Nutritional Pharmacology versus Natural Hygiene

Sound like medical practice? Well, it is similar.

**NUTRITIONAL PHARMACOLOGY**

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,

On the contrary, the NP practice interferes with the body's attempt to dispose 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 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. Is it wise to use a substance in an amount which is harmful to suppress a health-building process initiated intelligently by the body? 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 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 body's protective activity which it is, and to help remove obstructions to the ultimate resolution of the inflammatory response. The antagonism of these two practices is an attempt on the part of the body to destroy or eliminate an irritant or an injurious agent.

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. But this claim, in 99.99% of cases, is totally unsubstantiated by scientific evidence. In recent years, many doctors who use large doses of vitamins and minerals have come to believe that vitamin and mineral supplements are an indication that the body is still attempting to remove the irritant. Of course, there are no scientific studies to support this assertion. The practice of NP is an outgrowth of the medical consciousness, which is in turn an outgrowth of the concept that evil spirits cause disease. The NP approach is in fact an attempt to cure the cure!
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 NP 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. 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.

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. 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 no-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 need to study the cause of disease enough to know that it is in fact lifestyle errors which are the root of the major killers. This author has presented extensive documentation to show that diet and exercise are the main causes of cardiovascular disease and shortened life span.

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 patients’ physical and financial welfare ahead of his own. Hopefully, this mode of thinking is not too prevalent in the health care professions.

BIBLIOGRAPHY


Chiropractic Economics, May/June 1960, p. 60.