Infinite Variety

An Introduction To Biochemical Individuality

The Primary Causes of Chronic Disease

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"It takes all sorts to make a world"
English Proverb

You are ill and feeling desperate. Your doctor has labeled your symptoms with an annoying name. You are told it is a chronic illness and you will need a lifetime of drugs and medical supervision just to control the symptoms. It is, after all, your doctor reminds you a *chronic disease*. A large pit forms in your gut and life takes on a gloom, which follows you day and night.

Step back for a moment. ***You*** are infinitely different from every other person on the planet including anyone ever given the diagnosis slapped on you. Why should you be labeled in such a way and thrown into one big diagnostic soup? If you accept such a condemnation then your chronic disease will likely remain chronic. There is a more rational alternative for you, an individual with a unique constitution. Do not accept the dismal medical outlook given to millions of chronically ill people labeled with rheumatoid arthritis, lupus, colitis, crohns disease, multiple sclerosis or a slew of other names.

As a physician who has worked with chronically ill patients for over 35 years addressing each patient as a separate entity I know that addressing the unique characteristics of each person is essential to the recovery of those with all types of chronic disease problems. With each new patient that walks into our clinic I ask myself, "*what makes this person different? What factors led to the development of their disease? What actions need to be taken specific to their individual nature to*

permit recovery?" Unraveling these questions puts each patient with a chronic disease, *regardless of their diagnosis*, on the optimal path towards health renewal.

Understanding each patient's biochemical uniqueness is essential to reversing chronic disease and restoring their health.

Each of us is Unique

We all differ in countless ways as acknowledged by Hippocrates who said, "*Different sorts of people have different types of maladies.*" Conventional medicine and most "alternative practices" base their care on the name given to a person's symptoms rather than to the person having those symptoms. By focusing on symptoms rather than employing care based on causal factors chronically ill people are doomed to lifetimes of suffering.

Primary Causes of Chronic Disease

At conception we receive a genetic heritage from our parents known as our **genome**. How we express this outwardly is our **phenotype, which** is modified through environmental factors and our behaviors.

Our genome is found in the chromosomes of each of our trillions of cells. It is estimated that there are 100,000 genes on our 23 pairs of chromosomes making each of us highly unique. As the science of genetics developed it brought about a revolution in understanding as new genes and how they express themselves were discovered. Little practical application of this understanding, however, has filtered into conventional or alternative medicine.

Each one of us are extraordinarily unique

Our genetic variability is astounding. One egg cell has eight million possibilities in terms of its genetic potential, as does each sperm cell, therefore, any two parents produce a combined zygote with any of 64 trillion (eight million times eight million) diploid combinations. It is no wonder that even brothers and sisters can be so

different. Looking beyond a single family, each different set of parents generates another 64 trillion possibilities. Each one of us is extraordinarily unique.

In order therefore to help patients reverse a chronic disease it is critical to understand their own makeup. The "disease name" is a title for a manifestation of symptoms and does <u>not</u> represent the complex factors involved in the patient having those symptoms.

Our appearances differ greatly… some are small, some tall, some fat, some thin. There are color variations of black, brown, white, red, and yellow, different facial features, etc. The outward appearances, however, are but a glimpse of the internal variations. *Likewise, the differences between chronically ill patients even those with the same medical" diagnosis" are enormous*.

In the 1960's, Dr. Roger J. Williams, professor of nutritional biochemistry at the University of Texas described "biochemical individuality":

"From a practical standpoint we cannot neglect the facts of biochemical individuality. Of necessity, for reasons involving inheritance, every individual has nutritional needs, which differ quantitatively, with respect to each separate nutrient, from his neighbors. The list of nutrients in the nutritional chain of life is presumably the same for every individual. If we were to indicate the quantities of each nutrient needed daily, however, these amounts would be distinctively different for each of us. Some individuals, in the case of specific nutrients, may need from two to ten times as much as others. Each individual has a pattern of needs all his own." [1]

We inherit an array of traits that mold our biochemistry at birth which are continuously affected by environmental and behavioral changes throughout our lives.

