



NATUROPATHIC MEDICINE ACADEMY

Philosophy of Naturopathic Medicine

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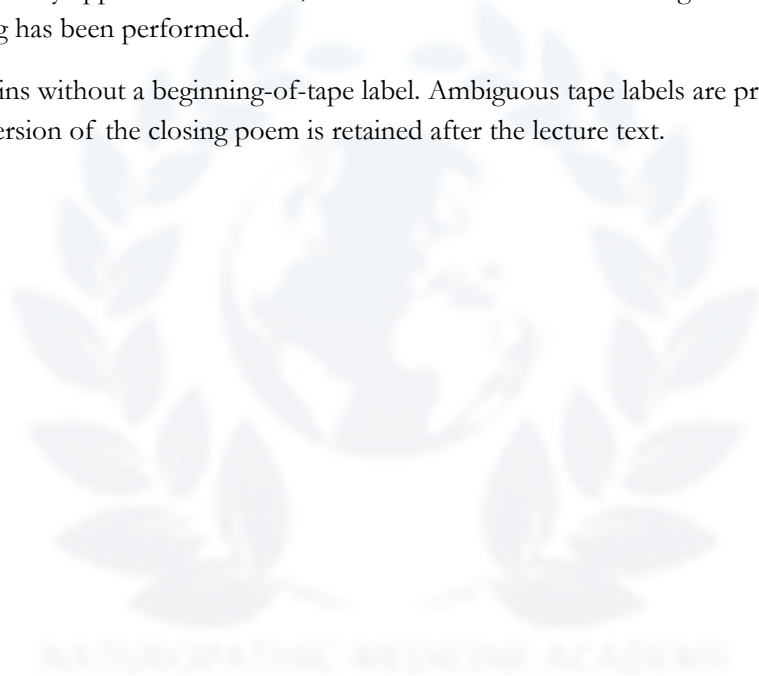
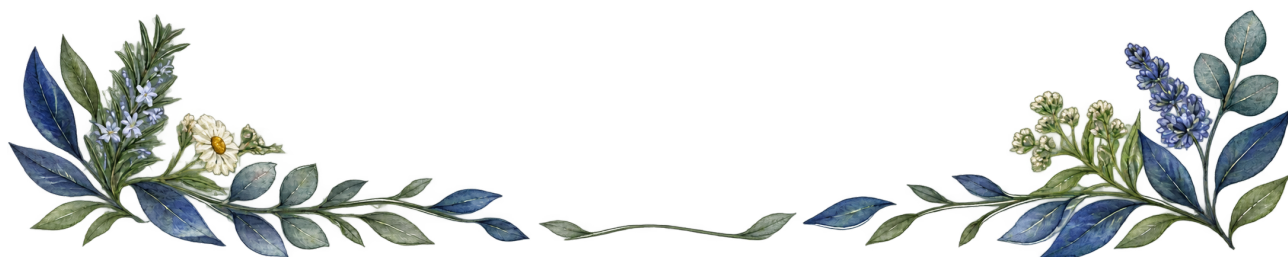
Tape Recording of Lectures

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Formatted Reading Edition

This edition adds paragraph breaks, tape divisions, and visual speaker cues to the supplied transcript. Original wording, incomplete phrases, uncertain spellings, and inaudible notations are retained. Speaker labels are emphasized only where they appear in the source; unlabeled remarks are not reassigned. No audio comparison or substantive copyediting has been performed.

The surviving text begins without a beginning-of-tape label. Ambiguous tape labels are preserved as supplied. A separately appended version of the closing poem is retained after the lecture text.





Tape divisions

Use the document outline in Pages to move between the divisions below. These headings reproduce the source labels rather than reconstructing missing tape information.

BEGINNING OF TAPE 2 INAUDIBLE.

SIDE 2 (B)

BEGINNING OF TAPE # - SIDE A

BEGINNING OF SIDE B – TAPE 3

BEGINNING OF TAPE 4 SIDE A

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BEGINNING OF TAPE 7 SIDE A

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TAPE 10 – SIDE A

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TAPE 11 Side A



Opening lecture text

The question is: In the notes there's a reference to cure and contagion being the same thing and that would be in the last section we talked about. The concept there is the homeopathic concept that the disease process so to speak is in the model of homeopathy the same thing as the cure, or to put it the other way – that which will cure that particular situation is the same as that which was the contagion. This idea that like cures like, basically, so that you have cure and contagion being the same thing, and homeopathy, of course is based on that idea.

Question – (could not hear) – Michael – in terms of proving the symptoms? My understanding is that they use physiological doses so that what you are looking is at “toxic” symptoms. You are looking at the symptoms that would be produced by an overdose or in a physiological amount. The problem is that different people react differently so when you construct your so-called drug picture, in homeopathy you will get a constellation of symptoms that don't all come from the same individual. Not every individual who proves a remedy will produce all of the symptoms that are catalogued under that remedy, and for that reason, when you get into the nuances of homeopathy, the symptoms are weighted.

So the symptoms that occur most often are weighted more heavily in the drug picture now than are the symptoms that occur less often, and so on and so forth. So as you get into it you know how to evaluate the patient symptoms compared to the drug picture. So it's not all black and white. The concept is there is a specific group of symptoms and only those symptoms is a little misleading because, again, they're graded. Also when you take someone's case from a homeopathic perspective, there's a methodology that is used to grade their symptoms. In other words, you want to know which of those symptoms is more important.

For the sake of discussion here, if you have two symptoms that are sort of conflicting symptoms that you are trying to use to find their remedy, there's a method by which you can determine which of those is more important, and we won't get into all of that. That's a whole other thing.

One of the things that came up – I spent some time with the second year class yesterday – and one of the things that came up there was, we did this class last year, and now after a year of basic sciences and other guest lecturers, they are completely confused about the philosophy. One of the things they mentioned is that it seemed that everybody they talked to had their own philosophy about what natural medicine is all about.

And my answer to that was that we go back to where we started here, which is that you're living in a culture where you are already familiar with the rational philosophy – that is rational versus empiricist – you have grown up with the rational philosophy which has probably never been articulated, but you know it cold, and what we're trying to do, as I've said before, go to the other extreme and look at the vitalist and empirical philosophy. In actual practice you won't be at either one of those extremes, nor will an allopathic doctor, nor will a medical doctor, or a mechanist. There's a mixture of both of these philosophies. Remember, too, Coulter mentions in his introduction to “The Divided Legacy” that “the run of the mill physician never concerns himself with these issues because he never thinks about them”.

My opinion is that every thing you do in life, everything you do is life, is based on a philosophy. There are things you that you accept as true or as fact that are in fact assumptions about how the world works, and perhaps the



best way to get your nose rubbed in that is to live in a different culture. Any of you who have done that will know that when you come face to face with things that you just accepted as fact, which the rest of the world, or in this case the other culture, does not only accept as fact but also will find comical

I lived in Korea when I was in the service, and found that my Korean friends thought the concept of an omnipotent being as a God was sort of a funny concept. They couldn't quite grasp the Western idea that there was this Being that was out there somewhere watching over us, and was removed from us. Now, of course, I'm being very superficial about this, but in Oriental cosmology, there is no such concept. The concept of creative force, or whatever you want to call it, is one where this is in and around everything. And there is a point where you can no longer have a conversation, because you've reached completely different paradigms, and it's difficult to bridge that gap because you're dealing with two different belief systems.

And that's one of the things that's happening in medicine right now, but the reality is that we are somewhere in the middle. Now I'd like to think that we're in the middle toward the empirical end and the dominant school is sort of in the middle but over toward the rational end. And then what you'll find that there are individual practitioners who have a particular affinity for say, homeopathy, or botanical medicine, or hydrotherapy. And each of those has its own sort of sub philosophy, if you will, and there's a very cogent detailed philosophical approach to homeopathy that has its own model about health and disease which fills in some of the details that we're talking about. The same is true with botanical medicine.

The same is true, I suppose, of nutrition and any other vitalist therapies, even though some of these things aren't articulated very well. But the basic building blocks that we are discussing here ought to be ones that you can come back to time and again.

I may have mentioned it here, I don't remember now, but in my own practice, I find that day after day I'm going back to this concept that we had of the continuum and explaining this to patients along with the idea of suppression and elimination, and also the idea of acute and chronic disease. Those are things that come up every single day. In fact, I may have told you this, that I do it on the back of the charts. Did I tell you that? I have this down to where I'm talking to a patient about something and I'll flip over their chart and say, well, look, just think of your health as sort of on a continuum.

At this end you're healthy, and as you move away from this point you have symptoms of increasing severity and blah, blah, blah, and I'll go through that whole thing, and they'll sit there nodding, and now they understand what we're trying to do. Sometimes I'll talk about acute versus chronic disease, and if you're stronger than the disease, then you're going to be healthy, and if you get rundown, then you're going to have acute illness, and if you're below that, you'll have a chronic illness, and when you come back ---- so I can often tell where I am with a patient just by flipping over their chart and see if I had those discussions with them.

My point is that I do that – if you went and pulled out the charts of the patients I see in my office, I would tell you that 75% of them have this on the back, because I've had that discussion. I've often thought of preparing materials that have that information, but I think that (1) I don't like doing that, and (2) I think by discussing it individually with each person, I can answer their questions, and they get it in a way that they wouldn't if they were reading about it.

Any way, any other questions about we've talked about so far?



Trey? I have a question. I'm not really sure how germane it is, but in philosophy, the whole goal of philosophy, is true, if you would – ascertain what is true and report that ...??....that's my perception of it. (

JSS:That's what the word means, literally) As you are moving toward that truth to find yourto find your system of values that that truth, and if you are consistent with those values, you are ethical, and a specific application of that is that you're an ethical person. I'm going back to Philosophy 101 here. How do you reconcile, then, if we're looking at truth.....How can the ethical practioners moving along with the continuum move rationally.....? Is that something we should concern ourselves with and kind of be political, and as politicians, we'll find a way.....

My nose is starting to peel, and it's so small and close to my eyes that I can see it, feel it, and it's bothering me. How's that for an answer?

I don't know what the answer is. I don't know what the truth is. I think that one of the lessons that I think I've learned by looking at some of these issues is that there is no such thing as the absolute truth. It depends upon where you are and what framework you're working in. The both of these extremes of this philosophical continuum in terms of their practical application in life - in this case, medicine, - seem to work under certain circumstances. So I don't know how to handle it, frankly.

Is it feasible to you that it's better than a lineal continuum.....circle kind of concept, a universal law.....both can be true.....

Actually, I think the answer to where you're going with that is something we're going to talk about this afternoon, when we get into science. We're going to look at different paradigms and one of the concepts across paradigms is that they're both right; they're both true, if you give the practioners of that particular paradigm the courtesy of accepting their assumptions about the world. Mankind has continued to change assumptions about certain things as we evolve, and the truth, so to speak, or the correctness of one's information can depend upon what those basic assumptions are. Now I don't want to go down that path right now; we're going to talk about it in detail this afternoon. Let's come back to a couple of other concepts that we need to discuss because they are relevant to the empirical model.

Before we go on, though, are there any other questions about things we've already talked about?

One of the things we want to look at today is the relationship between the mind and the body, and this is something I could talk about all day, and hopefully we can do it in the time allotted – which is not very much. The problem here is – well, does anybody see the problem right off the bat?

VOICE: You have a large handout.

JSS: I have a large handout. Okay, that's one problem. **FEMALE VOICE** – not clear.

JSS: Okay, did everybody hear that? The problem is that the words mind and body are already separated and that conveys the possibility or the assumption that the mind and the body are different things. I have to tell you a story about this. When I went back to undergraduate school after I got out of the service, I was very interested in something that – now this is back in the 60's – I was very interested in something you might call roughly call



psychobiology. I was interested in that place where mental function and physiological function meet. And in the 60's that was a brand new kind of idea.

I was at Temple University in Philadelphia, and I was accepted in an Honors program where one designed or created their own major from any courses available in the University, and I did that, or applied to that program precisely because I wanted to major in something that was not a normal offering in the college or the university. So I chose this thing called psychobiology and I put together the courses that I thought – you know, with some help from advisors – the courses that I thought would be appropriate toward that major including all of the required courses, and so on. But then in order to have this thing approved as my major, I had to defend it before a committee of faculty and students who had already been in the Honors Program.

And, I remember sitting around the conference table with 12 or 15 people who were going to drill me on why it is I ought to be doing this major. The first question that I was asked was “Suppose you tell us why you feel you should combine the study of psychology with biology” (inaudible student). Okay, the question put to me was, suppose you tell us why you ought to combine these two subjects into one.

Tell us why you should combine psychology with biology, and my answer was – “with all due respects, I think it is incumbent upon you as academicians to tell me why I ought to study them separately.” And, that was the end of the interview, and they approved the major, and I started on with it, and I never finished it because I left to go to naturopathic school. But that's another story.

And this is the same thing that came up yesterday when I was talking to the second year class, about how we divide things artificially in order to think about them, when in fact, they are all part of the cogent biographic pole. How do you want to think about that. It is often said that mind and body were separated in western culture in the time of Descartes and the famous Cartesian duality. Descartes was, of course, a philosopher in the 17th century, right early 1600 – mid 1600's or so – best known probably as a mathematician. He's the guy who said I shop therefore I am – I mean, I think, therefore I am.

And he was struggling with this business of how to explain – in those days they were struggling with how to explain various kinds of physiological phenomenon that were on the cutting edge of the new behavioral sciences or whatever they were called in those days. And my understanding from earlier courses, is that this is a real problem when the dominant theology is Catholicism and the Church doesn't like people messing around with questioning the role the soul and the intent and activity and behavior, and so on. So, Descartes proposed that the soul was separate from the body and the extension of that was that the mind was separate from the body.

But the body was a mechanistic organism that many activities in the body could place without the soul or the mind's intervention - a lot of what happened was simply reflex, and he actually advanced the concept that some of us, I think, are probably still struggling with in Western culture, which is that animal's have no soul, and they don't think, and so on. You see, he was the one who advanced the idea that animals are purely mechanistic and that they do not have a mind or a soul. He sort of let that to the Church; that was the bone to the Church which kept him out of trouble. Anyhow, that was the point in Western thinking where mind and body begin to be separated. Now that is only, what – 400 years, not even – 300 years.

It has only been about 300 years in human history where we have even had the conceptual framework in which we have separated the mind from the body. And what I want to suggest to you today is that this is an artificial



differentiation – that it is impossible to separate “mind from body”, and that, in fact, in vitalist medicine you can’t do that very well without getting yourself into trouble.

You’ll remember that we talked about, with my first little bit of notes here, that we talked about signs and symptoms, and the difference is subjective versus objective, which kind of begs the question again about where do you draw the line. When does something that is subjective become objective? You know, here we are back to the continuum again. Somebody has a headache. What point on this line does the headache change from “I’ve got a headache” to “I have a brain tumor” .

You know, it’s not black and white; there is some kind of a connection there, if you will, but more than that one of the ideas that you will find that runs through vitalist medicine, homeopathy, botanical medicine, acupuncture, all of the different therapies that we have is that the changes that occur on this kind of continuum that we talk about don’t only occur in the physical body – we didn’t really talk about that, and maybe some of you assume that that’s what happening – but the changes that occur on that continuum occur in the entire organism – in the entire being.

I always thought it was interesting, by the way, one of the ways we describe ourselves is with a verb – a being – and you know that’s more consistent with Oriental philosophy, especially with Chinese medicine, about how the human being is a mechanism for transforming energy. One of the things I learned living in Korea is a lot of things we think of as nouns are thought of as verbs. That they are happening, not that they just are, but they are happening. Anyway, back to this, it’s the whole being that’s changing as you move back and forth on this line.

Different philosophies have that layered in different ways, but they’re all consistent with the order, generally, which is that at the top or at the highest level of order is the spiritual being, if you will; in between is the mind, or the emotional being; and on the bottom, so to speak, is the physical being.

In Nature Cure, Lindlahr likes to speak of it in a slightly different way. He talks about the threefold constitution of man. And again, to be politically correct, non-sexist, we are talking about mankind or humankind, here. And the threefold constitution, again, he talks about the soul, then the mind, and then the physical body. He uses a very interesting analogy, I think, which is that if you think of music (he must have liked music a great deal), he uses the analogy of music where he says the laws of harmony, the sort of theoretical understanding of how music is created is comparable to the soul.

And then the one who translates that, the person who plays the music, is comparable, perhaps to the mind, and then the instrument, and in this case he uses the example of the violin, is like the physical body. In any case, he’s talking about these three different levels of organization where one is sort of vibratory, theoretical, spiritual, and then the mind an emotional level, and then the physical.

The point to take from this is that all of the vitalist therapies think of the physical world as being on the bottom of a hierarchy that includes mind and emotional response and then the spiritual body at the top. And, it sometimes, depending upon how you’re looking at it, you can go way beyond that. It’s as if the physical world is a manifestation of everything else. That this is an illusion, or at the very least, it is a manifestation of what is higher, what is a higher order of organization, a higher order of intelligence, a higher order of consciousness on our planet. And you can get theological and religious about that.



That, after all, is the story of Genesis, you know, and “God said let there be light, and there was light and the evening and the morning were the first day” and then the creation follows the light. There’s the story, in fact, of the creation of mankind that involved Adam and Eve in Christian thinking, and some of us have been taught to look at that in a literal way and think of Adam and Eve as a man and a woman who were the parents of the rest of us. But in Gnostic Christianity it is translated a little bit differently, and in that situation, the word Eve, literally means the light, and the word Adam means mankind.

And the coming together of the two of those is supposed to be symbolic of the human mankind combined with the light or the soul – that is the spirit that animates mankind. And the story about how Eve was derived from the rib of man in Gnostic Christianity is the suggestion that the light comes from within. To the Ancient who wrote or dictated or whatever, the Story of Genesis, the rib was the internal most part of man. You know, this was at a time when people didn’t know about internal organs and where the rib was something that was known to them through injury and battle and so on. So the rib was symbolically the internal part of man.

And again the concept that Eve was created, so to speak, or that Eve was derived from the rib of man, was just a way of saying that within each of us there is the light.

My point is that there are mythologies, or stories, or religions, in probably all cultures that look at this relationship between a higher level of consciousness or light or whatever you want to call it, and mankind. And certainly vitalistic approaches to medicine have not ignored that and take that into consideration. The concept is that, again, when you change on this plane, or when you change on this continuum, there are mental and emotional symptoms, and one could argue spiritual symptoms that are also part of the change. Okay? So, it goes kind of back and forth – they are sort of hand and glove. And there are some tacit admissions of that in our own culture.

For example, we all know that there is a certain kind, so to speak, of person who is – that is a certain personality who is prone to, let’s say, to colitis. Right? You’ll find that – pick up any gastroenterology text, basic gastroenterology text, and you’ll find that there is this sort of puzzlement about the fact that a certain kind of individual with a certain psychological profile is more likely to have gastrointestinal disease, colitis especially, than other people. The word Type A is part of our culture, part of our vocabulary now, and it was sort of invented to describe the kind of personality that is most prone to heart disease.

When you can use those kinds of words saying this guy better slow down or he’s going to have a heart attack, in other words, there is an assumption that certain behaviors or certain personalities or certain mindsets might make us more or less prone to or be associated with certain kinds of disease syndromes. And I would submit to you that in our culture and in the dominant school of medicine, while there is a sort of recognition of that, it certainly not well accepted or well articulated, whereas in the empirical schools it is taken for granted that you have these kinds of relationships. And, perhaps, I suppose the way to make that point is to look at the *Materia Medica*.

If you look in a homeopathic *Materia Medica* for the various remedies, you will find there are, in every case, there are emotional and mental indications for the remedy as well as physical indications for that remedy.

(Looking for notes)



While I'm looking for that, I've got to do this parenthetical thing, I forgot that I did this. I was thinking when I was preparing to speak about allopathic medicine and the concept of producing the other disease versus using the same disease, that someone once said to me, have you ever noticed how often the word "anti" is used in medicine – antibiotic, antihistamine, antiplagistic, anti, anti....I went to the medical dictionary and looked up the entries under anti. This is Tabor's (?) Cyclopedic – is this the dictionary you have – do you guys have Tabor's, or do you have dictionaries yet? There are 200 entries that start with anti – anti this, anti that –

(This is embarrassing, I can't even find my Materia Medica here) Does anyone have their homeopathic Materia Medica with them? I know it's in here; if I can't find it, we'll just move on and we'll come back to it.

One of the things that you see if you look at a homeopathic Materia Medica, the symptoms that you are attempting to catalog will be listed under certain categories, and the first of them is always the general symptoms. It would be a sort of general description of the individual who would benefit from that remedy. Following which there will be a description of the mental symptoms, or the mind, and that's before any other physical symptoms or before any physical symptoms are described.

Here's a couple pages out of Materia Medica. Here's a remedy – this one is known as Ignatia – some of you are probably familiar with Ignatia – and among other things Ignatia is described, that is the symptoms are described thusly – now these are the symptoms of the person who would, let's say, would benefit from this remedy, and before they even get into the physical symptoms, the symptoms which are described are: an uncommon tendency to be frightened, fickle, impatient, irresolute, quarrelsome, recurring every 3 to 4 hours, incredible changes of disposition. At one time he jokes and jests and at another he is lachrymose, whispering voice, delicate disposition, finely sensitive mood, incredible changes of mood. I'll list it again.

Here's another remedy – a very common remedy in homeopathy – nux vomica (?). Nux is described this way: extraordinary anxiety, sadness. He cannot get over the smallest evil, much disposed to scolding ??? He feels everything too strongly, over sensitive to impressions, music and singing affect him strongly, very dread(?) of literally work at which one must think and employ ideas, moral exultation and excitability with extreme sensitiveness to pain. An insane desire to kill (I didn't know that one) (Laughter). Frantic actions, harmless words often offend, fiery temperament, ill humored (Student; sounds like a redhead – JSS, I don't know about a redhead; one of the funny things about this is you have to be careful with this stuff because everybody sees himself in here).

But that's not the whole picture, and don't get me wrong, but there are other remedies for which some of these symptoms may occur and the trick in homeopathy, and again which we are not going to talk about in detail, is to look at the whole picture and the physical symptoms are part of this whole picture. The point I'm trying to make is that the indications for the remedy include not only physical symptoms.

This Nux, for example, is your typical, if you want to sort of gloss over this, your Nux is your Type A personality. Nux is the way I feel today, you know. Sort of tired, one who's pushing himself. It's a person who, classically, is somebody who uses stimulants to keep himself going, and those can be tobacco or caffeine or whatever happens, and then they need sedatives to slow down on the other end. This is the person who has 10 cups of coffee to get to work and then drinks alcohol when he gets home so he can cool out a little bit. They



often have digestive problems; they can be constipated, and this goes on and on and on. But you also have these mental symptoms, and my point is that there is no differentiation. There's no drawing the line between them.

In fact, in the language of homeopathy, or in the model of homeopathy, the mental and emotional symptoms are more important than the physical symptoms. Remember I said there is a point at which you need to differentiate which is more important. Well the mental and emotional symptoms will take precedence over the physical symptoms because the mental and emotional symptoms are occurring at a higher level. They are occurring on a higher plane, so they are more useful to you than are the physical symptoms, although the physical symptoms might help you sort it out.

So, without beating that to death, I also want you to know that to a greater or lesser degree, depending on what you are talking about, other therapies in vitalist medicine have the same kind of idea. If you take the Botanical Materia Medica (I didn't bring mine because it's as big as the VCR, and I forgot to copy a couple of pages, and Dr. Cahill whom I'm staying with doesn't have this stuff at home, so I don't have it), but if you look at a Botanical Materia Medica, you'll find the same thing.

You'll find that there are some entries under the classical botanical medicines that were used at the beginning of this century that will describe the mental or emotional, or if you want to call it the spiritual – and that's a hard one to get into – but will begin to describe those kinds of symptoms, not unlike something I just read here. For example, there may be and there are botanical remedies where there may be some comments about the person's disposition or about their temperament that are accompanying the indications for that remedy.

Unlike what we are doing today with a lot of botanical medicines where there seems to be (and we'll talk about when we get into this paradigm business, as I mentioned before) there seems to be a great effort on the part of those in vitalist medicine to explain what's happening in the language of the dominant school. You know, a lot of what you learn about botanical medicine is in the language of pharmacology and physiology. In the eclectic school of medicine, which was the use of botanicals in small doses at the turn of the century, there was an effort to understand the physiological action but there was(End of Tape 1 – Side A) (Side B) understand how it affected someone on these other levels, sort of energetically, if you will. I don't mean by their energy, but in their total being.

If you take a close look at acupuncture and Chinese medicine, you will see the same thing. You will see that the various imbalances – now this is a real quick - real quick superficial look at Chinese medicine. Chinese medicine is a sophisticated cosmology of medicine that has its own philosophy where botanicals and acupuncture and diet and exercise are all integrated in a cogent model. And the idea there is similar to the Western vitalist tradition that we're talking about which is that when one is out of balance with one's environment, one experiences symptoms. So the role of the doctor or the acupuncturist is to correct the imbalance. And in that sense, you don't use acupuncture points per se for a particular problem.

An acupuncturist or a Chinese medical doctor does not treat asthma; they treat people who have asthma by reestablishing the balance in that system. The whole concept is to determine the imbalance through symptoms and pulse and tongue diagnosis or whatever else and then restore the balance and not to treat physiological symptoms.



However, if you look at the indication – once you understand that philosophy then you get into studying indications for certain points, and if you look at point indication in some of the better Chinese texts that have been translated into English, by the way – I don't speak Chinese or read it, so I don't know about it – in the English translations what you find is that there are points that have mental, emotional indications along with their physical indications and they might be things like over-sensitiveness or quarrelsome, or some of the things I just read about, but there is some description that goes beyond the physical.

I have not looked at this personally, but I have heard that there is research enough in osteopathic and in chiropractic medicine that suggests the same thing, that lesions in certain parts of the spine seem to be associated with certain kinds of emotional symptoms. And, I know that there are people in physical medicine who feel that that's not only – what should I say – take that for granted, that by understanding a patient's disposition, maybe, or personality they have some idea of where they are going to look in the spine right away.

For those of you who are familiar with Louise Hayes' work, "You Can Heal Your Life". She did a little book a couple of years ago where in – Let me back up. The premise is in the work that she's done is the same as what we are talking about here – that physical symptoms are the reflection of or the manifestation of emotional and mental and spiritual symptoms. And she did this neat little book where you can look up the physical symptoms and you can look at what, in her opinion, are the mental and emotional counterparts to that symptom. And if you go through there and you look at the spine, she's got that right down to where a problem with cervical one might indicate this and a problem with lumbar four might indicate this, and so on and so forth.

And while you have to be careful about who you talk to about that, I find that, even without asking directly about the correlation from a patient, that those things often correlate. That low back pain is related to certain kinds of emotional issues where, say, upper cervical pain is related to very different kinds of issues in somebody's life.

And then, finally, in nutritional medicine, the same thing is true. The vitamins and minerals, for example, not only affect our physiology directly, that is our biochemistry in ways that we can measure, but they also have well known, well established mental and emotional symptoms. And some of the classic mental diseases, and some of the classic vitamin deficiency diseases, I mean, have severe well known mental symptoms like scurvy, like berry-berry, scurvy a vitamin C deficiency – berry-berry B1, and so forth. Schizophrenia in the last two or three decades has been shown to be partially responsive to certain vitamins and minerals and on, and on.

Any of you who worked in mental health know that the correlation there between vitamin and mineral deficiencies and certain mental and emotional problems is either very well established, or at least there is some speculation, depending upon what you happen to be talking about.

Furthermore, I would suggest that you can't have one without the other. You know the idea of vitalist medicine here which we keep talking about is that when you're healthy, you're healthy, and if you're healthy on a physical level presumably you're going to be healthy also on the mental, emotional level.

Now, I must tell you, as if it's not obvious, I don't have all of the answers, and I do have trouble reconciling this concept personally, because I know, as you know, there are people who seem to be what shall we say – spiritually evolved who still die of cancer or heart disease or whatever else. And my wife and I go around and around about that one, about what's going on there, and that's a part of the philosophy that I can't quite understand or haven't thought through well enough, I suppose. But it would make sense to me that, at least to the extent that our



physical being is part of our emotional and mental being, that there's got to be some relationship there. This gets into questions about what is the mind anyway, and so on.

Now, just to leave you with a thought here, this is an article from Science News from way back before color TV (1980) and it's entitled "Mind Body Confusion" and I'm not going to read the whole thing to you, but what it says here is that when is a psychiatric illness not a psychiatric illness? When the psychiatric symptoms are caused by undiagnosed medical illness. And this may be the case more often than is generally believed. According to a report in the archives of General Psychology, blah, blah, the research was blah, blah, 100 psychiatric patients took part in the study. Most had been seen originally at a large city psychiatric reception center to which they had been brought by their families or police under mental health warrant.

They would have been committed to the state mental hospital but they volunteered to be part of a research project and they were admitted, instead, to a clinical research ward. There they were given thorough physical and psychological exams and 46% were found to have previously undiagnosed medical illnesses that, in the opinion of the researchers, were "significantly related to their psychiatric symptoms or exacerbated them significantly". 46%. An additional 34% had undiagnosed physical illnesses that were unrelated to their psychiatric symptoms. Of those with physical illnesses thought to be contributing to their psychiatric symptoms, 61% showed rapid clearing up of their psychiatric symptoms when the underlying medical disorder was treated. And then it goes on to talk about some of these problems, and says: We do believe that these people are representative of the patients most likely to be committed to state mental hospitals.

The researchers conclude that currently employed diagnostic evaluations of patients in state mental hospitals may be inadequate to fully identify the mental disorder. Well, of course.

The point is that 46% - now this is not vitalistic medicine, these are psychiatric patients that are being trotted off to a hospital clinical research ward, and 46%, just like that, are found to have medical problems that have not been treated. When they go on, they find that there are another 34% that have physical illness, in the words of the researchers, unrelated to their psychiatric illness. Okay. Now that these people are not looking at it or not working at it from a vitalist or empirical tradition, then my argument would be, well maybe they don't see the relationship between that 34% that have illness. Perhaps they don't know that when somebody has a subclinical vitamin C deficiency, that there are certain mental symptoms.

Okay, But anyway, 46 and 34 is 80% and this is, again - not to put anybody down but to look at the model - this is in the medical model. 80% of these psychiatric patients had a physical illness and this is in a system that's dealing and defining illness as being over here. Right? Past this objective point. A definable, quantifiable, measurable physical illness in 80% of these psychiatric patients, I would be willing to bet you anything that the other 20% were in here somewhere. That they also had physical problems, deviation from normal, biochemical imbalances, vitamin mineral deficiencies, having mental toxicity or something in this area, because they weren't over here. But that the other 20% didn't fit in this study because they didn't cross that line that a medical researcher would normally use as his guidepost.

So the point we want to make here then isOh, there is one other concept we ought to talk about there. Actually, before I go on to that, are there any questions about what we are talking about?

Decker? The first question I have is these (inaudible to me)



JSS: I don't know the answer. I think it's the chicken and the egg, and the answer I think depends upon whether you want to have more eggs or whether you want to eat breakfast. One of the things I think I see all of the time in patients is that – this is kind hard to describe, but it's that very question, which came first.

And that gets into something we're going to talk about this afternoon which has to do with the concept which is uniquely Western, that there is something called cause and effect. This is not necessarily an Eastern philosophy, but a different way of looking at this is that things happen together – things happen simultaneously. It's an irrational philosophy that there is a cause and effect. In the empirical tradition it's difficult to discuss cause and effect, because in that extreme it's more like cause and effect are woven together into the same – they're two sides of the same coin. One doesn't cause the other; they occur together. They are statistically related, maybe. (Decker speaking about relevance)

JSS: What I end up saying to the patients is something like I don't know whether your physical condition has caused the deficiency, whether the deficiency has caused the problem, but it doesn't matter because we can treat both at the same time. But we can pick one and see what happens. That's a good question, though. And again, clearly I want to emphasize that I don't have all the answers and haven't thought all of this through, but this is an example of how you get down to basic assumptions. The assumption here is that there's such a thing as cause and effect. Maybe there is. But that's an assumption because you can't go beyond that. That's the kind of thing that Descartes spent his whole life working on and got to be famous for and we're still talking about it.

It would be kind of neat to be paid for thinking and nothing else. (Students talking – inaudible)....He probably died a pauper, right? (Student talking about a school which identifiedMy point isspoke extensively)

JSS: The way I would tend to explain that is again one of the things we're going to get into this afternoon, which is – we're going to talk about science. One of the things I want to talk to you about is the different paradigms. I keep using that word and I'm going to get into it in depth, but if you read the thinkers about the paradigm business, the way that would be explained is that the existing medical paradigm is ignoring that information because they have no place to put it. Because the paradigm speaks about mind and body and the paradigm doesn't allow this connection, and therefore it's sort of extraneous. It's not that people are being right or wrong or good or bad, it's just they just don't know how to handle it.

An example of that is in a current situation where there is an acknowledgement of the relationship between the mental, emotional and the physical in the dominant school, if we are going to intervene, the intervention is still mental or physical. For example, the intervention there is let's learn to relax, or let's learn to meditate. There are other cases where the intervention is with a psychiatric or psychotropic drug to sort of change the personality to in order to affect the physical symptoms. Maybe if we had the Type A personality, maybe if we give this guy Prozac and he slows down a little bit, maybe he won't have a heart attack. Are you following me? Instead of saying in the empirical, vitalist, holistic model, instead of saying What is the single intervention, perhaps, that can be used for this entire presentation?

Homeopathy would argue that the person who has a certain set of emotional symptoms as well as these physical symptoms, not necessarily high cholesterol, for example but the other kinds of physical symptoms, that when you take this whole thing together, when you look at this globally or constitutionally, there is a single remedy for



that individual, which will change all those symptoms more towards normal, okay, instead of splitting it up again. (

Student: I think, also, the point has to be made in terms to develop the training of medical doctors; they are not trained to be psychologists, and so you have to, when someone only knows how to use a hammer can use a drill, so you get theseparation.....) Well, the paradigm itself has forced us into that. The medical doctor deals with the physical body. I don't deal with the mind. If you want to deal with your mind, go see the psychiatrist or psychologist or whatever, because there's an assumption that they are two different things. (

Student: My point is there are very sensitive people in the allopathic field who are seeing results with this alternative.....There are documental things, why are they being ignore,another student: I don't think it's being ignored; I think it's happening more and more are the physicians are using their skills, and if they're not seeing the results they like, they refer. I think the behavioral sciences are more and more a part of medical schools and more and more a part of medical training and there's a revolution occurring in the training of the allopathic sector. Continuing discussion by students. ... Like yesterday I was seeing a patient who wasBiofeedback because it was getting to be in a really tense situation with her guilt because she was taking

JSS: Let me jump into that to try to illustrate the point and I want to underline again, this is not meant to criticize anybody, it's to look at and examine some of our basic assumptions.

The example that Fred just mentioned where someone is taking Xanax or some other medication and also working on biofeedback is still based somewhat on the assumption that there is a difference here, because of the physical treatment, the pharmacological treatment, and sort of the mental treatment, whereas when you really get into the nuances of vitalist medicine, it would suggest that the single appropriate treatment, let's say, and I'm saying this to make a point, because there are many times where you won't use a single treatment, you'll do this from a multi-disciplinary point of view, but to make this point about the connectedness here, there may be a single remedy, there may be a single intervention which will improve or correct or treat or cure, whatever the word is, all of those symptoms at once. Let me give you an example.

I had a woman who came to me – she was about in her mid 30's – and I'm not even sure I remember what her physical complaint was, but from her body type and from her description of herself, and from the taking her history carefully from a homeopathic point of view, I gave her what I thought would be the appropriate remedy, based on her mental and emotional symptoms, as well as her physical symptoms. I believe her physical symptoms had something to do – if I'm remembering this correctly – with constant upper respiratory infections – sinusitis, and ear infections, and sore throats and so on. I gave her one dose of a homeopathic remedy.

She called me a couple of days in tears, because, after taking the remedy, she described a situation where she started to feel nervous; she began to feel violent; she decided that she was going to kill her husband. She had enough presence of mind – this was really an interesting case for me, because this woman only, for those of you who know homeopathy, she had a 6X, which is a very low potency remedy. I wouldn't expect much of anything, and this is not the power of suggestion either, because I told her nothing about aggravation or expecting anything. Anyway, she got to this point; she had the presence of mind not to attack her husband; instead she went out to the barn and with an ax she chopped a hole in the wall of the barn. Okay? She called me.



I talked to her. She had calmed down after this. Now, this was the most extreme case I had ever seen. After that she continued to have days of weeping and being withdrawn. That went on for a few more days; it probably went on for a week or so and, you may not believe this, but every one of the physical symptoms she came to see me for, plus a whole lot of other mental symptoms are now a thing of the past. Her life has changed. Her relationship has changed. Her life has meaning that it didn't have before. This is a woman who was depressed; who found herself, or thought she was in a terrible relationship. She was sexually repressed; she was depressed her life; her own business was failing; she was working out of her own home.

All of that has turned around with a single remedy. Now, the skeptic in the crowd would say, "Well, how do you know it was the remedy?" Well how do you know it wasn't. The point is that we did that intervention, and for the sake of illustration, everything about that woman in her life changed. She no longer had the upper respiratory infections, but everything else improved, as well. The idea being, in the model of vitalist medicine, that we sort of moved her closer to being a healthier being.

We moved her closer to the balance end of the spectrum, so to speak, and that's the point I'm trying to make is that when you correct it on the most fundamental level, you correct (??the emotional symptoms???) One of the things I've mentioned several times, My wife is also one of my partners in business and in practice, and one of the things we find absolutely amazing, and I don't know if this happens in a medical practice or not, but one of the things that I found amazing in practice is the number of people who particularly after homeopathic treatment have profound life changes. The number of people who quit their jobs or find a new job, get married, get divorced, move out of the state – it's like things that they – well, it's that old aggravation business again, you know.

The way I think about it is there's something stewing inside of them like they really want to quit their job because they hate their job, or they really want out of their relationship because they hate their relationship, or they really want to get married but they don't have the guts to do it or whatever. That all changes. As they become healthier, or happier, or more normal, or less depressed or whatever is going on there, they have the energy, or the gumption, or the wherewithal to make those major changes in their life.

So, again, I don't want to say that what we're doing is right or what we're doing is wrong, it's a wholly different paradigm and you're not going to find yourself there all of the time, you may have the kind of results that I just suggested with this extreme case occasionally; you may have something less than that more frequently; and there are people you are going to see, and probably many of them, who are going to need both "psychiatric and physical intervention".

Are there any more questions on this subject? It's about time to take a break.

Student: There's a very interesting study called the executivestudy, have you heard of that one?

JSS: That's an old one.

JSS This is a lot of fun for me, but it's also, and I love to talk – my colleagues always make a joke about this – but it's pretty exhausting to go. You know yesterday was an 8 hour day for me. I spent the morning with you and the afternoon with the other class, and it's going to be almost 8 hours today and then 8 hours tomorrow, and last year I found that Dr. Mike was in here every couple of hours with a cup of Espresso, and that's what kept me



going. (Students joking about it). You wouldn't believe how much Echinacea and other Vitamin C and other stuff I've had already today. But anyhow, I think I'm sort of hitting my stride.

I was going to say that – did I talk to you about the convention next year in The AANP convention? By the way, has anybody talked to you about student membership in the AANP? I would strongly encourage you to join the AANP if you're in a position to do so just to be involved and to keep up with what's going on, but I can't recommend highly enough or strongly enough that you try to find a way to the convention. (Student about Dr. Micardi? working on a schedule). He is, good because I thought I was going to be seen as a rabble-rouser. (Student – no, he addressed it to both classes). Wonderful, but here's the part he's not going to like. You're going to need some time to recover. (Laughter). That's what biochemistry is for.

Perhaps this will be a way for you to experiment with some of the various natural therapeutics that will help you recover more quickly.

Did I mention to you – this is a true story when we design when our contract with the hotel where we're located we always include the fact that we can party until 2 o'clock in the morning and make as much noise as possible, and there's always somebody partying or dancing until 2 o'clock and then invariably people sit up after that and talk. You see, what happens is we're scattered all over the United States and this is the one time when most of us can get together and take the time to visit with our colleagues and so there's all this socializing and the catching up on those personal relationships as well as picking each other's brains about what they're doing for this and that and the other thing and sharing clinical information, and there's never enough time.

So it's kind of a grueling experience, even though it's a lot of fun.

Well, back to this mind body thing, then. There were a couple of questions at the break which I suggested we bring back in here. (Student talking but inaudible)

That's a good question, and I personally have a mixed reaction. I think that you should experiment with some of this stuff because you know what it's like, you want to know what happens, you want to know what it's power is, you want to know what it feels like. I think you ought to be in a position of having done whatever it is you're going to ask your patients to do, so you can have both the personal experience to be able to relate to them, and also, because how can you ask somebody to do something or experience something that you haven't done yourself. On the other hand, just because these things are natural, so to speak, or seemingly benign, they are not necessarily so. And this can be particularly true with stronger or more potent therapies.

This is particularly true with high potency homeopathy. My suggestion would be, if you are going to do a little experimenting with homeopathy, that you stay with the very lowest potencies, and I would also suggest, if you can do this, that you find somebody to work with. For example, in homeopathy, but it can be applicable to any therapy, find somebody who knows more about it than you do, to work with and to answer some questions so that you're not alone on it. Now, nobody's going to kill themselves by using these remedies, but you can induce some troublesome systems, and in the case of high potency homeopathy, you could actually create a situation that it might be difficult to reverse.

A classical example is that high potency remedies we're cautioned against in the treatment of tuberculosis because once the body has walled the bacteria in the lung, it's likely that a high potency remedy would cause a



healing crisis, that is, an aggravation that would bring this thing to a head or to open it up again, and be detrimental to the patient. And I have seen similar things happen. I have seen women, for example, with ovarian cysts who when given what I think was the wrong remedy, have the cyst erupt, which can be a medical emergency, and that's not something that you're going to reverse, and so on.

So, except for aggravations and physical symptoms, I don't know of a lot of danger, but I'd be a little cautious about it, and if you can't find somebody in your class, then talk to somebody in the other class, or maybe even some of the naturopathic doctors who are on the faculty. I'm sure they would be happy to work with you or explain some of this in more detail, or tell you whether you're going in trouble.

I remember experimenting with acupuncture when I first learned about it. Do any of you know any acupuncture? I took home my first needles and my first book on Chinese medicine and I needled large intestine 4, and I fainted, and I don't know if it was because of the pain or because of the indications of the point, or whatever, but that was the last experiment I did with acupuncture on myself.

I think we've covered much or most or all, I should say, of what I wanted to say on this first page here with one exception, and that brings us back to this thing here – I guess we took the labels down – but the health and the disease spectrum here.

There's a concept that comes up again and again and again in nature cure, in homeopathy, in vitalist medicine which is that if this is a correct rendition of what's happening there are only two things that you can put in your body – food or poison. There's nothing in between; it's black and white. Nothing is neutral. Every thing that you take in; every thing that you take in will help to move you toward the healthy end of the spectrum, or it will move you toward the other end of the spectrum. Okay? In the words of Lindlahr and nature cure, it is working with the constructive principle of nature or it is working with the destructive. In the words of early naturopathy, it is either assimilated by the body, or it's not assimilated by the body.

Those chemicals and molecules that are normally part and parcel of the human ecosystem will be assimilated and incorporated into the body in a constructive way and those that are not, will not. I had an instructor who said that if you take aspirin for a headache, you're not completely cured until you've excreted the aspirin from your system. Lindlahr would say the same thing. In fact, his strongest criticism of allopathic medicine, not the dominant school of medicine, but using medicines allopathically, his strongest criticism of allopathic medicine is that there's a twofold effect.

There is first the physiological effect on the symptom, which is the reason for which the medicine is prescribed in the first place; and then there's the second effect, which is totally ignored by the allopathic school, he would say, which is the residual effect of that drug on that person's system. And that, of course, is what allopathic medicine is all about, and that what this is all about. Right? PDR. This is full of the other effects. Actually I think there ought to be a PDR in everybody's house in America; this ought to be on CD Rom and ought to be on one of the cable channels.

You ought to be able to sit there and watch to see some of these remedies come up because I think if people knew what the side effects were of most of these medications, they'd never take the stuff. (Student asking a question – inaudible) The PDR? Even you're Dad, is he a medical doctor? (Student talking-----) JSS The point here is that the vitalist school makes the distinction of working with the constructive forces, if you will, the



anabolic forces, the health building, correcting forces versus the destructive forces, and there's this concept that you will see over and over again that has to do with food and poison. Everything is a food or a poison. That is to say, everything that comes into the system either nourishes it because it supports it constructively, or it detracts from it in some way.

And I would suggest, that if that's true for say, foods and chemicals or whatever by virtue of what we just talked about, you can take that to the next level and you can say that even our thoughts are food or poison. That the things that we're thinking about, the things that we're dealing with on the level of creating images in our mind, perhaps even the words that we choose to use, have a constructive effect on us and others, in this case, who hear them or they have a destructive effect. And certainly there have been philosophies in human history that would tell you that. That words are powerful instruments and they are part of what helps someone create their own thoughts, and therefore you can use them in a creative or in a destructive way.

In the present situation, I think where this applies in clinical medicine is in this area of psycho neurology or psychoneuroimmunology that we're talking about before about how thinking affects the body, perhaps. Some of the stuff that has been written in recent years on visualization and thought. You know, it's like if you are running around thinking – well, let's take the extreme – let's say you have been diagnosed with cancer and you're running around all day thinking I'm going to die; I'm going to die; I'm going to die; it's all over; I'm going to get my will in order blah, blah, blah. Certainly that's going to have some effect on you and some effect on your body. I suppose you can make the argument that you might be poisoning yourself with those thoughts.

And conversely there's a whole school of thought that you can do the opposite – that you can change your thoughts – that you can be aware enough of what's going on in your mental, emotional world to reject the negative and to try to construct or at least try to use or maybe even dwell on the positive. And you know, the whole thing about subliminal learning. I know it's controversial, but that's the whole idea that you plant positive thoughts about certain situations in order to create the physical manifestation that would flow from that.

Anyhow, you need to take away from this the idea that on this kind of a continuum anything you do, anything you eat, anything you think is going to move you one way or the other. Now that doesn't mean that you need to be a purist; or you need to be a saint and that you need to keep going in this direction, although it might be an interesting experiment, but if you know that, then you can see that there's a way to do that on balance. Okay?

And, you know sometimes, for an example that came up here earlier in the week, was there are people who are surprised to find out that some of us drink alcohol. Well, that's a big deal. And the way I think about it is that if you know this model, you can choose to do things that are destructive, because you can also choose to do things that are constructive. Like I know that if I'm going to take care of my body that my responsibility, that if I'm going to allow myself, let's say, to have that glass of wine or that Mexican beer with dinner, then I also have the responsibility to take a couple of steps the other way.

You know, I would say that the way alcohol affects me, for example, is not nearly as much of a problem as the way it affects some other people because I know some things about compensating for that. Now I don't mean to say that that's an excuse. I don't know if I'm getting the point across. The point is that you can choose to step either way. You can take two or three steps toward the negative direction but then you can recover by taking two or three or ten steps in the other direction.

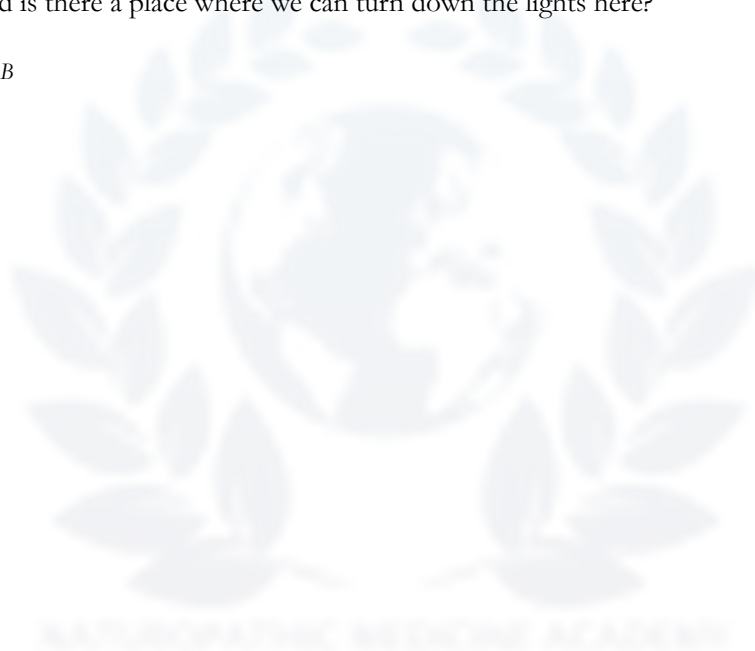


So all in all, like in my own case, I can tell you except for the fact that I'm very tired today with what I've been going through as I said, I'm healthier now than I was ten years ago – far and away healthier than I was ten years ago, and I can still be engaged in what as you might think of as poisonous or destructive habits and recover that. Now, I'm not recommending that you do that, but I'm also trying to suggest that this is not a religion. Be careful about. I saw this movie the other night, I think it was "Demolition Man". It takes place in the year 2032 when meat and salt and I don't know what else is illegal because it's bad for you.

And there's a counter culture living in the sewers that are eating hamburgers and salting their food. (Laughter) I sort of would like to do that when I'm with friends sometime, I'll go to a restaurant (I have a friend in L.A. who does this all the time who is a naturopath), he'll go out with friends and he'll order a big fat piece of meat and he'll salt it and salt it and salt it; he even gets some of us other naturopaths freaked out. Harry, you know that 's salt, not sugar. He'll say, Yeh. Anyway.

Well, I'd like to try a little experiment with you now. What I'd like you to do is put down your pencils and pens and sit comfortably and is there a place where we can turn down the lights here?

END OF TAPE 1 – SIDE B





BEGINNING OF TAPE 2 INAUDIBLE.

JSS: So I'm going to make a suggestion that maybe we ought to wash our hands. Legacy is that (NAME) ended up being hounded out of medicine to the point of being insane. The man ended up at a young age at an insane asylum because of the way he was treated by his colleagues, and his son picked up the gauntlet – picked up Daddy's crusade to get people – to get medical doctors to wash their hands and his son suffered the same fate. And now I'm willing to bet that if you sit in any microbiology or epidemiology class in a medical school you will learn about how (name) and now we all wash our hands, as if he were one of us and we all agreed. And that's only one of many, many, many examples.

Now, again, I don't want to say that we're going to blame this on people who are medical doctors. It's the kind of system that we live in in the West. There are all kinds of stuff going on right now in our own lifetime that fits in the same category. But on the other hand, the kind of claim that he made is something that needs to be looked at, and I would say that a true scientist, you see, would have sat down with (Samovise)? and figured out what he was talking about and tested the theory instead of running the guy into the insane asylum, and not just accepted what he said at face value because that's the other extreme, because there's a lot of that going on, too. You know.

If you can stand on your head three days at a time, you can grow your hair back. Is that true or is it not true? It isn't. (Laughter – some gal talking inaudible) What? Standing on your head? Let's look at the PDR, is it in there? (Marked with yellow).

JSS: Marked with yellow. Did I already have it marked? (No) Oh, this yellow.

Okay, Contagion: This term and infection generally denote the transmission of a poisonous principle when the transmission is affected of blah, blah, blah. When something is transmitted, it is contagious. Somewhere in here the term contagion – when transmission is affected through the agency of the winds and at a distance, this mode of communication is called infection. That's not what I was looking for. Anyway – the point is that there is a sort of implication and again, I see this in the legislature all the time, if anything is of value – the implication is that if anything is of value, the dominant school has already incorporated it and there ain't nothing else, and the fact is that a lot of different things, if you look at the history of medicine, there are many, many things to which that is not true.

And then, let me just step ahead to some of these ideas about – well what I have listed there under sloppy science – and we may have to revisit this because I think we're going to be interrupted at 3 o'clock, but this business about cholesterol and heart disease is another example. I'm going to come back to that #1 – germ theory. #2 – that's close to the emphysema example. You know I heard some time ago that 98% of people with lung cancer are smokers, so we all know that smoking causes lung cancer. Right? Well, what about the other 2%? And what happens when you ask the question the other way? How many people who smoke get lung cancer? It's not 98%. I don't even think it's half. So half the people who smoke don't get lung cancer.

Does smoking cause lung cancer? Is there a cause and effect relationship there. The same thing with cholesterol. Is there a direct relationship between those two? Probably not. (Student inaudible)



JSS: There's a statistical relationship. That begs another question which if I wasn't wrestling I would have got before that. If there is a statistical relationship between cholesterol and heart disease, let's assume that relationship exists, which I think it does, does it necessarily follow that lowering cholesterol will reduce the risk of heart disease or are we only manipulating one more symptom. And, as a matter of fact, we find that when we lower cholesterol with some of the cholesterol lowering drugs, what happens? Who knows? The rate of depression and suicide increases dramatically. Did you know that?

It's like this next one about pancreactomy (sp?) and dogs. If you remove the pancreas from dogs, you can produce hypoglycemia and eventually diabetes. Does that mean that if you have no pancreas or non-functioning pancreas that you are going to have diabetes? Probably. But does it follow that diabetes is always caused by a malfunctioning pancreas? Not really. And we've jumped to that one too. Can somebody have diabetes – is it possible to have diabetes and still be producing normal amounts or near normal amounts of insulin? And the answer is yes. But we all know that the problem with diabetes is not having enough insulin, so we take insulin, right? But that's not the case. I'm generalizing, of course, but that's not always the case.

And finally there's this business of research that's editorialized. The most extreme example I've seen is the one here.

There was an article back in JAMA back in 1980 that had death related to coffee enemas and the article starts out with "Naturopathic therapies are gaining more popularity in the United States and blah, blah, blah, and one of the naturopathic therapies is coffee enemas." Then they go into discuss two cases of people who died from an electrolyte imbalance to the coffee enema, and they end the article by saying that "as naturopathic medicine grows in popularity in the United States we can expect a contaminant (?) increase in morbidity and mortality." What they didn't say is that both of the patients who were treated by coffee enemas were treated by medical doctors, none of which, as far as we could determine at the time because we were considering a class action suit against JAMA at the time.

As far as we could determine neither one of these doctors had any kind of training in the use of this methodology. Whether you believe in coffee enemas or you use them or not, there is no formal training in the use of coffee enemas. (Student comment – inaudible – laughter). That would explain it. But of course the point here is, that this was an example of taking something, I mean if you were going to be real and objective about it, there were many ways to report the fact that death can occur with coffee enemas and a severe electrolyte imbalance leading to death is something to watch out for. But this was obviously a slam on naturopathy, so they took something under the label of science and a so-called respectable Journal and used it to hammer on naturopathic medicine.

Now, there are two other points I want to make and then we'll break, and I don't know whether I'm going to have a chance to do that. I'm going to try to get to one of them which is – I want to tell you a story that has to do with science, maybe, that actually involves a case that I was involved in. I had a young man who was a graduate student at Yale in the department of neurosurgery.(this is a year or so ago now) who following a long bout with what was called the flu, which put him in bed for several weeks, left him in a situation where he had some parathesia (?) in I think it was his right arm.



He trotted off to some of the doctors at Yale Medical Plan to see what could be done about this, and I'm sure exactly why this was done, but after a thorough neurological workup, it was recommended he have a CAT scan, and he did, and on the CAT scan they found some par ventricular lesions – these are lesions around the ventricles of the brain. The immediate reaction is that the par ventricular lesions are undoubtedly causing a neurological effect and something has to be done, so they offer the guy cortisone, and he is given cortisone in doses that would have killed a horse – massive doses for two weeks, and nothing happened. No improvement.

The family was from India – New Delhi exactly – and the graduate student was home with his parents in upstate New York and in the panic that ensued about what to do about this guy because the best medicine in the world couldn't help, the father called home to talk to someone in New Delhi. While he was on the phone with his sister in New Delhi, a classmate of mine was sitting in his living room and told them to take the kid to me because surely I can help. Okay? So they bring this student to me and I do a thorough examination, look at all the records, look at the par ventricular lesions, look at what's happened, and I must tell you they came to the conclusion at Yale that he was suffering from post infectious encephalitis.

That is to say he had inflammation of the meninges around the brain after having some kind of an undetermined infection which was probably the symptoms of the flu. Well, I told him that his neck was out of joint and it seemed to me that if he was lying in bed for two weeks, there was a very likely possibility that all we have to do is to adjust his cervical spine and perhaps the parasthesian in his hand would disappear. No way. No way did they want to do this because he had post infectious encephalitis and how is it possible that manipulations can help post infectious encephalitis? Is there anything else you can do?

Well, I said I had never dealt with post infectious encephalitis, certainly not one that has produced this kind of parasthesia, but based on what you are describing, I think there are a couple of things you can do. One of them is homeopathic remedy and a whole bunch of remedies came to mind right away after taken his case. "Well, we don't want to do that because my uncle is the best homeopath in all of New Delhi, or all of India, and we're waiting for him to tell us what he wants to do." So I'm like well, what do you want me to do? Well, finally we get to the point where I said oh, I have a couple of suggestions. Let's look at this sort of allopathically.

Let's assume that you have some kind of inflammation in the brain and let's assume there is some kind of low grade infection. All you have to do is stimulate the immune system and use some of the things that we would use for inflammation. So I put him on a number of different botanicals that you might use to stimulate the immune system, and I put him on some of the things that we might use to help with inflammation – in this case there was a formula that included Echinacea and goldenseal baptisia(?) and some other herbs and a combination of bromelain, which is pineapple enzyme protein digesting enzyme and bioflavonoids – citrus (?) flavonoids. I don't know if it's going to work; it's not going to hurt. Just try it. Okay. Well, so we sent him away with the stuff.

I found out about 3 weeks later we have a scheduled phone appointment and I get on the phone with him, his mother and his father in a conference call and the question they asked of me – by the way he stopped the cortisone – the question they asked of me is whether or not he ought to continue with what it was that I suggested, and I said, "Well how do you feel?" And he said, "Well, all of the symptoms are gone." And I said, "Well why are you questioning continuing in that case?"



I think I might recommend it.” He said, “Well, your treatment didn’t work.” I said, “What do you mean it didn’t work?” He said, “I had a follow up CAT scan and the par ventricular lesions are gone.” So, how is it that – you know I was very tactful about it – so I said “How is it that what I suggested didn’t work?” So he said, “The ventricular lesions are gone and the syndrome is gone so obviously it had nothing to do with what you gave me.” Okay, So, of course, my response was, “Don’t take the stuff and call me when you need me.” You know.

There are a whole bunch of questions in there about cause and effect. Is he right? Did the thing just go away? Does the parathesia from the par ventricular lesions – did I just waste his time and his money? Did what I give him change the whole thing? Did it correct the...blah, blah, blah and all of that.

So, I ask you to think about it, because I don’t know what the right answer is.

Now, there’s one more piece of this whole science thing that has to do with paradigms and I think what we’ll do is postpone that until tomorrow morning, because we’re going to do something else now.

Student talking – inaudible)

JSS: We’re going to take a break now. Dr. Carl has arranged for some of the more experienced doctors in Arizona to be here for the rest of the afternoon to entertain------(silence in the tape) ---so, I need them at the very latest by tomorrow morning when we start class. I’m collecting them on the table with my books, and if you can’t get to it until tomorrow morning, that’s fine. Just make sure you bring it by tomorrow morning.

The second thing is, your homework assignment for tonight is in this bag. I’m going to pass it around. This bag is full of jawbreakers. (YEAH!) I want each of you to take a jawbreaker and suck on it until it disappears, taking it out periodically from your mouth and writing down what you see. No chewing; no breaking. Get it down to the tiniest part that you can before it’s gone, noting the changes as you go along, get it down to the smallest possible piece that you can and note how small that is. Okay?

I’m going to pass the bag around while we’re talking. (students talking)

Dr. Carl (?) All rightee. This is a short tradition that we started last year and it went over very well, where we invited some of our senior practitioners in the state to come and answer some questions and have you hear their responses to your inquiries. We actually had invited (SHORT SPAN in tape where there is no sound. Then applause)

Dr. Lynch got his N.D. from Western States College and he graduated in 1961 – that was before I was born, I think – and he’s been in practice from since April of 1962. He’s been in Arizona for 32 years. He presently lives in Prescott Arizona (Payson Arizona) He’s a former member of the state Naturopathic Physicians Board of Medical Examiners, and he was past president of the naturopathic medical association in Arizona, and he’s a past lobbyist for the legislation.

Next, to his right, we have Dr. Robert Gear. Dr. Gear has been practicing for 30 years; he is both a naturopathic physician and a chiropractic physician. His father and aunt were also N.D., D.C. who began practicing here in 1929 (1927 for my aunt) and Dr. Gear is currently the director of Comprehensive Health Services on 16th Street in Phoenix. He is currently on the Naturopathic Physicians Board of Medical Examiners; he has been very active in the legislature especially during the key year of 1981-82 which is the year our law came quite close to being



sunsetting, which means that due to lack of interest they cancel it, or due to excessive medical lobbying they choose to cancel it. Here in Arizona there is a sunset law for all professions.

Due to the work of these doctors and many others in the state, that sunset law did pass and then that's where we kind of had an influx of recent graduates. Kyle and I were two of those.

At that point I guess we'll turn it over to Jim and Dr. Gear and Dr. Lynch, and we're interested in your questions.

JSS: I can't help but thinking that these two guys collectively have been in practice longer than a medical doctor lives. Okay. The average age of a medical doctor is 58 years in the United States. So when I asked you to write down two questions that you might ask the folks who have some experience, here they are.

I also want to point out that when we talked about the word "naturopathy" as a derivation, you remember that I mentioned that there was someone here in Arizona who interpreted the word in the way that naturopathic meant that this was an attempt to understand from which or from where pathos were suffering springs. You remember that interpretation of the word? That was Dr. Lynch and I'm sure he'll be happy to answer questions or elaborate on that a little bit further. I think what I'm going to do is entertain questions and we'll just put this thing on the table here so they can hand the mike back and forth. Hopefully, I don't think we'll have a problem with the questions. Who has a question? Don't be shy?

Decker? -(something about vitamins off the shelf and able to pass that law)

(ND did not identify himself): My opinion about that is that it is a dangerous position to be in, but to answer the end part of your question first, my experience is that the vast majority of ND physicians and DO physicians are not interested in the prescribing of biochemical type medicines, meaning vitamins, minerals, etc. ? extracts, or botanical medicines meaning all the plant derived medicines. That's #1. If they would be declared to be let's say prescription drugs, fortunately in this state and in at least two other states, I would feel that most of them – or all of them – would be permitted for naturopathic physicians to prescribe them.

Now, I do believe that already there has been some degree of jeopardy, but many of these supplemental companies, or botanical medicine companies, have altered their terminology in relation to what they say about many of these substances which have heretofore laid in the public domain, meaning not on prescription. Perhaps that answers sufficiently to you.

