work is but part of the great amount of work that has been done since the days of Graham, Trall, Jennings, Alcott, Jackson and their co-workers in the beginning of the *Hygienic School*, I am fully justified in saying that *Hygiene* has stood the test of time and has proved its worth, even its superiority. I am happy to offer it in brief outline in this little book to my old and new readers to the end that its principles and practices may become more widely known and better understood.

A Basis For a Science of Health

CHAPTER I

What is called the "art and science of healing" is based upon a mass of contradictory theories. The underlying principles of the several licensed "schools of healing" are opposed to each other. Even practitioners of the same school frequently disagree with each other, both in theory and practice. In the unlicensed field the subject is filled with the same contradictions in theory and the same chaos in the application of the means of "cure." It is impossible that all of these theories shall be true, that everyone of the contradictory principles that are promulgated by the different schools of therapeutics shall be correct, that all of the great mass of different forms of therapeutics shall be genuinely useful.

It is true that patients do get well under all forms of treatment and when cared for according to the most antagonistic principles, so that each school and each practitioner appeals to what is proudly termed "results" as evidence of the validity of the various theories and practices. The intelligent man will not be misled by the wealth of "testimonials" thus offered. If patients get well under blood-letting and under blood transfusing; if they get well when the hypothetical spinal subluxation is "adjusted" and when it is ignored and a mustard plaster to the chest is used instead of "adjustments;" if they get well under care that is based on the ancient supposition that disease is an attacking entity (demons or germs) and under care that is based on the supposition that there is no disease; if they get well under all forms of treatment, even the most crucifying, and under no treatment at all, the logical inference is that something other than the treatment is responsible for recovery.

So far as human observation can establish anything we live in a world in which there is an orderly sequence of events. We say that the processes of nature are ruled by law. We know that, however they are ruled, chaos is not characteristic of the forces and processes of the universe. Order is heaven's first law. The same human observa-

tion has established the fact that order reigns in the vital as in the non-vital realm. Life is subject to immutable law. Living phenomena are not chaotic. Realizing the truth of this statement, it becomes at once evident that any true science of health must be based squarely upon the laws of life. Any theory and any practice that does not square with the laws of life must, of necessity, be false and futile, even damaging and often fatal.

"Modern science" in the form of surgery is producing more defects and deformities than we ever see presented by unaided nature. The practices of vaccinating and serumizing children for all manners of troubles, both to prevent them and to "cure" them, produce many defects and deformities. Dosing the sick with a medley of powerful poisons—"all the dregs and scum of earth and sea"—is responsible for many deaths, much chronic disease and much deformity. None of these practices conform to a single known law of life; on the contrary, each and all of them are antagonistic to life.

All of "medicine's" alleged discoveries are worked out on the basis of the preconception that man's environments are hostile to him and to his highest interest. Carefully and logically worked out and applied, they reveal conclusively that they believe that nature is conspiring against man, for their treatments fail. The theory of cause and cure in all systems of "medicine" leaves man helpless. All causes, according to the schools, are outside of man himself and beyond his understanding, unless, of course, he makes a special study—a professional study—of them; and, of course, the *cure* is as far out of his reach as the moon. Such reasoning, beginning as it does, with a fallacy must end in fallacy.

Where law and order reign why should man be left in a more helpless state than all life below him? To the logical mind, this is unthinkable. It should be recognized by all that man is as well fitted to live on the earth as are the lower orders of life. His environment is really more friendly to him than he is to it. It is certainly more friendly to him than he is to himself. A true health science will teach man how to use both himself and his environment constructively—healthfully.

Health and disease are products of nature; they are, therefore, dependent upon and controlled by natural laws. These laws may be discovered and applied to the certain production and maintenance

of health. Health is not an uncaused effect. It depends absolutely upon the presence and persistence of certain definite normal conditions of life and when these are lacking health is impaired. There can be no recovery of health until these necessary conditions of healthy life are supplied.

Just as it is the same law of gravity that sends a balloon upward under one set of conditions and brings it back to earth under another set of conditions, or that floats a boat under one set of conditions and sends it to the bottom of the ocean under another, and just as it is the same law of chemical affinity that preserves a stick of dynamite under one set of conditions and explodes it under another, and just as there is no change of law under these different sets of conditions, only a change of conditions, so the same law of life produces health under one set of conditions and disease under another set of conditions. There is no change in the law, but a change in the conditions under which the law operates. If, then, we know the conditions of health and the conditions of disease, we can have the one or the other at will or by choice, just as the chemist, knowing the conditions for the production and preservation of a stick of dynamite and the conditions of its explosion, may preserve it or explode it at will. This simply means that, once the laws of life are understood and the conditions of their operations by which they produce their many and varied results are known to us, we may have health by choice and not as a matter of haphazard, as now. A knowledge of the laws of life and the conditions of their various operations in the production of their different and varied effects will provide us with the same control over health and disease that a knowledge of the laws of physics and chemistry gives the physicist and chemist over the productions of matter.

Hygienists make no claim to such full knowledge, but we do claim to be in possession of a knowledge of some of the laws of life and to know most of the conditions that determine the varied results of the operations of these laws. We are well on our way to the creation of an exact science of health. So great is our present knowledge and so great has been our progress during the past hundred years that we are convinced that the time is not too far distant when we shall be able to produce health and disease at will, just as the chemist can produce dynamite or explode it at will. It is certain that the laws of life are as invariable and as exact in their operations as are

the laws of any other department of existence. Health by law rather than by chance is the great message of *Natural Hygiene* to the suffering peoples of earth. It is a message of hope and courage as well as one of health and strength; one for which the world has long waited and longed.

What is called the *Modern Science of Medicine*, but which is not modern, not science, and not medicine, does not recognize a single law of life. Its practices are not based on such laws. Although it is ruled by a few dogmas that are older than recorded history, it is empirical in the extreme. It has, of course, substituted the term *experimental* for the older term *experience* but the difference is the same as that between Tweedledum and Tweedledee. It calls its experimental approach to the problems of health and disease research. This "research" consists, for the most part of cruel and torturous experiments on animals and human patients. It is really difficult to determine whether human beings or lower animals are used in greater numbers in these futile experiments.

The author of *The World Above* puts the following words into the mouth of one of his characters, who is engaged in "research" work: "Suffering humanity lives off the experimental rat. We should wear rats in our buttonholes, not violets. Congress should open this year, not with a prayer to end the depression, but with a hymn to *Mus norvegicus albinus*, my lovely Norwegian white rats. There should be rat prizes for law and art. There should be rat prizes for politics, horse racing and pure science." Thus we have the new religion, the worship of rats (ancient peoples worshipped cats, snakes and other animals) stated in literature for gullible readers to absorb.

Not only does "medical science" dance "hilariously 'round the golden calf of 'research,' but it has taught the people to look to 'research' for the solution of its many problems." As a consequence of this illegitimate dependence upon "research," we have "squeamishly jettisoned voluntary effort" and self-help. Medicine's "scientific" detachment from the lives of the people renders it utterly incapable of dealing intelligently with their problems. If it refuses to investigate their lives and their living conditions, but prefers to toy with rats in "research" laboratories, it must continue to fail to find a remedy for evils that grow out of wrong life and low conditions. The lines of their research lead out into the stratosphere rather than in the direction of the causes of the suffering of the people. These men of the

ivory towers of "research" cannot be expected to get down to earth in their investigations and seriously try to discover the true causes of human misery. They will never discover the cause of cancer, for instance, by isolating themselves from the people and dealing with rats, thus completely neglecting the people and the factors in their lives that are responsible for their pathologies. What they are engaged in doing may all be very "scientific," but they are, nonetheless, fools.

What does the average individual know about keeping well? Almost nothing. What does the average doctor of all the schools of so-called healing know about keeping well? About as little as the average layman. The physician lives haphazardly and his patients live as near like he does as they know how, or as their means permit. The people and their doctors are all in the same boat together with a blind man at the helm. They lack chart and compass and drift aimlessly on a sea of ignorance and misinformation. None of their research is intended to discover the effect of man's many habits and modes of living in producing disease or maintaining health.

"Modern medicine" is too "scientific." The medicine men make a great show of learning. They parade their "science" before the dazzled eyes of the people in a thousand different ways. They have the public so awed and cowed by their pretense of great learning that the medicine-man is almost as awesome a figure in modern society as he was in primitive society. If the people could only be made to realize that the "scientific" jargon and other melodious trifles with which the medics humbug them are but substitutes for true credentials, these dispensers of poisons would soon be relegated to their proper places in the scheme of things. With all their "science" they are as sick as their dupes and are prone to die as early as the most ignorant yokel. Of what value is such "science?"

When a cancer specialist dies of cancer, a heart specialist dies of heart disease, a tubercular specialist dies of tuberculosis, a neurologist becomes insane, a gastro-enterologist develops gastric ulcer, a specialist in "diseases of metabolism" dies of diabetes, an asthma specialist develops asthma, of what value is their "scientific" lore? If an eye specialist is forced to wear glasses or goes blind and an ear specialist uses a hearing aid or is deaf, what dependence can we impose in their "science"? Let us say to these men, in the words

of the old familiar proverb: "Physician, heal thyself!" If you propose to heal others when you cannot heal yourself, you are but an imposter. If you pretend to possess knowledge that will save us poor common people, while your knowledge will not enable you to save yourself, you are a charlatan of the first rank. Your "science" is a false science. Your "cures" are as false as your pretenses. Of what avail are your titles, high sounding degrees, poker faces, bed-side manners, "airs and graces," and other like medicine-man appurtenances, so long as you physicians and surgeons are a sickly lot, incapable of setting a good example of wise self-management or of preserving the health and lives of the members of your own families?

If a physician should radically remedy his own disease he would, also, unfortunately to his own economic interest, in applying his new-found knowledge, practically undo himself. He would soon put himself out of business. In spite of this, however, the medics are wisely counselled when they are advised to burn the fallacies they have learned and learn the truths they have burned. What they now "know" and practice, although financially profitable to them, is of no genuine value, either to them or to their patients—or would it not be more correct to say, their victims?

Nothing more clearly reveals the lack of value of medical methods and the growing lack of confidence in them on the part of the people than the frequent resort to law and legal procedure to force their methods upon the people. Compulsory vaccination, compulsory inoculation, compulsory pre-marital tests, compulsory treatment for "syphilis" and tuberculosis, the occasional court order compelling parents to submit their child to an operation or to a blood transfusion, outlawing of other schools of so-called healing—these and like procedures represent compulsory medicine and are resorted to because the people do not voluntarily submit to their practices. It is true that many do submit to these practices without legal coercion, but it will not escape the attention of the observant and thoughtful individual that most of this submission is the result of the fear that is deliberately cultivated by the profession.

Any set of so-called healers who are forced to resort to law and to the sowing of fear as means of upholding their "science" against all others, expose the weakness of their "science," the futility of their practices and the incompetence of their practitioners. Such resorts also reveal their cowardice. If a science and art of "healing" can-

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not stand on its own merits without requiring the protection of the law and the police, it deserves to pass and it will pass as soon as the people become fully acquainted with its true character. Their pretense that they resort to fright and coercion for the welfare of the people who do not know what is good for them is as false as were all the subterfuges by which the *auto de fe* was defended in the days when men were forced to conform to religious dogmas and rituals.

The Problem Before Us

CHAPTER II

Before we can approach the subject of restoration of health in an intelligent manner, we must have some understanding of the nature of the problem before us. What we will do in our efforts to regain health will depend upon our understanding of the nature of disease. If we view disease as a malevolent entity that has attacked us and that is seeking to destroy us, our approach to it will naturally be in the form of a war upon the attacking force. If we view disease in the light of a natural phenomenon, if we view it as the result of causes within our own voluntary control, we will approach it from the standpoint of cause and effect. In this instance, we will seek to find and remove causes, not to make war upon a fictional entity.

What is called modern medical science enfolds in its current premises and conclusions, as well as in its total practices, sophisticated, rationalized and attenuated translations of the primitive superstitions of the shaman. This means that the delusions and feats of magic, out of which, historically, medicine originated, are still inherent in its boasted science. Its bacteriology is but a new demonology; its *cures* and *immunizers* but means of exorcism; its psychiatry and psychoanalysis but new forms of theurgy. Instead of the progress of which the modern shaman continually boasts representing genuine advance in knowledge and means to ends, it constitutes subtle refinements of the superstitions and hallucinations of primitive man and technological improvements upon his many and varied techniques of magic.

WHAT IS DISEASE

If we view the body from the standpoint of biology and physiology we learn that the living organism seeks at all times to maintain and repair itself and it meets an altered environment and altered internal conditions by organic and functional modifications in ways that are designed to restore and maintain the normal state. The modifications of structure and function by which the body meets such

alterations are not blind and haphazard, but lawful and purposeful. Vomiting, diarrhea, fever, inflammation, coughing, sneezing, hypertrophy (as enlargement of the tonsils) and similar phenomena, are nothing but examples of alteration of activity and structure by which the body seeks to maintain and restore normal conditions. These processes often require time to complete themselves or to pass away, and they involve not merely the action of structure, but structure itself, since organic structure is an expression of organic function.

The time is not very remote when the medical profession regarded fever as a disaster and bent all of its *therapeutic* efforts to its suppression. Today, theoretically, at least, part of the practitioners of medicine recognize that fever, by which they mean the rise in temperature, is occasionally a beneficial "reaction." It is noteworthy, however, that while medicine theoretically recognizes the beneficial character of the increased temperature, practically, it is still engaged in antipyretic practices.

The *Hygienist*, on the other hand, including under the term fever, the whole febrile process and not merely the rise of temperature, *per se*, knows that it functions as an outlet for somatic impurities, and that it is a serious, often fatal blunder to repress the process. This is far different from the theoretical recognition, by the medical profession, that the rise in temperature, *per se*, is an occasionally beneficial "reaction." Our postulate is that the whole of the vital effort that constitutes the so-called fever is the remedial process, not merely that the increased temperature, *per se*, is "sometimes" beneficial.

Let us always keep in mind that those crises in the affairs of the body that we call acute diseases are violent eliminative efforts and heavily tax the powers of the organism and their success must depend always upon the degree of vitality and the body's ability to eliminate the poisons that occasion the vomiting, diarrhea, diuresis, eruptions, fever, etc.

I have no intention of wearying you with a discussion of the many and varied symptoms of disease and analyzing each of these. I need only say at this time, that the diagnoses and classifications of diseases listed in medical textbooks are all illusions that grow out of the medical man's notion that the symptom-complexes, though richly variable, even for the same so-called disease, represent entities,

instead of being symptomatic of an underlying substratum common to all symptom-complexes. What the practitioners of all schools of so-called healing diagnose and treat as illnesses constitute in literal fact, the symptomatology of remedial processes and, in persistently suppressing these processes, the disease-treaters render worse the primary trouble, by attempting to *cure* the remedial efforts.

Physicians are kept so busy treating the evils that have resulted from prior treatments that they have little or no time to give to a study of the causes of the patient's trouble. Their methods of treatment are of such a character that they induce worse diseases than the ones they are given to *cure*. They are the chief cause of complications and are a common cause of death. It is high time the people begin to learn something about the causes of disease and of the "complications" that so frequently develop under regular care. Indeed, physicians and doctors of all schools should learn the causes of disease and "complications," and they should all learn to realize that to mask symptoms with their drugs and treatments is to stand in their own light.

What is disease? The term is applied to a group of abnormal signs and symptoms. These are grouped into vaguely defined symptom-complexes, given names and then the disease-treaters go after them with hammer and tongs. Stereotyped treatment is the rule under this way of regarding disease. Quinine for malaria, anti-toxin for diphtheria, arsenic for "syphilis," digitalis for the heart, operations for appendicitis, morphine for cancer, the "anti-histamines" for colds. In not one instance is it sought to find, understand and remove cause.

Opposing truths cannot exist. Our medical, like our social and political state, is a stupendous frenzy. The former, like the latter, is built out of dualism, and shredded by multiple contradictory systems. The universal belief in dualism has evolved a chaotic medical state that is well named a "fool's paradise" instead of medical science. Our very thinking on the subjects of health and disease is dualistic. We think of health and disease as antagonistic entities at war with each other. Disease is an "attack" from without. Hence, our conception of proper treatment is to go after the *attacking* force with hammer and tongs, or with shot and shell—a practice that all too often cripples or kills the patient.

REMEDIAL EFFORT

Let us look at measles, which is defined as a "catarrhal fever, a typical enanthom." (eruption on the mucous membranes of the eyes, nose, throat, occasionally bronchus and gastro-intestinal mucous membrane). "The internal enanthema (eruption) is to be expected, or suspected, when the exanthema (external eruption) fails to show up."

All of the symptomatology of measles, carefully compiled by the makers of medical text-books, as well as of all other so-called diseases, has very little meaning for the physicians of the various schools of so-called healing. What does it mean? It means that all of the eruptive fevers,—all of the so-called diseases of the mucous membranes, those of the nose and lips, those involving the throat and lungs, and ending with pneumonia, and all of those that involve the outer skin—are but different forms of elimination of pent-up by-products of metabolism. They are processes of vicarious or compensatory excretion.

Exaltation of function—rapid heart action, rapid breathing, diarrhea, increased temperature, etc., etc.—, as seen in the various so-called acute diseases, represents efforts of the body to eliminate toxins and repair damages. In this respect, exaltation of function is desirable and beneficial under certain conditions. Such exalted function indicates a wrong somewhere and this wrong should be searched for and righted without depressing or weakening the sum of the vital energy.

A cold is a catarrhal disease, a "catarrhal fever," and is a process of vicarious elimination. Contrary to popular belief, a cold is not something that we "catch," but it represents a process of getting rid of something we have slowly accumulated. What does cold weather have to do with the cause of colds? People "catch" colds as often in warm weather as in cold weather. An increase in temperature may precipitate a cold as often as will a decrease in temperature. They have colds as often in dry as in wet weather. Men have colds as often as women, although they dress heavier. Indeed, men have more catarrh than women because they dress more warmly, dissipate more and eat more.

Back of every catarrh is a toxemic state. Catarrh is impossible in the absence of toxemia. Toxemia is produced by anything and

everything that enervates the body. Enervation inhibits (checks) excretion (elimination) permitting the accumulation of uneliminated waste. The accumulation of body waste—end-products of metabolism—produces toxemia. Toxemia is the universal, basic cause of all so-called disease. Adventitious complicating causes may be super-added to toxemia. By checked elimination is not meant constipation, but checked excretion through all of the excretory organs of the body. Toxemia is not caused by constipation and is not removed by laxatives, enemas and colonic irrigations. Nor will the use of *kidney* medicines increase elimination through the kidneys. None of the so-called blood-purifiers can be of any value in remedying toxemia. The ultimate cause of mankind's many so-called diseases lies in the enervating habits of mind and body practiced almost universally. Because this is so, the ultimate remedy for our diseases is a correction of habits of life.

SELF-LIMITED CRISES

The medical axiom that "all diseases tend to recovery" is much overworked, and by no school more than by the old school or self-styled "regulars." Why? Because the primary cause, the universal cause of disease—toxemia—is not known. The many diseases which the medical tongue so flippantly describes as functional derangements that "tend to recovery," are simple crises in toxemic saturation. In their alleged "self-recovery" in spite of *cures*, palliations, and the "chief function of physicians to guard against complications," there is no recovery at all. Like the escape of excess steam through the safety-value of an engine, the steam pressure is lowered for the time being; but unless the cause of toxemic saturation is removed, crises will recur time after time, as the toxemia continues to increase, and the *curing* has to be done over and over again. This requires that the wisest of physicians must be constantly busying himself "guarding against complications"—complications that he is almost always responsible for building.

What is a self-limited disease? Disease is *remedial effort*. It is a process of purification and repair. When the process of compensatory elimination that is called disease, has reduced the toxemia to the toleration point, the symptoms subside spontaneously and the disease is said to be *cured*. But the patient is not well. He is still toxemic. The cause of the toxemia has not been removed. The

toxemia will again rise above the toleration point and another crisis will develop. Crisis will follow crisis until organic change takes place. Gastric ulcer, diabetes, Bright's disease, heart disease, diseases of the arteries or nerves, cancer, etc., follow in the wake of recurring crises.

Instead of seeing in these changes a progressive pathological evolution of which cancer, diabetes, disease of the heart and arteries, etc., are but end-points, the wisdom of all the ages of medical science is expended in a Herculean effort to prove that established pathology is its own cause. On the day that medical savants succeed in lifting themselves by their own boot-straps, they will also succeed in proving that pathology is its own cause.

Here in this land of so-called self-limited diseases is where all the *curing* methods and systems shine. Just as anything and everything seems to *cure* a cold, so anything and everything that may be used with which to treat the patient suffering with measles or pneumonia or gonorrhoea, etc., will appear to *cure*. Here in the realm of "self-limited" disease the regular and the irregular cults, the faddists and the mountebanks, every phase of the *curing* system from the erudite professor to the most stupid lout, prove the virtues of their *cures*. In this every-doctor's land grandma's cataplasms *cure*, grandpa's brass-ring *cure* for rheumatism *cures*, the rabbit foot charm and buckeye for piles *cure*, penicillin *cures* pneumonia and anti-toxin *cures* diphtheria, the punch in the back *cures* measles, and the herb tea *cures* gastritis. All *cures* are successful in this grand jamboree of "self-limited" crises. Christian Science and prayer are as effective as the most scientific treatment. The prayer may be, as in Africa, directed to a petrified frog—no matter, it *cures*.

Failing to understand the real nature of the body's defensive and reparative processes, and having practically no conception of their true cause and occasion, we have for ages, zealously lent ourselves to the fanatical promotion of *therapeutic* and *prophylactic* schemes that are but milestones on our pathway to final dissolution, all the while thinking them stepping-stones to health and sanity. We have made war upon disease, but in reality, the shot and shell that have been hurled at the imaginary foe have struck with full force against the outer fortress of the citadel of life. We have destroyed to repair; we have killed to save; we have produced disease to *cure* disease.

CHRONIC DISEASE

When crises have been repeated (and *cured*), until organic changes are established, medical delusions multiply like rats in the corn crib, the most deluded and fatuous draw their airline decisions, fight their therapeutic battles, and, if they belong to the "regular" school, promise therapeutic perfection, if only the United States Army and Navy will beat down the cultists and quacks while they demonstrate the glories and wonders of "medical science" on the dear people.

It is in this field that all of the *cures* and *curing* systems meet their Waterloo. The pathology which has been in the making since the development of the first of these "self-limited" crises reveals no tendency to spontaneous disappearance. Rather its tendency is to grow worse and more complicated with the passing of time. Organic change occurs in more and more tissues and organs and these "complications" defy the best efforts of the peddlers of *cures*. Cause has been present from the beginning (the first cold of infancy represents an established toxemia) and has never been removed. The physicians are long on diagnosis at this terminal stage of the evolving pathology. They name exactly the pathological *status quo* and, although, they do not hesitate to treat the patient and to accept money for their treatments, they freely confess that their treatments are ineffective. They have all been expert at *curing* the continuous series of recurring crises—the "self-limited" diseases—but they are all helpless before the end-point of the development of which the first crisis was the initiation. They cannot *cure* cancer, or diabetes, or Bright's disease, or endocarditis, or arteriosclerosis.

The problem confronting mankind today is one that has confronted the race from its earliest history. We need not to seek for more millions of *cures*, none of which will last very long, nor yet for vaccinal indulgences that promise to make us disease-proof, but to learn the causes of disease and how to avoid and remove these. Why continue the age-old and futile search for *cures* when causes and effects may be studied? *Immunizing* agents that are supposed to set aside the law of cause and effect and make disease no longer possible, in spite of the presence and persistence of cause, are themselves causes of serious disease. These vaccines, serums and toxoids often produce lasting damage and death. All of the alleged *cures* are also

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disease-producing. Medicine's pharmacopea is a huge catalogue of poisons drawn from the three kingdoms of nature—mineral, vegetable and animal.

Poisons do not remove causes. Poisons do not counteract causes. Poisons do not establish immunity. They are one and all causes of disease. Instead of assisting in solving mankind's problems, these *prophylactic* and *therapeutic* poisons add to our problems. The same is true of surgery, which, in its modern phase, is not confined to the repair of wounds and hurts, but is largely devoted to the removal of organs on the absurd theory that these may be centers of "infection" and that their removal will restore health. Under the reign of this surgical fanaticism patients are taken apart, piece by piece, and consigned to the garbage pail. The teeth are pulled to *cure* pains in the back, the tonsils are removed to *cure* pains in the knee, the ovaries are excised to *cure* headaches, the appendix is extirpated to *cure* neuralgia in the shoulder, the gall bladder is cut out to *cure* arthritis in the hips, the spleen is sacrificed to *cure* anemia, part of the sympathetic nervous system is destroyed to *cure* high blood pressure, the thyroid gland is taken out to *cure* hyperthyroidism, female breasts are slashed or lopped off to *cure* a lump in the breast. Truly, as Elbert Hubbard once said, physicians and surgeons are ever busy "pouring down things, squirting in things, rubbing on things, cutting out things and lopping off things." The surgeon would cut off the toe to *cure* a corn and decapitate the patient to *cure* headaches. None of their prescriptions of drugs or surgery are intended to remove cause. One of mankind's most urgent immediate problems is to find a way to get rid of the medical profession.