The array of difference in outward appearances represents but a glimpse of the variations existing internally with our biochemistry.

Biochemical Individuality - Nutritional/Metabolic Needs

One major area of variance between individuals is seen in our nutrient requirements and our ability to excrete waste products i.e. our detoxification potential.[2] Dr. Williams observed significant differences among supposedly uniform

animals in their nutrient requirements and their abilities to excrete wastes.[3] Some inbred rats on identical diets excreted eleven times as much urinary phosphate as others.[4] Some inbred baby chicks required seven times as much alcohol to bring about intoxication as others;) Research into mercury toxicity has revealed sensitivities that vary as much as a million fold from one individual to another.[5]

Nutrient requirements also vary widely. Even among healthy human subjects a 200-fold difference has been observed in relation just to calcium requirements alone.[6]

We have vastly different nutrient requirements, different digestive and absorptive capacities, different hormonal outputs, different immune systems, different abilities to detoxify toxic materials, etc.

Consider your circumstances. Has your doctor simply named your symptoms and given you treatments or has he/she uncovered the *foundational reasons* for your illness? Is your doctor addressing the causes of your problems so your health might be restored or are you simply in a lockdown situation where new drugs and treatments are applied for each new symptom as it arises? Can your doctor tell you what makes you different from other cases with similar symptoms?

Even among twins, triplets, and quadruplets at birth, vast biological differences are noted. The adrenaline content of the adrenal glands varied within one set of quadruplet mammals by thirty-two fold.[7] The repercussions of these many differences between patients in practice are enormous yet these differences are rarely considered let alone addressed.

For a physician to determine your care based on a “diagnosis” and not thoroughly investigate you as an individual puts the chances of recovering your health at great peril.

Genes have been isolated for many diseases e.g. cystic fibrosis, breast and colon cancer, crohns disease, diabetes, etc. Were genetics the sole reason, however, for the development of these problems we would expect to see similar amounts of these conditions around the world. Epidemiological studies, however, reveal population groups possessing similar genetic make-ups exhibiting different rates of chronic diseases.

Studies performed by Denis Burkitt, M.D. revealed that colon cancer, appendicitis, hiatal hernia, varicose veins, diabetes, diverticulosis and gall bladder disease were much more common in certain geographic areas.[8] These ailments have been largely

attributed to genetics by western medical science yet Burkitt found those same diseases rampant in western cultures rare in "primitive" ones. When these same individuals, however, moved to our western culture and adapted the western lifestyle they become afflicted with the same disorders.[9] Numerous other studies have had similar findings.

If people of a set racial group in one environment get certain chronic diseases but in a different environment are relatively free from those same diseases, it indicates that the cause of the disease lies in environmental factors, not simply in the gene pool. In the chronically ill those environmental factors along with their own unique biochemical traits must be uncovered and addressed.

When these same individuals, however, moved to Western Cultures and adapted the Western Lifestyle, they become afflicted with the same disorders.

The Meeting of Genetics And Environmental Factors

Genetics and environment not only both play important roles in the genesis of disease but they interact closely with each other. Environmental factors allow genes to be turned on or off. In practice it is critical to consider the patients genetics, individual biochemical traits, behaviors, environmental factors and how these all interact in complex ways. This requires skill in clinical epidemiology, clinical nutrition, an appreciation of biochemical individuality, experience with chronically ill patients and a willingness to devote the time that is required to being a good health and disease detective.

True for the Goose Not always True for the Gander

Many patients come to our clinic because of someone they knew with the same medical diagnosis who recovered their health under our care and they want us to do the same for them. They are often surprised after our investigation that the program laid out for them is very different than that given to the person they knew with the same diagnosis. Each of us has unique needs and the program must meet those needs, not those of someone else simply because they received the same superficial diagnosis.

