

# Paradigms and Miracles: Alternative Medicine at a Crossroads

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## Introduction

Alternative Medicine is at a crossroads. Although alternative physicians are breaking away from the use of drugs by focusing on biologically compatible therapies, for the most part we are still relying on the old disease based model that we grew up with. Unless we learn and adopt new paradigms for health and disease, we will continue to be at the mercy of disease rather than the master of it.

## The Disease Paradigm

A paradigm is defined in the dictionary as a clear and typical pattern or archetype. In practice it refers to a model, which best exemplifies the direction and inner workings of a given system of endeavor. For this reason, perhaps nothing is more important in any science than the paradigm it embraces. The paradigm modern day western medicine is based upon centers around treatment decisions according to disease. This is an example of a disease based model, in which the single most important element is the accurate determination of the diagnosis. The diagnostic criteria are arrived at as a result of the study of the pathological processes that define the disease. Once a patient has demonstrated the presence of adequate criteria, a disease is diagnosed and remedies appropriate to that particular disease are prescribed. Recently my state board sent all the M.D.'s in Nevada a reminder that in advertising our practices we were not allowed to claim that we had the ability to cure any disease "that is known to be incurable." No doubt what the board is referring to is any chronic, age related disease such as cancer, auto-im-

mune disorders, AIDS, chronic hepatitis, osteo-arthritis, diabetes, chronic pain or endometritis. since none of these are considered curable using the disease based paradigm. In fact, the incidence of remissions of these conditions using the conventional approach is so low that when it occurs, it is said to happen in spite of the therapy rather than as a result of it, and is therefore termed a "spontaneous remission." What does this say of our medical system? Are our doctors so poorly trained that they cannot make the correct diagnosis? Are all the therapies for these conditions not based on sufficient scientific knowledge? Do we really know nothing of disease at all? I don't believe that the answer to any of these questions is yes. In fact, I'm quite sure that our doctors are the best trained in the history of mankind, that our scientific knowledge is unparalleled, and that we know more about disease than we ever have before. So what's the problem? Might not the problem not be that the very paradigm on which this system is based is incomplete or in fact misdirected? If so, then everything that follows from it will be flawed. Furthermore, and more importantly for those of us in alternative medicine, continued use of this same western paradigm, even though we use biological medicaments as part of it, will only continue to make the cure of chronic disease an unattainable task. In this article I will attempt to elucidate the flaws in this disease model, and I will describe a new paradigm that I believe offers the highest potential for the cure of the "incurable."

## The Times are Changing

When I first became involved in alternative medicine back in the late 70s I remember very vividly going to a conference

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in San Francisco put on by the Orthomolecular Medical Society. Linus Pauling, Abram Hoffer, Richard Kunin, and other early luminaries were trying to convince us that patients could become well without the use of drugs.

This seems pretty obvious by today's standards, but back then this was a completely preposterous concept. At the time, I was serving on the family practice committee of my local hospital and was being repeatedly chastised for suggesting such outrageous ideas as cutting out the sugar in the hospital diets, putting vitamin C in I.V.s, and other strange and "unproven" concepts. So here I am sitting in the audience at the O.M.S. conference when who do I see but the chief of my hospital staff! I wasn't quite sure what to do. I knew this man really well, but he had never expressed to me any interest in nutritional medicine, and I even wondered if he may be there simply to spy on me. A lot of us old timers still think this way! Eventually I walked on up and sat beside him and said, "Hi John, what the heck are you doing here." He said, "I'm curious about this kind of stuff, and I don't know a thing about it. By the way," he continued, "don't tell anyone at the hospital that you saw me here." John and I have had a good friendship ever since. After that conference I went back to my family practice committee and handed out an anonymous survey, asking each doctor to indicate if he was using an alternative therapy, and if so, and what kinds of therapies he was using. To my great surprise, over half of the responders indicated that they regularly prescribed some kind of diet or nutritional therapy. This was the same group that were continually getting on my case for openly suggesting that we make some recommendations to the hospital along these same matters. As for John, he stayed on the staff as a closet orthomolecular physician doing such bizarre things as treating for yeast syndrome, using chelation and I.V. hydrogen peroxide. Now, 17

years later, that same hospital has a fairly large group of doctors who are openly involved in studying virtually any alternative therapy. In addition, at the recent Wright-Gaby Nutritional Seminar over 500 physicians attended, most of whom were new to these concepts, and who were looking for some legitimate direction. Insurance companies and PPOs are starting to put homeopaths and naturopaths on their panels. Imagine that! The obvious conclusion is that the time has finally arrived for alternative medicine to become common place. Ten to fifteen years from now a physician wouldn't think of prescribing a medication for something until he first had tried a natural approach. This is the future of medicine, and it is at hand. However, as wonderful as all these changes are, there is still the same pesky little problem in the alternative medicine movement that has been the downfall of conventional medicine, and that is this: Although alternative doctors are using biological modalities, for the most part they are still confining themselves to treating the diagnosed disease process instead of the patient.