The Forces of Healing

CHAPTER III

Every organism embodies, as an essential element of its nature, a conservative or reparative power, which is, under all circumstances, in silent operation; continuing in a more or less perfect manner its vitality; and neutralizing more or less completely those causes which tend to imperil its existence.

We have traced all human pathology primarily to a breach of natural law and, secondarily, to the resulting self-poisoning. Man's own bad habits recoil upon his organism with injurious effect, thus setting in motion a vicious cycle of progressive aggravation of human pathology. As a direct consequence of the many abuses that man is constantly heaping upon himself, his survival is a continuous struggle for life, a struggle that entails so incessant an exhaustion of his powers, this keeping him in a constant state of enervation, that the higher operations of his body and mind cannot for a single instant burst into bloom and attain fruition.

It seems hardly necessary to stress the obvious inference that this poisoning would constitute so fatal an affront to the body-total as to lead to speedy extinction unless met by powerful countervailing forces that ward off, at least temporarily, the final consummation of the chronic and ever mounting toxemia. The fact that we do manage to survive for some years in spite of the continuance of the infractions and the mounting toxemia, proves that the defensive, reparative and restorative forces of the organism are continually active to stave off its complete collapse.

So powerful is the spontaneous tendency towards health that but a few considerations should suffice to make it clear to every one. Health, under all circumstances, is continued through the conservative power of the body. We question its existence or its sufficiency only when health is to be restored, instead of continued. We overlook the important fact that physiologically, restoration and continuance are identical actions.

In the great majority of people, health, in spite of opposing circumstances, is tolerably good, so much so, at least, as to excite no alarm. The tendency to health has not only to oppose the ordinary causes productive of disease, but extraordinary causes also. If we could but estimate the impairing influence of bad food, bad air, bad drink, too little, too much and improper exercise of the different bodily powers, poisons of various kinds, passional indulgencies, etc., our confidence in the spontaneous tendency to health would greatly increase and we should be induced to wonder: what would the spontaneous operations of the natural powers of the body not do, if we would but remove the impediments to their action.

It is chiefly due to our biological reparatives and restoratives that we are saved from early death. These struggle incessantly to compensate for our self-abuse, thus safeguarding us against a premature demise. To these we are chiefly indebted for survival. Though they keep us from the brink of annihilation by repairing the damage done by our incessant assaults upon our bodies and by restoring a measure of functional integrity, they are not adequate to prevent us from progressively, though often slowly, deteriorating into the most precarious condition, one in which living is a mere struggle to avoid dying. Though they guard us against a too early suicide, they are incompetent, under the incessant abuses to which we subject ourselves, to restore the prime health and harmonies without which there can be neither life nor happiness.

It is by virtue of these countervailing physiological and biological restorative processes that the balance of human existence is just barely tipped in favor of survival. This is to say, man survives because he is being continually healed; he fails to recover because he is just as continually producing his troubles. Our contention is that the re-integrative process is continuously at work within the body substance; that the disease process symbolized by pain and discomfort is intrinsically remedial and that very frequently the process cannot be completed without the evolution of a crisis, a so-called acute disease. This means, to return to our original statement, that the many and varied symptom-complexes listed in medical texts as different diseases, are but modifications of fundamental vital actions, the primary intent of which is the elimination of toxemia and the repair of damages.

The organic and functional changes of integrative character by which the living organism strives to restore and maintain its structural harmony and integrity and its functional balance and efficiency, being often painful and annoying, are labeled disease. This simply means that the conventional distinctions between states of health and states of disease rest on superficial, fortuitous and illegitimate differences between clinical and sub-clinical pathologies—phases of the toxemia and tissue deterioration that are sufficiently marked to be amenable to diagnostic procedures being designated states of disease; while those phases of the general intoxication that unfold below the diagnostic level are designated states of health.

Organic forces which continually seek to re-establish the fundamental physiologic and biologic integrity without which life cannot continue, succeed, for a time, in staving off dissolution, but the persistence of the self-poisoning and the transgressions that are behind it, renders it equally obvious that the restoration is being just as continually annulled by the "forces" of disintegration set in motion by the transgressions—forces that not only reinstate the toxemic state as speedily as it is eliminated, but do so in such a fashion as to aggravate every phase of the individual pathology. Man's survival in a sea of impairing and disturbing influences and transgressions attests both to the availability and the competence of such defense mechanisms to frustrate, at least temporarily, the fatal tendency of the impairment.

When relieved, then, of the confusion and obscurity into which the various medical partisans have been instrumental in placing the subject, the choice of remedies is essentially resolved into determining what *is* and what *is not* conducive to natural, equitable, efficient, vital action. It is such action only that is competent to remove from the organism, in an efficient, though silent manner, and in unrecognized and innocuous forms, the materials of disease. To teach what this is, is the scope and function of physiology.

Medical men, mistaking nature's restorative and defensive mechanisms for the enemy, attempt always to frustrate and suppress these mechanisms and the more successful they are in this effort, the more deadly is their treatment. Our contention is that the suppression of the spontaneous remedial processes of the body can only aggravate the pathology and increase its tempo. The *therapeutic nullity* and

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pathogenic malignancy of all medical procedures flow directly from the fact that they one and all interfere with the biologic and physiologic restoratives upon which we must always rely in recovering from injury or a state of poisoning. Unfortunately, in our present state of ignorance and superstition, we are not qualified to comprehend our intrinsic means of defense and repair and to understand our remedial processes, so that we are prompted to seek *cures* and *immunizers* in the most out of the way places.

All of medicine's *therapeutic* and *prophylactic* measures are destructive. Their poisonous drugs, their foreign proteins, their putrid pus, their destructive gamma rays, their surgical removal of important parts of the body, are all injurious, so that, what start as *prophylactic* and *therapeutic* procedures prove, in the end, to be as destructive, or more so, as the original cause of the disease, and their malignancy is literally directly commensurate with their *therapeutic* pretentiousness.

Cause of Disease

CHAPTER IV

Before intelligent or remedial care can be given to a patient, it is essential that we understand the cause of the patient's disease. We must understand also, that disease is an evolution, advancing step by step and stage by stage, from small, even imperceptible beginnings to formidable pathologies, such as ulcer, sclerosis, paralysis, apoplexy, cancer, etc. Not until we understand the evolutionary character of the morbid changes of structure and function that we call disease can we ever hope to prevent the development of such diseases as diabetes, Bright's disease, arteriosclerosis, multiple sclerosis, gastric ulcer, apoplexy, insanity, cancer, etc., nor will we ever be in position to give adequate care to patients with these and other diseases until we have learned the simple fact that all formidable pathologies have simple beginnings. The foregoing named so-called diseases are endings in a pathological chain that had its beginning in infancy or early childhood—even, in some instances, before birth.

Normal elimination keeps the blood and lymph stream sweet and clean so that health is preserved. Tissue changes are normal and healing, when injury is received, is speedy. When elimination is inhibited, body waste—by-products of metabolism—is retained and accumulates in the body. This waste is toxic and when it accumulates in sufficient amount to constitute a danger, a process of vicarious or compensatory elimination—a disease or a crisis—develops to throw it off. Toxemia, in this sense, is blood poisoning due to retained cell waste, it is a true self-poisoning; a poisoning of autogenous origin. In its very nature it is essentially systemic or constitutional.

The first cold, or gastritis, or diarrhea, or skin eruption of infancy represents an established toxemia, which, since its causes are not corrected, persists throughout life. The crisis—cold, bronchitis, gastritis, diarrhea, fever, etc.—serves to reduce the toxic load to the toleration point and subsides as spontaneously and automatically as it arose. This is called *cure*. But the patient is still toxic and his

mode of life has not been corrected, so, soon thereafter, another crisis develops.

Nerve energy is functioning power. When this is abundant function is efficient and excretion keeps the blood stream pure; when nerve energy is low, excretion is inhibited and toxemia develops. Nerve energy is lowered in many ways—overwork, over eating, sexual and all other excesses, stimulation, emotional irritations, lack of rest and sleep, etc., etc. Impaired health from avoidable exhaustion of the nervous system fills homes with despair, hospitals with the sick, asylums with the insane, jails and prisons with criminals and the cemeteries with the prematurely dead. Enervation—nervous fatigue—is the cause of inhibited elimination. It also inhibits secretion so that digestion and nutrition are impaired.

Toxemia—metabolic poisoning—manifests in a thousand ways. All of the diseases of the nosology are but symptom-complexes (differing from each other as organs differ in structure and function), arising out of the same common, basic systemic toxemia. There is but one primary, all-inclusive toxemia and this is blood poisoning arising out of retention and accumulation of *metabolites*. All other toxemias listed are adventitious and evanescent; the autogeneous toxemia here described is a *constant*.

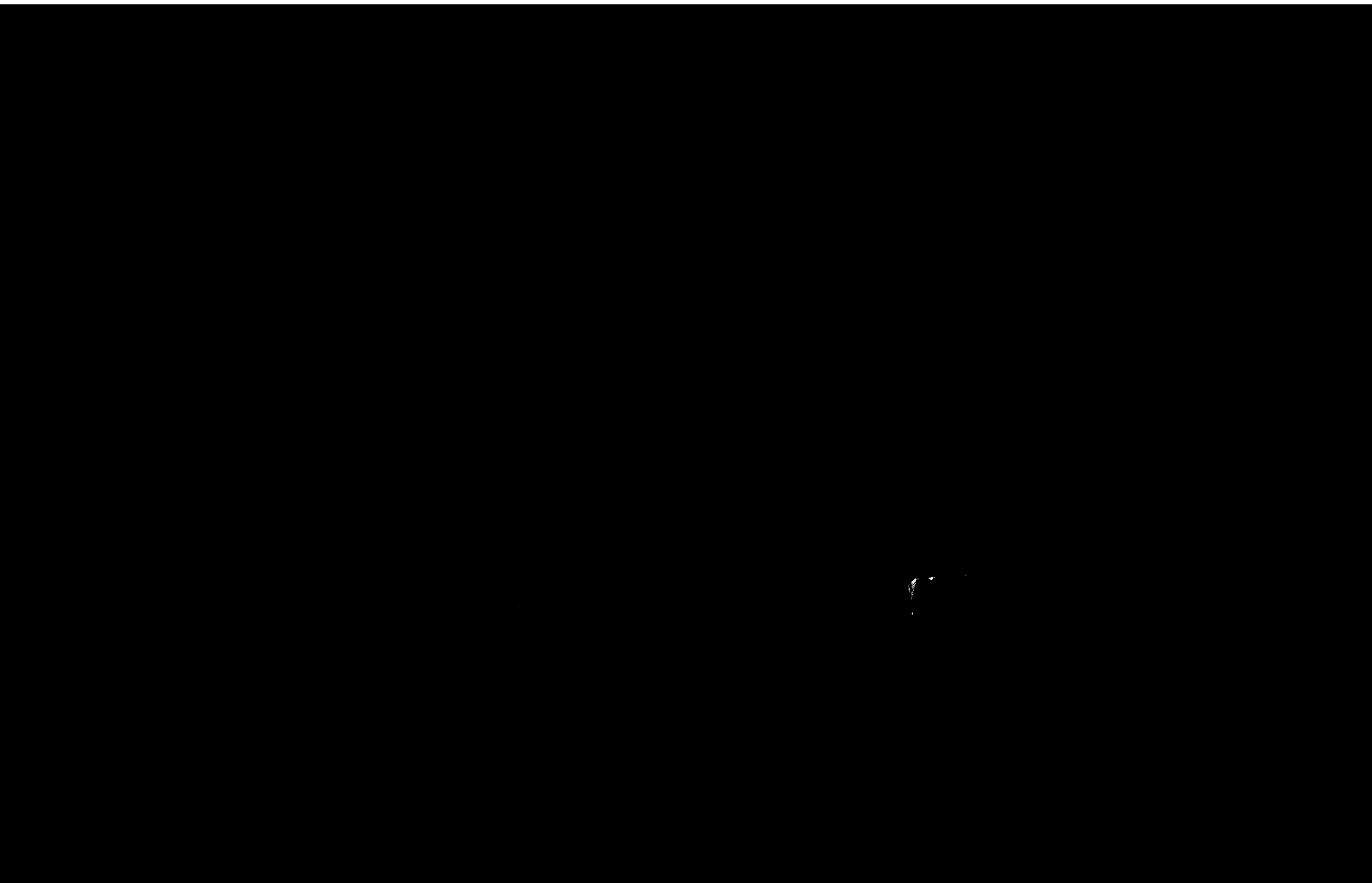
Toxemia ebbs and flows as nerve energy rises and falls in keeping with the varying habits and circumstances of life of the individual; but, once established and its causes never corrected, it remains throughout life. Any mental and physical influence that reduces nerve energy below the standard for secretion and excretion to meet the needs of the body, will increase the systemic toxemia and precipitate a crisis. The crisis persists until the pre-crisis systemic standard is restored and then subsides. This standard is maintained until more enervation has increased the toxemia, when another crisis will develop.

When the blood is supersaturated with retained waste the totality of symptoms that result from this poisoning may sum up to a complex to which the name arthritis has been given, or it may be named hayfever, asthma, gastritis, colitis, gastric ulcer, sinusitis, or cancer. Toxin poisoning manifests in a wide variety of ways, from indigestion in a babe at its mother's breast to a multiple sclerosis that comes on from years of toxic saturation. Gastric ulcer is but one of many end-

ings of a chain of symptom-complexes, the initial start of which was some minor crisis in toxemia, such as a cold or diarrhea. From the first sign of an established toxemia—the initiatory cold, or gastritis or diarrhea—to the fully developed organic disease—ulcer, cancer, apoplexy—thirty to eighty years subsequent, there will develop many crises. The pathologic developments in an individual, once toxemia is established, are in keeping with individual, constitutional tendencies (*diathesis*), and these are so many and varied and so complex that, unravelling them seems a hopeless task. Efforts have been made to identify general constitutional types (one of these, the “ulcer type”), but each individual in the particular classification is a distinct constitutional variation within himself.

The most common structure chosen by nature to serve as a channel of vicarious elimination is the mucous membrane. Acute and chronic catarrhal diseases are, therefore, the most common of all diseases and are the forerunners of all others. In early life one local mucous surface is likely to be chosen as a fontanel, but as life continues and the toxemia mounts, more and more mucous surfaces are requisitioned to do vicarious duty, so that the patient develops other “diseases.” All of these various so-called diseases from a cold to tonsillitis, to gastritis, to sinusitis, to hay fever or asthma, to colitis, to metritis, to hepatitis, to pancreatitis, to nephritis, to gall stones or kidney stones, to diabetes, to cancer, to tuberculosis, to apoplexy, etc., etc., are but successive and concomitant developments out of the one, common basic systemic toxemia, complicated, often, by poisoning from *exogenous* sources. In this sense, disease has but one cause and that cause has many causes.

Toxemia affects all of us in the same measure, though not necessarily in the same manner. The evolution of disease is marked by a lowering of functional efficiency, accumulation of waste matter, plethora and structural abnormalities that further lower the power to live. The pathological trends towards which we are diathetically disposed as lesioned organisms, being different in different individuals, largely determine the type of so-called disease that is developed out of toxemia. Although all of us are likely to present the same primary eliminative processes, these being catarrhal in character, the secondary pathologies that develop, as our transgressions continue and the toxemic saturation persists and mounts, will be in keeping with our individual predispositions.



Our toxemic crises—so-called acute diseases—keep pace with the ebb and flow of toxemia as our habits of living hold this down within the limits of toleration or increase it above the established limits. Toleration is a state of chronic disease, a state, for example, in which chronic catarrh, is continuously active throwing off toxins. Acute diseases are intermittent due to the fact that toxemia is pushed above the point of established toleration only intermittently. Chronic disease means chronic provocation. To put this differently: *disease begins where cause begins and persists where cause persists.*

Long continued functional modifications caused by any and all enervating influences exert cumulative impairing influences on all parts of the organism. The moment in the life of any individual, for whatever reason, toxemia undergoes a change owing to nerve-energy fluctuations, the condition of the patient will be altered; there will result inexplicable variations, spontaneous or "capricious" developments, all of these developments being influenced and determined by environment and variations within the organism.

It is necessary for us to outgrow the superstition that disease is a chance happening over which we have no control, that it is an attack from without, if not by a malevolent demigod, then by a malignant microbe or a virus, and learn to realize that disease is of our own making, that we are responsible for our own diseases. We must learn that disease is auto-generated. Disease-inducing habits are responsible for many symptoms. Many complexes of symptoms are given distinctive names and listed as specific or special diseases. The regular profession labels almost every symptom induced by bad habits as a separate disease—unless they decide to call them *syphilis*. Add to the symptoms induced by bad habits, those induced by drug poisoning, and you have about all the symptoms that man has when he is sick.

When, in our manner of living, we violate, whether through ignorance or in spite of knowledge, certain organic laws, obedience to which alone can preserve health, we must inevitably suffer the necessary consequences of such violations. The function of *Hygiene* is to respect the laws of life and not to find means of circumventing their operations, nor to find means of erasing the effects of their violation while the violation is continued. We recognize no proffered medicinal indulgencies as valid or effective. Basic to the pre-

servation of health is strict obedience to the laws of life in all of their relations. Only by obedience to the laws of life can we transmute into a song of gladness that moan of pain and wail of despair that goes up from the earth today. Only thus can misery give place to happiness and joy supplant distress.

The *Book of Common Prayer* General Confession of the Episcopalian Church, contains the following words: "We have left undone the things we ought to have done, and done the things we ought not to have done, and there is no health in us." The meaning here is that our many "sins" of omission and of commission are the causes of the lack of health that is everywhere so obvious. "Sin" in this connection, however, will have to be understood as covering all "transgressions of the law," of all the laws of life, and not merely transgressions of the so-called moral law. *Cause lies in the almost universal excesses and deficiencies of mankind.*

I would emphasize that there are no substitutes for the *Hygienic* factors upon which life and health depend. So old and so deeply ingrained is the drug superstition that it is very difficult to convince large numbers of otherwise intelligent people of the fallacy of the thought that drugs can be made to substitute for sensible eating, proper foods, pure water, fresh air, exercise, rest and sleep—in short, for all the natural or normal circumstances which we know to be necessary for the preservation of health. They cling to the wholly irrational belief that when pure food or pure water or pure air or sunshine are not available to them, drugs are proper substitutes therefor.

Poor soils, wrong methods of fertilization, spraying of fruits and vegetables, processing of foods, denaturing, demineralizing, devitalizing and in other ways robbing foods of essential food materials, adulteration of food, artificial flavoring and coloring of foods and many other artificial processes all conspire to rob civilized man of adequate and suitable nutrient materials. All of this must be changed. But after we have done all of this, if we neglect all of the other essentials of a truly normal or *Hygienic* life, we will not enjoy health to the fullest. There is something else to do in this world besides tinker with diet. Life is more than food and the body more than raiment. People are sick from bad habits of body and mind, and if they are to get well or if they are to remain well, they must correct these habits.

Our cities are filled with polluted air, with noise and hubbub, our water supplies are drugged in many ways; as a people, we are a nation of drug addicts. We are the world's greatest consumers of tobacco. We drink more coffee and tea than any other people. We are great users of spices and condiments. We drink great quantities of alcoholic liquors. We are addicted to laxatives and so-called headache remedies. We never tire of taking poisons of all kinds into our bodies. All of these things are as truly antibiotic as the "wonder drugs" that have enjoyed front page notice during the past several years. Neither agricultural nor dietary reform can make us well and keep us well if we continue this mad indulgence in poison-VICES.

It should be understood that living organisms have definite relations to everything in their environment—to certain things, one of affinity; to others, an antagonistic relation. To those substances, influences and conditions that are opposed to the organic welfare, the body brings out its forces of defense in order that it may preserve its integrity. This defense, this resistance is wasteful of the powers of life and every indulgence in any poison, whether for "pleasure" as in the use of coffee, tobacco, or alcohol, or for so-called medicinal purposes, weakens the powers of life by so much as the body must exert itself in resisting and expelling the poison. The resistance may be violent, as in acute poisoning; or it may be weak, but persistent, as in chronic poisoning, but in either event it is enervating and hurtful. Whatever is hurtful to the body of man is also hurtful to his mind.

In the long run pathological developments can be seen to originate in habits which are wasteful and therefore opposed to physiological interests. Excessive expenditure of nerve force involves an excessive waste of tissue from overwork. This spells lowered physiological efficiency with the resulting checking of elimination, impairment of secretion and digestion and crippling of nutrition, so that a general toxemia evolves. The alternatives are either a violent and heroic effort to expel the poison, or, failing this, a weak compromise by pathenogenic adaptation with ultimate loss of healthy structure and function. In the life of almost everyone we observe both of these phenomena—that is, a gradual deterioration of the organism punctuated by occasional or frequent costly efforts at compensatory elimination.

From perfect health, which means perfect stability and perfect beauty, to cancer or apoplexy, there is a long line of more or less

insensible pathological gradations, punctuated from time to time with costly eliminative processes in the form of various so-called acute diseases. As soon as the normal modes of existence are, in the least, deviated from, a margin of pathology arises and, as the deviation is persisted in, the pathology increases. We are inclined, only because we have been taught to do so, to think of the crisis of disease as being suddenly "visited" upon the poor sufferer; when, in reality, it represents the culmination of a long period of transgression. Habits are, in the course of time, productive of cumulative effects.

Let me briefly trace the evolution of disease. The individual's mode of living (the totality of his mental and physical habits) is such that he expends his nerve energy more rapidly than he recuperates it. The result is a gradually increasing *enervation*. *Enervation* inhibits excretion (elimination) so that the normal metabolic waste of the body (which is poisonous) is not efficiently eliminated. There is a retention and gradual accumulation within the body of the same poisons that the normal body is eliminating day and night, asleep or awake, from birth to death, producing toxemia. This retention *toxemia* is the universal basic cause of all so-called diseases. It is basic and constant; adventitious and complicating causes may be super-added thereunto.

Toxemia produces more enervation. A vicious cycle is established. At first the body develops a crisis (so-called acute disease) and throws off the toxemia, but as time passes and the causes of the toxemia are not removed, *toleration* is established, after which crises develop only when the toxemia is pushed above the point of toleration. But the toxemia must be eliminated. When the ordinary channels of elimination cannot keep the blood and lymph streams pure, *vicarious* or *compensatory* channels of elimination must be established. The mucous membrane, as previously stated, is the chief structure through which fontanelles or outlets are established. Catarrh in some organ of the body becomes chronic. As more and more of the mucous membranes of the body are requisitioned to do vicarious duty, consequent upon a steadily mounting toxemia, the patient develops more and more diseases. At first these diseases are functional, but as the membranes are more and more stressed, organic change takes place and we have organic disease. The progressive evolution of pathology, starting with the first cold of infancy, gives us cancer or diabetes or other "organic disease" as an ending in later

life. Until the principles of the *unity* and *evolution* of pathology are accepted, order can never be brought out of the present chaos for which the so-called science of pathology is noted. It must also be generally recognized that much of the morbid structure and function studied in the text-books of pathology is the direct result of wrong care and treatment.

EPIDEMICS

What about bacteria and epidemics? First, there must be a changed condition of the body's fluids and tissues, giving rise to that systemic impairment that is designated "susceptibility" or "lowered resistance." Once you grasp the fact that all bad habits lead to toxemia, it will not be difficult for you to grasp the idea that this perversion of the fluids and tissues must take place before it is possible for bacteria, which are nature's reducing forces, to make any further changes in these materials. Assuming that the scavenger work done by bacteria under these conditions actually complicates the disease, they cannot be the primary cause of disease, nor of any epidemic. Epidemics of any proportion follow in the wake of some mass prostrating influence—war, prolonged dry, hot weather; prolonged wet, cold weather; sudden changes of temperature, etc.—that further enervate an already almost prostrated and greatly toxemic part of the population. The sudden rise in toxemia thus occasioned necessitates the development of a crisis to throw it off. Mass sickness follows mass prostrating influences.

If diseases are not caused by germs and "viruses" which are spread in a variety of ways, how account for epidemics? This question may be answered by asking another: *If epidemics are the result of the spread of germs and "viruses," how account for the ending of epidemics, once they are started?* How can an epidemic ever cease until everybody has had the disease? Why does the epidemic not continue to increase, once it has started and spread more rapidly as the number of cases increase? Everyone knows that all epidemics have always come to an end, that they always did so in the days before medicine developed its boasted "immunizing" sera and vaccines. Everyone is well aware that in all epidemics only a relatively few people have the epidemic disease. In the "influenza" epidemic of 1918-19 only 3½% of the population ever developed the epidemic disease, and this is true despite the fact that everything from colds

to the prodromal symptoms of sleeping sickness were diagnosed as influenza. It is well known, too, that in all epidemics there are far more cases of other diseases than there are of the epidemic disease. Indeed, it is often up to the boards of health to decide which disease shall be called epidemic and played up and which shall be played down.