Genetics Does Not Doom Us

Our genetics sets the stage for our health potential but does not doom us to illness. Genes involved in chronic diseases generally have to be triggered. Likewise there are steps that can be taken to positively alter *a patient's genetic expression so as to return that person to health. This is a challenge we meet head on in daily practice.*

Diet is one important factor in the expression of our genetics. What we eat in a single meal has minimal impact but long-term dietary choices and the efficiency of our digestive capacity significantly impacts genetic expression. Nutrition does not alter genes but can alter the way genes are expressed.

In his book Genetic Nutritioneering Dr. Bland comments:

"The idea that the foods you eat and the nutrients they contain have the ability to communicate with your genes may be new and strange to you. Information emerging from current scientific research, however, strongly supports that relationship...genetic messages can either be put to sleep or awakened as a consequence of alterations in your diet." [10]

What we eat in a single meal has minimal impact on our genetic expression, but long-term dietary choices can have significant impact in the way our genes are expressed

Some continue to have chronic illnesses because they engage in habits that are known hazards such as tobacco or drug usage. For others e.g. those with autoimmune disorders, the causes of their problems may not be apparent yet the solutions are often there for the taking if the doctor approaches the patient in an individualized way so and *creates the conditions required to initiate renewed vitality*. This requires effort from the practitioner but often makes the difference between a lifetime of suffering and a return to health for the patient.

We share much as a species, yet broad based health recommendations as commonly bandied about such as exercising twenty minutes four times per week, eating more fiber, taking a multivitamin daily or eating five servings of fruits and vegetables per day sorely lack the specificity to meet the unique needs of chronically ill individuals who require programs that address the reasons ***they*** developed disease.

The shelves are crowded with books on how to raise babies as if they all came from an identical Jell-O mold. There are countless books on "nutrition" each promoting a certain diet despite the fact that the authors do not know the reader's biochemistry,

lifestyle or environment. Other books advise supplements, exercise regimens, and menu plans based on blood type, body configuration, the author's religion or some other trait, making no allowance for the innumerable factors that surface as a result of a comprehensive interview, examination, and functional lab analyses aimed at uncovering specific individual traits.

Recommendations made by practitioners based on symptoms while ignoring the complexity of factors that make us up as individuals are doomed to failure. Specificity is essential, making the difference between the patient who recovers and the one who continues to suffer needlessly.

Miller and Groziak state:

"Health professions need to rely less on the universal public health approach and more frequently utilize a selective, informed process that takes into account individual genetic differences in risk for specific diseases. By identifying genetic variables that affect chronic disease risk and by exploring gene-nutrient interactions, we can evolutionize dietary (or other) advice to best prevent, delay, and treat chronic diseases." [11]

A Person…Not a Diagnostic Title

Sidney Baker, M.D. explains why health professionals have failed to care for patients as individual as opposed to a diagnostic category in his book Detoxification and Healing:

"We human beings are quite consciously aware that each of us is different from everyone else. I don't think that the notion of our individual uniqueness is a conceit. It is firmly based on biology and probably is enhanced by the fact that our habitat has changed as much as that of any creature during the last few thousand years of migration, the establishment of agriculture and the addition of thousands of new chemicals to the human environment. However, it is easier to group people to avoid the complexity of thinking about and treating each person as an individual. Supposing I were to fill out an insurance form for Seth Hammer and report that he has Seth Hammer's disease and that I am giving him the Seth Hammer treatment...this does not help with insurance forms. It has been 40 years since Roger Williams' research and writing introduced a new paradigm for medicine backed by solid scientific research. It is not a lack of science that has retarded the blossoming of a medical practice focused

more on individuality. It has more to do with the inertia of a medical hierarchy that yields slowly to change and the strong investment of various levels of the hierarchy in treating diseases, not individuals." [12]

The Merck Manual is one of the most common medical texts used by physicians. Within its pages symptoms are matched with disease names and treatments all in one neat bundle. Likewise there are a multitude of "natural therapy books" for the "alternative" practitioner where diseases from Arthritis to Zoster are listed and treatment protocols of herbs, homeopathic agents and other nostrums are assigned. In both cases the individual's needs are left untouched. In recent years the Internet also has become popular to provide a quick source to match up disease names with symptoms along treatments, a process which Dr. Zee appropriately refers to as "Dr. Google".