(Other ND): I'd like to give you two cents on that. Philosophy is very nice, Decker, and all of the rest of you who feel that naturopathic medicine should use only plant substances that are not prescription items, because you think that it it's something that is a prescription item, it is not going to be within your armamentarium of Materia Medica. Does anybody here think that? No? You are doing a fantastic job. Wow!

The question that Decker asked I thought was framed from that viewpoint, so I misunderstood your question, Decker, because I thought what you were saying was "Are all of these natural things that we people in natural medicine use going to be unavailable to us with the FDA enforcing the law as it's been written since 1935?" (Decker spoke but inaudible _ don't have all of the control over it – something about how going to write a prescription). I was right. You are misunderstanding the law. The law says that – I went over this with a great many of you when you were applying here – do any of you remember that? What did we say a drug was?



Anybody? What? (Inaudible) Okay, I remember that. (Laughter) What is the definition of a drug? (Inaudible) Right.

Anything that affects the body for the purpose of helping to diagnose or treating the body for anything – that's a drug. Even water is a drug. Okay? So, if you use any substance, any article other than a device, it's a drug. Devices are not drugs, they're devices, and you have to read the law to understand the difference between those two. Naturopathic physicians in this state can use drugs. The type of drugs that we can dispense out of our offices are natural substances; the types of drugs that we can prescribe are unlimited. Now the way that we prescribe the drugs should be to balance physiology(?), because that's what naturopathic medicine is. Naturopathic medicine is not allopathic medicine which is treating a symptom to alter it. We're interested in what caused the symptom and how to fix that cause.

So, we should use drugs, all drugs, but we should use them from the naturopathic medicine of balancing physiology and bringing the body back into harmony with all of the laws of the universe – speaking of which I have a little handout here. I'm glad, Decker, you asked that question first because it gave me a great lead in to my little handout. Is that all right? Shall we do that first? We'll give you a little extra dispensation here.

Okay, this little jewel that you're getting, please when you get it, do not read it just yet. I'd like to read it with you together and have you follow it, because it's a little bit convoluted. It's grammar and sentence structure are complicated, and it's that way for the purpose of understanding it in totality.

But we had a great opportunity here in Arizona in 1988 to change the law so that naturopathic physicians could use items, other than food items. Prior to 1988 we had to use food items, we could not use drugs by law, so you could not give water to someone who was dehydrated for the purpose ofhydration, prior to 1988. And those of us who were giving colonics were doing so illegally because we were using water in the device. (ND is speaking, but it is not audible – don't know if ear phones would help)

..... was very much like allopathic school of medicine, and they did poisonings and cuttings, which was opposed to Hippocrates way, which was the naturopathic way, using the forces of nature. It's kind of interesting. Harris Poulter goes over it very nicely in his history of medicine books. He has a 3 volume study; you should all have an opportunity to read that some time. We have accumulated encyclopedias of scientific data and empirical knowledge since those early days and physicians evolved into modern groupings. The allopath fights disease by chemical pathways, and if that is not appropriate, does cutting surgery. You notice Pike's disease. The osteopath emulates the allopath in practice and addresses physical medicine calling it osteopathy.

The chiropractor is mechanistic holding the physical laws of the body structure to be paramount in balancing the nervous system that is function is based on structure. The homeopath utilizes electromagnetic resonance to restore health.

What is left? Ah, ha! Naturopathic medicine is left. It's reason for being – and you know everything has to have a reason for being – and in my humble opinion, it's reason for being is to provide a system of medicine for physicians seeking to achieve a state of healthy homeostasis or balanced state of being in their patient, rather than the patient's presenting state of diseased homeostasis that is unbalanced state of being. Did all of you get that? This normal functional restoration of the being is accomplished by scientifically channeling the laws of the



universe, that is electromagnetic force, weak force, strong force and gravity's force that have been have or are proactive in establishing or maintaining an unbalanced state of being, that is disease.

Many people, naturopathic medical physicians included, think treatment tools, or modalities, are of paramount importance in providing medical care from the prospective of natural medicine. However, the tools of a profession do not make the reason for being of that profession. One might consider striving for the mastery of being a naturopathic medical physician, rather than merely being a person who has attained a level of and being the recipient of the title Doctor of Naturopathic Medicine.

The core of naturopathic medicine is the unique ability of a trained physician to find the source of the dis-ease in a being, especially a human being. This is defined by our society in language as diagnosis. Again, the core of naturopathic medicine is the unique ability of its physicians to diagnose cause of, not end product of, pathology. Diagnosis in the sensitivity of physicians practicing naturopathic medicine is the full understanding of the conscious and subconscious psyche biochemistry to include physiology and pathology as well biophysics to include structure and function of the organism under study.

The knowing of the normal state of being and the determination of the path followed by an organism in the attainment of the current state of being, which may be a state of dis-ease, is the ideal culmination of your educational quest, that is, how to make a diagnosis. The naturopathic physician also sees humans living within the parameter of defined health who wish to more fully attain the unattainable state being in human perfection. It is within our scope of practice to assist or treat that person as well as the diseased people that seek our assistance to find their homeostasis in life.

Once the diagnosis is made, the path of treatment will be clear for the properly and fully trained physician who practices medicine in Arizona according to the precepts – now this is the law in Arizona – a medical system of diagnosing and treating the human mind and body including any natural means, drugless methods, non-surgical methods and devices, physical, electrical, hygienic and sanitary measures or all forms of physiotherapy – in other words, that is naturopathic medicine.

For many of you, the grasping (?) of what I have said will lead to a paradigm and your reason for being in state of physician. The role of diagnostic clinician comes first followed by the role of clinical therapist, if same cannot be delegated to appropriately trained personnel. Do not lose sight of the centerpoint of naturopathic medical science. Always evaluate pathology, the state of disease, by anatomy, physiology and psychology in light of scientific principles that is reproducible before venturing into the realm of experimental concepts, that is maybe reproducible. A well trained physician is a balance between scientific and empiric procedures in therapy but always scientific in diagnoses.

I wish you well in your endeavor to become a physician of your dream. I may be of assistance in your quest – and for that I'm humble.

Now, Decker, did I answer your question or not? Did Dr. Lynch answer your question?

Decker: Yes, thank you.

Next question?



JSS: It occurs to me in light of what you said, maybe we should ask Dr. Lynch about the definition of naturopathy, as well. Would you like to explain that? We talked in the beginning of about where the word came from and my opinion dovetails with what Dr. ??? just said.

Dr. Lynch: Let me give you a brief history of I guess it's 41 years of experience or more – something like 46 I guess with college that I've been around the naturopathic medical profession, and I have been a strong critic of the profession, and perhaps may even seem harsh at times, and acceptably analytical in my endeavors to explain to myself and to my colleagues where the profession stands and its inadequacies and imperfections, quirks and so forth. I'm now glad that I have been that analytical and I feel aroused and interest in self analysis within the profession. I agree with Dr.

Gear the concern of the uniqueness of the naturopathic medical profession, that we are certainly very eclectic, have a very rich background in a variety of methods of treating and particular emphasis philosophically so to speak and scientifically on the idea of assisting the biochemical and natural process of the body with the use of chemical substances derived primarily from nature sources in order to do that, but not limited, thereto.

So let me speak to this word naturopathic. In the United States the word is usually produced

Nature opathic, which frankly to me is incorrect, it should be natur opathic, but be that as it may, based on etymology, the science of words, to me the word can only in the scientific stance based on etymology mean nature – the nature of pathology – the nature of disease. Naturopathic. And the only profession that really emphasizes that relationship and stresses what is the nature of this man or lady, this patient's pathology – what is wrong – not that other medical professions don't, or certainly aspire to. Nevertheless there is a uniqueness and there's sufficient historical background and literary documentation which I happen to have, and other people do too, to back that up.

So again, the word naturopathic to me means the nature of pathology, the nature of disease, and the interrelationship of all things in the universe – the natural phenomena – the visible, the seen and unseen phenomena of the universe, which is nature. Remember, I said, unseen, What is seen today, or what is unseen today may be seen tomorrow or next year and certainly modern science has proven. So I thank you for listening to me about naturopathic medicine.

Student: Please identify (inaudible question)

Dr. Lynch: The manner in which I'm going to answer you will probably awaken more questions in the area I'm going to respond. I see the minds are clicking, and I'm glad of that.

END OF TAPE 2 - SIDE 1 OR A



SIDE 2 (B)

Dr. Lynch: As I look back in my own history of 41 years – or 46 years with college – and what I see today and what I see particularly in the immediacy of your future and my future – even though I’m retired and the future of the profession are these 3 things.

1 is an awareness of the governmental and political scene of the profession. That’s #1.

#2 is relationships with other professions including the insurance profession, which of course has to do with the nitty gritty of economics, which is an almost embarrassing aspect of the profession, but one should not be overwhelmed by that.

#3 The third one really is the whys and wherefores of the financial status of the profession in general. When I address myself to that I’m speaking of only naturopathic physicians. I’m not speaking of those who have another degree – not that I’m shooting that down – you may come out in 10 years with an MD, a PhD, a DC, or whatever it may be, but I’m addressing myself to your question concerning the important aspects. So those 3 or 4 things. And they are certain of paramount importance today in our era that we’re in now, especially in the United States. So, I hope that covers it. There should be other questions in that area.

Student: (Inaudible)

Dr. Gear: Study, study, study. I’m serious. You’re going to be given a phenomenal amount of information this year and for the next several years while you are in school, and you’re going to believe from time to time that you’re being taught allopathic medicine. Please don’t be snowed under by that fear. You must learn science. Science is science is science is science. It’s how you interpret that science later on that makes the difference between an allopath and a naturopath. So, you ask in your first year what should you be aware of and what should you think about. Apply everything you are learning and to the overall understanding of the basic sciences of the human organism and of life in general.

And understand that just because something was found by an allopath does not necessarily make it allopathic in its philosophical utilization, and always strive for the understanding of the basic sciences. That’s what I meant to say on the subject. You’ve got a lot more to learn later on about a lot of other things.

Student: (inaudible) I think Dr. Sensenig probably can answer that question better than either of us can.

(Couldn’t hear Dr. Sensenig.)

Dr. Gear: He’s international; we’re just Arizona.

Another student: (inaudible) LONG SPAN IN THE TAPE WHERE NOTHING RECORDED

PICKS UP WITH DR. SENSENIG SPEAKING

JSS But he’s also going to be speaking to the 2nd year class this evening at 7:30, I think, about homeopathy and botanical medicine,. 7 o’clock – you already know about that. Okay, so back to our guests, does somebody have a question?



QUESTION INAUDIBLE - Well, I would I recommend to answer your question rather in generalities. Let's say there are 50 students here. I would hope that 10% of you or 5 by the time you are graduating that 5 of you manifest an analytical, intellectual, practical interest in governmental politics no matter what state you are going to, and let's say that of the 50 of you that only 5 of you feel so confined or very bluntly mentally, intellectually so inclined. I recommend that those 5 do so from your first year as much as you can. Find out everything you can about your profession, the good points, the shortcomings, etc. and keep your mind, ears, eyes tuned to the general medical and political scene in the United States as is now going on with our Federal government.

That briefly is my answer to you. This is an opinion on the political level that I trust you to think and that I advise you that I come from a different cultural background than most of my colleagues, and in my opinion, you must go to the people who count. You must not be afraid to find influence, no matter where you can find it. No matter where you can find it. Find it. You may have to make relationships with whomever. There'll be others who as you all know who will write idealistic letters, have your friends, patients write letters, telephone calls, and in my opinion it will not, it will not, it will not, it will not help them.

You have to have influence behind the scenes...(inaudible).....portray the naturopathic profession, naturopathic medicine in a limited way and a dogmatic and doctrinal pokey way.....Did I answer your question?

Dr. Gear: If you go and practice naturopathic medicine full scope in your time here at school, and the state doesn't license naturopathic physicians, your chances of going to jail for a felony are very good. That's a fact. Now Dr. Sensenig can probably enlighten you a whole lot more about his experience in talking to people who practice in states that aren't licensed, and I'm sure he will be doing that in his time with you here. There are a lot of people out there who are pushing the envelope a lot and they got a law in Montana three years ago and a law in New Hampshire this year. So what Dr.

Lynch had to tell you about being politically astute, you know I've been chastised by students as well as by professional people within the profession for being too involved in politics, and everything I say I'm political about.. Well, you know, that's what keeps the profession moving in a direction, and if you give up that part of you, and let someone else do it for you, then you've given up the dream, and I think that most of you here are capable of being extremely effective politically in the profession. As soon as you make a change in the profession, you make a change in your own life many, many ways on many levels. When I first started to practice, as when Dr.

Lynch started to practice in Arizona, we were licensed to treat the human mind and body by the use of drugless, non-surgical methods, including all forms of physiotherapy, and that was it. That was our law. That was 1964 for me and 1952 for you. That's when it went in in 1935 and I talked to the doctors who made the law in 1935, and they were still alive, some of them, when I went into practice, and one of them carried an ulcer to his death bed because of keeping adverse legislators out of the vote by putting them in a back room with wine, women and song until the bill got passed. You're laughing because you know that sort of thing still happens.

If you have to do that to get a bill passed to make a difference, then you do it (something about medical doctors and cutting practices in half) Another doctor is Dr. Sam Brown.....My mother went to work for them in 1939; she was their Laboratory and xray technician. If you don't take up the challenge yourself,.....be



political You have to find out where the genie is and don't stand back..... Do you understand what I just said? I hope so.

Long space of inaudible conversation – had to be a student asking a question but no one is near the microphone

In my opinion the answer is no. We have a division of the house. Mr. Speaker, call for a roll call vote. (Laughter) BLANK I agree with what Dr.has said. It doesn't mean my methods of treating or naturopathic medicine is inadequate, it does mean that the physician of the patient.....etc. etc. yhave changed. I could talk for the next half hour about this, but I'm not planning on it. If one stays abreast of the changes of the chemistry of the earth and understands the basic sciences and physiology itself, then one can find methods of treating to address those new challenges themselves. That's all I have to say.

THERE MUST HAVE BEEN A QUESTION ASKED A STUDENT.

Dr. Lynch: I have a feeling that you are addressing that to me because of 41 years of practice. I don't know if I mentioned to all of you that I am retired as of December 31, 1992. To answer your question, first of all I've always had a diversified practice clinically for whatever reason, and I would like to answer this question back here in a way including psychological counseling. My own process when I went into practice, and I must tell you that I went into practice in a state that did not have a naturopathic law; it had a chiropractic law, and I also had a chiropractic degree after I got my naturopathic degree, so I was licensed as a chiropractic doctor. But in no way did I practice stereotypical chiropractic.

So I even in a sense felt myself out as practicing natural therapeutics as a naturopathic doctor. So, for whatever reason I attracted a variety of cases to me, and my basic concepts of medicines to use and as we said in those days, particularly under that law of food supplements and really biochemical medicines, and naturally that means all of the vitamins and so forth, I developed a technique and a desire to use them specifically, which I did. ... niacin andpsychological problems, particularly depression. So, I added, too, as time went on, particularly in the way of so many new companies had come on the scene – botanical medicine with different formulas, etc. but the basic concept, especially in endocrinology and using glandular extract substances remained basically the same for me.

I did take up acupuncture for a while, and I might have changed some of my modus operandi in physical medicine or physical therapy. So that was about it; I didn't make any drastic change. Now I'm a homeopathic – using homeopathic medicine. I hope that answers your question.

Dr. Gear: Dr. Lynch helped me understand many years ago what naturopathic medicine meant, and I kept learning. I still learn. I still change. (Batteries are bad – testing 1, 2, 3) INAUDIBLE

Dr. Gear (?): I am writing and re-writing material every day. I've done that for 30 years. The reason I do that is because it's totally impossible to absorb(no more speech).....

.....the student to read the statements she makes, in other words the statement has to stand by itself and it has to be crystal clear. If it's not crystal clear, then she's not going to understand what her anxieties are. So when we get her to understand her unresolved anxieties, and we understand her physical structural imbalances, and we begin to understand what's eating on her internally, what kind of a bug she's got, and we get her diet set up so that she



doesn't have any sensitivity reactions to the food she eats or the combinations of the food she eats, and we get her to start having proper rest times and exercise times and we get her to become balanced in all aspects of her life, she might get a little healthier.

And if we get her five degrees healthier or five points healthier than she is now, we've done a good job, and if we get her 95 points healthier, then we've done even a better job. So in taking care of sick people, you look at all of it, and you keep learning and you never stop, ever, if you're going to be a good physician.

STUDENT asked a question. Dr.: Well, she's 69; she'll probably live to 89 – 20 years. I'm her family physician to the limit of her ability to pay me, and then when she can't, she has to go to the other family physician she has because Medicare pays that one better. STUDENT Dr. : But whenever he fails, she comes to me and pays out of her own pocket. STUDENT (something about paying and the economy) Dr.Lynch : I'll have to answer that in two ways. It's going to cover a multitude of problems, you might say, the naturopathic profession does face, and has to deal with.

First of all, in Arizona, I have practiced primarily in a rural setting or small towns, and I have found that generally speaking, if it's people my age or generally speaking in a rural setting in Arizona, anyway, the patient market over the age of 60, they are primarily highly conservative, modestly educated, the street language term is they're "straight", and they're "square", and other than a minority of that group, they are inclined toward naturopathic medicine. However, that doesn't mean that I haven't had patients over 60 because fortunately or unfortunately that's the kind of people I've seen primarily. The Medicare situation is very pressing if you're an ND only, and of course, I'm assuming that you're going to be ND's only, so I'm addressing myself to that factual and practical situation.

In the future, we hopefully, state by state or on a federal level, and I would say more hopefully on a federal level, that we should be recognized if we are licensed as physicians or that we're licensed whether the designation of physician is there or not – under Medicare. I believe the statistics will show that people under the age roughly of 40, college educated, citified, sophisticated, Californiaish, new ageish, and earning with an income of approximately \$35,000 a year are more inclined to be attracted to natural medicine in general, alternative medicine in general, and naturopathic medicine in particular, since that's our profession.

So the sociological and economic aspects of practice is there, and it's a condition, not necessarily a problem, but a condition that frankly and bluntly the naturopathic profession has not sufficiently addressed itself to, but I feel that will be in the future, especially if the laws broaden, which I hope and others hope that it will eventuate factually and for sure in this state and elsewhere. And I think if the profession is intellectual, analytical and aggressive enough to procure federal recognition as other physicians, then much of that problem will go away. But I assure you that the situation now in the United States is in a great deal of flux in relation to insurance programs.

I recently heard an address by an MD, who happens to be now my primary care physician, and he relates that these groups that are cropping up – whatever group name – and that many of them are being formed to offset Medicare. It's a behind the scenes governmental procedure to, in theory, to reduce the cost of Medicare, but many of – this doctor predicted –that you'll find that there will be doctors more and more getting into these programs who will "I don't give a damn doctor, I'm going to be paid anyway", who will become cynical,



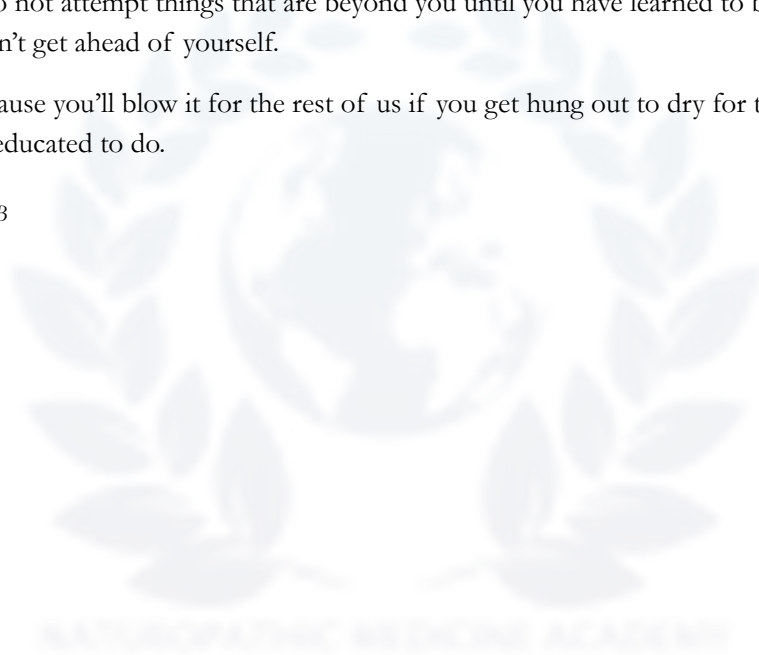
impatient, they will be (his terms, the doctor's terms,) they'll go bankrupt, because you have to have so much help, and there will be those who will go along being the good guy MD physicians doing the best they can under the circumstances.

These are problems that the profession faces, but those circumstances that seem negative don't necessarily have anything to do with our mode of practice and what we potentially have to deliver, especially if we procure what I call full licenses. So that those of you who really want to be physicians can go out in the boondocks, or the small towns, and be what was the MD general practioners, and I hope that eventuates.

Dr. Gear: Mike, I feel like applauding after that. (APPLAUSE). I've had patients who have run the gamut from the Governor of the state of Arizona to people who live in the Salt River bottom on their cardboard boxes. I've had people from all phases of this spectrum that we call human life, as patients. I've really not noticed that that has changed other than the fact that I have changed, and as I have changed, my patients changed. So, you will do in practice that which you are ready and capable to do. You may be asked to do things that are stretches beyond your training. Please do not attempt things that are beyond you until you have learned to become that which you're asked to be. Don't get ahead of yourself.

Be a little cautious because you'll blow it for the rest of us if you get hung out to dry for trying procedures or things that you're not educated to do.

END OF TAPE 2 - SIDE B





BEGINNING OF TAPE # - SIDE A

...According to rational principle, and your challenge is going to be as you go through the basic sciences in the first year, for example, to look at this information that's coming from the rational paradigm and find what's useful in that paradigm and find what you have to translate into the other paradigm. And I suppose that we could say that we are all, at this point in our culture and in the history of medicine, involved somehow in reframing that, because neither extreme has all the answers. So, it's not a matter of putting down one school or the other, but rather contrasting the two. The other thing is that I made a reference to everything being good or bad in terms of food or poisoning; this is the idea that things can either help you or hurt you.

Now the more dogmatic among us will tend to take that as a statement that we always have to do what's best, and shy away from those things that might distract or detract from our health, and that may or may not be true. I'm fond of telling the patients that I don't want the cure to be worse than the problem because if it is, they're not going to do it. People take the path of least resistance. And so, Dr. Broadwell, whom I referred to several times before, used to say that all of us need at least two vices to be healthy. And I'm not going to tell what mine are; I think some of you probably already know.

But I think that's an interesting way of putting it – that you don't want to be a purist; this is not fanaticism; but realize that when, if you define a vice as something that might detract from your health, then realize that if you have a model like this that you're working with you can do this on balance. You know, if you want to engage in some activity, or eat something, or some thought process, I suppose, that moves you away from your center, well, so what, if you know how to get back. You know, who says you have to live here all of the time. So, it can be a matter of taking two or three steps in the wrong direction, and then taking 10 steps back.

And that, of course, is why some people can get away with habits that are extremely detrimental and still enjoy good health, because it's a matter of balancing that out.

Also there was a question asked of me over lunch about – an interesting question – how many women were in my class and what was the attrition rate. I started with – I forget what we started with. We graduated 21 people in my class and only 2 people dropped out in the 4 years – actually, it might have been 3 now that I think about it. There were only 2 women in a class of 21, and the history of this profession, like the history of medicine, has mostly been men up through the 50's and the 60's and even into the 70's. The class before me had one or two women in a class of about 20 people, as well, and what I have seen in the 20 years since, is that that's shifting.

I believe National College, and it looks like here there are more women or there are close to as many women as there are men, and there is a lot of speculation about what's going on, but that brings up the whole concept that brings us back to the dichotomies again and the paradigms here. What we're talking about in naturopathy and empirical and vitalist medicine is the feminine side of medicine. If you want to use those dichotomies, male and female, over here on the rational side, the allopathic side, you have the good and evil; you have the battle; you have the warrior mentality; you have competition. Over here on the other side, you have healing and nurturing and intuition relationship and some of the more feminine aspects of medical practice.



And there again is the argument that you can't have all male and all female; there has to be some interrelationship to that.

The other question was about attrition. I mentioned what happened with attrition, but then I added to (Marianne asked me about this) we had attrition on the tail end. Of the 21 people who graduated in my class, 7 of us stayed in practice and I would say are among the leaders and movers and shakers in the profession. If we got into it, we really got into it. There are another 7 in my class who are not involved in medicine or health care in any way at all, and there is another 7 that went to medical school. And that raises the question about why that happened and that leads us into the next part this afternoon.

I think that what happened is that we came out of National College under the circumstances that I talked about this morning with at least one third of my class feeling that they did not get a sufficient education. Feeling also, like many people in this culture do, that the epitome of medical knowledge rests with the allopathic profession, and if you don't know what a medical doctor knows, you don't know medicine. Now that I have 7 classmates who have gone through medical school and have a basis for comparison, and since I have personally been involved in a very successful practice for a good length of time, I would say that nothing is further from the truth.

That in fact, you will get an education which is not only adequate to the task, but will allow you to do very good work as a physician and as a healer. This is a problem, again, of not who's better, but it's really apples and oranges. You will not know what many specialists might know; you will not know all that a cardiologist knows nor will you be qualified to do what he or she might do, you're not going to know what a pediatrician knows in the same detail and you're not going to know what a surgeon or an orthopedist knows in the same detail, but likewise they do not know what you will know. You already know more now about therapeutic rationale than most medical doctors will ever know.

And as you continue to build on that, you will be a doctor or a physician where you are getting or will be getting amongst the best education available of this kind of medicine in the world. So, because we come to now think of medicine as encompassing everything there is to know about health and disease, you will always feel inadequate by comparison to somebody else, even your own peers. But there is no reason for that, because if you measure your knowledge and your skills by what you can bring to bear to the people you work with, you will see that not only is it sufficient but if you are in a situation like I am, where most of the patients I see, like in my case I'm outside of New Haven, Connecticut.

I told you this morning that most people come to me after they've tried everything else, but they've tried everything else at Yale University, THE medical school, or at least a school that thinks of itself as THE medical school with all the specialists and all the research and all the support groups and all the experimental therapies and all the advanced therapies and they still come to me and they still get well. So, beware of comparing yourself in that way.

STUDENT: Quick question, the 7 that left in point one, was it because of a lack of business experience, was it because of not filling their needs or a multitude of reasons.

JSS: I think it was a multitude of reasons but in business was a main one, and there again, by contrast, unfortunately as a re-emerging profession we're put in a position where when you leave school you're sort of on



your own. Most of us have gone out and started our own practices from scratch. First you see one patient; usually somebody in your family or a friend, and then somebody else and they tell somebody else and eventually you build a business by word of mouth. It's very different than the kind of situation we have in the dominant school where you're one of the good old boys.

You know, you go to a new community, you can be on the hospital staff, and if you're the new urologist in town or the new gynecologist or whatever you're going to get patients referred to you by your colleagues simply because you're there. And it is assumed that you know your business, and obviously you're going to get those kind of referrals. Not only (this is changing of course) but not only do medical doctors not generally refer to us, in some parts of the country they steer people away from us, so you're business skills, or your self-confidence, which is what I think it really boils down to, is probably the most important part of it. I knew nothing about business when I went into practice, and I'm probably a pretty lousy business person, although I have a high volume successful practice.

I learned this by the seat of my pants, but I believe that your ability to engage in a relationship with a patient, the rapport that you have with people is what's going to make you successful, which is another interesting aside. I could go down for an hour or more, but I won't, but I'll tell you this, if you think medicine is about learning as many facts as you can and shuffling them around, you're mistaken. You need to know what you're going to learn in these next 4 years, and you probably need to know every bit of it, but medicine is not just information. It's not about doing something to somebody; it's about having a relationship with them that is empathetic and is one of a helper and a teacher and a leader and someone who is cheering them on.

It's not something that you do to them; it's something they do with them. And you need the basis of medicine to be able to know what you're doing with them and know if you're leading them in the right place, but it's not just about information. Dr. Turpple(?) is name who some of you will hear or have heard who is an old timer, probably 83 years old by now, would say that information and knowledge are two different things. And in our culture we tend to confuse information with knowledge. We think the more we learn, the more facts we learn, the smarter we are and the more efficient we will become, and that's probably not true. (Is there a question up here?)

STUDENT inaudible.

JSS: That's a good question. The control lies in the regulation of the profession and the specifying and the licensing act what titles may or may not be used. You and I were talking about this earlier to some degree. Right? In a state where there is no licensing, anything goes because there are no rules. You can't call yourself a medical doctor if the law says you can't call yourself a medical doctor, but if there's nothing that sets standards for practicing naturopathic medicine and or using that title, then anything goes. Now, because there are 50 states (or 40 that aren't licensed), there is a different situation in every one of them. In other words, there are some states that will hold that the failure of the legislature to set standards has no bearing on whether this is legal or not legal.

In Idaho, for example, and in North Carolina it's legal to practice naturopathic medicine because the Supreme Courts of those states have said naturopathic medicine is a separate and distinct healing art. It is not the practice of medicine as defined by the Medical Practice Act. Therefore, if you call yourself a naturopathic physician, you



are not practicing medicine. The fact that the legislature has failed to set standards for the practice of naturopathic medicine is not your problem. Have at it! Do whatever you want, basically. There are other states where anything remotely approaching giving therapeutic advice is the practice of medicine. So in the states where we're not licensed every one is a different situation.

Now, as far as the specific initial goal, what happens in a licensing act is it will spell out specifically a person's license under a certain chapter may use the following terms or designations. So, once you're licensed – and I can't quote you what it is here in Arizona right now – but a generic sort of law would read like this – Anyone licensed under this chapter may use any or all of the following titles: naturopath, naturopathic physician, doctor of naturopathic medicine, or the initials ND or NMD. So if you spell it out in the law like that, then you can use whatever is there.

In almost every case, if not every case, whenever we use the word physician, the laws require us to use the word naturopathic with it, which of course I have no problem with that, and I think we should do that. I'd just like the have the other guys have to use the word allopathic before the word physician to spell out the school. And interestingly there was a piece of legislation here in Arizona that must have been, I'm going to say 3 years ago, the naturopathic association here had introduced a piece of legislation that would have required people licensed under Medical Practice Act to use the term allopathic whenever they used the word physician, and it would have been modified, or they would have to use the term doctor of medicine, not just doctor.

In most states you can't just call yourself doctor so and so on a business card or on a sign or on literature; it's got to be Dr. Jane Doe, naturopathic physician, or it's gotta to be Jane Does, ND, so there's no confusion. Now, at the risk of confusing you, the law specifies what you can use. On the other hand, there's often an exclusion clause which says that no one unless they are licensed under this act may use any of the following terms. That's a slightly different twist, and what that does is it takes out of public use, if you will, certain initials or ideas. Like in many of our practice acts we will specify that no one may use the term naturopathic medicine, naturopath, naturopathic physician or ND NMD or DN and so on.

Now I may be losing you, but the purpose of that is that while we might call ourselves ND's, which we do in most states, we don't some other group of professionals, or for that matter any group of anyone using the term of NMD or something similar to confuse the public. So, to put it another way, when you pass a licensing law, which is actually technically called a title act, what you're doing is saying that this group of titles is reserved for this profession, but within that it will say that if you're licensed under this, we're going to use this term.

Now what's happened here in Arizona is the Arizona Law is written such that someone licensed under whatever the chapter is here can use either ND or NMD, but up in Connecticut, by contrast, I have to call myself an ND. I have no choice about that. No one may use the term NMD. That's sort of taken out of circulation. NMD is covered as part of our law and cannot be used by anybody else, but I can't use it either. In Arizona you can use either. So there is a group of people who I guess, for whatever reason, I suppose you'd have to ask each of them individually, they've decided to start calling themselves NMD's.

I have a bias against that which is I feel that they're trying to be something that they're not; I think it's confusing to the public because now we have two designations for the same thing, and this is the only state where it's happening. The schools have agreed that the Doctor of Naturopathic Medicine degree is an ND, and there again



the degree – the abbreviation for an academic degree is not necessarily an exact acronym or abbreviation. Are you with me? Let me give you an example. A Doctor of Optometry is an OD. I can't think of any other at the top of my head, so you can define Doctor of Naturopathic Medicine (ND), and that's what the schools have chosen to do in order not to confuse the public.

Again, it's the standardization is very important in terms of our presentation to the public. Does that answer the question?

STUDENT (inaudible) Something about doctor of nursing.

JSS: The question is about Doctor of Nursing. We have been engaging in a battle with nursing on this for about 15 years, and it's probably a question I should raise to the Council on Naturopathic Medical Education. I'm not sure why the nursing profession is persisting in using the ND when for all intents and purposes that is owned by the naturopathic profession. First of all there is a history which is almost a century old of use, and secondly the Council on Naturopathic Medical Education is recognized by the United States Department of Education as the accrediting agency for the ND degree, and since we were there first, so to speak, or under copyright laws since we have first use in commerce, the argument is that the profession has the right to that title.

Now, like I say, I don't know why they are going to persist in the use of the ND because it seems like it's going to really confuse the public, and I don't know if it's a matter of arrogance, or momentum, or what it is. Of course I suppose it's possible there could be more Doctors of Nursing than there are Naturopaths real fast. I don't know how quickly their curriculum is out. Like I said, I know there have been conversations with the League of Nursing about this situation, and they have been, at least in the beginning when I was involved, or was in that loop, I know they were pretty testy conversations.

STUDENT: One last question – somewhat of a digression. The AANP published called a KOA Study on the profession in terms of monetary, who was in and who was out. Have you ever had a chance to look at that?

JSS: I don't think so. It was a study of what?

STUDENT: The whole profession.

JSS: The survey?

STUDENT: Did you find it fairly accurate?

JSS: I don't know. I can't comment because I don't remember studying it very thoroughly. I do remember seeing it and not paying much attention to it obviously. That might be a question to try and address to sort of slide in on there. The rebirth of naturopathy in this country involved, as I was talking about earlier with the hippies from Kansas, people of my generation who were the flower children of the sixties, who have and had and still have in some cases a very different idea about business. Let me just put it that way.

And some of you are probably aware that there is a real – and you'll sometimes pick this up around groups of older naturopaths in this generation – what you'll find is that there is a real poverty consciousness, which I take as a lack of self confidence, and in fact there are a lot of naturopaths out there who are not doing well in practice financially – not doing well financially in practice – and it's hard for me to relate to that because I'm on



the other coast and I feel like I'm doing pretty well, and many of my contemporaries are, but there's been a poverty consciousness that really runs through the profession, which again I think comes more from persecution and lack of self confidence.

One of my colleagues is fond of saying this is common to all minority groups, no matter whether it's racial or sexual or whatever, it's always common to minority groups, and it's something we have to learn to get over. And I think that's changing. When I look at the caliber of the entering classes in all the colleges now, when I look at what's happening with the graduates who are going out and developing successful practices right away, I can see that that's changing. So, if you're thinking that your income when you graduate is going to be comparable to what you saw in that survey, I think it's probably wrong. The other thing is that more and more insurance companies are covering us all of the time because it's cost effective for them.

When I first went to Connecticut I was put on an Ad Hoc Committee to approach Blue Cross/Blue Shield in order to see if we could get them to cover our services, and they didn't even want to give us the time of day. Last year Blue Cross/Blue Shield came after us and they asked the naturopaths in the state to participate in all of their programs. These are their PPO's, Preferred Provider Organizations, as well as all of their other health care products where they now cover our services. Now I don't know what they know that I don't know but certainly they wouldn't have come after us if there weren't some saving involved or either some consumer demand for what we do.

Well, the next thing I want to get into here in the next couple of hours is, believe it or not, pathobiology or the changes that occur in the disease process in the cell and at the humeral level. Now the problem with this is – you haven't had this yet obviously, and what has happened to this in the past, you see, is that naturopathic history, naturopathic philosophy and the structural and functional mechanisms of disease have all paralleled each other. In the other schools they parallel each other through that first year, so you are getting a little bit of all of it at the same time. And so, by the time we start talking about the structural and functional mechanisms of disease you have some basic physiology, histology, anatomy and so on.

And that's not the case here, so a lot of this if you do not have a strong background in biology in particular, some of this is not going to make a lot of sense. For that reason I'm not going to get into much detail. I'm just going to brush over it because there's a concept here I want to bring out, not so much the detail.

And that is simply this. That you will find if you pick up a standard pathology book, believe it or not, you will find that there is sort of a tacit admission to this kind of a model. That while the dominant school in clinical practice talks about specific diseases and trying to treat them, and we often come to think that way, someone who is versed in pathology will always start out in the beginning of their description of pathology about the minute humeral – humeral meaning circulating blood lymph – you all know this word humeral – they come from the four humors of Hippocrates, and it sticks with us. We have humeral antibodies, we have humeral this and that, meaning circulating in the blood. The humeral changes and the structural changes, meaning at the cell level, which precede the pathological changes.

A diagnosis of disease in terms of a specific disease from a pathological point of view, from a pathology point of view, from a pathologist's view is the end point. When the damage is done to the organ, whether we're looking at cirrhosis of the liver or muscular dystrophy, those kinds of structural changes in that tissue are the



end point of a process of cellular and humeral change that follows on the same kind of continuum. Obviously, if you're healthy, your blood is or your lymphatic system, in the words of Lindlahr, clear, and the cells are healthy and functioning properly, and their respiration is correct, and their exchange of intercellular ions is correct, and so on and so forth. And you can begin to compromise that, and the compromise follows these very specific steps.

Now, speaking of rare books, this is a book called *Dynamic Pathology* and it's known sometimes as the mechanism of disease, this is not a book that is widely used in medical schools. It's very hard to find because it's used mostly in naturopathic schools because it sort of gets us back to this particular concept. Let me see if I can find what I wanted to – well, I thought I had something ---There's a little preface here to this book that talks about the responsibility of the teachers of pathology and how part of what we should do is acquaint students with the vocabulary of the sciences that relate to pathology and in recognizing disease.

And this guy goes on to say, "However it is important that the presentation of details should not obscure the dynamic continuity of biological function in health and disease. It is this dynamic orientation which gives meaning to the detail." That's precisely what we were talking about this morning about how symptoms, details can only be interpreted in the relationship to the whole to a certain dynamism, if you will. He speaks further but it doesn't fit exactly, but it is similar, this guy talks about Dubois used the phrase "mirage of health" as a title of a provocative monograph on host parasite interactions. He emphasized that health is not synonymous with the absence of infection, for infection by potential pathogens is usual despite the health of the host.

This is the important part. – Disease is thus viewed as a consequence of a loss of equilibrium between the host and the parasite in this case." Now this concept may be well extended to include other potentially deleterious factors. For example, potentially toxic agents of exogenous – that means outside the body or endogenous (inside the body)-

"potentially toxic agents of exogenous or endogenous origin may cause no demonstrable effect provided that there is sufficiently rapid detoxification and excretion. Even cancer may remain quiescent for many years or months. The clinical manifestations of cancer may be as much due to the failure of host factors as to the presence of a focus of cancer cells." And it goes on with that kind of idea that seems to be missed by a lot of people in clinical practice where there's this continuum which has to do with balance which they're admitting to here, equilibrium between the host and the parasite, the need of the body to detoxify itself, and if all of these things are working properly, then we have that equilibrium and we're in health. When we get into a state of disequilibrium or dis-ease, then we start seeing some changes.

And that's what this handout #3 is about. By the way, if you didn't get it, there's a #3 and a #4 over here now. Does anybody need them? This is going to turn into a little bit of biochemical and histological trivia, but I think I want to go through it just to hammer this point home, at the risk of being redundant. When you start to have some disequilibrium in the body, you're going to see changes at the cellular level. Among the first changes are the ones that are listed under "A" here; alterations in the cell organelle. I hope everyone knows by now that organelle – elle means little – these are the little organs, the functioning organs, if you will, within the cell, and they are the first to go.



Just like, again, add themetaphors go – all the way through everything. If the cell is going to be in trouble, the trouble starts at the lowest unit of organization. First the organelles are compromised in their function; then the cell and its overall health is compromised, and as the cell reaches the endpoint of its compromise, death, then the organ function is compromised, and as the organ function is compromised, then the organism or the individual's function is compromised. Classically what we see here – and electron microscopy of course has helped to elucidate details that were not available in fact when some of these terms were first invented. That's true a little later on here. On the other hand electron microscopy has confirmed exactly what we're talking about.

In the cell itself one of the first things that happens is the mitochondria starts to swell and lose some of their granular appearance, and as you know the mitochondria are sort of the energy factors of the cell. So the first thing that's seen, the first compromise is the loss of the energy production in the cell, and this can be seen with electron microscopy. Come back to the organism and vital force and here you go, the first thing that goes is the energy. Then you start to see changes as they are listed there, not necessarily in that order, but the mitochondria does often come first. The endoplasmic reticulum also goes through some changes, and hopefully you know that the endoplasmic reticulum is responsible for making the RNA, so when that goes, now you have protein synthesis starts to be compromised.

As you go on and you lose RNA function and ribozones, which is the next part there, you lose more protein synthesis because you don't have that template for your TR and A to make the protein chains any more. Finally, well not finally you start to lose some glycogen, you see decreased amounts of glycogen stores in the cell and that also is going to show – my guess is that the energy reserve is being decreased. First you see a decrease in the energy output, and then as this goes on, you start drawing down on your reserve. And then finally, the command center, the headquarters, the center of all the activity, the nucleus begins to change.

Pichnosis, as you may know, means that you start to see a coagulation of the chromatin material in the nucleus and then you begin to get breaking apart, and finally you get kariolysis (?) where the thing just sort of disappears. It goes in on itself. The theory is that there are enzymes that sort of dissolve the chromatin material; it's like it gets transported to a higher dimension or something. I don't know, but it's gone, and that's the end of the cell when that happens. Now, if it goes that far of course, you can have cell death. The original author of this was a pathologist so some of this is not original and not my notes.

You'll see next that he lists functional derangement, meaning that when the cell is compromised you see changes in the cell membranes, which means you're going to have changes over the electrolyte transfer which will affect the cell's health. You'll see changes in fat and protein and carbohydrate metabolism and then of course the possible cell death.

Now all of this is reversible. At any point on this line before you get the disappearance of the nucleus and cell death there, it's reversible. And all you have to do to reverse it is to remove whatever the noxious influence that was doing that in the first place. So what this says, within certain limits the cell has the ability to come back to zero to get its health back, to come completely back to zero. The same thing you have here – within certain limits the organism has the ability to completely recover. Those limits are the obvious ones. When they is enough damage on the structural level that that can no longer be repaired, then of course you can't come back the other way. There is a point of no return.



And unfortunately you'll see many patients who have reached that point because they don't have enough vital energy, whatever that is, or those other two criteria are not satisfied – the other two, the composition of the blood in the lymph, and the elimination of the waste.

Now at the higher level, if you're looking at the cell sort of under a microscope, which is what happened before electron microscopy, what you see is the first changes that appear are what are known as cloudy swelling, and that's just what it says there. Actually it's sometimes called albuminous degeneration. This is a very minor entry to the cell, and what is apparently happening here is there are some changes in the proteins that give the cell a cloudy appearance and that, if it continues, will result in the next level, which is sometimes called hydropic degeneration, and then you start getting some more severe changes, the endoplasmic reticulum become involved; the mitochondria begin to swell or they are swelling at that point and you get decreasedrespiration.

Again, you don't need to know all of these nuances here, but from hydropic degeneration, then you get into fatty degeneration, and now you start to see fats being deposited or accumulating in the cell and that, of course has repercussions throughout the cell. And when this is happening – now you have the cell having their health compromised, if you will. It goes another step – up to this point this is pretty much reversible, and somewhere in there – and I guess if you are thinking on a continuum, these are sort of discreet milestones on the continuum. Somewhere after fatty degeneration you start to get into what is called coagulation necrosis, which means now that the proteins in the cell are starting to break down. They actually become denatured. And then, the cell starts to eat itself.

That is the enzymes in the cell start to break it down altogether and that's what is known as lentic (?) necrosis. Now, if you have enough of that going on, cells dying because of irritation, toxins, waste not being removed – you see, part of the cost of doing business is having inefficiency and of having waste products. Every biological system, every biological function has waste product. We have to get those out, and it's on our level. You've got to get it out of the cells, just as much as you have to get it out of the organ and just as much as you have to get it out of the individual.

And if you have constant irritation at the cellular level and you're moving toward this kind of changes where you have necrosis of the cell, the death of the cell, you're going to start to get some changes in the appearance of the organ. And then when you start getting at that level, you talk about words like metaplasia, dysplasia, neoplasia and hyperplasia., which means just what it sounds like. Metaplasia means that the structural pattern of the organ begins to change. A constantly irritated respiratory tract, for example, will – the appearance of the cilia, not the cilia, or the cells that line the respiratory tract will begin to change from their normal columnar epithelium to a more so-called squamous epithelium. In other words, the cells start changing form. This is what is known as metaplasia.

You can have more severely, then, what is called dysplasia. In the case of dysplasia, you start getting alterations in the way the cells differentiate. Now you start getting cells of varying sizes and shapes. They look a little more disorderly, I suppose, would be the way to think about it. The order, the balance, the harmony, the normal structure that you're expecting to see is disturbed. And then, when you get past that you're starting to looking at – or another possible way of changing things, I should say is hyperplasia. And hyperplasia means just what it sounds like. It means the increased growth of cells. So there are times when irritation to a system or an organ can result in the increase production of cells.



And then finally, and these not necessarily on a continuum, these are different ways of an organ to respond, and this is a gross oversimplification. If there are any pathologists in the room, they're probably cringing. But again, to make the point of this relationship, if you get past hyperplasia, then you're looking at neoplasia, and neo – new – means that the new growth – that the growth of the cells now is new in the sense that these cells are sharply differentiated in appearance from the organ of origin. In other words they look like they are not part of this – they don't belong there. They're not recognizable any longer necessarily as liver cells, or columnar epithelium, or whatever, and neoplasms – within the neoplasms now there are also different degrees.

Some neoplasms are benign and others are malignant, and that's the thing that we call cancer.

So, the point is, that even at this microscopic level, whether you want to chunk it down to the organs or you want to chunk it down to the cells or you want to chunk it all the way down to the organelles within the cell, and I would probably have to guess that when the day comes when we can look at the organelles and their function, we will find that there are sub units of the organelles where we're beginning to see those changes before they show up at the next level of organization, and so on.

So the point with this mechanisms of disease is simply that it fits into these same principles again. It's reversible within limits. And this is important for a couple of reasons. First of all, you will be presented with patients who have a diagnosis and often a report from a pathologist or some other indication of cellular damage, which is taken as a given and as something someone has to live with. And if you understand this possibility of reversibility, if you know what the potential is to turn things around and to correct them within those limits, with respect about what we talked about this morning about trying to restore hope and help the patient move back in this direction, you can see how this would be helpful.

One thing where I think MD's kind of – or I should say allopathic philosophy or clinical practice misses the boat is because there is no real attempt in clinical practice to understand this dynamism. Someone's disease is taken as sort of a fixed point in time. It's like looking at frame in a movie. You have muscular dystrophy; you have multiple sclerosis, but you had this thing like this is forever, instead of framing it differently like you're body is wrestling with this thing right now. You are not strong enough to get rid of this thing. It's sort of like – we all read it in high school – A for Adultery – what is it The Scarlet Letter. It's like we have these scarlet letters.

Some of them CA for cancer; some of them say MS for multiple sclerosis, some of them say I'm a recovering alcoholic, whatever happens to say, and it doesn't allow the possibility that we can get past that. People start to identify themselves as a cancer patient; a person with MS. It's like.....

END OF SIDE A – TAPE 3



BEGINNING OF SIDE B – TAPE 3

Do any of those who may have wrestled with this. But many, many times I'll sit down with a patient who has been an alcoholic and they will tell me that they've been sober for 25 years and they're a recovering alcoholic, and I'm sitting there wondering to myself, well are you going to give up the I'm a recovering alcoholic. When are you going to say I'm okay. Now I understand in part where that comes from, and the need to remind oneself that that weakness or that propensity is still there. But then I'll ask the question this way. If you took that out of your mind, if you didn't allow that that propensity was still there and you said, I am a recovered alcoholic, wouldn't that be different? Wouldn't that be better? Wouldn't that be healthier? Maybe?

Now the other reason that this pathobiology is interesting I think, and is important is that one of the things that is going to happen to you in a week or two, you're going to dive into the basic sciences. And one of the things that always happens here – I don't mean here, but in naturopathic colleges in particular with this submersion or immersion in those basic sciences is along about the middle of October or the beginning of November, some of you are going to be going nuts with the volume of information that you're getting and you're going to be wondering why we are learning all of this allopathic medicine. What does this have to do with healing? What does this have to do with medicine? Well, it's not allopathic medicine. It's information.

And if you have this construct in the back of your mind, you will see to some extent how this applies. You have to understand how the body functions when it functions normally and you have to know what can go wrong, and you have to know how to assess what is wrong, and then you have to know how to correct it. That's what these next three or four years are all about.

But you have to know – this is 1993 – but you have to know it well enough to be conversant with the language to understand the natural history of disease. That is, if I don't treat this, which way is it going to go; what's going to happen. Is this something I don't want to fool around with as naturopathic medicine? Is this something where radical intervention is required? For after all, your highest calling here is to help the patient recover his/her health, not to prove your methodology.

So, the drawback is, until we develop enough of our own medical schools where we have the basic sciences taught by individuals who are sort of submerged and immersed and working with this model, there is a tendency for this information to come across as if it's allopathic, and to the extent that there are examples and textbooks about clinical relevance and so on, you're going to see some of that. That doesn't diminish the importance of the information, but again, it's not what you're getting, it's how you're going to use that, and how that might be of use to you as a clinician that's most important.

So, any questions about any of that? Well, I'm either boring you or I'm doing a very good job. No questions? It's about 2 O'clock. You've figured out by now that I like to talk, and I enjoy an excuse to digress, and since we're running a little bit ahead of time, I thought this pathology thing would take a little bit longer until I realized at lunch today with Kyle that you hadn't yet - I guess I knew that but I was reminded that you hadn't yet jumped into pathology, hence the skimming over it. Hopefully when you have pathology you will go through the mechanisms of disease and see that again.



So, anyway there were a bunch of questions that came up during the break and I suggested that we talk about them as a group, because I think all of you have some of the same interests or some of the same questions and then I won't answer the same question two or three times.

Some of them revolve about the ability to make a living at this? And vis a vis what Bruce was saying about the survey before, I don't think you need to worry about it. I have people knocking my door down. I'm in practice with two other people. I'm booked through the middle of November. We put space in every day so we can see people who walk in without appointments. Now these are people who are patients of ours where something happens – they wake up with a sore throat; Billy falls off the jungle gym at school, or whatever it is. I hardly ever leave the office when I think I'm going to. If you think you're going to work regular business hours, that's another thing.

I can't imagine that you wouldn't just be wildly successful, and if you have any fears about going out on your own, my prediction is that by the time you graduate, there will be even more opportunities than there are now. As I said earlier, most of the people that I know and respect in the profession are either looking for someone to join their practice as an associate or as a partner or could probably be talked into it. That is to say they are busy enough they could use someone else but haven't considered it at this point, or, more to the point, will be in the next few years.

The other thing that's happening, as I mentioned I think in passing, the formation of the Institute for Naturopathic Medicine, and I think it's going to be fun to share this with you because by the time you're out of school, I think this will be something that's just part of the landscape, which right now is basically conceptual with a group of people who had their first meeting – that is the Board of Directors we had appointed met each other for the first time at the convention in Portland. Now what that has to do with the profession, as I said earlier but at the risk of being redundant here again is go back over that. The AANP and the profession has now organized as a professional organization.

That is, we are under the tax laws of the U.S.; we are considered a mutual benefit organization. This is a bunch of people banding together to take care of themselves. The purpose of a professional organization is to look out for the welfare of the members of the profession. And what's happened is, such a construct is not able to accept public money. Furthermore there are not a whole lot of public donors who would want to give to such an organization. That's like giving money to the AMA or to the League of Nurses. And what do they need my money for? I'd rather support schools or research or whatever. And that's what a public benefit corporation does. A public benefit corporation benefits the public.

It's not for the profession in the sense that it's for you as a physician; it's for the benefit of the public. Now I happen to believe that the public will be benefited by increased access to naturopathic medicine; therefore I helped set up a public benefit corporation whose goal is to increase awareness of the benefits of naturopathic medicine. Increase access by increasing the number of doctors, i.e. new schools, and increase the availability of funds for research.

And since, I'm on that subject, let me tell you what we've done there, not to sell you on the idea, but to tell you what we've done, our Board of Directors consists of three naturopathic doctors; the other people are a woman who is actually the mother of a naturopathic physician who is in well placed social circles in Los Angeles;



another person is a woman who is a vice president of an insurance company that has begun using naturopathic physicians as gatekeepers in one of its programs. There's a medical doctor who is a homeopath and physiatrist (physical medicine as I mentioned before); a chiropractor who spends most of his career in the arts and was involved both in grant writing originally and then grant reviewing.

The point is here that we're reaching out to other professions and to the public in this agenda of ours.

Our Board of Advisors – I don't have that with me - we have twelve people on the Board of Advisors – I'm going to miss some of their names – but they include some names that are familiar to naturopathic students like John Bastyr, Alan Gaby, who is a medical doctor who teaches a lot of nutrition, but also they include some names that you may have heard of for other reasons, actors like Dennis Weaver, Gloria Steinnam, Bernie Siegel, Edgar Mitchell, the astronaut and founder of the Institute of ...Sciences, Claudine Schneider who is a former representative six term congresswoman from Rhode Island, Andrew Weil who has written a few books who is at the University of Tucson – I mean the University of Arizona Medical School; Jim Gordon who is the head of mind, body research at Georgetown University; Jim Duke who is the U.S.

D.A.'s Chief Ethnobotanist whose been quite visible lately advocating for preserving rain forests because of their potential medicinal benefit to humanity; and who else did I miss? Anyway, that's the caliber of people that we're getting involved, and the real interesting thing to me about this Institute business was we put this on the fast track in order to announce this at the convention in Portland. We started recruiting Board members two weeks before the convention. We called these people – we just called them up and told them what we were doing and asked them if they would like to be on our Board of Advisors, and everyone of them said "yes", just like that. There was not a single person who said, well, what is naturopathic medicine? Or tell me more.

Dennis Weaver said, "This is really great; this is an honor; it's really necessary. I'll be happy to help." Gloria Steinnam said she'd be happy to help us raise funds. So, the thing for me was that when we went out there and we started asking the public to help us do what we do and put the word out; help us support new schools, which is where I'm going with this because there's a question about new schools, they all wanted to come to the party. And now I feel like we don't have a big enough place to have a party. LAUGHTER.

STUDENT: inaudible but something about the address.

JSS: Yes, I'm sorry I didn't bring brochures. I didn't know I was going to be selling the Institute. Do you want the address now? The Institute for Naturopathic Medicine – 66 ½ North State Street – Concord, New Hampshire 03301. Finally an institution on the east coast. We're bold enough to think we're going to raise 500 million dollars in the next decade, and 5 million dollars by next December. We were told by all the consultants who have been working on this that we should set our sights at 250 thousand for the first year; and then we went for 5 million, so it remains to be seen whether we can do that or not, which segways into this next question I've been asked about. What about new schools?

Well, the thing about schools, you see, is we have seen – now remember I'm one of the old men in this profession, except for the generation that's out in front of me, some of whom you're going to meet who don't have enough energy to be involved in this kind of stuff any more. This is only in the last 20 years that we've been able to put the infrastructure in place to make this kind of stuff happen. You'll remember that I said this morning that it was only 8 or 9 years ago that we even talked about an AANP. There was no national association.



There was no accrediting agency. There was no national testing. There was no coordinated research. There were no government grants or loans for students. There was no public relations. There were no standards of care.

There were no standards of practice. There were no standards of ethics or codes of ethics. All that's been put in place within the past 5 or 6 years by the AANP. And so only now can we build on that in both our legislative efforts and our colleges. I told you how National College spawned a reemergence of a school in Seattle, which was JBC, and the school here in Arizona sort of started, in my opinion, from what you might call spontaneous generation. If you get enough people in the area who have the time and the energy and the passion to make it happen, you get a school. Well, in my opinion, if we wait for that to happen in the rest of the country, it ain't going to happen, because there aren't enough of us.

There are 30 or 40 of us in Connecticut and there's some talk about starting a school. There's also a lot of resistance to starting a school, by the way. One thing I've found about this profession, there's a lot of fear of change – a lot of fear of change. I've got a great deal of criticism from my colleagues about starting the Institute. How can we trust the public to take us where we want to go? Do we really want to get the public involved? And so on and so forth. But I think it's only by getting the public involved that we will find the funding to get our existing schools on the kind of financial footing that we want, and to start to build other schools. Now that brings me to back to being successful.

I know that Dr. Mike Cohen and I both agree that we have – most of us – sort of an informal goal of seeing 7 more schools by the end of the century. That's 7 schools in 7 years; that's moving pretty fast. I don't think I can do it. I'll probably kill myself doing that. Which means that we need help. But it also means the number of faculty and the number of clinicians that you need to run a school is almost what we've got. So, he and I have been joking about the fact that we need to – like here at Southwest and maybe at the other colleges – we need to concentrate so much on clinical practice but in training you to be the people who train the next generation rather than the people who work one on one.

And some of you don't want to do that, of course, but some of you might want to do that. So there's going to be an ample opportunity.

Now, there's always the question, which always gratifies me because I've been on the front edge of this, whenever this conversation comes up, people say what can I do to help. Several of you have just asked me that. And there are a number of things that you can do at this time. One, I would say is be careful about getting too involved in the politics and the infrastructure because you have your work cut out for you. Nonetheless if you have the energy to contribute or the connections to contribute on this level, there are ways in which you can be involved. I don't know what they are with the Institute, because the Institute, like I said, just had its first board meeting, and they're not even sure where they're going from here.

We're having our next board meeting in the next couple of weeks. We have no infrastructure or staffing in place to plug anybody in there yet. Part of the concept of starting the Institute in the first place is to take those aspects of the AANP agenda which are truly public benefit - research, schools and public awareness - take it away from the AANP so the AANP can concentrate with its limited funding on what it needs to concentrate on and this other piece of the agenda can be funded from public sources. The reason I'm telling you that is that many of the



projects we're going to be involved in are already underway. So the Institute's not going out and looking for work; what's it's doing is to off-load some of what's already in the AANP.

So, if you want to be involved at that level, involvement with the AANP gets you involved with the Institute. So it's cell dividing. The AANP cell is going to divide and the mother cell is going to be the AANP, and the daughter cell is going to be the Institute. And then they'll probably divide again and again and again. And the way this works is there are what seem like a zillion different committees in the AANP that are involved in everything you can think of. Those of you who were at the convention saw we had walls, at least as long as this wall over here that had huge cardboard posters with committees written on there for people to sign up to help in various committees.

I suppose the best way to do this is: if you're interested in any particular area of endeavor, what I ought to do is get you in touch with the committee chairperson, and maybe the way for me to do this is to come back in the next couple of days with a list of the committee chairpeople and if you're interested, you can call those folks.

One other thing while I'm on that subject is that the work in the AANP has been done mostly by a small group of people – ever expanding – but nonetheless a small group of people, and when one person steps down or moves over, there's often a void because we haven't had enough people to be sort of trained in or to have experience with something, so we often end up starting from zero. We're very anxious to have people pick up minor pieces of committee work starting with small discreet projects and working their way up to develop the expertise. Like in State Relations, for example. There are only 3 of us involved in this, and like I said earlier, we've got 17 states we're going to have to take care of in the Spring.

I don't know how we're going to do it without cloning ourselves. At a moment's notice you get to drop what you're doing and be in a hearing tomorrow in Austin, and before you get back and unpack your bags, you might have to go to Denver or Helena or Albany or wherever it happens to be. So, they probably need 50 of you to do that one. Okay, any more questions on that?

Well, the next I want to look at here is – I'm going to jump into # 4 because of Mechanisms of Disease went faster than I expected, as I said. This might be shorter than I think, too.

There are fixed ideas or fixed principles we need to talk about in some detail, and those are the ones that are to some degree listed on this outline #4. Now, this is going to be a little bit extemporaneous as the rest of it's been, because I didn't write this, even though it looks like I'm being given credit for it. This was done by somebody who did this lecture for me before, so I might be jumping around on it.

Let's start with *Vis Medicatrix Naturae*, the Healing Power of Nature. We talked earlier about this idea of vital force or prana (?) or whatever you want to call it and in naturopathic medicine this is often referred to as the *Vis Medicatrix Naturae*, which in Latin is roughly translated as the healing power of nature. "Vis" meaning power, "Medicatrix" meaning healing or medicine, and "Naturae" of course meaning nature. Back to my 1868 medical dictionary I doubt that you will find *Vis Medicatrix Naturae* in a modern medical dictionary, but in 1868 *Vis Medicatrix Naturae* was defined as a power supposed to preside over the living body and to possess the faculty of resisting, to a certain extent, the effects of disease and of restoring health.



And, basically that's what we've been talking about, and the idea that this force will do just that – that it helps to resist disease and it helps to restore health. And you can wax philosophical on that for days on end about that is, what to call it, where to find it, what it does, is it spirit, is it essence, is it God? Whatever you call it, if you want to be mundane about it and talk about homeostasis and the body's constant attempt to restore normal function and to work within certain limits, or whether you want to be more esoteric about it. It doesn't matter, because in clinical practice it's all the same.

It's the understanding, and the appreciation, and the knowledge and maybe the faith that when you give the body what it needs, you take out the garbage and you get out of the way, things will start to correct themselves. And, it is within that concept then, that you get back to this business about the unity of disease, the violation of nature's laws and those three things I talked about before: vital force, composition of the blood and the lymph, and elimination of waste.

And at the risk of being redundant about that, if you concentrate on that, you know in terms of vital force – teaching people what they can do and conserve their energy, teaching them to do or adopt habits that either build or support that energy or at the very least don't detract from it, then some of these are the obvious. If you work with them in getting the composition of the blood and the lymph from the abnormal back to the normal, which I take – the way I apply that in practice is to think that if you understand that the blood and the lymphatic system are sort of the river of life that's carrying to each and every cell the nutrients that it needs to be healthy, then you have to make sure that those nutrients are there.

And, it's sad to say, with the diet in this country and in most developed countries, that's not the case. It's actually worse in this country than most judging from both the world health statistics about our situation and judging from the rate of chronic disease. It astounds me – it just simply astounds me – that the major cause of this illness and the major cause of death in this country are all easily reversible. Of the top ten killer diseases, according to the Surgeon General of the United States, at least when Everett Koop was the Surgeon General, the Surgeon General's Report on Health and Lifestyle, I think it was called, found that out of the top 10 killer diseases, 7 of them are directly related to diet.

And I'm not even sure I can rattle them off, but heart disease of course is #1. # 1 killer – 400,000 people a year – 400,000 a year. All they have to do is change their diet. Cancer, diabetes, what else do we have in there – well, anyway, and of the remaining 3, there is some hint maybe that there are dietary or biochemical connections.