If germs and viruses cause disease, if they account for epidemics, why are we not at all times in the throes, not of one epidemic, but of several. Bacteria are with us always. They are ubiquitous. We cannot escape them, we cannot hope to kill more than a small part of them.

Most epidemics are confined to the winter season, a time when bacterial activity is at a relative standstill. A few, like poliomyelitis and typhoid, are largely confined to the hotter months. These facts seem to indicate that weather conditions—extreme heat and dryness, extreme cold and wetness, sudden changes, prolonged heat or cold, and in winter, lack of ventilation—may be determining factors in the production of epidemics. Weather may be of greater importance in this particular than the germs and viruses. It is known that germs thrive and propagate better in summer than in winter, and are much more active during the warm than during the cold seasons. If germs account for epidemics these should come during the hot months when there are many times more germs than in the cold months and when they are also much more active.

How then, account for epidemics? Suppose we start with the principle that "like causes produce like effects." If on a boat loaded with five hundred people, all eating a highly denatured diet, scurvy develops and as their time on the seas is prolonged and they continue to eat the scurvy-producing diet, more and more of the crew and passengers develop scurvy until over half of them are either sick or dead, would we call this an epidemic of scurvy? If so, would we attribute the epidemic to some mysterious germ that had assumed unusual virulence? Or, would we say that these cases all developed because they were all eating the same deficient diet? As we know, from previous experiences and experiments, that the time for the appearance of scurvy depends on the amount of reserves carried in the body of the individual, would we not say that some developed scurvy early and others late and some reached port before symptoms of

scurvy appeared because of the internal differences in the various individuals?

If a thousand men are caught out in a severe blizzard and most of them suffer frost-bite, do we attribute this to germs? Do we speak of an epidemic of frost-bite and seek for a serum or a vaccine to prevent or remedy the disease? Or is frost-bite due to a "virus"? Does the "virus" spread from one patient to the next? Do not all "diseases" spread? Do we speak of an epidemic of cancer or of heart disease? Do we regard these diseases as contagious or infectious? Do we quarantine these patients to prevent the further "spread" of these diseases?

Epidemics can only develop in a toxemic and enervated population. Add to the prevailing enervation and toxemia in any community some mass prostrating influence, such as sudden and severe changes of temperature, prolonged heat, prolonged dryness, prolonged cold, prolonged wetness, general fear, worry, apprehension and grief, and we have, as a necessary consequence, mass sickness. The poised, the less toxemic and but slightly enervated will not become sick. But the mass sickness will be composed of several or many types of disease. Why is this so, if "like causes produce like effects"? Because of the other half of this same principle: "when effects vary it is because of differences in the object upon which the cause operates." As people differ from each other, in constitution, in habits and circumstances of life, in degrees of enervation and toxemia, in states of nutrition, in emotional states, etc., the effects of like causes vary from person to person. Great variations are seen in those individuals who develop the same symptoms—one case of smallpox will be very mild and quickly recovered from, another case will be very severe and prolonged. One child will develop diphtheria and will not be very sick and will speedily recover, a second child will be very sick with the same disease and will strangle to death. One man will have a cold that is mild and lasts but two to three days, another will have a severe cold that will last two to three or more weeks. Similar differences are observed in cases of scurvy where the men or animals are fed on the same scorbutogenic diet and in frost-bite where all are subjected to the same intensity of cold. Differences in the severity of two cases of diphtheria, or other disease should not be attributed to differences in virulence of germs but to individual differences.

In winter when people commonly eat more of heavier foods, when they get less fruit and fresh vegetables, clothe themselves heavier, stay indoors more in ill-ventilated rooms, offices and workshops, tend to take less exercise and many of them drink more, there are ample reasons why there is more sickness and why most epidemics come in this season of the year without having to call into the picture the largely dormant germ. It is also true that cold weather puts a much heavier tax upon their bodies than does warm or hot weather. Cold weather depletes their stored nutritive reserves rapidly and this depletion comes at a time when their diets are less abundant in minerals and vitamins than at other seasons of the year. Just as there are strong reasons to think that a mild scurvy lays the foundation for the development of smallpox, so there are reasons to believe that low nutritional states are involved in the development of other epidemic diseases.

There are many more factors involved than I have discussed here. Some of these are as yet unknown. But I would briefly discuss another probability that is commonly overlooked. Protein excesses evolve certain types of virulent poisons and it is the *Hygienic* theory that these give rise to the so-called putrid diseases. Carbohydrate excesses give rise to different and less virulent poisons and it is the *Hygienic* theory that these give rise to the catarrhal diseases. By this is meant that the type of poisoning that results from food excesses, so common in winter, as well as the deficiencies that result from the food deficiencies that are also common in winter, are determining factors in the development of the many types of sickness that develop under mass prostrating influences. The germ theory simply does not satisfactorily account for epidemics. We attribute pneumonia, measles, scarlet fever, etc., to protein poisoning; colds, "influenza," bronchitis, etc., to carbohydrate poisoning. Thus, we think the individual's mode of nutrition and his nutritional state are important determining factors in the production of his symptom-complexes.

COMPLICATIONS

Relapses, complications and sequalee are frequent developments in disease of every variety under all of the prevailing and past popular plans of treating the sick. Why should a patient that is recovering from pneumonia or diphtheria or other so-called disease relapse? Why

does he not go on to full recovery? Why should complications develop if the care administered is proper? If it is really effective in restoring the patient to health, why should complications evolve? Why, if the care the patient is given is proper, do so many patients "recover" from their illnesses with hang-overs or aftermaths of trouble that are often worse than the original disease from which they suffered? The frequency with which these developments occur under treatment reveal the unsuitability and actual harmfulness of the treatment.

It should be obvious that if cause is removed there cannot be a relapse. If cause is being removed, if part of it has been removed and the process of removing the remainder is going on, complications cannot develop. If cause has been removed, there can be no sequels to the trouble. The failure to remove cause is the primary cause of complications, relapses and sequelae. It should be obvious to all that so long as the drunk man continues to drink he will remain drunk and develop increasing evidences of drunkenness and that no treatment will restore him to soberness so long as he continues to drink.

Toxic subjects who continually poison themselves with excessive carbohydrates and thus stress the pancreas, develop sugar in the urine. These are *cured* with insulin. Indeed insulin *cures* them until they die of diabetes—go out, perhaps, in either an insulin or a sugar coma. Insulin-cured diabetics, like pepsin-cured dyspeptics, are made to feel fine for a year or two—until the burden of cause so stresses other organs that they develop "complications." They are also so filled with "reflex" discomforts that they demand other forms of "relief." When this stage is reached the *curing* must become a medley of palliating measures. Surgery, drugs, in fact all kinds of *cures*, are now resorted to in keeping with the whims of the patient and the caprices of the physician. Because there are so many who refuse to die after being *cured* by all known *cures*, it is necessary to discover new *cures* all the time.

If, as I have insisted, disease is essentially a remedial process, it follows that any interference with this process must retard and prevent recovery and must result in relapses, complications and sequelae. If coughing is suppressed, pain is "deadened," fever is reduced, diarrhea is checked, etc., the purifying work that these

symptoms (vital actions) are carrying on will be reduced or suspended. A patient that appears to be recovering will relapse as the body makes another desperate effort to cleanse itself; a patient that is fighting for life, and has every vital effort at purification suppressed will develop other outlets for his toxic load. These developments will be labeled complications.

Complications and sequelae will also grow out of the destructive measures employed with which to suppress the symptoms. As the oldest and most popular means of suppressing symptoms is that of administering poisons to the sick, let us take a hasty glance at some of the results of this superstitious practice. Going back a few years to *Science Digest* for Aug. 1937, we get the following words from an article entitled "Old Diseases and New," by Right Hon. Lord Horder, K.C.V.O., physician to the King of England: "There are diseases which are the direct result of modern treatment. There is what we call serum sickness for example, which often follows after the injection of serum derived from the horse, as for diphtheria or tetanus. There are diseases which follow the use of X-rays and radium. There are effects following the use of a number of drugs, both organic and inorganic. We may do an arthritic patient a great deal of good by injecting him with a preparation of gold, yet the metal may disturb the system and set up another disease.

"We may clear a man's tissues of gout by means of a drug called atropine, and give him a disease of the liver. We may assist in the healing of a gastric ulcer by the intensive use of alkalies, and induce a disease called alkalosis. Insulin keeps the amount of sugar circulating in diabetic blood at a proper level. But an overdose may reduce the sugar below normal and result in a well recognized disease."

This is but a small list of the great catalogue of "diseases" that result from giving vaccines, serums, drugs and gamma rays to the sick. Nor are all such results of drug poisoning confined, as Horder's statement implies, to modern drugs. The old standbys of the past—mercury, arsenic, quinine, stramonium, digitalis, and all other poisons—did and do produce diseases galore. A hasty look at some of the evils of some more recent popular poisons will, however, suffice for our present purpose.

Sulfanilamide, a "miracle" drug that was introduced to the people of this country in 1937 by a harvest of death that caused it to be labeled in the news headlines the "Death Elixir," was presented to the public as a harmless drug. The deaths that resulted initially from its use were attributed to other substances with which the "sulfa" had been combined and the sulfa-poisoning went merrily on. Hundreds of sulfa-compounds were tested on human guinea pigs, only a few of which were declared to be serviceable. For a few years sulfa bid fair to become a *panacea* despite the many evils and deaths that flowed from its use. Kidney destruction, liver damage, destruction of the red blood cells, nerve and brain impairment, leading in some cases to insanity and suicide, are but a few of the evils that resulted from the use of the sulfa drugs. *Curing* many diseases almost miraculously, it was maiming, crippling and killing many young and old. The complications and sequelae that developed in the wake of this drug are generally known and, although the use of the drug has not been abandoned, it is now used less often and with more caution.

This first "miracle drug" was soon followed by a rapid succession of "wonder drugs" collectively known as "anti-biotics" (that is, opposed to life), which are of parasitic origin. Out of more than 300 such poisons that have been tested only about six have been offered the public, most of the remainder proving to be too toxic even for medical men to use. Of those that are in use—penicillin, streptomycin, aureomycin, chloromycetin, terramycin and bacitracin—all are admitted to have "drawbacks." For example, intestinal troubles follow the administration of aureomycin, terramycin and chloromycetin. Penicillin, formerly heralded as a sure-fire remedy for wound infections "no longer" serves this purpose. The official medical story of this failure is that: "In Korea and in hospital wards in the U.S. staphylococcus germs that cause wound infection and boils no longer always yield to penicillin." But, while penicillin is admitted to frequently fail the patient, it is also admitted to frequently cause severe troubles. Vomiting, skin rashes and what are called "allergic reactions" are common after its administration. What is called an "overdose" of one of the anti-biotics causes deafness. Others shorten the blood's clotting time "leading to the danger of a clot breaking away and lodging in a vital artery." Prolonged use of these "wonder drugs" is said to "knock out the elements of the blood and even cause

death." Chloromycetin sometimes produces "very severe depression in the bone marrow." The effects of these drugs are cumulative so that "there is a point of no return where the bone marrow becomes unable to make cells." This means anemia. But there is more than anemia in these cases, as white cell production falls off also. While it is asserted that fatalities have been reported for chloromycetin only among the anti-biotics, this does not necessarily mean that no fatalities have resulted from the use of the other "wonder drugs." Their absence in the reports may simply mean that physicians have protected themselves and refrained from reporting such deaths.

Rashes, fever, swollen joints, swelling and closing of the eyelids and other symptoms resembling those of serum sickness are common results of the administration of penicillin. Not only does penicillin produce an aftermath of trouble of its own, but the patient frequently refuses to get well. This has led to the much publicized theory that penicillin is "losing its power." By this is meant, not that penicillin has become less toxic to man and microbe, but that the microbes have learned to live with it. They refuse to die. There is also the admitted fact that the symptoms frequently recur in apparently "cured" cases when the drug is stopped, thus proving that penicillin has merely suppressed the symptoms. Medical men also point out that the patient treated with penicillin or other anti-biotic often develops "another disease" while being *cured* of the original one. They explain that while the penicillin or other anti-biotic is killing off the germs that cause the first disease the germs of another disease, being resistant to the anti-biotic, move in and set up another "infection." Actually, in many of these cases there is a change in the bacteriological picture with no change in the patient's symptoms.

Of the suppression of symptoms by the use of penicillin, medical men tell us that "When the medicine (penicillin) is stopped the infection starts anew and by this time the organisms are resistant to the medication and the response is nil." While they attribute the lack of "response" to the second course of penicillin to the resistance acquired by the microbes, it is more probable that the failure of the drug to suppress the symptoms is due to the degree of *toleration* the body has succeeded in establishing.

Dicumarol, a new drug that is being given to heart patients almost as a routine measure, has a particularly damaging effect upon

the structure of the blood reducing its power to clot, as it accumulates in the body. Of ACTH and cortisone it is stated by medical authorities that, these drugs, which are admittedly only palliative, result in complications that are described as "tremendous." We are informed that "the chief rheumatologists feel it would be much better not to start the patient (on these two drugs) in the first place."

There would seem to be no need to multiply further instances of complications and sequelae that are produced by the drugs that are administered to the sick with the thought that these drugs either *cure* the patient's disease or palliate his symptoms. The fact should be obvious to all intelligent people that the repeated dosing of the sick with any poison, even of the mildest character, will, in time, result in perceptible evils. The profession cannot run an army of poisons of any nature through the tissues of the sick to ferret out and kill germs without, at the same time, and by the same means, damaging and often killing the patient. Treating the sick with poisons, although the time-honored method and very respectable, as well as very "scientific," is certainly not the way to restore them to health.

PROGNOSIS

The physician has no idea, previous to any one visit, how he will find his patient, and when he finds a change in symptoms, it has no meaning for him. When a physician prescribes for a patient and leaves him he has no more idea than the man in the moon what condition he will find his patient in upon his next call. The very best of them cannot tell whether or not "complications" will develop in a given case. They are never certain that their patient will improve and cannot be sure that he will not grow worse. When the physician finds a change of symptoms in his patient, he cannot tell whether this change is due to food, drugs, fear, excitement caused by visitors, improper nursing, or to something else. He is likely to conclude that it is a "peculiarity of the disease" or an "unusual development." Every first-class physician knows that "modern medicine" cannot predict anything. Yet, if they had a true science, if they knew real causes and had a valid plan of care, they would be able to predict—prognose—with something like precision, the outcome of the diseases in the patients they treat. Their very masking of symptoms with drugs stands in their light and prevents them from knowing the true conditions of their patients.

Behold what a muss! "Scientific medicine" is capable of making a very elaborate diagnosis; but, then, does not know what is really wrong with the patient nor what to do for him. Don't take my word for it—consult Cabot, Mackenzie, Baldwin, and others who have dared slip their professional muzzles long enough to do a little effective thinking.

The paradox of all medical paradoxes is that physicians recognize pathology as its own cause. Etiology and diagnosis, according to the approved theories and practices of the "regulars," start with a developed pathology. The science of diagnosis, as practiced today, is merely the naming and classifying of established pathologies; all present and future symptoms being recognized and treated as pathognomonic, all antecedent symptoms being ignored as not having any relationship to the existing pathology or so-called disease.

What is a system of diagnosis and treatment worth that is based on an etiology that starts with "causes" that are, in truth, but organized effects? For example, when a surgeon removes a fibroid tumor, or extirpates a hyperplastic gland, or tonsil, or adenoid without a thought, or the slightest knowledge that these enlargements are but organized effects—neoplasms (new tissue growths)—that cannot possibly come into existence without cause, which cause is not touched by the operation and, then, pronounces his patient well (*cured*), does he not assume that the growth is its own cause? To remove a gall stone and pronounce the patient cured is tantamount to saying that the stone was its own cause. To remove the thyroid gland and pronounce the patient well of goitre (hyperthyroidism) is to imply that the goitre caused itself. Is it difficult to understand that all of these procedures leave the cause untouched to result in the building of more pathology?

The obvious fact is that no prognosis can ever be dependable so long as cause is unknown and treatment is a merciless war upon the constitution of the patient. A change of symptom-treaters, so that the treatment is changed, will always change the prognosis. Many cases have recovered under the care of Christian Scientists after "scientific" physicians, in consultation, have declared that recovery is not possible; all has been done that "science" can do; the patient is going to die. Recoveries of this kind in typhoid and pneumonia as well, as in other diseases, reveal to the thoughtful that the verdict

of "science" is usually to be taken with the proverbial grain of salt. I have had recoveries in my own practice of patients who were said to be beyond hope by medical attendants. As an example, twenty-three years ago a middle-aged man with pyorrhea, asthma and serious heart trouble was told by his physician that he had but six months to live. He is alive today with no pyorrhea, but in possession of his teeth, no asthma and no heart trouble. The physician who pronounced the death sentence upon him has been dead (died of heart disease) for more than twenty years.

When a physician does not know cause and does not remove it, he can never foretell what developments will appear next. When he treats his patient with poisons, which are everybit as disease-inducing, and frequently more so, as the original cause of the patient's disease, he can never know what tomorrow will bring. So long as he divides the effects of his drugs into three major categories—*physiologic actions, therapeutic actions and toxicologic actions*—and refuses to recognize that all of these effects are varying degrees of the same *toxicologic effects*, he will continue his poisoning practices without realizing that he is injuring his patients with every dose of drug that he administers. Under such circumstances the only reasonable degree of certainty that may be attached to his prognosis is that expressed by the little boy, who, upon being asked by a neighbor how his sick father was doing, replied: "The doctor says he will be dead before morning and he knows what he is giving him." But even here, if the drugs are thrown out the window or sent out in the garbage, the patient may show unmistakable improvement by morning.

Basic Plan of Care

CHAPTER V

Today, as in the past, when a man becomes ill, he calls a physician and takes whatever the latter prescribes without thought. He takes a pill from a box, a potion from a bottle, gets an injection of a poison from a hypodermic syringe, or has an organ removed and gets well or not, as the case may be, and neither he nor the physician knows why he did the one or the other. Certainly the prescription of the physician has nothing to do with his recovery. His prescription has been aimed at masking symptoms and not at cause, for he acknowledges that cause is unknown to him. He hurls his shot and shell at the "attacking" force with due courage and vigor and the only thing he destroys is the patient. No attention is given to cause. The patient's life is not changed, his habits are not corrected and if he recovers from the crisis, in a short time he is sick again. Neither the physician nor the patient is able to trace a connection between the two so-called diseases. So-called health is again restored and the incident passes from memory. Again, within a short time, another illness (which is as much a surprise as were the two prior illnesses) develops and still no thought is devoted to its connection with the two preceding illnesses. So long as the real nature of disease and the real source of cause are not understood, this will continue to be true.

The continued experimenting with new, often more powerful poisons; the persistent farming of areas that have proved barren for over three thousand years; the increasing daring in surgically vandalizing the human body in total disregard of its need for structural and functional integrity; the confessed ignorance of cause, of even simple diseases, like colds and boils; the admitted lack of remedies and preventives for most of the diseases with which man suffers; the increasing tendency of the newer schools of so-called healing to adopt more and more of the allopathic theories and practices; the rapid succession of therapeutic fads in all schools—these considerations all add up to a discouraging picture. If we add to the fore-

going the uncertainties of diagnosis; the conscious humbuggery that is practiced in all schools of so-called healing; the commercialism which spoils even the little knowledge that they possess that may be useful; the almost complete ignoring in practice of the thousand-and-one factors in the lives of the people that impair health and build disease and the studied neglect of the normal factors of life, the picture becomes black indeed.

When, a hundred and twenty-five years ago *Hygiene* raised its infant head and began to cry lustily for sunshine, fresh air, clothing reform, daily exercise, cleanliness, wholesome mental influences and due attention to nutrition, homes were unventilated, hospitals were foul-smelling places that reeked with the stench, not alone of sick bodies but of air that had been cooped up and breathed over and over again. *Hygiene* compelled the little attention to fresh air that is now given. People avoided the sun and hid their bodies in darkened rooms and in clothing, bonnets, hats and parasols that "protected" them. If today sunbathing is popular it is due to the long fight of *Hygienists* to appraise people of the need for sunshine. People did not bathe in those far away days, not until the *Hygienists* convinced them of the value of cleanliness.

For three thousand years the medical profession had cared for the sick and neglected the matter of nutrition. The *Hygienists* have brought about great improvements in this field. But it is still largely true that physicians give but little, and many of them no attention to the nutrition of their patients. As for the other schools, a few members of these pretend to look after the nutrition of their patients, but their tendency to ape the allopaths in everything they do has developed in them a fondness for the hypodermic syringe and "injectables." They are "controlling" the nutrition of their patients with hormones and synthetic vitamins given by means of the hypodermic needle. In the meantime, they, like their allopathic daddy, are relying upon their treatments to restore their patients.

The philosophy of the *Hygienic* care of the sick is predicated on the primary premise that those things which are constitutionally adapted to the preservation of health are the proper things to use in restoring health. It is based squarely upon the principle that what is necessary to the production of health is also necessary and all that is necessary to its preservation and restoration. This is not

to deny that there is ever a time and condition in which surgery may be of advantage, but it must be recognized that today most surgery is not necessary and that it is a business exploited, like other businesses, for personal gain, rather than being used solely for the good of those upon whom the operations are performed.

Remedial Hygiene is but a modification of general or *preservative hygiene*, just as disease is but a modification of health. Disease is not an antagonistic entity at war with life. The *Hygienist*, therefore, seeks to restore health to the sick by the identical means which preserve health in the well, rather than by means that are well known to produce disease in the well. Drugs of all kinds occasion disease when applied to the well—they cannot produce health when given to the sick. The very basis of the *Hygienist's* care of the sick, a principle that is an integral part of his practice, is the principle that remedial care consists in the same means, systematically and perseveringly applied, which are essential for the preservation of health. The *Hygienist* relies upon the normal elements of a healthy life, modified to meet existing needs and capacities, that are requisite for maintaining the body in health. In other words, the *Hygienist* employs only those factors that are normal to life, rejecting, as ineffective, non-usable and harmful, all treatments, substitutes and compromises.

We maintain that the aid given the sick, to be real and lasting, rather than illusory and transient, must be founded upon the primary laws of life, as unfolded by physiology and biology, and reliance must be imposed upon a systematic application of the identical means, modified according to circumstances and need, that are requisite for maintaining the body in a state of vigorous health.

Let me enumerate the means necessary to the support of life and the building and preservation of health. These are food, air, water, sunshine, rest and sleep, exercise or activity, cleanliness and wholesome mental and moral influences. Does it startle you to be told that, whereas, disease arises out of the nonuse or perverted use or unphysiological use of any or all of these *Hygienic* elements, in the combined and systematic use of all of them in harmony with physiological need resides the way back to good health? Their use in disease must be modified to conform with the needs and capacities of the body under the prevailing circumstances.

As the phrase indicates, *Natural Hygiene* is a way of life rather than a plan of treatment. It offers health by healthful living, rather than *cures*. *Hygiene* has no *cures* and recognizes none. We go all the way in this matter. We regard it as the height of folly to search for a host of "remedies" when causes and effects may be studied. In a broad general sense, we say that the road back to health, once we have been foolish enough to have lost it, runs through two processes, as follow:

First, remove and correct all causes of impaired health.

If we understand that healing is always going on in the body and that we fail to recover only because we are equally as continuously producing trouble, it will be obvious that the primary requisite of recovery of health is the removal of all causes of organic impairment. This means, not only that the toxemia must be eliminated and the functioning power of the organism restored to normal, but also, that the impairing transgressions must be discontinued. All of our schemes for recovery of health must fail until we have learned what are the causes of our suffering and have removed these causes. Any improvement of health that may be achieved can only follow a surrender of habits that spell liability to pronounced pathological developments.

Because the more frequent, the more variegated and intense the individual's enervating habits, the greater and more persistent the demand these place upon his biological restoratives and, consequently, the more premature their total exhaustion, there is great and urgent need that all such habits be discontinued in full and permanently, if health is to be regained. The speed with which the body will put its physiological house in order, when the impairing influences to which it is daily subjected are removed, will amaze those who have never watched the process. The success of the healing processes that are in constant and ceaseless operation in the sick body, depends upon the removal of the universal deficiencies and excesses of which the whole of mankind is guilty. No health worthy the name is possible until the causes that have impaired it and are maintaining the impairment are removed.

The members of the various schools of so-called healing, entertaining the view that their various modes of treatment possess "curative" powers, remain in the dark as to the power which the living organism is exerting in precisely the same direction in which their

so-called remedies are supposed to be exerting their's. Hence, they claim credit for their treatments that really belongs to the powers of life.

The crisis, or remedial effort, having arisen spontaneously and not as the end-result of man's intentional direction of his life-processes, must lapse of itself after it has achieved its end, and not in "response" to *therapeutic* modalities devised by the modern descendent of the ancient shaman. I cannot stress often enough the *Hygienic* contention that the living organism is impervious to basic reconstruction or re-aggregation of its substantive parts and the excretion of waste and repair of damages, by external forces and materials. No matter what the appearance to the contrary, the drugs and modalities of the symptom-treaters can never usurp the body's prerogative of self-healing.

