

NUTRITIONAL PHARMACOLOGY

VERSUS

NATURAL HYGIENE

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There are essentially two basic practices in clinical nutrition: nutritional pharmacology and natural hygiene. These practices are philosophically almost opposite to one another. It is the purpose of this article to examine and compare these practices in order to help provide a framework for a scientific and rational approach to clinical nutrition.

But, first of all, we must deal with a widespread misconception: that the practice of nutritional pharmacology is equivalent to supplying cells with the optimum amounts of nutrients. Nutritional pharmacologists give patients amounts of vitamins and minerals which could never be supplied by food, with the claim that such doses are supplying a nutritional need. But this claim, in 99.99% of cases, is totally unsubstantiated by scientific evidence. In fact, scientific evidence has shown that such micronutrients as vitamins and minerals are only needed nutritionally in micro-amounts.¹ Vitamins and minerals supplied in amounts in excess of the true nutritional need have a pharmacological effect complete with side effects¹; for this reason, doctors who recommend such dosages may be accurately called nutritional pharmacologists.

With this concept established, we can compare nutritional pharmacology (NP) to natural hygiene (NH). The NP concept holds that substances from outside the body must be used to cure disease; the NH concept holds that no substance from outside the body has curative action but that curing comes from within (with the exception of true deficiency diseases such as scurvy). Let's consider an example.

Tonsillitis is an inflammation. It is characterized by the five cardinal signs of inflammation: pain, redness, swelling, heat, and loss of function (pain on swallowing). The NP approach to tonsillitis is to supply large amounts of vitamins, especially vitamin C, in order to "cure" the disease. The NH approach is to regard the inflammatory process as the protective activity which it is, and to help remove obstructions to the ultimate successful resolution of this process. Inflammation, according to Robbins,² is an attempt on the part of the body to destroy or eliminate an irritant or an injurious agent.² The NP approach is in fact an attempt to cure the cure!

Sound like medical practice? Well, it is similar. The NH concept holds that the only true treatment for disease is the body's own treatment. In the same way that respiration and circulation proceed unconsciously and with no external prodding, healing takes place as part of normal physiological functioning. A natural hygienic nutritional approach to disease does not include any attempt to suppress symptoms. Rather, it attempts to remove obstacles to the body's normal healing activity by providing a physiological rest through the use of fasting. In the case of our example of tonsillitis, it has been shown that the physiological rest of fasting does allow the body to increase its irritant-disposing activity: the rate of phagocytosis is increased while fasting.³

On the contrary, the NP practice interferes with the body's attempt to remove irritants, as indicated by reduction of symptoms. The symptoms are an indication that the body is still attempting to remove the irritant. When the large dose of vitamin or mineral is supplied, it is probable that the body diverts its attention to disposal of this unhealthful excess and therefore reduces its inflammatory activity. Thus the symptoms disappear and it is supposed that the disease is cured. Unfortunately, however, the injurious agents remain to irritate again.

The astute chiropractic reader has by now recognized that the NH concept is identical to the original concept of chiropractic: mainly that doctors do not heal people but rather provide the conditions whereby the innate healing forces can prevail.

The practice of NP is not only ineffective in truly curing a disease, but it is positively harmful. In a recent article, this author detailed the harmful side effects of megadoses of three of the most widely used vitamins: C, E, and niacin.¹ Is it wise to use a substance in an amount which is harmful to suppress a health-building process initiated intelligently by the body?

At this point it would be wise to consider why adherents to the NP concept do in fact adhere to this idea. This author has talked to many doctors who use large doses of vitamins and minerals to "cure" disease. The reasons for this practice are the following: patients want quick resolution of their symptoms and are too impatient to wait for the body to cure itself; patients refuse to change their lifestyles enough to allow the body to cure itself (e.g., fasting for tonsillitis); patients will go elsewhere if they don't get symptomatic relief from us; and even, if the reader can believe it, "sell enough food supplements to pay the rent" (direct quote from a doctor). Of course, there are also doctors who sincerely believe that many diseases are the result of deficiencies of vitamins and minerals and that the only cure is to supply the body with amounts of these micronutrients far in excess of what could be found in food. This, as has been mentioned, is a misconception.