The good news in this is obvious. For the first time in modern history doctors are actually living up to the oath we took when we graduated to, "First do no harm." Instead of immediately poisoning the body with toxic and metabolically disruptive xenobiotics, physicians are working hard to learn new alternatives that allow them to help their patients without hurting them. The incidence of iatrogenic morbidity and mortality will most gratefully decline. Furthermore, the incredible monetary cost to our medical system which results from all this iatrogenic injury will begin to actually decline for the first time in history. If you don't think that it is exactly these financial considerations that are causing insurance companies and PPOs to change their ways, think again. The downside however, and the next factor that needs to be addressed, is the continued use of the same old disease model. The persistence with

this model is frequently evidenced at my seminars, when after two days of presenting the mechanics of a non-disease oriented paradigm for treating patients, I am still asked what I do for such and such a disease. Similarly, almost without exception I still see professional articles on alternative medicine that persist in recommending treatments based upon the disease and its pathological findings. Sure, they advocate the use of biological compounds, but just like our allopathic colleagues they are basing what compounds to use on the disease process rather than on other much more important considerations. No medical therapy, alternative or otherwise, can successfully treat chronic organic disease if it is based on the traditional disease paradigm. This addiction to the old paradigm is so insidious that many physicians are only now beginning to become aware that something is not quite right. Probably one of the best examples of this problem is our obsession with anti-oxidant therapy. Since chronic disease is characterized by oxidant stress, followers of the disease paradigm will therefore focus on the administration of endless and often super-physiologic amounts of anti-oxidants. Common sense tells us that something is off here, but still we persist. Those of us who have done this for years will reluctantly attest to the fact that although anti-oxidant therapy can provide significant symptom relief, it is not about to cause the reversal of a chronic disease.

Another instance of this persistence with the disease model is seen in the endless ways being promulgated to treat hypercholesterolemia. No matter where you look one is constantly bombarded with taking this or that nutrient or herb to lower cholesterol. My point is this. An elevated serum cholesterol level is not secondary to dietary indiscretion, nor is it an example of niacin deficiency, fiber deficiency, guggulipid deficiency, pantethine deficiency, or any deficiency for that matter. To lower the cholesterol with these means is safer than the drug approach but still misses the

point. Serum cholesterol, as we all know, becomes elevated because in its ultimate wisdom the body has decided to synthesize it in increasing amounts in order to maintain homeostasis. When homeostasis is returned the body will no longer need to maintain such high serum levels of cholesterol, and it will be subsequently down-regulated. Elevated serum cholesterol is not pathological, it is simply a stress response. But such thinking requires a completely different paradigm for disease and health than that which has been traditional in western medicine. Is it humanly possible to know every molecular and physiological occurrence in a particular individual's body, and then knowing this, begin to initiate and orchestrate the exact changes needed to restore homeostasis? For those who haven't yet tried this let me save you the energy. No, it is not possible. In fact it is absolutely impossible for anyone to accurately anticipate how the human body will respond in any situation. We are quite simply not that smart. This dilemma was most eloquently addressed by one of the greatest physicians of all time, Dr. Albert Schweitzer, when he said, "We doctors don't do anything except help the doctor within." Please note the words "don't do anything." Get used to it my fellow physicians, we don't do anything! What the great doctor is saying here is that we will never be able to heal our patients unless we work through the doctor within. Oh sure, if they present with functional syndromes such as hypoglycemia, yeast syndrome or digestive disorders, these are pretty easy to treat using the traditional model. But when the patients present with true organic disease, and we don't work with the doctor within, they will only become well in spite of our therapy not as a direct result of it. I know this to be true. After 18 years in the field of alternative medicine, I can honestly tell you that I have never seen the so-called "incurable diseases" routinely reversed unless Dr. Schweitzer's words were adhered to.