It is the function of Hygiene to respect the laws of life and defer to the inherent powers of the living organism; and not content itself with experimental toying with drugs and symptoms and the utter neglect of the laws of life. While *Hygiene* strikes at the causes of disease and uproots the darling vices of the patient, and corrects those conditions to which the symptoms are due, the healing systems treat pain or other symptom as a great enemy and exert themselves to obliterate or suspend consciousness of it. They suppress symptoms and ignore cause.

All the diseases listed in medical nosologies represent climacteric symptomatologies of sub-clinical impairments of toxemic origin and they cannot be remedied or even mitigated so long as toxemia and its causes continue to exist. The physician sees in each so-called disease a "physiologic disorder" localized in a particular organ, and is convinced that if he can restore the organ to its original state, the disease is *cured*. Accordingly, he sets about with his drugs to suppress the symptoms and to bring about a forced simulation of health.

It is folly to identify the symptoms of any disease with the primary trouble, for this leads to the thought that the patient has been restored to health once his symptoms have been suppressed, or have spontaneously subsided. Let us consider indigestion. It is but a symptom of a deeper impairment and to concentrate upon assauging its symptoms takes us no closer to the real pathogenic factors than the taking of an aspirin takes us close to an understanding of the systemic condition of which headache is but a symp-

tom. Gas may be relieved with charcoal, sour stomach (acidity) may be relieved with bicarbonate of soda, pain in the stomach may be relieved with an aspirin. Alkaseltzer, which is a combination of soda and aspirin may be used to relieve both the pain and the acidity. But none of these measures do more than temporarily suppress a symptom. They have no effect upon the underlying condition nor upon its cause or causes. Their continued use makes the state of indigestion worse. To suppress pain, to reduce temperature (fever), to check a cough or a diarrhea, to purge in constipation—these and similar measures do nothing to remove or correct causes. *The real aim of care must always be to effect a physiological reconversion to a valid norm of structure and function and not merely to suppress symptoms.*

If the toxemia is not eliminated, if nerve energy is not restored to normal, if the causes of enervation are not removed and corrected, there can be no genuine return to health. There can only be a recession of symptoms after these have reduced the accumulated toxemia to the toleration point, perhaps slightly below, and a state of comparative comfort is again established. This state represents a very low state of health, one of chronic toxemic saturation. In this state, despite recurring crises, there is the slow, progressive development of the many and varied forms of chronic and degenerative pathologies, not the least of which is that condition of organismal enfeeblement, impairment and decline which we call old age.

It is first necessary to stop all nerve leaks—this is to say, stop all causes of enervation—and secure sufficient mental and physical rest to restore normal nerve energy and sufficient physiological rest to restore normal secretion and excretion. To state this more simply, the acutely ill person needs rest, quiet, peace, warmth, air and water as demanded by thirst. He should take no food until secretions and excretions are normal. The chronically ill person requires a similar program of care slightly modified to meet the modified needs and capacities of his body under the different circumstances of disease.

Physical rest is secured by going to bed and staying there, relaxing and remaining inactive for whatever period of time is required by the state of the body. Mental rest is secured by poisoning the mind. This means that all worry, fear, grief, jealousy, mental excitement, emotional irritation, etc., must be left behind when the patient

goes to bed. The patient should be in a light, well-ventilated room and away from noise and distractions. Rest and relaxation to the end that functioning power may be regained is the object aimed at and any enervating factor that is not excluded from his environment will retard recovery. It should be understood that rest is as essential to the *chronic* as to the *acute* sufferer. Both of them are enervated and the restoration of normal nerve energy is essential to the recovery of both classes of patients.

Nothing so effectively hastens the elimination of toxemia and restoration of normal nerve energy as mental, physical and physiological rest. Only through rest can the enervated body muster sufficient nerve energy with which to immediately increase its work of elimination. All power saved by the cessation of the regular physical and mental activities is available for use through other functional channels for the temporarily more urgent work of elimination and repair. But rest is not rest if one goes to bed and takes his coffee, tea, alcohol, tobacco, and other drugs along with him. The addict to "sleeping pills" does not rest if he continues to use these. It is needful that all nerve leaks be stopped. The poisons of the physician prevent rest. The mauling, pounding, pulling, twisting, kneading, freezing, roasting, steaming, broiling, baking, electrocuting measures of the physical therapist are as effective in preventing rest and occasioning a waste of precious nerve energy as are drugs. Massage, enemas and colonic irrigations are also enervating and to be avoided. Please bear in mind that, outside the truly *Hygienic* factors of life and living, there are no natural methods.

We insist upon doing nothing beyond supplying the physiological wants of the body under the circumstances as these exist at the time. The needs of the sick organism are the same as those of the well organism, differing in amount or degree, not in kind. We would not prescribe woodcutting for the pneumonia patient, no matter how much importance we attach to physical activity. In similar manner, we would not prescribe a meal for the typhoid fever patient, no matter that food is an essential pre-requisite of life. But there is not the slightest evidence that the sick body, that is unable to digest and assimilate food, needs and must have or that it can make use of poisons, which, in a state of health it does not need and cannot use. Drugs (all of them poisonous) produce disease in the well; they also produce disease in the sick.

The Hygienic school was the first and so far the only school in the world to make the laws of life and the conditions of health the leading features of its teachings and practices. The one notable exception is in those cases where surgery can be of service. This is no endorsement of commercial surgery, which includes about ninety-five percent of the surgery performed today.

Every person who has long been an invalid and who has run the gauntlet of the various schools of so-called healing and has exhausted the modalities of each and all of them, feels to the very core of his being the want of the remedial plan here proposed; and every such one will regard it as covering unoccupied ground, as supplying the most pressing and indispensable needs, and furnishing the most important, but sadly neglected desideratum in the care of the sick. He will immediately recognize the vast superiority of a plan of care based upon supplying the physiological wants of the organism, while excluding the causes that have impaired the powers of life, over one that seeks by a thousand and one devices to force the body into a semblance of health in spite of causes that are unknown or ignored. Trying to restore health without removing the causes of ill health is like trying to sober up a drunk man while he continues to drink. It is like giving pills to "cure" the effects of worry while the patient continues to worry himself into the grave.

FASTING — (*Physiological Rest*)

By fasting is meant entire abstinence from all food except water and air for periods of varying lengths of time. Juice diets or what Jack Trop appropriately calls "juice feasts," "little dribblet meals," the milk diet, and similar eating programs are not fasts, but diets. Abstinence from all food constitutes a physiological rest.

During the crisis in toxemia, which is commonly called acute disease, rest of body and mind is essential and no food but water should be taken. As the function of digestion is suspended in acute disease, so that feeding results in fermentation and putrefaction of the food eaten, thus poisoning the patient, fasting is a means of avoiding added poisoning from this source. Fasting is of equal importance in chronic disease, although in most states of chronic disease there exists more or less power to digest food. There is not only need for physiological rest in chronic disease, but there is urgent need for the increased elimination that fasting makes possible.

The acutely ill person does not need, cannot digest and cannot use food, hence the aversion to food that exists in all acute diseases and the instinctive fasting of all acutely ill animals. Feeding the sick accounts for many deaths. Although the chronic sufferer may have considerable digestive and assimilative power (one of the most common complaints among chronic sufferers is that they have "lost" their appetite—a sure sign that they should not eat) the fast, which is a physiological rest, has been found to be very effective in chronic disease in promoting elimination of toxins, hastening the absorption of exudates and effusions, and in securing the *autolytic* disintegration of certain types of growths—tumors.

In *Public Health Reports* (Vol. 67, No. 2, Feb. 1952) A. J. Carlson, Ph. D., Professor Emeritus of Physiology, Chicago University, and his assistant, F. Hoelzel, have a brief report on "Nutrition, Senescence, and Rejuvenation" in which they suggest that "it is possible that the striking beneficial after-effects of prolonged fasting may be due to . . . that the non-essential tissues used up in starvation (fasting) may include abnormal accumulations of some intermediary product of metabolism." This is more than a hint that the fatty tissues and other less essential tissues of the body, that is, those tissues that are used first when food is withheld from the organism, serve as depositories in which uneliminated waste is stored to remove it from the general circulation. It also implies that when these tissues are broken down (autolyzed) during a fast, these stored wastes are returned to the circulation and eliminated. This is precisely the *Hygienic* view and has been so since Graham first developed it more than a hundred years ago.

For the cumbersome phrase "intermediary product of metabolism" I would substitute the simple term *toxemia*, which we define to mean poisoning by retained body waste—*metabolites*. Excretion (elimination) is inhibited (checked) by whatever lowers nerve energy (whatever produces enervation) so that a certain amount of the normal waste of the body is retained to accumulate in the blood and lymph. The toxin is stored (deposited) in those less vital tissues of the body in which it will do least harm. The fatty tissue is, perhaps, the first and preferred depository, as Graham thought.

Judging by what comes out through the liver in many patients while fasting, it may be that the liver stores much waste. An amaz-

ing variety of substances are sometimes thrown out by the fasting body. This is a feature of fasting that one must see to believe. It may not be difficult to grasp the fact that tumors are broken down (*autolyzed*) in the same manner as is fat, it should not be difficult to understand that the rest afforded the stomach and intestine by the fast enables the body to heal gastric and duodenal ulcers, or ulcers in the colon (ulcerative colitis), in the womb, etc., but some of the benefits of the fast have to be seen to be believed.

Fasting, by creating a nutritional scarcity, forces the body to surrender superfluities and to excrete encumbrances, the elimination of which it cannot achieve in a state of surfeit. The surrender of surplus material is compatible with increasing powers and with processes of physiological and even biological readjustment. We have to recognize the truth contained in Claude Bernard's remark about the "fasting cure," that, as a permanent employment, it does not agree with every constitution, which is merely a quaint way of saying that fasting is a temporary expediency resorted to by nature under a wide variety of circumstances, but which cannot be prolonged indefinitely. I recommend that all fasts of more than two weeks be taken under competent supervision.

As examples of the physiological and biological adjustments that fasting enables organisms to make, numbers of plants and animals exhibit a deep-seated physiological necessity for a reduction of surfeit and depredation as a pre-requisite to the re-establishment of sexual reproduction. Fasting by salmon, the Adelie penguins, the Alaskan fur-seal bull (Prof. J. Arthur Thomson says that many similar examples occur among animals) during the mating season are but a few of the examples of this reduction of surfeit and depredation by such animals. It will be noted that these animals are all predacious and voracious and enter the fasting period heavily encumbered with fat, which is itself incompatible with fertility. Fasting, by dispensing with the superfluities and re-establishing normal physiological conditions, is perhaps essential to genetic recovery in such animals.

The effects of "sudden starvation" on previously well-nourished organisms (those that have been overfed on "rich" fare) in restoring the sexual organs and bringing back sexual reproduction, is well known to biologists, although this recovery of health and structure as a consequence of fasting or abstemiousness is never thought of

by them as having any lesson for man. The aphid is seen to purchase rejuvenation by curbing its habit of depredation and returning to a more wholesome mode of nutrition; that is by moderation and a legitimate fare. This move results in a return of the male and a return to the sexual mode of reproduction after several generations of parthenogenetic reproduction. The animal and plant world is replete with examples of the dis-aggregation of organisms (loss of structure) and loss of function consequent upon redundancy and wrong food and a restoration of both structure and function by a return to moderation and right food, or following a fast. I need hardly emphasize the fact that the reversal of the conditions that led to the asexual state will also, if carried too far, arrest sexual development. This is merely by way of saying that fasting can be overdone.

In those cases of men and women who have been restored to sexual potency and fertility by fasting, in some instances, after several years of impotency and sterility, not all of them have been fat. Indeed, some of them have been much underweight at the outset of the fast. In these cases, even if not in the fat ones, no doubt toxemia resulting in catarrh of the generative system or in malfunction of the ovaries and testicles may be the cause of infertility and impotency. Impotency, indeed, may be due in some of the cases to nervous disease consequent upon a long standing toxic state.

Physiological re-adjustment of a similar nature, but involving the whole organism, is indicated by Dr. Carlson and Mr. Hoelzel in their report. They say: "More than 35 years ago, the senior author (Prof. Carlson) found that a 5-day fast, undertaken to study hunger, produced highly beneficial physical and mental after-effects. Marked general improvement lasting at least 6 months was experienced by Hoelzel following a 26-day fast in 1913, and similar improvement was experienced in 1917 following a 15-day fast, despite the development of nutritional edema." While I have emphasized the fact that the whole organism was involved in the results of these experiments, it is not to be thought that the whole organism is not involved in every fast and in every change of fare. The ancient Jews purchased rejuvenation by abandoning the flesh pots of Egypt and subsisting for forty years on "manna"—plant food.

Nothing in the foregoing is to be understood to mean that fasting is a "cure" for any so-called disease, or that at the completion

of a lengthy fast the patient is in a state of full health. Fasting is a means to an end, a condition favorable to certain essential vital processes of recovery, but it is only one of several essential conditions, all of which are essential to the evolution of health. Once fasting and rest have enabled the body to eliminate its stored up toxins and recuperate its nerve energy, a physiological mode of living will enable the patient to grow into better and better health until full health is reached, and to maintain health thereafter.

Second, Supply the Body with the Conditions of Health

This second requisite of recovery, one that may be supplied in part, at least, while the process of removing cause is in progress, is that of supplying the body with the primordial requirements of healthy life. All of our schemes for the recovery of health must prove disappointing until we have found and supplied the means of restituting the primordial structural and functional integrity of the body. These are not to be found in out of the way places; but in the very conditions and means that enable us to live and grow. This is to say that, the means of restoration of positive health are those same factors of food, air, water, sunshine, rest, sleep, activity, cleanliness, and emotional poise upon which life depends. Not in the anti-vital measures of the physician are we to find the requisites of health but in the normal wholesome substances and conditions of *Hygiene* are to be found the materials out of which health is synthesized. Genuine recovery is due solely to the inherent power of the organism. Health is directly dependent on the primary act of organization, that of constructing or building up, from elemental materials of the blood, the organs by which function is performed.

After causes have been removed, this is to say, after toxemia has been eliminated, nerve energy has been restored and the habits of life have been corrected, a program of physiological living will enable the patient to evolve into a state of excellent health. Such a program is not made up exclusively of a plan of eating. Proper diet is extremely important, but it does not constitute a complete way of life. All of man's life must be lived in harmony with simple, well-defined laws of nature. Exercise, fresh air, sunshine, sufficient rest and sleep, a normal sex life, a cheerful and poised mental attitude and consistent avoidance of all devitalizing habits are of equal

importance. It is impossible to maintain or to regain health, no matter what the diet, so long as enervating habits are practiced and the body is denied the benefits of sunshine, fresh air and exercise. Coffee, tea, tobacco, alcohol, poisoned soft-drinks, and other poison habits will ultimately wreck the strongest man, no matter how good the diet.

In restoring health, as in preserving health, no single-method approach to the problem can be effective. Here, also, an all-out approach is required, hence all of those one-idea schemes that promise to provide health for everybody are destined to disappoint. Just as food alone is not sufficient to guarantee the preservation of health, so food alone will not guarantee the restoration of health. Food is of value only in its physiological connection with air, water, sunshine, rest and sleep, exercise and other elements of the *Hygienic System*. Of these combined means, contributing severally to the needs of the body, and each essential to it, it is enough to state that it would be impossible to assign to any over the rest a superior value, the simple fact being that each is indispensable and that the patient is cared for under *Hygienic* management, not by one of the number alone, but by the remedial use of all of them. When once, by *Hygienic* means, the body has been freed of its load of toxins, its nerve energy has been restored to normal, elimination has been reestablished and assimilative powers have been restored, there follows a gradual return to full health.

Health thus regained is real and lasting, providing only that the patient does not return to his prior disease-building habits. If, like the biblical sow that was washed, he returns to his "wallowing in the mire," he will soon be as dirty (internally) as before and will be in need of another *physiological housecleaning*. Like the drunkard who has sobered up and gets drunk again by returning to drink, the patient who has recovered health will get sick again if he returns to the mode of living that made him sick in the first instance. Only persistence in right living, this is to say, only the cultivation and practice of first class habits, can preserve health, once it has been regained.

No doubt, to many readers who come in contact with *Natural Hygiene* for the first time through reading this book, the foregoing measures and methods will appear too simple and inadequate. There

is not sufficient mystery attached to them and they lack the element of a vigorous and devastating attack upon disease such as characterizes the therapeutic procedures of the schools of so-called healing. To such as these, the first question will be: Does the *Hygienic System* work? Is it adequate to the needs of the sick? May we rely upon it? The answer is that: if it did not work, there would be no *Hygienists*. For so prone are men to cherish their bad habits and to resist changes in their modes of living, and so great is their traditional faith in the saving potency of poisons, they will resort to *Hygiene*, for the most part, only as the last resort. A system that is eminently successful in cases for which the schools of so-called healing can do nothing, is not one to be lightly dismissed by the intelligent and thoughtful individual. For a hundred and thirty years it has withstood the storms of opposition, ridicule, persecution and misrepresentation and has continued to turn in an enviable record in both the prevention and remedying of disease.

But I do not rest the fate of the *Hygienic System* upon this record alone. I do not offer you a collection of testimonials or, what amounts to no more, a mass of clinical reports. It is well known that the sick recover—they have been doing so through all past ages under any and all kinds of treatment, even under the most crucifying forms of treatment, and under no treatment at all. It is true, of course, that, in the last analysis, if all patients fail to get well under a particular program of care, it cannot be regarded as valuable; but before “cured” cases can be offered as proof of the value of a plan of care, it must be shown that the care is actually responsible for the recoveries and has not been merely an obstacle to recovery. Hygienists insist that the credit that is commonly given to all methods of treatment or so-called “cures,” really belongs to the processes of life. Therefore, I rest the claims for the merits of the *Hygienic System* upon the correctness and validity of its principles. All true art is the application of scientific principles to the production of specific results. No medical art that is not based on a true science of life can produce desired results.

Therein is the explanation of the ceaseless change of methods and modalities by the schools of medicine. The old school, the allopathic, which arrogates to itself alone the designation “scientific,” actually boasts that it lacks a single fixed principle to serve as a foundation upon which to build. This is the reason that it flounders

around in the bogs of uncertainty and blind experiment. This is the reason it is made up of a hodge-podge of ephemeral theories and myriads of ever changing practices, none of which have any possible relation to life save that of antagonism. Witness the several vogues that have prevailed for brief periods during the past thirty years, each of which presented us with some near panacea—artificial fever, snake venom, frozen sleep, the sulfa drugs and, finally, the antibiotics which, although still in vogue, show signs of waning. Prior to the artificial fever craze there was the rage for treating almost every possible human ailment with surgical removal of the teeth, tonsils, gall bladder, appendix, ovaries, seminal vesicles, etc., or by giving gland extracts to all and sundry. Prior to that there was the long-drawn out effort to find a serum for every known disease.

In a book of this size it is not possible to discuss all of the many “diseases” listed in medical nosologies. In succeeding chapters I shall discuss a few of the more common acute and chronic symptom-complexes in order to demonstrate the practical application of the principles that have been developed in this and preceding chapters. Inasmuch as the *Hygienist* does not seek to “cure” disease, but depends upon the lawful and orderly workings of the forces and processes of life to restore health, after the causes of its impairment have been removed and the primordial requisites of healthy life have been duly supplied the ailing organism, no “specific treatments” for so-called “specific diseases” are employed by him. Basically, the proper care of the sick patient, no matter what his “disease” may be named, is the same. Modifications of the basic program must be made, not to fit the name given to the illness, but to fit the particular needs of the sick man or woman under the particular circumstance. Thus, for example, while the diabetic patient must be fed to supply adequate nourishment, his diet must be modified somewhat to fit the crippled state of his physiology. With these facts in mind, we turn our attention in the following chapters to the care of the sick under different states of impairment.

The Common Cold (Coryza)

CHAPTER VI

The medical dictionary defines the common cold as "a catarrhal disorder of the upper respiratory tract, sometimes following exposure to cold and wet, which may be viral, a mixed infection, or an allergic reaction. It is marked by acute coryza, slight rise in temperature, chilly sensations and general indisposition." Of coryza ("cold in the head") it says: "this is an acute catarrhal condition of the nasal mucous membrane, attended with a ropy discharge from the nostrils." These definitions describe a mild catarrhal fever, with the catarrhal inflammation limited to the "head" or upper respiratory passages, but, like all medical definitions of disease (in general or special), it gives no indications of the true nature of the process.

That, as Dr. Moras said, it is too hot and feverish to be called a cold is very true. That a cold often follows exposure to heat is well known; that colds are common in dry weather and are not confined to wet weather is also well known. That they frequently develop without any "exposure" of any nature is also general knowledge. Then there is the fact that exposure to cold and wet may occur a hundred times without a cold following to one time that such exposure is followed by a cold. Such exposure must be taken to form a very small and relatively unimportant part in the causation of a cold, if, indeed, it ever helps to cause this disease. The same may be said of the virus, the mixed infections and the allergies. These things have about as much to do in producing a cold as they do in producing freckles on little Johnny's nose.

If medical ideas about the cause of a cold are hazy and unsatisfactory, their modes of treatment, varied, contradictory and absurd as is conceivable, are even more unsatisfactory. No accurate estimate of the number of "cures" for the cold that have been extensively used by the profession can ever be made. While no successful *cure* among the millions that have been employed, has ever

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been found, people do get well of a cold in from an hour to a few days. The cold is said to be "self-limited." Because the patient does get well in a short time, almost any kind of treatment will appear to "cure." When once its essential nature is understood, there will no longer remain any thought that it should be "cured."

The cold is a remedial effort. It is a means of systemic purification—a process of vicarious or compensatory elimination. The great quantity of mucus that is leaked out through the membranes of the nose and throat in a cold represents excretion. The cold persists until this purifying work is completed and then subsides as spontaneously as it arose.

Colds are most common during winter and they are especially common at the close of the winter months. The increase in colds at the close of winter has been attributed to the long deprivation of the body of sunshine. In the north, where winters are long and people remain indoors much of the time, this lack of sunshine is an important contributing cause of colds. But it is evident that this alone does not cause all of the colds that develop at this time, for many of those who are deprived of the sunshine most are least subject to colds.

The two great causes of colds are *repletion* and *exhaustion*. The first of these is an "over-stuffed" state of the body resulting from over-eating. The second is a lowered state of the vital energies resulting from overtaxing the body.

Anything and everything that tends to tax or lower the vital or nervous powers, will impair digestion and check elimination and thus bring on a condition of poisoning of the body. Overwork, or lack of sleep; worry or anxiety; overstimulation and dissipation may each and all contribute to the exhaustion of the vital powers and the consequent impairment of the functions of life.

When elimination is checked waste and poisons that are normally eliminated are retained in the body. These accumulate in the tissues, and as they are daily added to, endanger the integrity of these tissues.

Overeating not only introduces an excess of food into the body, producing repletion, but it also taxes the functions of life and, thus, becomes a cause of *exhaustion*.

The poisoning ensuing upon an exuberance of nutrition and unsuitable food requires to be specially coped with and provided against by particular glands, the task of which is a very delicate and arduous one, involving frequent fatigue and breakdown, due to overwork. Hence the frequent necessity for compensatory elimination—"healing crises."

Eating when exhausted, when worried, or when over-excited, or under any similar circumstance, when the digestive powers are low, results in decomposition of food in the stomach and intestine and this poisons the body.

In summer we tend to eat less. We also eat "lighter" foods. Fresh fruits, green leafy vegetables, melons, etc., are likely to make up the greater part of our diet in the summer time. We get out of doors more and keep our houses open during this season.

In winter we tend to eat more. We also eat "heavier" foods during this season. Bread-stuffs, potatoes, cereals, meats, pies, etc., are likely to form the bulk of our diet in winter. In winter, too we are less active. We stay indoors more and keep our houses closed.

When we contrast the modes of living of these two seasons, there seems to be every reason why there should be more colds during the winter and especially near its close, after months of winter living have prepared the way for them. Increased food and lessened activity are certainly contrary to the needs of the body. We get less air and sunshine when increased air and sunshine are demanded by the increase of food.

When the badger or the bear hibernates he ceases to eat. When we hibernate we eat more. If we study the winter habits of animals in nature we soon discover that at this season, when food is scarce, they have to work harder for it. Our winter habits seem to be unnatural in several very important particulars.

One famous doctor, who employs natural methods, has repeatedly demonstrated that by increasing or decreasing the use of certain classes of foods he can produce an immediate increase or decrease in catarrhal symptoms. The carbohydrates—sugars, starches and milk—are the chief offender in this respect. He declares that carbohydrate excess coupled with impaired elimination is the cause of colds and other catarrhal conditions. We are prone to consume an excess of these very foods in winter.

With the tissues of the body loaded with waste and poisons, the blood vessels surcharged with an excess of nutriment (plethora) and the digestive tract reeking with decomposition, some unusual or compensatory method of elimination must be found. The body must find a means of ridding itself of the toxins and the food excess.