Alcoholism, suicide and accidents. It doesn't sound like those are nutritional problems. You can make an argument that there may be a nutritional component. There certainly are nutritional components and well known deficiencies that are involved in clinical depression, which is not to say that all clinical depression is a nutritional deficiency. So I can tell you, for example, that I have never seen anyone with clinical depression, somebody who has been diagnosed with depression, not by me by a psychiatrist, I have never seen someone with depression who has normal fatty acid metabolism. In other words their essential fatty acids are abnormal. There's a deficiency or an error in metabolism there.

Now I'm not going to say fatty acid supplementation then cures depression but it often makes a great deal of difference, and in some cases I think you can say that it does cure depression. But not one thing works for everybody. The manifestations are different. So, is suicides in part nutritional deficiency disease? Are accidents in



part nutritional deficiency? And what about the guy who is hypoglycemic at the wheel? What about the person who is diabetic at the wheel? What about the person who is so stressed out at the wheel?

So you can go on and on, but the point is that in terms of the composition of the blood and the lymph, this thing about worrying about the intake, when you think of it that way, concern yourself with what goes in and what goes out and the mechanisms around that, with respect to this Vis Medicatrix or this healing power, in order for it to be there, in order for it to do its job, in order for it to work, you have to take care of the input and the output as well. And so, as far as nutritional input or other chemical input, perhaps or other beneficial constructive input, it's not necessarily physical.

On the down side or on the elimination side you will find that we are also living at a time when we don't eliminate very well. If any of you have ever fasted or done any cleansing programs, you know from your own experience what that's like. Like your body never gets a chance to clean house. You fast for two weeks some time; you'll see some remarkable changes. You'll be surprised at the crud that comes out of your body. You wouldn't believe you've been living with this stuff, and all biological processes are making waste products at the cellular level and the organ level all the time. We're not physically active like our ancestors were, and we are more polluted, if you will, then our ancestors were.

Sometimes if you have the privilege and the honor to spend time with the old timers, you will find that one of their favorite kind of admonitions is to stimulate the emunctories. It is a term that refers collectively to the organs of elimination, which is not just the intestinal tract, but of course the kidneys through the urine, but also the respiratory tract and the skin. And when you stimulate the emunctories, you increase the elimination of waste. And when you do that, and when you get the composition of blood and lymph rate, you get an increased expression of this vital force.

I have been in situations with some of the old timers where they did not know exactly what they were going to do on that first visit. That is, they didn't have a plan other than to stimulate the emunctories, and it works every time, whether you're talking about PMS, you're talking about migraines, or you're talking about gout. There's an improvement most often in a couple of weeks of stimulating the emunctories because the body is cleaning itself out, and when you do that, you get this increased vitality and everything starts to correct itself.

Now something that I don't want to forget to mention about vital force is that there is an assumption, I believe, although I've never seen this stated explicitly – there is an assumption that there is a vital force within human beings within the race, so to speak, that is sort of fixed. That is, there's a certain amount of vitality and a certain amount of reserve that we all have as human beings.

And I believe that if you talk to people who have been in practice for 50 or 60 years, as we did at the convention – some of you were there – Kerry were you at that, and Pamela? - one of the things that was very disturbing to me, and I've heard this before and I was shocked to kind of hear it again, which has profound implications for those of us who want to practice this kind of medicine, is that the vital force seems to be decreasing overall. We had a panel discussion with three of the older doctors in the profession. And let me put that in perspective for you a second – I kind of had fun with this at the convention. You know the average man in the United States is 74.9 years.



I said that this morning, but get this, according to the AMA, the average medical doctor in the United States lives 58.1 years. Okay? I'm going to use that the next time I'm in the legislature. You know I say to my patients; I tell them what I just told you – 75 and 58 – now who do you want to talk to about your health – the man on the street or a medical doctor. Of course what they say, now that you put it that way, I'll go out on the street and talk to somebody. And in fact, an interesting project, what I'm interested in is I am convinced that naturopathic doctors live longer – I know they live longer than medical doctors – and I'm sure they live longer than the average person.

And that's a piece of research I'd like to do. If somebody's interested in volunteering to help with that, I'd like to talk with you. I think it's a simple project. We have specific states where we've been licensed, so we have specific individuals who have been licensed, and all we have to do is identify them and figure out if any of them are dead, most of them are not. In Connecticut, I got licensed in Connecticut in 1978 or 9, and I'm license #51. So from 1923 until 1978 there were 50 other doctors and most of them are still around – or some of them are still around. Like in Connecticut you're talking maybe 40 people that have passed on.

And the numbers are a little larger in Arizona and larger still in Oregon and Washington because there have been more doctors there, but I don't think it's that much of a task. I'd like to find out how long we live, or I'm going to live. I don't care about you; I want to find out how long I'm going to live. (Laughter)

Anyway, if you figure the medical average doctor gets out of school after an internship and a residency and starts practice probably when he's 28, or she's 28, and drops dead at 58 on the average, that's 30 years of practice. So these guys on the elder panel that we talked to had everyone of them, was in practice longer than a medical doctor lives. Everyone of them was in practice for more than 58 years. Anyway, they all had something to say to the audience in terms of words of wisdom that they wanted to convey, and that took more time than we thought it would, and it ended being able to entertain a single question, which was: What are the differences you have seen over your life in practice?

And everyone of them spoke to the issue of people being less resistant, less vital, less able to bounce back from disease than they were just a few generations ago. One guy, Dr. Broadwell, said that – and he always has sort of a cute way of saying things – he said that he founds now with homeopathy that people's pets respond better than they do. And that didn't use to be the case. For me that says well it's something we're doing

as human beings. It's not involving all life systems – it might be, but not to the same extent, because our pets, in his estimation, are not quite as affected by whatever these changes are. Drs. Turka (?) and Dr. Bastyr also said the same thing that they thought that it was more difficult to get a response.

I've always thought that was the case because when you look at the? And you look at lectures on homeopathy and you read the theoretical construct here, you get this idea that if you give somebody the right remedy one time and stand back, Voila! It doesn't happen like that. Some times it does but often you have to repeat, repeat, repeat.

STUDENT Question Not clear. JSS I'd like to see that. I know that's certainly one idea/ You know you look at Lindlahr and other naturopathic, nature cure writings – that's a whole other story. We can go down that road a little later here if we have time about immunization. But there has always been in the classical naturopathic writing an aversion to acquiring a disease in that way, which is an artificial or passive exposure. The argument



goes: why not be exposed to it naturally? First of all, it's perpetually less virulent than sticking the stuff in your blood stream, and it still serves the same purpose of getting your immunity. And that is it not true, they would say then, by having this artificial exposure, do we not depress the immune system by doing this repeatedly.

Because perhaps you wouldn't be exposed to so many of these diseases if it was done naturally, or if you're exposed to one or two of them, your immune system would be more capable of fighting off the others with less? I don't know, but what I do know is when you look at people who have been in practice for a while, this is a universally agreed upon phenomenon, but we are getting worse collectively and it's not better. And certainly that's borne out by the disease rates, whether you're looking at it from an allopathic or a naturopathic point of view.

There's a doctor, I guess he's still around in Spokane, whose practice has been largely limited to hydrotherapy, and one of the techniques that is used there is a way of packing the body in alternating hot and then cold, hot and cold in order to stimulate – since we're using this model right now – this may not be what's happening but since we're using this model – to stimulate the vital force – to bring on a correction, something that's known as the healing practice, which is where I'm going with this.

He will tell you that when he first started practicing in the forties, the number of treatments it took to get a reaction from the patient in terms of a healing reaction was something like 5 or 7, maybe in severe cases 9 or 10 treatments, and now in the 1980's and the 1990's to get the same reaction which he used to be able to get with 4 or 5 treatments, he's treating people 10 times as much – 40 or 50 times. As the years have gone on he's seen that it takes more and more and more aggressive treatment in order to get the same kind of reaction.

I'm reminded that on PBS – last year maybe? – they did the series on the Civil War. Did anybody see that? It was kind of ingenious. The writers or the authors found records of a young man from Providence, Rhode Island, I think it was, and somebody from – I want to say Mississippi, but I'm not sure – they found these young men who kind of listed on the blue and gray sides around the same time and rose almost similarly through the ranks in their respective armies throughout the Civil War.

In fact as fate would have it, they ended up facing each other down – unbeknownst to them, because they didn't know the PBS series was going to be done (laughter), but unbeknownst to them they were off in the same battle at the same time, and they traced the Civil War through the eyes of these two men seeing it from their perspective and from the human element.

I remember that the fellow from the North from Providence, after the battle of Gettysburg wrote a note in July 1863, he wrote home to his father in Rhode Island that he didn't think he was going to travel home for Christmas because after the battle – he had been wounded at the battle of Gettysburg and he went on to describe his wounds, which included Having been shot in one of his legs; I think he was shot in one of his arms, and then there was a graphic description of lead shots that entered one of his eye sockets and came out the back of his head. And his response to this was, "I don't think I'll be home for Christmas. I'll write back when I'm feeling better."

And think of us, maybe the guns were less powerful, and maybe the bullet was smaller, but even still, a piece of lead going straight through your head from the eye socket – no antibiotic, no surgeons – what did the guy do?



Wrap his head in a handkerchief and wait a couple of weeks? Whatever, he had the resistance or the vital force, or whatever you want to call it, to fight off the secori which would probably kill any one of us today.

I don't know why I'm thinking about this, but I'm thinking right now about sperm count, and some of you probably know that the World Health Organization is keeping track of sperm counts around the world – the viability and the number of sperm produced by the average male, country by country, and the viability, the morphology and the motility. When you do a sperm count, you look for morphology and motility. In other words you look at the shape and the size, the structural health, as it were, of the sperm, and you look for motility, which means how many of these guys are alive. How many of them are going to make it to the ova without dropping dead first. Morphology and motility of sperm count worldwide is dropping precipitously and has taken a significant downturn in the last decade or so.

The World Health Organization takes this as an indication of increasing pollution. Now I don't know if it's pollution or if it's the things we're talking about here. Is it pollution – not getting rid of toxins? Not being able to flush ourselves out? Is it also a decrease in the composition of the blood and the lymph? Is it also a decrease in our vitality? Surely the sperm and the ovum are reflections of the vitality of the individual in the first place.

Now, if you were a pessimist, you would say that's all fine and dandy and maybe we should all just go home and party because if our sperm counts keep dropping, we're not going to have much to worry about. We're going to have solved the problem in a way which none of us planned on, which is that we won't be able to reproduce any more – sort of like a bunch fish dying in a tank where the water's not being changed. Now as an eternal optimist, I think that the solution is for us as a species, if you will, or as a human race to begin to understand what we're talking about here. Specifically with respect to the principles we're talking about are unique to clinical practice, but what I said this morning was that what's true is true.

You know if these principles are true one on one in regaining your health as an individual, surely they're applicable to our regaining our health as communities, and families, and nations, and finally as earthlings, and then whatever other units we happen to be part of.

Well, I feel like I'm preaching now, so I'm going to move on to these next two concepts which have to do with susceptibility and resistance. They're sort of the flip side to the same coin. Now remember that I said I'll tell you what it is you need to know, and frankly because of the time change, I'm pretty tired, and I don't know what it is that you need to know at this point, but when I get back here tomorrow, I'll go through this and just rattle off the principles so you don't have to concern yourself, again, with getting all the detail here. Much of what is here in the notes about susceptibility and resistance comes from the homeopathic philosophical construct and to some degree from the organon. And you could really think of this in a nutshell here.

The idea is that we are susceptible to something

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BEGINNING OF TAPE 4 SIDE A

This process, if you will, the noxious influence, the dis-ease, the disequilibrium continues to proceed as if something keeps flowing in to the body until that point which it has sort of filled its capacity, or to put it another way, the disease moves in until the resistance responds. Until there is a response on the part of the body that's the part where the influx stops. And in homeopathic thinking, this is important because if your job is to stimulate, as a homeopath thinks it is, the vital force to respond against the disease, then that's what you're looking to do. You're watching the disease flow in and you're trying to stop it by arousing, as it were, the vital force.

That's probably what this means here in that second to last line on that first page where he says that the susceptibility is generally satisfied as soon as the immune system is stimulated enough to resist any of the outside influences. I think he's getting too specific. Surely the immune system is involved, but that is not our only defense, and it is not the only component of resistance. So I think it's better to say, or it would be more complete to say, that susceptibility is satisfied – susceptibility and that bad point where there is a response to that.

Now, he goes on in that second page talking about the degree of susceptibility, or the degree of disease fits the susceptibility. In other words, the more susceptible one is the more influx there is, the more change there is, the more disequilibrium there is. The longer it takes us to respond against the disease, the longer it takes the body to stop that influx, of course the further the disequilibrium or the disease goes. In homeopathy, in fact, there's this concept that disease continues to go into deeper and deeper levels and we'll talk about that in just a few more minutes about how diseases can become chronic.

Resistance, then, is just the opposite. Resistance is the body responding to the extent that the body has this quality or this property of coming sort of in against the disequilibrium – to the extent that the body responds to the disequilibrium one is resistant. And the things that increase resistance are the same things we keep talking about – vital force, composition of the blood, and lymph and elimination of waste. As you take care of that, you increase the resistance. Now in the language of today we talk about stimulating or augmenting the immune function or the other defensive functions. And I think we are living at a time where we are seeing more and more, in the language of the day, of immune deficiency diseases. Infectious diseases mostly are viral origin (?) .

Things like AIDS, possibly MS, cancer, chronic diseases, which we're going to jump into in a minute, but diseases that the body is no longer able to resist. So you can see some simple lists there. Again, it's like this fellow up in Washington says, you know this stuff is so simple, it's profound. And, it seems so simple it's like common sense, but it's not always common sense. Which reminds me of a story

This is a true story about a patient I saw recently. This guy is a graduate student at Yale Medical School during research in neurosurgery, so he's literally working with micro surgery on brains of rats. And after a bad flu this spring, where he was bed ridden for a couple of weeks, he experienced some stiffness in his left side, some transitory stiffness in a muscle in the left side of his neck, and some parasthesia, some numbness and tingling in his fingers in his left hand.



And, there are actually a couple of aspects of the story – one of which I’m going to save for later, but talking about common sense here, being in that system, he went to the folks he thought could help him best, which included some specialists in infectious disease, and they decided that he had a post infectious encephalitis. This is an inflammation of the brain following some kind of an infection. They couldn’t find anything. They did a CT scan which was negative. Actually they did CT scans twice. That to me is like slicing butter with a chain saw. They start with the CT scan. Talk about the high cost of medicine. It’s not like, let’s watch this for two days, they start with a CT scan. When it was negative, they went and they did it again.

Well, then they decided – well they thought they missed something; it’s got to be a post infectious encephalitis, because that’s the pigeon hole they were coming from. Well, that didn’t show anything either. Then they had an experimental analyzer there which apparently picks up lipid composition. A normal MRI picks up changes in fluid concentrations or water density. This one picks up changes in lipid or fat density. Well, when they did that they found that he had a couple of periventricular lesions – that is there were some fat deposits around the ventricles in the brain. So that confirmed for them the diagnosis.

The treatment is – Who knows what the treatment was (student inaudible) – no it wasn’t quite that good. It wasn’t surgery. Chemo was a possibility, but there was something before that. Cortisone – steroids. You know I once asked a pediatrician friend of mine if you didn’t have antibiotics and steroids and you didn’t do immunizations, what would you do for a living? And her answer was nothing. So they gave this guy massive doses of steroids because of the inflammation in the brain. Now, maybe I’m getting a few years ahead of you, but surely you can think this out with me. You have a patient who’s been in bed a couple of weeks and has some pain and numbness in one of his arms that comes and goes, what do you think is going on there? Where would you look first?

Would you do a CT scan? Any ideas? Maybe it’s manipulation of his neck. His neck basically is out of joint. It’s obvious the way the guy’s holding his head. You can tell. You know. And here’s the kicker. I examined him thoroughly, and of course I pointed this out to him, and told him that somebody like that it was obvious to me that that was the problem, but what if I’m wrong? The way you present something like that is: I don’t know if this is the cause of your parasthesia or not but I can tell that there is a relationship between what’s going on with your neck and what’s going on with your hand. Undoubtedly this is part of it.

You know, we naturopaths don’t believe in single cause and effect here, we believe in multifact plural causes that are affecting your overall health, and perhaps if we straighten out your neck, it will help. What if it only helps 50%? That’s better than nothing. And what if it helps 100%? So all we have to do is adjust your neck. “I don’t know,” he says. He says that manipulation is quackery, and it doesn’t work and you know, and blah, blah, blah – so we didn’t do it. And I brought this up because of common sense. You know. It just seemed so obvious to me. It doesn’t take a doctor to deduce this if you know anything about the way the body works.

And furthermore, a medical student, somebody who’s supposed to understand this stuff, the way your nervous system is distributed and the way the roots of the nerves that innervate your upper extremities emanate from your cervical spine. So if somebody’s stepping on your neck, you’re going to feel it in your hand. Why not go to the potential root? Why not even try? It seems so simple, and yet you’ll all come across that. You know, you tell somebody something really simple and they’ll resist it because it’s almost too simple. It’s almost like this guy needed to have it be complicated and esoteric and bizarre. Maybe he wanted to be one of the few people in the



world suffering from post infectious encephalitis. I don't know. Maybe he had a bad childhood and he needed something to stroke his ego. I don't know.

I don't quite get it. A couple of questions up there.

Student inaudible: JSS Did you hear that? If you hear hoofbeats, think of horses, not zebras. It could be either, but often what happens is that when you're a specialist in zebras, what you see and hear is zebras, and you have troubling admitting that even though you're the specialist in zebras, that the zebras only come around once in a while and the horses are much more common.

This brings up another thing that is relevant here which has to do with naturopathic medicine and cost savings and the quality of health care and so on, which I guess I can figure out how to segway into the next piece by using this.

One way to think about the difference between what we do and what's done in the dominant school with this motto that we're starting from the very conservative point of view. Like in the case that I just gave you, why not manipulate the neck; do whatever physical therapy is required; work on the concept – in this case – there were muscle spasms in his left trapezius muscle, and see what happens, and then if it doesn't work, let's try something else. And if that doesn't work, let's get a little more aggressive, and let's save the CT scan for last instead of going the other way. And there was no emergency here. And that also goes through the way I practice. You know I see someone who has a problem, even if it could be a serious problem.

I saw someone yesterday morning where she was starting to get blood in her stool. Now the differential diagnosis in blood in the stool can range from anything from anal fissure or bleeding hemorrhoid, all the way up to cancer. But I'm thinking about horses and know there could be a possibility of zebras, so I'm going to work from the least benign and the most conservative thing and work toward the zebras, because 9 times out of 10 it's going to be the horses. And I'm not ignoring that other part, it's just that I'm going to take me a little longer than the other guy, and it's going to take me a week to get to that point, instead of jumping in the G.I. series, for example or doing a rectal exam on that first visit.

This is a patient – you put this in context – this is a patient who had breast cancer and chemotherapy and has not had a normal bowel movement since she had chemotherapy. There's all kinds of possibilities. Chemotherapy not only destroys cancer, destroys the lining of the intestinal tract, all the normal intestinal flora are gone, of course there's irritation. She might be bleeding because she's had diarrhea for five weeks. Anyway –

Susceptibility and Resistance: these are important because they become much more sophisticated when you get into the language of homeopathic medicine. I think we'll talk about that a little bit more when we talk about homeopathy. But in a sense – I guess there are two important things here – in a sense what homeopathy is designed to do, and naturopathy, and nature cure is simply to arouse, if you will, the vital force – to get us to respond more vigorously than it is already in order to move the resistance out toward the susceptibility and stop – in the words of homeopathy – the influx of the disease.

Now here comes homeopathy, because the homeopathist will tell you that if that's what you are trying to do, then the cure and the disease are the same thing. Right? Diseases arouse the resistance on the part of the body and specific and peculiar to the disease at hand, if you will, and hence homeopathy. Why not give this person a



little bit of the disease that they already have? Why not walk right up to them and give it to them right now so that we can arouse that healing force, that vital force instead of waiting for the disease to run its course. Let's see if we can imitate the disease and thereby get a quicker response. Therefore the homeopath will give somebody something that will cause the same disease they have. Right?

Those of you who know about homeopathy, you give the patient something that will cause the same disease that they have. Now, if you are an empiricist, you don't have to name a disease; you don't have to know the causative agent; you don't have to know about microbes; you don't have to know about bacteria. All you have to know that when somebody's sick, they have certain symptoms, and a disease in itself can be known by both symptoms. Okay? My disease is that I have headaches; I have hemorrhoids; I have low back pain; my knee hurts when it rains and blah, blah, blah. You can call it whatever you want to call it, but a person's disease is defined by their constellation of symptoms.

So homeopathy says we know from empirical observations for the last 200 years or more that there are certain substances which when given to a healthy person will produce exactly those same symptoms. And so, for the sake of discussion then, this substance, whatever it happens to be, will give you the disease, will give you the symptom constellation that you already have and that's the way we can arouse your vital forces to fight back – hence the name, homeopathy – same disease – same suffering, or to be more succinct about it, curing with similars – similars cure similars – like cures like.

Now once you name homeopathy, you have by contrast named the other guys. Someone who doesn't cure by like curing like. One who doesn't understand that the way to arouse a vital force is to give somebody the same disease they already have. It's someone then by definition who is giving you a disease that you don't have. Somebody who gives you a disease harder (?) than the one you have. Allopathic – the other disease – other diseases. Now I've forgotten my Materia Medica of allopathic medicine; it's called the PDR. It's a book of side effects of drugs, and if you don't believe that allopaths give you a disease other than the one you have, go through the PDR.

Every single thing that is used therapeutically produces new symptoms, because they don't understand the concept of like cures like and arousing the vital force. When you're trying to give somebody the same disease that they already have through the principles of homeopathy, you must take into consideration every symptom that they have and Hahnemann and Kent and other thinkers in homeopathy have figured out ways to rank those symptoms according to importance. Some predominate over others. Some are weighted more heavily than others. Nonetheless, your picture of the patient includes everything from whether they like lemonade or their grandmother better to whether they sleep on their left or their right side or with their bed up in the air or whether they snore or whatever, because that's all part of their picture.

Whereas the allopathic doctor is only looking at one symptom – inflammation in the joints. As I said this morning about an arthritic patient, you take 10 people with arthritis, from the point of view of homeopathy, you have 10 different people and you're probably, possibly going to use 10 different remedies because one of them's better with cold and one of them's better with heat. You remember that old argument? But if you're an allopath and you're basing your therapy upon a single symptom, all you care about is that all of these folks have inflammation in the joint and you give them all seldine or whatever it is you're going to give them, and all of their inflammation goes away and they all develop new symptoms; they all get other diseases than the ones they had.



Now we go back to 1868 and we find that homeopathy is defined as the art of curing, founded on resemblances, introduced by Samuel Hahnemann. The principle is that every disease is curable by such medicines as would produce in a healthy person symptoms similar to those which characterize the given disease. The Latin expression is “simila” “similavut curator” (?), which means of course like cures like. And this is in opposition to allopathic or heteropathic medicine.

Now, let me define allopathic medicine for you. From 1868 “allo” means the other “pathos” means disease. Allopathic is the art of curing founded on differences by which (get this) by which one morbid state is removed by inducing a different one. (Laughter). A practitioner is termed an allopathic. So when we talk about allopathic medicine, remember this morning I talked about (duality)? left and right, night and day, dark and light, empiricist, rationalist, the proper opposing term for a homeopath is an allopath. But know that when you are talking about allopathic medicine that’s the philosophical idea there – that you are replacing one disease with another and if you don’t understand these principles, you run the risk of doing that with whatever you do. Remember again, that anything that can be used homeopathically or allopathically can be used the other way.

It’s the way you use it, it’s not what you do.

The other thing we need to talk about - I think we’ll take a break before we do that – is acute disease and chronic disease – principles which you will face every day in practice and in your own life, so before we jump into that. Let’s take a break.

Once again we have a bunch of questions that come up here during the break that I guess – you know, this is the first time that any of our colleges has tried this kind of approach with the intense and I think in part because of my own background and interests, my involvement in politics that your using me as a resource for information that you want to know about, and I have no problem with that as long as we cover what we’re supposed to cover, and some of this is going a little bit faster than I expected, and some of this is going to go a little bit slower. We are a little bit ahead of time, and I don’t mind digressing on answering some of these questions you are all probably wondering about.

Some of these things speak to our political situation, and they also speak to some of the principles that we are talking about here, so with your indulgence I’m going to answer for all of you some of the questions again that came up during the break. I kind of like this because I don’t have to think about this all the time. As I said before, I used to take a week’s break between these various things and then I’d throw this out and really get into it. This way it’ll take a few minutes.

One of the questions that came up is: Is not the next step here in our maturity and growth having a dialogue with the dominant school of medicine? And the answer is yes and no. Certainly on a one to one level between individual practioners who work with and respect each other – that’s already going on. And as Coulter (?) said in his introduction, none of us is holy one or the other. There are many people in allopathic medicine, medical doctors, veterinarians, osteopaths, chiropractors, and others who are doing some or all of what we do, and as we mature as a profession I see people who are moving a little bit in that direction who are specializing in certain kinds of care or in treating certain kinds of problems.

There is, however, a problem particularly at the source higher levels of political organizations. You see, there is an assumption, maybe, and I believe it’s false, that the role of the medical profession is to provide quality health



care at a good price for all of us for our well being. Because when you sit down and you talk to people who are heads of these organizations, as I have in many states when we go into the legislature – I was telling somebody – when we first started working in states with legislation we would go right to the state medical association and its officers and lobbyists and tell them who we are and what we were doing and what we intend to do and try to either enlist their support and/or ask them not to oppose us.

They often said they would do that, and they have always and always opposed us. They have always stabbed us in the back. They have always told us one thing and then done something else. I've learned at that level not to trust them. I have learned that at that level they see their job as protecting their turf. And that's fine, by the way, because the legislatures know that. They see the medical lobby has a special interest group. I might also tell you that they see us as a special interest group. When the AANP involves itself in legislation, we are seen to be representing the profession, and therefore a special interest. Again, another reason for the Institute. I'll tell you a story about that.

One of the guys who worked with me on the state legislation business testified recently before sunrise audit committee in Colorado. Sunrise, sunset are terms they're hearing in legislation a lot and I'll explain that for a second. Back in 1970's, at the urging of Ralph Nader, a lot of states began adopting statutes that required that state agencies be re-enabled by legislation or else they would come off the books. This was a way to cut waste in government in a lot of states, and I suppose it would work at the Federal level. There are all kinds of offices of this and that and the other thing that have been created and nobody ever goes back to look at them again.

So that "sunset laws" were set up to create a situation where if, on a cyclical basis a state agency was not to re-establish, re-enable by legislation, then it ceased to exist, and what happened there, is that's been taken to a higher level of public protection. Because what happens in states that sunset, is that the agency involved is brought through a review process to see in fact if the agency is doing what it's supposed to be doing. And in the case of medicine is it protecting the public? And the legislature decides whether it should go on or not.

And in our case, the Boards of Examiners in every state are coming up for review – each state is a little bit different – but more or less every ten years the Boards come up for review by the state legislature and they decide whether they are going to continue the practice of naturopathy by deciding whether they are going to continue to enable us – the Board of Examiners – to operate. Every state, that is, except for Washington. In Washington state the Board has come through with exemplary reports for the last 3 decades, and the legislature last year has said enough of this, we are going to exempt these guys from "sunset" for the rest of humanity, which was a real victory, because nobody else, including the medical profession has been able to accomplish that.

In fact, here in Arizona, the last time there was a "sunset" review the naturopathic board was given the maximum 10 year extension on their existence, and the allopathic board of examiners was given 2 years to get their act together or to cease to exist. Now I can't imagine how they are going to be regulated, be licensed medical doctors and yet the legislature has the gumption to tell the medical profession to get its act together or to lose its boards. (QUESTION INAUDIBLE) That again differs from state to state, In Arizona there is a legislative auditor's office which is charged with gathering the information that is then in turn presented to the legislature. They make a report and a recommendation to the legislature. I do not know if full party testimony or information is allowed to be presented.



I would think there would have to be and that the legislature in most states is required by law to be open, but I don't know exactly how that has happened. (ANOTHER QUESTION) I don't know that there is any mechanism to assure that. I guess it would have to do with whoever is appointed to that office, and however that office happens to be staffed.

Now the point I'm leading up to here – I guess that was good information; it raised a couple of questions – but the point I'm leading up to is that some states have adopted something on the other side that they call “sunrise” legislation. Some question in some circles whether this is even constitutional, but the way it works is, that before you can have introduced a piece of legislation, particularly with regard to healthcare – I don't know if it's true for other things – but before a piece of legislation makes it to the legislature by way of being introduced, it goes through a committee first to decide whether it's necessary or not.

And when it comes to healthcare, each of the states that has done this has adopted specific criteria by which to measure whether or not a “new” profession ought to be licensed in that state. It has to do with what is the inherent risk to this kind of practice. What kinds of standards are in place to protect the public. Are there instances of the public arm and so on. That's called a “sunrise” review, loosely. Each state does it differently. In some states there are committees appointed by the department of health. In some states there are committees appointed by the legislature itself, and in some states there actually within the legislature there is a committee of legislatures that sort of looks things over before they get in the hopper.

Now what I was going to tell you about special interests is that one of the people who works with me has testified over the past few years on behalf of our licensing in a number of states. Most of his experience has been in Maine and in New Hampshire, and 3 weeks ago he testified before a Sunrise Audit Committee in Colorado. He told me – now this is the guy who has been working with me in the AANP and is now working with me in the Institute – when he testified in Maine and New Hampshire, he testified as the consultant for state government affairs of the AANP. When he testified in Colorado, we had just weeks before incorporated the Institute, when he testified in Colorado he testified as the Vice President of the Institute for Naturopathic Medicine.

His testimony was essentially the same, he said, but the session was completely different – completely different. The same message – different hat – public interest - special interest – same guy – same everything and during the break I got a note here from Dr. Louise Edwards, some of you probably know her here in Colorado – that the bill has passed the Sunrise Committee in Colorado, which means that this legislative committee in Colorado will not be recommending to the legislature in the spring, when they reconvene, that a law licensing naturopaths will be passed in that state, and then the battle begins.

What we often see is the MD's and their lobby don't show up for this kind of stuff because it's child's play, and they don't think it has a chance anyway, and then when it starts to move in the legislature, the acceptability, the resistance as its acceptability to this possibility of naturopathy in Colorado, if we arouse the ire of the other school.

Well, I think another part of this question is the communication there. I would submit to you that it's much easier to talk to the public, the policymakers, legislators and others about what it is that we do and why it's necessary than it is to talk to the officialdom in medicine about this. And in part I think this is because when you



sort of grow up in the dominant school, you begin to see things from that particular perspective. It's very hard to accept that there might be a different way of looking at things. It's not so much a problem for the public because the public is anxious to look at things differently because what they've got isn't working as well as they would like it to, and there are people who are searching for alternatives.

Whereas the medical profession, and again I'm generalizing and over emphasizing for the sake of making these points, the medical profession is invested in the model that it has and defending that model. So it's very hard sometimes to have that conversation, and this is something that was explored early in a series of essays by a guy by the name of Thomas Kuhn – actually it didn't have to do with medicine, it had to do with the structure of scientific revolution. Who knows the book? 1976 – *The Structure of Scientific Revolution*. He started actually I think his story he wanted to be a physicist, and in the beginning in his freshman studies in physics, he became more intrigued with the history of science than with the science itself.

And noticed a more interesting phenomenon, at least he's credited with having pointed this out, like Coper (?) in exploring not the chronological facts in medicine but the underlying presumptions and assumptions in medicine, Kuhn did the same thing with physics. He did not come to the conclusion that there were things running along a parallel track in physics, and he's probably right, because there has to be a parallel track in medicine because one of these tracks is propped up artificially. You can't go swinging back and forth. What comes down was that scientific revolutions, or maybe you should say advancements in science occur in quantum leaps. It is not the logical progression or accumulation of information, it is rather a shift to the different paradigm that constitutes a revolution in science.

The way he puts it is that if you follow the history of science what you get is you get a certain view of the world, a certain understanding of the way things work and you sort of move along on this presumption gathering all this information. You reach a point where this information doesn't make sense. The information you're finding no longer fits the model that you have available to explain how they work. There are always a couple of people out ahead who are explaining this stuff who are ridiculed, and burned at the stake, and hung from the highest tree and so on and so forth. Their ideas are radical. Galileo gets burned at the stake not because of the quality of his work, but because it just can't be that way because we all know differently.

Copernicus rots in hell for the same reason, not because the heliocentric versus the geocentric ideals of the universe make any sense to anybody, but because we all know it can't possibly be that way. And the guy's a heretic. He doesn't believe the way we believe; he doesn't see things the way we see it, so we'll kill him. But that goes on only for a certain length of time and then all of a sudden everybody knows – everybody knows that the earth moves around the sun instead of the sun moving around the earth, so you take it for granted after a while. And then another guy becomes the hero of science.

But the point is there's a change; there's a shift. There's a new paradigm that's adopted by everybody – (the old hundred monkey thing; you get to the point where the sun sets at the next level; there's another hundredth monkey) (?)

So, now you're operating on a new paradigm. Now you start gathering more facts and there's a chronological progression there. The same thing happens again, and again, and again. It happens in all the sciences. It does not happen in medicine very well because medicine and the way it's practiced is not a science. It's sort of an



admixture, sort of a potpourri of all the other sciences. When chemists, or physicists, or astronomers are faced with facts they cannot explain, they change the model. They don't throw the facts away. They change the model. And they go kicking and screaming into it. You know when we start talking about quantum physics, there was a time when the people who were involved in quantum physics in discovering some of thewere nuts. Nobody believed this stuff.

Now every physicist has some understanding of quantum physics, but that information, the paradigm, the lesson, the principles that are involved in quantum physics are not translated into medicine except in as much as they are used for technological intervention and diagnosis and treatment. But not in understanding therapeutic rationale. And the same principles that hold in other paradigms and other sciences are some of the ones we're talking about here.

Now I don't pretend that this is everything in the end all and be all because I may be wrong. I can tell you from my own practice that this model works for me. I think these guys that wrote this stuff a hundred years ago knew what they were talking about. I don't pretend to suggest that it's going to continue to be able to explain what we know about medicine, and I think we're running out of time where we're going to have to change the model, but at least if we know what we're doing, and we think about these things, we may be able to change that model. Now, (inaudible question).

There is very little research going on in naturopathic medicine at this time because most of it is happening sort of limited level in our schools, back to artificial constraints and artificial support, you know we don't have gazillion dollars that is thrown at medical research. But I think the Journal of Naturopathic Medicine is the first step in that direction. Here again – the Institute. You know I feel like I'm selling the Institute. (I like the science, the people in this country and institutions who are interested in supporting the research, and for us I think we need to be open minded and emphasize that every school in America that has a medical school has that, but we really need to take this to heart.) (?)

We need to find out what it is that really works, and what it is that we do that probably doesn't work. I'm sure there are as many old wives' tales and myths in natural healing as there are in naturopathic medicine. There are probably some things we do just because somebody else did it. I remember hearing the story about a woman who was showing someone else something about cooking a ham. Her friend wanted to know how she always did this ham; how her ham always got so good, and she cut off both ends of the ham and put it in the oven and did whatever she did, (I think I read this in a cookbook somewhere) and her friend said to her, well, how come you cut off the ends of the ham?

Well, I don't know, but that's the way my mother always did it. Maybe I should ask her. So they went to Mom and asked her and Mom said, well, I don't know that's the way your grandmother always did it, let's ask her. They went to grandma and asked her why she cut off the ends of the ham, and she said because they wouldn't fit in the oven. I wish I could have some of those things when you talk about science. There are people in medicine who are still cutting off the ends of the ham for reasons that they think are other than what they really are.

So, this little thing that Kuhn talked about then – actually this is what I'm going to be talking about when we talk about science – so even though it seems like I'm going afield here, it's something I did want to talk about. And that is, that Kuhn, if you follow what I just said about paradigms and paradigm shifts, he says that the



fundamental problem here is – maybe it's obvious to you – is this. It is impossible for these paradigms to communicate with each other by definition. Think about it.

If you're getting a new paradigm, if you understand the new paradigm, if you understand that the earth moves around the sun and not the other way around, by definition you are familiar with the old paradigm and you understand the new paradigm because you've come from there to here, so to speak. You understand that the sun moves around the sun in contrast to the sun moving around the earth. Actually as someone who is schooled in celestial navigation I would suggest that neither one of those is true, by the way, but for the sake of discussion, let's continue that. However, if you're in the old paradigm, you are not conversant with the new paradigm because if you were, you wouldn't be in the old paradigm. Are you with me? If you understood the new paradigm, you wouldn't be in the old paradigm.

There's a real dilemma here. Those in the old paradigm do not have a model, a paradigm, a construct, a language by which to understand the new paradigm because if they did, they wouldn't be in the old paradigm. And conversely, those are newly in the new paradigm have no language for the new paradigm and always have to try and explain the paradigm in the language of the old paradigm. And now you're stuck. Because here you are trying to explain vitalist medicine in the language of mechanistic medicine. You're trying to explain to a medical doctor, in vitalist concepts, in mechanistic language. Now again, we're talking extremes. I'm not trying to say you can't talk to a medical doctor or a veterinarian or an osteopath or somebody who understands this. Okay? And I don't want it to come across that way.

But I want you to understand that Kuehn's idea was that when you have this paradigm shift, it's virtually impossible to have this open communication. What you're doing is, the new paradigm is sort of reaching back to the other paradigm and saying, Hey, look at it this way. But if the person in the other paradigm is truly a scientist, you may say, they'd be interested in the possibility that there's another way of looking at things and might openly explore with you your case, and then decide for themselves whether it holds water or not. If they are invested in defending their paradigm, then of course you're not going to be able to have a conversation – small silence in the tape.

Since after all the reason you're here is to do this, I think it makes sense to talk about it. One of the questions is: how do we deal with infertility? Infertility we've talked about sperm counts before and as you know infertility is a big field. Not only are men less fertile, but women are less fertile. I don't know what the number of infertile pairs or couples is these days, but it's higher than it used to be, and infertility is a big piece of medical specialty practice now. My experience with infertility is limited, but I know that the profession's experience is not, and that in many cases, it ain't no big deal. Then the question was: well, how do we treat infertility? Well, here you go back to this model



TAPE 4 SIDE B

If you're concerned about finding the approximate cause, the endocrine imbalance, the deficiency, the physiological reason, you probably aren't going to have a whole lot more luck than an allopath might have, because you're approaching it in the same way. On the other hand, if you think of it in terms of the homeopathist or the nature cureist, then you've got a whole different thing. You know what the person is suffering from. You know what the disease is. It's not infertility. It's all of those other symptoms that they have. It's the stomach ache; it's the gal with the headache that's sleeping with her butt in the air is feeling cold in Arizona – it's whatever it is. You give them the correct remedy – the so-called constitutional remedy for what is ailing them, and you, theoretically anyway, correct the problem.

Now you would assume from that if there were some endocrine imbalances or other problems which have a physical proximate cause to their infertility that it was corrected, and in fact you can demonstrate that. By definition if there is a hormonal imbalance that's affecting a particular woman's fertility cycle or fertility generally, and you give her a remedy and she becomes pregnant, then obviously you've corrected the problem. Because when you use this kind of treatment, by the way – it's something that I didn't mention – is that in homeopathy in stimulating the reaction or the vital force you will never force the body to do something that it wasn't going to do. That is not a problem. That is why there are minimal side effects, if any. You will not force the body to do something it was not going to do.

You can only encourage it to do whatever it's trying to do or wants to do. In fact, you also don't have anything to say about it. You take an example like a carbuncle – this is a boil – you probably all have them – this is a boil that doesn't want to come to a head; it doesn't want to go away; it's sore to the touch; you just want to pound on it or cut it out or something. You give somebody the appropriate homeopathic remedy that might include that in their picture, one or two things is going to happen. That boil is going to come to a head; it's going to mature; it's going to ripen whatever the term is you want to use, and the pus is going to be expressed.

The body is going to reject it; push it out; heal itself whatever, or it may be completely resorbed. And that's not for you to decide; that's for the body to decide. You give it the remedy that stimulates the vital force; you get the body to react; it's going to go in the direction it's already leaning in, so to speak. Not that's not exactly true, if you have some familiarity with homeopathy you know that sometimes the choice of the potency of the remedy can push you towards one outcome or the other. But these are outcomes that the body would have used in the first place. They are not artificial outcomes.

But also this question about infertility, then underscores for us another problem and another challenge that we see in clinical practice. And that is, as I said earlier, in a given day I might see a child with an ear infection – somebody with low back pain – a woman with breast cancer – an elderly man with colon cancer – I see a lot of cancer patients, by the way I guess that's obvious – somebody with a gynecological complaint – the whole gambit – somebody with eczema – somebody who just doesn't feel well is tired all of the time, and then I might see the woman who's infertile.

Any way we do our same routine, and she gets pregnant and lives happily ever after, and that's just one more case, and I don't consider myself a specialist in infertility any more than I consider myself a specialist at otitis



media (?) or at eczema; I'm not a dermatologist or a pediatrician, and what's interesting about that is the question about what do we do for infertility. You see, some of this you just do this stuff every day and what I find is incredible is infertility, or cancer or whatever you want to talk about these things are major problems in our culture, and we have very effective ways of dealing with them, and what if we're only successful in 50% of the time; what if we're only successful 20% of the time?

You would think that people would be knocking our doors down, and they're not and – well, here comes the Institute again, right?

Now, there's also the question here about a 15 year old boy who has just been diagnosed with juvenile diabetes. And the question is: Is there anything that can be done about that? And the answer is: Well, yes of course. There's always something that you can do. Everyone of us is on here somewhere (apparently pointing to a chart) no one in this room is here, and no one in this room is here, or not yet, you might be by 5 o'clock, but we're all in there somewhere, and if that's true, there is always something you can do to get a little bit better. Now here's a 15 year old boy just diagnosed with diabetes and we're cutting butter with a chain saw. We're going to jump right to the insulin, because his pancreas is "dead".

Now, first of all this illustrates the whole thing we've been talking about here. We have intervention over here where we're treating a single symptom which has something to do with the body's ability to use glucose and get it into the cells. At least in adult onset diabetes, it is true, I believe that you don't look at insulin function; you test somebody for diabetes by looking at their blood sugar level not their insulin, and from that you jump to the conclusion that their insulin is not sufficient to control their blood sugar. That's a pretty big leap of faith. Maybe their insulin is not working efficiently. Maybe they're not making enough insulin. Maybe they don't have enough zinc to make insulin in the first place.

Maybe they don't have enough chromium for the insulin to hold hands with the glycogen or the glucose and transport it across the cell membrane. That's what insulin does. Glucose starts from your bloodstream into your cell by active transport. That means it needs help, and what insulin does it goes and it holds hands with the glucose and says come along I'm going to take you across the cell membrane. Okay? Now cupid in this case involves something called glucose tolerance factor, or at least in part something called glucose tolerance factor, which is a molecule which is made in part from chromium and also from niacin.

Now if you don't have enough niacin, and Vitamin B3, and you don't have enough chromium, then you don't have enough GTF, and if you don't have enough GTF, your insulin isn't going to work efficiently, and it doesn't matter how much insulin you have, you're not going to get the glucose into the cells. And then when you do a GTT, it's going to be abnormal. So maybe, this child's pancreas is not working as well as it should because it's been trying so hard making so much insulin over so many years to try to force the issue, and now it's not capable of keeping up.

But I'd be willing to guess that in diagnosing this case, that there was no measurement of insulin levels in the bloodstream, but only other symptoms that lead to the diagnosis, and if that's true, even from a sort of allopathic point of view, there's a way to intervene with chromium, and niacin, and vanadium and zinc and other trace minerals that may help. And what if it only helps only 50%? I'd like to think at that age this early on that this kid over here somewhere, just past this point, this just happened, that this could be – I would never hold this



out to a patient, by the way, because you don't want to be involved in false hope – what you want to do issteps.

You see, if you can get the person over here, then they may believe that they can get over here, and they're more and more motivated. But just assume that you can only get 20 or 30% improvement in this situation, that's better than nothing in my book, particularly when you realize what all the side effects are from insulin use including those related to diabetes itself. Diabetic retinopathy, diabetic neuropathy. If you could intervene to the point where you could get that kind of improvement, you could decrease the amount of insulin that he does need, if he in fact needs it. And this illustrates still another point.

I'm told that the child's mother doesn't want to hear about naturopathic medicine, and that always pulls at my heart strings, because here's somebody who may have to suffer, in my book, suffer needlessly not only from the disease, not only from the side effects of the treatment, but also the psychological impairment of being different from the other kids for the rest of his life, and it may all be needless. And I may be wrong, but why not start here, and then go there. And as a doctor, you can offer this to somebody. Why not do this for a week or two weeks or a month, and then let's do another GTT and then we'll do the glucose tolerance test. Let's do this for a couple of weeks or a month, unless his blood sugar is high enough that that's not possible.

But let's do that and then if we have to, let's talk about insulin, and that brings us to another point.

I think I mentioned this to you before, but if somebody comes to you because their mom or their dad or their sister or somebody recommends them, like the guy that I was talking to you about in the neck, somebody of you didn't catch that at the break, but the recommendation there – somebody said well, if he came to you, why didn't he follow your advice – this guy's father was so upset about his son called home to New Delhi to talk to his sister – that is, his father's sister, the aunt of the patient – and the very day that he called home to talk to her, a friend of mine was visiting the aunt.

This guy has bummed his way around the world and he's in this woman's home hears this conversation says he doesn't have to suffer with that, tell him to see this doctor friend of mine in New Haven. So, you see what happened. He really didn't come under his own steam, just like the 15 year old were talking and the mother who is opposed to it, you're kind of wasting your time. I often ask patients when somebody brings in their husband, you ask the husband: are you here because you want to be, or are you here because your wife made you or dragged you? When he says she wants me to be – that's the end of the visit as far as I'm concerned, and I'll tell him that.

You have to be here because you want to be, not because she wants you to be. We're not talking about their health; we're talking about your health, and if you're committed enough to do something about it – make another appointment. I'll go to the rest room and when I come back tell me whether you're going to do this or not.

So, any more questions on that stuff? QUESTION inaudible. Well, it may have been a bad choice, but you'll remember that what I said was it was going anywhere; it wasn't coming to a head; it wasn't resolving. You're living with this thing for days and weeks at a time. If I can stretch the metaphor, you're sort of stuck, but what you may not always be able to predict is which way is it going to go. Not that either one of those is bad, you see.



They're different ways with which the body might deal with it, and the point I was trying to illustrate there was that when you're involved in natural therapeutics, when you are helping the body to recover its health, when you are pushing or encouraging the patient to move toward this end of the spectrum, you're not going to create something that wasn't already there. You may create something else.

And that's what we're going to talk about in part tomorrow, but that brings us to one other concept that we need to hammer home today, and that's the difference between acute and chronic diseases. And this is actually pretty straightforward, but it's a principle I think you'll find will be again involved in absolutely everything you do and you will see patients with this every day of your life, and if you're like me and you try to sketch it out for them, the sketch takes more time than you'll care to know at this point.

In the catechism of nature cure and homeopathy both, and therefore in naturopathy, acute disease represents the body fighting something off. Pure and simple. Disease is not morbid. Disease is not evil. Disease is the body's response – the body's attempt, if you will – to get rid of something. When you're coughing, when you have a fever, when you're vomiting, when you have diarrhea, these are ways in which your body is trying to rid itself, respond to the noxious influence. So what do we do in allopathic medicine? We try to stop the fever. What do we do in naturopathic medicine? We increase the fever, because when you give somebody the homeopathic remedy that's appropriate for the case with the fever, their fever literally increases, as if to burn off the bacteria, if you will, or whatever the noxious agent happens to be.

There were treatments in the 20's and 30's for gonorrhea and syphilis where what they were super heating people within certain limits for long periods of time to kill the bacteria – an artificial fever, if you will. Not a whole lot different than sweating something out. Not only are you sweating and eliminating when you're sweating, but you're increasing the fever. So when someone's acutely ill, you want to stimulate that process. Now that gets into some nuances that are probably going to be difficult to deal with at this point because it's going to take some experience in clinical practice, but in effect, when you give someone a homeopathic remedy, that's what you're doing. You're stimulating the body's reaction to the disease, because sometimes you see the symptoms get worse, because the body's fighting back.

And that's always one of the kinds of things that naturopaths talk about over beer, if the patient calls back and says I've never felt this bad in my life, I've been vomiting for 3 days, and my rash is back, and the naturopath says "great – you're moving in the right direction." You're getting better. This is the healing process, and the patient says I've never felt this bad in my life. Well, when they get through that aggravation; once you help their body to fight off the acute disease, they come out the other side and they're well again, and basically, that's the way we look at acute disease.

An acute disease has these rather traumatic symptoms that demonstrate to us that the body's resistance – their vital force – their protective mechanism – have been engaged and are trying to deal with the situation. So our role is to support or encourage them rather than to try to suppress them. Now within limits. There are times when the reaction itself can be dangerous or life threatening, and that's often when you need radical intervention, like antibiotics, or like drugs that will bring down a fever. And the last thing you want is aseizure , for example. There are times when the resistance is not strong enough to fight off an infection, and antibiotics help.



Now I'll argue with another time that microbes may not cause disease but if you have a whole bunch of them running around in your bloodstream or in a lymph gland or something, it sure will help the body to get an upper hand by cutting down on the microbes and their effect. STUDENT QUESTION INAUDIBLE

JSS: Discouraging the use of ice. STUDENT (inaudible)

JSS: I'm not sure how to comment on that. It illustrates the principle that I'm talking about. If the purpose of the inflammation is to bring more blood to the area – you see the naturecurist is going to say that the body is intelligent. These are not random responses that are going on here. There's a reasoning, if you will, behind this, or if you want to say that our Maker had this figured out or whatever. The inflammation serves a beneficial purpose, so why would we want to stop that? Now there's a caveat and that is you have to know whether the inflammation is occurring under acute circumstances or whether it's a chronic inflammation, and that's the next part of this.

Chronic disease occurs when you're not strong enough to fight it off. Think about this. When you are stronger than the disease, so to speak, you're not sick. When you're healthy, you're not sick, by definition. And we use those very metaphors in our language – we talk about getting rundown; we talk about coming down with a cold; we talk about being susceptible, catching a cold, and we also talk about trying to increase our resistance. What do we do, we take Vitamin C, we rest, there's a sort of implicit understanding that you can increase your resistance and overcome this fever or this cold or whatever it is.

But the opposite of that is when the vital force, when your vitality and these other things we've talked about – accumulation and waste and poor composition of the blood, if you will – when you have less vital, less strong than the disease process, you have what's called a chronic disease. You're not strong enough to fight it off. It's really that simple. But if you buy that, there are some profound implications there.

And this has to do with something that we're going to talk about tomorrow in more detail, but it goes like this. If you have a chronic disease, you're too sick to get sick. Many of you know people with MS or cancer or other kinds of diseases who will say something like this; "you know I don't understand how I got cancer. I hardly ever get a cold. Everybody else around me gets sick and I can't tell you when the last time was that I had a cold. I thought I was pretty healthy." The opposite is true. This person, if they are in a position where their vitality is decreased to the point where they are susceptible to cancer, they are too sick to have an acute illness, by definition. Okay? (Writing on the blackboard the chalk must have broken.

Well at least you guys have better chalk than National College, I can tell you that. It must have broken again – well, now we're even.) How am I going to sketch this. This is sort of a graph here of levels of vitality or energy maybe. Again, this is something I haven't refined as well as I would like, but let's say this is sort of the energy of the disease, the energy of the noxious influence. If your vitality is great enough, you will not have a problem here. You are healthy. You are maintaining your equilibrium, because you are not diseased – out of balance enough for this noxious influence to have an effect, so you're healthy.

Now, as your vitality decreases for whatever reason – being in naturopathic school for three years or more – theoretically you reach a point where your lowered resistance is closer to a sort of a power or the level of energy here, so now when you're here – this is where you are sort of fighting things off. This is the battle between your body attempting to reestablish its homeostasis or balance, and this other noxious influence, and that's when you



have acute symptoms. That's when you're coughing or vomiting or having a fever or whatever happened. Now to extend that metaphor, which I hate, because you get us into the good and evil thing, but if you win the battle, you have recovered. If you lose the battle, your energy decreases even further.

When that occurs, you are now chronically ill because the disease has the upper hand. So when you're down here, you're too sick to be sick. You're too ill to have acute symptoms. Do you follow me? That's why some people can say I can't tell you the last time I had a cold or the flu or whatever. It's not necessarily because they're at the top; it could be because they're at the bottom. And that has some other implications we're going to talk about. Actually, while we're on the subject there, why don't I just talk about that now and then maybe we can play some more tomorrow or we'll have time to go over it tomorrow.

One of the things I wanted to get to tomorrow was the idea of healing crisis. Do you know this term "healing crisis"? The simplest way to think about a healing crisis is this. If this model rings true, and you're here or your patient is here, then obviously your goal is to get him back up here, or in the other model up here is to come over that way. I just turned this on its side. Your role as a physician, which we will define more specifically tomorrow, involves getting the patient from A to B or from chronic disease back to health. Well, guess what? When you do that, you've got to go through this point. You will raise the person's vitality to the point where they are now capable of fighting off the disease.

At which point you will see the manifestations of that in acute symptoms. So a cancer patient who is recovering, who is gathering his or her strength, who is renewing her vitality, is likely to become acutely ill at some point in that treatment, precisely because they are getting better. And of course they're going to call you at one o'clock in the morning and discuss this with you. Right? And you're going to need what's going on there. Now, the opposite is true, and that is that if you happen to be going the other way, and you get in this general area and then move on, you've just had a disease crisis. Disease crisis, healing crisis, they're both the same, they look the same, their symptoms are the same.

The only way you can tell is back to what we talked about first thing this morning and that is the information is simply that. But if you have it in context, that is if you know this person's history, you know where they are, you know where they're going, and you have a context in which to frame it, and if you know some of these other laws of cure and these other principles that we're going to nail down here, then you're know whether they're moving in a crisis direction or in a healing direction. And you could make the case, I believe, that the homeopathic aggravation is the same thing.

In other words, when you give somebody a homeopathic remedy and they have acute symptoms and in some measure when older symptoms come back, you're sort of going through this place here again. I like to tell my patients about this this way. Getting help is like taking a trip. You know, if you assume that you were healthier at some point in your life and you sort of got run down to the point where you are relatively frequently acutely ill or even chronically ill, then obviously you want to get from here to there. Now remember I live on the East Coast, so I say it's just like taking a trip to L.A.

You could fly out there in a couple of hours; you could drive; you could walk; you could roller skate; you could hike; you could go by way of London and Berlin and Timbuktoo and Sydney and come at it the other way, but whatever you do, if you have gone there, then you're going to come back. And when you come back, you're



going to pass some of the same landmarks on the way back as you passed on the way back. Actually it doesn't work if you go the other way, does it cause you might have a choice. But assuming that you came back along the same path that you took in the first place, you're going to see the same landmarks again, and here they are.

Here's that mountain off in the distance or whatever it was, only this time it's a fever. If you pass there on your way to a chronic disease, you're going to pass there on the way back. You can't get around that. Now, if you're really strong and your vitality is coming back with a vengeance, you might go through there a little faster. This might be a flash in the pan on the way back. So that an aggravation or a healing crisis doesn't need to be the same magnitude or the same order of magnitude as it was the first time around. Well, any questions about that?

Student Inaudible.

JSS: Yes, the disease crisis and the healing crisis can be life threatening, depending upon the individual. And that's where you have to know about – here's where you start getting into the basic sciences and understanding disease and pathology and the natural course of events. For example, a healing crisis – what you'll find that the disease of the day, when this stuff was written, was tuberculosis, consumption. What you'll find in virtually every Homeopathic Materia Medica, I'm not sure if it's in Lindlahr, this is an edition by the way that I did not read. I don't know if I told you that. I have the original edition, and this has been re-issued and edited. There are some changes in here, minor, but there are also some things in here that have been left out in the original.

I haven't read this volume, but you will find that in the original writings on nature cure and in every Homeopathic Materia Medica, there are strong cautions about dosages and remedies to be used with people with syphilis and tuberculosis, for example, because putting it in this language, the healing crisis that may occur from the remedy could be life threatening, and in those cases it may be better to help slightly improve the person's quality of life and not risk death by the healing crisis.

STUDENT (Inaudible)

JSS: Just briefly. Hopefully you'd get all of that in detail. Well, theoretically, I think yes, but what you have is a very risky situation. So, one of the things – I've never seen anybody with tuberculosis or syphilis, so I don't know, but what I'm trying to say is theoretically there is a time when you do not want to go back through a healing crisis because of the question that was raised – acute reaction can be life threatening. Or in the case of an infectious disease like tuberculosis where the body walls off the bacillus in the lungs, you may release that again into the system, or so it was held by the homeopath, so you don't want to do that. And, I guess that's a way to say that these models don't work all the time for everybody.

Or there is another way, there are exceptions. Not everybody can get well. Now I will tell you there are no incurable diseases. I think Lindlahr says this. There are no incurable diseases. There are incurable people. There are people who don't want to get well; there are people who can't get well; there are people who are so far gone on this spectrum at the point of no return that they will not get well. You will not cure everybody. You will not help everybody. There are exceptions to every one of these principles. After all we're talking about sort of an idealized situation here and not something necessarily that's going to apply to every individual. It also brings up the concept that every individual is an individual.



I heard someone say recently that when you're in a helping profession, when you're in a relationship with someone who needs your help, when your job is to try to establish a rapport with someone, then it is incumbent on you to be flexible in that relationship. Which I take to mean that you don't want to get into a rut where you do the same thing with everybody, or that you handle everybody in the same way and expect patients to come to you on that level, but instead you have to assess every situation on its own merit and deal with it. In terms of a physician, you may require different kinds of intervention at different times for different patients. What you might do for one person with similar circumstances might not be what you'd do in another situation.

Some people are ready to hear things where other people aren't. Sometimes you're talking to kids. Sometimes you're talking to people with no education, and sometimes you're talking to scientists. Sometimes your patients are medical doctors. You have flexible. And as I started out this morning, you have to be able to assess each situation on its own merits and determine whether or not this is appropriate in that situation. So, any other questions?

(STUDENT INAUDIBLE) JSS You know, I really can't answer that question because that's before my time. I don't know how that was treated. What I do know is that homeopathy in particular and nature cure, to some degree, were apparently, if you believe what you read about this, is very effective even in those things that are supposed to be infectious diseases. There are still naturopaths around, believe it or not, who were practicing during the polio epidemics of the 40's and the 50's who will insist that – I know that Dr. Baldwin would insist that patients treated homeopathically did not end up with paralysis.

I know that the records that supposedly show that patients that were treated during the 1918 flu epidemic in the United States killed millions of people – one of the worst flu epidemics ever – and it is claimed by homeopathic writers, particularly in the hospitals in Philadelphia, that the number of patients lost by homeopaths, so to speak, was minimal.

One of the things that is happening, too, as this question raises, the face of medicine is changing. You know, what has happened here is, this is not 1868, this is not 1905, this is not 1924; this is 1993, and we're facing very different challenges and problems than our immediate predecessors were. I was taught, for example, that most of the infectious diseases, and the ones for which I got immunized like you when I was a child, are easily and effectively treated with homeopathy. But in fact I have never had the opportunity to do that in my practice because I have never seen most of those diseases. And because I've never had the opportunity to do it, and because I never saw it in training, and I don't know anybody who did, I'd be a little afraid to do it.

You see, because we know on the allopathic side that are treatments in some cases for some of these diseases, at least there are some records. There are some statistics. There's a standard of care. And so I am probably negligent if I try to experiment with something because I am told that it might work when we know that the other school, however successful or unsuccessful it might be, at least has a defensible intervention there. This is not just true for naturopaths. There are pediatricians my age who have never seen – there are a whole slew of diseases that pediatricians don't see that they used to see. I see the same diseases pediatricians see, but we don't see the same thing as one generation ago.

And like I said, we're faced with a whole new challenge, and I have always been fond of saying you don't go to the ancients to see how they did it necessarily and to imitate the way in which they approached whatever it is they



approached, but you go back to the ancients to find out what theof truth are. What are those things that our predecessors on this planet in the healing arts have found that are absolute truisms or approach that, that might help us or guide us in our therapeutic rationale. That's where the ball comes back to. You're guiding the way you intervene in this patient's care. So what is it here that's true, and what is it that's not true, and that's the real challenge.

Again I want to emphasize and then we'll break; I know we're past the hour here, but since we're so close to five I wanted to go on. That's the challenge. I hope you hear that I'm not saying that this is the way it is. This is the way these guys say it is. This is one truth for me in my practice. Most of what I see fits these models that I'm talking about, and I challenge you to take what you've learned in these next few years, and see if it fits in this model – see if this model is right or wrong – see if this model is going to continue to serve us in vitalist medicine for the next few generations or if we need to make a quantum leap to a new paradigm as well.

And if so, what is it? And there are people who are playing around with that, and you might be among them. So, any other questions?

Okay, well, the first thing I want to get into tomorrow is the age old question of environment vs. heredity and one of the handouts – the Robert Williams handout – will speak to that to some degree. It will discuss the concept of biochemical individuality. I would suggest that you all take a look at that. If you don't have the wherewithal or the vital force to read it tonight, I would suggest that you at least look at the table toward the end that compares various rabbit innards to each other in terms of their weight and their dimensions. It may raise some questions that we'll talk about in the morning. Any other questions? Any other loose ends? Any burning desires to get anything off the chest? Okay.

It's been a pleasure meeting all of you, and I'll look forward to seeing you tomorrow. Thank you. (Applause).

END OF TAPE 4



BEGINNING OF TAPE 5 Side A

I was thinking on the way over this morning that if this is an intensive for you, it's a marathon for me. I realized last night at dinner just how much we covered yesterday, and then on the other hand, how little we covered. And what I mean by that is that everyone of those topics that we touched on has its own catechism, its own nuances. I mean you can go on; we can talk for days about suppression or elimination, or we can talk for days about the significance of signs and symptoms; we could talk for months about the rational view of medicine and then the empirical view of medicine, and so on.

So obviously what we're doing here is sort of a superficial survey of some of these ideas, and if you come away with a little more than that, you will have gotten what you need to get from what we're doing here.

Before we jump in this morning though, I'm interested to know if anybody has any questions or loose ends, specifically about the philosophical things we talked about yesterday, which were supposed to be in the first hour. The idea of a dichotomy of thought in most sciences and in medicine, what has been called since Greek times, rational and empirical thought – the two ends of the spectrum there. We also talked about signs and symptoms – the difference between them, and the significance of them.

We talked a little bit about the cellular or humeral changes for the so-called mechanisms of disease; and we talked about vital force – the concept of susceptibility and resistance; and we spoke a little bit about acute and chronic disease; and to some degree healing crisis and disease crisis, which I think we're going to talk about a little bit more today. So any questions on any of these?