Dr. Majid Ali very eloquently expressed this very same concept in his book, *What do Lions Know about Stress?*, when he said, "There is no healing that is not spontaneous."

### Heal Thyself – Orchestrating Spontaneous Healing

Our bodies are supposed to heal themselves. When we get an infection, the body is supposed to cure it. When we develop an injury the body is supposed to heal it. It does this innumerable times each day of our lives. Thus, the mere fact that we have a patient in front of us should alert us to the fact that apparently in this particular case, for whatever reason, this patient's body is not capable of healing itself. Now here is one place that we alternative doctors really differ from our allopathic colleagues: we have the audacity to ask why. The answer to that question is obviously the key to any approach to helping any patient. Ultimately the factors that will determine why a patient is able or unable to heal himself are four: 1) constitution, 2) ongoing external stressors, 3) ongoing internal stressors, often referred to as disturbance areas or "foci", and 4) inadequately functioning regulation systems. These factors form the basis for an altogether new paradigm of wellness and disease which focusses on the doctor within, and which I will call the "Schweizer Paradigm." I believe such a model offers the best opportunity for the systematic, accurate, and precise determination of therapy and prevention in the individual patient.

#### Constitution

Fortunately, we all come into this world completely different from every other human being. This uniqueness includes all those individual strengths and weaknesses which will determine how well our systems are able to deal with stressors. Some of us, for example, will develop a biological imbalance if we are in a warm environment, whereas others will thrive at that same tem-

perature. Witness, for example, how in some people, barometric pressure can initiate migraines, or how in others humidity aggravates arthritis. Some of us have incredibly strong constitutions, which are able to resist a multitude of stressors, while others are not nearly so fortunate. The two known factors that determine constitutional makeup are genetic and miasmatic inheritances. Therefore, using this new paradigm, it is imperative to be able to increasingly expand our knowledge of these constitutional elements to the point where we can with accuracy determine the major genetic and miasmatic factors working in any given patient. Regrettably, the field of genetics, outside of the study of genetic diseases, is nearly void, and is of limited help to physicians at this time. The best that can be presently done is to infer genetics based on familial patterns, homocysteine and perhaps other amino acid levels, and blood typing. Miasmatic diagnosis, however, is much better known, and should be a routine part of most therapeutic plans. Additionally, homeopathic therapy directed at strengthening constitution can be very helpful. This is especially important in those patients who are extremely sensitive to all the commonly encountered environmental pollutants that just can't be practically avoided.

#### Ongoing External Stressors

External stressors refer to those challenges to the organism that come from outside the body, forcing it to adapt in order to maintain homeostasis. This is one area that almost all alternative practitioners will attempt to diagnose and treat. An excellent example is allergies. When your asthmatic patient tells you that he can't breathe around cats, you then tell him to get rid of all five of his cats if he expects to become well. Another example is just plain old stress. How often it is that we see patients that have such marital, financial, or job related stress that no amount of treat-

ment will ever be effective until these areas of their lives are first dealt with. It must be that the pharmaceutical industry has recognized this major factor in the new medical paradigm, since it has been so quick to bless us with endless amounts of tranquilizers and anti-depressants. How about chemical sensitivity? Who knows how many of our patients are suffering from the effects of chemical sensitivity secondary to even trace amounts of pesticides and other environmental contaminants. Since the disease paradigm doesn't recognize the constitutional differences in patients, it is unable to deal with concepts such as sensitivity or biochemical individuality. Instead, it is forced to treat patients as though they were statistics, scheduled for sacrificial offering at the altar of the double-blind study. It is obvious that the elements of constitution and external stressors are closely inter-related, and form the first level of investigation in the paradigm for the new medicine.

### Ongoing Internal Stressors

Internal stressors refer to stressors that operate from within the body. For this reason they are frequently latent and can be the most difficult stressors to identify. Internal stressors are commonly referred to as "foci or "disturbance areas." In my experience, starting with the most commonly encountered, they are found in the following areas: 1) intestines, 2) teeth, 3) sinuses, 4) pelvis in women, 5) scars, 6) tonsils, 7) ears, and 8) pelvis in men. Not to be forgotten are the "mental foci." These are the disturbed thought patterns and ideations that so many of our patients have that continuously keep them in a state of perceived stress. Foci have a direct relationship with the body's regulatory capacity such that as long as regulation is optimally functioning, the disturbances caused by them will be adequately compensated for. This explains how adolescents and young people can have many foci that don't bother them.