Personal Experience

I became painfully aware of the pitfalls of medical diagnosis in 1976 when stricken with autoimmune - rheumatic problems. The diagnoses given were based on my symptoms (fatigue, joint pains & extreme stiffness). I was labeled with rheumatoid arthritis by one physician, ankylosing spondylitis by a second, mixed connective tissue disease by a third and psoriatic arthritis by a fourth. Soon afterwards I would develop symptoms of ulcerative colitis as well. All the physicians attempted to match my symptoms with a name and prescribed symptom-based drug treatments. I would endure progressive illness for well over a decade before coming to an understanding of what was involved in my situation and learning to address my problems at their roots.

In later years medical and chiropractic colleagues of mine would remark that I had been misdiagnosed since anyone with as serious a problem as psoriatic arthritis, ankylosing spondylitis or rheumatoid arthritis could not possibly still be standing straight and able to swim, bicycle, hike and be as flexible as I am now almost four decades later. Had I fallen into such a mindset, thinking that the "diagnosis" represented what was actually causing my health problems as opposed to the causal factors involved, I surely would have ended up as crippled as the physicians said I was going to.

Largely due to this type of confusion with my own health dilemma, I would endure progressive illness for well over a decade before understanding what was involved in my situation and learn to address its roots.

WHAT IS IT THAT WE ARE "TREATING"?

"It is much more important to know what sort of patient has a disease than what sort of disease a patient has."
Sir William Osler
English Physician (1849-1919)

Health is controlled by the interplay between our internal and external environments. The **internal environment** operates within a set range in each species. The differences within that set range create differences between one individual and the next. The **external environment** is where each person interacts with the outside world. There is a state of ongoing flux between us and our external environment with daily short-term changes and more dramatic seasonal changes.

To thrive we must meet the demands of our environment. A patient's internal environment (metabolism/biochemistry) and external environment (climate, occupation, home life, etc.) must be assessed to ascertain what is required for that person to undergo health restoration.

Rene Dubos, in his classic The Mirage of Health commented on these relationships:

"Ancient physicians knew that the severity and prevalence of various diseases differed greatly according to the geographic area, the time, the social customs, the economic status, and the occupation. In the past this dependence was emphasized chiefly with reference to the "fevers," simply because infections like malaria were so common. It is becoming clear that the environment plays a large part also in determining the prevalence of the diseases most talked about in our times - defects of the cardiovascular system, cancers of various types, peptic ulcers, mental disorders, etc. This is evident from the fact that, as was the case for the fevers in the past, the frequency of the modern diseases differs from one place to another and varies with economic status and professional activities." [13]

The Importance of the Patient History

The extent of our individuality underlines the importance of conducting a thorough patient history to understand the role environmental factors have played in disease development.

The right questions must be asked and a good ear must be given to the answers in order to put the pieces of the puzzle together as a good health and disease detective, thinking and feeling our way through with each patient, bringing to bear a full range of objective and subjective reasoning powers.

What Should One Do for Condition "X"?

I am commonly asked by patients or students; "Dr. Goldberg, what would you do for a patient with Rheumatoid Arthritis or Multiple Sclerosis or Crohn's disease or chronic fatigue or diabetes" or (you name the disease). My response is simple:

I would perform:

• A comprehensive case history
• A thorough physical examination
• Appropriate laboratory studies based on the case history and physical examination.
• *Each done with the purpose of uncovering underlying causes.*

"What if it was heart disease" they ask. Again I respond,

• A comprehensive case history
• A thorough physical examination
• Appropriate laboratory studies based on the case history and physical examination.
• *Each done with the purpose of uncovering underlying causes*

"But Dr. Goldberg" they ask a bit frustrated, "what if it was cancer?" Again I reply:

• A comprehensive case history
• A thorough physical examination

• Appropriate laboratory based on the case history and physical examination.
• *Each done with the purpose of uncovering underlying causes*

We simply cannot ascertain what to do for the patient by the name of their symptoms alone!