STUDENT (UNCLEAR, but it's a question about vital force)

JSS: Well, that's a great question. The question is: "What evidence do we have for the vital force?" And I think that it's a difficult question to answer. I believe the empiricist would say that we don't know the vital force; we haven't seen the vital force; we can't quantify or measure vital force, but we know it through its actions. Okay? In other words there is a concept which may or may not be based in truth – whatever that means – that there is a force which can be aroused or brought to bear against disease. We think of it in many different ways, as I said yesterday.

You could think of it as nothing more than, if you want to be sort of mundane and pedantic about it – you can think about it as homeostasis – the quality of living organism to try to maintain balance, and we know from simple physiological measurements that the body always tries to keep certain aspects of our operation within certain parameters. Pick anything. The PH of your blood – the PH of the blood will stay within certain ranges. If it gets too high or too low, you have a problem, which is manifest in physical changes in the body and eventually compromise of organelles, cells, organs, and then the organism.

If you want to think of it on the higher level, I suppose you would have to say you take it on faith, to some degree – that there is an organizing force behind the universe that living systems seem to defy the laws of entropy. Instead of coming apart, instead of proceeding to disorder, living systems are organized and in order, and some force, some substance, some being, some something is responsible for that organizational blueprint, or that organizational effort. So you'll find that in both Lindlahr's work and in the Orgonon (?) of Medicine and in



Kent's lectures, and I think in practical experience that we have not yet understood, if we ever do, just precisely what this thing is. Different cultures look at it in different ways.

I think that all see it or touch it or know it, if you can say that, through its manifestations rather than having caught it in the laboratory.

STUDENT (UNCLEAR) : something about a language problem. When we start talking about the vital force, I have trouble explaining this to my more scientific friends who can't grasp it.

JSS: Well, that, if you will recall, is the crux of the difference between the rational and the empirical ways of looking at things, whether the term vital force was used or not in the earliest articulation of these differences, I can't tell you, but that is the crux of it. That in the rational world, things are taken – what you can see, feel, hear, taste, measure is reality, and there is nothing more, and the rest of it is superstition, and religion, and belief and so on and so forth. And to the empiricist, there is some force moving behind all that occurs in nature, and it is from the physical, or perhaps the psychological manifestations of this, that we attempt to know that force or that thing or that substance. Hahneman likes to call it the simple substance.

And I suppose, and I don't want to wax religious here, but in some ways this is no different than a religious theology or a religious belief where one claims to know an omnipotent being, not by having personal contact but by his or her actions. One believes that God does such and such, or whatever, and attributes various phenomenon to a higher being, and through understanding or thinking that one understands those patterns that will support their belief or their understanding that there is some consciousness behind it.

It's something that we'll talk about tomorrow when we rap up a little bit, but while we're on the subject – my own opinion is as we get into smaller and smaller units of life, we will get no closer to this consciousness that I'm referring to than if we went the other way and got into bigger and bigger units of life. But that's all relative. You can go to an infinite, I believe, you can move to an infinite degree in either direction into the macrocosm or the microcosm. And I believe that the search to take things apart and see how they work, or the search to see how we fit into the larger macrocosm won't get us any closer to this force or this consciousness that we're talking about because I think it's everywhere.

It's not in there somewhere; it's not out there somewhere; it is within all of us all of the time. It's part of the consciousness, if you will – this is my own belief now – sort of the consciousness of the universe. And you will note that both Hahneman and Lindlahr sort of approach that. Lindlahr was very, very much a fan of precisely what we're going to talk about this morning – about the relationship between the mind and the body, and healing through changing mental images. And in the language of his time, he talks a great deal about consciousness and about changing consciousness in order to change physical symptoms.

And there are points in Lindlahr's work where a logical argument is taken to the point – and this is particularly the case where he discusses the so-called microzynes (?) and bacteria and microbes – there is a point where the logical mind, through the information now available to us, just can't go any further, and then you have to take the rest of it either on faith or you must remain skeptical that such things exist. And, I'll be more specific about that when we get to microzynes later this afternoon.

Any other questions? STUDENT INAUDIBLE



JSS: I don't know much about hypnosis and I don't use it myself. I know some of my colleagues do, so I don't believe that I'm qualified to explain it beyond what little bit I think I know, which is this – It is, as I understand it, it is really nothing more than a technique to be in touch with, I suppose what we call the subconscious mind, by bypassing all the rationalization and filters that people usually put things to. That's an oversimplification, of course.

What I find when I work with people – when I do a lot of work with visualization and affirmations – I've done a lot of work with cancer patients; I've worked with Bernie Siegel in New Haven and in the groups that he has set up through exceptional cancer patients, and have come to feel that one's mind set, so to speak, is of paramount importance in healing, because if you cannot entertain in the most mundane argument here, if you cannot entertain the possibility of restoring health, then you will, if you want to argue this on a mundane level, if you cannot entertain the possibility, in this case, recovering from cancer, I believe you will find ways subconsciously to sabotage any possible recovery.

If you believe, on the other hand, that you are going to die from the cancer, then the information which comes to you will be filtered accordingly. You know I've come to see that what we all do is we sort of all wear glasses or lenses through which we filter everything, and of all the information that's coming to us, we pick the information that supports us in the belief system that we're in at the time.

In fact one of the things I want to talk about tomorrow is when you change your belief system, or your belief about something, you have just changed the something. I have an example that I want to talk about later today when we talk about science about cause and effect, and what cause and effect is, and you'll see, at that point, that what may heal or not heal someone may depend entirely on what they believe. A case in point, you know you can give someone something and they can believe that it helped them or they can believe that it didn't help them, and it seems often that the outcome is dependent on that.

Now some of you are probably saying, well does that mean that a lot of natural healing has to do with the placebo effect, and I would say categorically no, because you can get the same kind of response, let's say, with homeopathy in animals and children as you can get in adults. But even if there is some placebo effect, whatever that means, in medicine, than if it's true for vitalist medicine, and it's true for homeopathy and nature cure, surely it's true for rational medicine as well. So you can't say that one is placebo and one is not.

This is getting into some of what we're going to talk about this morning, so let's see if there are any other questions first. INAUDIBLE

JSS: For homeostasis? That's a good question. I never thought about that – how that would be explained –STUDENT -

JSS: I've never thought that through so I don't know how to answer it; however, it reminds me again of a lot of what Lindlahr writes – not specifically about homeostasis but he will continually allude to the fact that rational medicine makes certain statements or certain assumptions and then, to the logical person, there's always another question there that's remained unanswered. Again with respect to microorganisms he asked the question, and again we'll talk about this in more detail, but to illustrate this point, he says if we're supposed to believe the bubonic plague is spread by bacteria that comes from rats, and that man contracts this disease by contagion in that way, then there's an obvious question there that remains unanswered. Where did the rat get the bacteria?



And if the answer is that the rat got the bacteria from some other carrier or so-called ?, then where did that come from. Where did the thing start? And then you get into the whole thing about microbes and disease. But the point here is, that he says, again, that the rational approach to medicine makes certain assumptions, by definition I guess, are assumed to stand on their own without taking the next step back and asking where did that come from, or how did that happen, or how do we know that such and such is true. Okay? Other questions?

Okay, I was asked a clinical question which I want to dispense with, as well. I forgot your first name – John. The question was about someone who was recently diagnosed with colon cancer with metastasis to the liver who is told that surgery is the appropriate treatment and probably chemo? And the question is, is this the kind of thing that can be handled in naturopathic medicine and would surgery and or chemotherapy change that. And it's kind of a complicated situation because I don't know the details of the patient. Remember yesterday when we talked about this spectrum or continuum of health, we talked about a point of no return. And that's the first thing I'd want to know about a patient like that. Just how much cancer is there, and how much metastasis is there. And that would be a judgment call.

I would also assess in such a patient whether – the first thing I ask the one who has cancer – Do you want to live or do you want to die? And you may not believe this, but most people can't answer that question. Some people will answer it immediately, and then I know that they are committed to life, or to checking out. Either of which is okay. But I get a little hesitant when someone can't answer the question, and they have to think about it. And then that's a whole discussion by itself. Such a person is not committed perhaps to life, if he can't think of the answer fast enough.

So, what I'm saying is that not only do we have to be concerned with the extent of the physical disease, but we have to understand where the patient is in this most horrible of diseases. We have all learned that cancer is probably fatal or terminal. Most people believe that. And so having cancer or having the pronouncement of possible or impending death is a whole lot different than having eczema or migraines. It puts the whole thing in a different light. And so, I would have to assess that kind of a question. From there, there are many things if someone wants to live and if they are committed to the process, there are many different things that can be brought to bear in naturopathic medicine that can assist recovery.

And I can spend all day telling you about different things to treat cancer, or people, I should say, with cancer. There again, it's not the same for everybody. What some people will tolerate, what some people will do, is very different than what the next person will do. There are times when I'll lay out a treatment plan which involves 4, 5, 6 different things for someone to take or do, and the response is: "Boy, that's an awful lot of pills to take." And I feel like reaching across the desk and shaking them and saying, "Look we're talking about your life here, and you can't take 6 pills a day." There are all kinds of reasons why people won't do that.

In any case there are many, many different things that can be done, and that gets into many of the theories about cancer and how it develops, what has to be done to strengthen the immune system; what has to be done to help the bodies other defense mechanisms and surveillance mechanisms and so on.

Now the other question that was raised there was, What happens if the patient has surgery or chemotherapy or, for that matter, radiation before they see the naturopathic physician? And the answer is that that complicates the situation even more because each of those therapies compromises the body's defense systems in some way. None



of them treats the underlying cause. Each of them is directed only at the neoplastic or malignant growth. Each of them is, as it were, directed at the symptom, which is the tumor. None of them is directed at the biochemistry of change that resulted in that malignancy in the first place. And, all of them are very toxic to the system. This is a great case of where the rational school wins the battle and loses the war. This is the operation was a success, but the patient died.

There is nothing done to support, in the rational system, there is nothing done to support the body's immunity or defenses, and so when this intervention occurs, you go again on that sort of continuum, you go further down towards the death end, if you will, and recovery becomes more difficult than it would have in the first place. It's still possible, but various mechanisms which otherwise would have been useful may have been compromised in the process and there may be enough damage to the immune system or to the absorptive surfaces of the gut – I think I talked about a case yesterday with someone with diarrhea after chemotherapy – okay, here's a case of chemotherapy affecting the epithelial columnar cells that line the gut.

The cells in the gut turn over something like every 48 hours, so these are very rapidly growing cells, and those cells are damaged by chemotherapy, as are hair follicles and the immune system's cells, and the cancer cells. See, the theory in cancer, chemotherapy and radiation is that you're damaging the DNA of the cell and not selective. It's a wholistic treatment. It treats the whole body, and all cells are damaged. The DNA and all cells that are reproducing during that time span is damaged.

So, therefore, obviously, the cells that have the fastest turnover rates are the ones that have the most damage, and that's why cancer patients not only have perhaps death of some of the cancer, but they also lose their hair; they have nausea and vomiting because of the effects on the intestinal or the GI system; and they have depressed immunity. One of the ironies of ironies in medicine for me is that cancer patients are often on chemotherapy which is stopped when their white count – the white blood cell count, the guys that fight infection – when the white count gets too low, they stop the chemotherapy until the white blood count comes back again. I have people who actually come to me and say, can you please help me get my white count up so I can get back to chemotherapy.

Which is another thing about placebo and mind for a minute here.

You'll see this all the time. Cancer patients are often told or given a sense of urgency. This has to be done like tomorrow. And you must have chemotherapy – now there are many, many, many different regimens for chemotherapy – but I have seen people who have been told you need to have chemo every day for a month – or maybe it's every other day for a month. And then what it turns out to be – Oh, and they're told you've got to do it like this, because this is what the research is based on. If we skip too many days, you're not going to get the kind of results we want.

We want you to make a commitment to be here every Monday, Wednesday and Friday to have this done, except for Columbus Day when I'm going to be out of town, and except for this vacation that I'm going to take with my kids. And then the white count goes below normal, and then they say, well, now we can't do it until your white count comes back. Well, anyway, I'm rambling, but the point is that these things will compromise the body's ability to get back – or if you just want to think again about the continuum – the chemotherapy is moving



it further away this way, so now your job in helping someone restore their health is going to be vastly more challenging.

However, no matter what is going on, and no matter what somebody chooses to do, as I said yesterday, we're all on that continuum somewhere, and everyone of us including people who are undergoing chemotherapy or radiation or surgery for cancer or any other kind of heroic intervention for any kind of disease – all of us can look forward to coming back this way to some extent. We'll be talking about this a lot again this morning, so I'll put it back up here.

The other thing that I should say about this, because it just popped in my mind, is one of the things I've learned in working with cancer patients – and I should probably tell you that I was one of them. About 10 years ago I had cancer myself and was told – it was in my popliteal space behind my right knee, and it was a very aggressive kind of cancer. It was one of the rare sarcomas. I found the guy who was supposed to be the expert in the United States on this kind of cancer, and I was the third case that he had seen in his career. No one that I knew in the world of metabolic therapy or naturopathy had any experience with it, and I was told that I should have my leg amputated or die.

Those were my choices. And here I am, and this is really my leg here – my real leg. I still jog and I think in near perfect health, whatever that means.

But what I was going to say is, that what I've learned through that process and what I've learned in working with cancer patients is the therapies we're talking about are not good or bad. They're not right or wrong. They are different ways of approaching the body and helping it regain its health. There is a time when radical intervention is absolutely necessary. It may in fact in many cases be appropriate to have surgical removal of the tumor where that's possible and then do your thing. It may in fact be appropriate to have chemotherapy or to have radiation because if, in the case of cancer again, this thing is too far gone – the tumor is too large – there is a limit to what the body can do.

There is a limit to what your immune system can do, and so it might be appropriate to have that assistance of removing the tumor and then stimulating the immune system or doing chemotherapy and then stimulating the immune system. These are not absolutes.

The other thing that is important there and back to mind body – which is what we are going to talk about this morning – I firmly believe that the way the person pictures or visualizes or understands the therapy will make a difference in the way it affects them. If you have cancer, and you end up having radiation, and you believe in your heart of hearts that radiation is evil and damaging and toxic and poisonous and it's going to harm you, I believe that you're not going to get the same value from that that you would if you saw the radiation – believe it or not – if you saw the radiation in that case as a friend.

That's something that was helping you as a tool to help stop the growth of the tumor, in this case, so that your own defenses can kick in. The piece that's missing in rational medicine is they only do the first part. And then if you live for five years, that's considered a cure. It's like spontaneous remission. What's spontaneous remission? It's your immune system fighting back. It's homeostasis being properly regulated. Well, that doesn't just happen by chance. We're the folks, or like to think that we understand how to support the body in that spontaneous



remission. So, that's off the subject, but it is related to mind/body. Anything else on that? We could talk all week without talking about philosophy, couldn't we?

Well, if you look at the notes (did we get notes in here – 5 & 6 does everyone have them?) I think at the risk of being redundant, I want to say again. What I'm trying to do here is to convey some of the principles that have been part of the empirical tradition that have been enumerated specifically or more specifically in nature cure and in homeopathy, and I will reiterate that this is not a religion and you don't have to believe a word that I'm saying, but I challenge you to test these things for yourself. We are not asking you to bite off on any particular dogma or to even accept any of this on faith.

We're asking that you, in understanding these principles, begin to look at health and disease perhaps in a different way that will guide you as a physician in your therapeutic rationale, and you will each be in a position to test this for your self, whether it's true or whether it's not.

When I was in National College, I used to think in terms of what you're going to get in a way at naturopathic medical school is a liberal education in medicine. You are going to learn and hear about a lot of different things, and you're going to take those and you're going to put those together in a sort of cohesive model that works for you based on general principles that have to do with natural healing. Nothing is out of balance, and nothing is dismissed simply because it doesn't fit in the model. In fact, in my own mind, if something doesn't fit in the model, then we need to change the model.

And I guess I'm saying this in contrast to what I have seen from some of friends who have gone to medical school where there's a specific body of information that is transferred to you over those 4 years, and there are certain things that just aren't part of the discussion. They're not relevant to the discussion because perhaps there's just too much information or whatever. But I have had many friends who have been medical students, including my classmates whom I've mentioned, and I don't know if this is true for everybody in other professional schools or not, but they were very dismayed to know that there were certain things that they knew about that might bear on the subject or shed some light on the discussion.

That at first they found that this is irrelevant, and later on as they went through school they found it simply useless to bring it up. It just wasn't part of the equation and so it just wasn't even thought about. And so, and I don't know if this is self-righteous to say this, but I believe that what's happening is that medicine has become in the dominant school so institutionalized it's like you take it or you leave it. This is what we've come to understand. This is how we practice. This is what we're going to do. And if you want to be a medical doctor, this is how you're going to do it. And fortunately, or unfortunately depending on where you stand on this, we are institutionalized enough to have reached that point.

And I think one of the dangers in our political evolution is just that. That we are sort of being forced by social forces, and perhaps by our own needs to try to prove ourselves to someone, we are trying to get more standardized. But at this stage of the game, there's still a great deal of flexibility and exploration. And actually I think that we get as rigid – was it Lindlahr that I read, no it was in Kokler's(?) introduction yesterday. Kokler talks about the fact that when either system becomes dogmatic, rigid enough to be dogmatic, then you start to go the other way again.



Okay, so mind and body – we've already touched upon a couple of ideas about that. In terms of the understanding the relationship of the mind and the body, the written philosophies in nature cure and homeopathy have certain things in common here, and the first is to even talk about mind and body as separate things is a misnomer. I'm going to tell you another story. Some years ago when I was a pre-med student at Temple University in Philadelphia, I was involved in an Honors Program where undergraduates could design their own major.

And you could choose from any of the colleges in the university to put this thing together, but you had to go through the Honors Program in the College of Liberal Arts where a steering committee of 6 students and 6 faculty members would decide whether or not your program as designed was appropriate. They told you to hone it into what they thought it ought to be, and I think there were a couple of faculty members on the committee who had to be sponsors, or something like that. Anyway I had designed a major for myself in psychobiology, and I submitted my application or paperwork, whatever it was called. I had a meeting with the steering committee. And the first question that I was asked was suppose you explain to us why you think you ought to study psychology and biology together.

My answer was: With all due respect, I think it's incumbent on you as academicians to tell me why I ought to study it separately. I believe that this is an artificial distinction that you've set up in academia and no longer see the connection was. And the next thing was: Are there any other questions? You may leave now. And they approved it.

The division between the mind and the body is in western thinking fairly new. It probably begins around the time of DesCartes, the French philosopher, and the way I understand it is DesCartes began to invoke this idea of the difference between the mind and the moral man versus the body and the more mechanical man in order in part to escape the wrath of the Catholic church. Because in early physiology and in early biology they were beginning to understand some of the physics, some of the mechanics, some of the sort of cause and effect relationships - Voltaire in stimulating nerves and seeing muscles contract, and so on.

And this is sort of flying in the face of religious ideas of our sort of our movement and our animation coming from divine sources, and I'm not an expert at that whole argument, and I can't really go to far with it only to say that when you look at western thoughts this idea that there is a mind and that there is a body and that they are different occurred only within the last few centuries. We are only talking here around the 14th and 15th century, which is a flash in the pan in human history. We were talking before about why don't we ever take that next step – a little bit of a digression – but we've been told about this thing called a mind. We believe that we have a mind. Well what is a mind?

Where is the mind? Who's ever seen a mind? How do you know you have a mind? You know, it's almost like a concept, like vital force, maybe, that we see or understand, maybe a concept that we've invented to explain certain things that we think we know and it's all ?.....There's a whole branch of medicine that's grown up on the assumption that there's such a thing as a mind – psychiatry. And there's all kind of ancillary discussions or related discussions on psychology, counseling and so on related to this thing called the mind. But I believe, and I think some of you here have training in psychology and other related fields, I believe that anyone who's involved in those fields will admit that part of what's going on there is chemical. I mean, isn't that what psychiatry's all about – chemical intervention?



Isn't that what behavioral nutrition is all about? Isn't that even what lobotomies are all about, and what's the thing that they fry your brain – I can't think of the word there – convulsive therapy. These are all things to change electrical patterns or physiological functioning with chemicals. These are physical interventions, if you will, to change this thing called the mind.

(Boy, Dr. Mike gave me a cup of coffee, and I hardly ever drink this stuff, and I think he put sugar in it and I'm really getting loaded here – laughter – I'd better quit. I'll switch to city water – God knows what's in that – microbes, chlorine. Where do you guys get water in this part of the world? Does anybody know? In a bottle, and it comes from Maine, right? Well, for somebody who lives in the woods around streams and ponds and lakes this is awfully dry. If I lived here, it would take me a couple of years to get over my anxiety about running out of water. I hear they're diverting the Colorado River to Tucson, right? That's been an interesting experiment.)

In homeopathy and to some extent in nature cure the way they look at this business of mind and body, and for that matter psychological, emotional and spiritual strengthening is to think in terms of the body being organized on successively higher levels. At the physical level, the physical body is the lowest of the low on the plain. It is the manifestation of higher energy. It is the reflection of what is happening on higher plains, and that these plains can be named. But it depends upon who you read. I suppose you can have physical, mental, emotional, psychological, spiritual – you know you can think for yourself how those things might be arranged.

Different philosophies will arrange them slightly differently, but suffice it is that spiritual – whatever that means – is at the top, and physical is of course at the bottom, and however you want to arrange the others in between there. And that is a whole day's worth of talking, as well, among of all us about how the physical world is a reflection of the conscious or spiritual or energetic world from another dimension, if you will. First there was thought, and God said, "Let there be light" – the whole Judaeo - Christian ethic, but first there is the thought; first there is the intention; first there is the energy; then there is the physical form.

In any case, the way these philosophies look at it is that not only do we have movement then on this sort of continuum on the physical plain, but on all the other plains simultaneously. The idea being, in part, that when you are ill, you're ill somewhat through all those levels at the same time. This is, I believe, from my own experience kind of a difficult path to go down, because I really don't want to believe that when we're ill physically, that we are also spiritually ill. I still can't reconcile for myself how people whom I think are as fairly conscious or evolved beings can have physical problems.

But what I can say for myself and my own experience is that I'm at least, at this point, willing to take this as far as the mind, or at least some parts of the mind, and I think I could argue all morning about how mental and physical symptoms seem to go hand in hand on this kind of spectrum. Now many of you might be prepared to argue that, and I would say only that what we know about the mind is so very little perhaps that it would be hard to argue this either way. So, I'm taking this more on philosophical faith than anything else.

But, it's interesting to me that if you look at the indications for any of the therapeutic modalities that we use in natural medicine, virtually every one of them has some kind of emotional or mental symptom associated with it. The most obvious perhaps is homeopathy, and for those of you who have a background in homeopathy, you know that every single remedy – I shouldn't say every single remedy – most of the remedies that have been

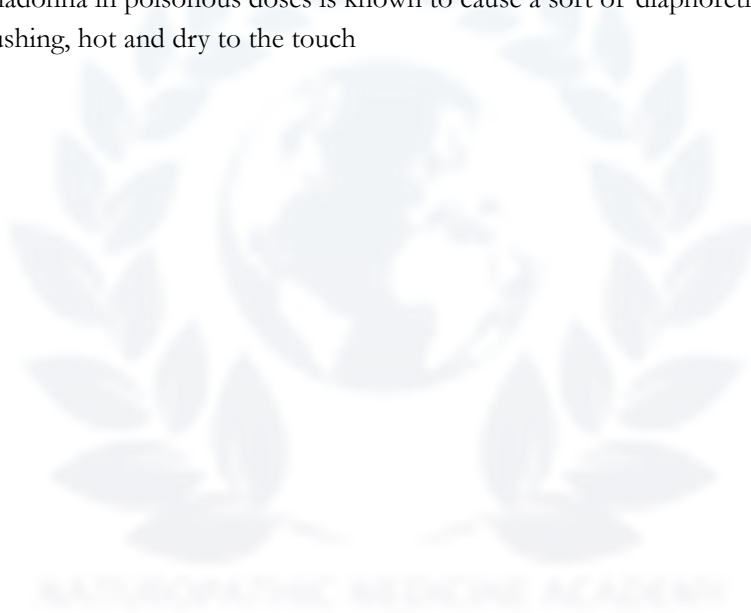


proven, most of the remedies to which we have a so-called drug picture to be talked about in more detail later, also have mental indications.

How many of you have no familiarity with homeopathy? Okay, so you know where we're coming from here just in a real quick sketch. Remember that we said that the philosophical construct behind homeopathy is that you use a substance, therapeutic, that would cause the same symptoms that the patient has. You're giving them a touch of what they've already got. You're giving them the disease they've already got. You're giving them the symptoms they've already got in order to arouse this resistance, this vital force that we talked about yesterday. The way that has been arrived at has been purely empirical where substances are given to healthy – whatever that is – healthy people to the point of toxicity, and then their symptoms are catalogued. That's called a proving. When you are presented with a patient, you can do the same thing now.

You can go in a systematic way through all their symptoms. You can look at the total constellation of all of their symptoms. Then you go to the Materia Medica and you find the medicine, the remedy, the drug picture which most closely approximates their symptom picture, and you give them that remedy. Let me give you sort of a mundane example. Belladonna in poisonous doses is known to cause a sort of diaphoretic reaction, sympathetic reaction – sweating, flushing, hot and dry to the touch

END OF TAPE 5 SIDE A





BEGINNING OF SIDE B

Pain. There can be throbbing pain. What else do you have. You can have some listlessness. Well, let's say you have a child who has an ear infection who has those symptoms. Mom brings you a kid who has a high fever. The kid is red – appears to be red pretty much uniformly in her head and her upper body. They're dry, if they're old enough to convey this, they might report that they're thirsty. They might actually be hot to the touch. Their pupils may be slightly dilated, and they may rather listless or out of it, so to speak. That child will probably respond to a dose of belladonna.

It doesn't matter whether they have an ear infection or a bladder infection or what it is that's going on, in the empirical model; you give them the belladonna and the symptoms begin to abate. And I've seen that happen many times where while we're trying to understand the case, what I'll often do is start giving a remedy that comes to mind just from the child's appearance, and then I'll start talking to Mom about the rest of the symptoms, and there are times when the kid gets up and runs back out to the waiting room and starts playing. I mean it can happen that quick.. It doesn't always happen that quick. But any way, that's what's happening with homeopathy.

You have these symptoms that are lifted in a book called the *Materia Medica* that goes through all of the indications that might be – or the drug picture that might be appropriate for that particular remedy. And almost without exception, when you open the *Materia Medica*, and I'm sorry that I failed to bring those with me, when you open the *Materia Medica*, you will find a discussion about the remedy before you even get into physical symptoms – you will find a discussion about the remedy that speaks to the fact that the (sepia?) patient always feels such and so, and there's often a woman who is sort of emotionally sensitive and so on so forth.

You'll find that when you read (Pulsatilla?) that there's a description of the Pulsatilla character is someone who can be weepy and sad and melancholy and who sort of goes in and out of being moody and changeable, and so on. You get these kinds of personality descriptions, if you will, as you get into the remedy, and the first thing that's listed is mind. And then there'll be specific symptoms – things like, afraid to be alone, thinks it's useless to take medicine, suffers from religious mania. You know all these other kinds of things that have to do with the way one might think about them. And then they go on and start listing other symptoms – head, nose, feet, throat, etc. And what's interesting about that to me is that that same thing occurs with almost everything else.

If you get into botanical medicine, not herbology as it's practiced today, but botanical medicine as it was practiced at the turn of the century by the school known as the eclectics. If you read the so-called Eclectic *Materia Medica*, you will find precisely the same thing that I said about homeopathy. For each and every botanical extract you will find mental and emotional indications for its use, as well as physical ones. If you know anything about traditional Chinese medicine and acupuncture, you will know that with many points right down to – forget about meridians and those imbalances – there are mental and emotional indications for some of the acupuncture points, along with the physical indications as well.

There's been some evidence for the last couple of decades in physical therapy and chiropractic that simply adjusting certain segments of the spine will relieve certain emotions. And any of you who have been involved in any kind of body work or energy work from massage to trager (?) work to rolfing will know that there are



emotional releases – there is emotional information that's related to physical lesions in the body. And you can just go on and on and on with that.

So it's been my experience that this is the case that when you see healing in the body, you also see changes in someone's mind (or whatever that is) their attitude and you often see changes as well in their mental symptoms. Now I'm rambling a little bit, but just to kind of drive that home, there is no reason why these models of health and disease that we're using cannot therefore be brought to bear on symptoms that are mostly mental or psychological. Naturopathy in my opinion is as effective in treating someone with clinical depression or schizophrenia as it is in treating someone with eczema, because the principles are all still the same.

And of course, as you might imagine, if you treat somebody for depression - I should say you will never treat anyone for depression, you might treat somebody who has depression – and when you treat someone whose chief complaint is depression, you will find that the rest of their symptoms will improve as well. By definition they must improve or you're not doing your job right. If you cure only the depression and the rest of the symptoms remain, you haven't cured anything, you've only suppressed the symptoms, which is something we're going to talk about in the second unit this morning.

Let me run through this perhaps with you. Some of these notes, and I believe this is one of them. This was written some ten years ago and lots of things have changed since then, but I think most of these kind of hold. We're talking here about – and you can read for yourself there – in traveling one way or the other on this continuum – well that's an interesting point – constantly re-evaluating the remedies. Let me speak to that for a second.

This is mostly from the homeopathic idea of cure. If getting healthy means moving back this way, you could make the argument that you will never use the same remedy twice. The homeopath would argue that – some of them will argue to the death, I think – that you don't repeat the same remedy. You don't repeat the same intervention, because if what you are doing is working, you will never see the same patient twice.

You will see the same person, but if what you have done has helped, in this model when the patient comes to you and they're over here and you take their case; you figure out what's going on; you figure out what their symptoms are, and you decide on some intervention, and you do it here, in the model of homeopathy you are helping them to move in this direction. Now the goal of course would be that they have moved all the way, but if they don't, and they stop, or they get stuck, or however you want to think about that, and they come back in 3 months or 6 months or a year, you have a couple of choices.

You allow that first intervention to continue to run its course, or if you have decided that it is no longer working or running its course, then you can intervene again. But when you intervene again at this point, by definition, the patient has different symptoms. If what you did helped, they now have different symptoms, less than what they had before, possibly some new ones as they come this way. Right? Are you with me on this? You could put this another way. If you had to take the same medicine every day of your life, it's not curative. If you have to take something for high blood pressure every day, it's not curing the high blood pressure; it's just neglecting (?) it. Anyway, we'll talk about that a little bit more in the next section. I don't know how that got in here.

Changes occur on levels other than physical. We just talked about that. I gave some examples of other remedies – the idea that the mind and the body are two sides of the same coin. Oh, boy – here's a can of worms – this



hierarchy. Homeopathy and nature cure both speak, as I said before, of spiritual at the top and physical at the bottom and they will argue that healing comes from the top down, that you can't force healing, it doesn't go from the bottom up. Now yesterday we talked a little bit about aggravation, and you will remember that I said that sometimes someone's symptoms will get worse even though they are feeling better.

And that's sort of a mundane way of looking at the same thing, which is that if the symptoms begin to disappear on the physical level but more emotional and psychological and for that matter spiritual problems begin to occur, then this disease is being driven in the wrong direction. If the mental symptoms begin to clear first, so to speak, and the physical symptoms get worse, then you're okay, because you're moving down. And God said, "Let there be light." Thought consciousness first. When you get the change at the higher level, this is also the first hermetic law – do you know this? – as above, so below. When you get the changes above, you get the changes below. When you have spiritual or emotional or mental healing, you have physical healing.

So that's what that's all about there, and again I think we'll get into that in more detail when we talk about homeopathy.

Most of the rest of this we've talked about. So, I want to do one other thing here before we take a break and then we'll look at environment and heredity. Actually I want to do two more things.

Here's an article from Science News back in October 1980 that's entitled Mind Body Confusion, whatever that means, because when is a psychiatric illness not a psychiatric illness – when the psychiatric symptoms are caused by an undiagnosed medical illness. And this may be the case more often than is generally believed according to blah, blah, blah, blah. 100 psychiatric patients took part in the study. Most had been seen at a large city psychiatric reception center to which they had been brought by their families or the police under mental health warrants. They would have been committed to the state mental hospital, but they volunteered to be part of this research project.

They were given thorough physical and psychological examinations and 46% were found to have previously undiagnosed medical illnesses that in the opinion of the researchers were "specifically related to their psychiatric symptoms or exacerbated them significantly." An additional 34% had undiagnosed physical illnesses that were – in the language of the dominant school – were unrelated to their psychiatric symptoms. But those with physical illnesses thought to be contributing to their psychiatric symptoms, 61% showed rapid clearing of the psychiatric symptoms when the underlying medical disorder was treated. And they go on to name some of the medical disorders that include Wilkin's (?) disease, light intoxication, vitamin or mineral deficiencies. Such findings are not surprising blah, blah, blah, and then they talk about the legal implications here.

Now, this is coming from the rational school where we have 46 and 34 per cent – that's 80% - right? 80% of these patients with psychiatric illness who were to be committed to the state mental hospital, 80% of them had a diagnosable, physical illness and this is diagnosable in the rational model. 80% of these patients were – remember yesterday we talked about this point of objective symptomatology where you had to be for the medical system to intervene – 80% of these people with psychiatric illness were over here. And I'd be willing to bet my license that the other 20% were in here, and had they seen a naturopathic physician, they would have been found to be ill as well, because they would not have been healthy.



By definition they weren't healthy because they had psychiatric illnesses and they undoubtedly had other physical signs and symptoms, but they weren't classified as a disease by the medical system.

Okay, so – that's the most caffeine I've had in my body for - Anyway I'm going to have to talk to Michael; I guess he's living on that stuff these days. Does anybody know? For a long time?

STUDENT: It's hard to get off. JSS It is hard to get off isn't it? **STUDENT** It's another vice. JSS It could be. I can't afford another vice; that's my problem.

Okay, what I'd like to do before we take this break because you'll have something to think about during the break is this. I'd like you all to sit quietly put down your pens and pencils and whatever else you're doing, get comfortable, sit up straight. I'd like you all to just close your eyes and relax your body. Let go of the tension in your neck, in your back. Let your arms loosen up a little bit. Relax your low back and your butt. Now I'd like you to think about one of your favorite foods – something that you really like - something that you might be hungry for right now. It can be a vice, too, if you want it to be. And I want you to see it in front of you.

You can hear yourself slicing it on the cutting board, or you can see it cooking in the wok or sizzling in the pan, or you can hear the bag being torn open, or the wrapper coming off of it, or maybe you can hear it crunch as you take a bite out of it – just kind of hold that image for a moment and then think about slowly moving that toward your mouth – not quite getting it in your mouth, but you're sort of teasing yourself with that as you bring it up to your mouth – you can smell it; you can almost taste it; it's not quite there yet – and now let it go into your mouth and take a bite out of it, roll it around in your mouth for a few moments and now swallow.

Now, check in with your stomach, your mouth, your tongue, your salivary glands – see what's going on there. And once you've taken note of that come back in the room with me by opening your eyes. How many of you felt some physical change in your body when you did that? Everyone of you, right? There's no food in this room; well, there is some food in this room. There are no smells; there was no crinkling of the paper; there was no wok; there was no one biting into an apple. This was all in your so-called mind, and yet when you did that you changed the chemistry in your body.

You had muscle contractions; you had salivary; you had release of saliva from your salivary glands; you had changes in your digestive tract; you may have had rumbling in your stomach, although I didn't hear any, all because you were thinking about that. And so, I say to you that, if you can make yourself salivate, or make your stomach rumble by thinking about it, my God, what's happening to us when we walk around all day every day telling ourselves that we're going to die of cancer; oh, my God, I'm tired; I'm never going to make it; I can't make a living; I'm not going to succeed; this program is too much for me.

If you can tell yourself that you're about to eat and you can create salivation, imagine the chemical response; imagine the signals; imagine what your cells are feeling when you're down on yourself; and imagine what they're feeling; and imagine what's happening when you go the other way. I would remind you of this exercise for the rest of your career. If you ever doubt that thinking that you're going to die from cancer has a physical effect on your body, come back to this exercise. If you ever doubt that entertaining the possibility that you might recover from cancer has an effect on your recovery, come back to this. If you ever doubt that you can succeed or not succeed in this profession or in life, come back to this.



Most of us are running around with tapes that have all kinds of negative garbage in our head every day all day, and to the extent that you are able to do so, I urge you to eject the tape, throw it away, find a new tape and put it in there. And it is a hell of a lot of work to do that. You have to work at it, but it can be done. And if you can master that, I submit to you that it will change your life. But more than that you will have a skill that you can use in clinical practice that might simply overshadow anything and everything else that you do in your interaction and your rapport with patients.

Whether you use it in the same way, in the same metaphors that I've used or you use that concept. I'll leave you with that thought and we'll take a break. And let's go this thing where I'm the teacher or the lecturer and you get to listen and so there's some inhibition about expressing your own thoughts because the permission and the space isn't there to do it, and so obviously that's what I want to get away from when we have that chance.

Now again, two questions came up at the break that I thought I would wait to answer because somebody may have the same questions. The one about GNP and health care costs that I brought up yesterday – it is my understanding that the World Health Organization ranks the nations of the world according to their overall wellness or their overall health, and that this is an index that is arrived at by working together numbers that indicate infant mortality, life expectancy, disease rates and so on. Seventeen other countries are in better shape than we are. There was some confusion for some people about the monetary comparisons there. In the good old U.S.A. we spend something on the order of 940 billion dollars a year on health care. Trillion. No, it's billion. I'm sorry. 940 billion dollars a year.

This is three times what we spend on defense. You know everybody is looking for this peace dividend because we're cutting back on defense costs. It would be a drop in the bucket to what we would feel in our economy if we could cut a similar amount in our health care costs. 940 billion dollars a year. By the end of the century we're looking at 1.2 trillion dollars a year. And when they figure these health care costs, they're looking at what gets paid to hospitals and physicians, and what is paid for prescription drugs. It doesn't count everything else. That's even a small – well, maybe not small – but it's not the whole piece of the pie.

Now, it's my understanding that if you take the gross national product, that is the total amount of goods and services, in the 17 other countries that are in better shape than we are, you take their total gross national product and add them together it's less than what we spend on health care. So our gross national product – I don't know what our gross national product is – I believe health care, as I understand it, health care is something like 13 or 15 per cent of the gross national product, so the mathematicians in the room can figure out what the gross national product is.

By the way, we spend a higher percentage of our gross national product on health care than any other nation, as well. (Who asked me that question about GNP – did that clear that up or are you confused still?)

STUDENT: I thought the gross national product of Japan and Germany were lower than the U.S.

JSS: Oh, I see what you mean. I may be wrong about that and I need to look at it more closely.) Let's suffice then to say we spend an awful lot of money on health care, more than anybody else in terms of absolute numbers, and more as a percentage of our gross national product, and for that we have worse health care among the developed world – or close to that.



The other thing that really wasn't a question just involves a thought that I had about some of the reasons that some of you are here and some of the things that you are going to learn. Some of you are already learning information that could be useful or is helpful in the helping professions that you've already been involved in. Someone told me she finds that one of the ways that she's been able to cope with working with her clients is to continue to work on her own growth and her own self. And in case you don't know it yet, that's basically what this is all about. You think you're here to learn how to take care of other people. What you are doing is beginning a journey of healing your own lives that you probably would never have guessed about.

Every time you talk to a patient; every time you interact with a patient; every time you have that experience of rapport with a patient, you will grow. You will learn more from your patients than they will ever learn from you. And so it ought to be, I suppose, if you're going to hold yourself out as someone who may be of help to others, then you it's incumbent on you to continue to try to improve your own being or your own health. Of course there will always be somebody ahead of you, and there will always be people behind you. STUDENT
INAUDIBLE

JSS: Yes, I didn't bring that. I just saw that the other day in a newspaper article that ranked the countries by the World Health Organization criteria, and the Scandinavian countries are at the top. And what their model is – I don't know that much about models, what I do know is that, from what I've read, in any case, that all of the Western European countries and most probably every country in the world has a pluralistic medical system – pluralistic meaning there are many different schools of medicine that are practicing side by side. They may not all be physicians. They may not all be reimbursable by third party payers, but it is hardly unheard of, and hardly a crime in most countries to be involved in herbal medicine, or acupuncture or massage or whatever.

I say that somewhat facetiously because if you're aware of what the FDA is up to in this country, it will soon be a crime punishable by million dollar fines to make claims of any kind, even if they are truthful about nutrients, vitamins, minerals, botanicals or amino acids.

See, I thought I was going to talk mostly about philosophy so I forgot these files of data that I often use in legislative settings. I have a bunch of articles about how often medical doctors in other countries refer to non-conventional providers, and I may be wrong about the exact numbers, but they're quite high. In surveys done in England, something like 42 – 46% of all general practitioners will routinely refer patients to someone who does non-conventional care. And that can be anything from hypnosis, to chiropractic, to herbal medicine, to massage, to acupuncture.

In another survey that I was aware of in England also, general practitioner candidates – this is what I think we would call interns or residents – when questioned some 40, 50, maybe even 56% of them wished that they had training in the following modalities- the ones I just listed. It is estimated that in France some 40% of all medical doctors practice homeopathy and many of you know that in other countries homeopathic medicines are widely available in homeopathic pharmacies throughout the country. Mexico is one example that I know about. There's a homeopathic pharmacy or two in every city of any size in Mexico, and I suspect the same is true in Western Europe.

Well, now we have another topic to look at, and that's the old Heredity versus Environment. We're not going to be able to get into too many of the nuances here, partly because you won't remember it all, and partly because it's



getting to be too much information. But I'm going to raise a couple of questions that I think you've probably not thought about before.

We seem to have the idea that we're all born with certain assets or limitations or certain situations that may have been dealt to us by the hand of fate, and that the best that we can do is to learn to live with them and to make the best of them, perhaps by trying to optimize the environment in which we find ourselves. And in a sense, this whole thing that we talked about here with the old continuum, this model, is what that's all about. You're talking about – to translate this in a slightly different model – in order to help a patient return towards the health end of this continuum, what we're doing is we're optimizing their environment. We're helping them to make choices or be involved in a situation where there are constructive things in their environment.

By environment I don't mean the air?...environment, I mean the internal environment, the cellular environment as well as the air...environment - the macrocosm and the microcosm. The mind, whatever that is, and the physical body as well. But this doesn't answer a couple of questions about how our hereditary factors, our genetic factors might influence our health. To put it another way, you might argue that somebody who's born with a genetic disease is out of luck. They're born with a genetic disease and there's nothing you can do about it, because it's a genetic disease. Now without getting into what Roger Williams had to say about that, for the moment a naturopath will tell you that no matter what somebody is born with, once again, you can always optimize this environment.

There's always something you can do to improve the surroundings or the internal environment which may improve that person's health. Someone who has muscular dystrophy might be just as much in need of Vitamin C, or zinc, or selenium, or a homeopathic remedy, or acupuncture as someone who's not. And if these principles work for people who are "normal" don't they also work who have problems that you can think of as genetic?

And so, we come to talk about what some people think of as the Triangle of Health, which (I guess it's right there in your note – don't we have a sketch there?) What you've got there is this triangle where the base of the triangle represents the length of that line is proportional let's say to someone's constitution, or their heredity, or their genetic predisposition. And the vertical line is proportional to the magnitude of the line representative of the quality of their environment. Then the hypotenuse would represent the quality of their health. The length of the hypotenuse represents the magnitude or the quality of their health or is proportional to the quality of their health. This is another way of saying these things are directly proportional to each other and you can look at those two extremes to understand the difference.

Someone who's born with a very good constitution, who comes from very healthy stock, with longevity could have a relatively lousy environment, abuse themselves physically and emotionally, and still enjoy fairly good health. And you all know people like that. You know people who do drugs and go out drinking every night and they seem to be in better health than you are sometimes, right?

You take the opposite extreme, which is someone who comes from a lousy background, poor stock, short-lived, long family history of diseases – genetic or otherwise – and the concept is here is that if you maximize this person's environment – if they are, let's say, more committed to this kind of thing than the rest of us, really take care of themselves, don't do drugs, don't go carousing or whatever it is, you know, really pay attention to their



internal and external environment, then they may have a quality of health, so to speak, that is proportional to this other person who's out trying to put Coors out of business.

Now, you could say that, perhaps as I referred to earlier, one of the definitions maybe of naturopathic medicine or the naturopathic physician is one who seeks to help the patient optimize his environment, if you just want to look at this from the other side. So therefore, no matter what somebody's genetic background or family background or family history is there's always again something you can do that will help to improve that patient. It may not correct the disease; it may not result in that person being free from the symptoms, the pathological changes, and perhaps even the imminent death that occurs with some diseases, but you can in almost all cases improve the quality of life, which has got to be worth something to the patient and certainly has an impact on our health care system.

Now this thing seems pretty obvious to me. This seems like it's pretty straightforward, and I would assume that there are no argument about that, but I wonder if there are any questions about what I just said.

Now, the missing piece is the piece about heredity. Talk about paradigms. We have this sort of idea that you get what you get, you know. What you see is what you get, and therefore there is little we can do about birth defects. My God the March of Dimes has been looking at birth defects for how long, and you know the advancements in birth defects. I don't know how exactly they lump them all together, but there's very little more known today about birth defects, I think, than there were say 10, 15, 20 years ago, with a couple of exceptions.

So, let's talk about heredity as far as birth defects, and let's talk about heredity as far as genetics go. Can we influence birth defects? Is there something you can do about birth defects? Well, I would say absolutely from what I know about some animal research and what I know about some human research – the same principles apply. But in this case they apply before the fact, before the birth, before the conception, before the fetal development not afterwards. If someone is born with a physical birth defect, there's little you're going to do on a chemical or a physiological level to change that after the fact, obviously. But what are these birth defects and where do they come from?

Now, this doesn't relate to all of them of course but we know from some animal experimentation, some of which has been done purposely and some of which has been done kind of mistakenly, that is go back and look at problems that have developed in say captive animals in the zoo, and you check their feeding records, and you go back and look at supplementation for deficiency diseases and so on, but there are at least very close relationships between developing certain kinds of diseases in the offspring of a pregnant female who has certain problems (what was I going to say) and the relationship between the birth defects and the nutrition of the pregnant female.

Now some of you are probably looking at me like I'm crazy, and yet if you've been paying attention to what's been happening with neural tube defects – does anyone know what I'm talking about, neural tube defects?

These are diseases that involve a failure in – in embryonic development the fetus goes through this process where – boy it's hard to describe if you haven't seen it or you haven't been there – you have this fetus developing with tissues moving together, coming together, and you've got all these different changes going on – I really don't know how to describe it unless you can kind of picture in your mind the thing that's developing by closing off certain things, and different things growing and taking on different shapes and so on and so forth – the



neural tube is that part of the fetus or the embryo which in the fetus becomes our central nervous system and involves the spine and the spinal cord and the brain and so on, and the neural tube defects as birth defects involve something in one form called spinal bifid a.

This is at the base of the spine the vertebrae do not close all the way, and there are all kinds of variations on that. They can be simply from a bony lesion in the vertebra of the lower back to more severe cases where there's actually an opening from the spinal cord to the outside. Okay? So you can have varying degrees of this kind of neural tube defect. In other words the neural tube in the embryo starts to sort of close up from the top down. Okay? It's like it's being folded in and it grows together, and if someone's born with a neural tube defect, the tube did not close off at the bottom end of the spine. So, who knows where I'm going with this? What did we learn about neural tube defects?

What have the allopaths learned about neural tube defects in the last two years?

STUDENT: SOMETHING ABOUT FOLIC ACID.

JSS: Women who are deficient in folic acid will produce offspring who have neural tube defects, which are largely corrected if the woman, before conception, gets enough folic acid. Now, my understanding is, and since we have a veterinarian in the room with us, I don't know how much concurrence they'll have with this, but my understanding is that there are animal experiments where this has been known for decades. Are you of this? Okay, so here's a veterinarian (I'm sorry what's your first name – Judy) okay, so here's Judy who's been trained in veterinary medicine who sits here and knows this – knows that neural tube defects are folic acid deficiencies in animals, and I don't want to put you on the spot, but perhaps Judy also knows that zinc deficiencies can produce downs syndrome, mongolism in some animals.

That Cystic Fibrosis has been produced in animal models with selenium and chromium and zinc and other anti-oxidant deficiencies. Perhaps Judy also knows that calcium deficiencies can in pregnant females can result in different kinds of calcium metabolic problems in the offspring – everything from – I can't think of the name of the disease, but one of the four – the thickening of the skull and the cranium – Osteopetrosis. It is a progressively fatal disease where a child born with Osteopetrosis has calcium deposits in the skull – both on the inside and the outside of the cranium – and as the deposits continue to increase the various holes or foramina (?) through which the nerves and the brain stem and the optic nerves move are successively closed off and pinched off, and it leads to death.

This is a disease that's been known to occur in tigers in the

END OF TAPE 5 SIDE B

Those still in the wild, the animals are not only eating the zebra's flesh, they're eating the bones and the innards and whatever else they eat, so then when they finally realized that mineral deficiencies in the great cats were resulting in cubs, or whatever they're called, with osteopetrosis, they started supplementing animals. And most of you probably know, and I don't know if Judy would concur with this, there are animals that get better care than humans. On top of those paradigm differences, here you have first of all I think that what I'm telling you is true, because I've read some of the abstracts. I also think that there are many other diseases that are known in



veterinary medicine that human doctors don't know how about how simple they are to correct, and this is specifically true with birth defects.

For reasons that have to do with ethics and morality it seems easier to manipulate the environmental animals than it does humans. The experiments that are done to find this kind of stuff out would be unthinkable in human beings. For some of you it would be unthinkable in animals, as well, but it's done anyway. But talk about a paradigm difference – here you have a group of professionals in life science and medicine in the animal kingdom who already know a great deal of this information about birth defects and genetics that we're going to talk about, and you have all of this money and research on the human side that haven't even got a clue – hasn't even got a clue. This is like one guy looking at the doughnut and the other one looking at the hole.

This is the old thing about the elephant with the blind man – you know that thing – you have 3 or 4, 10 blind men and they all have their hand on their elephant and they are all asked to describe this thing called the elephant, and they all give you a different description of it. Not only that, in a discussion I had with a veterinary friend of mine who is now a naturopathic physician, he tells me we have the same problem we've been talking about the last three weeks or however long I've been here now. (Laughter) They don't use the same term. Some of them are the same but there are pathological descriptions of diseases in animals where the words, the concepts are different than what they are in human pathology and yet the pathological changes are precisely the same.

Let me see if I can think of an example.

Anyone who's here from the Northwest knows that one of the most serious problems among sheep ranchers is a disease called – nobody's here from the Northwest – nobody raises sheep? – white muscle disease. White muscle disease used to occur frequently in sheep enough. It's a progressively fatal disease that results not only in some changes in the muscle tissue where there are sporadic deposits that look like fat infiltration; hence the name white muscle disease, but also progressive changes in the heart – in the muscle of the heart. Cardiomyopathy, that's called, which means disease of the heart muscle Progressive fibrosis and thickening and stiffening in the heart also occurs in white muscle disease.

Well, veterinarians being smarter than the rest of us and certain smarter than medical doctors know that if sheep in some parts of the country don't get white muscle disease and they get them in other parts of the country, then there must be something about the environment.

The long and short of it is that this disease is known was found by Oregon State University after many years of study could be a selenium deficiency disease, and now it is common practice in sheep ranching, I think in the world although I don't know that for sure, but certainly in the Northwest where I used to live, it is common practice among sheep farmers or sheep ranchers to give every newborn lamb an injection of selenium right after birth, just in case Mom was deficient in selenium, even after taking measure to insure that Mom was not deficient in selenium. And why not, the toxicity is low; it's cheap. Besides we take better care of our animals than we take care of ourselves. Now, this same exact disease is seen in human beings.

But I would be willing to bet you – and if there are I'd be surprised – I'd be willing to bet you that there's not a single specialist in this disease in the United States of America who knows what I just told you about white muscle disease. I'd also be willing to bet that most of them would say, well, that's sheep, and we know in humans



that it's genetic. Does anybody know what it is? Muscular Dystrophy. The same exact lesions occur in humans and we call it muscular dystrophy. The natural history of the disease is the same. Most children with muscular dystrophy die – it's a fatal disease – because they die from a cardiomyopathy.

Now talk about not comparing notes, cardiomyopathy occurred (past tense) frequently in the Keshan province of China – it was the number one killer of children – until it was found that the soil in the Keshan province more so than any other parts of China was deficient in guess what? Selenium. The World Health Organization now recognizes Keshan Disease, that is cardiomyopathy in children as a selenium deficiency disease. So how come the medical community doesn't know that cardiomyopathy can be related to selenium and other anti-oxidant deficiencies. And now – I'm not much of a sports fan – you have major league basketball players dropping dead on the court from cardiomyopathy and the best cardiologists in America can't figure out what's wrong.

And not a single one of them – I'd bet anything – not a single one of them ever thought about the possibility of selenium or zinc or chromium or any of the other anti-oxidants, not to mention all the other vitamins. These are people who can afford and probably get what's called the best health care in the world and because of paradigm differences and because of beliefs of what's possible and what's not possible, there are people dying because they won't look at this stuff. So that's the wrap about this effect.

Now, what about genetic diseases. I kind of got into that when I talked about the thing just now with muscular dystrophy. The veterinary friend of mine that I've been referring to is a guy by the name of Joel Wallach – some of you may have heard of him. He used to be, among other things, a consulting veterinarian for NASA when they were shooting monkeys into space before human beings allowed to do so, and NASA had a problem where clearly 1/4 of the rhesus monkeys that they were maintaining for space travel came down with some mysterious disease that they had never seen before – that the veterinarians had never seen before.

And again, being smarter than medical doctors, what they did is – the first thing they did is look at what were the environmental differences between this particular group of monkeys and the rest that were in the same buildings in the same locations in Florida. The difference was, as they determined after a great deal of investigation, each of 4 groups of monkeys had different handlers or feeders who were in charge of their care, and one of these guys – the monkeys as you can probably imagine, had excellent diets, in fact I hear some of these monkeys get pensions and get retired from that kind of thing – but anyway.

Among the things that most animals get in their diet, and Judy can correct me if I'm wrong, are the essential oils, the essential fats, the stuff that we humans don't get, and the guy who was feeding these monkeys decided it was too much of a pain in the butt to spoon feed, or whatever he was doing, each monkey individually its ration of oil every week, so he calculated in his mind what it would take to mix with oil with the feed pellet, so when they ate the pellets, they'd get the oil.

The long and the short of it is that he did that, but having done it in advance and letting it sit, the oil became rancid, so he was feeding his group of rhesus monkeys rancid oils in fairly high quantities on a regular basis, and they started getting sick; they started losing their hair; they started losing weight; they had digestive problems; and their offspring were less and less viable.



And the vets couldn't figure out what was going on because they had never seen this in monkeys before, and while they were trying to solve the problem by looking at feeding records and understanding the biochemistry of this, they also got to the point in desperation they started asking some pathology departments at human medical schools like Johns Hopkins to take a look at the histological changes in these monkeys to see if they had any hints about what was going on. Meanwhile, back at NASA they had corrected the problem. They had seen that there was an overload on the anti-oxidant system in the body.

That these monkeys had become selenium and chromium deficient and by beginning to reintroduce this into the diet of the monkeys, they eventually got succeeding offspring to be viable, and the symptoms were reversed in many of the monkeys – although it didn't go back 100% - and this thing usually happens. There was not 100% improvement, but as successive generations then went on, the monkeys were okay again – the correction having been made so that the new offspring were in better shape than their parent's and so on and so forth.

Meanwhile at Johns Hopkins and a couple of other schools, they decided that this was Cystic Fibrosis. Cystic Fibrosis is supposed to be a genetic disease. And I don't know if this is true or not, but I don't know if all of the details of this are true or not, but it really begs some investigation. What I do know is the main veterinarian involved here, Joel Wallach, started writing some papers about this relationship between the nutrients and Cystic Fibrosis and the fact that this may be an animal model for a disease that was thought to be genetic. And guess what happened to him. He got fired from his job at NASA, and I think he was at Washburn University (?) in St. Louis (COULD IT BE WASHINGTON UNIVERSITY?) – he got fired from there.

He took his case to the public by trying to go on TV. He did the Donahue route and that kind of thing – always against an expert from the Cystic Fibrosis Foundation or whatever it's called, who said he was full of crap because it is a genetic disease. Period. The end. This can't be true. In other words, we don't want to believe it.

And one of the things that Wallach demonstrated to me – I worked with him for some years thereafter in treating Cystic Fibrosis in humans – and one thing that I thought was very interesting, which seems to confirm this idea anyway, is that if you look at a family where children have Cystic Fibrosis - does anyone know anyone with Cystic Fibrosis – does anyone here have Cystic Fibrosis? – when I was in my student years we had a family in the clinic where three children in the family had Cystic Fibrosis. This is supposed to be a genetic disease, and yet each of the three children were afflicted differently. Each of them had different symptoms – I should say more severe symptoms.

They all had more or less the same symptoms, but each was more severe than the other, directly proportional to their age. The first child was not so badly afflicted; the second was more so, and the third was in serious condition. That seemed to underscore for me the possible nutritional component there. If Mom's stores were exhausted, child #1 comes up a little short; Child #2 comes up shorter still, and #3 shorter still. That's one way to look at it, perhaps. Because I've never figured this one out.

The question this morning is we have certain assumptions about things and then we never ask the next question. If the disease is genetic, how come it's not the same in everybody? How can you have variations? How can it be this way in one person and that way in the other person? How come there are gradations? So, it really begs some interesting questions about genetic disease. Now, I think that's what Down's Syndrome is all about. I'm told that Down's Syndrome can be produced in animal models from ducks to foxes by starving a female for zinc and then



watching the offspring and having done that, restore the zinc to normal levels in the female and then she will have normal offspring thereafter. I might be wrong, but what if it's right? What if that's right?

And doesn't that explain in part why Downs Syndrome mostly occurs in older women? That it becomes more likely as we get older? What's this thing about chromosomes break down when you're 35? Come on! That's supposed to be the explanation. This is a genetic disease – Downs Syndrome – becomes our chromosomes don't work right and we get to try some 21 – in other words the 25th chromosome doesn't divide quite right the older you get, so women over 35 shouldn't get pregnant because they might have a Downs Syndrome child, and now the age limits have moved up by the American College of Obstetrics and Gynecologists to 40, because for some mysterious reason Down Syndrome is not so much showing up in that 35-40 age group any more?

Could that mysterious reason be that we're eating a little bit better, because one third American adults take vitamins every day? If it's genetic, and the chromosomes break down at 35, how come it's moved up to 40? Given the stresses we're under, you'd think it would go the other way.

Speaking of stresses, I don't know if you heard this on Brinkman's (?) tapes, the amount of information you're exposed to in your lifetime – have you heard this one? - No? He's found a saying that if you compare yourself to say someone who lived at Ben Franklin's time to the amount of input that you have to deal with, you will live 200 lifetimes. You're getting 200 more pieces of information at any single moment of your life, and you think you're not under stress? How do you think Ben Franklin did all that stuff?

So, a couple of more things then here about genetics. There are diseases that are thought to have - There are a whole class of diseases called familial. They go in families. They're not genetic, but we haven't found the gene that's associated with it, so therefore they are familial because they run in families. Here we are back to the first question of the morning. So what's the next obvious question? Why does it run in the family? Why does this family have more diabetes than my family? Why does your family have more heart disease than her family? Could it be these same factors they were talking about – the same kind of background? Sure it could.

Take diabetes, for example. To a naturopathic physician diabetes is not an insulin deficiency disease, as I talked about yesterday. By the way I knew a guy who knew Best (?) – anybody know Best & Taylor – Best & Taylor is THE physiology book for human physiology, written by Best & Taylor. There are a couple of physiologists in the early part of the century – two brothers by the name of Best – and they are given credit for discovering insulin, and I knew a naturopath who knew these guys when they were working at the University of British Columbia, and the story goes they had gotten pancreases for some reason to work on – I've forgot what it was – and quite by serendipity they found out about insulin.

I couldn't tell you the details because I don't remember it exactly, but I remember the description of them coming back from the lab on a hot summer's day with this sort of filthy mess of pancreases that are kind of rotting in the sun and decomposing, and there was something going on there – I forget what it was – it actually allowed them to identify insulin in some way. Best was to have said later in his life, if I had known what they were going to do with this information, I would never have told them about it.

Anyway, we don't believe diabetes is a familial disease or an insulin deficiency, so much as it is a change in the way the body regulates its blood sugar because some of these environmental factors including nutrition that we talked about. Glucose tolerance factor and things that I mentioned the other day. So let's imagine just for the sake



of discussion that that's true. So now you have a Mom who has adult onset diabetes, meaning to me that sometime in her adult life her chromium stores and her niacin stores and maybe her zinc stores have together reached a critical level where her insulin is no longer working efficiently, and now she's diagnosed as have adult onset diabetes. Well, if she's deficient like plants growing in a garden whose soil is deficient, her children are going to be deficient.

And I believe that in direct proportion to the reserves that they come into the world with, they will develop the same disease at some time in their life, and it will be called juvenile onset, or adult onset, or whatever other type of diabetes you want to talk about, because at some point the child is going to run out of steam or run out of chromium or whatever it is. Now I may be totally wrong, but what if I'm not? We're talking about a whole lot of human suffering here that's taken for granted because there's a whole paradigm that doesn't want us to look at that. And now I want to say one other thing about this and we'll take a break, because it's coming up on the hour here.

And that is, that there's a whole different piece of this that we haven't touched on, and I'm going to brush over quickly, and that's the piece that we talked about with Roger Williams – the monograph that I gave you there – and he simply says this – in a nutshell he simply says this: that we're all different. Different strokes for different folks. Look around. No two people in this room have the same kind of hair, and none of you have the same shaped nose, and none of you have a nose like mine. None of us has any characteristic that's exactly the same as the other person.

He goes through this monograph where he talks about rabbits and chicks and all kinds of other things under all kinds of different situations – the variation the amount of alcohol it takes to get baby chicks drunk - now who ever thought about that experiment – (laughter) and they think we're crazy. Anyway, you get the point.

There are these wild variations and what it takes to get a chick drunk – now that sounds like a sexist remark, doesn't it – (laughter) He does that chart in there in the back where they take a bunch of rabbits – I forget what the total number was – does it say here somewhere – they took a whole bunch of rabbits and they cut them up and they measured the weights or the lengths of their organs – in some cases it lengths, and in some cases its weights, or is it all weight – I think it's all weight, and in that last column they have the high divided by the low – in other words the highest number is divided by the lowest number – that's the range of variation.

Gastro intestinal math varied six fold where lymph nodes varied ten fold from each other; some of them as much as 22 fold. 80 fold for a spleen math. So the point was simply this. How can we possibly assume – and this is the point of this whole monograph – how can you possibly assume that there's such a thing as a normal human being where all of us have the same requirements for anything?