When poisons accumulate in the body beyond the powers of the regular organs of elimination to excrete, some of the other organs of the body are called upon to "lend a hand." More frequently, perhaps than any other tissue in the body, its mucous membranes are given the task of excreting the overload. This they do by converting the poisons and excess food into mucus and "leaking" it out of the body.

Thus the person who has a cold has not "caught" something—he is merely getting rid of something. It is also true that this process is too hot and feverish to be called a cold.

The cold is a preventive measure—a remedial effort. Except for the eliminating work accomplished by the cold, the accumulating poisons and food surpluses would cause serious damage to the organs of the body and would ultimately produce death. Colds, then, do not render us more, but less liable to other diseases.

Frequently recurring colds are made necessary by our persistence in overeating and in weakening habits. The serious maladies that appear to grow out of the frequent colds, develop because, despite the remedial work accomplished by the colds, the constantly accumulating poisons and the habitually recurring excess of food finally break down some organ or organs of the body. A recognition of the true nature of the cold and of its real causes will enable us to avoid these more formidable maladies that are wrongly attributed to the cold.

Frequent colds are the outgrowth of chronic poisoning, habitual overeating and a constantly weakened state of the body. Recurring "attacks" of any acute disease tend to become and are on their way to becoming chronic. Chronic catarrh, sinus trouble, hay fever, asthma, etc., usually develop upon the heels of repeated colds.

The prevention of colds should now be so self-evident that he who runs may read. Moderation in eating, well ventilated homes, offices and workshops, daily physical exercise, an abundance of rest and sleep and the elimination from one's daily life of all harmful or devitalizing habits should enable one to escape the necessity for a cold.

If the mode of living has been contrary to the above plan it should be reformed at once and measures employed to free the body of its accumulated toxins and excess of food. Nothing will accomplish this more surely, more rapidly or more satisfactorily than a fast of a few days. If conditions preclude a fast a few days on orange juice or grapefruit juice may be substituted.

If you have a cold you want to know how to "cure" it. Everyone you meet has a different remedy and, since most colds get well in three to six days, anyway, almost anything will appear to *cure* them.

As pointed out above the cold is a remedial process. It does not require to be *cured*. The cleansing work may and should be hastened by methods that cooperate with the body. Even those deep-seated chest colds that hang-on so long may be speedily ended by intelligent cooperation with the body in its purifying work.

No health worthy the name can be restored without removing the causes that have impaired it and are maintaining the impairment. A mode of treating a cold that does not remove the need for the cold is worse than futile. In most cases, at least, it is positively injurious. We should give our attention, not to the symptoms of the disease, but to its causes. These should be our real object of attack.

Nature herself indicates the proper procedure in the case of a cold and if we had not forgotten how to interpret the language of our instincts I would not have to write this part of this chapter. Admiral Byrd's men, when in the Antarctic region, were reported by the medical officer with them, to have lost interest in their food when they had colds. What plainer indication could Nature give than that she desires a fast? What could be more natural, when an organism is suffering from over repletion, than to cease to eat until the excess is disposed of? If the digestive tract is reeking with decomposition nothing could be more rational than to avoid putting more food into it until the spoiled food has been thoroughly cleared out.

The sufferer with a cold will "recover" even if he continues to eat, but he will recover much quicker and have better health afterwards if he fasts. There is no better rule for the one who has a cold than: *Take no food until all symptoms have ceased.*

The exhaustion that is partially responsible for a cold is best overcome by rest. It is the rule, to which there are exceptions, that

the cold-sufferer has very little energy. There is a real, instinctive demand for rest.

Rest and sleep are the great representative restorative processes. Rest enables the body to divert the energy customarily expended in mental and physical activities to the organs of elimination. The conservation of energy through rest, provides the needed fund of working capital in the crisis. There is no greater "stimulant" to elimination than rest. There is no better rule for the one who has a cold than: *Go to bed and stay there so long as the cold lasts.*

Where this rule cannot be followed, that is, where one's duties demand his attentions, as much added rest should be secured as circumstances will possibly permit. Rest should predominate with overworked people and with patients who have little resistance.

While the cold lasts one's resistance to cold is low. He chills easily. Chilling checks elimination. Warmth favors elimination. There can be no better rule for one who has a cold than: *Keep warm.*

An abundance of fresh air is needed. The bed room or other room should be well ventilated. This can be done without chilling.

The great prescription for one who has a cold then is: *Go to bed in a well ventilated room, stop all food and keep warm.* Nothing else is needed. Recovery will be speedy and if the individual will live as instructed above, recurrences will be rare or never.

Fasting and rest correct the nutritional chaos and remove the basic toxemia, which are responsible for the cold, and this is essential to complete recovery. The sufferer then needs only to avoid building these conditions all over again in the future to avoid future colds.

Nothing short of a general integrity, based upon right living will avail. Real health comes not from medicinal means nor yet from vaccinal preservation, but is indissolubly connected with obligations and duties of a higher and more general order and with conduct more noble than the faithful taking of pharmaceutical prescriptions. Integrity of behavior is as essential to good health as integrity of structure. We must rely upon good behavior—right living—and not upon surgical, pharmaceutical and physical interference with the functions of one or several organs of our body. This is the way to lasting vigorous health.

Influenza

CHAPTER VII

Influenza is defined as "a contagious epidemic catarrhal fever with great prostration and varying symptoms and sequels, grip," "a contagious epidemic inflammatory affection of the mucous membrane of the respiratory tract, accompanied by a muco-purulent discharge, fever, and prostration." A cold is also a catarrhal fever of the respiratory tract. The layman speaks of "head colds" (coryza), "chest colds" (bronchitis), etc., but the physician limits the cold to catarrhal inflammation of the nose. The symptoms of a cold and of influenza are so nearly identical that it is admitted by medical authorities of the highest rank that their differential diagnosis is difficult and depends more upon laboratory tests than upon the symptoms.

My own view of so-called influenza or *La Grippe* is that it is simply a severe cold. Tilden well says: "When great psychological depression follows a world crisis, such as succeeded the World War (World War 1, is here referred to), the ordinary epidemic of colds becomes an extraordinary epidemic of 'flu.'" It should be understood that every epidemic results from mass prostrating influences—*mass sickness is the result of mass prostration*. Germs are with us at all times, are ubiquitous. An epidemic does not depend upon a sudden "visitation" of germs, for the reason that, like the poor, we have them with us always. This fact is well known to medical men; so they have invented the hypothesis that germs lose and acquire virulence, that they are more virulent at one time and less virulent at another, even that there may be both more virulent and less virulent strains in the same epidemic in the same community. These ideas are harbored by men who refuse to take into consideration the obvious fact that there are differences in condition of individuals and in the same individual at different times.

When it is understood that physical and psychological environments that are depressing to animal (including human) life—prolonged dryness, prolonged wetness, sudden changes in temperature, prolonged heat, prolonged cold, mass fear, mass worry, etc.—prostrate

thousands and produce disease, we will cease looking for unexplainable changes in virulence in germs. When prostrating influences are followed by holiday and feast-day debaucheries, epidemics follow.

The influenza patient subjected to heroic drugging and feeding is always in danger. As Tilden points out, in chronic food drunkards who have hearts that have been enervated by the use of tobacco, alcohol, coffee, tea, etc., medication becomes the "last straw that breaks the camel's back." The stuff-to-kill physician who feeds these patients "to keep up strength" also hastens large numbers of his patients into the henceforth. A new "flu" vaccine has just been announced that "promises" to provide "immunity" against "possibly every known strain of every type of flu," for two years. Vaccines now in use are said to provide "immunity" for only one year. This is another medical delusion. Vaccines cannot set aside the law of cause and effect and provide "immunity." *Immunizing* practices are commercial frauds.

The flu vaccines are all based on the assumption that "flu" is caused by a virus. Prior to world war 1, flu was not only caused by a germ, but the medical profession was sure that it knew which germ produced the disease. The present-day medical conception of causation is a relic of the days when diseases were caused by evil spirits. They have merely exchanged an attacking demon for an attacking evil germ or virus. Thus, instead of giving attention to the habits of living that enervate and impair function, they spend their time and energy in a futile search for weapons to destroy the attacking force. They now exorcise germs instead of evil spirits.

If the disease is due to a virus or to viruses, then the fact that you do not have "flu" is more a matter of luck than anything else; but if it is the legitimate result of a mode of living that enervates and poisons, the prevention of the disease becomes a matter of good behavior. You do not buy "immunity" at the corner drug store, nor from a physician armed with a hypodermic syringe; you earn health by obedience to the laws of life. Your health will persist as long as your obedience; it will not fade out in one year or two and have to be renewed by another "shot in the arm."

The influenza patient needs but to go to bed in a well ventilated room, take no food, keep warm and take all the water demanded by thirst. Speedy recovery will be assured by this program and, to date, there have been no deaths in cases cared for in this way.

Scarlet Fever

CHAPTER VIII

There are a number of "eruptive" diseases such as chicken-pox, measles, scarlet fever, small-pox, etc. Although these may develop at any age of life, for the most part they are seen in children. Tilden says of them: "the lightest form is called measles; the heavier, scarlet fever; the heaviest, black smallpox." The eruptions are eliminative processes and they all rest on a common substratum of cause. These diseases were not differentiated until Sydenham, the "English Hippocrates," did the work in the last half of the seventeenth century. This means that, prior to his time, untold thousands of cases of measles, scarlet fever, chicken-pox, etc., were included in the epidemics of small-pox that were frequent in Europe. Great numbers of deaths in measles and scarlet fever were attributed to small-pox. It is interesting to note that Sydenham regarded smallpox as the safest of all diseases, if physicians and nurses did no mischief in the care of the patient. But this man says that he sometimes consulted his patient's safety, as well as his own reputation, by *doing nothing at all*.

Trall, who cared for large numbers of cases of smallpox, agreed with Sydenham's view. He said of this disease: "Essentially, small-pox is not a dangerous disease." He added that he had never lost a case and that cases cared for *Hygienically* do not pit. The only case of this disease cared for by the present writer left but one pit, this on the nose of the patient.

Scarlet fever, like all other so-called contagious or infectious diseases, is autogenerated. It is not something that the patient takes, or catches; it is not something that catches or takes the patient. It is not a "specific extraneous contagion."

It is false to say that children die of scarlet fever when they are subjected to the usual medical treatment. It is the treatment that kills. Proof of this statement lies in the fact that children suffering with scarlet fever do not die if not drugged and fed. During most of the last century scarlet fever was regarded as a very fatal malady.

SCARLET FEVER

No other disease "killed" so many children. Every year the disease was epidemic in one or more parts of the country and it was nothing unusual for one to half a dozen deaths to occur in a single family. This frightful mortality was not due to any essential deadliness of the disease, but to the battle-axe treatment that was in vogue. That this is true is shown by the fact that many leading medical men treated hundreds of cases without using any drugs at all, without losing a single patient. Their experiences were put on record in the medical literature of the day, but the lessons these experiences should have taught went unheeded by the great mass of physicians. The fact that the mortality was seen only in the drug-treated cases, and that there was no mortality among children treated without drugs should have been significant, but so ingrained was and is the faith in drugs that few could understand.

Hygienists cared for thousands of cases without a single death. Their experience should have pointed the way to better care, but it failed to do so. The "deadliness" of the disease declined, however, when the medical profession was forced, by the opposition of the other schools and the loss of confidence by the people, to decrease the sizes of their poisonous doses. Today, the death rate in this disease, though much too high, is low compared to what it was in the last century.

The disease is said to have become milder. Much of this mildness is the direct result of the lessened deadliness of treatment. Much of it is due to better nutrition and greater cleanliness in the young. We almost never meet with forms of the disease which were known to our grandfathers as *angnoise* and *malignant* scarlet fever. In the first form the glands of the neck were more or less swollen sometimes to the extent of inducing partial deafness and blindness; in the latter form the throat was ulcerated. Under *Hygienic* care neither of these forms proved fatal. Under regular medical care these developments called for even more heroic treatment with a resulting much higher death rate.

The contagiousness of scarlet fever is an unshakeable dogma with the medical profession, yet there are innumerable instances where children have been "exposed" to the disease without "catching" it, or being caught by it. There are instances where a single malignant case has developed in a community and many people were "exposed"

before the physician could diagnose the disease, but nobody developed the disease—there was just the one solitary case in the community. These same facts are true of smallpox, measles, whooping cough, diphtheria and other so-called contagious diseases. I recall one instance of a case of diphtheria in a small child that died. At least a dozen other children were in contact with the sick child and not one of them developed the disease. I have seen healthy children sitting on the bed with a child with measles and not “catch” the disease. I have known them to play with a child with whooping cough and not “catch” the disease. I know of one case where a young lad slept with his brother throughout the whole course of chickenpox and did not “catch” the disease.

The belief that normal people can *catch* disease by coming in contact with someone suffering with smallpox, diphtheria, scarlet fever, etc., is a very ancient superstition that was associated with the belief in evil spirits and witches. Pasteur and his successors have remodeled the old superstition and it is the remodeled superstition that is now held by “enlightened” people. An unvaccinated, healthy child is sure to “catch” smallpox, if it comes near a patient suffering with this disease; a child that has not been “immunized” against diphtheria is sure to “catch” this disease if it comes near a child suffering with diphtheria. This is the common belief, fostered by the medical profession for purely commercial reasons and not because there is any scientific proof of the correctness of the ancient belief. The present medical basis for this superstition is the vagaries and absurdities of the germ theory. Such a belief is a libel on law and order.

Run your mind's eye back over the ages that have elapsed since man first set foot upon the earth. Now think of the time when the first child presented the symptoms that are now collectively named scarlet fever. That child did not “catch” the disease by coming in contact with a prior case. The first case was not “caught” from a prior case. The first child to develop scarlet fever did not come in contact with another child that had the disease. How was that first case developed? If one case can develop without coming in contact with another case, what is to prevent millions of cases from developing in the same way that first case developed? To people who cling to the superstitions of *contagion* and *infection*, this will sound like rank heresy, for which I should be boiled in oil. But neither they

nor their physicians will provide us with satisfactory answers to these questions.

What causes scarlet fever? The medical profession replies: a germ. This is a delusion that will be outgrown in time. Germs are omnipresent. If they are the causes of diseases, the populations of all countries should be always in the throes of, not one but several epidemics. Attributing the diseases of humanity to germs and viruses and ignoring the thousand and one causes of enervation and food drunkenness that exist in the lives of almost the entire population is madness. How does the disease develop if it is not caught? How do you account for epidemics if the disease is not “transferred” from one person to another? These questions will logically occur to the mind of thinking individuals. I shall try to provide the answers.

It is a cardinal principle with *Hygienists* that properly fed children will not develop scarlet fever, smallpox, diphtheria, etc. Indeed, proper feeding and good general care will provide such a high standard of health for children that they will not have any of the so-called *diseases of childhood*. The increased eating of fresh fruits and vegetables, especially raw vegetables, will, as the practice increases, relegate the so-called infectious diseases to the limbo of forgotten evils.

Tilden regarded the eruptive diseases—scarlet fever, measles, chicken-pox, etc., as “colds intensified by infection from intestinal putrescence.” Poliomyelitis, pneumonia, diphtheria and similar diseases, he also regarded as the result of putrescence superadded to toxemia. Trall held a similar view saying that smallpox and similar diseases are due to “decomposing animal matter and accumulated excretions.” These views indicate that these diseases are symptomatic of protein poisoning—*anaphylaxis*.

For a child to develop scarlet fever, there must first be enervation and toxemia. But this is not enough to give rise to the disease. Uncomplicated toxemia produces the simple so-called diseases. When toxemia is complicated by putrescent infection (putrefaction in the bowels), there develop the so-called “infectious” diseases. Toxemia renders it possible for a food debauch to result in eruptive fevers with the complications that accompany or follow. With full nerve energy and a pure blood stream, putrescence in the digestive tract

will produce no trouble. Without gastro-intestinal putrefaction in a toxemic subject there can be no eruptive fevers.

For a child to develop scarlet fever, there must be, first, enervation and toxemia, resulting from wrong care, and superadded to this, weeks and sometimes months of abominable diet. Too much food and wrong combinations of food, feeding when excited or feverish, etc., build and maintain a septic state in the intestines. Scarlet fever is very likely to follow the holidays, especially those of winter, although it may also follow those of summer. Milk and eggs, milk and flesh, flesh and eggs, protein and carbohydrates and similar combinations produce such a sensitive state of the system that any extraordinary enervating influence, such as the excitement and extra eating (usually gross overeating of flesh, starches and candy) may be followed by a so-called epidemic disease—measles, scarlet fever, diphtheria, etc. Thanksgiving, Christmas, New Year's, etc., with their overeating of protein and their reckless combining of food are frequently followed by epidemics, not alone of scarlet fever, but of other so-called infectious or contagious diseases. Septic poisoning generated in the digestive tract, superadded to toxemia and enervation, is the true cause of these diseases.

Let me quote a few significant words of Tilden at this point. He says: "Drunkenness starts with the first indigestion in a child's life. From this first drunk many children are scarcely over one debauch before they are plunged into another. These drunks vary in intenseness from a so-called cold, or indigestion, to varying forms of eruptive fevers, the intensity of which is aggravated by the amount of intestinal putrescence. Every so-called disease is a form of elimination. Eruption means elimination of auto-infection.

"The several forms of these intestinal crises, or drunks, follow holidays or feast days. The lightest drunks are named colds, 'flu,' tonsillitis; the heaviest, diphtheria. In those who eliminate through the skin (the eruptive fevers), the lightest form is called measles; the heavier, scarlet fever; the heaviest, black smallpox. When physical environments, local or general, are depressing—enervating to animal life—holiday and feast-day debaucheries are often followed by so-called epidemics of malignant types, with heavy mortality. When great psychological depression follows a world-crisis, such as succeeded the World War, an ordinary epidemic of colds becomes

an extraordinary epidemic of 'flu,' from which the chronic food drunkards, with enervated hearts from alcohol, tobacco, coffee and tea, died when medicated. Adding drug stimulation to a body already loaded down by an excess of stimulation gave the *coup* to thousands of 'flu' victims."

Scarlet fever is not always easy to diagnose. This is particularly true in the early stages. Many mistakes in diagnosis are made and, when the attending doctor or physician depends upon some so-called "specific treatment" he is sure to make as many mistakes in treatment. In other words, his treatment is largely a matter of guess work. He can only hope that he hits upon the right treatment.

When a doctor is called to see a child presenting symptoms of high fever, vomiting, a cold, and rapid pulse, what is the disease. These symptoms may be the beginning of acute gastritis, scarlet fever, diphtheria, meningitis, infantile paralysis or some other disease. The early symptoms of acute diseases are very much the same. A day or two more must pass before the disease can be correctly diagnosed. What shall be done in the mean time? Shall the child be treated for gastritis when he is developing scarlet fever; or shall he be treated for diphtheria when he is developing meningitis? Shall he be given "expectant treatment"? What will be the result of the wrong treatment? Drugs shock the nervous system. This shock may be just enough to produce death in a patient that would otherwise recover.

The care according to the *Hygienic* plan can be positive from the appearance of the first symptom. There need no be waiting for the further development of symptoms; no guessing or mistakes. What is done consists of the correct care for the child or adult in the beginning of any so-called disease. The child is to be put to bed and all feeding stopped. He is to be given all the fresh air his lungs can take and all the water demanded by thirst, but no food. The child should be kept warm as chilling inhibits elimination. Let the local symptoms be what they may, toxemia plus septic poisoning constitute the cause and any feeding, when there is fever, will only add to the septic poisoning. Any treatment that will further enervate the child, and all drugs, vaccines and serums will do this, will retard or prevent recovery.

I have never had a case of scarlet fever to last a week when cared for in this manner. The eruption soon disappears, fever sub-

sides, and with it the other symptoms and the child is soon convalescing. I have not employed the enema and lavage, as advocated by certain men. I have not found these necessary or helpful. As neither of them reach the actual source of septic poisoning, there seems to be no good that they can do.

Medical works describe a number of complications and sequels that frequently result from scarlet fever. The most important of these is kidney impairment. As I have never had any such developments in my practice, I doubt that these complications and sequels have any necessary relation to the process called scarlet fever. They are results of suppressive drugs, serums and vaccines. The profession seems hardly to realize that it is a past master in the art of building pathology. If a child has been wrongly treated and kidney impairment has resulted, there is no reason that these cases should lead to death. If the drugging is stopped and the living habits of the child are corrected, he should recover.

Medical authorities tell us that nephritis is far less common in scarlet fever than it was years ago, a fact that is easily accounted for. The drugging plan of the present is not as lethal as it formerly was. The older treatment was a battle-axe treatment, that, not only produced much nephritis, but also accounted for almost, if not all of the deaths. These same authorities say that nephritis is most likely to occur during the second and third weeks of the disease. That the disease lasts this long under medical treatment is sufficient criticism of that treatment. Nothing I could write would show up the futility and injuriousness of the drugging of these patients as well as does this statement of medical authorities.

When enervation is great and toxemia profound, intestinal putrescence may induce a crisis. Under these circumstances, the body is taxed to the limit in its effort to eliminate the toxins—the skin, kidneys, intestines and lungs are put under heavy strain to excrete the poison, the skin eliminating the poison by means of eruptions. All of the work of the body is suspended and all of its reserve power is concentrated on elimination. There is no power to digest food. To feed is to add to the putrescence. It is to increase the discomfort, add more poisoning to an already greatly poisoned body and throw an even greater task upon the overtaxed organs of elimination. If to this ill advised feeding drugs are added, there is great likelihood that

the lungs and kidneys will be damaged. Congestion of the lungs, coughing and other lung symptoms will develop. Thus are complications built.

In the enervated and toxemic, poisoning from a food debauch or an accidental ptomaine poisoning will be quickly eliminated and the patient will be restored to health in a few days; but if eating is continued or if it is resumed before putrescence is thrown off, death may be the penalty.

Pneumonia

CHAPTER IX

Pneumonia is inflammation of the lungs. As such, it does not differ in any essential particular from inflammation in any other part of the body. The distinctive symptoms in pneumonia are based on the differences in structure and function of the lungs. If we understand that the lungs can't vomit and the stomach can't cough we understand that, although the inflammatory process is the same in both organs, the secondary symptoms will be in keeping with the local structure and function, let the cause of the inflammation be what it may.

According to present-day medical theory, most cases of pneumonia are due to bacterial infection. There are several bacteria that are held responsible for pneumonia. Some authorities say that there are forty different forms of bacteria that may cause this disease. One form of pneumonia is said to be due to a virus—"virus pneumonia." Pneumonia may also result from "burning" of the lung tissue by ether, chloroform, or other gas. Two people get an equal amount of ether, for example, and one develops pneumonia and the other does not. Why? According to *Hygienic* theory, the more toxemic individual is most likely to develop pneumonia.

The commonly accepted theory of the present is that almost all cases of pneumonia are due to germs. An investigator who sets out to discover the cause—the germ—of a disease (any disease) and has his vision centered upon and his mind preoccupied in looking for one object to the exclusion of everything else, is unable to see the mountain of causes on every hand. A mind thus prejudiced by preconceptions must fail in its search, even though it may come up with an alleged discovery. Thus, many investigators have found many germs each of which may cause one type of pneumonia. The *Hygienist* does not accept this view of causation.

Let us assume for the nonce that germs or bacteria are real causative factors in pneumonia and many other diseases; why are we

not always sick of some germ disease? Germs are spread throughout nature. Human groups swarm with germs of all kinds. They are found in many kinds of food and in air and water. We receive them from many sources. Indeed, we may be said to live and move and have our being in an ocean of bacteria. In spite of this most of us manage to maintain a fair degree of health, at least, most of the time, and some of us maintain vigorous health all of the time.

It should be evident to all thinking men and women that the failure of organic resistance is the immediate cause of infection, otherwise the least contact with microbes would produce infection and disease. The "soil" is, therefore, more important than the germ. What tells most in "bacterial diseases" is the loss of normal resisting power. This loss is due to behavior that weakens the powers of the body. Only those who are weakened by unwholesome living, poor nutrition and faulty emotional conduct can become prey to "bad germs." A man or woman who has degenerated into a mere bouillon culture has brought himself to this state by his own transgressions of the laws of life. The robust and vigorous laugh at germs.

Infection, then, is not a matter of accident, but of "soil." Bad "soil" conditions are due to bad behavior—all bad actions producing bad reactions in the body. This means that if germs are factor-elements in cause, they are not primary. They can become part of the collection of antecedents that add up to cause only after the other antecedents have rendered the body weak and liable to infection.

To be pronouncedly liable to infection is to be always perilously near infection and the incidence of infection is only too likely to follow in the wake of liability. The true prevention of germ diseases is the establishment and preservation of integrity, of soundness. It is assumed by serologists that the body manufactures substances—anti-toxins, anti-bodies, etc.—with which to combat germs or their poisons. This may be true. One thing, however, is quite certain: namely, the respective potencies of the physiological means of defense are derived from the environment—from food, air, water and sunshine. We hold that a child or adult that is properly fed, given fresh air and sunshine, gets a normal amount of exercise and a sufficient amount of rest and sleep will not develop pneumonia.