The medical diagnostic model has limited utility. When we read about a medical disease and what its outcome is, we are informed what the *natural history* of the syndrome is *under medical care, with the average patient*. This is based on the observations of patients who have presented over the years with similar signs and symptoms and received similar treatments and reflects how patients with these signs and symptoms *generally* respond to medical care.

Reason warrants that we not accept these often-dismal natural histories as being the only possible outcome, but rather *the outcomes under medical care and conventional living habits*. The many medical disease diagnoses with dismal prognoses are evidence of modern medicine's failures. This need not be the case when the *causes* of ill health are identified and addressed.

Drawbacks of Diagnostic Categorizations Revealed Through Case Studies

The following case studies using patients diagnosed with rheumatoid diseases, exemplify the limitations of medical diagnosis.

Two Cases of Psoriatic Arthritis: Pat and Dianne

Pat, a twenty five year old male with *psoriatic arthritis* was referred to our office. Pat had undergone extensive medical drug therapy without improvement. A thorough case history was taken, a physical examination performed and functional laboratory tests ordered. He was covered with psoriatic scales over 75% of his body including the scalp, face, arms, legs, and trunk. Radiographs of his neck showed significant degenerative changes. Most distressing to Pat were his severe arthritic pains. The history and interview revealed that Pat used alcohol to excess, kept late hours, and

had a diet that included many foods lab testing would reveal he was sensitive to. There was no family history of autoimmune disease.

After reviewing the results with Pat, it was determined he should undergo a supervised fast which lasted seven days. The patient rested, slept long hours, and took sunbaths. Initially the skin lesions increased but by the sixth day had begun to fade. At the end of seven days the fast was broken. The psoriatic lesions were more than 70% gone. This was followed by an appropriate diet plan along with extensive guidance regarding hygienic aspects of living specific for his circumstances.

The joint pains subsided over the next several weeks and the patient returned home largely cleared of psoriatic lesions and with vastly improved joint comfort. He was given a program based on his individual traits to allow him to continue to progress without ongoing reliance on physicians. Causes identified, causes addressed, health restored.

Dianne

Two months after seeing Pat we received a call from Dianne, a lady who had also been diagnosed with psoriatic arthritis. She knew Pat through an arthritis support group they both attended. Dianne related that she was impressed with Pat's vast improvements with a condition deemed “incurable” from which she had suffered with herself for many years.

She had questioned Pat as to what he did under my care. What foods he was told to eat, which to avoid, what supplements had been given, how long he fasted, etc. *Dianne then followed the same plan with disappointing results. The unsupervised fast she took was disastrous leaving her weak and debilitated. The foods she ate gave her indigestion, and she found her joint pains, skin and general health worse off than before she had started.*

I explained to Dianne that she was a different person and what had worked for Pat was based on his makeup, not hers. She emphatically replied that her case was the same *since they both had been diagnosed with “psoriatic arthritis.”*

Many doctors and patients believe if two people have the same medical diagnosis that they have the same problem and therefore what will benefit one will benefit another. *This is a perilous error.* I explained to Dianne that a program of care for her would need to be based on her specific traits, not on a medical title she had been tagged with.

Soon after Dianne traveled to our clinic for care. I found her debilitated by her attempts at fasting, which were inappropriate in her case. She suffered from exhaustion, very weak digestion and low body temperature. She had followed a raw food diet along with drinking copious amounts of fruit juices because she had read in a book on psoriasis that raw foods were “good for psoriasis” and that juices would “cleanse” the tissues. Dianne erroneously based her care on the name of her disease rather than understanding her own constitution.