It sounds pretty simple, and yet if you go over in the rational school and there are chemo therapeutic residents; there are dosages of antibiotics and cortisone and every other medication that are sort of fixed on this idea that everybody with this kind of cancer or this kind of heart disease or this kind of arrhythmia is in the same boat, so we're going to give you 40 ml of such and such. And then there's some adjustment there which has to do with toleration, of course, but there's not a whole lot of thinking about this other extreme which is that the amount of Vitamin C that one of you needs to stay healthy, the amount that I need, could be vastly different, so this says that 45 mg of Vitamin C makes a sensible RDA.



I use a hell of a lot of beta carotene in cancer patients. Do you know that the daily requirement of Vitamin A is 20,000 units. I use hundreds of times that. I use millions of units of Vitamin A and beta carotene in cancer patients. I have seen people with beta carotene. Beta carotene is the – you must all know this, even M.D.'s know this now – beta carotene gets converted to Vitamin A in the body. If you get too much, it gets in your skin, you turn orange. You look like a carrot. I have seen people who have turned orange with 15,000 units of beta carotene. That's a miniscule amount.

You can't hardly take less than that, and I've seen people within a couple of days turn orange from that, and I've seen people who have taken millions of units every day of beta carotene, and they never turn orange.

But what this has to do with birth defects and heredity, then, must be obvious, which is that unless we understand those variations and understand that what one – because we're talking about birth defects and genetics – that what one woman might need to satisfy her chromium requirements or her zinc requirements could be vastly different than the next person. And unless we're looking at that, we're not going to know if that relationship is existing there or not for the obvious reason. And so that's how you can explain that people who are eating the same diet, for example, can have wild variations in their health. And while people in the same countries who eat relatively the same food can have wild variations in how their families respond to different things.

You know some breeds of dogs might need a certain nutrient that other breeds don't need. I don't know if that's true. Is that true? (Judy must have said yes). Well, if it's true for dogs, talk about mongrels, look it up. If that's known among strains of certain animals that certain nutrients are needed in higher proportions in different breeds of the same animal, how come it's not true for us? And the implications, then, are obvious. So, the lesson to take from that is that – the lesson to take from Roger Williams is that there's a great deal of difference – and the other thing that you might have gotten from reading this is that ain't no such thing as a text book man.

He makes a statement in there about what you see in a text book is sort of a general idealized picture of what somebody might look like, and it's really always been weird to me to think that you may have to learn to be able to sketch the great vessels and the various branches off of the aorta – like this is real somehow - and it's really a concept, because nobody's aorta and branches off of it are going to be exactly the same as the next.

There's one other loose end that I don't quite know how to put in here, but I want to mention it because I think it's going to challenge another thought for you, and that is – I mentioned this one time to a geneticist in a hot tub in Arizona down here in Tucson, and I thought he was going to blow me out of the water – I just said, who says genes are immutable? And the guy freaked out. He said, "Everybody knows that you can't change genes, and the only way they change is by mutation." Well, who's everybody? Do we really know that? I mean you've been told that. How do you know that? Is it true? Is the moon really made of cheese? I mean, what are our genes? What are the chromosomes? What are they made of?

And how come if our cells can be damaged, and the nucleus of the cell can be damaged, how come the genes can be damaged? And how come a zinc deficiency can't translate into some kind of weird anomaly on a chromosome? I mean this thing about genetic mutation – you know once in so many zillions of divisions we have a random mutation that accounts for the Darwinian characteristic that changes the origin of the species, that whole thing? I mean, if you believe in vital force, and some kind of purposefulness behind the universe, like



come on – random mutation in the stakes of nature? How about in the stakes of man and not understanding nature? Take you back to zinc deficiency and Downs Syndrome. We know that Downs Syndrome, so we are told, Downs Syndrome is a trisome (?) of 21.

It is a screw up of the 21st chromosome. Human chromosomes are numbered. You catch the chromosome in their mitotic division and you lay them out on what they call a carrion (?) type, and you lay them out and you count them. You number them by shape and size and so on. So we have ostensibly found a way to label individual chromosomes, and of course to look at the genes on the chromosome. A child who has Downs Syndrome has a visible, physical, discernible, objective screw up – an extra arm, hence the name trisomede (?) – and extra arm in the 21st chromosome. And yet we know from animal experiments when Mom gets enough zinc and then has more offspring that they don't have Downs Syndrome any more. Do they still have trisomede (?) 21?

I don't know the answer to that. Is it possible? I sure think so. So, genetic disease might just be another myth that we've all come to learn to live with, and I'm running out of steam, so I think I'll answer some questions and give you that break I promised you.

QUESTION INAUDIBLE

JSS: This is a controversy which is going on right now in nutritional medicine which is to compare – to go back to Roger Williams here – if he says it once, he says it a hundred times there – normal compared to what? Most biological tests that are done speak of normals and reference ranges, like the normal amount of zinc to have in your leucocytes – your white blood cells. Zinc is sequestered in the white blood cells – that's a good place to measure it, or in other body fluids, in the sperm, or even hair for that matter, but wherever you measure it, you're comparing it with others who have their zinc checked basically. Some of them probably aren't normal in the first place. Another thing here we ought to talk about.

And actually this is going to get to be a long answer, so let's take a break and then answer it. Some of the minerals are at least in the soil when it rains, so the parts of the country that have the most rain, the Pacific Northwest, particularly the ...Valley of Oregon, the Northeastern United States, and the Gulf Coast are the places where the soil is most efficient in selenium, and I thought that I had learned that when the U S Department of Agriculture what was happening with sheep, they decided the sheep should not be grazed on these lands and they should be converted to – guess what? – agriculture, so you can eat the plants that come from there.

There was a question about athletes and the use of selenium, and I referred to as Reggie Lewis, was that the name? Apparently there have been a number of high profile athletes in the last few years who have died from cardiomyopathy, and the question is, do athletes have an increased need for selenium? And the answer is yes. If you are physically active, you're going to increase all of your metabolic needs, and selenium is going to be among those. And I can tell you if you're eating regular every day American food, you're not getting trace minerals, because if they ain't in the soil, they ain't in the plants, and if they ain't in the plants, they aren't in the animals. If you're eating organic food, and believing that it's healthier for you and more nutritious than other foods, I think you're mistaken.

It's healthier because it doesn't have a lot of crap added to it. Theoretically it has no pesticides or insecticides or whatever kinds of things you don't want in your body, but it is not necessarily more nutritious than other food,



unless the nutrients are in the soil. And what about composting? Well, if the compost doesn't have the nutrients in it in the first place because it was also grown in the same soil, where are those minerals coming from?
(STUDENT COMMENT INAUDIBLE)

JSS: See that freaks me out, because I almost always eat organic, except when I take my kids to that place called McDonald's. But one thing you can say about that is pollution is ubiquitous. I saw this National Geographic special at two o'clock in the morning one time a couple of weeks ago where they were looking at Narwhals. You know what these are – these are the big white whales with the single tusk. Apparently this is the one species of whales that doesn't migrate. It spends most of its life around the polar ice cap. It spends a great deal of its life under the polar ice cap – one of the mysteries of how do these guys breathe, and one of the thoughts there is they use the tusk to break through the ice. Who knows.

Anyone the Narwhal population is dropping precipitously. They have no natural enemies. Guess what the culprit is – heavy metal poisoning in the Arctic waters. A few years ago I saw – some of you may be familiar with trace mineral analysis using hair or other specimens – I saw an article on penguin feather analysis from Antarctica. Penguins and Antarctica are running around with more toxic metals than most of my patients in Connecticut. There's no manufacturing going on in Antarctica that I know about. What's happening there? The stuff is in the system. It's in the eco system.

I have heard that the North Pole is the most polluted part of the planet because of the way the air flow goes from Eastern Europe and the Soviet Union, which has apparently very poor pollution kinds of consciousness, that that air is moving up over the top of the globe. I don't know if it's coming down this side or not.
STUDENT INAUDIBLE

JSS: I hear what you're saying, but I would question that. First of all, selenium – this is true of any mineral, any vitamin, any drug, anything can be toxic at certain levels – in fact water can be toxic. You can drink too much water. Okay? It's never a question of what; it's a question of how. It's a question of dose. Therapy is a question of dose. Toxicity is a question of dose. Things are not toxic and non-toxic; they are toxic and non-toxic at certain doses. Selenium is a metal that has a rather large range of safety, but compared to most other trace minerals, it is more toxic at lower doses.

If I'm not mistaken, though loco weed (?), we would have some of the other things including some of the alkaloids that might have some of the physiological effect as well and loco weed is used as a homeopathic remedy, and as far as I know the homeopathic picture, the symptoms that develop from loco weed intoxication are different from the intoxication or symptoms from selenium. So my guess is that there may be something else going on there.

There was another question. I don't have the foggiest idea of how to approach this without getting in trouble, but the question is: earlier on in another break I was talking to somebody, and again I'll keep names confidential. We were talking about people who have been sexually abused. Some of you probably know that estimates range from 30-50% of the population. Men and women have been sexually abused mostly in their family. That means half of the people in this room at least statistically are in that situation and come from that kind of background. The reason I'm saying that is that having known that in practice it really sensitizes one to framing things in a way



that we don't blame ourselves or hook into someone's self esteem about the things they think are wrong in their lives or their self confidence.

I think there are a whole lot of people in our culture who have very poor self esteem, and particularly those of us who have backgrounds that are survivors of sexual abuse tend to fall to some degree in that category, and it sensitizes me to the fact that sometimes we say things that are taken on a very personal level. In fact some of what I'm saying, I think – I try to be sensitive to it – some of what I say and some of the things we talk about can actually be assumed or taken up as blaming yourself. This is particularly true in this very emotional issue about genetic disease.

It's very hard to talk about this without assuming that there's some element of blame on the part of someone who may have or may know of someone who has children who have had problems that appear to be genetic, and now if what I'm saying is right, and this was possibly preventable, you run the risk of thinking "Oh, God, what did I do. I'm guilty of such and so." And none of what I'm saying is being suggested or offered in that way. We are first of all exploring these as possibilities, and secondly if we're living in a culture where this is not common knowledge, how can we possibly be held responsible for it.

So I really want - so if any of you are feeling like there's some guilt, or you're feeling badly because something wrong happened, please, if it's a problem please talk to me about it, if you feel you want to do that, and if not, please take what I'm saying in the spirit in which it's offered, and realize that these are ways to maybe think through this. I say that as I approach this question which is: What if a woman – because we're talking about genetic diseases and offspring – we're talking about women who are pretty much at this end of the spectrum – who are really taking good care of themselves; people who have adopted a lifestyle you would think would place them over here, and we still have problems. How do we reconcile that?

Well, in the physical plane, with respect to what I was saying earlier, one way to reconcile that is to say just because you think you're here, you may not be here, and I don't mean to be blunt about it, but let me put it in another way. Let's go back to the example we just used. You may be eating organically; you may have adopted a lot of other things in your lifestyle that you think are helping you to be as healthy as you can be, but let's take the example of Down's Syndrome. How do you still know you don't have a zinc deficiency?

Okay, you're eating organic, and you gave up drugs and alcohol, and you're meditating and you're jogging, and you've been parenting classes, and all kinds of personal growth seminars and you feel like you're really doing very well; and you've been healthy for a long time. You haven't been sick. You come from great stock, and your family's healthy. How do you know you have enough zinc? How do you know you have enough chromium? I submit that you may not unless you've measured it, and that assumes that the way we measured is right. And if I'm wrong about that, then there obviously is a different level to this; there's a higher level of intervention. Much of what we're talking about here has been on a physical level.

Now if you go back to the mental and emotional and spiritual level, there's a whole other level of intervention, and this is way over my head, but I can tell you that if you start looking into the esoteric cosmology of most healing traditions, it is pretty much acknowledged that health and disease occurs on different levels from the spiritual – actually from the conic (?) from the spiritual to the mental to the physical, and I believe that most native Americans – are there any native Americans in the groups – I think that most native American healers



would tell you that disease has to be addressed on the level in which it occurs. A conic disease that has physical symptoms cannot be treated on a physical level. It's got to be treated on the conic level.

Now if you believe that, and you live in that paradigm, then you have to go back, however that's done, to the conic manifestations that brought you to this certain point where you are now. If you believe its on a spiritual level, if you believe your physical disease is a spiritual disease, then you've got to treat it at the spiritual level, so in the white man's cultural I guess it's called religion. And in other cultures there's a different kind of cosmology there. This is the place perhaps where the native medicine man or medicine women would work with - I don't know, I'm in over my head, as I said – exorcism perhaps, or dealing with our spirit.

But if you think of life like an aquarium or the sea with different levels of organisms, we're down here mucking around on the bottom. There's this whole sea of consciousness above us that very few of us know about, and I guess we're all in different places. Some of us have maybe swum up to the top and come back down, and some of us have swum up to the top and never came back down -----

Our biochemical and physiological contributions to the disturbance which result in what we call birth defects and genetic disease. Does that help? STUDENT INAUDIBLE

JSS: Yes, I guess, I don't know. Homeopathy would say that. Homeopathic medicine would say that – that the changes reverberate throughout the system. As above, so below. In the vernacular of the times shit rolls down hill. If there's garbage up there in the top layer, it filters down through

END OF SIDE A TAPE 6



BEGINNING SIDE B TAPE 6

As long as we're going to be the bottom feeder living on the physical plane, we're going to get whatever comes down from the top, so I guess you could say that.

And then there was the question about please say something about how the male contributes to birth defects. And boy, I don't know. What I do know is that – again I don't have this stuff with me – there's been some real interesting stuff in the last couple of years that links the health and the viability of the sperm with the health and the viability of the offspring. This is not just the ovum's job; this is not just the female side; this is not just an incidental thing that this little old sperm swims up to the ovum and sort of turns it on.

This is the joining of the yin and the yang, the left and the right, the male and the female, whatever it is; these are two sides coming together to make a whole, and if one side of the whole is deficient, the whole will be deficient. On a biological level I know there's been some work that shows that when sperm motility is compromised and the mitochondria are inefficient in their respiration and energy production, that the ovum – the fertilized ovum – has the same problem. There's apparently some evidence that what happens here is when the sperm fertilizes the egg, its mitochondria – now this gets a little controversial and esoteric – but that the mitochondria themselves reproduce.

And talk about layers upon layers and layers, that the mitochondria in the ovum are reproducing and making new mitochondria, so these energy machines that run the cells also reproduce to make new energy machines. Well, if their lineage is faulty, there you go again. And in a misogynist (?) society like ours we like to blame women for everything, so when we have problems, you think it's all on the female side. I don't want to get into that one too deeply, so let's at least for this purpose assume that it's at least 50-50 – that you're talking about the whole coming from the two halves, so to speak. This is way off where we want to go – any other questions?

I'm going to hope that this next section which is supposed to be done in two hours is going to be done in 45 minutes. I swear, I'm going to do it in 45 minutes.

What we're going to talk about is basically three things here: the role of a physician; cure; and suppression versus elimination. Now everyone of those things is a topic by itself, but the bottom line is that we can be fairly superficial and still get to the point.

So, the role of the physician. Who can tell me what they think? What is the role of the physician? This is almost like too complicated or too simple. I don't know which. What are you supposed to do? What are you supposed to do as a physician? STUDENT INAUDIBLE

JSS: Can you be more succinct? STUDENT

JSS: Just lay people STUDENT No, everybody.....

JSS: To what end?

STUDENT –lifestyle

JSS: How are we different? Anybody else have any ideas? STUDENTS TALKING.



JSS: So, when we're treating the whole person or we're facilitating someone or making exchanges, what are we doing? **STUDENT** (?)

JSS: That's it. That is your only mission as a physician. It's that simple. Here's what Lindlahr has to say about it. It's not quite as succinct as I'd like, but "to create and maintain continuous buoyant good health means greater efficiency for mental and physical work, greater capacity for the true enjoyment of life, and the best insurance against failure and poverty; therefore he who builds the health – he who builds health is of greater value to humanity than he who allows people to drift into disease through the ignorance of nature's laws and then attempts to cure them by doubtful or combative means." And he goes on from there.

On the other hand, Kent in quoting – not Kent, Hahnemann says, "The physicians' high and only mission is to restore the sick to health – to cure, as it is termed." And so, I think we're all right here. The goal is to restore the sick to health. The goal is over here. I would say that this is an unattainable goal depending upon how you define health. None of us is perfectly healthy. But there's always something you can do to improve the situation. And one of the things we'll talk about tomorrow is the difference between us and the other guys, in my opinion is simply this: they're looking at all that can go wrong and what will happen when, and a naturopath is interested in all that can go right and understands the beauty and the potential in those possibilities.

We deal with hope and possibilities. We deal with optimization. We deal with creation and consciousness. Instead of living in the fear of what might happen, we're concerned about the possibilities of what can happen. And our job, then, as doctors – the word doctor means to teach – did you know that? A doctor is a teacher. A PhD is a teacher of the philosophy. I sometimes think we ought to be PhD's in medicine, not doctors of medicine, but doctors of philosophy of medicine. So anyway that's what doctors do – that's what they're supposed to do. And that comes back to that other comment this morning about the only way you're going to do that is to continue to experience healing in your own life.

Now, the next thing I want to talk about then is the cure. So, if the physician's role and only mission here is to heal the sick, to restore health in the sick, Hahnemann says "to restore the sick to health – to cure, as it is termed" then we want to know what a cure is, right? I think it is the top paragraph of page 6 – I mean lecture #6 – the highest ideal of a cure. This was taken from the second paragraph of the Organon (?) Hahnemann's idea that a cure is the rapid gentle and permanent restoration of health; the removal and annihilation of the disease in its whole extent in the shortest and most reliable and most harmless way on easily comprehensible principles. Now the rest of this handout talks about breaking that down. What is cure?

It's restoration of health. What is rapid gentle and permanent? That's pretty obvious. There are many ways to help restore the cure and those that are in harmony with the body's attempts to heal itself are going to be more gentle and rapid perhaps than those that take us on detours. Perhaps the most important part of this idea about cure is the easily comprehensible principles. If a cure is simply the restoration of health, it's got to be pretty fundamental. It's got to be easily described.

It's got to be easily understood, and when Hahnemann and Kent talk about principles, they talk about basically what they think of or what they have become the laws of cure, which we touched on the other day, sometimes called Herring's(?) Rules because Constantine Herring, the main disciple of Hahnemann, was the one who was the



guy who really promulgated the laws of cure. And Herring's Rules states I think they're on here- exactly what we talked about the other day – under sub 3 – laws of cure.

The cure occurs – that is the symptoms disappear from the top down - you're going to say this so many times to your patients in the next 20 years that you'll say it in your sleep – from the top down; from the inside out; from the most important to the least important; and in the reverse order of their occurrence. From the top down, from the inside out, from the most important to the least important and in the reverse order of their occurrence. What that means is that when a cure is occurring the symptoms will disappear in precisely those patterns. Now they'll inter-react with each other, but generally they will disappear in the reverse order of their appearance.

It is not unusual to work with somebody who has ulcerative colitis and to have them be completely free of ulcerative colitis symptoms and watch them develop asthma. And then you find the intervention – the remedy – that helps to guide them with these new symptoms which have come up – the asthma – and it flares up; there's an aggravation; it disappears; and then they start getting ear pain. The old ear infections crop up. "Doc, I haven't had an ear infection since I was two years old. My Mom said I had a lot of trouble when I was two years old. Now my ears are bothering me." Was it the ear problem? Guess what! The eczema comes back "Doc, I'm really pissed now. I haven't had this for 45 years. I thought it was gone.

I'm covered with it." What do we do now? Repeat the remedy? Find a new remedy, whatever it is and the eczema starts to disappear. And let's say for the sake of discussion, this is the end point in this patient. When that eczema starts to disappear, it will move down the body like a glove, like somebody's pulling it off. Let's say this is somebody who has eczema all over himself. One day he'll come back or she'll come back and say, "You know my hands are cracked and they're bleeding and I can't even use a computer or keyboard anymore, but the funny thing is that my forehead and my face are completely clear." The answer is, "Sorry about the computer. Hang in there." Come back a few weeks later; the stuff is moving down.

It goes off the ends of the fingers and the ends of the toes just like somebody peeling it away. And when that happens you know that you're involved in a cure, and if the opposite is happening, you know that you're blowing it. You treat somebody who comes to you with eczema on their fingertips, and it starts moving up their arms, you're in trouble because it's going backwards. It's getting deeper; it's moving in; it's not moving out. From the inside out means opposite the periphery, so when things are going in the opposite direction of this, you're not involved in a cure. So, now I just gave you examples of reverse order, and I just gave you examples of top down and inside out?

Well, the skin is the outermost inside, the guts – the guts that we started with and we came out a little bit more – in Hahnemann's terms we came out to the respiratory system – then we came out to the upper respiratory system and then we got all the way out to the skin – the most superficial – centripetal (?). And finally we have this one from the most important to the least important. This is sort of least important – this is not in terms of cosmetics or whatever, this is in terms of your survival. Your skin is your least important organ. You have a lot of it and it can recover easily. Your central nerve system is the most important.

So if you arrange your systems, if you will, in a hierarchy of their relationship to your survival, you have sort of that same centripetal kind of idea.



Now, if you can remember those laws of cure, whether you use homeopathy, or you use diet, or you use manipulation or counseling, whether you're going to do (past life regression)? You're going to move into other – do time travel – or whatever it is you're going to do – you're still going to see the same thing. The cure is a cure is a cure. And if you know that, you will never fail. The patient might not get where they want to be or you may not get them where they want to be, but you will never fail in moving the patient in this direction. Whether they want to continue the trip or not, that's another story.

But you will never fail in improving the situation at the time, if you understand that that's what you're trying to do, and use that as your guide, because as soon as it starts to go the other way, all the little red flags ought to go up, as soon as it goes the other way. You're doing the wrong thing; you've got the wrong remedy; or something is interfering with what you're doing. Something is antidoting what you're doing; something is interfering with it; there's an obstacle to the cure, so to speak somewhere. Something's gone wrong. STUDENT INAUDIBLE

JSS: If things are going the wrong way, could that be an example of a healing crisis? No. A healing crisis will be the return of the ability to have an acute reaction, or in the language of homeopathy, it will involve an exaggeration or an aggravation of the symptom. But underneath it all, you'll see the same kind of thing. Take the example that I just gave you. The patient who has the ulcerative colitis, who is treated with the appropriate intervention might very well have an aggravation of the symptoms of ulcerative colitis. Those are the symptoms that the body's presenting to you. Those are the symptoms the patient's handing to you. Those are the ones they want help with.

That's what's happening at that time, in that organism, in that person's life, and when you do something to evoke the reactive force, those symptoms are going to flare up. Their ulcerative colitis might very well be worse now than it has ever been. That's not the same as getting worse. That's the same as having an aggravation. Now, if the worseness, if the aggravation remains and then – I don't know, let's say what can we do here – let's say they start to develop rectal bleeding and hemorrhoids – now I think I've got a little bit of a problem here because it's not going the right way. But on the other hand if they get worse and I ask them to hang in there, and it subsides, this is the dynamics. Remember this.

We've got to know that what we're doing here in relationship to everything else we've done. The presentation on Thursday, September 14th, is not enough. I've got to know where they were, and I've got to know where they're going, so I have to wait and see. And if they get worse, and then they settle down, and then they start to have asthmatic symptoms, I know I'm moving in the right direction. Does that help? No. I think you've kind of have to be there; I'm not sure. Now, there's a missing piece. Maybe I should fill in the missing piece and then it won't be so hard. Right? Which is that the sequent of events which I just related to you will only occur in a patient who had eczema followed by ear infections, followed by asthma, followed by ulcerative colitis.

That's the part I forgot to tell you. When I take a patient's history, I know that. STUDENT INAUDIBLE

JSS: More or less. If you know that the patient's history is to go from A to B to C to D, and we find them at D, then they are likely to go from D to C to B to A. But a patient who has ulcerative colitis who has never had A and B and C is not going to get A and B and C. You're not going to create a new disease. What you're going to do in the language of nature cure and homeopathy is you're going to peel away the layers. I think it's like a jawbreaker. Homeopaths always like to say onions. You know onions - you open it there's another layer, and it's



almost the same. Look at a jawbreaker. My kids have these jawbreakers like Jurassic Park jawbreakers. You got to lick them.

You can't get them in your mouth – something like 7,000 layers. It takes 30 days to make these things and every time you get to a new layer there is this different color, different experience, different flavor, of course, so I think of that healing like a jawbreaker. You get through the first layer – and phew then you have the next layer. And Hahneemann would tell you and Lindlahr would tell you that that's what disease is all about – like piling on this stuff. You pile on all this crap. Well if you want to get back to the beginning, you have to unpile it. You've got to go through it.

And so you have to know what the layers are, so you have to go through somebody's family history and you got to go through their own history, and then it becomes more complicated and we have myasisms (?) and all that kind of stuff, some of which we'll talk about tomorrow, so unless you know the progression of events, you're not going to know what to expect. And sometime if you do a sloppy job, you get caught by surprise. The patient comes back with asthma and you're like – hum, have you ever had asthma before? And if they say yes, then you can say, great. This is what's happening. And if they say no, then you're in trouble, because you're going the wrong way. Okay?

Now, let's see. I think this brings us to the next piece that we want to cover in this hour, which is suppression and elimination. STUDENT Quick question. How many patients are willing in some way to digress with their health?

JSS: How many don't want to do that?

STUDENT: Exactly. They want the immediate cure versus the long term.

JSS: Minimal. In my practice anyway, minimal. By the time somebody gets to me they'll do anything. I mean literally. They'll stand on their head; they'll do anything. I always start – when I see a new patient I always ask them a couple of questions. The first thing I do after I introduce myself, and by the way, if you want them to call you Doctor something, then you call them Mr. or Mrs.. If you're calling to call them Jim or Joe or Barb or Sue, then they call you by your name. Patients hate that. You call them by their first name – especially if you're younger than them. If they insist on calling you doctor, that's a different thing. But whatever protocol you use, it goes both ways.

First thing I do after I introduce myself to someone is I ask them if they have any experience with naturopathic medicine or naturopathic doctors. And there are a few people who do, and sometimes they're bad experiences, which was why they came to me. They had a problem. They're sort of empathetically interested or sympathetic to the idea of naturopathy, and they left somebody else's care because they didn't like what happened. And if that's happened, I'd like to know a little bit more about it. I don't think it's necessary, and it might even be unethical to try to pry out who it was, but you might want to know what the experience was, and reassure them it's not going to happen again.

Or on the other hand, if it is, because that's the way you practice, you probably ought to let them know. So, in fact, most people say to me – no I don't – I never did – I don't really know what this is all about. And then my next question usually is – well, do you have any questions about who we are, or what we do, or what my training



is – what my background is. About 100 people that I say that to, I'll bet there's one who says, Yes, yes, what kind of school do you go to? But most people say, you know I don't really care, if you can help me. Let me tell you why I'm here.

I have this problem, and they start, and then in the next 20 minutes they tell you almost everything you need to know. You know, you ask them if they have questions about what you're going to do, and they say no, and they tell the story. A number of people who when I tell them what I think they ought to be doing – the number of people who don't want to do that is minimal. 2 or 3%. Most people are at the point where they say, I'll do anything; I'm willing to try. The comment that I get most often because I do this kind of thing – I don't do the whole 5 weeks; I might do just 20 minutes or less of this; sometimes, you know, a couple of minutes. I say, "Look do you know what we're doing here?"

Let me tell you what I'm doing so you can understand where I'm coming from. We naturopaths, we don't think of discreet diseases, we tend to think of diseases on a sort of a spectrum or a continuum and there's health over here and there's disease. We have health over here and as you move away from here you have increasing problems, increasing severity, and you get over here somewhere and go through that whole wrap in 5 minutes. Virtually every living soul says, "Well, that makes sense, so how do I get over here?" They want to know. Now they want to be over here. They're on their way, and they just want you to help them.

The way I explain what I do, I say, "Look I do this for a living and I have a lot of experience with this, and I know some things that can probably help you. I'm not any smarter than you, or better than you, or different than you, it's just that I've done this and I have some ways I can help you to move in that direction, I think." So, anyway, the number of people who don't want to do it is pretty minimal. Are there other questions?

This whole thing about peeling the onion or sucking on a jawbreaker and getting through those layers brings us to the concept of suppression and elimination. And you will find in the book that we've been referring to extensive discussions about this particular problem. But you can think about it in some pretty simple ways. It comes back to this thing again, and what we talked about yesterday with two ways to get rid of symptoms. Now we're talking about symptoms and signs; we're not talking about dis – ease. We're talking about the manifestation. There are two ways to make those things go away. One is to cure the patient. To have him or her move in this direction and when that happens the disease goes away by definition – when you're healthy you're not sick.

The other way to get rid of symptoms is to turn them off without understanding or paying attention to the underlying cause, and that's called suppression. That's what the other guys do – remember? allopathic medicine. Remember what it was? Allopathic medicine is the art of curing, so to speak, I don't know that curing is the right word there, founded on differences by which one morbid state is removed by inducing a different one. Okay? That's called, in the language of homeopathy, that's called suppression. You have a problem here; the case I just went through. That's a very typical, almost textbook example, by the way – this one with ulcerative colitis. You take a young child who has eczema – you know the routine. Some of you have probably been through it.

You go and watch the pediatrician or the dermatologist and you go through different kinds of applications and lotions and everything else and finally there's cortisone, and finally after enough cortisone either topically or orally or in some case injections, the stuff "goes away". The practitioner of natural therapeutics would say it was suppressed, and you can therefore predict that the illness will reappear in a different form somewhere else. And



typically and often that is asthma. It doesn't happen all the time – I wouldn't bet my house on it – but it happens frequently, that suppressed skin diseases turn into respiratory diseases. The same routine. They go off to the pediatric allergist; they go off to the pulmonary specialist; they start to do the asthma course, or theor whatever and eventually we outgrow the asthma. You can see the progression.

Hahnemann would tell us that what's happening is that the dis-ease is being driven deeper into the patient. Starting from the superficial level on the skin the most superficial of our defense mechanisms was first involved and we treated that and voila! It went in a little further. We treated that, and we suppressed that, and it went in further. Oh, I missed the ear infection part. Skin, ears, then asthma, then digestive. I've actually found myself predicting that in patients – to myself, I wouldn't tell them that. That's like setting it up, but you know here's somebody, not patients necessarily, but friends – I've seen this happen – you see somebody who's had eczema and had ear infections, you can almost guess that they're going to have a respiratory disease and eventually a digestive problem if they're suppressing it.

Now how do you know if you're suppressing or not suppressing? Here you are back to Herring's Rules and the Laws of Cure. It's pretty darn simple when you get right down to it, and if you don't believe that, all you have to do is ask the patient how they feel. Because when you have suppression, you're moving this way, and the patient knows it. Well, I don't feel as good as I used to but at least I don't have asthma any more. Here's somebody who's walking around who is drugged up all day long on epinephrine or whatever it happens to be. They're told they outgrew the problem.

In contrast to that a patient whose symptoms are being eliminated whose burden in life is being taken from them feels lighter, healthier, happier because they're moving in this direction. That's the example I used yesterday about an elderly person where you keep piling on all of these drugs. One to treat another to treat another. Their vitality is being decreased under the crush of these various kinds of medications. My God, if you're trying to get the body to do something, and you're giving it 16 different drugs – talk about confusion – you have both ends working against the middle in that case. My mother was a nurse.

She likes to tell this story about a woman who was in a coma and whose family was told that she had a few months to live, and they ought to prepare her estate, and the daughter of the woman in the coma asked my mother, the nurse, if it would be okay if we just stopped giving her her medication. My God, if she's going to die anyway, what's the use. Well, I don't know says my Mom, let me check with the doctor, and the doctor says, yeah, I agree, what's the use? Let's stop. Stopped the medication. The woman comes out of the coma, lives for another 10 years. Right? That's an anecdote. It's one case, but you know it illustrates a point, and probably somebody in this room has had the same experience. I'd bet on it.

Anybody have the same experience? So, it's not only my anecdote; it's happened more than once, and I'll be it happens every day.

Okay, and the one other thing on here was the healing crisis, but we think we got that down. Any questions about a healing crisis or a disease crisis? Simply suppressing or stimulating the vital force and watching someone come or go through their acute crisis. And there again, the way to figure it out, it's dynamic. You have to know – you have a picture of a dog jumping up in the air to grab a frisbie. You don't know if the dog's on his way up or the dog's on his way down unless you have the whole film, and this is why looking at diseases as a static



phenomenon, like the rational school is tempted to do, like you've got muscular dystrophy, or you've got an arrhythmia in the heart or you've got whatever you've got.

The temptation to look at disease in the static form like that, in my estimation, doesn't jive with anything else in life. Nothing else just happens. There's like a whole history there, and if you want to correct the problem, and you have to know in some ways where it's coming from, and you have to know where you're at, so to speak, so you know if you're getting somewhere. Unless you're into suppressing; because then you don't care. You just make it go away. Some of us would call that denial, but that's a whole other story. Right?

STUDENT: you made reference to people who take medication forever, but what about vitamins? Is that something that typically would need to take a high dose of vitamins forever?

JSS: The question is, I have mentioned a couple of times that if a medicine is curative, you don't continue to take it. By definition, if it's working you wouldn't continue to take it. But what about vitamins and minerals. Well, I think of those in a different category. Here we're back to on of those three effects of the unity of disease; one of the three things that happen in disobeying nature's law, according to Lindlahr – we have a decrease in vital force; we have abnormal composition of the blood in the lymph; and the elimination problem. Okay? Vitamins and minerals – and I suppose you could throw in a few other things there – are part and parcel of normal human biochemistry.

I think the grand plan here was that we'd get these nutrients in the stuff that we put in our face. I don't think God had McDonald's in mind when the grand plan was designed. Vitamins and minerals are, in some sense, nothing more than the co-factors that are involved in every single biochemical reaction in your body. Some of them don't work right or well or efficiently or at all if you don't have enough zinc, chromium, Vitamin A and so on. My own opinion is, and I think this is true of naturopathy in general, that stuff has to be supplied on a regular and consistent basis in direct proportion to how long it's stored in the body. Some vitamins are stored longer than others. Fat soluble vitamins will remain with you a little longer than the water soluble vitamins.

But these things kind of get used, you know, they get used depending upon your activity level and your habits and so on, your requirements will be higher than the next person, and then you throw in biochemical individuality and you've got another dimension to that.

This is going to be too simple to believe, I would submit to you, that for – in fact Roger Williams says it in this monograph about the number of people who have enormous benefit from a good multiple vitamin. Didn't he end with that in that monograph? Some of you read that, right? Isn't that where it is? He said there are so many sub clinical vitamin and mineral deficiencies that it goes without saying that we ought to be supplementing everybody. And what I find in my own practice, and I hate to admit this because I would never have thought about this 20 years ago, but I have almost all my patients on a good multi vitamin with minerals because they aren't getting it from their food.

And Judy knows, and anybody here who raises animals or has pets knows, that we pay attention to that in animals. You know there are more nutrients required in dog food and cat food than there are in baby food. You go get a label off of Similac or Nutrasoy and compare it to a label on a dog food can. You'll find more vitamins and minerals, I'd be willing to bet, more vitamins and minerals in the dog food than you'll find in the Similac.



STUDENT INAUDIBLE JSS I happen to agree with that. I don't think you take vitamins and minerals in place of – you take them to supplement.

I came across – and again I don't have it with me – I came across some research a few years ago that went like this – back in the 40's somebody at Rutgers was interested in the nutritional value of carrots, and they went and looked at the mineral level program in commercially available carrots in Northern New Jersey, which have got to be some of the worst carrots in America in my opinion – Who's from New Jersey? - Well, living in Connecticut – I think the East Coast is the dirtiest part of the country because all of the air is – we get all the waste from Arizona and the rest of the nation out there, so anyway – They did this thing and found out what the nutritional value of carrots were, and then somebody found that and said Wow, this is cool.

I wonder what happens if we look at it again – this is like in the 50's. And they did that for four decades running. Commercially available carrots off the shelf in the supermarket or farm stand, I think it was actually. If you plot what happened to the minerals over those four decades, it's astounding. If foods had to be labeled with respect to their nutritional value, not their biological name, a 1940's carrot and a 1980's carrot are not the same thing. If you had to use the names based on what it contained in terms of its nutritional value, you wouldn't be able to call a 1980 carrot, a carrot – it'd be a hypo carrot, or something like that – I don't know what the word would be.

And this is why when your patients say, “Now come on Doc, my grandmother ate meat and potatoes for breakfast lunch and dinner – 3 times a day – and drank coffee all day long and she lived to be 93, and you're telling me that I shouldn't be eating this much red meat?” Well, your grandmother's red meat didn't have antibiotics and growth hormones and God knows what else in it. It probably came from a farmer down the street or a huckster who put it on his wagon that morning from the butcher shop down the street. It didn't come from Kansas and sit in the back room of Safeway for a week. And her vegetables were from the back yard or from the garden or homegrown, and they were more nutritious because the soil wasn't as depleted.

They weren't stored for a week again in the light of the supermarket – fluorescent light and exposed to the air and all this kind of thing. And if you don't believe that, and you just use this example of the carrots alone, you can see what's happening there. So the stressors in our life are increasing, and the nutritional input is decreasing, so the gap is widening. So I believe that supplementation – and I almost hate to admit this theoretically because it takes us in the direction of (soliant)? Green. You know we're all going to be eating these little tablets of food.

But if the purpose of eating – I guess there are a lot of reasons for eating, but if one of the purposes of eating is to supply the nutrients that we need to optimize our biochemical and physical operations within the system, then we aint getting it from the food by itself. Or at least most of us aren't. I suppose there are people who are. And that's a whole other discussion.

I'm going to use this last 5 minutes to answer that one question that came up before. How do we know if we're getting enough minerals and how do you measure them? And that's a whole controversy right now, because measurements of biological activity and normalcy is a whole can of worms, also. Right? Roger Williams in one of his other books finds that if you plot out the normal range of white blood cells – normal range of zinc in human beings – normal range of anything – height, weight, anything you want – get a certain range. Now if you divide the group – the population – from which you calculated those data into more healthy and less healthy by whatever criteria you want to use.



What he did, was he took medical students, and assumes that there is such a thing as a healthy medical student in the beginning, right? He took medical students, or maybe they were dental students – I don't remember – anyway, what he did was had them fill out questionnaires with all kinds of little symptoms like from do your gums bleed, to how many times a night do you get up to urinate, and what they did with that was they divided the class then – that is statistically, they divided the group into four different groups. One group had – I don't remember what it was anymore – 20 or more of these symptoms; the next group had 15 –20 and so on and so forth.

What he finds is that the healthier – if symptoms indicate that you're less healthy in the absence of symptoms that you're not, then the healthier group has narrower ranges. Which makes sense, right? If you're throwing people who are sick into your base population, you're going to skew your data, so the ranges start to close down when you're dealing with healthier people. Now that raises the question that everybody in medicine asks all the time – or should be asking – which on what data do we base our norm? The people who get blood tests on which the laboratories in the United States based their normal ranges are people who went to the doctor who were sick who got tested, right?

So there is the possibility that some of the data are skewed in the first place, and that a healthy population would narrow the normal ranges. So there we have Roger Williams question again – normal compared to what?

END OF TAPE 6 SIDE B



BEGINNING OF TAPE 7 SIDE A

Why be normal when you can be healthy? I'm going to do a T shirt on this one of these days. It'd be a great college T shirt, right? Doc, I just want to be normal. Oh, no you don't. Normal is dying of cancer and heart disease and all that kind of stuff. So there's one more point on this vitamin thing – and this is the controversial part – one of the things that's happening which is actually for now pretty expensive in most areas of biochemistry is what is called functional assay. A functional assay is a way to measure whether or not you have enough of a vitamin or a mineral by measuring what it's doing in your body, not how much of it you have. Okay?

You measure the metabolic end product or you measure a function or you measure something that it does. I'm not sure that I have this right, but I believe that folic acid is involved in the production of figlu – Judy, do you know what I'm talking about - it's an acronym for glutamic acid – formic blah, blah, blah Glutamic acid. It's one of the end products of one of the very many biological processes that's driven by folic acid.

So, in this case, instead of looking to see how much folic acid you've got compared to how much she's got, or how much I've got, what we do is we go measure our figlu output and see if you have enough folic acid in your body to produce enough of the end product, and what you need to get your figlu within the normal range, and what I need could be 200 fold difference. So I don't care if you've got 1200 mcg per pictograms per micro liter, and she's only got 200 mcg in her blood, if the biological effect is to have the correct output. And like I say, those tests have not been well perfected.

That's the kind of thing in my opinion – many of these questions that I've raised for you this morning are the kinds of things that we ought to be doing. This is the kind of research that ought to be going on here eventually at Southwest and the rest of our colleges. These are the kinds of questions that we need to answer for – one of my professors would say – suffering humanity. STUDENT

INAUDIBLE>

JSS: It is, but it's going to be more sensitive in a way because the question is asking is that well are you even able to do this? Are you producing any? Do you see what I mean?

BREAK FOR THE CLASS UNTIL AFTERNOON SESSION

JSS: Last year when I was in New Hampshire – let me get some water – I'm what they call the clean up man, and what that means is there's usually a parade of witnesses that will go before a committee and offer testimony of various kinds, and of courses the opposition has their own view of things, and someone who is fairly good on their feet and quick to the draw has to be able to in a few minutes refute what it is that was brought up beforehand, and that job has often fallen to me because I've been doing this for so long. And I was really having a very difficult time reading what the committee was thinking and which way we needed to go with this thing because we don't always need to just refute the opposition.

Sometimes what we need to do is speak to the people who are hearing the argument and see what it is to them. So, we had a short break and everybody went to the rest room, and while I was sitting on the john, I heard these two senators talk about their concerns about naturopathic physicians, and their questions to each other all



revolved around the quality of our education, and they were not satisfied that that had been addressed, and one of them was not satisfied that it was possible that we could have an education which was sufficient to allow us to practice medicine. So much to their surprise, judging from their body language and their mouths, when I took my seat in the committee thereafter, I specifically not only spoke to the issue but directly to the two of them.

LAUGHTER And the lesson here is, if you have a particular agenda, be careful about what you say in the rest room, because you never know who's in one of those stalls.

Speaking of which I have the impression— I won't say where I got it—that among a group of this size there are probably some of you who think some of what we're talking about is absolutely nuts— like this guy, me, is off his rocker, and how can some of this stuff that we're talking about be so. And I come back once again to say that I'm not asking you to buy anything. I'm showing you the product. You can buy it or not buy it.

I can tell you that when I sat in my first year of school comparable probably to a week or two from now where you are, having come from a rational background, pre-medical student, biology major, some psychology, chemistry, when I heard my first lecture about homeopathic medicine, I looked at my classmate who was sitting next to me— his name is Howard Fine— I remember the look on his face to this day. It was almost 20 years ago, and I'm sure he remembers the look on my face, like this guy is nuts. It couldn't possibly be, but then I had some personal experiences with homeopathy, and then I went through 4 years of school and clinical practice, and now 16 years of practice later it's a whole new ball game.

So in a sense what we're doing here is asking you to suspend for the moment what it is that you believe and look at what you can see, and maybe entertain the possibility of looking at things differently. I guess that's obvious. So what we're going to talk about now is the big bugaboo called science. O-o-oh Science.

What I've done before—every time I've done this—in the interest of time I'm not going to do this because it's on your handout, I think, instead of giving people a handout to start with, what I've done in the past is I've said, tell what you think of when you think of the word scientific, and the same thing with unscientific, and you can see some of the kinds of ideas that people have. Some of the kinds of things that conjure up in people's minds when you talk about this thing called science. I'm looking at some old notes; I guess there's maybe a page and a half of that stuff there.

So it begs the question about what is science? And of all these different dichotomies that we can talk about— allopathic, homeopathic, rational, empirical, the ones that we talked about the other day— that whole list of things I went through— there are people who like to talk about scientific, unscientific, especially those medical lobbies. Boy they get in there in those hearings; we're scientific; we do everything by control study blah, blah, blah. These guys have no science to back themselves up. That's what I mean by science, like the new religion. You have to be part of the club; you have to buy off on the science; you have to be scientific. People use the word unscientific like they used to use the word communist.

You get labeled unscientific and oh, my God, and this means hippies and Birkenstock, whatever it means to people, but it's this label which has this horrendous connotation in our culture, because we have, according to Robert Mendelson in *Confessions of a Medical Heretic*, we have replaced the church, the science. Our priests are our scientists. Our sacraments are in the science world. Our sacraments in medicine— he talks about inoculations, and I forget what else. He talks about the four sacraments in modern medicine. In order to be baptized in the



church of medicine, you have to do these certain things, and if you don't want to do them, how dare you question our authority; how dare you go against our beliefs; how dare you go against science.

And we have a parallel in the new science – especially the medical science that parallels the Catholic church in Western history which is not only is it not enough to present the ideas and ask you to buy them but also these ideas must be forced upon you by being incorporated into the law. We have a School of Medicine which has forced its “science” upon you by requiring you as a citizen of the United States of America and other countries to buy off on sacraments. You must be inoculated if you are going to school. You must do such and such. Mendelson goes into this to some degree and talks about those differences and the parallels between the two of them. Hence my reference to that.

Now if science is objective observation; if it is really designed to get to the truth of things to see if they are repeatable, reproducible, to see if we're not just imagining things, but they really are the way we think they are. If what we are seeing is not an illusion, then that's one thing. But if science on the other hand becomes a dogma; if what we're really being asked to do when we talk about science and medicine, is buy off on a paradigm, then that's not science. That's buying off on a paradigm. So one of the things that I want to talk about is some of the problems with science as it is used to support the existing paradigm. There are philosophical, physical, material, and socio-cultural limitations to what we're doing with “science”.

I'll bet that there are some of you who think that medicine is scientific. And I don't mean to be condescending, because I used to think that too. Do you that the Office of Technological Assessment, this is the investigative arm of the U S Congress, these are guys who go out and round up objective data in order to support legislative decisions that are being made in Congress. The Office of Technological Assessment in 1978, at the request of the Congress, looked at medical procedures in the United States and their scientific bases. Their conclusion was that somewhere between ten only – ten to twenty per cent of all medical procedures in use today – in 1978 – ten to twenty per cent of all medical procedures in use today have been shown to be efficacious by scientific study, by clinical study, I'm sorry.

That's almost exactly the quote. Only 10 to 20 percent of procedures in use today have been shown to be efficacious by clinical study. And here we all want to think, and the medical doctors and their apologists want us to think, and our society wants us to think that this thing is rooted in science, and the rest of us are nuts. Let's give them the benefit of the doubt. 20% of what's done in the rational school has been proven, whatever that means. That means that 80% has not. That's a great margin of error in my book, and would make me pretty skeptical about allowing this to be our state system of medicine, which it has become.

Now some of you are probably going to part company, especially with people who consider themselves scientists, and some of this may be just a lot of airy-fairy stuff, but I want to bring it up anyway because I want to make you think about it.

First of all, some of the philosophical problems that we face here have to do with cause and effect, and just what that is, and how do you know that there's a cause and an effect. Now I'm looking at notes that I took 10 years ago, and I'm not even sure I can interpret them correctly but one of the ideas is that objects seem to have no discernible cause. They sort of just are, you know. But then there's also this thing, this conjunction or temporary relationships. Just because things seem to happen a lot at the same time, does that mean cause and effect? You



know, if you're looking at the earth from a space ship and every time the leading edge of the light comes around on this planet, you see more and more cars on the road.

What does that mean? Does that mean that the sunlight brings the cars out? Does that mean that it makes the car go on the highway? Is that a cause and effect? Where do you draw the line? What's the relationship? There's a story here that Hume tells about this chicken – that the chicken is frightened away from the henhouse but when she comes back, there's corn. This happens over and over again. 99 = 999 times, and then the last time when she comes back she gets her head chopped off. Are we talking cause and effect? In Eastern philosophy cause and effect are two sides of the same coin. The example here is like a tapestry. One set is cause; one set is effects.

In Western thinking we think A goes to B goes to C, and it evokes a 4th dimension, and depending upon what you think about time in the 4th dimension maybe all of this stuff is happening together, so what is cause and what is effect?

I told you a story the other day about this guy who had post infectious encephalitis and has this problem with his hand, but I didn't tell you the rest of the story, which is that one of the things that happened there – maybe I did tell you this part – because it was presumed to be partly inflammatory, they gave this guy massive doses of cortisone, which he took I think for two or three weeks or somewhere in that neighborhood, with no change in his symptoms, so he stopped and he came to me. What he said was the cortisone didn't work. I guess if he still had the symptoms the cortisone didn't work.

What I also didn't tell you is when he refused to have his neck adjusted, I offered homeopathy, and he wasn't satisfied with that because one of the members of his father's family was a well known homeopath in New Delhi, and they wanted to check with him first. I felt like how come you are talking to me you want to talk to him. Is there anything else? Well, I said, if we proceed on the presumption that this is partly inflammatory, yes, there are some things I can suggest, and I suggested some sort of shotgun kind of remedies based on inflammatory possibility, I suggested some of the things we can use biochemically for inflammation. Some of the body's own chemicals – bioflavonoids that we find in citrus fruits and in some of the corticolytic (?) enzymes – bromelain and citrus bioflavonoids.

There are a couple of companies that make them in a single product, single capsule, for the purpose of having an anti-inflammatory symptomatic control kind of thing. I also offered, sort of off the cuff, that he might use one of many different products that contain different combinations of botanicals and some vitamins and minerals that might help to augment or stimulate the immune system – some of the ones that are known to you, like Echinacea and golden seal and some others, some zinc and betacarotene. There are a million products like that around now as well. I suggested a dosage to him and I sent him on his way.

We did a couple of tests for mineral deficiencies and food allergies and a few other things, and because he was going to be – this was during the summer – and because he was going to be out of town in upstate New York with his family, we arranged for a follow up consultation by phone. So two or three weeks later he called me to report what's going on and the first thing he said was, do you want me to keep taking A and B because they didn't work, and I want to know if I should keep taking them. Well, if they didn't work, I don't see any reason for you to keep taking them, but what's going on? What are your symptoms? Well, I don't have any symptoms. I said what do you mean you don't have any symptoms?



Well, he said it went away. What do you mean it went away? He said the numbness and stinging in my hand is completely gone, and I had a follow up MRI this last week before I came up to New York, and those periventricular (?) lesions in my brain are gone, so my question is, do you want me to keep taking this stuff because I don't think it's working? Well, I said I can't foresee that it worked or it didn't work, but I'll bet if those lesions had disappeared when you took the cortisone, that would have been taken as a successful therapeutic regimen. There are a lot of lessons in that, but the one I want to get to here is the one about cause and effect.

The guys been taking that stuff for three weeks and during that time he has a spontaneous remission. Are they separate events? Are they related only coincidentally? Did I help him with his spontaneous remission? What happened here? The answer is I don't know, but it makes you wonder about cause and effect.

Then there's a question actually that somebody brought up during this break, which I have listed here as #5 at least on mine about much of what is done in science is looking at isolating single causes, and particularly in medical science looking at single causes of disease. The magic bullet, so to speak. This has grown out of the experience mostly with infectious disease. You know, single microbes, single disease, which is a whole other thing. I hope we have time to get into that. That's a whole other thing. Single germs, single disease; kill the germ, the disease is gone. So there's this thinking about what's the cause of cancer, what's the cause of muscular dystrophy, what's the cause of blah, blah, blah.

Speaking of which parenthetically, this morning we talked about zinc deficiency, and tri...21, and selenium deficiency and cardiomyopathy and those sorts of things. I would submit to you that there's not a single one to one relationship there. That there are probably other nutrients involved, and the number of possible ways in which a body is affected by a number of deficiencies and combinations is probably endless. If any of you have had statistics, you know about permutations and combination. I don't know there are about 40 minerals or something that are known to have a nutritional effect. The number of possible permutations on deficiencies in excess of the 40 minerals is probably infinite. So I don't think it's just a selenium deficiency that cause that cardiomyopathy.

Maybe it's a selenium deficiency with chromium and something else, and maybe if you could just adjust it just a little bit the other way you get a different kind of symptom.

But anyway, there's this idea that there's one cause and there's one effect. There's one cause to each disease. Well, how far apart does that thing have to be? Mark, what were we talking about a little bit? I kind of lost it; we were talking about acupuncture or something? Boy, am I spaced out. Okay, well take the example that I have here, then, with LU9 This is an acupuncture point – one 9 is a point that can often be needled successfully with somebody who has a fever and will bring the fever down. Now for 5000 years the Chinese have known that if you put a needle in there, you can help break somebody's fever. Now is that cause and effect? You talk to a medical doctor about that, and they'll say it's not proven.

What do you need beside 20,000 – 20,000,000 examples of doing that? When I came home from Korea, courtesy of the U.S. Army, I remember talking to a next door neighbor, who by that time was an orthopedic surgeon. He was very interested in my year in Korea, and one of the things we started talking about was acupuncture, and he right away told me how this was voodoo because it was unproven. It was unscientific. Now this was in 1972, and



I said, hey Jack, did you ever use aspirin in your practice? He said, yep. And I said how does it work? He said I don't know. Do you see the parallel? He didn't see the parallel at all.

He was using it because it worked, but he couldn't tell me how it worked, but it was okay because it was from this scientific paradigm somehow. Now let's say we've learned a little bit about the physiological events that occur when we do acupuncture.

Let's say for the sake of discussion, let's do what I did here in the notes – when you puncture one 9 you have some kind of a reaction that releases endorphins, and the endorphins do something else and then they do something else and then we see that the fever can come down. Now we see the events that have occurred between inserting the needle and the desired outcome. Now that's okay. See, now we understand. As we say in Western medicine – now we can explain it. See, that's what's happening.

Now that we can explain acupuncture – all these different (nosegate ?) theories and all of this other stuff, now that we can explain it, well now it's acceptable. 20 years ago after Nixon came back from Red China - it was called Red China for those of you don't remember, or are too young to know it – this was all voodoo and magic and unscientific, and somebody probably know that the medical profession wants to practice it by themselves and nobody else is qualified. How much information – how many steps do you have to have between A and Z? Can you just go from A to Z and be okay with that or do you have to fill in all the blanks before you can say that there's a cause and effect?

And now of course there's a problem with extrapolation – up and down within levels of the universe. If something happens in mice and rats, can you transfer that to man? The example I used this morning about foxes and ducks with tri.21 – does that apply to man? I don't know. Does it go the other way? I don't know. Probably not in some cases, and probably so in some other cases, and yet there are many, many animal studies like we talked about this morning that are dismissed out of hand because oh, those are monkeys – not that this is interesting information. Let's see if it's applicable over here and here. And on the other hand you turn right around, most of what we know about treating cancer comes from mice. So there's a hypocrisy there about that kind of an interrelationship.

And then finally, there's this thing in vivo versus in vitro. These are nifty little Latin words that mean in life and in glass – which means in the body versus in the test tube. What that first thing refers to is – I was on a outing with a bunch of friends – I must have been in my early twenties maybe, and we were staying in this log cabin at the foot of a fairly steep mountainside in Pennsylvania. Since that time I've come to the West and I can tell you that there's no steep mountain climbing in Pennsylvania – but in those days.

We had been planning a hike to the top of the mountain; it was in the middle of winter; it was Christmas vacation, there were short days, and this was going to be a long trek up and down this thing, so we were preparing to set out – get up in the dark – preparing to set out on this hike, freezing weather, a little bit of blizzard, quite cold, and one of the guys is in the kitchen drinking beer. I said you've got to be nuts. You're going to kill yourself with alcohol. You're going to go and do this thing. You're going to die from hypothermia, and he looked at me and said, my God, you put alcohol in the radiator of your car to stop it from freezing. I don't want my blood to freeze.



He was assuming that what happens in the radiator of the car is going to happen in his own body. And what's interesting is that those things are not always transferable. I couldn't believe anybody would be that dumb – that there not transferable, and yet we do stuff like that all the time. We're told that if something happens in the test tube or in the petrie dish, it's probably going to happen in the human body, and it doesn't always work that way. One of my favorite botanical extracts is calendula. Calendula is part of the marigold family. It has potent anti microbial properties. It is as good as most antibiotics in the body. You put it in a petrie dish with bacteria, it doesn't do anything. It doesn't kill bacteria in a petrie dish.

If you have an infected wound; you put it on the infected wound, it kills bacteria. How does that work? I don't know. Maybe it stimulates some other defense. Maybe it's not directly toxic. So, somebody who comes from the rational school who says you've got to be able to prove this outside the body in order to know this for sure, and you put calendula in a petrie dish with a streptococcus or the staphylococcus bacteria is sure to tell me that it doesn't work, at which point I'm going to have to volunteer to get infected and he's going to have to do it and we're going to have to see if it works in vivo. Then it's two different things.

Then we have the problem of physical restraints in science. You know what we know about our universe is limited by the instruments that we use to measure it in the first place. There have been a lot of discussions and questions that say you know – 3 or 4 people have asked me how do we explain the mechanism of action of homeopathy. We don't. What we do is we invoke certain models which seem to explain what we see happening. We know that when you give this stuff that produces the symptoms that the patient has, there's a reaction against it. What's happening? Hahnemann would say and Kent would say there's a simple substance – a vital force that has been stimulated or aroused and is acting against the disease. Well, what does that mean?

Now, in the 20th century, with more sophisticated equipment with more sophisticated devices for measuring things, we come to find there might be some kind of electromagnetic vibratory thing going on here. We know that when people are ill, there is a change in their vibratory rate. Everything has a vibration. Everything has an electromagnetic envelope – body – and that this changes when we're ill. We also know that if you take a homeopathic remedy and you send them – I don't know I've got a thousand remedies in my office – and I send them all over to the poison control center and have them analyzed that everyone of them is going to be alcohol and water. There's nothing in there.

Those of you who don't know about homeopathy, these doses, these medicines are so dilute that there's none of the original substance – none of the crude substance left in the remedy. Statistically they're so dilute that you couldn't possibly expect to find a molecule of the original substance in this stuff, and yet if you look at those individually under nuclear magnetic resonance, you find that everyone is different from everyone else. That they all have a specific fingerprint. When you look at it on the vibratory level, in other words, you can tell one from the other and all from each other. Now what does that mean? I don't know, but homeopaths are now finally talking about some kind of vibratory electromagnetic harmonic kind of thing here.

Vibrations; disharmony, vibrations from the remedy; harmonic canceling and amplifying each other and so on and so forth – a little bit of music and light and everything else. They are saying the same thing. They're still theorizing, but they have more information with which to do that because the resolution that we have, the ability to see different things than we could see 200 years ago is before us. Our equipment so to speak is more sophisticated. And someone says to me, well maybe that's it; maybe that's the mechanism of action. Maybe it's



vibratory; maybe it's electromagnetic. Well, maybe. But then we ask the question from this morning. What's past the electromagnetic envelope? What's the next step? Why is that there? What is the vital force or the substance or the consciousness that drives the electromagnetic thing?

The point here is that as our resolution changes, as our instrumentation changes, we see new things, but in terms of the science of the dominant school and the limitations there at any given time, we are limited by the information that we have, which is in turn limited by the way we ask the questions and the instruments we use to bring to that. And then of course you've all had Physics 101, right? Where you talk about the Heisenberg uncertainty principle which basically says that when you look at something you disturb it. And if you're going to disturb it, how do you know what it acts like when it's not disturbed?

And then we have some of these other influences there that I guess I call socio cultural. One of them is that your philosophy or your paradigm influences the way you look at things. I mentioned that article this morning from Science News about psychiatric illness. The paradigm there says that there's psychiatric illness and there's medical illness, and sometime psychiatric illness occurs when medical illness occurred. There's no admission that these things are the same thing. There's psychiatric and there's medical and Wow! Sometime the psychiatric we get medical – not two sides of the same point. So there's a lang (?) there that doesn't allow that connection to happen. And then I have this think about the dominant philosophy or paradigm influences the direction of research. Look at cancer research. My God.

I have a friend who's quite well informed on the war on cancer and all the statistical information that we have about this including a great deal of what's happening in alternative cancer treatment. And he likes to refer to this, what we're doing – he says the war on cancer has turned into the cancer Viet Nam. That we are bogged down in this thing – that we are throwing more money at it, and we're losing more people faster than ever before. We are spending – I don't know what it is in terms of overall percentages and so on, but we're probably spending more on cancer than we're spending on anything else within that healthcare dollar. You know the joke in research is that if you relate it to cancer, you're going to get funded. Right?

Those of you who've done research, do you know this, you relate it to cancer and somehow it's going to get funded because there's money there for cancer. Well, how dumb can we be? What are we missing here? We're looking for – I would say what we're missing is we're looking for the single cause and as long as we're looking for the single cause, we're never going to find it. And there's a way that the paradigm is getting in the way of truly evaluating the science that might be helpful. This business about sufficient detail – I already raised that question.

And then the one about myths and superstitions. You know I used that example the other day about cutting off the end of the ham. The other day – I've only been here 24 hours, right? Cutting off the end of the ham. Everybody knows, everybody knows that the best way for a wound to heal is to keep it clean and dry. You all know that. Who told you that – your mom, the nurse, the doctor and where do you think they got that – and where's the evidence? Do you know that when you really check it out, that's not true. Wounds heal faster if they're wet. If they're clean and wet. It seems like common sense. Every cell in your body is bathed in a liquid.

It's constantly being supplied through lymphatic tissue and capillaries with the nutrients that it needs to grow, so how come when we're trying to heal something we want to dry it out? There's the surgical dressing, I think it's called Opsite(?). Anybody know about Opsite? It's like- I don't know what to call it - this cellophane that you



cover the wound with. The whole idea is that it allows an exchange of air – it's very minutely porous – it allows an exchange of air but not an exchange of fluid, so it keeps the wound wet, but it allows oxygen to be exchanged. Wounds heal faster when they're wet. If you don't believe me, go cut two fingers and do an experiment. Put a Band-Aid on one of them and on the pad of the Band-Aid keep it wet.

I would tell you if you were a patient, keep it wet with calendula. I mentioned calendula before; it's something we call calendula succus As opposed to calendula tincture. Calendula tincture is an alcoholic extract and the alcohol will kill the cells. They don't like alcohol a whole lot. But the water extract – the aqueous extract is what's known as a succus. You put a couple of drops of calendula succus on a bandage over a wound, it will prevent it from being infected and it will speed up the healing. You'll cut healing time in half. I'm using this as an example of a myth. Something that's gotten handed down in our scientific medicine that no one ever said, well, wait a minute, where did that come from?

And then it occurs to me that if that's true, then how many others are there? And the same is true for us. You know we in empirical side in naturopathic medicine we're not immune to any of this, and I don't mean to present that we are or suggest that we are. These are things maybe to watch out for.

One of my classmates was a nurse. That's what this next thing is about here. She said that on every medical oxygen tank it says something about caution about using it around petroleum products because it's flammatory. Do not use medical oxygen around flammatory – what am I trying to say – do not use it around petroleum products because it's potentially flammable. So she tells a story of working on the heart or the cardiac floor with patients who have nasal canaliculi (?) – drying out their nasal passages and she wants to put some Vaseline in their nose in order to soothe the membranes of their nose and she's told she can't do that because it's a petroleum product. Like what, their nose is going to blow up or something?