The epithelial tissues are our first line defenses against microbial invasion. To get into the body the microbes must first pass through

the skin and membranes lining the organs of the body. Integrity of these tissues thus becomes our best safeguard against bacterial invasion. The integrity of these tissues and their defensive powers depend primarily upon proper nutrition—upon adequate food, pure water, fresh air, sunlight and rest and exercise. The same excellence of epithelial tissue that protects against bacterial invasion will also maintain in a state of readiness the body's other means of defense.

Mere destruction of alleged disease-producing germs, even if it were possible, is no adequate safeguard of health and, unless the intrinsic morbidity, the "favorable soil," is removed by radical remedial measures, other organisms and other symptoms will soon supplant those artificially suppressed. Serums and vaccines do not correct nutritional deficiencies, nor remove the basic toxemia. They do not restore normal digestive power, nor correct the mode of living. These have made it possible for bacteria to thrive on the tissues of the body. Until these primary conditions are corrected, we cannot be protected against bacteria. When these are corrected we are our own best protection.

A few minutes reflection will reveal the physical impossibility of reaching all of the disease germs, actual and prospective, with poisons, or of curing and preventing disease by the injection of all manners of serums and vaccines, for alleged immunization against the legions of "infective diseases" that our general morbidity engenders. The inherent integrity of the body, maintained by first class habits, constitutes our own best safeguard.

I have considered this matter at some length in order that the reader may understand that we must depend upon a healthy body and upon healthful living as a safeguard against disease. Serologists say to us, in effect, if not in words: "Live as you please, eat as your cultivated habits and tastes may incline you, practice any vicious habits which you may have acquired, dissipate and go to excess as you will, violate all the laws of life continually; we will wring from the bodies of our animal victims in the laboratories, serums that will immunize you against the natural and necessary consequence of your misconduct."

Such immunity, even if it were real, would be only a temporary make-shift, because it is unattended by a concomitant reduction of

liability. Bad "soil" conditions and the factors that have produced these are not altered by serums and vaccines. The recently announced discovery of a "successful" polio vaccine represents an effort to produce "immunity" without giving any attention to "soil" conditions.

Denying that any amount of integrity is a shield against the ravages of the teeming hosts of microscopical and ultra-microscopical "evil beings" with which the research workers have filled the world, they ask us to abnegate genuine hopes of achieving wholeness or integrity by self-help, for fictitious promises of magic, or vicarious salvation. They omit to mention that their serums and vaccines, the production and administration of which is a lucrative business, are most likely to result in a whole long train of evils of their own which are often more lasting than their promised benefits are supposed to be.

After this digression, let us return to pneumonia. It should be quite obvious to the reader by now that, if germs play any part in the cause of pneumonia, their role in causation is a minor and insignificant one. No serum or vaccine can ever be found that can produce *immunity* to pneumonia. Its prevention must depend upon the maintenance of a high degree of physical vigor and resistive power.

As we do not accept the theory that germs or bacteria cause disease, we look for cause in other sources. Without going into details, as these have been considered in the chapter dealing with scarlet fever, our contention is that pneumonia is due to putrescent infection from the digestive tract in a toxemic subject. Why does one person have pneumonia, another scarlet fever, a third diphtheria from the same type of poisoning? This, we consider to be due to differences in individual tendencies. It is also possible that some of the differences that flow from putrescent poisoning are due to differences in the type of poison generated by the decomposition process. The type of poison that evolves from decomposition will be in keeping with the chemistry of the decomposing substance or substances. We know that the body does not eliminate all drug poisons in the same manner and there may be similar differences in its way of handling different forms of putrescent poisoning.

Pneumonia often follows a severe exposure, but it more often does not. It is our view that exposure may precipitate the crisis called pneumonia in enervated, toxemic and putrescent-poisoned sub-

jects only. Pneumonia is a disease of great enervation. Germs, being scavengers, feed upon the excretions thrown out into the air cells of the lungs. It seems possible and probable that they serve a useful function in further reducing the exudate.

Pneumonia is a disease of profound enervation and immoderation. It follows in the wake of gormandizing—late suppers, night lunches, between meal eating, etc. It is evolved from gastro-intestinal putrescence resulting from hodge-podge eating and gross overeating. It means that the patient has been in the habit of eating a lot of incompatible foods, or eating when sick or uncomfortable.

The death rate has been high in this disease throughout history. Until the advent of the sulfa drugs and penicillin, the profession admitted that it had not reduced the death rate in a thousand years. They claim that these two drugs, and especially penicillin, have greatly reduced the death rate. At the same time it is admitted that these drugs leave an aftermath of trouble of their own that is often worse than the pneumonia; worse, indeed, in many instances, than the troubles left by the older poisons.

A lower death rate under penicillin treatment should cause no excitement. It does not mean that penicillin *cures* more cases of pneumonia than did the standbys of yesteryear; it means simply that penicillin is less lethal than the former treatment. Physicians lead the people to believe that the new drug saves the pneumonia patients; whereas, it only kills fewer than the older treatment.

It should be understood that pneumonia is not essentially dangerous and most patients will speedily recover if properly cared for from the outset. Certainly the death rate should never be over five percent. Tilden declared that there are two types of pneumonia in which the death rate is one hundred percent, the patients scarcely living beyond seventy-three hours. These cases are those in whom the pneumonia develops in both apices (apexes) of the lungs and pneumonia of the diphtheria type. Fortunately, these two types of cases are comparatively very rare. Pneumonia is also often likely to lead to death in the aged, although this matter of "age" has been used more to hide the hideous facts about a lethal mode of treatment than as a valid reason for great numbers of deaths.

The patient has a cold with a distressing dry cough, fever and a feeling of depression of the chest. In a day or two he expectorates

a little mucus streaked with blood. By this time there will be pain in the chest. The ear to the chest will detect crepitation—a sound resembling that caused by pinching and rubbing together a whisp of hair close to the ear. About the third or fourth day expectoration will become free and easy, after which the patient should be "comfortably sick," and recovery should be fast and perfect. This is pneumonia uncomplicated with drugs and feeding.

If feeding is continued while the patient has pneumonia, the intestinal decomposition will be kept up and the patient will recover slowly or will die. His suffering will certainly be increased and the period of illness prolonged. If feeding is resumed prematurely, that is before complete recovery from the symptoms of poisoning, relapse, slow recovery or death may follow. Nothing but water should pass the patient's lips until all symptoms of the disease have ended.

These patients need plenty of fresh air and warmth and all the pure water demanded by thirst. If the pain in the chest is great, a towel wrung out in hot water may be placed thereon for relief. Certainly no drugs should be given for this purpose. The graveyards are filled with people who have been sent there by drugs given for relief of pain. Drug-relief in pneumonia is particularly dangerous as it cripples respiration at a time when the capacity of the lungs has already been greatly lowered.

In 1927 I took over the care of a baby that was declared by a consultation of physicians to be dying of pneumonia. Nothing more could be done for the baby, they said. It could not live. I tossed all of their poisons into the garbage pail and cared for the baby as described above. At this writing (April 1953) the baby, grown to splendid womanhood, is still living. No. I didn't *cure* her. I only put an end to the process of killing her. The greatest danger in almost all cases of pneumonia is contained in the feeding and drugging practices that are in vogue.

Catarrh

CHAPTER X

Catarrh, from a Greek word meaning "to flow down," is a term applied to inflammation of a mucous membrane with a free discharge of mucus. Although the word is said to have been "practically eliminated from the scientific vocabulary," one cannot detect the elimination in the literature of the day. The effort, however, is to get away from general terms and to rely upon specific names for *local diseases*, an effort which tends to obscure the essential unity of these so-called *local diseases*.

The suffix *itis* is a Greek term meaning inflammation. When placed at the end of the name of an organ or part of an organ, *itis* indicates inflammation in that organ or part—rhinitis, inflammation of the nose; tonsilitis, inflammation of the tonsil; pharyngitis, inflammation of the pharynx; laryngitis, inflammation of the larynx; bronchitis, inflammation of the bronchial tubes; stomatitis, inflammation of the mouth; gastritis, inflammation of the stomach; cholangitis, inflammation of the bile duct; cholecystitis, inflammation of the gall bladder; hepatitis, inflammation of the liver; pancreatitis, inflammation of the pancreas; colitis, inflammation of the colon; proctitis, inflammation of the rectum; cystitis, inflammation of the bladder; metritis, inflammation of the womb, etc., etc., are but names for catarrhal inflammation in these various locations.

Catarrh (acute) in the form of a cold, a diarrhea, a gastritis, etc., represents the first stage in pathological evolution, the ending of which may be arteriosclerosis, apoplexy, Bright's disease, paralysis, cancer, etc., etc. Let us take gastritis and trace the evolution of ulceration and cancer.

The inflamed mucous membrane in the stomach, the chronic gastritis, is a result of repeated crises in toxemia running over a period of months or years. If the catarrh continues, and it will unless toxemia is eliminated, the catarrhal inflammation will extend to the bowels, causing discomfort. It may involve the appendix, where-

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upon the appendix will be removed and nothing done to remove the cause of the catarrhal inflammation. Indigestion, gas and discomfort will gradually increase and operations for adhesions will follow if the patient lives. From first to last, cause is ignored. Effects are treated as causes; not merely in the gastro-intestinal tract, but in the entire body.

The catarrhal condition extends into the colon and we have colitis with much discomfort and the passage of large quantities of mucus. At first we have "mucus colitis"; but as time goes on and the catarrh persists, ulcers form, as they do in the stomach and duodenum, and we have "ulcerative colitis." Proctitis, or inflammation of the rectum, is but part of the same catarrhal condition. Polyps in the colon, as in the nose, are endpoints in a long-standing catarrhal state.

To treat colitis and proctitis with enemas, colonic irrigations, suppositories, bland diets, operations, etc., and ignore the causes of the toxemia that is responsible for the catarrhal inflammation is the usual mode of treatment. To operate for polyps and ignore causes is the height of the ridiculous. Polyps will be absorbed when the catarrhal condition is remedied and nutrition has been normalized.

Why must we consider every extension and every local development of this general catarrhal state as a different "disease"? Why must we go on thinking that catarrh of the nose calls for one kind of treatment while catarrh of the colon calls for another kind of treatment? If they are but parts of the same general systemic impairment, if they are outgrowths of the same general causes, why can we not remedy them both by removing these same general causes?

Look over the aforementioned "diseases" and you will, at once recognize that we have not many different diseases, but the same "disease" in different locations, and different end-points in the same pathological evolution.

Ulcers that form in the nose in long-standing cases of nasal catarrh, ulcers that form in the throat in catarrh of the throat—these are not essentially different from the ulcers that form in the stomach in gastritis, in the duodenum in duodenitis, in the colon in colitis. Thickening and overgrowth of the membrane in the nose obstructs breathing; thickening and overgrowth of the membrane in the pylorus obstructs the discharge of food from the stomach; thickening and

overgrowth of the membrane in the rectum obstructs bowel action. The three symptoms here presented—obstruction of respiration, obstruction of the emptying of the stomach, obstruction of the rectum—differ only in their locations and the functions they involve, not in the nature of the pathology that produces the obstruction. Polyps that form in the nose and throat in catarrh of these organs are essentially the same as the polyps that form in the colon in colitis.

Wrong habits of living—wrong mental and physical habits—result in *enervation*. Enervation checks excretion producing *toxemia*. Toxemia accumulates precipitating a *crisis* (an acute disease). Repeated crises result in *chronic disease*. Repeated colds end in chronic catarrh of the nose. Repeated crises of gastritis end in chronic catarrh of the stomach—chronic gastritis. Chronic inflammation results in *hypertrophy* and *hyperplasia*—thickening and overgrowth. Ulceration, *induration* (hardening) and *fungation* (cancer) follow in due course, unless cause is removed. What is cause? *Wrong life*. What is the remedy? *Right living*. What will prevent these developments? *Right living*.

Sinusitis

CHAPTER XI

Sinusitis is a catarrhal inflammation of the lining membrane of the nasal sinuses. Men who confess their complete ignorance of the cause of sinusitis continue to speak of "sinus infection" and have taught the people to talk about *sinus infection* as though they know what they are talking about. At the outset let me caution my readers against this popular and professional error. Before we consider sinusitis in detail, however, let us get an idea of what the sinuses are.

The nasal sinuses are cavities in the bones of the face—cavities in the cheekbones known as the maxillary sinuses or antrums; cavities in the forehead under the eyebrows, the frontal sinuses; cavities back of and under the bridge of the nose, the ethmoid sinus or labyrinth; sinuses back of the nasal passage the sphenoid sinuses. These cavities are lined with mucous membrane, which is a continuation of the membrane lining the nose, and each of them opens into the nose, so that they drain into the nose.

Every cavity in the body that communicates either directly or indirectly with the outside world is lined with mucous membrane. Mucus is a normal secretion of these membranes. The mucus serves to keep their surfaces moist and protects them against irritation. In the nose, for example, the mucus is kept moving along toward the throat so that all particles of dust that enter the nose in breathing are caught in the mucus and are ejected. The mucus serves as an air conditioner.

"Your sinuses are magnificently useless and dangerous," is the prevailing medical theory. On the basis of this theory it is asserted that the sinuses exist "only to torture human beings." But this last statement falls a little short of the whole truth, for dogs, horses, cats, cows, birds and many other animals suffer from time to time with sinusitis. It seems that they exist to torture other animals as well. Such statements represent the arrogance of ignorance. When the medical profession and the physiologists do not know the function

of an organ or part of the body, they arrogantly announce that it has no function. They regard their ignorance of function as evidence of the absence of function. Noah D. Fabricant of the University of Illinois College of Medicine, says: "We do not know why they (the sinuses) exist at all." What a secure foundation upon which to base the assumption that they are "magnificently useless!"

Too much of what is called the "modern science of medicine" is based upon what "we don't know." It is unfortunate that the public cannot take medical men's confession of ignorance at its face value and desert their harmful practices. Cases are common of patients who have suffered twenty-five years or more of surgical and medical abuse for a simple catarrhal condition—sinusitis—and are still not well of it. The tonsils gone, the nose scarred from repeated operations, hearing greatly impaired and other marks of the battle of the medical "specialists" against the human body, and still they suffer.

When a mucous membrane becomes inflamed, there is a copious secretion of mucus of an abnormal character. This is the characteristic symptom of catarrh; but the catarrh is named according to its location. Thus, rhinitis is catarrhal inflammation of the nose, bronchitis is catarrhal inflammation of the bronchial tube, gastritis is a catarrhal inflammation of the stomach, colitis is a catarrhal inflammation of the colon, cystitis is a catarrhal inflammation of the bladder, metritis is a catarrhal inflammation of the womb, and sinusitis is a catarrhal inflammation of the sinuses or accessory air chambers of the nose. There are literally hundreds of so-called catarrhal diseases—both acute and chronic.

The common cold is a catarrhal condition. According to medical "specialists" "every cold encourages" sinusitis. This only means, when it is fully understood, that the inflammation in a cold extends to the membranes lining one or more of the nasal sinuses. It does not mean, as medical men teach, that colds cause sinusitis. An acute sinusitis is a cold; chronic sinusitis is merely a chronic catarrh. It is not different from catarrh in any other part of the body. It is not uncommon to see sinusitis and colitis or cystitis in the same man, or sinusitis, metritis and asthma in the same woman. But one so-called catarrhal disease is not caused by the other so-called catarrhal disease. Instead, both or all three or as many catarrhal diseases as the

patient has, are but local conditions stemming from the same underlying cause. Sinusitis does not cause the impairment of hearing sometimes seen. The otitis (inflammation of the ear) that results in deafness is the outgrowth of the same cause that produces sinusitis and other catarrhal "diseases." They are greatly aided, of course, by the surgical and medical abuse to which patients foolishly submit themselves.

Medical men confess their entire ignorance of the cause of sinus inflammation but they assure us that the lining membrane of the sinus "gets ornery" or that it is allergic to something you eat or breathe. They speak of a "membrane mutiny." This, however, is not the chief reason for sinus inflammation. "Faulty design" is the chief cause of sinusitis. God or evolution, whichever is responsible for man, bungled the job when he or it had man to forsake his hypothetical quadruped position, for which he "is designed," and stand erect on his hind legs. Of course, this does not account for sinusitis in dogs, cats, horses, cows, birds, and other animals that do not stand erect, but medical "specialists" can well afford to ignore this little fact. When Plato defined man as a two-legged animal without feathers, he should have added: and brays like an ass.

To prevent sinusitis, we are advised, "Don't catch cold." This, we are told, is "a nice trick if you can do it." For the profession does not know the cause of the common cold and does not know how to prevent colds. Such advice is devoid of meaning, although it is described as a "counsel of perfection." To advise people not to "catch" cold (we catch disease in the same way that we catch a well ordered garden), without telling them how to avoid the "catch," is but hollow mockery. It is sham advice.

Smoky cities are mentioned as among the causes of sinusitis, but it is obvious that this is not the cause—for most of the people who live in smoky cities never develop sinusitis. Diving is another "cause" that, like smoke, *causes* sinusitis in but a small percentage of divers. Cold air is said to cause sinusitis, but few people who breathe cold air ever develop sinusitis. The same is true of cows and horses and dogs, etc., which are worse "offenders" in this respect than man. Medical men suspect that viruses are the real cause of sinusitis.

Without a knowledge of cause, what can the physician—general practitioner or "noble and earnest specialist"—do for the sufferer? Suppose we let a popularizer of medicine answer this question for us.

He says: "Surgery, climate, X-ray, serums, gadgets, mental therapy, sulfas, antibiotics, antihistamines and hormones have all been loosed off at this target. Each is a good tool; with luck, each proves something; some may prove a lot. But none is yet a clean-sweep winner. Pending some great discovery, doctors can merely combat self-treatment and juggle means already at hand to keep sinusitis from unnecessarily affecting health and time-on-the-job. This superlatively difficult medical assignment needs no sabotage from back-fence hearsay and shirttail diagnosis."

Thus, very cleverly, he tells his readers that the physicians, with all of their shot and shell and with the help of the surgeons, can do nothing constructive for the sinusitis patient, but he flowers it up in such a way that the unwary reader is led to think that he should submit to the same array of surgical and drug abuse to which the author just quoted submitted for twenty-five years. Does he not strongly remind us of the lead-bull at the stock yard in Chicago that leads the herd up the chute to the slaughter pen and, at the right minute, steps aside and permits the herd to pass on in to be killed?

The surgeon can "restore drainage," the physician can, by using astringents, cause the tissues to shrink, he can irrigate the sinuses, week after week for years, he can use diathermy, ultra-violet rays, the X-ray, antibiotics, the sulfas, but he cannot remove cause and removal of cause is the one thing needful. He can tinker with palliatives until his patient is deaf, blind and insane, but he never does a thing about cause. He can cut holes in the bones, he can carve trenches in the forehead, he can remove tonsils, indeed, he can abuse the poor sufferer as long as his money or his patience holds out, at the end of which time, he still has sinusitis. The X-ray, of course, is dangerous and there are specialists who never use it; some who never use the X-ray on any non-malignant tissue. There is no agreement among the specialists about what is the best means of abusing the sufferer with sinusitis.

But the sufferer can be happy over one thing that is joyfully announced by one bewildered popular writer: "Out of all his bewilderment, the inquisitive patient can get at least one solid thing: Exact diagnosis . . . including skull X-ray and bug identification." I guess it means something to our deluded people to have an "exact diagnosis," even though they and their physicians do not know what to do with it after they get it. Unfortunately a diagnosis that does not

include a knowledge of cause leads to palliation and this leads to more and worse disease.

It should be obvious, from what the physicians and specialists have told us, that any physician and any specialist who treats a sufferer with sinusitis, either medically or surgically, and accepts or demands pay for his treatment, is practicing fraud and is receiving money under false pretenses. When a physician says of the nasal sinuses, that his ignorance of their function is so great that he thinks they have no function; when he admits that he does not know the cause of sinusitis, that he does not know how to prevent sinusitis, and that he has no *cure* for sinusitis, surely the intelligent sufferer will steer clear of such a man, even though he is a great specialist in something of which he knows nothing, and search elsewhere for remedial care.

If you have pain in the forehead, face or generally in the head, if there is fever, a stuffy nose with clogging of breathing, a drip of mucus into the throat from the back of the nose, if there is a cough, and you cannot sleep because of the cough, pain, and drip, the chances are that you have an acute sinusitis. If this recurs a few times at intervals, it may become chronic sinusitis, or it may persist from the first occurrence and become chronic. If you are foolish enough to take antihistamines, antibiotics, aspirin, morphine, to have your nose and sinuses sprayed, take nose drops, use astringents, have your sinuses drained or chiselled out, or any of the other foolish and damaging things that are offered you by a profession that is deluded on the subject of *cure*, you will go on suffering for years, just as many thousands of others have done, and like these sufferers, you will not get well. You will suffer more from the treatment than from the disease. Gradually the catarrh will extend to other mucous membranes of the body, and you will have *other diseases* not as a result of sinusitis, but as a result of the persistence of the same cause that has produced the sinusitis.

Sinusitis, like any other catarrhal disease, is due to toxemia, an autogenerated state arising out of inhibited elimination consequent upon enervation. Carbohydrate excess is one of the chief ingredients in the multi-factored cause that is behind catarrh. Excesses of fat may also produce catarrh. A fast until all inflammation is gone and secretions are normal, will free the sufferer of his sinusitis. A cor-

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rected mode of life, with particular emphasis upon the mode of eating, will enable him to remain well, once he has regained health.

It should not be necessary to remind my readers that each and all enervating habits must be discontinued. An acute sinusitis, commonly called a cold-in-the-head, is a cold; a chronic sinusitis, commonly referred to as "sinus," does not differ from a chronic catarrh of the nose and throat or chronic catarrh anywhere else in the body. Thus the sufferer with either acute or chronic sinusitis is not to be cared for any differently than the sufferer with any other acute or chronic catarrh. Bear in mind that swimming never caused sinusitis; but that the irritating effect of water in the sinuses may aggravate an already developing sinusitis. So long as, by first-class habits, you maintain good health, swimming will never produce a sinusitis in you.

Peptic Ulcer — Cause and Remedy

CHAPTER XII

It is estimated that "one in ten" people of the United States has peptic ulcer—that at this time some 13,000,000 persons in this country either now have or have had such ulcers, while many who do not now have ulcers, are building them. Indeed "stomach" ulcer is said to be the *number one* disease in America, outranking, overwhelmingly, such headlines as heart disease, tuberculosis and cancer. The medical profession knows "appallingly little" about the condition. There seems to be some agreement among them that ulcers are due to "high pressure" living; yet they admit that it has no age barriers and is today increasing alarmingly among persons of all ages. One medical writer tells us of stomach ulcers that "once primarily the ailment of top-flight executives over 40, the condition is now found as readily among boys no older than the one who delivers your Saturday groceries." In the light of these facts, either the term "high pressure" living must be broadened to cover more territory than it has ever covered in the past, or else it must be admitted that the assumption that it is a "scourge resulting from 'high pressure living'" must be abandoned.

If it was formerly a "disease of middle life" and has now become a "disease of all ages"—of young and old alike—this must be due to the fact that the real cause of ulcers, once largely confined to older people, is now common in all ages of life and all classes of society, not merely in the top-flight executives. Many young men today are rejected for military service because, either they have had ulcers, do have ulcers or are building ulcers. Others are discharged from the military forces because they have developed ulcers while serving in these.

Peptic ulcers are said to develop in the following locations in about the following percentages: in the duodenum, 90%; in the stomach and esophagus, 10%. They are said to be "of two broad types—*benign* and *malignant*." The malignant type is cancer, and is only another stage in the pathological evolution discussed above. Duodenal ulcers are said to almost never become cancerous; gastric

(stomach) ulcers are most likely to do so. The larger the ulcer the more likely it is to become cancerous, because there is more pathology and more cause of pathology. Benign ulcers, like benign tumors, are pathologies and there is nothing benign about them. Benign ulcers, like benign tumors, may become malignant. The pathological evolution is always in that direction.

The ignorance everywhere confessed concerning the cause of gastric and duodenal ulcer stems from the fact that nobody has yet found a specific cause for ulcer. None of the many alleged causes can be made to answer the requirements of cause, hence they are dropped, one by one, from the list of causes, even though they may be important contributing factors in the production of ulcer. No disease, however simple, is the result of a single cause. All of them are complex effects of a number of correlated antecedents. Even if it should be definitely established that there is an "ulcer type" of individual, that is, a type of man or woman who has a strong constitutional tendency (diathesis) to the development of ulcer, it would still be necessary to discover the factors that develop the potentials of this type.

Ulceration is one of the many possible endings of chronic toxemia. Toxemia results from inhibition of excretion (elimination) by enervation. Enervation is the sum of the effects of all our behavior that collectively expend nerve energy in excess. Overeating does not cause gastric ulcer; it causes enervation. Tobacco does not cause gastric ulcer; it causes enervation. Alcohol does not cause gastric ulcer; it causes enervation. Enervation does not cause gastric ulcer; it causes toxemia. Toxemia is the cause of gastric ulcer.