We helped Dianne recover by developing a program based on her biochemical individuality, which turned out to be very different than Pat's. The roots of her problems leading to her psoriatic arthritis symptoms revolved around poor fat digestion which had been the case with her Mother, low thyroid and adrenal function, a troubled marriage, and a protozoa infestation that she had likely picked up traveling in Central America. Despite the same medical diagnosis the roots of her health problems were different from Pat's.

Patients with the same medical diagnosis have different reasons why they become ill. I am not indifferent to serious diagnoses e.g. lupus, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis, etc., but since such titles represent only superficial information they do not cause me to panic either.

Three Cases of Rheumatoid Arthritis

Each of the following cases of medically diagnosed Rheumatoid Arthritis received similar medical treatments based upon the diagnosis and each was continuing to worsen when we first saw them. The causal factors behind their conditions differed and therefore the protocols we employed in helping each recover had distinct differences as well.

Mary

Mary, a 55-year-old female had been diagnosed with rheumatoid arthritis three years previously after a stressful period in her life when she had lived mostly on pasta, pizza, bread and potatoes. Her hands were painful and she had poor grip strength. Multiple joints were inflamed and her sedimentation rate was over 100 (normal = 0 to 20). She was dismayed by the failure of the drugs prescribed to her (steroids followed by Embrel and later Remicaide) and equally discouraged by the failures of the many bottles of “natural remedies” she had tried that were supposedly “good for arthritis”. The drugs initially suppressed some of her

symptoms but later she developed a serious lung infection due to the suppression of her immunity. Mary was also taking an assortment of herbs, homeopathic agents and “Flower Remedies” given to her by a Naturopath.

Mary's rheumatoid disease emanated from her gastrointestinal tract as revealed by the history, exam and functional laboratory testing. I required her to eliminate starches as *(in her case)* they were promoting specific bacterial growth contributing to her inflammation. The cause was straightforward.

Mary was cooperative. In four months improvements in both her blood chemistries and a reduction in the patient's pain and swelling were obvious. Today she is fully mobile, off all medications and enjoys good health. The causes were identified and addressed and led to a restoration of health.

Joan

Joan, a 42-year-old female from the mid-west arrived at our clinic with medically diagnosed rheumatoid arthritis. She could walk only slowly with considerable pain. The hands, knees, wrists, hands, and feet were markedly inflamed. She was receiving methotrexate and humera, all immune suppressant drugs. Her Aunt and a first cousin also had autoimmune disorders.

Joan had taken good general care of herself. She had, however, recently undergone an unexpected divorce from her husband of over twenty years whom she had put through school working long hours to do so. Putting salt on the wound the divorce was followed within three weeks by her husband marrying his young secretary.

Her blood work showed her to be anemic, have low serum protein levels and an elevated sedimentation rate and high C-reactive protein level. She had been a hard worker and had significantly shorted herself on sleep over the years. She had elevated levels of mercury in her tissues due to dental amalgams, an elevated indican level (a toxin resulting from bacterial breakdown of protein) in her gut, yeast overgrowth and imbalances in her trace mineral levels. An individual program of care was developed based on these factors.

Initially she made rapid progress. The sedimentation rate dropped rapidly within a few weeks and the patient felt much improved. She was required to obtain long hours of sleep, stay on a liquid diet for intervals ranging from three days to a week, take oral chelating agents and specific trace elements, undergo trigger point therapy in our office and take steps to address both the overgrowth of yeast and the high

level of indican in her intestines. She returned home for several weeks to take care of business matters prior to returning to our office for further care. When she returned I found she had lost ground on the progress we had made and the inflammatory markers had risen again.

A lengthy discussion with Joan revealed that while home she had seen her former husband and his new wife in a convertible purchased shortly before the divorce. She experienced a surge of anger that was continuing to rage. I recommended counseling which she obtained, to address this issue. Within the next several months with counseling and continued attention to the areas previously mentioned, the patient improved again as her emotions settled. Her inflammatory index dropped and she returned home without carrying the emotional burden and with her biochemical issues addressed.