Their constitutional strength in the early part of their life is so strong, and their toxicity levels so low that their bodies are able to regulate the disturbing effects of the foci. Down the line, however, as they become older these foci will begin to exert their influence. Here's a patient's history that exemplifies just how this can work: age 1-2 has repeated otitis treated with antibiotics resulting in foci in the ears and intestines, age 5-10 has repeated silver amalgam fillings resulting in foci in the teeth, age 14 develops severe dysmenorrhea treated with birth control pills resulting in pelvic foci, age 22 has an abortion which further intensifies the pelvic foci, age 32 has two root canals, both of which are not surprisingly along the intestinal meridians, resulting in more dental foci. Now, at age 36, after a severe viral illness that she never quite gets over, she is diagnosed as having chronic fatigue secondary to Epstein-Barr infection. One can see from this case that EBV was only the straw that broke the camel's back. All cases of chronic disease have a similar scenario of progression. Often the initiating event to the chronic illness is either a surgical procedure or a viral infection. Sometimes it is just due to the aging process. Inevitably it occurs when the patient's system has become so burdened with foci, and has accumulated so much toxicity that the regulation systems can no longer maintain homeostasis. Obviously, treating the viral infection without removing the foci will only result in failure in such a case. I have patients call me from all over the country with the same basic history. They have been to see a veritable who's who of alternative medicine, and either they can only find relief when they diligently stay on a rigid program of elimination and mega-supplements, or they will improve with a given treatment only to relapse after a while. In all these cases the patients have foci that are not being successfully dealt with. It is futile to hope for a cure in these patients without removing all their foci. A

paradigm for the new medicine must include the discovery and elimination of foci as an essential element of any treatment plan for a chronic disease. The disease paradigm completely ignores foci.

### Regulation Systems

The concept of regulation systems is central to the understanding of a new paradigm for medicine. "Regulation systems" is the modern term used to describe the doctor within. Loosely defined, the concept of regulation systems refers to the myriad autonomic systems in our bodies that are capable of determining the presence of a state of biological imbalance, and are then simultaneously able to initiate the responses necessary to return the body to homeostasis. The maintenance of core body temperature is obviously one of the more fundamental regulation systems. An inability to maintain adequate core temperature indicates a malfunction of an important regulation system, and disease is sure to eventually develop if this system is not adequately functioning. Additionally, it is impossible to expect the body to be able to heal itself if it cannot even regulate temperature. In order to work with these regulation systems, one must have accurate methods of measuring their function. Indeed, this ability to measure regulation capacity is fundamental both to being able to give basic direction to our therapies as well as to determine their effects. Without this ability we are compelled to decide on and evaluate therapy based only upon the patient's signs and symptoms, which only keeps us stuck in the old disease paradigm. As experienced practitioners know, relying on symptoms and signs can be very misleading, all too often causing us to abandon potentially successful treatments before they have had an adequate period of time in which to exert their full effects. For the patient who is asymptomatic, and who is desirous of a preventive program, regula-

tion parameters are absolutely essential to offering precise advice. Without these measurements we are only able to provide such a patient with a "shotgun" cookbook approach to therapy, hoping and praying that we will somehow attend to all of his requirements. Furthermore, without being able to follow the effects of a given course of preventive therapy with regular evaluation of regulatory capacity, we can never really be sure that our recommendations are in fact accomplishing what we expect them to. Various regulation systems can be measured individually, for example assessing immune response with skin tests, or digestive function with stool analysis or Heidelberg capsule testing, but ultimately measuring individual systems is quite limited in terms of overall information learned. Conversely, the problem with more general assessments of regulation systems such as amino acid and fatty acid assays is that they are too expensive and too complex to be of much use in the average clinic setting. So what tools are out there that offer a global assessment of regulation systems, while at the same time being easy and inexpensive to utilize? After 15 years of exploring the answer to this question, and after purchasing a garage full of equipment for which I no longer have use, I can say that I know of no other objective examinations that meet this criteria better than core body temperature, darkfield examination of whole blood, and bio-terrain analysis according to Vincent. The usefulness of these determinations is not only extremely important for the treatment of patients with chronic illness, but is without equal in any preventive or anti-aging program. A good example of this is a 45 year old M.D. that attended one of my "Tools and Pearls" seminars. He felt great and was healthy by all conventional standards. He had a healthy diet, exercised, took a lot of vitamin pills and had blood tests which were all within normal limits. When we examined his bio-ter-