LAUGHTER And she tells that – this was in the 70's now that the deal was that you don't put Vaseline in the nose of a patient whose breathing oxygen because it's flammable. Was there one case with somebody's nose catching on fire?

So, and the other thing is that there's this presumption – two more points here – there's this presumption somehow that medicine is up to date. We've got it all together and we've got it all figured out, and the classic example – this whole thing about paradigm shift that we talked about – some day when I win the lottery I want to go to medical school just to really find out what's going on there. My feeling is that some of these guys – I'm going to talk about Semelvis (?) here in a minute and Pasteur and some of these other folks – you know they got pounded into the ground.

They lost their fortunes and their honor, and their lives because the medical profession decided they were off their tree, and I'm sure today you sit in on lectures about microbiology and hygiene and surgery, and these guys are part of us. Semelvis has taught us this and taught us that you know like no apologies to him and his family thank you. Ignatz Semelvis was a guy who – do you know this story? You should read this book if you don't know the story. It is a moving tragedy about medical arrogance. Ignatz Semelvis – I don't even remember when this was – it was only a century and a half or so ago, maybe two. What are we looking at here – mid 17 or 18 hundreds or so – anybody know for sure? STUDENT End of the 1700's.



JSS End of the 1700's we have here, so we're only talking a few hundred years. This guy was concerned with puperal fever. Pupal fever is childbirth fever. It is infection of the womb; infection of the uterus – in those days it was infection of the womb after childbirth. Major cause of death in women of childbearing years. The baby's born; the mother gets an infection; she dies. Don't forget there were no antibiotics then, and there was no information about bacteria. No idea about contagion. So this hospital where Semelvis worked he started to look at it scientific, so to speak, and watch what was going on. He noticed an interesting phenomenon which was the women who were assisted by midwives didn't have a problem, or didn't have an much of a problem with puperal abscess.

And after watching that for a while what he realized was that the midwives used this ritual where guess what? They washed their hands between patients, but not the guys. I don't mean to be sexist about this, but in those days "higher learning" was reserved for the guys. They took this thing over. Not them. They're too good to wash their hands, and of course there was no thought of contagion or microbes or infection or that sort of thing. They would literally, as I understand it, go from pathology labs and operating theaters and anatomy labs back and forth. And washing hands had nothing to do with nothing, right? So here you are cutting up a body, probably without refrigeration, right, without preservatives, you're cutting up this body in the lab and you go next door and you deliver somebody who's in labor.

He thought, wouldn't that be neat if we just washed our hands, and he did that, and he saw a reduction in puperal abscesses, and he tried for the rest of his life to convince his fellow physicians that they ought to try this. He ended up in an insane asylum, and his son took up the banner and tried as well and also ended up in an insane asylum, because of the way they were treated by their fellows. And now Semelvis is one of our heroes. And if you think it only happened in the 17th century, you're wrong. STUDENT; 1846.

JSS: 1846. We're talking 150 years ago, and if you think that's a thing of the past, you're wrong. There's only one man on the planet who ever won two nobel prizes – Linus Pauling. Now I don't know Linus Pauling, and I've never talked to him, but he must know something that I don't know if he came to the attention of the nobel prize committee twice. The only man on earth to have that distinction, and they guy starts talking about Vitamin C and the immune system and he's drummed out of research. He said (short silence on tape)and the interests that I'm stirring in you these days, you will be involved in research..

There is a fundamental question that is going around in the profession right now about research, which is do we need to research the same way the other guys do research? Are you trying to prove what you do in the language of the other paradigm, and if so, who are you trying to prove it to, and furthermore what possible use does that serve, if you're over here in this other paradigm?

END OF SIDE A TAPE 7



BEGINNING IF TAPE 7 SIDE B

Do we really care about some of the mechanisms of action of certain things or do we care more about what the outcome is? The point here might be that the sort of model that is used in medicine that they call science – in clinical medicine it's a double blind crossover study. Does everybody know what that is? Anyone who doesn't know double blind crossover. Okay, double blind crossover means that your giving something – what happens is that you're giving something to patients to see what happens. Double blind suggests that neither the patient knows what the substance is nor the person who is administering it knows what it is.

So there's no – see these guys don't believe in placebo, but when they do double blind crossover, they take it out of the equation, so there's no possibility of suggestion on the part of the supplier of the medicine – neither the person giving the medicine nor the person taking the stuff knows what it is. And they take this stuff for a while. Some of them take medication apparently, and some of them take something that's not a medication – a placebo so to speak, and you see what happens. And then to just make sure you're right you cross that over. You change the medication and you see what happens in there. That's one of the ways in which clinical information is gathered.

If you're using a single substance to control a single symptom that can be measured, that might be great, but when you're talking about what we're talking about here, how do you do that? How do you do double blind crossover studies here? Is that way of using science even applicable to what we do? Maybe. Maybe not. It is rare that you're going to use a single anything. And even when you do, you're going to use it under different circumstances. Let's take a homeopathic remedy - pick a remedy – sepia. You're going to use sepia possibly repeatedly and possibly by itself, but you're not going to use it for people who have the same symptom. You're not always going to use it for dismenorrhea; you're not always going to use it for migraine headache.

You're going to use it for people who happen to fit into that particular sepia picture. So, of what possible use is the double blind crossover when you're looking at this kind of thing. Another way in which it was limited by the model, and if science means you have to buy a model and you have to prove things by a double blind crossover, then that's not science. As I said earlier, that's buying into – playing into the paradigm. So, questions about any of that? STUDENT INAUDIBLE (Psychiatry- baseline?)

JSS: I'm not familiar with that. STUDENT SPOKE AT LENGTH

JSS: I'm not very much involved in research at all, and it sounds like – and what I hear from that is there's got to be other models of research that can be appropriate to what we do. One of the things that I guess is the cocktail party conversation model in research now is what they call outcome studies. Which is exactly what we're talking about. An outcome study says we don't care what you do, how you do it, when you do it, what you use, let's just take a whole bunch of people with otitis media (?) and after you treat them for a while, what's the outcome?

We're going to give you a whole bunch of folks who have migraine headache, or whatever criteria we decide at, and we're going to let you do your thing here, whatever that is, for a year, and then we're going to see who has migraine headache again. You see. And that allows you to do this, because if you're measuring certain symptoms and you want to see if they disappear, you get to do your voodoo and your magic for all that time with all these



different things, and hopefully the patient comes out the other end having been improved. So, one of the things like I say that is going around is outcome studies. STUDENT

JSS: The thing I don't understand – I'm going to get onto a couple of more things here in a second – the thing I don't understand is it comes down to how dumb can we be? How many of you – all of you, probably, including myself – you go to school all of these years and you're told how people ridiculed Copernicus and how they laughed at Galileo, and like people were so ignorant then. And now we know differently and we wouldn't do that today. We're open minded and we look at things, and it's a real shock for me that it hasn't changed at all. Although I've got to tell you, times are changing.

When I testify in the legislature, invariably people follow me out in the hallway and say things – my father has diabetes, is there anything you can do? There are people who have testified against me in the legislature; there are medical doctors who testify against me, and then walk out into the hallway and ask me for clinical information. Can you imagine?

I've got to tell you this story - in New Hampshire – this was one time when I was supposed to be the lead witness or testifier, and the representative or senator who sponsored the bill guaranteed me that she would talk to the chairman of the committee to have me go first, because I was sort of going to make the case. And when the chairman figured out who I was, he kind of tortured me by making me wait. He knew that he was making me wait. This was the longest public hearing I had ever been at.

It went on for something like 3 hours, and I had to pee so badly my teeth were floating, but I couldn't leave the room, because I kept thinking that as soon as I walk out the door I just know he's going to call my name. Finally I got to testify and I had to leave the room right away. I left the room and I went to the men's room, which was half way to Timbuktu, and I come out of the men's room and three of the representatives who were on this committee were standing there. All of them had a personal question about healthcare. One of them said to me – after I answered the question – I'd really like to see you as a doctor.

Do I need to – I had given her my card in the meantime – this is New Hampshire now – do I need to come all the way to New Haven to see you? I said, well, I think so. And then she said, well what do you mean? I said, well, I can't practice in New Hampshire. I can't give you advice in New Hampshire. She said, you can't, why? I said I'm not licensed here, and it's illegal for me to practice here. Oh, well what do you think we ought to do about that? I said, well you could go back in there and vote for this bill. She said, that's a great idea. LAUGHTER So not all public figures are awake. Okay, it must be a time for a break.

It's still in a committee which hopefully....Well, it is like Physics 101. What you do is you get a bill passed in one house and then you go and do the same thing all over again in the other house at each of the bicameral legislatures, which is the case in the 49 states, except Nebraska which has the only unicameral legislature in the country, but in all other cases you go through both houses just like they do in Washington D.C. and then if the bills agree exactly what they fetter down to, every piece of punctuation, comma and word is exactly the same legislation, you pass the bill.

If not, you go back to zero, and you work out a compromise from which you come out with the finished product, and then it goes to the governor, and the governor has the choice of signing the bill or not signing the bill. So after that's all said and done, then the governor gets to make the final choice, which often can be



determined by whether the governor likes us, or went to school with one of us, or whatever. But the thing that's really challenging and interesting about this is, and I think some of us are going to do this better and better, is how do you in the space of two or three minutes make your case for a different paradigm in medicine to four or five hundred people who never heard of you before.

In New Hampshire there are 400 people in their House of Representatives with 201 votes, and that's after we successfully get through a committee. First what happens is the bill is introduced into a committee for a hearing. It doesn't go to the floor. You put it into a committee – the health committee in most cases. The health committee is made up of a whole bunch of people and guess who gets on the health committee – the people who are interested in health. And who are the people who are interested in health? They are often professionals in healthcare. Sometimes they are medical doctors and veterinarians and optometrists and so on who have their own agenda often. It's very rare that a medical doctor is going to sit on the transportation committee.

So first you get through the committee, and if the committee likes it, they are going to recommend that the bill be passed, and they send it to the floor with a recommendation. Then everybody on the floor gets to vote for this thing. And if that works, in most states, then it goes back to another committee, which is usually something like a rules committee or administrative committee which sees whether we think this is necessary within the bureaucracy of our state. Shall we plug this into the medical board? Shall we put it into the department of health? Shall we have a free standing board? Or shall we really do this at all?

Then if they like it, and it passes them, and there's a recommendation that they can live with, it goes back to the floor again and the floor votes again, and if it passes then it goes back to the senate and do the same thing. Meanwhile you have to start buttering up the governor, because if it passes the house and the governor doesn't like it, the governor just vetoes the bill and then you're back to zero. So it's a very long process. It can take many, many years. The thing is a legislator doesn't want to vote. They like to maintain the status quo, because when you vote for something you piss somebody off, always. It doesn't matter whether it's Martin Luther King's birthday or if it's requiring seat belts. You need to think – seat belts, big deal.

You know the Vermont legislature killed itself over this issue. Not that they didn't think you ought to wear seat belts, but they didn't think the government of Vermont ought to tell you that you ought to wear seat belts. One guy got up and talked about the fact that we ought to put up a billboard that says only jackasses don't use seat belts. But it's not for us to require that people use seat belts. But anyway. So, the deal is, that you've got to convince a whole bunch of people who know nothing about you that you're okay, and that's how we get laws passed. And it's an interesting process. And what I've learned is that the only way you can do that is to make them uncomfortable about where they are.

You see they won't take that stuff because they don't want to upset their constituency unless it's too uncomfortable to sit still and to not move, and that's a whole discussion in itself. And that's where we are in New Hampshire. We'll be starting in Colorado this year, as well, and possibly Ohio in the legislature.

Oh, and get this? We're talking about passing laws in states that have 5 or 6 doctors. We had a bill in the legislature in Nebraska for two years running. There was one doctor in the state. It failed by one vote in the health committee. We're talking about budgets of \$10,000 – six practitioners, versus unlimited funding in the opposition, and we're still winning some of these battles. So guess what? The winds of change are at our backs



here. And I think I said this earlier in the week or whatever, by the time you get out of school my guess is that there will be handful of other states, and I think there's a point here where it's going to start to be a domino effect.

Right now New Hampshire – they don't want to go out on a limb and be the only state in New England that licenses naturopaths. I keep reminding them that Connecticut's been doing that since 1923 – oh, well, we don't want to be the only one in the modern era to go out on a limb. But once New Hampshire goes, Vermont – there's just like rivalry between New Hampshire and Vermont – then Vermont's going to go, and yes, maybe we ought to do this, and then Rhode Island's not going to want to be left out, so the whole thing goes – it goes like that. Oregon was the first with the bottle bill. Then everybody started having the bottle bill because...

Back to science. I'm going to skip #1 about germ theory here. I'm going to come back to it because it is a can of worms. Forget the pun. Some of this stuff is self explanatory. I'm going to run through it real fast, because what you're going to do after you hear it is when anybody gives you any statistics including the people who are teaching you here – boy are they going to have fun with you – tear them apart. Ask them where they got their information. Okay? When I was at National College and I was a Dean there, we interviewed a woman to teach pathology. She was from Albert Einstein. What you do when you interview a teacher – what the other faculty do when they interview a potential teacher, they have them teach something.

Her specialty was looking at pre-malignant changes in the cell. She lost all of her notes on the way on the plane. She had to do it all from memory. Intriguing lecture. The class was transfixed for it must have been two hours. They kept asking questions and asking questions and asking questions, and finally I interrupted to take her to lunch. I remember walking out of the building and saying to her, well, what do you think? And she said, Oh, God, they really asked a lot of questions. And I said, naively, well come on, you've been teaching medical school for 13 years, don't medical students ask questions? And her answer floored me. It was no. Their job is not to ask questions. Their job is to learn what I say and to regurgitate it on a test.

She couldn't believe how many questions she got. So some of the questions you might ask this one here about #2. You know 98% more or less of people with lung cancer are smokers. 98% more or less of people who get lung cancer are smokers. Now you've all been led to believe that smoking causes lung cancer. That's not what that statistic says. It says that 98% of the people who will develop lung cancer are smokers. Ask the question the other way. How many people who smoke get lung cancer? It's actually pretty low. I don't know what it is. I don't know if these numbers are right, and this may be an exaggeration, but you see, they're not the same thing. Let's be generous. Let's say that 50% of the people who smoke get lung cancer. I think that's very high.

I don't think that's probably true at all, but let's say that 50% of the people who smoke get lung cancer. Where does this thing come from that smoking causes lung cancer? What this says to me that 98% of the people who have lung cancer are smokers. My interpretation of that information is: if you're going to get cancer, and you smoke, it's probably going to be in your lung. But smoking doesn't guarantee that they're going to get lung cancer. Are you with me on that? We have to watch out for it; the other guys have to watch out for it.

Cholesterol and heart disease – now there's an interesting one. Is there any proof – does anybody in this room know of any proof that cholesterol causes coronary – causes – I don't mean associated with – is found with – is known to be a culprit in – does anybody in this room know that high cholesterol causes heart disease? I don't



think you could prove that to most naturopaths. I don't think that most of us see that. Does somebody know that that's the case? High cholesterol and coronary heart disease go hand in hand and they occur together, and certainly cholesterol is the positive in the endothelial lining of the cell – excuse me of the arteries, particularly the coronary arteries. But is it the high cholesterol that's causing the problem? Cholesterol lowering drugs don't necessarily improve heart disease.

You probably know that. The statistics are not very good. As a matter of fact there's a good example of a single symptom, too. When you lower cholesterol artificially with some of the cholesterol lowering drugs, you may have a slight reduction in the amount of heart disease in that sample, but you also have an increased risk of other diseases. I don't know if you know that. Suppression is suicide. Cholesterol is one of the fastest – you know we need cholesterol. We make cholesterol. You make more cholesterol in your liver, you know, you make cholesterol in your liver every day, because you need it. It's not good or bad. It's just when it gets out of bounds there's a problem there.

You know I think a naturopath would tell you that the same biochemical lesions, or the same biochemical changes that lead to the coronary artery disease also lead to high cholesterol. These are two symptoms of the same problem. And you see we're so dumb that we get this information out into the public and everybody assumes that this is a cause and effect relationship. Nobody asks where this came from. Nobody asks for proof, and you have a whole lot of people trying real hard to get their cholesterol down, and in many cases to their detriment. Besides which, it is extremely difficult to lower your cholesterol by taking it out of your diet. It can be done.

But there have been experiments where they take volunteers and they feed them two dozen eggs a week for months at a time to see if they can get their cholesterol up. They can't do it. Other experiments where they take people off cholesterol, there are insignificant changes. Now if you keep it up for a long period of time and you go on a low fat diet, and so on, it will start to creep down. But then you're on a low fat diet. You know you need fats. There are essential fats. Judy acknowledged this when we were talking about animals. And animals get essential oils in their diet. Everybody knows there are essential oils; everybody except the people in human nutrition and human medicine. So, anyway, there's a question here about cholesterol?

STUDENT INAUDIBLE (something about fats – eating ice cream – would be better off not cutting out fats in food and not worrying about cholesterol and fat (?)).

JSS: The reason I brought this up is to look at that cause and effect relationship and when you see things that occur together like that, ask to go back that next step. What's causing them to be elevated? Are they both manifestations of the same thing? Are they cause and effect. This is a slightly different approach and it has to do with clinical medicine, and I'll jump off on that one for a second.

That's absolutely right. You can have a more profound effect on lowering somebody's cholesterol by getting them off the sugar and sweets, and I mean overnight. And I mean in two or three days or a week, not six months, and you can do the opposite – you can get their cholesterol to go through the roof again by getting them back on sugar. The proposed mechanism is that sucrose in the small intestine disrupts the morphology of the cholesterol receptors. You see you make cholesterol in your liver in a negative feedback system. What that means is – that's



like a toilet tank. You flush the tank; it fills up with water and shuts itself off. When your cholesterol goes up to a certain level, it shuts itself off. The liver stops when the tank is full.

But, if that little float in the tank is broken, it keeps on running, and it overflows. Well, the little float in the tank, in this case, are the receptors in the intestinal track that tell your brain or your liver that there's enough cholesterol. Turn off the production line. Sugar disrupts that receptor in some way, so the theory goes, and so the body can't tell it has enough cholesterol and it keeps making it. You make more cholesterol in your liver in a day than you could possibly eat, unless you eat at a truck stop three times a day. But you know there's enough consciousness in our society about heart disease it would seem that that wouldn't be so much of a problem. But it's not cholesterol and heart disease; it's sugar, cholesterol and heart disease.

But we're getting a little a field here.

Let's see this one here about research exploited – that should be extrapolated, I think to human conditions. There is this stuff around in the 60's – there was this product on the market. It came in a green squeeze bottle. Every teenager in American had it; used it for acne. Anybody remember? Phisohex. Hexachlorophene, is that what it was? Hexachlorophene was taken off the market because it caused cancer. The experiments that demonstrated that it caused cancer involved injection hexachlorophene into the brains of rats. I kept telling my mom: I don't understand it I don't understand it. I just want to use it for acne. I'm not going to put it in my brain. Here you are a teenager with zits all over your face and they're talking about injecting it into rat's brains and now you can't use it?

What does that have to do with anything and yet that kind of thing is done a lot.

This other one that I mentioned here that if you tube feed, force feed pregnant rats caffeine, it can cause birth defects. Great! So what! Does this mean that it causes birth defects? What if it means that if you tube feed rats, it causes birth defects. Does that mean that the amount of caffeine that you get in a cup of tea is going to be a problem? I don't know. And there's this other one here. You remove a pancreas from a bunch of dogs, and what happens? They get hypoglycemia and they develop diabetes. Well, of course. What do you expect? Can you believe that they're still doing this kind of stuff? I don't know if any of you know about vivisection.

I don't know if it's going to be an issue here; it's been an issue in all of the other schools – naturopathic schools. Some of the stuff they deal with is unbelievable, but anyway. So you take out the pancreas and you get diabetes. Does that mean that removing a pancreas from a dog causes diabetes? Yes, probably. Does that mean that all diabetes is caused by a non-functioning pancreas or the opposite of pancreas. I don't think so. I mean we talked about some of that before. Maybe it's just because the pancreas isn't making enough insulin or maybe it's because the insulin that is being made is not working efficiently.

And then I have this note here about editorializing, and the most extreme example is the one I relate to there. This is a periodical in the 1980 JAMA – Death Related to Coffee Enemas. Did anyone ever see this? It's the only piece of – it's the only thing in the medical literature that speaks to harm by naturopathic medicine, and the reason I know about it is, because it keeps coming up when I go to testify. Somebody does a literature search for naturopathy and death or naturopathy and potential danger and they come up with this stupid article and they wave it all around. What this is about is – some of you might know that coffee enemas have a legitimate place in natural therapeutics and particularly in chronic diseases and especially cancer.



The idea is that by doing frequent enemas you help the body to eliminate this waste including the morbid and breakdown products from the disease and the healing process more quickly. I was talking to somebody earlier who asked me about homeopathy and the side effects. You know with this model we say homeopathy doesn't cause any side effects. It will not produce anything that wasn't there before. So, is there a danger to homeopathy? Yes, because you can get well too fast. A cure can kill you. You can get well too fast – so fast that your body can't handle the elimination. Right? I have a patient with metastasis breast disease and bile in the liver. We get here on the treatment plan. Four or five weeks into the treatment plan she's having excruciating pain in her liver.

We do some abdominal ultra sound, and we find out is that all these metastases are breaking down. Her body is cleaning it up. It's all going away, but she's in pain, and she's vomiting and she has diarrhea so she can't handle it, so we slow down the treatment. We slow this down. We increase the enemas in order to increase the elimination and then when she gets better, we start to creep back up with a little more aggressive therapy there. So what does that have to do with coffee enemas?

It's been shown that coffee enemas help to detoxify the body because the caffeine taken rectally actually stimulates one of the – can't think of the enzyme chain – I'd know if I heard it – anyway there's a whole bunch of different enzyme cascades that are involved in detoxifying various things in the liver, and caffeine rectally, but not orally, caffeine rectally because it's not denatured in the stomach, stimulates the sita chrome P4 fifty ystem (?) – that's what I'm looking for. The sita chrome P4 fifty is stimulated by caffeine when it's taken rectally. So actually there is some rational medical use for coffee enemas. And some of the cancer clinics in Mexico and other people who do work with cancer, especially, are interested in this sort of radical detoxification, because it's necessary.

Well, lo and behold within a space of about 6 months – two different patients - one in Denver, Colorado and one in Seattle, Washington died after doing coffee enemas. In the one case in King County Seattle area, the patient was doing coffee enemas every 15 minutes for a period of several days under her physician's instructions. She died of electrolyte imbalance. The same thing happened with the patient in Denver. Frequent repeated enemas. I mean anyone in their right mind would know you don't do that. Somebody has diarrhea for more than a day or two you have to look for an electrolyte imbalance in dehydration, and here these people under their care giver are having these frequent enemas and they die of electrolyte imbalance.

This article if you pull it out of JAMA and go through the pathology report and the changes in the electrolytes and the vitreous fluid and the blood and so on and so forth, there's no doubt that this is the cause of death. The article ends by summarizing and saying that as naturopathic medicine continues to increase in popularity, we should expect an increase in morbidity and mortality in the population. This is a scientific article supposedly in a medical journal. It's supposed to be peer reviewed. It's supposed to be juried. As naturopathic medicine increases in popularity we should expect an increase in morbidity and mortality. There's a missing piece. What they didn't tell us in this article that both of the doctors involved were medical doctors.

So now when that's used in the legislature, I say that this is a very good example of why a medical doctor should not be practicing naturopathy because they're not trained to do it, and they kill people when they do it. So, I haven't seen it for the last 5 years or so.

So, what is science? STUDENT Tryptophan.



JSS: Tryptophan. That's another good example, yes. She's referring to the fact that all Tryptophan was taken off the market. It's an amino acid. If you drink milk or you eat turkey, you've just had it today. It's used in baby formulas; in fact it's required in baby formulas, and it's used in all IV feedings in the hospitals, because it's an essential amino acid. You can't make it; you've got to have it in your diet. But it's a dangerous drug because a couple of years ago there was a problem with eosinophilia myalgia (?) syndrome. A bunch of people were getting this rare muscle disease with elevated eosinophils, (?) which are one of the classes of white blood cells. Quite a few people in the United States died and they traced it back to El Trytothan.

Not only that, they traced it back to El Trytothan that came from a single manufacturer in a single batch from Japan. And now it's off the market because Trytothan by the FDA is considered to be a dangerous drug, and yet it's required in those other things that I mentioned. And I know there are those among us – and I go in and out of this one myself – have a sort of conspiracy theory about what's going on in medicine in this country, and I don't know if you believe in conspiracies or not, but there's something rotten in Denmark when this kind of thing can happen. This would not happen to a drug. Look how many drugs have been tainted, and they're not off the market. Is there a bias in the FDA against natural products? Yes.

And do you know when it really started in earnest, in my opinion? This year in the January edition of the New England Journal of Medicine – January 28th – there was an article – you should know this if you don't know this – that 1/3 of American adults are now seeking primary care outside of the conventional system. Primary care was defined in medicine as internists, pediatricians and family practice. There were – an I don't know if I have this exactly right – but there were 400 and some odd million visits to non-conventional providers for primary care and only 378 million more or less visits to primary care medical physicians in a survey year, which I think was 1989.

What's more the visits to medical doctors were covered by insurance in most cases and in the other cases it was all out of pocket. The message for me is that the allopathic system is crumbling; people are running from it. They're seeking care elsewhere. They're ready to pay for it out of pocket, and the bureaucrats want to stop it. Instead of saying what does this mean about what we are doing. You know when medical doctors get up – or their lobbyists, I should say – get up in the legislature and pound on alternative medicine, one of the things I'm fond of saying is what I said yesterday about tires – you remember that whole thing there – people don't look for alternatives when what they have works.

My success in my practice is directional proportional to your failure to be able deliver on your goods. Because if you could do it, I wouldn't be here. So, how did I get on that one? El trytothan.

So, what is science? Well, let's go to Lindlahr for a second. Lindlahr if I can find it says – I don't know if you folks are supposed to do some kind of an evaluation of what's going on here, but I want you to know that – I guess you can tell this – I have a pretty busy life and my preparation for yesterday was done on the plane on the way here, and my preparation for today was done in my hotel room last night, so if it seems a little scattered, that's why. Lindlahr says about science, if I can find that quote. Now this is in the 1920's "Yet it cannot truthfully be said that a science of medicine really exists so it may perhaps be struggling to be born.

The basic idea of science surely is that we live in a universe which is governed by and proceeds according to law. It is recognized that if we can discover laws governing any particular object or phenomenon and devise



techniques for using those laws, we shall be able to use nature by first using to obey. If there is to be a true science of medicine, it must be for all else a science of health and it must recognize that health and disease like everything else are subject to laws and are not matters of chance beyond our control as is now so very generally believed.” Now that’s Lindlahr on science, and I talked a little bit yesterday about Thomas Kohn (?) the structure of scientific revolution. Remember this one? This is the guy who says that quantum leaps occur when paradigms shift.

He makes an interesting point in here about competing schools of view, and what he says is, “what differentiated” – this is throughout history now – “what differentiated these various schools was not the failure of one or other method. They were all scientific. But what we shall come to call their incommensurable ways of seeing the world and practicing science in it.” In other words – let me try that again – what differentiated these schools was not one or another failure of method. They were all scientific, but what we shall come to call the incommensurable ways of seeing the world and practicing science in it. In other words he is saying that what has differentiated schools of thought – the same thing that we’ve been saying all along – the very different ways in which they see things.

Now, that’s where I wanted to leave science, and I skipped over a whole big piece. And I think I would prefer to look at it quickly because you’re wondering about it. I was hoping to finish early today. I’m going to try to do what I can tomorrow – I promised to try to get some discussion in here, and I will do what I can to do that.

Germs, microbes, infectious disease. I could talk about that for a couple of days. I’m going to try to do it in ten minutes. If you read Lindlahr, you’ll see this whole discussion in here about the discovery of microbes. You see microbes – micro-organisms are a brand new thing. Go back to my 1868 dictionary and I want to look in here for microbes, there’s no such word. Bacteria – no such word. One hundred years ago no bacteria, no microbes, and viruses, and remember the viruses of damp and clammy moisture invoked to explain the theory of contagion. Actually when I was looking for microbe, I came across a couple of other interesting things – as an aside here. One of them is milk sickness. Get this. This is 1868.

They talk about this disease that is endemic in the Western states of Alabama, Indiana and Kentucky. LAUGHTER Right? And here’s this other one that I’ve never heard of before I’m looking for microbes, and I find this other one called midnight friend. Take a guess at that one, huh? LAUGHTER I’m like sitting on the can and looking for microbe and I see midnight friend. This is an acoustic apparatus consisting of a gouda kercha tube (?) expending from the doctor’s street door to the doctor’s bed by which a message can be transmitted to the awakened practitioner instead of merely ringing his bell. LAUGHTER Okay, so I guess doctors always had beepers of sorts. LAUGHTER Just an extension of technology.

I guess there are two things we need to say about bugs. Well, a bunch of things but there are two main points here. Having discovered here not too long ago with increasing technology and here we are in the second logical thing again, so there’s this thing about bugs and germs and microbes that’s been around for about a hundred years, not a whole lot more than that, so here we are with these bugs that are causing disease. And what’s going to happen next? As our technology improves and we can get into lower and lower levels of resolution in the cells, is there something before the bugs? Like the question I raised this morning – where does the rat get the bugs? And who gave it to him and so on and so forth. Where does that bubonic plague thing start?



And if causes bubonic plague in humans how come it doesn't cause bubonic plague in rats? If that's what it does to a living thing how come – what's going on there? That's what Lindlahr would talk about. Veerchow (?), who was a Russian microbiologist, first started seeing this stuff called bacteria and really did some work with it and the way the blood comes to the rescue with white blood cells and phagocytosis (?) – that means eating up the bacteria – well we assume it means eating up the bacteria. There are people who says that what's happening is when those white blood cells come, the bacteria goes after them.

In any case, Veerchow is supposed to have said near the end of his life, "if I had my life to live over again, I would devote it to demonstrating that bacteria are not the cause of disease, but they seek the morbid tissue in the same way that mosquitoes seek stagnant water." And that's a very powerful metaphor which simply says what it says here is that the reason you get bacteria in a sore throat is because the throat is sore. If I did a throat culture right now of everybody in this room, some of you would have streptococcus in your throat. It's a normalbacteria, so how come when you strep laryngitis, we say that the bug causes the problem.

And furthermore as a naturopath with 15 years in practice I can tell you that you can cure strep throat without touching the bacteria. You work with the person's immune system – voila! I used to say – how many of you Dr. Kale – Conrad Kale – he repeats this all the time. I'm embarrassed that I said this; I don't remember saying it but he attributes this to me so I'm going to give one of my quotes. When I taught his class, he said that I said – instead of using Veerchow, I was talking about maggots and garbage. You know the maggots are in the garbage because the garbage is there. The maggots didn't cause the garbage. That's a little disparaging, but I'll tell you anyway.

What I said in those days was, "the medical doctor is the guy who gets down on his hands and knees and picks out the maggots, and the naturopath is the guy who takes out the garbage."

END OF TAPE 7 SIDE B



BEGINNING OF TAPE 8 SIDE A

It's like algae growing on a pond. It's like mosquitoes in stagnant water. The same metaphors that we're using here. If you kill the algae on the pond, you have killed the algae on the pond, and you have rendered the pond less viable, because whatever you use to kill the algae is going to do something else to the ecosystem of the pond, so you have virtually guaranteed yourself that you will get more algae. But if your goal is to get rid of the algae temporarily, you have succeeded. If your goal on the other hand is to make sure the algae don't come back no more, then you've got to do something with the pond. Now I don't know enough about ponds to know what that is.

I don't know if you have to get more oxygen in there or more fish or less fish, or more frogs or more shade or whatever it is, change the PH, but you have to revivify that pond if you don't want the algae to grow there. Oh, I suppose you could drain the lake, but that's not going to help your patient much if you want to stretch the metaphor.

Now there's a whole other theory here that sort of goes in and out of those over on the fringe, but I don't quite know what to make out of this myself, and again I spent most of my professional life, as it must be obvious here, dealing with politics and organizing the profession, and I'm not the least bit interested in research, so it doesn't really turn me on, but it intrigues me on as a possibility that the bacteria that we find in disease tissue came perhaps from the tissue itself. There are theories that suggest that there are things which Lindlahr calls microzimes, which other people have called by other names, which suggest that there are some kind of living creatures – and is not far fetched, we believe in viruses, don't we?

The idea is that somehow there are some precursors, some lifeform precursor that normally lives in a cell which when damaged or diseased results in the growth of these microbes that come then to identify as the causes of disease. I don't know if that's true or not. I know that there's a Canadian researcher, Gaston Neesons, (?) who is doing a great deal of work in cancer along these lines, who insists there's these little critters by – does anybody know his work? What does he call them? Does he say microzimes? Does anybody know? Basically the same idea – that there are living creatures of some very low order of size or magnitude here that are expressing – or maybe we should say allow to proliferate when the cells are in trouble, when they're damaged, when they're diseased.

And his way of trying to deal with cancer is with something he's invented called Trotine X (?) which is supposed to kill these things off. And the anecdotal research on this is – the anecdotal information on this is that it's very effective. STUDENT INAUDIBLE

JSS: I have heard that as well. That maybe there aren't as many bacteria as we think there are. Maybe these are all manifestations or different generations of the same strains that appear differently under the microscope – appear differently in the petrie dish because the shape and the size and the characteristics of the bacteria is determined by the medium in which it is found. I don't know if any of this is true. What I do know is that it's different than what I've been told in that when I think about things according to this model, it has some intriguing possibilities. And we should end probably with talking about – you know Einstein used to talk about the best science. Remember it wasn't long ago when the best science said the road was flat. And that wasn't weird or funny.



You know in those days the furthest when the furthest that you could go in a full day of travel or even month's of travel was what you could do on foot or on horseback. For all practical purposes the world was flat. Not only could you not see the curvature of the earth but so what. It didn't matter. Your whole universe was within what your culture would allow you to experience. And these crazy people started talking; maybe there's more out there. Maybe in fact there's a round earth. Maybe you can go around. You know the story. You know what happened to all of them. The same thing. They were all ridiculed about the earth is round, and of course now we all know that the earth is round. It was round all along.

There was a time when the best science said that it was flat. And we just got over this thing about it being round and then we had the wherewithal to get into space far enough away from this planet to really understand that it's kind of floating out there in space – spaceship to earth. Do you realize what that view of the earth from space has done to our consciousness? How you ever thought about this has changed what has happened in the world. What's happened since then. The Berlin Wall has come down. Look at all the other changes that have gone on. Because we change the way we view things.

So here we are at the end of the 20th century arrogant enough to think that we know what we are doing in medicine and not realizing that only 10 or 15 years from now what we're doing is going to seem like it's old fashioned. These are the dark ages here, my friends. And even though this model might be light years ahead of where our dominant school of medicine is at the current time and maybe we have something to offer our culture because of that, by the time I'm an old man the stuff I'm talking to you about is going to be obsolete, I think, unless these principles we're talking about are the approximation of some kind of truth.

In which case the principles won't have changed at all, but our understanding of them and the information that we have to apply them with, will have. Right? So, let's take a break. I can't believe you're not sick of it – 5 days in a row. That would never happen where I come from.

How many of you are from the Pacific Northwest? From the west side of the mountains – the Cascades? 2, 3. The rest of you probably don't know this, but in like Portland, for example, when the sun comes out, that's when people play hookey. That's when everybody wants to be outside. I remember driving into Portland on the Canyon Road – there's a road that comes in to Portland from the West that goes through a little bit of a canyon so it kind of narrows into three lanes, bumper to bumper traffic.

It's the main route into Portland from the West side, and when you are driving in Canyon Road, and come down over the hills and head in to town you're heading East, and if it happens to be sunny, you're driving right into the sun, of course, and you can't see a thing. I'll never forget the first time I heard a traffic report when I was driving on that road where the guy on the radio says, "Watch out for the Canyon Road this morning. Traffic is backing up because the sun is shining." I was trying to figure this out. The fact is that Oregonians are like moles – when the sun comes out they have to squint, and when they're driving into the sun in the morning like that, it is really terrible.

So around Portland there are more traffic accidents when the sun shines than when it rains, because they know how to drive in the rain – not like folks here in Phoenix who don't know how to drive in the rain. They go skidding all over the place. They have a hell of a time when it snows.



Well, I can't believe I'm still on two feet – or one foot or whatever. It's been kind of a long week, or whatever it's been. One of the things we're going to try to do is to try to finish up a couple of loose ends. The morning planning to devote to specific modalities and seeing if we can't elucidate some specific philosophy or underlying precepts that have directed those philosophies that are sort of subsets of this larger picture that we've been talking about all along. I have a whole bunch of loose ends that have to do with questions that have come up, and of course we have to do this test thing, as well. My plans are to try to do that after lunch.

There is going to be some testing from the first two days involving the history of medicine, and then about 10 or 15 questions about what we've been talking about as well. And I guess that the rules here are that these are all open note or open book kind of quizzes, so if anybody needs to run home and get the notes at lunchtime, you are now advised.

I think the place to start this morning would be to sort of pick up on some of the loose ends from yesterday. And it's interesting to me that some of the questions I'm getting outside of the lecture itself come to me from different people – similar questions are coming from different people, which is why I like to bring them back here and try to answer them in front of everyone, because I think all of you been thinking about some of these things or maybe will from time to time.

One of the things that came up yesterday was this whole business about genetic disease, and then that gets into the whole concept of incurable disease, and what happens when you cure somebody who has an incurable disease. Like what's the response? And it's funny what kind of responses you get. You know from the patient himself or herself the response is not unlike what Dr. Lou Katz (?) was talking about yesterday where you get a patient who finally realizes that maybe they don't have to live with the illness that they have been taught to believe was fixed – was inevitable – had to be. And he told that story about somebody who was on Social Security or on a government pension or something who sort of freaked out when they realized that maybe they could go back to work.

Maybe they could be productive again. Which in and of itself says a great deal about what illness represents to a lot of people, and the power in our culture that goes with being ill. This is a lesson that you learn early on. You know when you're sick, you get to stay home from school and you get more attention from Mom or Dad or your guardian or whoever your caregiver is. You get more strokes when you're sick. And that happens throughout all of our culture. You see, when you're older and you get sick, somebody else pays for it most of the time. If you're in a lousy relationship, and you get cancer, you get to die, you know.

Or you get to get divorced or you get to throw all care to the wind because the most important thing now is to deal with your cancer. The disease for a lot of people is a way to get out of something. It's a way to have power over others. And there is often the situation that occurs that when you undertake to take someone's disease away from them or when they have the realization that that might happen, you can sometime have a problem, because you're in a struggle now about who's going to own this thing. See, not everybody wants to get well. A lot of people think they do. That's why I've learned in my practice, I think, to try to do this kind of thing – talking about this continuum – in a step wise fashion.

I don't tell them that we're going to take this away. I don't tell them this whole – this whole philosophical discussion doesn't occur with the patient. What happens is we talk about this idea of movement and we say we're



going to try and move you this way. We're going to try and improve your health. Well, if they take a couple of steps – you know the journey of a thousand miles begins with the first step – you take a couple of steps and sooner or later they begin to realize what journey they're on, and some people will choose, of course, to continue it, and others you'll never see again.

I used to assume when I didn't see anybody again that I didn't help them, and then I'd run into them weeks, or months, or years later at some other event, or in the super market, like Lou Katz said, you know you find out that you did help them, or more often than not, you find out that they weren't ready, and they'll tell you that in so many words - sometimes in those exact words, but in so many words.

I remember a clinic I was working in when I first moved to Connecticut and there was a receptionist who had answered the phone, and I heard only his end of the conversation. And it went something like, "yeah, yeah, I understand. Well, no, I don't think, no, I've never heard of that problem, but maybe one of the doctors here has. Yes, ma'am I understand." And this went on and on and on like this and finally I heard him say, "Well, I don't think we can help you with the problem." And then it went on a little bit more, and he said "You don't understand. I don't really think that we can help you here. I don't think there's anything we can do for you." And he hung up the phone and I was curious about what happened.

You know we like to think we can help everybody, like what's the deal here.

He said well, she said she had this and he quoted this disease whose name I'll never remember, and she was one of 17 people in the entire world who had this problem, and that she's been to all these specialists and nobody can figure this out, and went on and on and on and about how special it was to have this disease and the fact that was driven home to him was that she was only one of 17 people in the world who had this diagnosis, and that's what he kept hearing, and he said, "You know, I didn't feel like it was appropriate to take that away from her, because she was identifying with that so closely that it would have been devastating to rob her of the identity of being one of 17 people in the world who had this disease." Now I don't know if he was right or wrong, but it certainly made me think about this issue – about how attached some people are to their identity in illness that they can't let go of it.

Now there's another sort of lighter side to this and that is that there are people with supposedly incurable diseases and often supposedly genetic diseases who can be symptom free, and one might say by this model, cured. And as far as the genetic model goes – I'll just digress on that for a second – the one I've had the most experience with, I guess, has been muscular dystrophy. One of these days I want to go and talk to Jerry Lewis, but I don't know if he's going to be interested. You know about muscular dystrophy as a potential pathological parallel to white muscle disease in sheep and possibly other kinds of selenium and anti-oxidant deficiency diseases in other animals.

If you can work with someone with muscular dystrophy early on, early enough, you can begin to reverse much of the damage that has occurred in the muscles. And that of course drives home for me, all of the things we talked about yesterday about the possibilities of genetic diseases not being what they're supposed to be. But the other thing that I've seen that's been kind of fun is that every once in a while – you see, when patients and parents and school teachers are faced with the fact that somebody who had an incurable disease is cured, they think that it's a miracle, or that it's a blessing, or there's some kind of what shall I say, there's some acceptance of



what has happened by whatever means they explain it. But I'm always interested to see how the medical community reacts.

And someone asked me yesterday, if you have a child with muscular dystrophy, and two years later this child doesn't have muscular dystrophy, what do the doctors say? And I'm sure you can guess what the doctors say. They say, well it was either a miracle; it was a spontaneous remission which you rarely hear. What you usually hear is well, the diagnosis must have been wrong because muscular dystrophy is incurable; therefore the diagnosis was wrong. Never mind that the individual got the diagnosis from that school in the first place.

And this reminds me of several times when we've been in the legislature where this has happened to us, and 10 or 12 years ago when this was happening to us, we were at a loss as to how are you going to respond to that when the MD on the panel or the medical lobby brings this up when a patient testifies. We try to make our case in the legislature in terms of providing information, but it is patients and the public who make the point that this medicine needs to be available for them in their state. See, that's not my argument, because I'm a special interest, as I said over and over. It's the patients who have to convince the committee that this kind of medicine has to be available in Minnesota or Colorado or wherever.

And of course the best stories are the ones from patients who had "incurable" diseases who can demonstrate what's happened to them. So, we've learned in those cases, to have the patients bring all of their medical records. No one ever looked at them so they could all be blank paper in a folder, but when you reams of paper on the witness stand before you take the table, it has a certain amount of feeder to it. Anyway, I remember a case in Minnesota where a young woman got up with two of her children hanging on her skirts, literally, as she was telling the story of having ulcerative colitis, had had I believe, she had had a colostomy. She had been losing weight. She was very sick, and she was told after – this was a very severe case.

She had been on cortisone and azulphadine (?) and some of the other drugs that were used in an attempt to control these symptoms. She had part of her colon cut out, as I mentioned. And she went on with this story about how she was told to get her affairs in order because she probably wouldn't live much more than 6 months to a year. And she said then what I did I went to one of these naturopaths over here – and pointed to somebody – and the rest as they say is history. And now I'm gaining weight and blah, blah, blah, and I've had two children, and she was pregnant at the time as well. This was a public hearing before a committee appointed by the health committee to do that sunrise function that I mentioned the other day.

There were two medical doctors on the panel, and one of them in possibly the most tactless affront that I've ever seen attacked this woman for lying because she couldn't possibly have had ulcerative colitis because it's an incurable disease. And he was ranting and raving about this couldn't be true. And she went on to say, well it is. I had ulcerative colitis. I have the diagnosis right here in the records, and I'm here to tell you that it's changed. And he insisted then that the diagnosis had to be wrong, of course. And thinking on her feet she said, "Do you mean to tell me, doctor, that one of your colleagues has been treating me for 15 years for a disease that I never had, and you're calling these guys quacks? LAUGHTER So that can be your answer, you see.

When somebody says you never had the disease. Well you mean that you've been treating her for this or that and it's wrong? So, that's sort of the answer to curing incurable disease.



There was another thing – I mentioned that business about the journal article about colonics? And one of you had asked me about what kind of question does that raise about the integrity of journals. And, boy, I don't know what the answer to that is. I know that after I read that article, since I knew something different. See that was in 1980 and I was the Dean at National College at the time, and we had our attorneys look into and research the particulars of that article because we were contemplating a class action suit against the Journal of the American Medical Association for that disparaging statement. We never did mount the class action suit.

I don't remember why, but we researched the information through King County and through the whatever the county is in Denver in Colorado because this stuff is often public record. And having known the other side of the coin, it's pretty obvious what the point of that article was. This is supposed to be a scientific article, peer reviewed, juried and so on. And I guess you can say it was true, to an extent what they said there, but there was an obvious political twist on that. And the same thing has happened within the last 7 or 8 years in an article in JAMA about hair analysis. I think it was called "Hair Analysis, Science or Scam".

And whether you believe in hair analysis – whether you'll come to use it or not – all it is is an analysis of a body tissue, in this case hair, to see what minerals are in the hair. You can do that with anything. You can do it with moon rocks; you can do it with your shoes; you can do it with gasses from Venus. It's a technology that is obviously widely used. It's used in soil samples; it's used in animal husbandry; it's used everywhere. It's only spectral photometer to see what kind of minerals something contains. And I would say that taking mineral information from your hair is no more absurd than doing a stool sample, or a urine sample, or a blood sample. The question, of course, is what does it mean, and how do you interpret the data.

And hair analysis, of course, has gotten a bad name in some circles because the interpretations are not correct. Some people think if you have high calcium in the hair for example you need to lower your calcium intake, and that sort of thing and that's not true. You see there's all kinds of nuances in interpreting of data. Nonetheless this has been a commercially available test, and it's sort of gotten out of hand. Anyway, JAMA did an article about hair analysis – science or scam – and the article is a scam. I mean there was nothing in there that really made much sense. The samples according to the guy who did the thing, who wrote the article, the samples were not collected properly.

What he said he did in collecting the specimen was different from what all the laboratories tell you what you need to do. He took the hair from a bunch – I think it was 12 teenage girls and mixed them together and then sent it out to different labs and got different results. Well, of course. There's no way that each of those samples was homogenous after he did that, and then he had the gumption to write up this chart of analysis of the results from the lab, insisting that this was a totally inaccurate test. Not only that, the guy who wrote the article was Steven Barrett, who is a psychiatrist in Allentown, Pennsylvania.

He's one of the people – you'll probably hear about this as you go along these next few years – he's what sometimes affectionately called one of the quackbusters. There's this organization in this country which some people think is the re-emergence of the AMA's Committee on Quackery, which went underground after the chiropractors sued the AMA and won. This thing has re-emerged with a different name called the National Council Against Health Fraud, and there are 4 or 5 principals whom everybody in alternative medicine seems to know, and these are the guys who show up opposite the complementary and alternative and naturopathic doctors on Donahue and Geraldo to represent the extreme of the other side. I've heard some people call them medical



zealots. In any case, Barrett's chief claim to fame is his association with the National Council Against Health Fraud.

He is not an expert in nutritional medicine, and he is not an expert in trace mineral research. And yet he submits an article to JAMA that is published. If you or I – I have more qualifications to write an article about hair analysis than he does. I use it every day in my practice and I have for 20 years, and certainly if I were going to write such an article, I could co-author it with people who were specialists in trace mineral analysis and laboratory analysis and statistical manipulation. And even if I had done that, an article of that nature would never have been published in JAMA, and so it makes me question what the purpose of the Journal is. And you see what happens to me is like when there's a leak in the dyke, how far does it go?

You know, I don't read JAMA that often, okay? I know of two articles that were political set ups. Now if that can happen twice in a decade, can it happen twice in a year? Does it happen twice in a month? Does it happen in every issue? You know when you destroy your credibility like that – or when you do something like that, in my opinion, it destroys the credibility. Now it makes me wonder about all journals, because now when I read them I think well what's the bias of the author here? What are these guys trying to do? Are they trying to really examine something scientifically, or are they trying to convince me of their paradigm? And that's true for our journal, too. When you read it, watch it. I feel like Gallagher.

Did you ever see this guy Gallagher, the watermelon guy? Do you see what I see? Do you see what I see? Okay, so.

Well, here's an interesting and I think a good political – actually, a couple of political loose ends here and then we'll get on. You guys remember that I learned that the AANP had been specifically invited to the White House to talk to the National Healthcare Reform Task Force. Not only did we just talk to them, but we were invited to submit a proposal for healthcare reform and the way in which naturopathic physicians might be included in that. Actually, you should read that. That's like the manifesto – the political manifesto of naturopathic medicine, and it's probably – considering that it was thrown together – it's probably a 300 page report – was thrown together in about two weeks. They said we want you to have input on National Healthcare Reform.

We want to know who you are; what you do; how you can influence the system; how we should include you, and you have two weeks to do it. And we did it! And it's a document we now affectionately call the Hillary Report. So if you can get a hold of the Hillary Report – there may be some copies here among the college administration, you may want to take a look at that. Well, we've been told in continued contact with the White House that probably no way naturopathic medicine is going to be included in any national healthcare reform because there aren't enough of us. I think I mentioned that the other day.

So, we've been kind of losing hope, and then people like me hold that well, there won't be any healthcare reform, because if it doesn't have us, we're not going to have it. I sometimes think that might occur actually because what the White House does and what the Congress does are going to be two different things. The Congress is going to chew apart anything the White House brings to it anyway. But there are two things that make me hopeful that I might be wrong, and we might be included, and I don't want to be too overly optimistic about it. But one of them is the article I referred to the other day from the New England Journal in January.



One-third of the adults in this country are outside of the conventional system, and those people are in the 25 – 45 age group. And who's in Washington? Who's in the White House? You know, there are people who fit exactly the profile of those who are outside the system – the 25-45 age group, higher income, higher education than most. I take that to mean that one-third of the White House staff, and probably one-third of the Congressional staff – maybe it's only 25%, but let's assume that it's one-third of them – are doing what we're talking about. They're seeing naturopaths, acupuncturists, taking vitamins, you know whatever the deal is that's outside the conventional system, so this is not trying to have a conversation with somebody who doesn't know who we are.

And the other thing I want to tell you, I just learned yesterday morning that the White House has turned around and invited three more naturopathic physicians to the White House this week because they want to continue the discussion. And what's interesting about this is they did it without going through the AANP. They had congressmen in Washington and Oregon and Connecticut contact apparently randomly doctors in their constituency to bring them to the White House. And you might think that's political suicide, but actually I interpret it just the opposite. What I think is happening when that occurs, is it is like they're doing their homework. You know, it's like they're saying we heard the official line on this thing from the special interest group, let's find out what's really happening. Let's see if we can find some other doctors.

So it remains to be seen what's happening there.

STUDENT WITH QUESTION Do you know what cause.....

JSS: No, not exactly. I think probably the underlying causes are the same ones that cause extremism in anything, and the inability to see the other person's point of view and the rigid ness that people have within their own paradigms. And you when you figure how many gazillion people there are on the earth, you're going to find one of everybody. And in fact if you look at it that way, the number of people who are that far over on that end are a precious few. There are some points. I think you always have to give that your opposition has – you know you always have to look at your dark side. You have to be open to criticism all the time, so you have to hear what are they saying that really is true?

What is the part of the shadow that we have to deal with? And it depends a little bit in how you define yourself and how you define naturopathy. Certainly that whole thing called alternative medicine out there is pretty weird. There's a lot of weird stuff going down that's called alternative medicine that has no basis in the kind of scientific rationale that we expect from a mature and responsible profession in our culture. And if you allow yourself to be lumped into all of that, whatever that might be, then there's a lot of room for criticism, and all those kinds of things about delaying a proper diagnosis, wasting time until being treated, it's not scientific, it might cause harm; you're taking somebody's money; you're causing false hopes – you've got to look at that.

There's some truth to that in some things; there's got to be. I mean in the whole spectrum of possibilities there's got to be some of that. And the truth of the matter is that there might be some of that in naturopathy, too. There's some of that in medicine – delaying diagnosis, not getting proper treatment, taking money, mistaken beliefs that you're doing for the patient, and so on. I mean, we're not immune to it. We're more sensitive to it, I think, because we're the minority. So one thing I think, at least from a political point of view or public relations point of view, one thing we have to do if you're in that situation is try to make the point that you are not alternative medicine.



You, as a naturopathic physician, do not represent alternative medicine, whatever that means in the minds of the public. This is not alternative medicine. This is a very specific subset of that total universe of things that's called alternative medicine. Okay, some of which is going to be found to be useful and is going to be incorporated by you into your practice and much of which you're going to reject – or some of which you're going to reject. So, I try to make that point, as I said before, that we are not everything that's not conventional medicine. This is specific profession which legally means that we have our own standards, doctrines, and tenets. A profession is defined by having unique standards, doctrines and tenets. And that's what we're talking about here.

There are no other professions that have the same standards, and the same doctrines, and the same tenets as we have in naturopathic medicine. And so, what I sometimes find myself saying is that I'm arrogant enough to believe that naturopathic physicians represent the best that there is in that universe of alternative medicine, and bringing it together in some kind of synthetic whole where it's appropriate, and being willing to look at it through scientific method.

The second thing I've learned from politics especially is well, there's another piece in there and that's back to paradigms. I don't think that it's probably possible to talk to the average American about the benefits of communism because all kinds of red flags go up, you know. You start talking to the average guy on the street, perhaps, and I may be exaggerating about communism, he's probably thinking about killing you, not about maybe this person has a point. I think the same thing happens in religion – that's why you never talk about religion and politics, and now that you're doing this you can add medicine to the list, because there's such a different paradigm with such a large gap in there that people who are invested in defending the paradigm that they're in, aint going to hear what you say.

And what I've come to know from that bent, that's useful for me at least in the political arena, you can't get down in the mud and argue on that level. You cannot win an argument on that level, because they're not arguing principles; they're not arguing outcomes; they're not arguing paradigm. They're throwing all this little stuff – all these little details at you – well somebody in Idaho killed a patient. Well, so what? And that's the kind of stuff you get on Geraldo. I mean you've heard it; you've seen it, right? When you're arguing with somebody or you're faced with that kind of disagreement, let's say, what you do is you rise to a higher level. You find what it is that you have in common.

This guy is arguing with you and he's red in the face screaming at you and you might say something like, "well, don't you agree that we can improve healthcare in the United States? Don't you think, doctor, that there's room to move to be healthier? Doctor, wouldn't you agree that the amount of money that we spend on health care is absurd and that we're way out of line with the rest of the world", and then, because what's he going to say. He's going to say, well, yeah. Now you have a point of agreement, and first of all you just got some acquiescence from him and secondly you've raised the argument to the higher level.

You see, I used to say stuff like "Look if these guys knew what they were doing, we wouldn't be in this mess." Forget about who killed who, and what's scientific and what's unscientific. If the medical system we had was really delivering on its implied promise of better health for all, we wouldn't have the worst health in the world at the highest possible cost. So something's wrong and why not look at it from a different point of view. I mean let's just assume that there's just a different way to attack this and think about this. Now I want to say the average guy lives 75 years; the average doctor lives 58 years, and the average naturopath lives to be 102.



Speaking of which, what about these guys yesterday? I thought it was interesting – you may not believe this but there's been no rehearsal here and there's been no prior coordination among any of these folks, and I thought it was pretty interesting that they came to – particularly Dr. Lynch, he's been always passionate about this thing about understanding who we are based on the basic philosophical concepts that are conveyed by our description of ourselves. I think he gave an interesting twist to the word naturopathy – the nature of pathos; the nature understanding the genesis of disease. It's my understanding that that was not the intent of the people who coined the word.

Their intent was to combine nature cure with homeopathy as I said before, but I learned something by listening again for the very first time, as they say with the Kellogg's Corn Flakes thing there, I heard them again for the very first time make that argument, and it's an interesting way to sort of synthesize what we're talking about it. Even though etymology is the nature cure plus the homeopathy, what we are talking about here is understanding the genesis of, the nature of, the roots of pathology. I remember when I was in school a classmate of mine and I was in regular communication with him and he'd read these letters and think this guy was off his gourd.

It was way out there, because it kept bringing us back to these philosophical issues, and after 15 years of practice, I see exactly where they guy's coming from.

And how about Lou Katz, an interesting guy, huh? Talk about passion. Talk about vital force. I don't know how old he is (

STUDENT : 90)

JSS: He's 90 years old. Okay. So, if he's 90 years old, he's already practiced longer than medical doctors live. Right? And if you don't find yourselves in his hot springs within the next year, shame on you. I mean it. Shame on you. What that man will teach you in two or three days will probably be more than you're going to learn in months in some other endeavors. A guy who's 90 years old – let's say he started practicing in his thirties – a guy who's been practicing for over a half a century has got to have something, not to mention it's a beautiful drive out to ? You folks know where it is, facing Mount Graham, out East of – actually it's south of here – southeast.

I don't know if there are many hot springs in Arizona, does anybody know?

Okay, so the reason I feel okay about wasting some time on this stuff is that the first thing we're going to do today is the nature cure philosophy, and it occurs to me when I look at these notes that we already did it all. Okay? So we'll run through that real quickly. Nature Cure is said to have begun – Nature Cure was the 1850's health movement. Picture the filthy industrial cities of western Europe. You know – Heidi – Nature Cure, right? You know the story of Heidi? That's it, right there. Is it Carla the little girl in the city goes to visit Heidi in the mountains in her wheelchair, and she goes home walking, and she doesn't want to go home because she knows she's going to get sick again.

She's away from the pollution and the food of the city. She's in the alps in the fresh air eating basic primitive foods, running around smelling the flowers and probably significantly away from her parents and her caregivers who in the story who are made out to be pretty awful folks.

END OF SIDE A – Tape 8



BEGINNING OF SIDE B

There's the whole nature cure scenario right there, and that starts to evolve into a sort of a body of knowledge, and they start bringing out some philosophical ideas about living with nature and getting back to basics and understanding that this simpler way of life is what nature intended. And this gets to be sort of formalized in something that is referred to as Nature Cure – one of the two schools then that joins forces with homeopathy at the turn of the century. And the rest of what we've got there is basically what we've already talked about. But the primary cause of all illness, barring accidents and surgical injuries – that is being injured by the surgeon, right, I guess – the principle cause of disease is the violation of nature's laws, again whatever that is.

And some of you are thinking, well are accidents violations of nature's laws. Maybe accidents and that kind of injury is also a violation of nature's laws. I don't know. When you're involved in a car accident, is there some violation of natural law? Is there some disturbance in harmony that leads to that, or is that just fate or happenstance? It's hard to know I suppose. But you know what? You'll see patients where that's always happening. We call them accident prone in our culture. It's like they can't do anything right. I have a patient who has a car accident – every time she gets well she has another car accident, or something else. If it's not an accident, her relationship breaks up or she loses her job. It's one thing after another. Is that all fate?

Because I know other people that none of that stuff happens and they seem to be okay. You know things come and go and they have some problems in their lives but it's not as devastating to them. This person is like an accident waiting to happen. What does that say about her state of health or her state of mind? I don't know, but I think it's an interesting examination.

Surely you know that there's research that shows that the more stressors one has in one's life, the sicker one is. You know I remember an article a few years ago – student nurses – they looked at how many stressors students had in their life that had to do with relationships, births, deaths in the family, moves – all the stuff that you've all been through, right – and they looked at the number of times the nursing student had an accident in training – dropping something, injuring herself – that sort of thing, and it correlates exactly – there is a direct correlation to the number of the stressors that are going on in their life.

And all of you, hopefully, have seen where another where you see these deals where you kind of rate yourself on a stress scale – death of a loved one, divorce, moved to a new city, lost a job, all the way down to a goldfish died – and you add up these points to see how much of a basket case you are, and the higher you are, the more prone you are to illness within a specified amount of time after those things occur. So, is that the same as having an accident?

Anyway the effects of violation of nature's laws are the three things that we've beaten to death – lowered vitality, composition of the blood and elimination. I can rattle those off so easily because I say it every day to my patients. We only have three things that we have to deal with here – your vitality, the input and the output. Garbage in, garbage out. You get it right on the front end; you can take the garbage out and you work on your vitality. You don't have to worry about a whole lot more. That's how Clara got to get off the wheelchair with Heidi. That's all it was.



Acute disease we talked about. Acute disease is nothing more in the catechism of nature cure – acute disease is the body's attempt to eliminate the disease or the morbid matter or repair the tissues. It's the body's attempt to deal with – to respond to what's happening. Chronic disease – I guess this looks like this is defined in the sense here that if these things go on and the waste accumulates and the composition of the blood is abnormal and the vitality is lower, you have chronic disease. But remember the other way to think about that is the disease is chronic, by definition, when the vitality is no longer able to ascend, if you will, over the disease force.

I think Lindlahr would say – if I can find it in the sort of catechism here – “a disease crisis is an acute reaction resulting from the ascendancy of disease conditions over the healing forces of the organism.” I guess I got it backward there. Chronic disease is when you are not able to fight off the disease. Right? It has nothing to do in the philosophy of nature cure with time. It's not that acute diseases are short lived and chronic diseases are long lived. In fact that can be the case, but that's not how they're defined. And the difference between the healing crisis and the disease crisis was that whether you are going in or out of that chronic disease.

When the vital force is decreasing below that which that point where it can fight things off, and you have acute disease, you're going through a disease crisis. When you come back the other way and you have acute disease again, of course you're having a healing crisis.

Methods of cure. This is straight from Lindlahr and these so-called methods of cure in conformity with nature is straight out of Lindlahr. Basically you have 5 of them there. The middle three – two, three and four are the ones we just talked about – vital force, composition, elimination again. In terms of methods he talks about a couple of other things which must be obvious. The first is the environment – establishing normal surroundings and natural habits, whatever that means, but paying attention to how you fit into your environment. I had a classmate who went to bed every night at sunset and got up every morning at dawn. He had no electric lights in his house. It might be a little extreme, but he decided that that's the way the good Lord intended it. I grew up in Amish country.

They do the same thing. When the sun goes down, it's time to go to bed. It's not time to dance and party and turn on artificial lights, and the rest of the natural world works that way. You don't see squirrels drinking after midnight.. They go to bed when it gets dark and they get up nice and early and they start their day, and in the heat of the day they go and do something else – not like us, we sit in here and talk. So, I don't know exactly what natural habits are, but if you have questions you can look at the natural world - not that we necessarily have to imitate the animals, but if we are animals and if we are in an of that world, surely there's some information there that might be helpful.