Whether the toxemic individual develops gastric ulcer or apoplexy depends upon a number of determining factors. Such living habits as smoking, drinking, overeating, wrong eating, worry, etc., that stress the stomach may and do help to lay the foundation for ulcer. But, as these habits also stress other functions of the body, they may also help to lay the foundation for other so-called diseases. No doubt individual diathesis decides which disease these stresses will determine.

The course of evolution of ulcer is irritation, inflammation, ulceration. The first gastric "upset"—gastritis—of infancy may pass away without leaving any marks, but after repeated gastric crises the

catarrh—gastritis—becomes chronic. Then the more such stomachs are abused by tobacco, alcohol, spices, imprudent eating, drugs, worry, etc., the worse the catarrhal inflammation becomes until, finally, ulceration occurs. Frequently I see the occurrence of ulcer talked of as though it comes into existence over night without having been previously prepared for by any preceding stages in pathological evolution. This is a very narrow view of its development.

Increasing numbers of medical men are coming to look upon ulcer as the result of worry, and other mental stresses. No doubt these are important factor-elements of cause. They are prone to emphasize the great number of "top flight executives" who develop ulcer and to stress the mental strain under which these live. These men are notorious for their drinking, heavy-smoking, hurried eating, wrong food, bad tempers. Today there is noticeable a great increase of ulcers among the young. What has the spread of smoking, drinking, coffee using, hot-dog eating and heavy condiment using among the young to do with the increasing incidence of gastric ulcer among this class of citizens. As young and old alike are trying to build and maintain their bodies on denatured foods, no doubt the undermining of the whole body by such diets is also greatly responsible for the increasing incidence of ulceration as well as for the increasing incidence of many other organic diseases. Normal bodies cannot be built out of such substances.

Gastritis may develop in an infant from overfeeding, from feeding while fatigued, over-excited, cold, feverish, etc., or from wrong food, as from too much sugar or candy. Repeated gastric crises of this kind may develop and subside before the catarrh becomes chronic. Chronic gastritis may persist for years before sufficient hardening of the gastric mucosa develops for an ulcer to form. Gastric ulcer, which is always in a field of gastric inflammation, evolves out of chronic gastric catarrh. Gastric cancer may evolve out of gastric ulcer.

It is now very generally believed that the ulcer crater in the stomach and duodenum is produced by the digestive action of pepsin in the presence of hydrochloric acid. The evidence for this view is very unconvincing. First, there is the fact that fresh tissue, from other parts of the body, when sutured to the gastric wall, is not digested, and, second, there is another and, perhaps, more significant

fact bearing upon this belief—this is the fact that ulcers develop in other parts of the body (nose, sinuses, mouth, throat, colon, gall-bladder, urine bladder, vagina, cervix, uterus, etc.) without the digestive action of the gastric secretion. There is in ulcers in each of these other locations, a prolonged, preliminary and persistent chronic catarrh. The evolution of the ulcer in the stomach, duodenum, colon, womb, bladder, and elsewhere out of chronic catarrhal inflammation should be obvious to every reasoning mind.

The constitutional condition behind and preceding the incidence of peptic ulcer is by far the most vital factor involved in its evolution. The anemia so often seen in ulcer patients is probably less due to the slight loss of blood through the ulcer than to the failure of blood making consequent upon the general nutritive impairment of the patient. As the nutritive impairment precedes the formation of the ulcer, often by several years (producing in many instances, the so-called "ulcer race") it is not to be blamed upon the ulcer. Everything in the condition of the patient, both those pathologies that precede the ulcer and those that are concomitant with or successive to it, point to an existing constitutional impairment which forms the basis for the ulceration. This is one reason that purely local treatment of ulcers is so uniformly unsatisfactory. It explains the old medical advice to operate after the patient has been "cured nine times," and it explains the fairly uniform recurrence of ulcer after operation.

The oft-heard assertion that respiratory "infections" are frequently associated with peptic ulcer, simply means, when it is properly understood, that ulcer patients commonly have catarrhal affections of the respiratory tract, as well as of the digestive tract. This should surprise nobody, as almost nobody has gastric catarrh for a prolonged period without developing catarrh in other mucous structures of the body. Cholangitis, cholecystitis, colitis, metritis, cystitis, etc., are also commonly seen in ulcer patients. Why not? Toxemia is a systemic condition and with the ever-mounting toxemia more and more of the mucous surfaces of the body have to be requisitioned to do vicarious duty as fontanelles through which to expel the toxins.

The conceded failure of the ant-acids in the treatment of peptic ulcer has given rise to the growing belief that the ulcer or its other contributing factors give rise to the hyperacidity and not that the hyperacidity produces the ulcer. As men flounder around in a sea of

etiological uncertainty, many such absurdities are likely to arise and be entertained for some time before they are finally given up. It is true that each stage or step in the evolution of pathology is built upon the succeeding stage or step, but it is not true that the stages or steps cause each other. They are successive effects of the same persistent and expanding cause. It is absurd to think that ulcer can produce increased function.

I question the practically universal belief that the gastric hyperacidity commonly seen in peptic ulcer represents a purely local condition. I am convinced that it represents a local expression of a systemic condition and that this is but one reason that treatment directed at the local condition is such a uniform failure. Constitutional correction is not only essential to recovery, it is the most important part of the care of the patient.

That those portions of the stomach and intestine in which the ulcer is most common are also the most vascular and are most richly supplied with nerves, is a circumstance that can hardly be regarded as a cause of peptic ulcer. That vaso-constriction may be present, consequent upon constant irritation, may be true, and this may result in a failure of normal tissue renewal, but before we cease our search for cause, let us determine the cause of the vaso-constriction. It should be obvious that the cause of peptic ulcer is not to be found in the local tissue changes that take place before and coincident with the formation of the ulcer. The true cause is back of these changes. It accounts both for the preceding changes and the ulcer. Unfortunately, even the most searching and minute study of pathology throws no light on cause.

While I would be the last man in the world to ignore the emotional factors of etiology, it is my view that undue emphasis is placed on the *anxiety syndrome* as a causative factor in peptic ulcer, simply because it is not recognized that the ulcer is an ending in a pathological chain that had its beginning years earlier. The long period of indigestion and gastric distress that precedes the evolution of the ulcer is chiefly responsible for the *anxiety syndrome*, a fact well expressed in the old observation that the diaphragm is the dividing line between hope and despair.

The mental depression of these patients is commonly aggravated by the wealth of tests and examinations to which they are repeatedly

subjected in the effort to arrive at a diagnosis. The more tests they undergo, the more they are examined and X-rayed, the more hypochondriac they become. I assume, however, that it is important to have an exact diagnosis, even if one does not know what to do with it after one has it. It may relieve the patient's mind to know that he has gastric ulcer, rather than a gastric carcinoma, although there is little doubt that the treatment he is likely to receive for the ulcer will serve to hasten the evolution of cancer. It is even possible that gastric cancer would develop out of gastric ulcer in all unremedied cases, did not death in most patients, put an end to the pathological evolution before the cancer stage is reached.

It is now thought that positive diagnosis of peptic ulcer is possible only from a roentgenographic demonstration of the ulcer crater, but surgical experience has shown that ulcer may actually be present and fail to show up in the X-ray picture; also, that what appears to be an ulcer in the roentgenogram often is not. The X-ray is often misleading in soft tissue roentgenography. It should mean something, then, to both patient and doctor, that there is a means that will certainly restore health whether an ulcer is present or not, and that will thus, prevent the evolution of an ulcer, where there is no ulcer, and prevent the evolution of a cancer, where there is an ulcer.

The failure of the common methods of care of these patients grows inevitably out of the assumption that relief of pain and discomfort is the primary objective of the physician's work, rather than a removal of the cause or causes of the ulcer. The very measures employed to secure temporary relief become added causes of disease. It is a fact of great importance that all purely palliative measures, if continued, add to the cause of the disease, or produce new troubles that, except for their use, would not develop. This is more true of drug palliatives than of other types, but is true of all of them. The only rational approach to any disease is that of finding and removing its cause. It is sheer nonsense to talk about "curing" a disease when its cause is unknown. A child should be able to understand that so long as cause is not removed the patient will continue to build more pathology. Unless we can conceive of *effectless causes* we must recognize that so long as cause is present it will continue to produce its effects.

Mere palliation, however spectacular, is never sufficient to enable these cases to return to health. On the contrary, if palliative meas-

ures are continued these become added causes of trouble. The frequent feeding that is resorted to in ulcer cases, and the over-emphasis on protein, particularly eggs and flesh, adds to the systemic toxemia that is responsible for the ulcer. The primary purpose of such feeding is not to provide proper and adequate nourishment for the body, but to palliate the distress caused by the hyperacidity. Food, like drugs, is employed as a palliative, not as nutriment. This is a perverse and disease-building way of using (rather abusing) food.

Protein foods, alone, of all the foods eaten, occasion the outpouring of large quantities of gastric juice of a highly acid character. The more of these foods are fed to the patient, the greater grows the hyperacidity. Fats and sugars inhibit the secretion of gastric juice, as does chewing gum, yet these foods should not be fed for this purpose and gum should not be chewed. Such measures invite disaster.

The one measure that suspends the secretion of gastric juice and keeps it suspended is fasting. It requires but three days in the average case of gastric ulcer for the fast to bring relief from pain and discomfort. During these first three days, there is likely to be increased suffering, although this is by no means always so. With no food and no gastric secretion to irritate the ulcer surface, healing can and does take place rapidly.

A change in diet to one that is less irritating to the sensitive stomach will prove agreeable for a time, at least. It may even permit the healing of the sore (any sore heals more quickly, whether on the surface of the body or on the inside, if left alone and kept quiet), but, unless the systemic condition that is back of the gastric catarrh is corrected, the ulcer is likely to recur.

If a sore is continually irritated by handling, rubbing, wrinkling, contracting and expanding, it can hardly be expected to heal. If, in the work of digesting food, even the least irritating food, a sore in the stomach is kept thus continually irritated, it can heal with difficulty, if at all. The first step necessary to healing of the ulcer is that of securing complete rest for the inflamed and ulcerated stomach. This is achieved by going completely without food. This insures local rest, while, at the same time, soon ending the secretion of gastric juice.

Since it is easily demonstrated that the surest and quickest way to eliminate toxemia is by an absolute fast while resting in bed, it is apparent that the fast serves a dual purpose—that of providing local rest and that of eliminating the systemic toxemia. Even when this care is employed, dependable healing will not take place if the fast is broken prematurely. The fast must continue until secretions are normal and all symptoms indicate that a complete systemic renovation has occurred. Large numbers of ulcer patients are already thin and depleted and, while this is deplorable, it is not a contraindication to the complete fast.

Fasting (physiological rest), when coupled with mental and physical rest and the discontinuance of all stimulant habits, enables the body to eliminate its accumulated toxins rapidly, so that after the ulcer is healed, the patient is a healthy individual, who may, by first-class habits, remain well. He will have no recurrence of the ulcer. It should not require stressing that a return to enervating habits will build disease all over again.

Nature heals when cause is removed. Healing work is always going on. Its success depends on removing cause. Its permanence depends on permanent removal of cause. Permanent freedom from stomach ulcer depends on permanent reform in the whole mode of life. "Strictly dietary care" (which is usually an abomination) does not constitute a reformed mode of life. This alone is not enough to guard against the recurrence of ulcers. Only by not again building toxemia can we be sure of not again building ulcer. *First class habits alone can guarantee us against rebuilding toxemia.* It is nonsense for men who confess their entire ignorance of the cause of ulcer to talk of "permanent cure."

Ulcerative Colitis

CHAPTER XIII

Colitis means inflammation of the colon. Commonly this inflammation is limited to one portion of the colon, although there are cases in which the whole colon is inflamed. What is called mucus colitis is a catarrhal condition of the colon. It does not differ in any essential from catarrh of the nose and throat or catarrh of the stomach (gastritis) or catarrh anywhere else in the body. Long continued catarrh of the nose, mouth, throat, stomach, bladder, womb, etc., may result in so much tissue deterioration that this breaks down, forming ulcer. Ulcerative colitis is but another stage or step in the pathological evolution of which mucus colitis is a part.

Medical authorities agree that the cause of ulcerative colitis is unknown. This should come as a surprise to no one. For what so-called disease does the medical profession know the cause? They say: "No definite germ seems to be the cause as in other types" of colitis. Not being able to find a germ that is the "cause" of ulcerative colitis, the cause is unknown. They assure us that "many times colitis is due to an infection of the bowels by bacteria." Such parasites as pin-worms and amœbas, they explain, may also cause colitis. In this instance they get the cart before the horse. The healthy bowel is proof against these parasites. It is the catarrhal state that permits the parasites to take up lodging in the colon.

Many physicians believe that ulcerative colitis may be due to some form of emotional upset, but it is admitted that this theory has never been proved. What medical theory has ever been proved? Has the theory that colitis is due to bacterial and parasitic infection ever been proved? The informed reader will recall that a similar theory about the cause of gastric and duodenal ulcer is also held by a large number of physicians. Emotional upsets are blamed for peptic ulcer in a large percentage of cases. I think it may also be said that "this theory has never been proved."

Describing the symptoms of ulcerative colitis a leading medical man says: "A person with ulcerative colitis has recurring attacks of severe diarrhea and bleeding from the intestine. During a severe attack (attack of what or by what) he may have as many as 12 to 15 bowel movements a day. Some persons can even bleed to death." Fortunately, "medicines" (drugs) usually "control" this disease fairly well. However, "the patient has to stick to a strict diet of soothing foods without any irritating substances." This is to say, the patient has to be wrongly fed. This is precisely one reason that these patients never get well under medical care; it is the reason they profess to be able only to "control" the disease "fairly well."

Times innumerable I have stated in the pages of the *Review* that the line of evolution of cancer is enervation, toxemia, irritation, inflammation, ulceration, induration and, finally, fungation or cancer. This is seen in gastric cancer as well as in cancer of the womb, breast, etc. A medical authority says: "A recent study of patients with ulcerative colitis reveals that cancer develops in a higher percentage of these people than in the rest of the population. Not every type of the disease carries this danger. Cancer is more apt to appear when the colitis affects the whole length of the colon.

"In many people the disease is just limited to one portion of the large intestine, usually the rectum and the part just above it. These cases respond better to medicines and there is less chance of cancer.

"This type of cancer is very treacherous, however, by the time it is definitely discovered, it is usually too severe and pronounced to be cured by any treatment.

"For this reason many doctors (he means physicians) believe that the colon should be removed as a safety measure in those suffering from the most dangerous type of ulcerative colitis, even before there is any sign of cancer."

He ends by assuring his readers that when the operation is performed by a capable surgeon employing recently-perfected methods "the danger of death is practically nil." He urges that before an operation is submitted to, the patient should undergo a "thorough trial" to see "if the colitis can first be cleared up with medical treatment." He is well aware that no drug will "clear up" colitis, but he

is anxious that both the physician and the surgeon get a part of the patient's income before they finally consign him to the great army of hopeless invalids—the physiological cripples manufactured by the surgeon.

It is difficult to conceive of more pernicious and more futile advice than this that he offers. If the cause of ulcerative colitis is unknown it cannot be removed, but if they cannot remove the cause of the "disease" they can at least remove the "diseased" organ. But before the colon is removed the patient should be subjected to a long and futile course of drugging. If after due time, it becomes apparent that poisons will not restore health, then remove the organ that is most affected.

How much more simple and rational is the *Hygienic* procedure of removing the cause of the colitis and seeing the colon become well again! When wrong life has brought on enervation, toxemia develops. The body seeks to eliminate the accumulated toxin through the mucous membranes of the body. This produces the various so-called catarrhal diseases. If the mucous membrane of the colon or some part of it is requisitioned to serve as a fontanel through which to excrete toxin, the disease will be called colitis. If the colitis is acute there will be diarrhea with its various symptoms. If there are pin-worms or amoebae present, it will be named amoebic dysentery or some other name according to the parasite present.

As the catarrh continues and the tissues are stressed more and more, ulceration will occur. In a large percentage of these, induration and cancer will evolve. Perhaps cancer would evolve in all cases, were it not for the fact that death puts an end to the pathological evolution before this stage is reached.

Any catarrhal condition is made worse by any and all added enervating influences, by all excesses, and by overindulgence in food, particularly carbohydrate food, milk and fats. So uniform is the increase of the catarrhal discharge following the taking of these foods in quantity that they have been called "mucus forming foods" and many people actually think that they are "mucus forming."

A man in this condition does not need a bland diet. He should take no food at all until his ulcers have healed. He should go to bed, poise his mind, discontinue all stimulants and all drugs and take nothing into his stomach except water until his secretions and excre-

tions are normal. It would amaze medical men, who are accustomed to seeing ulcers of the colon run on for years, getting better and worse by turns, but never fully healing, until death ends the suffering or cancer evolves as the final link in the chain of pathological evolution that began as a simple catarrh, to see how rapidly ulcers heal when the patient goes to bed and stops eating. Gastric and duodenal ulcers also heal rapidly under the same condition. Even the amœbæ die out under this condition.

Medical authorities say that "surgery is necessary for colitis," but I dispute this. I say that surgery is not only not necessary, but that it is not helpful. It can never remove cause, hence it cannot restore health. If the colon is removed, other structures have to be requisitioned to do vicarious duty, so that catarrh develops elsewhere. It is folly to think that health can be restored without removing the causes that have impaired it and are maintaining, even intensifying the impairment.

It is fear of cancer (a "treacherous" type of cancer) that causes them to recommend removal of the colon. As they do not know how to "clear up" the colitis, many physicians recommend that the colon be removed before the first signs of cancer appear. Why? Because, despite all the ballyhoo about curing cancer, if "taken in time," they are well aware that they can do nothing of the kind. They profess to be able to *cure* cancer—they cannot even *cure* an ulcer! They can't *cure* a cold. They cannot *cure* simple mucus colitis! What can they *cure*? Nothing. There are no *cures* and the fact that they continue to talk of and seek for *cures* reveals that they still think as well as talk in the language of the shaman.

Surgical destruction of the structural and functional integrity of the sick organism is not the way back to good health. The first requisite of restoration of health is the complete removal of all causes of impaired health. The second requisite is that of supplying the body with the primordial requirements of healthy life. Anything other than this is illusion. Healing is a vital process that is always in operation when there is anything wrong. Its failure to restore health is due, not to any shortcomings of the natural processes of healing, but to the fact that we are continually building trouble.

If the world can be induced to forget about germs and viruses and persuaded to attend to its way of life, we may see the evolution

of such a high degree of health that we may laugh and mock at germs and viruses. Physicians are continually talking about what they call *susceptibility*, but they seem never to understand that this is merely a low state of health and that it is brought on by a manner of living that impairs health at every turn. Health is a matter of vital, nutritive and psychic hygiene and any plan of caring for the well or the sick that ignores this fact and attempts to preserve health by resort to vaccinal indulgences and to restore health by poisoning the sick or by sacrificing parts of the body can but lead to disaster.

When once it is realized that ulcerative colitis is but a stage or step in a progressive pathological process that grows out of enervation and chronic toxemia, that catarrh is the first evidence of an established toxemia, while cancer is merely the ending of the pathological chain, the way to the prevention of ulcerative colitis and cancer of the colon becomes clear. When this is understood, the role of the emotions in the evolution of ulcers of the colon also becomes easily understood. When it is known that anything that produces, maintains and intensifies enervation is disease producing, and that emotions are among the most potent nerve annihilators, mystery will be removed from the present chaotic theories of cause. Between enervation and disease, however, there is poisoning (toxemia) and this results from inhibition of excretion.

Any use of laxatives, cathartics, purges, and similar forcing measures in constipation, colitis, spastic colon, etc., will occasion sufficient irritation of the colon to result in inflammation of the colon. These measures are also enervating hence their use, although it is popularly supposed that they increase elimination, actually constitutes an added check to elimination. The more they are used the more elimination is checked. By this statement is not meant merely that their use makes constipation worse, a fact that is well known, for bowel movement is not excretion or elimination. It is voiding and so far as the contents of the colon represent waste taken from the blood as distinct from the undigested food from the small intestine, it is voiding that which has been previously eliminated. Material in the colon is outside the body.

Any aggravation of the ulcerated surfaces of the colon by enemas, colonic irrigations, soothing mixtures, etc., while adding to the enervation, also prevents healing of the ulcer or ulcers. Nothing

promotes healing of the ulcer like rest of the colon. This is the reason healing takes place so rapidly during a fast. Not only is the colon at rest, but the excretion of toxins from the blood stream is also hastened during the period of physiological rest. It should be understood that while enemas and irrigations are enervating, they do not increase elimination. On the contrary, every added enervation puts an added check upon elimination, thus increasing the toxemia and hindering recovery.

When I say that ulcerative colitis heals when cause is removed and that it is not necessary to remove the colon, I speak from more than thirty-three years of experience during which time I have successfully handled numerous cases of ulcerative colitis. During this same period I have cared for an even larger number of cases of mucus colitis with the same satisfactory results. Mucus colitis should not be permitted to evolve into ulcerative colitis. What is here said of these "two" conditions is equally true of gastric catarrh (gastritis) and gastric ulcer and of catarrh of the womb (metritis) and ulcers of the womb. Ditto for the bladder and the gall bladder.

Gallstones

CHAPTER XIV

I do not expect many people to recognize the truth of this statement, but *spectacular palliation of symptoms does not restore health to the ailing*. Today the several schools of so-called healing are all well supplied with many and varied means of palliating symptoms. The practitioners of the various schools of "healing" do not know the difference between spectacular palliation and going to the root of a trouble and removing its cause. They are one and all content to treat symptoms, to "relieve" temporarily, the discomforts of their patients, or to suppress a symptom from time to time.

Gall stones are removed by the surgeons and the child-mind, both lay and professional, thinks the "disease" has been "cured." If the patient recovers from the operation, he is pronounced well. Is he well? Has the cause of gall-stones been removed? Will he not form more stones in the liver or in the gall-duct, or elsewhere in his body? Has anything of a truly constructive nature been done for him or by him?

Do gall-stones cause themselves? If not, can their removal be said to be a "cure" in any sense of the word? If gall-stones are effects, their removal is nothing more than the removal of an effect. It may be spectacular, it may relieve a few symptoms for a time, it certainly does not restore the patient to a state of health.

What is the cause of gall-stones? Toxemia plus heavy eating or imprudent eating of carbohydrates and lack of exercise. The person who develops gall-stones has a general catarrhal state, involving the liver. His digestion is poor and his assimilation is not good. The liver function is so impaired that the chemistry of the bile is changed. This permits the precipitation of the mineral elements of the bile, forming stones. Gall-stones are effects of perverted nutrition. How can we remedy the perverted nutrition of the body by cutting out part of its effects? If effects are cut out and nothing

is done to remedy the impaired state of nutrition, what is there to prevent the formation of more effects?

The function of the liver is not improved when the gall-bladder is drained or removed. The nutrition of the body is not improved by draining the gall-bladder. Recoveries do not come from spectacular treatment of this kind. The great army of post-operative invalids that encumber our land constitute the best proof of the truth of this statement. *Spectacular palliation does not build health.*

There can be but one remedy for gall-stones; it is to restore normal function of the liver so that it will again secrete normal bile. Normal bile will readily disintegrate the stones and they will pass out through the gall duct into the intestine. The sand will then pass out with the stools.

How can normal function be restored to the liver? Not by any treatment of the liver. The liver is part of the body. Its condition is but part of the general or systemic condition of impaired health. The catarrh of the gall-bladder, gall ducts and liver is but part of the general catarrhal condition of the body. Liver function can be restored only by restoring the health of the body as a whole. How? By removing and correcting all causes of impairment. This does not necessitate the removal of any organ or part of any organ. *Surgery does not restore health.* Operations for removing organs further impair nutrition, and throw no light on cause. Removing stones from the gall bladder has no more effect in removing the cause of gall-stones than blowing the nose has in removing the cause of a cold.

Deposits in the joints, arteries, gall-bladder, gall duct, liver, kidneys, and elsewhere in the body will continue to be made so long as nutrition remains in a perverted state. However "successful" the operation may prove and however well the patient recovers from the operation, no return to health is possible until the causes that have impaired health and are impairing health are removed. Until we learn to go back of the surgical vandalism and dwell on cause, we are going to continue to be victimized by the commercial crowd who prey upon the sick.

It is not necessary to operate for gall-stones. Operations for gall-stones are illogical and disease-producing. What should be done? Go to bed. Stop all nerve leaks. Keep the feet warm. Abstain from all food long enough to clear up the catarrhal condition

and free the body of its accumulated toxins. Then, when feeding is resumed, restrict yourself to uncooked fruits and vegetables. Be in no hurry about gaining weight. Most people are so concerned about gaining weight that they will sacrifice their health in order to do so. Stay on the fruits and vegetables sufficiently long to permit secretions to become normal.

When full eating is resumed, carefully observe the rules for correct food combining. Eating proteins and carbohydrates at the same meal has as much, if not more, to do with producing gastrointestinal catarrh as any other dietetic indiscretion.