rain, however, he was a mess. This is because bio-terrain markers will become abnormal long before any overt clinical disorder develops. He was clearly on a fast train to premature aging and early degeneration despite all his preventive efforts, and the worst of it is that he had no idea that this was happening to him. Armed with this knowledge, he will now be able to fine tune his program so that it is really working for him the way he wants it to. My guess is that he will find that the main reason he has such an abnormal terrain is that he has several foci that are currently latent, but that will ultimately lead to organ pathology. Without sensitive and objective determinants of regulation capacity, he and innumerable patients like him would never have known that they had such a serious disturbance in their systems. Using the disease paradigm, all these patients are “healthy.”

symptoms Let’s start from the top. As a result of the interaction between our inherited constitutional weaknesses and our environmental stressors, we are continuously developing biological imbalances. These imbalances no doubt occur an incalculable number of times per second. Not to worry however, because our regulation systems are able to recognize and correct these states of imbalance as they occur. The overwhelming amount of the time we are completely unaware of this process, however, every now and then, the corrective actions of the regulation systems are sufficient to cause some consciously discernible sensation which we call an acute/functional symptom. The nature of an acute/functional symptom is that although it can range from being mild to being quite severe it is never serious, and its duration is always self limited. In other words these symptoms go away without any intervention, because when the body’s self corrective actions are completed, the symptom will then disappear. Examples of acute/functional symptoms include our old friend the healing crisis, Herxheimer reactions, hypoglycemia, tension and vascular headaches, colds and flus, many rashes and

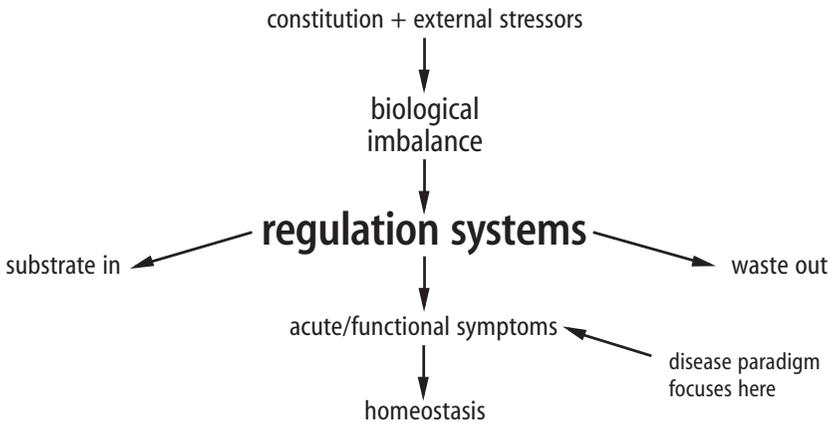
### The Schweitzer Paradigm

Figure 1 (below) shows how this new paradigm can be algorithmically represented to provide an overview of how the body normally self regulates, and specifically offers insight into the nature of acute

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Figure 1. Algorithmic representation of normal body self-regulation

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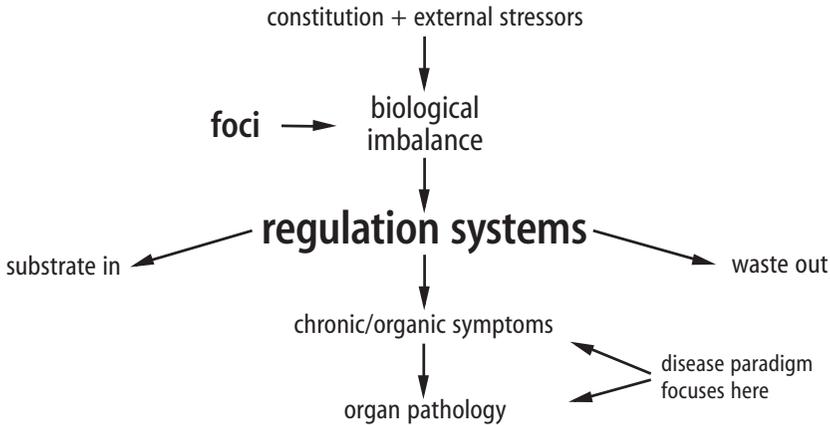
anxiety attacks. Even the most severe of these symptoms will "go away in seven days with treatment, or one week without." If the external stressors that brought about the imbalance that resulted in the symptoms are not removed one of two possibilities will occur. First, the symptom will continue to repeat indefinitely until the external stressor is removed. Secondly, the body will find another way to regulate the imbalance which either will cause no symptom or will cause a different symptom. This state is called "tolerance" if the symptom disappears or "symptom substitution" if a different symptom is created. It is extremely important to realize that no matter what the symptom is, other than the annoyance factor of the symptom, an acute/functional symptom is not a cause for medical concern. It is simply the doctor within busy at work. Furthermore, to suppress these symptoms, i.e. interfere with the functioning of the regulation systems is to all but insure that the body will not be able to return to homeostasis, and creates the likelihood of chronic pathology. The disease paradigm does not provide for a logical explanation for acute/functional symptoms, and so followers of that model are doomed to believe that these symptoms somehow infer that something is amiss in the body. Nothing could be further from the truth. Acute functional symptoms simply demonstrate that the body is effectively regulating itself, and should be treated with remedies aimed at assisting the processes that caused them. They should never be suppressed. Continuous acute/functional symptoms such as allergies, are best treated by constitutional remedies in conjunction with identifying and eliminating the etiological stressors. These acute/functional conditions are the easy cases that all alternative physicians have come to know and love, because we can have so much success with them, while our poor allopathic colleagues are reduced to the