And then, of course the other thing which I really about this is the fifth thing he says is really great. Who could put it better than that. Arouse the individual to the highest possible degree to the consciousness of personal responsibility and the necessity of intelligent personal effort and self help. I mean, my God, if that's all you do in your practice, you couldn't do any better. In modern terms we call that education.

Finally on that handout, you have natural methods of living and treatment. Now once again this is taken exactly, I think verbatim, if I'm not mistaken, from Lindlahr, and for that reason it says some things that ought to be said differently. But there again, it's so simple. Sometimes you sit down with a patient and you know in a few minutes what you're going to do Now I have times, I charge \$125 for the first visit, and I spend an hour with the patient.



There are times after 15 whatever years – first of all they sit down and start talking and I know what I'm going to do.

I know their remedy right then and there or at least I know where I'm going to start, and I'm sitting there thinking to myself what am I going to do for this hour so they think they're getting their money's worth. Right? It's just so simple sometimes. Sometimes it's really profound; sometimes it's really hard, but if you think you have to beat yourself up to be a naturopathic physician and know a whole bunch of information, I think you're probably wrong.

Anyhow you can think of natural methods of treatment fall into some sort of general categories, and I think this was what Lindlahr was trying to do there 80 years ago – return to nature. This goes right back to his #1 on the other side there about paying attention to habits. And when he talks about elementary remedies like water, air – naturopathy in some dictionaries is defined as the use of water, air, or light and so on to treat disease. And that comes out of the Nature Cure Movement. And what does that mean? Water, I mean. You know, if you had a practice, I would daresay, if you had to limit your practice to just using water, you'd be surprised what you could do. Colonics is one. Mineral baths, right?

Drinking enough fluids so a person is not constipated and then they eliminate their waste Hydrotherapy – a whole system of arousing the vital force to react against the disease with nothing more than hot water and cold water used alternately on the patient. There are people who have in the past devoted their entire lives to hydrotherapy. William Harvey Kellogg is one of them – the guy who started the cereal company? He wrote THE book on hydrotherapy, so it's not as simple maybe and as dumb as it sounds.

Air? My God, how many therapies are there that have you do proper breathing. How many relaxation techniques have to do with proper timing of inhalation and exhalation? How about the little known fact among the medical world that cancer is anaerobic. Otto Warburg, 1929, Nobel Prize for showing that cancer does not survive in oxygen, and we're doing all this wild stuff to try to get rid of cancer? How about increasing oxygen? There are naturopaths who do that. They supply medical oxygen or ozone to the body in super high concentration to treat cancer. They do colonics with oxygen or ozone. They suffuse ozone into the uterus for uterine cancer. They inject ozone into breast lumps to watch it dissolve before their very eyes. So air.

What else do we have there? Light. Lights – electromagnetic spectrum. I can't believe how much we've talked about vibration and electromagnetic stuff here already. That's all that light is, you know. It's one end of that spectrum. Just think about the possibilities, and if you want to be mundane about it, think only about color therapy. Colors are just wave lengths. Every wave length has a different effect on your body, on your mood, on your brain and on your physiology. They used to do this thing in the past where they would put different color lenses – you would wear a pair of spectacles with different colors in each eye, or the same in each eye in order to treat disease. And they were very precise about it.

The different wave lengths were down to – some of you may know from psychology, there's a principle known as the JND, or the Just Noticeable Difference in sensory perception. In other words the amount of stimulus that it takes for your nervous system to pick up something – sort of jumps in quantum – this is all on a continuum. If you think of wave lengths of light, that's a continuous spectrum, but your eyes can't tell the difference



between – I don't know I can't remember this very well, but just to pick a number – your eyes can't tell the difference between say 12,000 nanometers and 12,001.

And let's say for the sake of discussion, the light with the JND is 3 nanometers so that the wave length of 1200 you might be able to pick up and 1203 you can see the difference. You can say objectively that's a different color. Well, when they were doing light therapy or color therapy, they had it down to that experimentally, that just noticeable difference between colors. It wasn't like red and blue; it was like a zillion shades of these colors and combinations of them were used to treat different things. Some of the equipment was pretty bizarre. You wore these things, and you put the lenses in, and you lay under the light, so you get near the light, and it's like frying your optic nerve and doing whatever it did to your brain.

I was told that they did surgery by inducing anesthesia by having different colors in each eye. I don't know if it relaxed the brain, tricked the brain or what it did, but apparently you can induce general anesthesia by changing the wavelength in the eye. So light doesn't just mean going out by the pool and getting a suntan, and not that that's bad. Obviously we're all scared about skin cancer, but you need Vitamin D, as well.

Earth Cures, whatever that means. Our Earth, Our Cure – who has seen that book? It's a great book. It's all about using clay. Earth. Dirt. Poultices to draw things out of the skin – to draw toxins from pimples – to draw fluid from cysts. Clay used internally – eaten, drunk, in order to absorb toxins from intestinal systems. Completely inert. You don't digest it. It doesn't affect your digestion in any way, or the function of your intestinal tract, but somehow the clay seems to know which are the good guys and which are the bad guys and can pick up and absorb toxins. There's some evidence that a small amount of clay will pick up the damages or decrease damage due to radiation.

I had another classmate who drank water with clay in it every day of his life when we were in school. He would come in with it in a wine bottle – of course it was a wine bottle – filled with distilled water and clay. He's still alive and well and probably one of the healthiest people I know in the profession. Is it the clay? I don't know.

Chemical Remedies. Now we're talking about foods and vitamins and so on and so forth, and you know after all this time I would not include homeopathic remedies among those so-called chemical remedies. I would create a new category which I'll mention in a minute.

Mechanical Remedies, now that's pretty obvious. Now this is the terminology of the 1920's and the 1930's here. You know in today's language mechanical remedies are manipulation and my God, by the way, we don't do Osteopathic Manipulation, and we don't do Chiropractic. We do Naturopathic Manipulative Therapy, okay? (Student talking). No, it is Naturopathic Manipulative Therapy. See here's the thing, well we'll talk about that a little bit later about the difference between chiropractic – we're going to talk about the differences between chiropractic and osteopathy and naturopathic manipulative therapy. But the rest of it – again – in the language of today we're talking about exercise and manipulation and physical therapy.

And I'd stick a fourth category in there – I hate to say it, and I don't think I'd put it in print in front of the legislature, but in terms of what we've been talking about here is maybe Energy Medicine. In my opinion both Homeopathy and Acupuncture are working on that level, and if that's true then naturopaths have been involved in using energy medicine since the term naturopathy was coined.



And finally you have the more esoteric, if you will, level of intervention here that has to do with what was in the 20's the mental and spiritual remedies such as normal suggestion and constructive thought. Today we might call the same thing visualization or affirmation. Lindlahr goes to great lengths – he was a real fan of Christian Science – he goes to great lengths in this tome to explain the role of the mind in the relationship to the body. He has a chapter – I believe it's still in this one – on how shall we pray. He talks about prayer as an affirmation and the need to frame it in a positive light and talks about prayer. Whatever your religious background and your beliefs, it's worth knowing that this has always been part of natural healing.

It's to deal with the mind and its influence – or whatever that is – and its influence on the body. Now, just to summarize that – I was very interested to learn when I began to see what Chinese medicine was. I'm no expert in Chinese medicine and the few points I know I could count on one hand, but from a philosophical point of view, you have a system of integrated natural therapies which are – by integrated I mean, they are all based on the same philosophy and the same cosmology – that has similarities to naturopathy that you could talk about all day. The difference, in my opinion, is that Chinese medicine is much more sophisticated.

That there has developed there a system that literally integrates acupuncture, or botanical or herbal medicine with nutrition and diet, with physical medicine, massage, and did I say with acupuncture. You've got the physical; you've got the plants; you've got the diet; you've got the energy manipulation in acupuncture – all connected by a cosmology that we have yet to develop in the West. Naturopathy comes as close in the West to Chinese medicine than anything we've got. In that sort of terminology we're only in the very beginning of that. You know, it's only dawning on people in the West that you can combine these therapies. The big dilemma in naturopathic medicine is how do you combine, say, botanical medicine with homeopathy, with dietary changes, with manipulation and not be antidoting or counteracting the other approach.

A purist in acupuncture or homeopathy would say you don't do any of that other stuff – I shouldn't say acupuncture, but a homeopathic purist would say you don't do any of that other stuff because it might interfere, and so on and so forth, and yet in the Orient they know that you can manipulate the energy with acupuncture and still do the other stuff in an integrated way. So, perhaps, if we have any task at all as a profession, that's it, is to figure out how to integrate these things into the models that we're talking about. I would like to think that homeopathy and acupuncture are the same thing; they work on the same part of the body, but we have empirically come to a duet in different ways.

In one case it's a mechanical approach to change the electro magnetic body, perhaps, and in the Western approach is the use of some substance which may or may not be mechanical or physical, to also manipulate the energy body. But it's interesting to me that both kinds of Occident and the Orient have both come to realize that the most profound therapies are working on that level and have developed a system to do that.

So, are there any questions about Nature Cure? This is the basis of - I like that word catechism, I think because I hated it when I was in Sunday School. One of these days I'll look it up and see what means, but that's the basic summary and catechism of what we're talking about, except for the part that is the homeopathic part, which we're going to talk about in the next hour, and for that matter, probably cover about two-thirds – what we just talked about is going to cover about two-thirds of what I did on the exam. I should call it a quiz. You're going to find if any of you are into testing methodology – what's it called psychometrics – if there are any psychometricians in here – boy! You're going to be disappointed.



It's going to be a lousy test. So, let's take a break for about 10 minutes.

I just realized that on that one sheet, the one we just went over, the one that's the 9A on Nature Cure, there's more material on there. That was kind of stuck on there I believe kind of inadvertently from the notes that I had sent in – that's sort of an alternative recap of what we just talked about. I happen to have two sets of notes, and I threw it in, so maybe it's useful and maybe it's not.

I don't know if I told you this, but it must be obvious that in addition to raising my kids and practicing four days a week and doing the politics and founding the Institute and serving on a number of Boards of Directors of community organizations, I also volunteer to do this, and prepared some of what we were talking about on the plane on the way here, having simply grabbed the notes from 10 years ago and reviewed them quickly a couple of weeks ago, and thanks to Alysse, you have them in readable form. So, some of it is old and some of it's redundant, and that's what happened there.

A couple of more things came up at the break. One of the questions has to do with required textbooks, and we didn't do that here, we just said highly recommended and recommended, and in case you missed that somehow, see if this were a 12 week course these could be required because you'd be referring to them all the time, and it's kind of fun to see how many books you can carry by the end of the first semester, any way. But my God, if you're going to be a naturopathic physician, you need to have Kent's lectures, and Lindlahr's Nature Cure Volumes I and II, at least in your possession. I understand they have been ordered and you will see them.

Now you will not have the academic impetus, the necessity to go after these books, and maybe not the financial wherewithal but I would strongly recommend you have them, and when you are depressed about the amount of work you are doing or the amount of science that you're getting and not seeing the end point, sit down, go to the Grand Canyon and read it one afternoon again. The other two books here – one, Spittler's (?) Basic Naturopathy, if you can find it is sort of historical interest and was an attempt to do exactly what it says there – to standardize naturopathy in the 1940's.

He and a commission of people appointed by the I think the American Naturopathic Association in those days, tried to come up with standard laws, standard curricula, and so on, and there's an examination in there of the laws on the books at the time, which for anybody who's interested in politics or history is kind of fun to look at, and also, if you want to know where we're going, you have to kind of know where we came from. And thirdly, I think I said this, Coulter's tome is – boy, you want something to put you to sleep, you want to really slow down, get into Coulter.

This is his graduate thesis in medical history, and it reads like a Ph.D thesis, but you will know more about medical history and thought by reading that one set of books than probably anything else you could do.

The second thing came up is: what's happening in naturopathy or naturopathic medicine in terms of potential health care changes that are coming. You know there seems to be this rapid movement in the direction of HMO's and PPO's (Preferred Provider Organizations), and for those of you who aren't into some of the nuances, what's happening is basically two things. One is that doctors or health care providers are banding together in groups where the group collectively provides for your medical care, and you pay, or your employer pays money into the group, and then you go to anybody who's in that group. If that group happens to be under



the same roof, it's called a Health Maintenance Organization. The largest one in the world is Kaiser, which you all probably know about here on the West Coast.

There's also something called a PPO which is basically the same kind of thing, except that it's not a facility; it's a group of physicians who provide services to members of the subscriber group in their own offices. So, for example, I'm a member of the Blue Cross/Blue Shield PPO in Connecticut and the patient gets a directory from which they can pick any provider to do what they want to do – you know, the kind of provider they want to see. The thing that Clinton and Hillary are talking about is – I can't think of the name of this, and I should know it.

I'm embarrassed to say that I don't, and it's going to come back to haunt me, but they're talking about having all providers in a region come together in some kind of units like this – sort of variations of the PPO or the HMO, instead of having what we have now in health care. And the question is, what are we doing about it? And I'm not sure what the full answer is. Certainly this is not lost on the AANP, and we have in place the legal infrastructure to create what are called IPA's, or Independent Physician Associations, which are like the PPO's. The IPA is a bunch of – boy acronyms. PPO's are often made up from IPA's. Like in Connecticut there's another PPO (Preferred Provider Organization) which is actually the Connecticut State Medical Society has an independent practitioner's association.

These guys or women all get together in the group called the NDIPA, and then you can subscribe to their plan which is called in that state the MD plan. So if you're a member of MD plan, you can go to anybody who's a member of that IPA. You can't just go to any hospital any where. Now what I don't understand about that, in contrast to the Canadian system for example, what happens if you're a member of the Phoenix MDIPA and you get injured when you're on vacation in Tuscaloosa? Now what I don't know. And if you have to fly home to Phoenix to get care, who pays for the transportation and that sort of thing? So, we're not sure what to do, you see. Part of the schizophrenia of being a naturopathic physician.

You know, do we need to imitate the other guys and the way they provide services in order to be included in that system. That's what we're talking to the White House about; that's what we're talking to the Congress about. On the other hand you've got one-third of the people in this country who are already outside of that system; who are paying out of pocket because the system doesn't work. And in my opinion the plan the Clintons have proposed is nothing. It's re-arranging the deck chairs on the Titanic. It's nothing more than that. It's the way to spread the responsibility to who's going to pay. It has nothing to do with cutting butter with the chainsaw. It's not taking the chainsaw out of anybody's hands. It's just saying, Who's going to pay for the gas? Right?

And since it's 940 billion dollars, it's going to get spread through the economy whether it's you personally or your employer, and what's that? Your employer pays for it? I'm an employer. I have four employees in my office. If I have to pay health care at higher cost for them, guess where that's going to come from. It's not going to come out of my pocket. It's going to increase the cost of health care to my patients, to which I'm going to have to pay more for health care for my employees. So what do we do? The answer is like always – we're doing both. We're looking at both of these things. And some of you may know that there's an insurance company who's doing an experiment here in Arizona that involves a naturopathic IPA.

It's an insurance company out of – actually, it's a foster city – a San Francisco suburb – American Western Life Insurance Company has a wellness plan that they're experimenting with in Arizona because we have licensed



naturopaths in Arizona and they don't in California, where if you are a subscriber to the Wellness Plan, you must see a naturopathic physician first. This is a combination of the idea of both IPA and the HMO. The HMO – in most HMO's you have a gatekeeper physician. Do you remember Kaiser, or where we come from it's called the Community Health Care Plan. You have a doctor who's supposedly in charge of your care, sometimes called the gatekeeper.

You don't go to Kaiser or to CHCP to see anybody, you go see your gatekeeper – your primary care person, and he or she decides what tests you need and whether you will go on to any other specialized testing. The idea is that you're not choosing exactly for yourself what kind of care you're going to get, and what kind of testing you need, and what kind of specialists you will see, but someone who knows something more about your health is sort of filtering that through a process which is supposed to reduce the cost of health care by not doing unnecessary testing and surgery and so on.

But what American Western Life has done with their Wellness Plan here is that they have put naturopaths in as the gatekeeper, so if you are a subscriber to their Wellness Plan, and you get sick, the first thing you do is call an 800# where you talk to a naturopathic physician, who talks to you about what's going on, and decides, or helps you decide whether you need to see anybody at all. And if so, he or she will refer you to a naturopath in your area here in Arizona that's part of this plan. And if the naturopathic doctor decides that you need to go on for conventional medical, then he or she can refer you to do that, and it's all covered.

But, if you just take it on your own to see the orthopedic surgeon before you see your gatekeeper naturopath, you're not covered. This company expects to save tens of millions of dollars in health care costs by doing this. And the reason I'm telling you, because in terms of this HMO and organizational thing, it is of great interest to me to see how many people are watching that. This is a little tiny insurance company dealing with a little tiny profession with a little tiny IPA which probably doesn't have 30 doctors in the whole state, and the Vice President of the life insurance company who is in charge of the Wellness Program is a featured speaker at many of the events that are going on in Washington around health care reform.

The Congress, the White House, the Think Tanks in Washington are talking to her and watching with great interest what is happening here, so it's really kind of an experiment that's under the microscope and it may or – depending upon what happens there – I mean, who knows we're living at a time of horrendous change. So Clinton's going down the road with this certain plan, and something could change tomorrow, and there's a whole different thing.

There's one other thing that came up – and that's the Basic Sciences. I thought I mentioned this or talked about this the other day. You're going to – in another week here, you're going to delve into the basic medical sciences. (Oh, there's the water. I'm on caffeine and sugar again, only it feels better today. I could get used to this stuff.) (Laughter). I'm going to have to talk Mike over a couple of beers). One of the things that Dr. Broadwell said to my class about basic sciences which I'll never forget is that – maybe I said this the other day, I don't know – the basic sciences are the basic sciences. They are the basis for everything you will do. That's why they're called the basic sciences.

At the risk of offending those of you who are already in medicine, I would say, - maybe I'll quote him on this because it's not my quote – “Unlike in medical school where the basic sciences have become a rite of passage,



you do it because it's in the curriculum and then you don't ever look back, because when you are in clinical training you are looking at "What's the name of this disease and what are we going to do about it?", but you, every day of your life will go back to those sciences. You'll be driving home thinking about what was that business about the such and such in physiology, because you had a patient that day that brought it up.

See, if you're interested in correcting someone's problem and getting at the underlying cause and restoring normal function, then you're always going back into your mind about what is normal, or trying to understand where this went wrong. Not trying to look at the pathological changes at the end point and read a pathology report and say this person has Cystic Fibrosis, you're going to start thinking, well, if they have Cystic Fibrosis, they have this crud in their pancreatic ducts, well, where is that coming from, and what is that made out of, and how did it get there in the first place, and what does this mean about their digestion and their excretion of pancreat and chymol trypsin (?) and so on and so forth.

You know, you go to a seminar, - we have to have a certain amount of continuing education all the time to continue our licenses, and I'm always amazed at how many times I go to a seminar which is basically a medical seminar and the amount of review of basic sciences that has to be done to get up to speed to what we're talking about. And you go to a naturopathic seminar and like everybody's just nodding their heads and they just jump over the review because people are immersed in the basic sciences all the time. And again, you're going to have this kind of thought about - oh, my goodness, we're studying this much anatomy. Any of you who hung out here yesterday saw me get adjusted by Dr. Gear.

This guy's been in practice for 20 years - no more than that - 26 years or something like that. I'll bet he hasn't looked at basic science books very often in the last few years, but those of you who were here heard him rattle off the basic anatomical structure. He was rattling off terms about joints and joint function. Right? He didn't just do manipulation. When he was working on me, he was explaining to whoever was in the room at the time, exactly what was going on, what he was trying to accomplish, and how he was able to use his hands to understand what was wrong with me at that time through the changes in my anatomy and my structural appearance to his fingertips.

So, when you get lost in those basic sciences, remember that and go back to the continuum, and remember that what you're learning in basic sciences is what is normal function - that is all it really is - what is normal function and then how can this go wrong, and how am I going to figure out what it is.

So now we get to talk about homeopathy. We've brushed on this a couple of times, and I don't know how much we have to get into this, but I find that I used to try and explain it to patients because they really want to know what's going on with this stuff, and I sure don't have a sound bite for it. I guess I'm going to have to go and ask my wife; she's probably got it. This is one of those things where it seems like the more you try to explain it the worse it gets, and I think it's back this paradigm thing. We don't have the language to explain what's going on here.

And now that we're living at the end of the 20th century, we have inklings that maybe there's something going on here that the other guys didn't think about two centuries ago, and that complicates it even more.

But anyhow, the history supposedly goes like this. There was a physician who lived in the 18th century, Samuel Hahnemann, who became quite depressed about the inability of medicine to deal with some of the scourges of



the time. He had two or three daughters who died of Cholera, which was raging in Europe at the time, and the medical approach of the day was obviously ineffective, and he couldn't go on practicing medicine when he realized that he couldn't even help his own children and went into the business, as it were, of earning some income by translating medical texts from German to Italian to Arabic. Apparently he was very well schooled, and he apparently he kept coming across – in the older medical texts – kept coming across again and again and again this philosophical precept of like cures like.

I said the other day “similia similibus curantur” (?) in Latin – like cures like. Well, based on that he wanted to understand that a little bit better, and he started experimenting, and he first chose to experiment on what was called Peruvian bark, sometimes called Chincona, which is the Latin name of the tree, and sometimes called China. I don't know why it's called China – maybe it's short for Chincona, I don't know. Anyway, Peruvian bark was the rage of Europe at the time. It had been brought back to Europe by the Conquistadors and the explorers in South America. It was used by the Native Americans in South America for Malaria, and it was sort of the penicillin of its day, I understand. Everybody used it for everything.

And because it was such a popular remedy, and it was so well known, I suppose, that's what he started with. I guess it could have been anything. What he did was he took some Peruvian bark and he kept taking it to point where he started to get sick from it, and lo and behold the symptoms that developed from the toxicity reaction to the Peruvian bark were not unlike those of Malaria, with the fever, the high fever that was periodic, diaphoresis (?) and sweating and all of the other symptoms that went along with it. Now, I guess you would say that he did not have what Western science calls the cause of malaria, the “Causmodium Diesac” (?) was not demonstrable in his blood stream, although we don't know that for sure.

You know you go back to that thing with microzymes the other day, it makes me wonder, no one's ever said this to me, but do you want to think this through with me? You see, if he develops all of the symptoms, does he have that microbe in his blood stream? I mean does it really come from mosquitoes? That's what Walter Reed got a hospital named after him for – no that was Yellow Fever. Anyway, who knows. Anyway he developed all the symptoms of malaria, so the light bulb goes on. Here's the remedy that's most effective for malaria is the one that produces symptoms that look like malaria.

Well, holy cow, I wonder if that's true for something else, so then he starts experimenting, and like Lou Katz, he gets all excited about this and starts enlisting his friends in this experimentation and repeatedly they see that whenever they produce toxic symptoms with a certain remedy which is known to be more or less effective for some kind of an acute disease, they're producing the same thing.

END OF SIDE B TAPE 8



BEGINNING OF TAPE 9 SIDE A

Now Hahnemann didn't sit down and write an organ on his medicine until near the end of his life. As he went on with this he began to see the principles that were evolving and attempted – here's your empiricist again – attempted to develop a model that would explain why this was working and not only on the one on one, not only why when I give you Peruvian bark does your undulating fever stop, but all of the other nuances that went with that over his 20, 30 years of practice thereafter. Now you will find, and I think it's surprising almost in a way, that in the *Organon* and in the lectures that Kent derived from the *Organon* that there is no, in my opinion, there is no single concise definition of health.

There are constant referrals to restoring the sick to health, to cure, as it is termed, to quote from Kent, but there is nothing that says, "health is". And so in the language of homeopathy – you know a model's kind of been developed that health is the absence of certain things. And you remember that I said that in this century George >>>>(?) who is now a renowned homeopath from Greece, who actually originally was a lay homeopath without "medical training" wrote several books, and I guess one of them was "Homeopathy, the New Medicine"; one of them was "Homeopathy: Medicine for the 21st Century", I believe. There might be a couple of others.

In one of his earliest books he extrapolates from the *Organon* and from Kent's work and talks about health to the homeopath then is freedom from limitations on various levels or on various plains of existence, and that's the one where he says (and you don't have to memorize this but just understand the concept), that on the physical level you're talking about freedom from pain; on the emotional and mental level – freedom from passion; and on the spiritual level – freedom from selfishness.

Now pain is defined as an awareness of any part of the body. If you're sitting there right now and thinking about your hemorrhoids or the back of your neck, or a toothache, or a growling stomach, or a headache, then you're in pain. You see, when you're in harmony, when you're in balance, your consciousness is not drawn to any particular part of you. Only when you're out of balance, by definition, are you going to be feeling that awareness. Lindlahr writes a soliloquy to pain. Pain, my Friend, because pain tells us where we're out of balance. It pulls our attention to that part of our body that's telling us we've got to do something or it's going to get worse. The role of pain is not to cover it up; the role of pain is your alarm going off.

This is like driving down the road and the oil light on the idiot box in your car goes off. You need to know why the oil pressure changed. You need to check the oil. You lost the plug, or it's leaking; there's a hole in the oil can; you forgot to put oil in it this year. You know whatever happens. If you're a medical doctor you reach under the dashboard and you pull the plug, and you say, "Here, the pain's gone". Right? Come back when it gets worse. The difference between treating symptoms and getting at the bottom of it.

On the emotional level, on the mental level he talks about freedom from passion. And the way I've come to understand this – we have trouble with the word "passion" in our culture – so the way I've come to understand this is we're talking about not being driven by, not being enslaved by passion.

Well, that's what we mean, freedom from passion means not being driven by those passions. On the other hand we want to have the freedom to experience the full range of human emotion without getting stuck, perhaps, in



any one of them. I think that's what he means by freedom from passion and freedom from selfishness is self-explanatory. There are many different spiritual traditions will tell you that altruism is perhaps one of the ways in which you can begin to recognize somebody who is spiritually advanced, somebody who is beginning to come on balance. I heard Dr. Gear say yesterday, which I've never heard anybody say before, that if you can hope to be a balanced adult human being by the time you get out of here, you can hope for nothing more. So, perhaps that's what the homeopaths are talking about.

Now, the Law of Similars – to speak to that again I think is redundant. I think we all got that one.

Now Provings. I talked about provings just briefly the other day when we tried to introduce the subject. A proving is a way of knowing what it is that something produces. Hahnemann did provings when he and his friends took Chincona Bark. Now we know what Chincona does. And somehow or another we have a whole bunch of people over a whole long time here who have been willing to take everything you can think of for the sake of science and cataloging the possible symptoms that might occur in response to the "toxicity" from the remedy. This includes everything from animal, mineral, vegetable, as it said here, including I guess we have here energy. (STUDENT INAUDIBLE). That's a very good question, and the answer is no.

What happens when you do provings is not everybody gets the same thing, But what you do do, and what you'll see in a Homeopathic Materia Medica is a ranking of the symptoms. (There's a cricket in the ventilation system. You don't know what I was thinking about that cricket; you don't want to know what I was thinking about that cricket) Anyway, you don't get the same thing from everybody, but what you do do is you take 50 or 60 or 100 people and you get some commonality there, and so the way that's interpreted then is that the symptoms are ranked differently, so they are weighted differently. Some are more important than others, and the same is true then when you take a case.

When you take somebody's case, when you go and ask them what are all of your symptoms and I'm going to try and match to this, there's a certain way to approach that in order to rank those symptoms and to match that up, and we're not going to get into the nuances of that, but in fact people are different and they do respond differently. And to some degree it's precisely this difference that you're interested in.

See, the homeopath would say I don't care what you have in common with all other arthritics. I'm concerned about your peculiar symptoms. What is it that's peculiar to you? How is it that you differ from this other woman with arthritis? And of all the possible remedies that come to mind for arthritic kinds of complaints that are very general complaints, we're concerned about the specifics. Are you better when you're in Arizona, or are you worse, and enjoy dry climates and wet climates and so on. You can use anything homeopathically. Zinc...gold That's supposed to be dog's milk, by the way. Black canum (?); squid ink – that's a good one. You might say to yourself where in the hell did they get all this stuff?

I mean who ever thought about going out and getting squid ink, or dog's milk, or rattlesnake poison, or newt eyes, or bat wings and all that kind of stuff. Crickets, cockroaches – they are used as remedies. And they are used as remedies partly because those were the medicines of the day. These were the things that were in use as medicines when homeopathy was developed. So what they did was they took the medicines that were being used for people and did provings on them. And maybe you don't want to know that because when a patient says, "well, doc, what's this vladaorientalis (?) that I'm taking" you don't want to say it's diluted cockroach. There are



times when you might, but it's an excellent, excellent remedy for asthma. Excellent. One of the best things in Materia Medica, probably.

Squid ink. There are 3 or 4 people in this room who are the quintessential picture of squid ink, and so on. But sometimes you don't want to talk about that stuff, so you say it's a highly dilute plant, is what I usually say. But sometimes I'll tell them what it is because I want them to understand the principle. One of the best remedies with bee stings and mosquito bites and anything that is small, red, swollen, hot, shiny, painful is aphis, known which is the honeybee. I'm not quite sure what they do. I think they drop the bee in a blender; and make a tincture out of it and then they make it from that. But not just bee stings, but anything that has those kinds of characteristics in the acute form. It could be bee stings.

It could be poison ivy. It could be something you can't even name because you don't have to name it. All you have to do is see the vesicular pock (?) is swollen. Sometimes the infection of the periorbital cellulitis which is a swelling of the tissues around the eye. It's a serious disease as far as the allopaths are concerned. It usually strikes young boys for some reason. You know this is cause for hospitalization and high IV antibiotics – that's high doses. That's an aphis picture – swelling, hot, shiny kind of thing – not that aphis always works because every patient's different. There are other remedies that might work, but the point is that there are times that you don't want to tell everybody, well, you know when you have a bee sting, we use a bee.

When we have poison ivy, we can use poison ivy homeopathically, and again, in fact, you don't always do that. Sometimes what you know to be poison ivy might respond better to a different remedy depending upon the character of the response in that individual.

But I think the point here is that you can use anything homeopathically. There are no such things as homeopathic remedies, and you'll forget that because the rest of the time here you're going to talk about homeopathic remedies. It is really a misnomer. There are no homeopathic remedies. There are remedies that can be used homeopathically. You can use dog's milk allopathically with those physiological properties just as well as you can use black canum – we use the Latin names in homeopathy – just as well as you can use black canum homeopathically, you can use it physiologically.

I sometimes tell patients we use the Latin names because when you really get down to it, it's really not dog's milk; it's really not a bee, it's sort of like the essence of dog's milk or the essence of a bee, which we'll talk about in a minute.

Herring's Laws or the Laws of Cure or Herring's Rules – If there are any mantras in naturopathy, this is it. From the top down, from the inside out, from the most important to the least important in the reverse order of their occurrence. You should be able to say that in your sleep, because it will guide everything that you do, and I don't think we need to say that any more unless there are questions about it.

Okay, two other items that are not on here, and this gets to be somewhat of a can of worms, but I guess we'll get into it any way, and that is that after 20 years I guess of doing this, Hahnemann doing this experimenting and playing around, he noticed an interesting phenomenon that he and his autobiographers and Kent say that by that time he was a master of the acute treatment by homeopathy.



But one of the things that he began to see a pattern developing here was that you could treat somebody over and over and over again for a sore throats or for asthma or for whatever it was, and they'd be better for a while, they'd be balanced for a while; they'd be stabilized for a while, whatever the term happens to be, and then they would come back again and something else would come back, which lead him eventually to the conclusion that there are underlying deep seeded almost undeludable (?) disturbances in the population in what he would call the human race or the race. That there are these fundamental patterns, fundamental propensities to disease. He eventually identified three of them. He said the first and the most basic of these is what he called the psora.

He just called miasms – three chronic miasms. I checked out the word miasm in my 1868 dictionary – it has something to do with gases from a swamp, so I don't know what it meant to Hahnemann 100 years before that, but obviously it means some kind of underlying sludge or something to him – to Hahnemann.

Now, if there are any accomplished homeopaths in the room, you're going to disagree in part with my superficial treatment of the miasms because they can get quite complicated. I don't mean to scare you away from them, but it's a lot deeper than what I'm going to talk about. But you can think perhaps of the chronic miasm, psora – the first miasm, the deepest miasm in the race as nothing more than our inability to reach perfection. We will not be perfect. We will never be perfectly healthy on all plains, so say the homeopaths by definition. Human beings will never reach perfection. Now Nature Curists might also say that that's also impossible, and if you do reach perfection, like I said the other day, you're out of here.

So by definition you are no longer an incarnated human being, you are something else. I don't know if that's true or not, but philosophically that's the deal. That perfection is an ideal that can't be reached, and if you want to think about it theologically (?), the reason we can't get there, that fundamental flaw that runs through the race in religious parlance is called original sin. And so in the language of homeopathy, it's the psora. Hahnemann would go so far as to tell you that not even the most robust of people taking the best possible care of themselves will be able to get past the psora without having appropriate treatment, homeopathic, he would say – energetic we could say – to get at that deeper level to deal with the psora.

And he went on, and in the language of his time, saw that there were others that with chronic weaknesses, so to speak that run through the human race, that were built upon the psora. He would say that without the psora the other two were impossible and would not have entered into the milieu of humanity. Consciousness – I don't know what it is, but he says there's this thing that sort of runs through there, and we've all got it. It's not just in each of you as you sit here, but these are fundamental imbalances in humanity.

The second one he speaks of is syphilis – the syphilitic miasm. Now I don't know what that means exactly. I'm not a student of homeopathy. I don't practice homeopathy that much. But that there are many, many people who understand this concept of miasmatic quinicity (?) who say that these weaknesses as they run through human development unaddressed allow people to be susceptible to certain kinds of influx – certain kinds of noxious influences. Remember susceptibility – the inflow of the noxious influence. And, I don't quite know how to picture this because I've never really thought it through, but if you think of some kind of an organism that has a fundamental flaw in its balance, that is much the same for all of us, then there are fundamental kinds of responses to disease that we'll all have.



And that's kind of where he's coming from with the psora. With the syphilis it's the same thing – that not all, but most or many will have this other layer, which is the syphilitic miasm.

Now some of the scholars of homeopathic thinking will say that that miasm in the general population has never been well addressed, and that it comes around sort of in cycles. We see different diseases that are the manifestation of the syphilitic miasm. Tuberculosis was one. Syphilis was a big deal at the time of homeopathy's inception in the West. Don't forget they didn't know much about infection and contagion and there were no antibiotics. This wasn't like you had a night on the town and you went and got a shot of penicillin. That kind of stuff didn't exist. The concept wasn't even there. They couldn't even figure out what was going on. And syphilis, as you know, is a pretty horrible disease.

But there are other diseases that have run through human kind that almost mimic syphilis in the development of the symptoms, the general kind of symptoms that you see and in some cases the microorganism that's involved. One of those, as I said, was tuberculosis. There are writers who think that AIDS is the syphilitic miasm of our time. That the expression that we see in our culture is what we now call Acquired Immune Deficiency Syndrome. The symptoms are a little different, in part because we're further down the road to destruction. There are more and more stresses; there is less and less vitality. The syphilitic miasm has gone unaddressed and so it is deeper into the human condition, if you will.

And I can't help wondering if you translate this into the sort of more esoteric principles that might be involved which Hahnemann did not address, that it has something to do this – syphilis – that has something to do with sex. It has something to do in my mind – and this is my own editorial comment, I've never read this before, so if you're going to take notes, you can remember that I said this. If you hear it again, I said it first. If it comes back to haunt you, I never said it. (Laughter).

I wonder if it has something to do with sex in the generic sense of that word - our relationship to each other as men and women on this planet in our inability to make that work in the way that it probably ought to or was planned to. And furthermore the inability of us as individuals to have the male and the female in our cells in balance. We live in a culture that doesn't allow that and doesn't like that. We have never, as far as I know in Western history, been very successful at understanding the relationship that male and female, not boys and girls, not men and women – male and female and the principles represented in that dichotomy in the way that we've ever used it to the benefit of mankind or human kind.

And so, is syphilis and the syphilitic miasm some kind of a physical manifestation of our weirdness and our inability to grope with this most fundamental of problems. Is it a punishment of sorts for not having reached the level of understanding that we need there? I think we mentioned yesterday 50% of the people in this room probably – except I would kind of like to believe we're kind of a select group, but I don't know – 50% of the people in this room were probably sexually abused as children by their parents.

Child abuse is a serious problem in this country, and I don't have to tell you about violence, and all the theories that had to do with the roots of that – nurturing, you know, - male female relationships, mother child, son and daughter and all that stuff that has to do with human relationships and the breakdown of human relationships, and somehow I think that that's what syphilis is all about.



And then finally there's a third miasm that goes on top of that and that's one's known sycosis – spelled sycosis. Sycosis is basically the gonorrheal miasm, and in the sense of order of importance, the gonorrheal miasm or sycosis is not quite as bad, not quite as deep but very common. Sycosis expresses itself – and this is not the same psychosis that we talked about in modern language and psychological circles – sycosis in Hahnemann's miasmatic theory expresses itself mostly with discharges from the body – tataré (?) he would say – starts with gonorrhea, urethral problems, urethral discharges, and all kinds of people who are prone to having pimples and boils and so on and upper respiratory congestion and so on. It's sort of the jaw breaker. It's sort of the third layer there. It's out a little bit further.

It's a little bit simpler to deal with then – these things go on a tier. Okay?

Now I've noticed in the last few years in some of the homeopathic writings there's some – I don't know if it's a very well articulated conversation, but there's some effort here – there's some thinking out loud about whether there's a fourth miasm or not. And it seems like many thinkers go back to the original three and say well maybe there are only three and what we're seeing is a different expression, a different symptomatology, like AIDS and the syphilitic miasm. Maybe we're just seeing variations on these other miasms, but there is some talk now about a fourth miasm that is expressing itself mostly in the kinds of immune deficiency diseases that we are seeing.

We're sort of living at a time in the developed world where you could almost think in terms of most diseases as being related to immune deficiency. In the language of the day, whether you're talking about multiple sclerosis, chronic fatigue syndrome, or whether you're talking about some extreme example like AIDS, if you just work on stimulating the immune system, or in the language of Nature Cure, the Vital Force, you can't go wrong. But we're seeing a rise in that and that's back to the one about the decrease in vitality. Now Hahnemann would say that this is just going to get worse and worse and worse because the miasms are going untreated, and not only that, but treatment by medical means is making this worse.

You see, when you suppress the symptoms, you drive down the vitality of the organism and Hahnemann by extension would say the vitality of the entire human race. And furthermore, the magnitude by which you decrease the vitality is directly proportional to how vigorously you're involved in suppressing. And the vigorousness of the suppression is directly proportional to how strong your medicines are. So Kent said it 100 years ago and Hahnemann said it 200 years ago and Hippocrates said it a millennia or two ago that when the medicine gets stronger, people will get sicker, not better. Oliver Wendell Holmes said if all of the medicines were thrown into the ocean, it would be so far the better for people and so far the worse for the fishes.

So, one other thing then about homeopathy, and this is the part that blows your mind if you don't know about homeopathy. Hahnemann experimented with these remedies in the order that I told you, and some how or another came upon the idea that the remedies were too strong in their crude form. See the practical way of extracting a remedy, especially a plant remedy, is to make what's called a fluid extract. A fluid extract is specified by the Materia Medica of the day. In other words the fluid extract of crataegus (?) (Hawthorn berries) is done in a certain way. They didn't know about standardizing by alkaloids or by other components of the plant, the standard was in the extraction method.

When you extract hawthorn berries, you soak X number of grams or pounds of hawthorn berries in a certain amount of alcohol for a certain amount of time and stir it at the full moon, or whatever the recipe is. But there's



a standard recipe from which you get your fluid extract, and the fluid extract becomes the beginning point for all medicines. When a fluid extract is diluted, it is called another tincture from which all the rest of the tinctures in their successive dilutions will follow. Any way, for Hahnemann this stuff was just a little bit too strong, because these provings were coming on fast and people were getting aggravations, in some cases, and he thought that maybe if we could dilute this stuff a little bit, we can sort of tone that down.

But guess what, the more he diluted it, the stronger it got in terms of its effect on the body. The smaller the dose, the more potent it was. Now those of you that know about and have used homeopathy bear with me for the edification of those who don't. The way this is done now in the system that was developed by Hahnemann was that you have successive dilutions that are one part in ten. You take one part of your mother tincture and you mix it with the diluent, which could be alcohol if it was a plant; it could be water if it was something else; it could have been milk sugar if it was a solid.

In other words the medicine – medicines were mixed – some of you may know this because the old homeopaths in this country still did that – there were medicine powders. When you got a medicine, you put the powder on the paper, which was milk sugar, and you mixed in the stuff, and you mixed it up, and you folded the powder and you sent the patient home to take a little bit. Doctors had basically compounded their own pills in the office. Well, so, there's a tradition, then, of using milk sugar as a diluent for that reason in homeopathy, because that was the vehicle of the day. Any way, you take the basic substance from the mother tincture and you make a dilution with whatever that diluents is, let's just say for the sake of discussion it's alcohol.

Take one drop of mother tincture and ten drops of alcohol and you put it in another vessel or container, and now you have a dilution that's one in ten. Is one to ten, I'm sorry. So you've got one in ten. Now you do that again, and you have one in a hundred – one part per hundred. Do it again and one part per thousand, etc., etc. For the sake of nomenclature here, the first dilution is called the 1X – X designating decimal or 10 – 1X, 2X, the third dilution is 3X, 4X and so on and so forth. Now commonly in use today are remedies that range from 1 and 2X up to hundreds of X's – 200X, 500X.

You can also do the diluent by doing one in 100, one part, hundred parts, shake it up, and now you have a 1C – centesimal – 2C, 3C, etc. or you can go to M – the millesimal scale where you take one part per thousand, 1M – take one drop of that into the next diluent, 2M and so on. There are remedies that are diluted as high as 50M and beyond. There are like LM's – these are the symbols from Roman numerals – LM – talk about mixing paradigms – LM I believe is a thousand millesimal (STUDENT TALKING)

That's always been my argument. This stuff that we do doesn't work; it's quackery; it's weird; it has no basis in science, but now that it's getting popular, MD's want to own it. Right? They have spent most of the last century making fun of most of this stuff, and now that they're beginning to understand it – and I want to make it real clear, I'm not trying to criticize any particular medical doctor or any particular individual, I'm talking about the system, okay? The official system has had a great deal of fun at the expense of homeopathy, which can only mean that Hahnemann and those who understood what he said were ahead of his time.

Now these ideas that we're talking about here, you go home and starting talking to your friends and your parents, and you're going to find out that you're on a different planet now. Right? They're going to think that you went around the bend and they're going to rethink whatever financial support they're giving you. (LAUGHTER)



Either that or they're going to know that you're ahead of your time. These ideas are not ones that are generally accepted and without-- Now, I had a friend who said you can't understand anything unless you have it in context. You see, you have a context here now that is almost three days long in which to put some of this stuff, but when you start talking over dinner about diluting something and making it stronger, you probably ought to excuse yourself. (LAUGHTER)

But you see what's interesting. There's the conflict of paradigms again. When you notice, when you see this, and you may not believe this, and again I'm not asking you to believe any of this, this is the way people operate in natural medicine, and you can go and see for yourself. I told you my response to homeopathy. I thought the guy was nuts. In fact my first experience went something like this: I was a student in Kansas at the National College when the program was there. I was only there a couple of weeks. We had heard about homeopathy. I didn't have any idea what it was except I was questioning whether I was in the right place at that moment, and my wife ended up with horrible PMS.

Now I didn't know PMS from anything at the time and I had no idea what was going on, and her pain was seemingly, I mean it was just out of all proportions of what seemed like muscle cramps. But anyway, she was on the sofa unable to get around, and she asked me to do something, and I'm like what am I going to do; I don't know anything about this. Well, you're in a naturopathic school. Can't they figure something out? So I called Dr. Broadwell. He said come on over. I went over to his office; he asked me a couple of questions which I couldn't answer, and he handed me a tincture which was all he happened to have in the office.

Take this home – something like put 10 drops in a pint of water in a clean glass jar, shake it vigorously and have your wife sip a little bit of it every five minutes. I thought, “Yeah, right.” (Laughter). I'm paying money to do this, I thought. So, I got in my Volkswagen and drove home and I did it, and she sipped it, and just like that the pain was gone. It was Hydrastis – Goldenseal. Goldenseal has a lot in its picture of extreme abdominal cramping, colic, radiating pain, muscle cramps, so it doesn't have to be PMS, you see. It doesn't have to be PMS, it can be any kind of abdominal colic or cramping – severe indigestion or diarrhea – if they fit that picture, you see, then it's the remedy that's the appropriate one.

But here again, we have this dilemma of the two paradigms. You see, you say to somebody, you dilute this stuff, the successive dilutions actually give you a stronger reaction, and if you take the time to watch that and see it, you'll know that that's true. I don't know to explain that. I don't have any idea how to explain that. I know how people try to explain it in the language of Hahnemann and in the language of Kent, and I know that there are struggles to explain it in what we now know about electromagnetism and vibration and harmonics and so on and so forth. But these are attempts to put some structure behind the phenomenon that occurred in order to explain to ourselves what's going on here. You see, when the empiricist says, “I don't know why this works.

I just know it works. You figure it out. And frankly I don't care what your explanation is because it doesn't change the way it works.” You could believe at the higher levels of the successions or the successive doses here somehow with a vibratory level they call in greater amounts of guardian angels to meditate over the patient. I don't care how you explain it; I just know that the higher it goes the better it gets. But the guys over here in the rational school say what she just said, “That's impossible. You guys are nuts.” It doesn't fit in my paradigm. I can't explain it with what I know about aristotillian, and Newtonian Physics, in the real world, that I can see, touch, feel and smell. You guys are nuts.



I don't care if it works but I'm not even going to look, because I think you're nuts. So there you are back to that one again. You see, you can't have that argument with a medical doctor then. (Female student inaudible something about objecting to them controlling my freedom to practice what I have learned here and that's what I object to.) Well, that brings me back to some of those concepts that we talked about 2 or 3 weeks ago, which was the way allopathic medicine has become institutionalized in a central system of medicine that seeks to control the information and the access. It's just one more expression of how it's done. You're too dumb to understand this, people; you're too dumb to understand this. You come to us. We have all the answers. We can do it right.

That's the one where I think if we have a role to play, if you want to change the system, if you want to see allopathic medicine really coming down around the edges, teach people these concepts everywhere you go. No everybody's going to be receptive, but sooner or later there going to rock it.

I have a friend – a dear friend – who is formerly the dean at National College, Dr. Zeff. He sort of had enough of one on one clinical practice. He feels like for him it's kind of a burn out. What he started doing, he started going around the country doing four day workshops with people on what we're talking about here – not at this depth, of course. But he's talking about basic philosophical principles, and he's giving people basic herbal medicines that they can use for home care – basic acupuncture points – basic massage techniques – basic dietary information. Right?

And I feel like I'm going to cry when I say this, because he says that every time this happens, people come to him in tears from the joy of being empowered in their own health, which is exactly the opposite of what we have in our current system. Why didn't somebody tell me this before? Thank you for – you know. People want that. They want to get away from that kind of situation. So, it looks like it's time for another break. Can somebody close one of these doors because what happens is a breeze goes across here and blows all my stuff away.

Okay, so are you bored? Shall we do something else for a while? Well, let me tell you what my intention is so you know where I'm coming from here. I think I said this last week, as well. I was told that I needed to fill the 12 hours, and I set this thing up so we have two hours of review, and boy I think I was going to hit you with two hours of exam this afternoon. Lucky for you I'm too tired to write that many questions and Kyle got to me first, anyway. We need to do a quiz, and that's all.

So, what I'm hoping to do is get through the material that we're supposed to get to – you see one of the interesting things about institutions is you got to go by the plan, so we've got to cover all that we're going to cover – but since the testing part got all turned around, what I would like to do, if we can work this out logistically – meaning if the stuff gets typed and copied on time and so on – is to do with the quizzes right after lunch and get them out of the way. It's no big deal, but if anybody's the least bit apprehensive, it's the first one at Southwest, some of you are – whatever.

So let's just get them out of the way, and then we'll spend the rest of the afternoon until you're bored talking about all the changes in your life that occurred in the last 72 hours.

Somebody – who handed me this? The Arizona Republic from Wednesday. Physicians defend the profession. It's an article about medical doctors defending the criticisms of medicine. Wh'd a thunk it? Wh'd a thunk it? I could talk about this for two hours. But the one thing I will tell you about this is, they start off here about saying who's to blame for the shape of the U.S. Healthcare System – consumers say it's doctors. They charge too much; they



earn too much; they're arrogant. Now, I don't know if I would agree with that entirely, and again I don't want to be disparaging to any individual, but I can tell you in clinical practice people will come to you in part because they're disgusted with what happened to them in the other system. They're looking for something.

They don't want you to be a medical doctor; and they don't want you to be the stereotype of what they think the medical doctor is. But I have never had anybody say to me that I'm here because the other guys poisoned me – because they suppressed my symptoms – because they don't understand vitality. They say one or two things. Anybody know what they are? (brief silence in the tape) Anything – just help. So the philosophy is just sort of a guide for you, and it's not a lesson that has to be done in detail with the patient. There's something else that they say though, too. Invariably, almost consistently, anybody guess what it is? STUDENT;

JSS: They don't listen. I'll tell you can have a new patient and you do the thing that I do, or you sit down and say "So, do you have any experience with naturopathic medicine? Have any questions about who I am – what I do?" Well, no, doc, not really. Look the reason I'm here is I've had ulcerative colitis.

END OF SIDE A TAPE 9





BEGINNING OF SIDE B TAPE 9

You don't have to say another word for half an hour. You know, 15 minutes into this rambling, they say, do you want to say something? Do you want to get in on this conversation or shall I go on? That's therapy right there. A new patient unloads their whole history. You've listened to them for 18 minutes or an hour. Besides when you become relatively accomplished at homeopathy they'll tell you their case. Right? If you listen to somebody for a half an hour or 45 minutes, you know exactly what the remedy is or pretty darn close. You may only have to ask them a half a dozen questions to differentiate that.

Sometime you have to play with it, but they're telling you the story of their life and the problem with their pain in their abdomen, and then you want to ask them something stupid like, do you feel better when you're hot or cold so you have to sort of segway into that one.

There was an article in The New York Times - this has got to be about 5 years ago on this very subject about medical caregivers don't listen - medical doctors don't listen. There was actually a survey done; I think it was from a Journal article and was reprinted or summarized in The New York Times although I do not remember it. It's been too long. According to The New York Times the average doctor interrupts the patient within 18 seconds of the beginning of conversation. It's back to this empowerment issue we were talking about. I'm the doctor; I'm the guy who's going to do it; shut up and listen; don't waste my time, I've got other patients waiting. I mean that's sort of the nuance behind it. Now this gets into earning a living that somebody asked about, too.

Now, if you see patients for an hour or a half hour you don't see 100 patients a day or 30 patients a day, and there's that.

Now, a couple of other questions came up about homeopathy. Somebody asked if there's anything going on since Hahnemann's time. Are we building on what he started with? Again, I'm not a student of homeopathy, and I'm not really traveling in those circles. I mean I sort of have my ear to the ground because there are a lot of homeopaths within the profession; we have our own specialty organizations; it's probably naturopaths, if not at the head of the parade, certainly they're in the lead band as far as homeopathy's growth and reemergence in the United States, and the certification and so on and so forth. But I don't think so. I don't think they're doing much in terms of building on the philosophical base. I think they're sort of filling in the blanks.

Filling in the information that two centuries of practice on that foundation that Hahnemann left us with. We are trying to improve on remedies and their delivery by sort of jumping past the physical vehicle of the homeopathic remedy. You know if we're really talking about something to do with the electromagnetic manipulation, must we give someone diluted dog milk to get that or can we come to understand that the dilution of lacanin(?) has a certain vibratory rate which we could probably mimic with some other kind of instrumentation and thereby direct that energy or give that energy to the patient, and skip milking the dog? Right? There's some of that kind of stuff going on. It has to do with electro medicine or energy medicine, and that's where acupuncture and other sciences start to meet each other.

But you know, while I'm thinking about this, this raises a question for me. If what you're doing is helping the patient get from A to B, and the things you use are nothing more than the tools to accomplish that, can't we find



better tools? And do we even need physical tools? I mean, if you can get from A to B in a year, why can't you get from A to B in 6 months. And if you can get there in six months, how come you can't do it in 6 weeks or six hours or six minutes or right now? Why do we have to give them a remedy and play around with it? What are the changes that are necessary? What's the fastest quickest gentlest most rapid way to do this?

I don't know, but as I practice more and more and I see the things that I use, in spite of the science that we're talking about and the philosophies here, that these things are tools to help the person make this journey, if you will. Sometimes I think that it really is placebo or it is really nothing more than buying time while the consciousness of the patient is changing to open themselves up to these kinds of possibilities. I think Voltaire said something like that. You know, the doctor entertains the patient, while nature cures. Did you ever hear that? On the other hand this stuff works. So maybe you can get instantaneous changes, so maybe in that case there are two of the same things. You know, two sides of the same coin. You use the tool.

Maybe the tool is something to change their consciousness. If the mind and the body are two sides of the same coin, and you give somebody the right remedy, then theoretically you're having better mental, emotional, spiritual functions and now you're more awake to the possibility that you can be healthy again.

Also building on homeopathy there are different classes of remedies. We talked about similia; we talked about the remedy that is most closely – most similar to the patient's drug picture. Strictly speaking when you practice in that manner you are practicing homeopathy – similar substances. You will never be exactly on the mark because no two diseases are exactly alike and they will never exactly match the drug picture. And this is another thing I don't understand. I know a medical doctor who is a homeopath in my area and I heard a story from his own mouth about trying to find the right remedy. Passionate, purist homeopaths will tell you there's a right remedy. If you can't possibly ever match the remedy exactly with the symptoms, if there's never such a thing as a 100% match, then how close are you really?

Is it 97% - 98, 97, 99 is it 50? (STUDENT INAUDIBLE) Maybe, let me finish my thought here and then we'll see. If you're never exactly 100%, you're going to have some varying degree of approximations, if you want to assign a number to it to understand what I'm saying, pick a percentage. The way I figure it is that you know some homeopathy, and you know what the dangers of using it wrongly are, it doesn't really matter whether you have exactly the right remedy or not, because any remedy will have a beneficial effect if you're in the ball park. In other words, the remedy that's 93% right and the remedy that's 95% right are so close to being right that you're going to be able to benefit the patient.

And if you're not satisfied with your prescription, you can always go home and work on it a little bit more. But this guy I'm referring to told us of a case where a child had Pharyngitis, sore throat, swollen glands came to him in pain. It took him four days – he was bragging – it took him four days to figure out what the remedy was. Your job is not to use your patients for an academic exercise; it's to relieve human suffering. That kid should have gotten a remedy on the spot, and then the doctor could have gone home and spent four days playing with his stuff there and figuring it out.

In any case, some of my best friends are homeopathic purists. Some of the biggest names and most respected names in naturopathy who teach and write and research homeopathy are peers, classmates and contemporaries of mine and personal friends, but you know what – you put them all in the same room and surely you've had this



experience, you put them all in the same room and you discuss a case. They all come to different conclusions. Sometimes they're similar, but it is remarkable to me how often they do not come to the same conclusion given the same objective presentation. Furthermore, you take a patient who presents the same case individually to 5 different homeopaths, you may get 5 different medicines. And what that means to me is there's nothing wrong with it.

What it means to me is that it's not an exact science. It's pretty darn close, but it's not quite exact. And maybe if we can get beyond matching remedies on the basis of the symptoms and match them on the basis of a measured vibration or some kind of a – I don't know – maybe an aural celestial envelope or whatever it is, maybe when you get to that level it can be more exact. I think that's what they did on Star Trek. You know when you were sick, and you'd go to see Bones and he'd take this thing and he'd just bzzzz. Oh, yeah, and then he'd put something in there and he'd go bzzzz and then you'd walk back up to the bridge.

Maybe he's reading your vibration and he is dialing in the harmonics that will cancel that out. Maybe that's closer than saying let's sit down here for two hours and tell me all about how you sleep and what you eat and who your grandmother is, and all that kind of stuff. (STUDENT INAUDIBLE)

I found somebody the other day that I understood from somebody I was talking to a couple of months ago that the Germans have been playing around with something like this where using a siloscope (?) they have been able to repeatedly confirm that we all have this certain rate of vibration, and by visualizing on a sylascope you can see the major harmonics and the disharmonics that's in that, and by some kind of electronic wizardry, which probably isn't very sophisticated when you get down to it, the disharmonics in the overall harmonic are isolated and they're sent back to the patient – they're given back to the patient.

And the disharmonics – you take the harmonic of the disharmonic or whatever, you guys that know wave theory and harmony would know better than I, but you cancel out the disharmonic wave leaving the harmonic. And the way these guys tell us that health is – the harmonious vibration of all the forces in the human body from all planes. The same thing; different paradigm; different time in history; same idea. Now, let me go on with this. Boy, this isn't very well bound, is it?

So homeopathy is finding the similar. By definition finding the same isopathy. If somebody who – you take a small child who has lead poisoning – there are two ways to approach this from a homeopathic point of view. One would be to take the case – the homeopathic purist would say take the case and give the kid whatever remedy is indicated when you take the case. The other possibility is to say, "Holy Cow, this kid is poisoned with lead, surely some of the symptoms are from lead, let's get the lead out." Give him lead – homeopathic lead – plumbum (?) in a high enough dilution, appropriate dosage to encourage, if you will, his body to reverse that process which literally, in this case, means to excrete the lead.

I live in the part of the country that has the highest lead poisoning rate among children – New Haven, believe it or not, is one of the poorest cities in America. Fourth poorest in the United States in spite of the fact that Yale Medical School has 25% of the properties in the city, actually that's why they have a problem. Yale Medical School was set up by the General Assembly in 1790 with an exemption from taxes. It never changed. The second richest institution on the earth – actually third – Catholic Church, Harvard University, Yale – don't pay any taxes – the fourth poorest city in the country. Anyhow, very high, very high lead poisoning.



It almost make me cry to realize what children go through for lead poisoning with chelation, IVEDTA, which pulls heavy metals out of their body and all their other minerals when you can give them plumbum and have them come back next week or next month, or next year and not have any lead in their body – and only the lead is excreted, not all that other stuff. You can do that with any metal at all. So theoretically, if you know what somebody has been poisoned with, if you take homeopathy to its extension there, and you know what somebody's been poisoned with, you can give them the "with". But that strictly speaking is not homeopathy, because you're not using similars, you are using exactly the same thing and you are arriving at by not comparing the simila.

You are coming at it from sort of knowing the poisoning agent, so the purist says, oh, that's not homeopathy.

You see, it's fun to have the philosophical discussion to what you can learn about them, but when you get down to it, your only job is to get the patient well, so who cares.

Now, there are a whole other class of remedies called NOSODES. In a nutshell Nosodes are excretions from the human body, or for that matter from any body, I suppose. And the theory follows homeopathic thinking and mixes it with this isopathic thinking which is – if you have hayfever, you could take a nasal discharge, let's say, the symptom, the effluence, one of the products of your body trying to rid itself of this disharmony. You could take this Nosode – this nasal discharge and make a remedy out of it, and take that and that will correct the problem. Some people get a little more holistic with that and they use blood.

I had a guy in my class who would do lab work on every patient whether he needed to or not because he always siphoned off a little bit of blood on the side and he'd make a remedy out of it and give it to his patient. There are labs that will do this for you. You can send anything you want there, from the cricket in the ventilation to your nasal discharge and you have them make a remedy from it. And maybe that's homeopathy taken to its logical extreme. If each individual has products or changes in their body that is unique to them, and the changes that are bothering them, then why not – that's like that German thing I just told you about. You read the disharmonic, and you give it right back. Maybe that's what's happening there.

Some of you know that in Ayurvedic medicine, drinking your urine, as I comically referred to this morning is a very common therapy. The idea is that all the waste products, the effluence and whatever else are in the urine taken in dilute..... back into the body will correct the problem. I think I talked about altheon feron (?) the other day – the substance that your cells make to protect themselves – one of the many components of the defense system along with your overall sort of immune competence. Allopathic medicine is using 25, 30 million units – IM – in the butt or IV with little or no success and yet it's found that tiny amounts dissolved under the tongue have profound effects. And none of us I guess can explain it – like what is going on there?

I had a friend who used to say that maybe we're just reminding the body in a subtle way what it's supposed to be doing. And then, get this. If you give a remedy – let me think of an example – if you find somebody who's

(?) deficient, and you give them syanica ballomine (?) in a dilution, you can get their(?) straightened out, but I just told you of somebody who had lead poisoning, and I give them lead, it brings it down.

If you have somebody who's calcium deficient and you give them calcarea carbonica (calcium carbonate), the calcium levels will rise. If you have somebody with too much calcium, and you give them calcarea carbonica, the



calcium will fall. So what does that mean? What it means to me is that the remedy will not produce anything it normalizes the function in the human body. When you use calcium in that way you're specifically addressing calcium metabolism. Now the purists would say you have no business doing that unless the patient is a calcarea – unless they are the calcium type. But you know, what works, works. Do it any way you like, I suppose. But the principle that I am trying to convey here is that it has that normalizing effect.

And this is all part of the answer to the question about what are we doing with homeopathy. We're sort of building and experimenting, but I don't think the principles have changed at all. (STUDENT INAUDIBLE)

I don't know. Let me come back to that in a second. I think that homeopathy with that gentle, subtle whatever it is – wake up call or something – says to the body that there's a problem in this particular area of vibration – physical manifestation or whatever it is, that needs to be changed. It's out of whack. You see, when I think of waves, I think of my Physics 101 where a wave. Waves have peaks and valleys, right? The amplitude, the higher it goes, the lower it goes. When you decrease the amplitude of the wave, you decrease. So maybe that's what's happening. Maybe you're decreasing the amplitude of the wave, if we can use that kind of thinking there. So, bringing something down to normal level is the same as bringing it up to normal level.

When you think something is high or low, you're only looking at half the coin, maybe. I'm thinking out loud here. I don't know. Maybe from the body's point of view that's what's happening. You see it as high, but the body sees it as abnormal because you only see half of the picture somehow or you only manifest half of it. I don't know.

But the other part of your question goes to the heart of clinical rationale, which in homeopathic medicine is to use the smallest possible dose to do what you want to do, which in effect is the highest dilution. (STUDENT)size but stronger aggravations because you get more of the vital reactions. But in a scale of amounts going from the lowest, smallest possible dose to the highest possible dose natural therapeutics and the vitalist school has always said the least that you need to get the job done and the rational school says the most you can use without killing the patient, literally. What is the highest possible dose we can use without producing toxicity.