People who suffer from liver derangements, and especially gall-bladder troubles, should give up carbohydrate foods (starches and sugars), or restrict their intake of these foods and refrain from eating them at the same meal with proteins. If they will do this they will have less trouble.

Tobacco using, condiment using, drinking alcohol, the use of tea and coffee, etc., each and all help to produce gastro-intestinal catarrh. Not everyone who indulges in these practices will have gall-stones. Some of them will develop chronic gastritis, then gastric ulcer and finally gastric cancer. Catarrh is the beginning of a chain of symptom-complexes of which gall-stones or ulcer or cancer are end-points. It is necessary that we learn to recognize the stage by stage and step by step evolution of pathological states and cease thinking of every so-called disease as a special entity that has no connection with preceding, concomitant and succeeding pathological developments. Gall-stones are but a link in a chain. They are a final development of gastro-intestinal catarrh that has extended into the gall-duct, gall-bladder and liver.

Unfortunately, medical men are trained to search for pathology in a wilderness of symptom-complexes. When a definite pathology is found it is looked upon as cause, instead of as an effect, which it is. The pathology is removed and the patient is pronounced "cured." An ulcer is removed from the stomach or duodenum and, if the patient survives, he is said to be healed. Yet the ulcer is removed from a field of inflamed mucous membrane which will continue, for its cause remains, produce thickening and hardening, resulting in cancer.

George S. Weger, M. D., says: "Given proper assistance the chemistry of the body can be so altered that stones soften, disinte-

grate, and pass out with but slight discomfort. We have treated many cases and seldom have we found it necessary to resort to surgery. It is a remarkable fact that this softening occurs very rapidly on a complete fast. Frequently patients coming for treatment for different ailments develop hepatic colic from the eighth to the tenth day of fasting. In these the presence of gallstones may never have been suspected. The same is true of stones in the kidneys. In recurrent attacks there is no treatment in the intervals to equal a diet restricted to fresh fruits, salads and cooked nonstarchy vegetables. It can be safely predicted that there will be no recurrences in those patients who follow instructions as to diet and exercise. In most instances if the gallstone is not larger than a small olive it will become soft and pass out without resort to surgery and its consequent risks. The exceptions are in those run-down people who have no reserve vitality or courage left to sustain them for a reasonable time while nature is establishing a normal chemical balance. Extreme caution and conservation on the part of the physician is necessary in determining the proper course in a given case. The process of recovery may seem slow but it is in reality marvelously rapid compared with the long time it takes for the stones to form. While most cases can get well by fasting and dieting and while such treatment is always in order, it must be borne in mind that atrophy or gall bladder disease may be the result in long-standing, unrelieved cases.

"Without recourse to olive oil, bile salts, and the hundred and one remedies that are generally prescribed, our percentage of non-surgical recoveries is so high as to warrant a favorable prognosis if the patient cooperates in the removal of first causes. It should be borne in mind that while surgical interference is often the only recourse, this procedure does not remove the cause of gallstones nor prevent recurrences. Therefore correct diet and other accessory health measures are just as necessary after operation as they were before."

Arthritis

CHAPTER XV

The word arthritis means inflammation of a joint. Several kinds of arthritis are described, such as tubercular arthritis, rheumatic arthritis, traumatic arthritis, etc. In this chapter I am interested in so-called rheumatic or rheumatoid arthritis only. This is inflammation of a joint developing in those of the so-called *rheumatic diathesis*.

Diathesis is a formidable word. The layman, commonly afraid of words he is unaccustomed to, may be inclined to shy away from it. He need not. It means, simply, "a constitutional predisposition to disease." Several kinds of *diatheses* are recognized, such as the *neurotic diathesis*, or a tendency to develop nervous diseases; the *tubercular diathesis*, or a tendency to develop tuberculosis (this is also known as the scrofulous diathesis); the *hemorrhagic diathesis*, or a tendency to develop hemorrhages, so-called *hemophilia*; the *furuncular diathesis*, or a tendency to develop boils; the *lithic diathesis*, or a tendency to form stones (lithemia); the *uratic diathesis*, or a tendency to develop gout; the *rheumatic diathesis*, or a tendency to develop rheumatism. The Germans recognize an *exanthematous diathesis*, or a tendency to develop skin eruptions.

The *lithic*, *gouty* or *uratic* and *rheumatic diatheses* are all one and the same. All of the various types of *diatheses* are reasonably supposed to rest upon peculiar constitutional deficiencies or defects.

A *diathesis* does not cause disease. It only determines the *kind* of *disease* that will develop when cause is present. The same cause may develop nervous diseases in those of the *neurotic diathesis* and arthritis in those of the *gouty diathesis*. Or, the individual of the *gouty diathesis* may evolve hardening of the arteries, lime deposits on the valves of the heart, or stones in the gall bladder or kidneys. In arthritic subjects, stones sometimes form in the eyelids. In rare cases a general hardening of the muscles and *ankylosis* of the joints takes place and the newspapers herald the story to the world that somebody is slowly turning to stone.

Arthritis should be regarded as only a symptom. It rests upon a "constitutional derangement" or "metabolic perversion" that may give rise to any of the hundreds of other so-called diseases listed in the medical nosologies. It will be instructive to trace the development of this perversion, for there is something desperately wrong with nutrition when bones grow together, destroying joints and thus rendering a once agile body a helpless cripple.

Pronounced enervation checks elimination so that the waste-products of metabolism are retained in the body-fluids, impairing physiological synthesis. This favors *lithemia* (stone formation) in those of the *gouty diathesis* and *lymphemia* (lymphatic leukemia) in those of the *tubercular diathesis*.

Restating this in simple language, more nerve-energy is daily expended than is restored during rest and sleep and this brings on *enervation*—nerve fatigue. Enervation inhibits excretion (elimination) and *toxemia* evolves. The first step in the building of disease (any disease) is the expenditure of more nerve energy than can be restored during rest and sleep. The result is disease from *retained waste*.

Toxemia from retained metabolic waste (*metabolites*) is the universal basic cause of all disease. But, as before pointed out, toxemia is an effect. It grows out of checked elimination (this does not mean constipation), which is the result of enervation, which, in turn, is the result of a mode of living that uses up nerve energy in excess.

The eater, the drinker, the all-around sensualist who indulges his appetites until he can indulge them no more, the worker who continuously overworks, the chronic worrier and the stimulant user who drives his body with a whip of scorpions—these use up their nerve energy until there is not sufficient to carry on the functions of life in a normal manner.

If such an individual is of the *gouty diathesis* he will develop some one or more of the *lithic* diseases, such as some kind of rheumatism, arthritis, gout, stones in the gall-bladder, stones in the kidneys, lime deposits in the arteries or on the valves of the heart, or in extreme and rare cases general calcification of the body will set in so that the individual will slowly "turn to stone."

Stone is caused by a perversion of the normal secretions of the liver and kidneys. This change permits the precipitation (deposit) of the mineral elements of these secretions, thus forming stones. The

urine may be so loaded with lime that stones form in the kidneys, or in the urinary bladder. Or the function of the liver may be so abused by the regular eating habits that the bile it secretes does not possess the power to hold its mineral elements in solution. The chemistry of the bile is so abnormal that its minerals are precipitated, forming stone.

In arthritis, minerals are deposited in the joints, the soft structures of a joint may be destroyed in prolonged arthritis; the joint surfaces lose their synovial (lubricating) membranes, so that the ends of the bones are left rough. The bones grow together—*ankylose*. When this has occurred, all hope of restoring the joint is gone. It is probable that this *gouty diathesis* in which is seen so much perversion of mineral, and particularly calcium metabolism, rests upon some impairment of the endocrine system—this is to say, some one or more of the ductless glands is functioning abnormally. Vitamin deficiencies are always present.

Incorrigible eating habits are among the most prominent causes of arthritis and kindred ailments. Meat eating used to be blamed for rheumatism. There can be no doubt that eating large quantities of meat will help to produce this disease, but the over-eating of starches and sugars will do the same. Arthritis in vegetarians proves that meat-eating is not essential to the evolution of this particular form of pathology. Much arthritis and other *gouty* developments are seen among those who consume large quantities of beans regularly.

Eating bread with meat, cereals with sugar and cream, fruit with bread, fruit with sugar, eating milk with bread, and similar wrong combinations will evolve enough fermentation and putrefaction in the digestive tract to poison the enervated. A history of long standing indigestion is given in almost every case of arthritis. Eating of large quantities of pies and cakes is common in those who develop this disease. Almost none of them ever give a history of eating the required amounts of fresh fruits and green vegetables. When they have eaten fruits and vegetables these have been prepared in such a manner as to spoil them for nutritive purposes or have been combined in such a way as to favor bacterial decomposition rather than enzymic analysis.

As arthritis and all other so-called diseases rests on a basis of enervation, which builds toxemia, rest is of prime importance in getting well. Where can these patients get rest? IN BED. Let them go to bed and stop smoking, drinking, coffee and tea using, and unnecessarily expending their nerve energy in all ways. Have them stop all disease-building habits and educate them so that they never again return to these. For, it should be understood, that a return to disease-building habits will build disease all over again. Just as the sow that was washed became dirty again when she returned to her wallowing in the mire, just as the drunkard who was sobered up became drunk again when he returned to drink, so the sick man who is restored to health will become sick again if he returns to his former disease-producing mode of living.

How can a patient rest who is being dosed with drugs or treated with mechanical, electrical and thermal *therapeutics*? All such "remedies" further enervate the patient and prevent recovery. How can a patient rest if he is dosed repeatedly with quinine salicylates, narcotics, stimulants, etc.? These occasion activities that are far from restful. They further enervate the patient. How can a patient rest if his advisors keep him in a continuous state of fear and discouragement? Fear is often deliberately cultivated in the patient as a means of forcing him to submit to an operation. Such mal-suggestions add to the patient's enervation.

The need for physiological rest is seldom recognized. This may also be called metabolic rest. Metabolic rest is as essential as rest of the body and mind. This is secured by eating and drinking as little as possible, or by fasting. Nothing promotes elimination and the absorption and excretion of deposits as effectively as does fasting.

Proper diet belongs to the convalescing period and thereafter. The diets now prescribed in arthritis are tragedies. The average practitioner of all schools is as much "at sea" about diet as is the layman. Everybody today "believes in diet," but almost nobody knows anything about diet. They are lost in a dietetic jungle.

These patients need fresh fruits and raw vegetables. These should be fed in correct combinations. They do not need starches and sugars and they should consume proteins moderately. Milk should be avoided completely. Overeating should be avoided. The increase and decrease of symptoms follows so closely upon overeating or lessened eating that the lesson is obvious to anyone with ordinary intelligence.

Children's Diseases

CHAPTER XVI

Prodromal (Greek: *prodromus*) literally means "running before." It is used to designate the initial stages of disease; especially the interval between the earliest symptoms and the appearance of the rash or fever. A *prodrome* is a symptom indicative of an "approaching disease." *Prodromal* is used as practically a synonym for *premonitory* (Latin: *præmonitorius*, warning before) which is defined as "giving a warning; foreboding or forewarning." Thus, the "premonitory symptoms" and the "prodromal symptoms" of "a disease" are the same.

Children's diseases, such as mumps, measles, scarlet fever, diphtheria, begin with prodromal symptoms that are much alike. They are often said to "start with a cold," or with what looks like an "ordinary respiratory infection." Until the rash develops, the physician, viewing the beginning of scarlet fever or measles, cannot tell what the disease is. The same is true of mumps and other so-called diseases. The child (or adult) may be developing pneumonia, or typhoid or smallpox, it is not possible to diagnose the disease in its prodromal stages. It is necessary to await the development of the disease before a diagnosis can be made.

While, during the prodromal stage of scarlet fever, measles, mumps, diphtheria, pneumonia, etc., is the time to get in the best work in the care of the patient, under the medical plan of care, based upon the supposition that there are specific diseases requiring specific treatment, the physician can but "watch and wait" and administer what he calls "expectant treatment." The profession freely admits that it has no "cure" for measles, scarlet fever, mumps, colds, influenza (whatever this is), etc. The physician pretends, therefore, in his treatment of cases of these diseases, to "guard against complications" and to be able to treat these, if and when they arise. As the complications are almost always the result of the treatment, they are almost sure to arise. Suppressing fever, repressing coughing, checking diarrhea, "relieving pain," putting the patient to "sleep" with

hypnotics and soporifics, and similar symptomatic treatments build complications, interfere with the natural processes of healing, and often cause death.

It is important for parents to retain their wits about them and not become panicky when their child is sick. It is certainly worse than folly to send for a physician who admits that he has no "cure" for the disease with which the child is suffering and whose suppressive treatments are productive of more suffering and more danger than the cause of the disease with which the child suffers. Keep always in mind that the processes of disease are remedial efforts and that recovery is almost certain in most cases of illness in children. Time and patience are the chief requirements. If the parent becomes panicky, he or she is likely to do something or permit something being done that will be hurtful, even disastrous.

When called to see a child presenting symptoms of high fever, vomiting, a cold, rapid pulse, coated tongue and a foul breath, what is the disease? These symptoms may be the prodromes of acute gastritis, scarlet fever, diphtheria, meningitis, poliomyelitis, or some other disease. The early symptoms of the acute diseases are very much the same. A correct diagnosis is impossible at this stage. A day or two must elapse before the disease is sufficiently developed to permit of a diagnosis. What shall be done in the meantime? Shall the child be treated for gastritis when he is developing scarlet fever; or shall he be treated for diphtheria when he is developing meningitis? Shall he be given "expectant treatment?" What will be the result of the wrong treatment?

Parents should bear always in mind that drugs shock the nervous system and that the shock these occasion may be just enough to result in the death of a child that would otherwise recover. What is here said of drugs is equally true of vaccines and serums. If the drugs are given by hypodermic injection the shock is greater than when given by mouth, for, when drugs are taken into the digestive tract, the body has a chance of protecting itself to some extent. Drugs cannot heal, they cannot remove cause, they have no constructive influence. Being poisonous (all of them), their only possible effect is one of injury. On June 3 this year, I heard the advice over the radio: "Protect your family. Store all poisonous medicines in a safe place." Is there not some mistake here? Are poisons

medicines (healing agents)? All drugs are poisons—to this there is not a single exception and the only way to protect your family from them is to keep them out of your house under any and all circumstances of life.

The care of the patient in the prodromal stages of disease (any disease) may be positive from the appearance of the first symptom. There need be no waiting, no guessing, no waiting for further development of symptoms; no mistakes. What is done consists of the correct care of the child or adult in the beginning of any so-called disease. The child should be put to bed in a well lighted, well aired room, and all feeding stopped. Nothing but water is to pass its lips so long as fever or pain persist. He should be kept warm, as chilling inhibits elimination.

Let the local symptoms be what they may, toxemia plus septic poisoning constitute the cause and any feeding, when there is fever, will only add to the septic poisoning. Any treatment that will further enervate the child, and all drugs, vaccines and serums will do this, will retard or prevent recovery. These build complications and leave an aftermath of trouble that may afflict the child for years to come.

Why wait until the "disease" is fully developed before instituting proper care? If the child can get well under the poisoning program that is in vogue (it is admitted by physicians that their "medicines"—poisons—do not restore health), it can certainly get well much quicker and much more satisfactorily if no poisons are administered. It is simply stupid to think that poisoning a sick child guards against complications. Poisons build complications; they do not prevent them.

Hygienic care may be instituted at the very beginning of the "disease," with no waiting, no delay. As it is not a cure and, as it may be fitted to the needs of every sick person, no matter what his "disease," it may be instituted at once. So long as there is severe pain or fever, no food but water should be given. All the water demanded by thirst may be given the child to drink. If the pain is great, heat may be employed for temporary "relief," but no *pain-killing*—patient-killing—drugs should ever be employed. As rest of mind and body is of greatest importance, visitors should be kept out of the sick-room; noises should not be permitted to disturb the child. It should not be subjected to frequent handling and to officious med-

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ding—such as frequent taking of temperature, counting the pulse, looking at the tongue, feeling of the abdomen, etc. Warmth, fresh air, rest, and all the water demanded by thirst are the needs of the sick child.

It will be noted that this is not treatment of so-called disease; that there is not one kind of treatment for one "disease," and another kind of treatment for another "disease," but that the patient is cared for in such a way that the healing processes of his own body are given free reign. Symptoms are not suppressed, but are permitted to accomplish their work. The *Hygienist* does not employ *natural cures*; he simply provides ideal conditions for the body to do its own work of self-healing. Under this plan of care we do not have to "guard against complications" for they simply do not develop. If complications do not develop under this plan of care and are frequent, indeed, are almost uniformly developed under the drugging plan of "guarding against complications," is not the inference a logical one that the complications are due to suppression of symptoms and to drug poisoning?

The Periodic Suffering of Females

CHAPTER XVII

Periodic (monthly) suffering, from puberty to the climacteric in many instances, is the experience of large numbers of girls and women, and the regular care and treatment employed in meeting the condition of these women are very unsatisfactory, woefully inadequate and frequently ruinous in the extreme. That a young woman should suffer great pain and many other discomforts with each menstruation, year after year, is intolerable; that the same means of treatment that have proved futile for so many centuries should continue to be practiced is incredible; that women are satisfied with the futile care they receive is unthinkable.

All of this suffering is so unnecessary and avoidable that one can but register surprise that women will continue to suffer as they do; it is so readily and simply remedied that one must condemn a profession that persists in its old resort to questionable palliatives to the neglect of causes that may easily be discovered by any practiced eye. It should be obvious to a child that if cause is not detected and removed, no recovery can be expected. Equally evident is the fact that the palliative procedures in use are injurious, some of them even leading to drug addiction. How much longer will a civilized people continue to tolerate and approve such unintelligent care—a care that amounts to crude abuse of women?

There are "diseases" that are commonly referred to as "diseases peculiar to women" and, in the minds of great numbers of people, these diseases are in a class by themselves. This is a mistaken idea. *Diseases peculiar to women* are simply "diseases" of organs and impairment of functions that women have and men do not. But it would be a serious error to think that inflammation of the womb or of the ovary is in any way different from inflammation of the liver or the tonsil. The mere fact that it is anatomically impossible for a man to have inflammation of the womb does not change the true character of the "disease." The cause of "diseases peculiar to women" does not differ from that of "diseases peculiar to the liver." Once we

grasp this fact, so-called "female diseases" lose their mystery. They may also, then, easily be understood to be, not *local diseases*, but local expressions of the same underlying systemic state that produces *diseases of the throat*.

Once we understand the important fact that so-called local diseases are "self-limited" and ephemeral without a constitutional impairment to maintain them, we shall not find it difficult to understand that, when a young woman suffers each month when she menstruates, it is because of impairment of her general health. So-called female diseases—diseases peculiar to women—will not and cannot develop in a healthy woman. There must be enervation with retention of waste products—autotoxemia—before these can develop. It should be understood in this connection that exogenous poisoning (drug poisoning, food poisoning, botulism, etc.) is excluded from the category of disease.

The constitutional impairment—enervation-toxemia—that is responsible for the development of the disease, may be brought on in many ways. One of the most common causes, especially in the young, is overeating. Being at home much of the time and around food most of their time, women are tempted to eat often, even if not much at a time. On the other hand, overeating does not necessarily mean eating food in unusually large amounts. If nerve energy is low, so that digestion and assimilation are impaired, eating moderate meals may mean eating too much. Feeding must be within the capacity of the organism to utilize, else is overeating indulged. Digestive power may be very great or it may be very low.

Women are enervated in many ways. Close housing, poor ventilation, indulgence in coffee, tea, tobacco, cocoa, chocolate, late hours, worry, discontent, envy, jealousy, domestic unhappiness, idleness, disappointment in love, frustrations of all kinds—as worry about not getting on in the world, worry about not being able to dress like other women, etc.—fear, thrill-seeking, social climbing, overwork, and many other factors in the lives of women, use up nerve energy in excess and bring on enervation.

If we add to these enervating influences the emotional over "stimulation" of many young girls, the salacious literature they often pour over to the delight of their morbid imaginations, the precocious awakening of their sex instincts with sensuous imagining, and their

frequent lack of physical activity, a tendency for too much blood to be sent to the pelvic organs arises, resulting in much engorgement—congestion. The mucous membrane is so thickened and the sub-mucous tissues are so engorged that the neck of the womb is closed and the flow cannot pass out without pain—cramps. The engorged and congested state of the reproductive organs exists when the young woman complains of painful menstruation.

Persistent engorgement of the parts and the menstrual-period exaggeration will run on into catarrhal inflammation; the inflammation will be followed by ulceration and, in later life, tumors and cancers will evolve. All of this suffering and pathology evolves for the reason that the causes that have led up to the initial engorgement of the neck of the uterus have been ignored. Physicians do not consider it necessary to remove or correct causes. They dilate the neck of the womb, scrape its inside (curettment), give analgesics, and douches, cauterize the ulcerated surfaces, remove ovaries, tubes and uterus, sever nerves, administer glandular products, treat the patient for allergy, and do a lot of other futile and damaging things, but ignore cause. Frequently they advise the young woman who suffers painful menstruation month after month to get married and have children. The wise thing for the young woman to do is to get well before she gets married.

The cause of pain is an over-engorged state of the ovaries and the mucous membrane of the womb. If the causes are not removed, so that the condition persists, gradually the mucous membrane becomes thickened, thus lessening the caliber of the canal in the neck of the womb—the cervix. In time also the sub-mucous tissues and muscular structures become infiltrated and hardened so that normal elasticity is lost. This lays the groundwork for prolonged and painful deliveries with lacerations at a later date. To advise such women to marry before their tissues have been restored to normal is to invite trouble.

It is seldom necessary to subject young, unmarried women to vaginal examinations in these cases. The trouble may nearly always be remedied by building up the general health without an examination. The most important part of any examination is the inquiry into the mode of living in ferreting out the causes of the trouble. Until causes are found they cannot be removed; until they are removed, they will continue to produce their effects.

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The care of women who suffer with painful menstruation is simplicity itself, if they can be made to understand that wrong life is the cause of their suffering and will cooperate fully in their recovery. Mere palliative care, at the time of suffering, and forgetfulness of the condition until the next menstrual period arrives with its suffering will not, however, restore health. I have never seen a case of dysmenorrhea (painful menstruation) that was not "relieved" by sitting five to fifteen minutes in a tub of hot water—as hot as can be borne by the patient. It is well to have a cold cloth on the head of the patient while she sits in the tub. But this treatment is purely palliative. It does not actually remedy anything. Whether a woman takes drugs each menstrual period or takes a hot bath each time she suffers, if she does no more than this, she does not get well.

If the suffering is severe, it is well to put the woman to bed and give her a fast until complete relaxation is secured. For full recovery from the catarrhal condition and the thickening and engorgement of tissue, a longer fast will be required.

The results of this kind of care will be only temporary if the eating habits, emotional habits, and other habits of life are neglected. These must be corrected if real health is to be restored.

Exercise, especially vigorous exercise, builds a fine state of the pelvic tissues and helps to maintain these in a state of health. Especially valuable to the modern woman, denied the active, outdoor life of former times, is the slanting board. Indeed, the slanting board should be standard equipment in every household containing one or more females. The board should be used regularly.

NATURE warns and warns, times innumerable, but the patient, his doctor, and his druggist, close the mouth of warnings with palliatives at each knock-out until the thread of life gives way. Who is to blame? Blind faith in a system of medicine that silences the warning cry of discomfort or pain with palliatives and ignores causes (sensuality) until death stops the warning voice of pain. This is Modern medicine, and the literate and illiterate fall for it." — TILDEN.

The physician is trained to treat symptoms, not to remove causes. If there is pain he administers an anodyne; if the patient is "nervous" or sleepless, he gives a "sleeping" potion; if there is a sour stomach he relieves the resulting distress with a dose of bicarbonate of soda; if there is constipation, he gives a cathartic. Anybody but an idiot will recognize that these are only palliative procedures, that they represent symptomatic treatment and do not touch cause. There is always a cause behind sour stomach or constipation or nervousness or sleeplessness and, unless the cause is removed the palliative treatment will have to be repeated again and again and again, until the simple functional condition evolves into some serious organic disease.

If the physician's diagnosis discloses thickening of the pylorus, this calls for an operation; if it shows prostatic enlargement or if the symptoms point to the gall bladder these organs must come out. If a little pus is found in the urine, the kidney is suspected, but if the symptoms are not very bad, it may be decided that chronic cystitis is present. The bladder is then treated—irrigated with caustics—or neglected until an operation is supposed to be necessary. If there is tuberculosis a lung must be collapsed; if there is high blood pressure, part of the sympathetic nervous system must be removed; if metabolism is too high, part of the thyroid gland must be sacrificed. Even an idiot should be able to understand that this vandalizing of the body by surgeons is mere palliative treatment, like that of the physician.

Viewed from the purely technical side, there is much brilliant surgery being performed, but who is there who wants to pay a handsome fee to have a stone removed from his gall bladder when this has nothing at all to do with the cause of stone formation? The surgeon can cut everything except causes. These he neither knows nor considers.