In reality, the NP concept is an outgrowth of the medical consciousness which is in turn an outgrowth of the concept that evil spirits cause disease. Not too many years ago, the predominant belief among both doctors and

ahead of the financial welfare of the doctor. Hopefully, this mode of thinking is not too prevalent in the health care professions.

1. Immerman, A.M.: "Megavitamin Therapy: The Reality." *Digest of Chiropractic Economics*, May/June 1980, p. 60.

2. Robbins, S.L., Cotran, R.S.: *Pathologic Basis of Disease*; 2nd edition, W.B. Saunders Co., Phil., 1979.

3. Sanchez, A., Reeser, J.L., Lau, H.S., Yabiku, P.Y., Willard, R.E., McMillan, P.J., Cho, S.Y., Magie, A.R., Register, U.D.: "Role of Sugars in Human Neutrophilic Phagocytosis." *Amer. J. Clin. Nutr.* 26:1180, 1973.

4. Glueck, C.J., Connor, W.E.: "Diet-coronary heart disease relationships reconnoitered." *Amer. J. Clin. Nutr.* 31:727, 1978.

5. American Heart Association: "Risk Factors and Coronary Disease." *Circ.* 62: 449A, 1980.

6. Visek, W.J., Clinton, S.K., Truex, C.R.: "Nutrition and Experimental Carcinogenesis." *Cornell Vet.* 68:3, 1978.

7. Goodhart, R.S., Shils, M.E.: *Modern Nutrition in Health and Disease*, 6th edition, Lea and Febiger, Phil., 1980, p. 982.

8. Immerman, A.M.: "Fasting and Diet Restriction in the Treatment of Cardiovascular Diseases." *ACA Journal* 14:5-42, 1980.

9. Immerman, A.M.: "Can Diet Prolong Lifespan?" *ACA Journal*, to be published.

patients was that disease was caused by evil spirits which invaded the body. At the present time, the medical profession believes that most diseases are the result of bacterial and viral invasions. Through both these beliefs runs a common theme: that disease is caused by factors outside our control. And isn't this the same basis for the NF concept which holds that disease is the result of genetically determined needs for vitamins and minerals which are far in excess of the amounts which could ever be supplied by consumption of nutritious food?

The NH concept, however, holds that almost all diseases are direct outgrowths of errors in lifestyle, predominantly dietary errors. Is the cause of atherosclerosis, the number one killer in the U.S., evil spirits? Bacteria or viruses? Deficiencies of vitamins and minerals which can only be corrected with megadoses? Hardly. The consensus of opinion in the scientific community is that atherosclerosis is caused by excess consumption of calories, especially cholesterol, saturated fats, and refined sugar; by too much stress and too little exercise; and by smoking cigarettes.^{4,5}

Is the cause of cancer, the number two killer in the U.S., evil spirits? Bacteria or viruses? Deficiencies of vitamins or minerals which can only be corrected with megadoses? Hardly. The most common form of cancer, lung cancer, is from cigarettes. The two next most common forms of cancer, breast and colon cancer, have been related to fat intake.⁶

Another major killer in the U.S., diabetes mellitus, can almost always be "cured" if the patient loses enough weight to be at the ideal level.⁷ Large doses of nutrients are totally irrelevant in most cases. (The author is aware that some cases of diabetes are from chromium deficiency. However, megadoses are not needed to cure this deficiency, neither are pills in any form. Nutritious food will provide all the needed chromium.)

What can be done about the reluctance of many patients to follow the rational NH approach to self-healing? First of all, if I may be forgiven for saying so, the doctor must be an example to the patient. A non-cigarette-smoking, non-high-fat-diet-consuming doctor will be able to induce his or her patients to quit smoking cigarettes or reduce fat intake. Second of all, a strong educational program for patients is needed. A surprising percentage of patients will make radical changes in their lifestyle if they are convinced that such changes are beneficial. Unfortunately, too many doctors refuse to take the time to teach patients what is necessary. Third, doctors must study the cause of disease enough to know that it is in fact lifestyle errors which are at the root of the major killers. This author has presented extensive documentation to show that cardiovascular diseases and shortened lifestyle are primarily related to dietary errors.^{8,9} Study of other literature reveals the same with many forms of cancer and diabetes.^{6,7} And fourth of all, in the humble opinion of this author, some doctors need a revised code of ethics. For instance, the doctor who stated that we should "sell enough food supplements to pay the rent" clearly needs to place the patient's physical and financial welfare