Allopathic medicine and pharmacology is based on just this side of toxicity, and it's hardly ever true that that even happens because most drugs are toxic, precisely because they're way up at the top end of the scale. Well never mind, Mr. Smith, that you're impotent and your bald, at least you're not dead, you know. So this is a very different way of using medicines for different purposes. Now the specific question about Ritalin, it's my understanding that it does the same thing, but the reaction is different because we don't understand enough about the kids who are using Ritalin to have it be a tranquilizer because what it is, in fact, is an upper. It stimulates neurotransmitters in the brain. So, if you're an adult, you get fried by getting on the sugar and the caffeine here.

It gets you moving; it wakes you up. It's an upper. But if you're a child with Attention Deficit Disorder or hyperactivity, it's not because you're too hyper, it's because your brain ain't working right and the neurotransmitters aren't getting across the synapse and sending the message. Your brain is on vacation. The messages aren't getting through. It's too lazy, if you will, or not making the right – or whatever it is – I know a little bit about this. I have two adopted children who were hyperactive, and I see a lot of hyperactive children. So it is thought in some circles that Ritalin, precisely because it's an upper, quiets this kid down because it gets the



neurotransmission and the normal function in his brain and now he's able to cope better with his surroundings. He's not so overwhelmed.

He's calmer because he can function better, instead of responding to his environment, he can be in it. Now hyperactivity is seen as trying to escape in some circles, and too much input which can't be handled by the individual. So even though the manifestation appears to be different in an adult and a child, perhaps chemically the same thing is happening, but the behavioral changes are interpreted differently because the adult and the child are acting them out in different ways in the first place. The high end and the low end of the wave, again, I suppose.

(STUDENT INAUDIBLE – something about justifying therapy). That's a good question, and you can't justify using megavitamin therapy if you want to be a pure vitalist, because when you use megavitamin therapy, what you are doing is you're using the vitamins as if they were a drug, which is why the FDA is going nuts right now. What they're saying is "Come on, you guys, you're using 100 billion, zillion units of Vitamin A. That's not a vitamin; that's a drug, and we think medical doctors ought to be the only ones who do that because they know all about this stuff. They know all about toxic end." So you can't.

In fact I was telling someone outside at the break I'm one of those people who's abhorred by the idea that you go to a so-called holistic doctor and you need a shopping bag to carry all the stuff home. I have patients who literally come into the office with bags – bags. Not everybody, but bags of things they're taking. Sometimes they've done it on their own, but sometimes they've seen a holistic medical doctor, for that matter, a naturopath or someone else. You should see their face when I tell them to stop it all or throw it away. If you want to be kind you say, well put it aside and maybe we'll come back to it. But you can't justify it – but keep in mind I've been saying this over and over again. We are not talking about practicing.

In a practical sense you're never going to be at one end of the spectrum or the other. We're using this one end to contrast this to the philosophy of our culture. Naturopathy is not entirely empirical. It's not entirely vitalistic. You are going to mix the elements of the rational school in here, and so depending upon how you end up practicing, there may be times when you are using that kind of rational approach where you are using vitamins and minerals as a drug, so to speak. Now obviously I think it's important to replace or supplement when we are deficient. And I'm not sure what megavitamin therapy is.

The way I would define it philosophically is if you're using a vitamin to correct a deficiency – excuse me, even if that's a high dose as if to get over the hump, as if to compensate for a lack of absorption, as if to fill in the hole as quickly as possible – if you're using even a tremendously high dose to sort of fill in the hole but to increase the level to normal within this individual, then that's not megavitamin therapy in my book, that's correcting a biochemical imbalance. Now, if you are using - my wife likes to say that holistic MD's are doctors who use what we use as if they were drugs. When you start prescribing Vitamin A in high doses for acne, now you're talking drugs.

When you prescribe Vitamin A because somebody's Vitamin A deficient, now you're talking healing. Now it just might happen that the person who has acne has a Vitamin A deficiency, or has a biochemical individuality which requires more Vitamin A in their case, and if you're willing to look at that and get them what they need to be normal, in my book that's correcting the problem. But if they're taking Vitamin A or Retina just because they



have acne, now you're practicing allopathic medicine, which ain't good or bad, you just have to know where you are on the spectrum. I mean sometimes that's what it takes.

(STUDENT – homeopathy) That's a good question because there are so many factors there and this is where all this philosophy comes back in. First of all, on this continuum that we are using repeatedly, you have to have some sense of where the patient is. If they're sort of on the last hurrah there on the way down, not enough vitality to be stimulated, if you will, back to health, or are right on the fence, there's a possibility that homeopathy would be inappropriate perhaps, because it could cause an aggravation that could be life threatening. And other modalities might in fact be appropriate, but then you have the same question about whether you can work or not work with the person's vitality. So there are a lot of different nuances here.

See, one of the things – the problem here is we all sort of learn this by the seat of our pants. You're going to learn when you need to learn about all these different therapies, and then you're going to go out there and you're going to practice – that's why they call it practice. Right? You're going to practice. You're going to figure out what works for you, because it's not all going to work the same for everybody. And I know a lot of different naturopathic physicians who are treating people with AIDS, and I don't think any two people do it the same way, but there are common threads in there, and they're certainly all based on this same model of restoring health. Theoretically though, you would give a patient with AIDS the correct remedy for the patient.

We didn't even use this word yet, the so-called constitutional remedy – the one that fits them. You don't treat AIDS, you treat Bruce, or you treat Mary, or you treat Joe, and if you get the right remedy theoretically, his white count would increase. It's just another symptom. Here we are back to infectious disease and microbes and microzimes. You know, is it really the virus? Is it really the virus in the cells that's causing AIDS, or is it lowered vitality? Is it a syphilitic miasm, is it all the other crap in the air? Is it living under power lines using cellular phones and eating at McDonald's? I mean, what is it really? And is the virus in the cell able to proliferate because the individual doesn't have the vitality to fight back?

And if that's true, then you don't have to worry about the virus, you see. So when you give the right remedy, the white count is going to come back. Whew!

Another question. I'm still cleaning up questions here. (STUDENT – something about parasites) Thank you for that. That's exactly the way I do look at it. Take another virus for example – herpes virus. This is the part I never understood. Take this whole virus thing. It is said that there are people who have contracted this virus that we call HIV, or HLPV, or whatever it's called today, and we're all swimming around in the same aquarium. You know most of us – forget about being Haitian or homosexual for a minute – most of us are in the same milieu. You know you sit on a plane with somebody from Germany on your way to Phoenix who just the day before came from Turkey where he was talking to people from Russia, just after they got back from New Guinea.

We're not living in isolated parts of the pond any more. And it's beyond my comprehension how we can have infections like this virus so easily spread how we can have them within only selective groups or smaller parts of the pond, so to speak. And how many other viruses are there? You know when you look at blood products or something else to make sure it doesn't have the AIDS virus in it, or the polio virus, or whatever other virus you are looking for, you are looking for the viruses that you know to look for. The reason the AIDS virus wasn't



found in blood products before is nobody thought to look for something called the AIDS virus in blood products before until there was a manifestation and we went and looked at it.

So how many other viruses are there or microzimes, in Lindlahr's terms, or whatever other kinds of things running around in the population that we're dealing with every day. And when you look at something like herpes, there are a lot of people who have been infected with herpes who are in remission, so to speak, who no longer have herpes in terms of the herpetic lesion, and then when they're run down – you all know this, those of you who have cold sores or genital herpes – you get run down and you're in a car accident. Your brother gets married and you get herpes, because you're under stress. You're under stress, right? When do cold sores come on – when you're under stress.

So here you have the virus that's partying at your expense when your vitality is decreased and it can no longer express itself when you come back again. If that's true for herpes, it's got to be true for a sore throat. Remember the mosquitoes in the stagnant water? You know? Clean up the pond? So, I think that's true. There's a word for that, by the way. Post parasite implies that the other organism is benefiting at your expense. You can also have what is called a symbiotic relationship where the two have a benefit to each other. This is true, for example, when you talk about the microorganisms that live in your intestinal tract. And that begs for me the question: are they all symbiotic relationships? Do viruses do something in the cells that we don't know about?

Are they sort of good guys gone bad because they've been eating at MacDonald's in your cells? I don't know.

Can we come back to that one if there are more questions later? Because there was another question. When I was talking about the syphilitic miasm, I said that maybe this was a punishment for the way we have failed to deal with issues of sexuality and femininity and male and female and my own opinion on that, so I was called on that, so I need to correct that. I don't believe in punishment like that. It makes it sound like some kind of divine retribution for being bad guys. I'm using the word in the way that I tried to convey the other day, which is if the evil has descended on us, so to speak, if there is a price to pay, we're playing a role in that.

You know, I don't buy the Catholic version of the universe that we're here to suffer. I buy the version that we're here to learn how to not suffer by learning from our mistakes. But if my miasmatic theory is true, then the miasm runs through the entire human race. I can't free myself from the syphilitic miasm by dealing with these issues individually. This is a lesson for humankind. It is a human weakness; it is not Jim Sensenig's weakness, although it very well is in this case. But my point is it's not an individual thing; it's a collective thing which, my God, if you believe that we're all in this together think of the implications there about individual sickness is one thing, but then there's another level and still another and still another.

We have weaknesses at the organelle level that we talked about, and then at the cellular level, and then at the organ level, and then the organism level, and then surely at the community level, and at the national level, and the global level, and God only knows how far that continues to go. Perhaps our whole solar system is in the same shape. So, so much for punishment.

Now, I have 25 minutes to do what I was going to do in 2 hours. So I am going to try to do this very quickly. We want to look for some of the underlying, without going too far afield, looking at he says to himself, seriously, without going too far afield – we want to look at some of the underlying philosophies if in fact they exist for



some of the other modalities that we tend to use in naturopathic medicine. The next list of them there on, I guess we're on lecture 10, right? – manipulative therapies?

If there's an underlying precept here, it's pretty simple, but then it can get complicated like all the rest. So on the physical plane, it says that if you have structural disturbances, you have to take care of them. If your bones are out of alignment, if the structural tower that holds us up, holds us together is not functioning properly, there are going to be repercussions from that. Limitation in movements, changes in nerve functions, perhaps, decreased blood flow, and everything that comes from that, and what's interesting to me is that manipulation, massage, bone setting or whatever you want to call it has been part of Western medicine I think probably since man was man. I mean these things aren't invented by people who start school in the mid-nineteenth century.

They're institutionalized by people who do that but bone setting, bone cracking, massage have been around since time immemorial. The difference between chiropractic and osteopathic and naturopathic and any other "athic" manipulation is really a matter of – talk about splitting hairs – I don't think you could do much more. It's ridiculous. I mean bone setting is bone setting. Now, if there are any legislators in the room, I take that all back and I never said that, you see. Because what happens is the chiropractors say that these guys are doing chiropractic, and the osteopaths say these guys are doing osteopathy, and the physical therapists say we're doing physical therapy; yet they recognize the difference between chiropractic and osteopathy and physical therapy, and they're all doing the same thing, more or less.

They learn certain basic techniques in school and then – some of you have done this – you go on and you learn cranial-sacral therapy, and you learn Trager, and you learn this and you learn that, and you mix it all together. It's more the style in which someone practices. You know someone said when I was getting adjusted here yesterday, that sure looks like chiropractic. Well, it sure looked like osteopathic to me or maybe naturopathic – who knows. The difference philosophically where these guys started, which you might want to know, you can put this in your historical trivia file – it's pretty straightforward; it's right here.

Still was a medical doctor who got onto manipulation and theorized that the problem was that when there was a lesion it interfered with blood flow, because of the bony lesion affected the arteries in the area and a lack of proper blood flow to the organ would compromise its function. Osteopathic, ? , pathology, osteopathic lesions were corrected by – what's the word here – bony lesions were reduced by osteopathic moves. Still started teaching other doctors and voila!

Osteopathic schools with emphasis on manipulation in addition to the rest of what they were doing at the time, and a whole new profession – not just medical doctors setting bones – but a whole new profession now called Doctors of Osteopathy – ridiculed and derided by their colleagues for 100 years because they did osteopathic manipulation, and now they sit on the same Boards, practice in the same hospitals, prescribe the same drugs, and pretty much have the same philosophy – the same old thing.

D. C (?). Palmer – the same kind of deal – only in Palmer's – the story of Palmer I keep hearing is that Palmer – I don't know what Palmer did – I think he was – I don't want to say what I think he was doing, but anyway the story is that the janitor came – there was a janitor in the building where he worked and the guy was deaf, and they were laughing together about some inside joke and Palmer slapped the guy on the back, and he could hear. It must have been some slap, huh? So that's the story. Palmer then starts talking about vertebral subluxations –



bones out of joint without being out of joint. It's a very difficult concept, really. When you're out of alignment, or you're out of joint, the bones are stuck.

You know there's a way that can happen, and they're not really out of joint, they're kind of stuck within the normal range of motion. That's what a subluxation is – stuck within the normal range of motion. Did you ever jam your finger and have to pop it to move it? That's all he was talking about – originally any way. But Palmer's idea was that the subluxation affected the nerve energy, so subluxation were adjusted by thrusts. Now this is where it started, and this is like all – what is it called when things start to evolve into a common path – who knows what that's called – convergent evolution. Is that the right word? There's a convergent evolution here. Dr. Broadwell would tell you that there is historical evidence that both of these guys found themselves in Western European nature curist

NO MORE RECORDING _ END OF TAPE 9 SIDE B





TAPE 10 – SIDE A

They would accept that in the first place. There's a story about Still who had a headache and fell asleep, and in order to relieve his headache fell asleep with his neck hanging over a sling under the apple tree and when he woke up his headache was gone. I don't know whether that's true or not, but the fact is that they were both open enough to consider this possibility. They saw bone setting going on in Europe and they brought it back. I don't know if that's true or not, but that's the rumor.

And then there's this other guy by the name of Oakley Smith. And I guess Oakley Smith didn't do enough P.R. He needed a better marketing manager because nobody's ever heard of these guys except that if you live in Illinois where the last school of necropathy (?) was probably – somebody was telling me about this just the other day – they were just deregulated this year. Is that right?

STUDENT: About 3 years ago.

JSS: Oh, 3 years ago. The same exact thing. Now Smith says that the vertebrae does not become misplaced, and that can't happen unless it's fractured or it's dislocated. See there's your argument again. We talk about dislocations and the chiropractor turns around and says well it's not really dislocated, it's kind of stuck in its normal range of motion. Try and explain that to a legislature. Try to explain that to the public. Anyhow what Smith says – you can see what Smith says there – what you're dealing with is a ligatype, shrunken connective tissue. Now us naturopaths we know better, and we know that it's all of those things at the same time.

And anybody who was here when Gear was working on me yesterday will remember that he talked about nerve functions, circulatory functions, and connective tissue contraction while he was working on me. And God knows whatever else – biochemical and physiological changes, as well. And of course they all know that now. But the point is that if the frame and the structure is not in proper alignment, you don't get blood flow, you don't get nerve flow, you don't get what we're supposed to get in terms of that harmonious vibration. And this is why people can look at various segments of your spine, or parts of your body, and tell you what's wrong, because when you're 5th lumbar vertebrae is out of whack here, it's going to affect the nerves and the blood flow to specific areas of your anatomy.

We're all wired up differently so it's not exactly the same, but there's some kind of a relationship, and some people will tell you that they can't figure out whether it's the chicken or the egg. You can have a problem in the middle of your back which will affect your digestion, but you can have a problem with your digestion which will affect the middle of your back. Like the story that Gear told. That might have been afterward, as well. Right? He was talking about some guy who was wolfing down a hamburger and fries and went to an acute attack of some kind of muscle spasm, near paralysis – it was near paralysis. I saw the patient subsequently. This guy was in bad shape, and it happened when he was eating a greasy hamburger and a bunch of French fries.

Not that caused the problem, perhaps, but it set it off. This guy had an acute reaction that was immediately decreased to some degree by having manipulation. It turns out that this guy lived two blocks away from me in Connecticut and was in L.A. for 5, so when he went back home. Gear had him see me, and what I found was that this guy had liver and gall bladder problems. Now his back



pain and his muscle spasms in his abdomen and his back aren't going to clear up until the gall bladder and the liver problems are dealt with because they're all part of the same system. You know it's all the same aquarium. If it's muddy over here, it's going to be muddy over there.

And so if there's a philosophy again about physical medicine, it's the same philosophy about making it work correctly – having it be harmonious – having all the joints free to move within their entire range of motion, and having the nerves and the connective tissue and the blood flow be what it's supposed to be. But perhaps, as I'm thinking out loud about this, there is another lesson in there, and that is the one about the holism (?)– the holographic nature of the body. If you can have stomach pain that affects your back, what else is being affected at the same time?

If you know iris diagnosis, you know there's a point in your eye that corresponds to your stomach, and if you know acupuncture, there's a point in your ear that corresponds to your stomach, and if you know reflexology, you know there's a point on your foot that corresponds to your stomach, and if you know zone therapy you know there's a point on your hands that corresponds to your stomach, which would suggest that all of our functions are reflected in all of our other parts of our body. And I think for me that that's the lesson about physical medicine. That it doesn't exist alone – that it's one more piece of this ecological problem or ecological system that we call our body, and that's what Gear meant when he said you have to know how to read it.

A person's body will tell you exactly what's wrong. And after 15 or 20 years of practice you'll be able to read it.

The first naturopathic doctor I met was 82 years old, graduated from school in 1902, and he told me that when a patient walks in the door he knows the remedy and where they are in need of a correction. He had this deal where he would sit behind the desk; he would have a therapy room with tables on his left side; he had his reception room on the right side. He'd buzz the receptionist who would send in the patient. He'd watch the patient walk – he'd invite them to sit down – he'd watch them walk over and sit down and then he'd get up and go back and treat them. He didn't even have to ask them anything. The first time I went there with my wife he said you're a secretary, right?

He could tell by the way he was holding her neck, he thought. Now maybe it was something else, but So, manipulation. Can I leave that one? We're going to have a lot to talk about this afternoon, I'm sure.

Botanical medicine. If there are underlying philosophical ideas in botanical medicine, they are the ones that are there. And I have given you every herb of the field to be as medicine unto you, God said. Right? These are the things that have been given to us to help us. The herbs of the field are the medicines from the Creator of the planet and knowing how to use them is the way we can regain or maintain our health. And as far afield as rational medicine has gotten from some of these principles, the main source of information for pharmaceuticals is – guess where – in the plant kingdom. 67% of all prescriptions written in the United States are based on plant medicines or alkaloids originally derived from the plant if now synthesized in the laboratory.

According to Norman Fine's work at the University of Chicago College of Medicine, 67% of all prescriptions are based on plant medicine – now that was back in the 70's. That may have switched somewhat. And what do we hear about preserving rain forests andforests and virgin forests? Maybe it will tell us something. Maybe we can find new medicines.



Something else that you'll hear about – Pericelsus' (?) was fond of the idea – chemistry was a new science in those days in the time of Pericelsus. It was what they used to call Alchemy. I'm not sure of the root word. I don't have my 1860 dictionary here. Alchemy is what we now call chemistry – the same root there. It has something to do with transformation, I believe. So alchemy was transforming something from one thing into another. Everybody knows about lead to gold. Well, the philosopher Stone and all that.

There's a metaphor there perhaps; I'm not an alchemist, but perhaps what Pericelsus and others talked about with alchemy is not lead into gold but the metaphor that is so obvious, that we take the most mundane, the heaviest, dirtiest, basest of minerals and we transform into the most beautiful, vibrant, energetic of all the minerals. This is a metaphor for personal growth and returning to health, and it's a metaphor for this thing again – alchemy. That's what you do here. See? And Pericelsus was fond of thinking of alchemy was the transforming of the crude plant into the substance which would help the patient by refining it from the most crude to the most whatever – whatever this word is here. I lost the word.

And maybe that's what homeopathy has done, because it's taking the crudest of substance – you know homeopathy is elegant. I mean it's simply elegant. You've got something that's not there - the smallest possible dose, used the smallest number of times, in the least possible dose to do something. Imagine if we ran our entire life like that. What's the littlest I can get by with to accomplish my goal? What's the least we need to get this done? It's not he who has the most toys when he dies wins. Right? And, around Pericelsus' time, particularly unique to botanical medicine but later extended to other medicines as well, was something that was called the Doctrine of Signatures. My 1860 medical dictionary to my surprise talked about the Doctrine of Signatures. Most old botanical books will.

The Doctrine of Signatures is the concept or the idea or the proposal perhaps – but in the plant kingdom anyway, you can tell what a plant can be used for medicinally because it looks like it. It tells you. The plant says I am a liver remedy because the leaves are shaped slightly like the human liver. Or, I am a remedy for the circulatory system because the veins are more prominent than slightly red. And there are many remedies in use like that that were first used because somebody said this looks like it's for the liver; or this looks like it's for the circulatory system. Of course, that's been dismissed as a bunch of baloney, and yet you work with it every day.

There are various things that you see on the physical plane that you know something about by its physical shape and its physical manifestation – just as a homeopath knows something about you and what remedy is appropriate for you because they can read it in your body – as above, so below. Whatever is on the physical plane is also a reflection of the mental or emotional or spiritual plane. I suspect there are people in this room who are accomplished therapists – psychotherapists, psychologists and therapists of other schools who would know a great deal about each and every one of us by just looking at you.

And if you know something of physical medicine, and all these other “weird” sciences, about how symptoms of illness are expressed from the hands or the face, in your facial structures, in your feet or whatever, you can read that. So, is it so absurd to believe that the physical appearance of something tells us something about what is happening there? I think not.

And then, finally, - look at this, I'm going to be on time, maybe –



Nutrition. Again pretty straight forward. You are what you eat. And that kind of speaks for itself. My 15 year old daughter's at that stage. You folks who have had or do have children in that age group know what that's all about. It's like if there's hell on earth, it's having teenagers. "But, Dad, you're such a damn purist, how come you eat this way all the time? Everybody else goes to MacDonald's all the time and eats pizza.". And I keep saying, "But, dear, everybody else is dying of heart disease and cancer. I don't want to be normal. I want to be healthy." "Oh, Dad. Oh, Dad." LAUGHTER. I said if you eat like your mother's family, you're going to look like your mother's family, and you're going to die like your mother's family.

Her mother and I are divorced – that's part of the reason. You know everybody else does this; well, everybody else is dying, and one of the things I say to legislators is you know, if the statistics are correct – I look everyone of them in the eye – one out of four of you at this table has heart disease – or will. One out of every two of you will have cancer in your lifetime. So, I do the math. If there are 10 people, whatever it is – two of you at this table have heart disease – or will. Four of you will have cancer in your lifetime. One of you will have diabetes. 1.7 of you will have arthritis.

You can go through the top 10 diseases like that, and you have more diseases than you have people on the panel – and I'm not talking about hemorrhoids and hypoglycemia and headaches. What that means is that everyone of you is sick. You don't want me to practice in this state? Everyone of you is sick. You're sitting here thinking about your hemorrhoids, you know. LAUGHTER STUDENT INAUDIBLE.

Boy, I said that one time in Nebraska – Whew! – I've been using hypoglycemia ever since. LAUGHTER. You know, you say that and you see people squirm, and you're almost tempted to go – ah, hah. MORE LAUGHTER. He's the one right over there. Okay, so.

Then you remember that argument about food and poison. It's the same kind of thing. You are what you eat. Every time you put something in your mouth; every time you put something in your body, whether it is an avocado sprout sandwich, or it is a joint, whether it is distilled water or it's a cigar – whenever you put something in your mouth, in your body, in your mind, you're making a choice. And they're not necessarily good or bad in and of themselves, but they have an effect on what you are and what you will be, and you can choose what that it is by making appropriate choices. You might choose to smoke a cigar every once in a while. I do, because it really pisses people off (LAUGHTER). I like to see that.

But you got to know what you're doing. "I thought you were a naturopath, what are you doing?" "I'm a smoking naturopath occasionally." It's like people ask me if I'm a vegetarian. Yes, sometimes. If you ski once a year, you're a skier. If you vote democratic every 4 years, you're a democrat. If you eat vegetables once in a while, aren't you a vegetarian? LAUGHTER. You should see what happens when somebody asks me if I'm a vegetarian, and I say, no, I'm an Ares. LAUGHTER. The other thing about nutrition – actually I jumped ahead there.

The biochemical individuality business – that's pretty straight forward - different strokes for different folks. How else can you say it? What you need and what I need are different. MDR's are based on the opposite end of the extreme. Do you know how they get the RDA's and MDR's? They go take a bunch of guys at West Point, usually, or Annapolis, after having extrapolated data from mice, you know, and they find out how much Vitamin C or how much Vitamin A they need to say healthy. You're talking about probably the healthiest population – at least



physically in some respects – in the United States, and you're looking at how much these guys need to not have symptoms of deficiency diseases.

When you find out about Vitamin C, you're not looking to see if there's a slight deficiency in the blood stream that might be causing bleeding gums, you're looking to see if these cadets are getting scurvy. Right? You're not looking at minor deficiencies. So they come up with these MDR's, and then they decide that everybody – men, women, children, pregnant women, lactating women, cats, dogs, everybody needs 45 milligrams of Vitamin C a day. I mean, come on. Doctor Broadwell would say that the MDR is the amount of a vitamin you need to keep the other foot out of the coffin. Okay?

And then we have Hippocrates who said let food be your medicine and let medicine be your food. And that's what I meant when I was just talking about choices. The things – the way you can choose what you're going to do, and I use the word food and poison obviously in a way that goes beyond the stuff that's on your plate, but the nutrients that you take in at all levels of your being at any given time. So. That's a great place to end. It's 12 o'clock. Boy, you're going to have to figure out how to fix this for the next guy. I don't know how this – is it on?

So, I was going to say I got quite a few compliments on my ties these last three days, (LAUGHTER) I think they were sincere. They were all from women, and so guys if you want to know how to select ties, I haven't got the foggiest idea. Take your wife or your daughter with you, and that's my secret.

So, we're going to take advantage of Dr. Mike's break here to a little politics, as we just said, and I guess in that regard answer some of the questions that have come up if there are specific questions about AANP and about the Institute that was talked about before. By the way we got 3 volunteers to do the longevity project. Remember this one I talked about – we want to figure out how long naturopaths live? So, we have 3 people if there are more – Inga, is that right? Was the first volunteer, so I guess that makes her the chairperson of the committee – the president – that's the way it works.

So, if anybody else is interested in helping out on that – it could be an interesting project because I think what you'll end up doing is enlisting your friends or friends-to-be at the other two schools – because as long as there at a place where the licensing is, it might be the most efficient way to go about it.

And I guess while I'm on the subject – you know we talked about a lot of things. Many of you have offered, either personally or through contacts, access to people or information that might be helpful to the AANP – to our national political efforts in Washington, public relations and marketing for the AANP or the Institute or that matter Southwest College. If I have loose ends with any of you, please don't forget to talk to me about that by the end of the day. I'm leaving, so it will be a while. So, Mike anything specific?

MIKE: Yes, I wanted to share; I just want to keep you up on with the Hatch (?) Bill – the FDA legislation on changes bill that was proposed by Hatch in the Senate and Richardson, a democrat from New Mexico

JSS: He was one of the most outspoken opponents against vitamins and supplements being freely available. So, if they've gotten to Waxman, perhaps, we're on the way here. And I'm counting the numbers. If the numbers that he is talking about are correct – we're not talking about people who are going to vote for the bill, we're talking about people who sponsor the bill. Whenever a bill is introduced in the legislature, it needs to be sponsored by one of the members. Civics 101 – maybe you already know that. So you don't introduce the bill; we



don't introduce the bill, the wine (?) commission doesn't introduce the bill; someone in the legislature introduces the bill – Robert's Rules of Order – parliamentary body. If you bring something up for discussion, it comes from somebody in the body.

So sponsoring a bill means that there's at least one person who wants to deal with this issue. In fact most bills are only sponsored by a handful of people. Of course they eventually get to be voted upon by everybody, but the fact that if that number is right, 218 people are signed on as co-sponsors – that's half the House, I think. Right? There are 435 members. MIKE: Currently in the House there are 102 members actually co-sponsors the bill and then if you count this other group there.

JSS: So there are a majority of members who want to address the issues, is one way to look at it. MIKE: Right.

JSS: In the Senate, I don't know how you count Deconsini (?), as I just said, if he's signed on but he's not going to be there. MIKE: Well, he'll be there, because he'll be there for another 15 – 18 months.

JSS: Oh, that's right. So now you have 49 senators already co-sponsoring the bill – you need 2 more votes. (STUDENTS INAUDIBLE) MIKE: I believe they're in recess right now, so as soon as they come back, it's a possibility the bill will move more quickly out of committee, but December 15th is the date that these new FDA regulations go into effect.

STUDENT: something about letters (?) MIKE: And obviously there's a focus now in the House of Representatives, too. **STUDENT** (INAUDIBLE) **JSS** Well, I can talk – I love to talk - I can talk all day, so the question is do we have any questions about any of this stuff?

JSS: Okay, so now I'll explain what's happening. The FDA is a regulatory agency that has the authority to adopt rules and regulations. That's what happens with the Board of Examiners. You create a Board of Examiners in the state to regulate the profession and then they have the authority to promulgate rules and regulations. They put out any rules or regulations that are almost anything vaguely related to their charge under the law, and as long as it's part of their scope, they have the authority to regulate or do whatever it is they do. In the case of the Board of Examiners, it's your scope of practice; in the case of the FDA, it's God only knows. Some people think they are trying to take more than they are authorized to do.

But all that you do when you have a regulatory agency is you adopt these rules and regulations after public input. Almost all regulatory agencies are required to have public comment before they finally adopt regulations. And that's what the FDA is doing. There are no new laws involved here; there's just the FDA saying that we've decided that vitamins and minerals and supplements and amino acids are dangerous, although there's not a shred of evidence to support their position, even though they've had public hearings where the evidence presented doesn't jive with what they want to do, the deal is that the regulations are published and they will go into effect on such and such a day, which is December 15th. So that's an engine that's coming down the track that's not going to stop.

But the legislation in Congress is all about is exempting vitamins, minerals, amino acids, and herbs from the FDA's regulatory process. Now what's interesting to me is this was already done in 1976 in the Proxmire Amendment, which the FDA has completely ignored, so what the Congress is doing is sort of restating its intent in this law.



STUDENT: What will be regulated then?

JSS: What will be regulated is what they do now – drugs, food additives and so on. See they're saying this stuff is drugs. That's what I was talking about this morning – homeopathic remedy. They've been thumbing their nose at homeopathy for 100 years. It doesn't work. There's nothing in the bottle. It's all placebo. Now it's dangerous to use this stuff because it has a medicinal effect. We have to regulate it. The remedies didn't change. **STUDENT** INAUDIBLE

JSS: It's pretty clear what their agenda is. There's an obvious double standard is here. Look how well or frankly how poorly the FDA has done in regulating the pharmaceutical industry. Let's use the example of Tryptophan. One contaminated batch and they take it off the market for ever, but when drugs are tainted or known to have fatal side effects, they look the other way. So, it's pretty obvious. That's why I think this bill is going to succeed, because it's so obvious. If they had just tried to take Chamomile off the market or another amino acid nobody would have thought twice about it, because where's the Chamomile lobby, you know? But they went after the whole shooting match in one shot, and so what did they do there? They aroused the vital force. They created an opposite reaction.

MIKE: The timing was also terrible because ofI just want to the laws that are made by Congress and the legislature – they go to the House, the Senate, and the President has to sign it. But the dangerous part is in the rules and regs, because although most of the legislators, I don't know if they ever read the actual law that they do vote on, the rules and regs are not promulgated by Congress, they are put together by the agency and the FDA or the agriculture department or whichever department is authorized in the law to authorize the bill. The Departmental Protection Agency puts together the rules regarding the laws that are passed.

In Arizona the law is passed by the representatives in the House and the Senate regarding our practice, but the Naturopathic Physicians Board of Examiners writes and approves the rules and regs – and the rules and regs are very broad. **STUDENT ASKING A QUESTION**

JSS: My understanding is that they thumb their nose at it – they just ignore it. I think from what I understand from the Citizens for Help, it's just that nobody's held their feet to the fire. There are a lot of laws that are passed that are simply ignored, and this is one of them. Citizens for Help is preparing with other groups to hold their feet to the fire. Rules and regs are not open ended. Rules and regs have to come within the purview or within the scope that's given to that agency. Like the Naturopathic Physicians Board of Examiners, to use that as an example, their only job is to promulgate rules and regs that fit under the statute that defines our scope of practice.

And that is the supreme – you know like the Constitution is the Supreme Law over the states and so on and so forth – well the statutes supercede anything within the regulations, so you can't go outside the bounds of that, and there's a legal question which some people are asking whether the FDA is completely out of bounds in the first place. But mounting a suit against the Federal Government like that is going to be a pretty big deal. **MIKE:** Spoke about Jonathan Wright (?) and a suit against the FDA.

JSS: Tryptophan,. **MIKE:** Jonathan is suing the FDA on Tryptophan and the investigation



JSS: If somebody sued you, and you went out and broke in their home or retaliated in some way, what do you think the Judge would do with that. Jonathan Wright sued the FDA to have access to Tryptophan and they come breaking his door down with armed agents and confiscate everything he's got while he has an active suit against this agency. I mean talk about totalitarianism, or talk about the government ignoring the wishes of the people. This is why I think this is going to work. It's so outrageous that it's clear here that the goal here is not to regulate; it's not to save you; it's not to protect you; it's to protect the pharmaceutical industry.

MIKE: The other side of the position is that most practitioners that are out there not suing the FDA over Tryptophan is that – having licensing laws.

JSS: I hope you're not trying to tell me something. **STUDENTS TALKING**

The pleasure's all mine. Well, I said the other day you will learn more from your patients than they will ever learn from you. I have a friend who is a psychologist who says, you know, maybe we're pretty arrogant to think that we're doing anything with people. You spend an hour with them once a month, and you have this idea that you're changing their life and you're helping them on this journey. Think of all the hours in a month, one of which is devoted to you, and while they're sitting there talking to you they're wondering if they put enough money in the parking meter. But I do think I learn a lot from my patients, and I think I learn more about myself every time I'm in this kind of position then you probably learn from me.

I'm interested to know if the quiz that we did scared anybody off. Anybody re-thinking being here? Well, thank you again. I really appreciate the gifts.

I read most of the suggestions already on the back of the quiz, and if I'm invited back next year will incorporate some of those things into this. As you know, I've said this 100 times, this is an experiment that hasn't been done before. It's certainly been an experiment for me and the feedback that I got there was great. There are a lot of very constructive suggestions about how to make this better.

One of the things that I am concerned that we did not do is have enough time to just talk among ourselves and wrestle with some of these ideas. I think everyone in this room probably has experienced some kind of change in these last three months – laughter – what year is this? And, you know, I guess over the break over lunch time, there are some fairly simple but also some fairly profound questions that tell me that some of you are re-evaluating things in your life, certain aspects of your life. I had a discussion about if miasms are really true, if that's a true condition of the human situation. Do we have any reason to be optimistic and so on? So, let's talk about some of those things.

And one thing I should say about this test by the way, I'm not so sure there are right answers or wrong answers for anything, and I realize that as this thing drew out, you know some of you guys took an hour to do that test. That was really a great test or it was really a poor test. I see there are some mistakes. There are places where the intended answer could be correct as well as other answers. I did that to simplify the thing. What I have always done before is to please explain or please talk about or please contrast, so I did this in order to simplify it so I wouldn't have to mess with it, now I'm going to have to take them all home and go through them one at a time to see what happened.



So, when I was talking at lunch time with any number of you I asked you to kind of hold that spot and bring it up because perhaps other people would be interested in those questions, so let's get them out on the table again. Kerry: INAUDIBLE –

JSS: A good question. I don't know the answer though. I don't know the answer, but I'll attempt some of it. I don't know when it might have started. I'm not enough of a student of history, but it actually dovetails with another question which was – if there are these, let's take the syphilitic miasms that are sort of part of the human condition, then what's the use? What can we do about this, because apparently I said that we couldn't do anything. You know as an individual you can't change the miasm in the race – in the human race. And the way I interpret what Hahnemann had to say about that was that first of all the reason he's identifying these miasms – you see, once you identify something, then you can do something about it.

By understanding this thing, he would say, we understand the imbalance in the way it expresses itself in an individual patient, then we can find the remedy for that patient. The principle doesn't change, you see, there's still some physical expression; there's some symptoms; there's still a drug picture, so in fact there are remedies that address these chronic miasms. That's the missing piece here, I guess, because what Hahnemann ended up doing then is realizing or getting into the developing of the difference between chronic and acute. Because when he started thinking about – you see, to him the miasms are these chronic problems with susceptibility, so what happens is when you can start treating the underlying deeper level, if you will, that he calls miasms, then you can treat the problem. So you can treat people with those miasms.

You can find remedies for those miasms. Now what does that mean when you're part of the whole collective consciousness or the whole collective affair that is human kind. You know, can each of us individually turn that whole thing around. Well, I think the answer is yes – back on the same continuum again. We cannot be responsible for all of the human race, but we can heal the human race by healing each of ourselves one at a time, just as a sick organism has cells that are still healthy. – again the continuum. You know, we're not all dead or all alive. We're not all sick or we're not all well.

Within the microcosm within the microcosm within the microcosm there are still organs that are functioning properly when one isn't perhaps, and there are cells that are still healthy when others are not, and so on. There's that whole thing. So within the organism called the human race there can be healthy individuals and there can be sick individuals, and when there are enough healthy cells, there are enough healthy people within the whole organism, then the whole organism will be healthy, or so I believe, so there is no reason for despair or pessimism at all. In fact, just the opposite is true. Now meanwhile you look out there and it looks like the world is going to hell and a hand basket.

We have people fighting over nationality, and we have violence in the streets, and we have all kinds of other things going on, but if this philosophy we're talking about is perhaps true, then you can try to understand it in that framework. What I think is happening is the vitality of the human race, if you will, actually it's not so much humanity, I think it's Mother Earth. I think the vitality of Mother Earth is beginning to increase – that's what I think. And I think all this crap that we're seeing is part of an aggravation of the situation. You see, if an individual can reach the point of desperation, which is what happens when they come in the door, I'm tired of this. I'm sick and tired of being sick and tired. I want to change it.



I want to do something different. The other guys aren't helping me. I need to do something different. Help me to do something different. Well, if we can have that realization on an individual level, can't we have that realization as a group? And, I mentioned the other day, that it occurs to me that when we first saw the Earth from outer space – you see, we didn't all go, but in a way we all went because of the miracle of technology, we all have that image in our brain. For the first time in human history, we saw ourselves in that oneness, if you will.

Now you say, I'm full of crap because looks what's happening, you have the Bosnians killing the Serbs and vice versa, and so one, and like who cares whether you're a Bosnian or a Serb for Christ's sake, but there are people within the pond that we call humanity that care, because there are still little pockets in the pond. There are still people who haven't got it that there's this larger organism called human kind, and so what I think is going on there is that's part of the healing crisis.

That we are actually going to see more and more of this nationalistic stuff for a while, and the reason I say that because on the one hand where you have the Bosnians and the Serbs and whoever else fighting with each other, you have other parts of the world who are saying, Hey let's work together, like the European community and the North American Free Trade Association or Act or whatever. You know, if you like it or don't like it the concept is let's hold hands across the border. We're starting to think of ourselves more of people in regions of the planet instead of countries. Where does it go from there? And then we're going to figure out how to do it together, I believe. See, we almost have to because we have no choice.

Now whether this is a healing crisis we're in or a disease crisis remains to be seen, I suppose, and it depends on how you interpret the signs and the symptoms, in my opinion. Does that do anything or did I miss the mark on that? STUDENT INAUDIBLE JSS I would tend to agree with you, but what do you think? STUDENT'.....JSS So what do you mean by power? STUDENT

END OF SIDE A TAPE 10



BEGINNING OF SIDE B TAPE 10

See Hahnemann would argue that the sore has been – that part of the human condition is that we're not going to be perfect. That what we're doing in part is sort of working it out. You know part of what we do in this incarnation, and there are many different spiritual beliefs that would suggest that, that what we're doing here is sort of working out some stuff. And we're trying to work out some lessons, and maybe that's nothing more than understanding how we interact with nature. You know when you touch a fire and you get burned, you figure out that you're not supposed to touch the fire again, unless you choose to be burned. It's all the same thing. You figure out that if you smoke cigars every day maybe you'll get lung cancer.

Well then, if you want lung cancer you keep smoking and if you don't you make those choices. The information is there. And of course, maybe that wasn't there. Anything else on the syphilitic miasm?

STUDENT: This may be a little more general, but what you were speaking about it reminded me of a Chinese philosophy that (when something like the yin and the great ultimate and the two opposites.....In the first miasm which seemed to work for me was that the yinthe first miasm we can approachperfection, and that the second one to defend the human mind.....(?) and the third one I don't know how that one would fit in. FEMALE STUDENT; INAUDIBLE

JSS: I don't know. I don't have all the answers, but that makes sense to me. And first of all that whole thing about sexuality and duality – that was my editorial on syphilina. Syphilis is a venereal disease, and the philosopher wants to interpret it more than just syphilis. But that's the way I understand the miasm – that if you – that's the way I understand Hahnemann – that there are remedies that will correct that weakness or that miasmatic difference in an individual so that that individual will no longer perpetuate in his or her progeny. So, we're healing these individual cell lines or these individual lines one person at a time.

So it is my understanding that syphilinum, which he's referring to, syphilinum which is a no-so (?) from the syphilitic lesion is one of the remedies, the main remedy that's used for this syphilitic miasm. Boy, there are a whole lot of hands here – not enough for everybody.

STUDENT: Again, the miasm reminds me of theshadow.....VOICE FADES

MANY STUDENTS SPEAK BUT THEY ARE INAUDIBLE

JSS: You see I believe that if enough people correct it on the personal level, you correct it on the social level.

STUDENT INAUDIBLE.

JSS: Can you hear her in the back? Have you all met each other? Do you all know each other's name? My God, maybe we should all introduce ourselves then. Do what you like, but what I would suggest is that you say your name every time you speak until all of your classmates know you. Tell us where you're from and why you're here (LAUGHTER) I'm sorry – go ahead.

STUDENT: My name is Bethany Wilson(?) I came upon a certain philosopher's outlet, and why we're here, and this may address a bit.....and why this miasm exists. In short there was a man who went around and studied and



wrote a book going to all of the native countries – going to all of the native people of the world and got together with – every native in the world had a paradigm that seemed toand he studied, this Richard Hedenberg(?) the myths that we have overall.....the scientists had the nerve to question the ideaand any of the phenomenon that occur that were unexplainable and that we had lost something and the memories of these things.It was very interesting to think about that, and maybe there is something a little more beyond what we know right now in memory and is unexplained.....

STUDENT: INAUDIBLE something about the soul, and that there is a philosophy that we are here to fix this thing.

JSS: Anybody else? **STUDENT** INAUDIBLE commonalities. We'd do ourselves better by accepting those commonalities recognizing that there are differences inand someone else's perspective because of a label.....**ANOTHER STUDENT** INAUDIBLE

JSS: Interesting idea.

Well, I had another thought I want to share with you, and it comes from your comments about, you know if you think at first there was one, and then you talk about two – a duality – and you can go on from there in the symbology of numbers, and I'm thinking of what most of you just said that maybe the split is not male, female at all – maybe it's what male and female represent. Let me explain that. The story of creation in Genesis talks about Adam and Eve and some of the difficulties there, and if you know about – do you know about the Nostics – do you know who the Nostics were? The word nostic means to know – diagnostic means to know.

The Nostic Christians interpret the Bible in terms of its symbology rather than taking it as a literal historical account. And to a Nostic Adam, I guess is the Hebrew word for Mankind, and Eve is the Hebrew word for Light. We're not talking about a man and a woman; we're talking about humankind has beings and the light for our souls. That Eve represents the soul – the light. And the fact that the soul comes from the rib of Adam is a metaphor for a way of saying that the soul resides within each of us. It's not saying that we're separate but that it resides within each of us. Adam and Eve are one.

And when that becomes separated we have what started out as in Christian metaphor, the Garden of Eden, the Paradise, and then turns into original sin, perhaps – or maybe this is where the duality is. The separation between mankind and the soul – between the light and humanity. I don't know, maybe the duality here. Just another thought. **STUDENT** INAUDIBLE

JSS: That is the knowledge of the tree of good and evil, right there. You know, it's not good and evil in the Bible; it's not good and evil; it's the knowledge of the tree of good and evil. It's the thought that there was a duality. It's the knowledge of the tree; the possibility or the entertaining of the idea to the Nostics that there can be good and evil – that there is polarity. It was the knowledge of the tree of good and evil that brought down mankind in that mythology. The understanding that you could have duality was the beginning of the change in Genesis. It's a good point.

STUDENT INAUDIBLE



STUDENT: My name is Debby and I also – until a thousand years ago what was going on they were talking about beautiful – system where the male owns the land and he has his life and he has his offspring, and to keep everything all together, he had to have an inheritance system, so it all goes back to the early European feudal system thatthe dominant society, the dominant culture that we have in this country goes back to the European feudal system. STUDENT'S INAUDIBLE STUDENT (?): I have a lot of ideas about the physical body and genetics. I have a feeling that if we hold on a lot to precepts and ideas and traditions that transition from the world.

I think that a big belief that runs through most traditions is that we're moving on to something better by leaving our physical body, and I was talking toI think there are some new genetics that express in real small amounts what's possible toward the end anda shift.... what is possible to live in our bodies right now in the state of healthMost people won't even consider the possibilitydevelopmental psychology which is really a description of the changes.....

As a future physician I want to consider that possibility that there are interactions that can occur.....

STUDENT: He had a dream – explained what he dreamt. NOT CLEAR ENOUGH TO TRANSCRIBE - EARPHONES MIGHT HELP.

JSS; A woman named Elizabeth Gould Davis wrote a book called "The First Sex" that examines this. She took religious mythological and archaeological evidence to make a case that there was a time preceding the Judeo-Christian era where our civilization was not only more feminine but that the feminine aspects had the upper pole, if you will, and that God was a Goddess that the power was with the women in the culture at that point. Now I don't know what came before that. Her proposition was that we're living at a time where the patriarchal society is a backlash or a reaction to what was a matriarchal society.

Now whether that was a backlash to a previous patriarchal society – I don't know – but since that's the only piece of the pie that I know, what I think is happening is we're coming on balance. You know we've been one extreme, and now the other, and now we're in a position – I think we were discussing these issues of equality not only of men and women but races and nationality and so on. Those differences don't seem to matter as much because we don't live in a time and a culture when they have to matter.

And, this is sort of not related, but it is related, I came to know that book in my gynecology course. Our instructor was a man, and the first thing he said that we would do is that all of the men in the class would be required to read the book. And that was basically the course – was in some sense this discussion before we talked about anything that had to do with women's health, so to speak. The premise being, obvious I suppose, if we don't understand, particularly the men, if we don't understand some of these issues that our sisters have and the baggage that goes with it right now, there's no way you can have any kind of relationship that remotely approximates a healing relationship with someone. So, it might be a book for you to look at.

I'll talk to your gynecology instructor about it. STUDENT INAUDIBLE (whole idea of male within female and female within male and the black dots within the white sort of the yin yang and the black and white in the black. It's the recognition that we're all a piece of each other and we arethe fact that we can hear that and not get angry about it or not get upset about it or not.....whole lot of stuff)



JSS: So at the risk of being pedantic, the question is what does this have to do with naturopathic medicine? Right? I don't think we're off. I would say the answer is everything. The same kinds of relationships that are as above, so below, right? What we're talking about here is relationships. About how diverse individuals representing diverse principles or thoughts or cultures or whatever are part of a unified whole. And that's what we've been talking about – harmonious vibration of the whole on all planes is the definition of health in the nature cure catechism there, and whatever applies to the biological system that we call our body applies to everything else. I said this before, and I'll say it again: What is true is true.

And one way that you can test it – I'm not so sure that this is true, you see. It might be and it might not be. But the way that you can test a truth is to see if it applies in other places. When something applies only in one science, or in one place or one thing, you have to question whether it has universal application because by definition it doesn't. And you're talking about men and women, some of you, and I'm thinking about cells and organelles and I'm also thinking about planets. Because you can go as far in that direction as you can go in that direction. It's all relative. Like our argument about how hot or how cold it gets in Arizona – it's all relative.

And the other thing that's relevant here, in my opinion, is well – there are two parts to it. Most of you are here because you're interested in healing, and wanting to do that, you have to heal yourself, and so you have to hear this stuff and see if it rings true for you, and if so, what can you do something about it. But the other part is that you have to hear the stuff because you have to appreciate how many different variations there are. You know you're going to sit with hundreds or thousands of human beings in your lifetime as a physician, each of whom represents the view that you just heard here – some much more extreme – some unwilling to hear what you have to say. So we're not far afield here at all.

Well, other questions. I didn't mean to – this is fun I get to stay up here and sort of be the conductor but I'd like some of you to play your instruments, too.

STUDENT: Do you believe.....

JSS: Yes, that's a good point, and I think it relates to what Sam was saying. He does argue that the miasms have physical manifestations, which how you know the miasm. That's how you know the remedies. The empirical argument again that by its expression, we know it. Okay? You can't feel, see, taste, measure the miasm, you can only presume, in his model, his model to explain some kind of fundamental tonicity – a fundamental lack of vitality to finally get over repeatedly dealing with acute disease – his search for explaining how come after I treat somebody successfully for an acute illness over and over and over and over again, what's going on here. How come I can't get beyond that.

It leads him to invoke the idea that there must be a level of susceptibility that runs through all of us that he starts to call a miasm. Having identified the miasm, so to speak, by its fingerprint, by its presentation, by its manifestation, he need only to look for the remedy that's the simila.

And I think he would argue that this is true for the next level down with the psora (?) as well – that if the psora is that sort of the original sin – I don't know why I keep connecting into that sort of Judeo-Christian interpretation, except that for me, original sin – maybe I should define it – I think it must mean different things to different people, and I'm only using it as a handle to identify the concept that we cannot get back to God, or that we're not getting back to God unless we deal with this thing. You know, we're taught in some religions that



we're not perfect and we won't be because we sinned in the Garden of Eden. We just talked about a little while ago – the Sin of Separation.

But I think Hahnemann holds out the promise that when you have the remedy for the sin, when you have the remedy for the psora, when you identify that there's this belief that we can't be there that's part of a picture of other physical manifestations, you can determine what the remedy is to take care of the psora – that is to say you can get back; you can get to that point, I think. And for somebody who doesn't know much about homeopathy, I really don't know what I'm speculating here, but my impression is that the treatment – the proper treatment of the psora theoretically eliminates the block, the obstacle, and so it is possible to get back there.

See the Christian theology is that we have original sin and we have to live with it, and some of us are holding out the possibility that we don't have to live with it and there's a way to get past it – living in a perfect body in a perfect world. STUDENT INAUDIBLE

JSS: I don't know what do you think? STUDENT.....something about soul and color.... Perfect health....)
ANOTHER SPEAKER INAUDIBLEthe concept of original sin is bad – that there's a choice to separate to become separateget back to that level)

JSS: Well, perhaps that it's called sin would confirm that. To me, sinning in the Christian sense implies a choice to do – to have done this, so to speak. So, I agree. Are we getting this on tape? You're getting me, but does anything else get picked up here?

STUDENT: INAUDIBLE

STUDENT: Homeopathy – the experience we had with each other in the culture right now is similarnot aware of it.....work together and experience a different being together in the future, and we were talking about too different possibilitieslimit the paradigms.....)

END OF TAPE 10



TAPE 11 Side A

There was a question about prescribing, and there was a question I got earlier about – I don't know how the question was phrased, but I know what the answer is, so it doesn't matter what the question is.

The question about prescribing is: Can we prescribe? What can we prescribe? And is it different in different states? And the answer is yes, yes, and yes. All of the state laws differ slightly from each other, so the scope is slightly different, and depending on what you want to do in a career as a physician you'll be somewhat limited, perhaps, by what is allowed in an individual state at this time. You have to realize from what we've talked about over these last few years now LAUGHTER – you can pick up your caps and gowns on the way out – Naturopathic medicine is re-awakening from the dead. Talk about this continuum here. It was just about at that point of no return when National College was re-vivified by Robert Broadwell in the mid 1970's.

It was touch and go there for a while. This patient was in a coma, and no one was quite sure. I remember as the President of the AANP some – I think I was sort of president for a couple of years before there was anything because it was all conceptual there for a while when they were meeting – but maybe for 5 years, and somewhere in that I remember at a banquet so proud of what we had done, and John Bastyr, whose name you've heard – the guy for whom the college was named in Seattle – was there, and I said, so what do you think – and I'm talking to the audience – so what do you think Dr. Bastyr, have we turned the corner?

And he stood up and he said, "No, no, no we've got a long way to go. I'm sorry I can't agree with you." Which kind of blew my mind because I thought we had turned the corner. And I'd like to think that we've turned the corner, and if we haven't turned the corner, we're pretty close to turning the corner. I think I can see the corner now that has to be turned. And so the point is that that's reflected in our licensing laws. We're living in most states – Arizona is one exception – well, it's not the only exception – Arizona is an exception.

We're living with licensing laws for the most part that were written in the 20's and the 30's, and they've been changed and upgraded only in the last couple of years through the people who, again, are my peers and my contemporaries. So you are talking about very recent work here to make some of the changes some of which we've talked about before. The laws are antiquated both in their view of what naturopathic medicine is and most of them use the terminology of the day, which applied to what we know today, is limiting. For example, there was a time when naturopathic physicians were thought of as drugless practioners. Now at the time that that was incorporated into the law drugless meant something very different than it means today.

Drugless in the 1910's and the 1920's had mostly to do with controlled substances as drugs. And most of the medicines that we use today weren't even around. Well now the FDA likes to think that drugless means – the FDA has completely reframed the issue – what the FDA says is that anything used therapeutically is a drug. Well, how can you have drugless medicine, then. If anything you use for therapeutic benefit is a drug, there's no such thing as drugless medicine, because all medicine is a drug. If I say to you, you need to drink 8 glasses of water a day for your constipation, I have prescribed a drug according to the FDA. My point is that the language has changed; the definitions have changed so the law has to change, and it's been changed. So can we prescribe? Yes.



See, this is not about prescribing and not prescribing, it's not about naturopaths not using prescription drugs versus medical doctors using prescription drugs, it's about being physicians who choose to practice according to a certain philosophical construct. Okay? Dr. Broadwell would say that we are physicians who choose to practice – we are physicians who by choice, he would say, we are physicians who by choice use naturopathic methods. Not are limited to, but by choice do. And like Dr. Lynch was saying here the other day, I don't know if you caught that, he feels we ought to be able to use the full range of the healthcare system for the benefit of our patients, directed by our philosophy – not limited by it – directed by it. Okay?

So, because something is prescription, or available by prescription only doesn't mean that it should be out of the hands of a licensed physician. So that's the answer to that question.

The second thing has to do with – it came after the discussion this morning about manipulation. It's sort of the argument about who owns what and how can we do manipulation if the other guys do manipulation and all that. I won't get into the nuances because of the time, but the discussion I had with – who brought that question up – I forget – well, anyway.

Our philosophy among my peers and contemporaries has been that we don't own any of this stuff. We don't have a market on it. Oh, I remember the question was: How are we going to stop other people from doing what we do? Am I not afraid that the M.D.'s or others will capitalize on what it is that we're doing. And my answer is no. I'm not afraid of that at all. The more the merrier. The more people who understand this, the better off we're all going to be. And we're not going to lose anything. I'm not going to lose anything. I might lose some superficial trappings but nobody's going to take from me what I already know. We might lose a licensing law here and there – I don't think so. I think it's going the other way.

And I think by sort of putting yourself in the position that you have chosen to put yourself in here, you're going to have the kind of knowledge that the people who want to know more about this are going to be looking for. So you're not going to be out of work – no matter what you're called, where you are, what you're doing, you're going to have plenty to do. There's enough suffering to go around, and there are enough people who want to know about this stuff to go around.

And furthermore, this is reflected in our practice acts. When we introduce legislation, this is a subtle but interesting distinction, we do not, and we have not ever introduced what is called a practice act. We introduce what's called a title act. The subtle difference is this.

When we pass legislation or get legislation passed which allows us to practice, there is nothing in that law that says that we own anything. There is nothing and there is consciously no intention to take what we do out of circulation. What the law basically says is: if you want to call yourself a naturopathic physician here in Arizona or in Colorado or in Maine or in New Hampshire you must meet these standards. You may not use that title. You may not hold yourself out to the public. You may not impersonate – however you want to think about a naturopathic physician unless you have the training that qualifies you to be a naturopathic physician, but that doesn't prevent anyone else from doing what we're doing. And no other profession does that.

The acupuncturists are saying we own it; we don't want anybody else to do it. Chiropractors are saying we own it; we don't want anybody else to do it. And I think that's a significant point because it tells everybody where we're coming from. STUDENT INAUDIBLE



JSS: I don't know what the list is in Arizona. The way it works is every state adopts a formulary. There is a list of what you may prescribe – that every naturopathic physician and every druggist in Arizona – or pharmacist has. See an Optometrist can prescribe within the limits of his or her practice. An optometrist can't prescribe valium – well maybe they can, but just for the sake of discussion. It's not about prescribing and not prescribing. It's about what you're doing. Remember it's not what we use; it's how we use it, and what we're doing with it. The fact that something has to be available by prescription only shouldn't take it out of the realm of possibilities for your use theoretically, philosophically. Prescription remedies are not necessarily allopathic medicines. Right? So, let's move on.

I had a teacher once who said that if you – one of the signs of doing a job well is to raise more questions than you have answers, so I'm thinking that we did a pretty good job here. One of the things that I've learned in the last few years is that when you change the way you look at the world, you change the world. Now for some of you, you're nodding, because it fits right away; you understand what I'm saying. And some of you may think that that's really crazy. And maybe it is, but it works for me. But when you change the way you see something, you've just changed the something. I used the example the other day of when you think that the world is flat, the world is flat.

When millions of people believe the world is flat, for all practical purposes the world is flat, and the limitations that go with that are the limitations that they live with. And when you think that the world is round, then the world is round, and the new possibilities in the round world – the spherical world – are just that – the new possibilities.

It's not the earth that changed; it was the consciousness about what the earth is in the minds of the people who made the change, so to speak. And hopefully, that's what I leave you with.

That what happened here in these last couple of decades now (laughter) is that changes that you have allowed to occur will change the way you will see everything, and this is of course principally important to what's going to happen to you in the next three years. You're going to approach your whole of your education here, I think, in a way that you wouldn't have if you hadn't changed some of your thoughts. I see a class of people here who have already discussed the possibility of limitless potential and already questioning where things begin and end. I pity your teachers. (Laughter) I'm glad I'm leaving. (more laughter)

So, some of you I think know that among the other things that I have done is to stay off – I was a cadet at the Coast Guard Academy, and I had the privilege and the honor of sailing on the Eagle – one of the last of the spare (?) riggers in the world, and the lesson that one learns in that kind of a situation, you know – getting a piece of antiquity – is something that sticks with you for a long time. And every since having done that, I sort of think in terms of my life as a journey – sailing. And sometimes you sail around in circles or you're dead in the water, or you don't quite know where you're going, and then you get it back again.

And one of the things I see in naturopathic medicine is that same kind of thing. People are often anxious about how come we're not over there yet. How come the law only lets us prescribe this and not that, and when are we going to get included in national healthcare, and when are we going to do this, and when are we going to do that. Also, on a personal level, each of you has a goal in mind now that is related to being here, and some of you are thinking that the purpose of being here is reaching the goal. And my own life has told me that that's not



necessarily the case – that it's the trip; it's the journey; it's the voyage to the goal, because when you get to the goal, then what?

And there's a metaphor for this in the Odyssey where Odysseus after being away from – I think the goal for all of us is to get back home – so Odysseus was out gallivanting around the known world at the time and finally makes his way back to Ithaca.

Of course while he was running around in the known world he ran into a few problems – Poseidon, the God of the Sea wasn't very friendly most of the time – and of course he ran into Cyclops, the monster – the one-eyed monster – the fear and the loathing that must have been involved in that, you can imagine, and you can stretch that metaphor as far as you like, and then of course there were the Lastrogonians – you know, the cannibals – I've seen a little bit of that in my own life – you know, self sabotage, eating yourself. I see that in the profession all the time.

So, a couple of years ago a naturopathic physician and a dear friend of mine, when I was telling her about my struggle with trying to frame this metaphor to speak to some of my colleagues sent me a poem that she had come across which I want to leave you with, and then what I would like to do – with your acquiescence – is meet you all outside on the grass and stand together in a circle for a few minutes and share some energy.

Setting out on the voyage to Ithaca, you must pray that the way be long.

Hold adventures and experiences.

The Lestrygonians, and the Cyclops, angry Poseidons – o not be afraid of them.

*You will never find such things on your way if only your thoughts be high and a select emotion touch
your spirit and your body.*

*The Lastrogonians, the Cyclops, Poseidons raging, you will never meet them unless you carry them with you in your soul, if your
soul does not raise them up before you.*

You must pray that the way be long.

Many be the summer morning with what pleasure, with what delight you enter harbors you've never seen before.

*At Phoenician trading stations you must stop and acquire merchandise – Mother of Pearl, coral, amber and ebony and
sensuous perfumes of every kind, as much as you can get of sensuous perfumes*

You must go to the many cities of Europe to learn and still to learn from those who know.

You must always have Ithaca in your mind; arrival there is your pre-destination.

But do not hurry the journey at all; better that it should last many years

*Be quite old when you arrive at the Island - rich with the experience that you have gained on the way – not expecting Ithaca to
give you your riches.*

Ithaca has given you your lovely journey; without Ithaca you would not have set out.

Ithaca has no more to give you now – poor though you may find it – Ithaca has not cheated you.

Wise as you have become with all of your experience; you will then have understood the meaning of an Ithaca.

So, thanks for the pleasure, and I'll meet you outside.



Supplementary poem text

Found the poem on the internet

ITHACA - THE POEM

As you set out on your journey to Ithaca,

pray that the road is long,

full of adventure, full of knowledge.

The Lestrygonians and the Cyclops,

the angry Poseidon -- do not fear them:

You will never find such as these on your path,

if your thoughts remain lofty, if a fine

emotion touches your spirit and your body.

The Lestrygonians and the Cyclops,

the fierce Poseidon you will never encounter,

if you do not carry them within your soul,

if your soul does not set them up before you.

Pray that the road is long.

That the summer mornings are many, when,

with such pleasure, with such joy

you will enter ports seen for the first time;

stop at Phoenician markets,

and purchase fine merchandise,

mother-of-pearl and coral, amber and ebony,

and sensual perfumes of all kinds,

as many sensual perfumes as you can;

visit many Egyptian cities,

to learn and learn from scholars.

Always keep Ithaca in your mind.

To arrive there is your ultimate goal.

But do not hurry the voyage at all.

It is better to let it last for many years;

and to anchor at the island when you are old,

rich with all you have gained on the way,



not expecting that Ithaca will offer you riches.

Ithaca has given you the beautiful voyage.

Without her you would have never set out on the road.

She has nothing more to give you.

And if you find her poor, Ithaca has not deceived you.

Wise as you have become, with so much experience,

you must already have understood what Ithacas mean.

Constantine P. Cavafy (1911)