frustration either of prescribing continuous medication, or trying to convince a perfectly sane patient that it is all in his head. Note that the regulation systems have some very basic needs in order to properly operate. They must have certain needs met, which I call "substrate in," and certain metabolic end products eliminated, called "waste out." Thus, as long as the external stressors do not continuously overwhelm the constitution, and as long as the regulation systems receive the required substrate and adequately eliminate waste products, our patients should be able to comfortably live out their natural lifespan of 120 years, absent of all disease.

#### A New Paradigm for Health and Disease

Figure 2 (p. 27) depicts an algorithm with the factors mentioned above, that will ultimately bring about the chronic/organic symptoms found in degenerative disease. Notice that three different conditions have occurred here. Most notably, there is the addition of foci. These foci burden the body with constant, never ending stress continually keeping it in a state of regulation system reactivity. This state consumes the body's vital energy at an accelerated pace, and increases the "substrate in" and "waste out" requirements. Eventually, these critical requirements can no longer be met, and it is at this point that the very doctor within becomes sick, and is no longer able to restore homeostasis. The result is the appearance of chronic/organic symptoms. These symptoms are continuous and unrelenting, they are frequently disabling, and they don't go away even after all external stressors have been removed. This condition is progressive and self reinforcing, and will ultimately result in tissue pathology. When the degree of tissue pathology has surpassed the body's regenerative potential, the disease will then become irreversible, and although well guided allopathic therapy can greatly help a patient in

Figure 2. Algorithmic representation of normal body self-regulation



this state, a cure is impossible.

Two fundamental insights can be gained by reflecting on this model for disease. First, it can be appreciated that there is an obvious need to be able to accurately determine whether a patient falls into either the acute/functional or the chronic/organic category. This determination, unfortunately, is not always as easy as one might think, but is nonetheless extremely important, because a patient with chronic/organic symptoms must be treated in a very different way than one with acute/functional symptoms. In both cases the constitutional and external stress factors must be considered, but in the chronic/organic condition not only must attention be focused on the removal of foci, but also the issues of “substrate in” and “waste out” become much more critical. Secondly, it also becomes critical to be able to determine when a patient’s disease is in fact irreversible, because with the exception of true emergencies and the judicious use of non suppressive remedies, the full allopathic armamentarium should be reserved only for these patients.

#### Conclusion: Paradigms and Miracles

Any paradigm for the new medicine will have to address at least the four factors discussed above. Adhering to such a model, alternative physicians will then need to focus on: 1) effective methods for determining the constitutional makeup of each patient, and therapies that will be directed at strengthening any constitutional weaknesses that are found. 2) the identification and elimination of external stressors, 3) the accurate detection and elimination of foci, 4) objective and accurate measurements of regulatory capacity, and the initiation of therapies which ultimately will correct any abnormalities found. Unless all these factors are attended to, spontaneous healing from the “doctor within” will not be able to occur. Note the incredible weakness in the disease paradigm, which takes none of these etiological factors into consideration, choosing to focus entirely on the end result without bothering to consider Dr. Schweizer’s “doctor within”. Is it any wonder that when patients become well using this medical model, the result is referred to as a miracle?