Mark

Mark, a twenty seven year old male, presented at our clinic with medically diagnosed rheumatoid arthritis. He had been seeing a rheumatologist for six months and was continuing to worsen. There was no significant family history. He had formerly been active with weight lifting, running, and motorcycling but now was stiff and weak with swollen joints. His rheumatologist told him that "rheumatoid arthritis" was "incurable" and that he would have to adapt to the reality that he would become crippled with time. Drugs including methotrexate and steroids had left him weak and nauseated. Switching to Enbrel had brought only partial relief of symptoms and left him frightened regarding the serious side effects he knew could occur including lymphoma and tuberculosis. An "alternative" medical physician had placed Mark on a number of glandular substances and advised him to take colonics, which he had reluctantly done.

Following a lengthy interview, lifestyle analysis and functional laboratory testing Mark was given a report of findings. A significant finding was his impaired glucose tolerance, which we traced to his heavy use of soft drinks. This had weakened his glucose regulating ability contributing to a pro-inflammatory state, further compounded by a significant imbalance in his fatty acids.

After restoring his glucose balance through dietary and improving his fatty acid profile both primarily through dietary intervention the patient recovered from his "rheumatoid arthritis" discomforts in less than eight weeks. Years later the patient continues to be well and engages in heavy physical activities without difficulty. *All signs of the "rheumatoid arthritis" disappeared when specific factors addressing his*

biochemical traits were addressed.

All three of these patients, Mary, Joan and Mark, presented with an identical medical diagnosis of rheumatoid arthritis. Their symptoms were similar yet *the causal factors behind their illnesses were vastly different.* Different biochemical factors and emotional backgrounds were at play. The times required for recovery and the strategies used in effecting a reversal of their condition also differed. The reasons behind their illness had been ignored by the Medical Rheumatologists each of whom simply applied toxic, symptom suppressive drugs and by "alternative practitioners" who had applied safer, yet ineffective measures that likewise ignored causal factors.

A False Consciousness That Limits Our Health Potential

It can be difficult for doctors and patients indoctrinated by the medical model to not be overwhelmed by the deceptive character of medical diagnoses, which we have been indoctrinated to accept. This is reflected in the questions I am frequently asked by Doctors and patients who attend my lectures such as:

What treatments would you give for a patient with rheumatoid arthritis?
or
What diet would you give someone with cancer?
or
What supplements would you give someone with lupus?
or
What foods are bad for someone with chronic fatigue?
or
How long should a patient with ulcerative colitis fast?

These inquiries all beg the question of what it is that one is "treating". Until we escape the misleading nature of medical diagnosis and address the patient that has the disease name, not the disease name that has the patient, the care of the chronically ill will remain as unsuccessful as millions of suffering patients can attest it is today.

How is Individuality Assessed?

Ours is an automated age where quick solutions are sought out via technology. It is the practitioner and his clinical experience, intuition, and hard work that still reign

supreme, however, in assessing the patient and developing a successful approach. There are no simple tests, questionnaires, or weekend seminars that make a competent practitioner. Time, observational skills, and competant detective work are as critical today as they were in the time of Hippocrates.

The history and interview are critical. It is important to both hear the words the patient is saying and the manner the patient verbalizes what they say including their body language. Laboratory studies and physical examination are important but generally carry less weight than the history.

Physical Examination: This should focus on both general and individual areas. The practitioner must analyze while he is doing the examination and not do it by simple rote memory in order to fill out forms for insurance companies.

Laboratory Analysis: In our clinic functional tests are employed based on the individual case. Laboratory results alone rarely give us "the answer" but provide a valuable method of obtaining information on the patient's biochemical status, provide a way to monitor progress over time and serve as educational tools.

Laboratory testing can be placed into four categories:

1) Tests utilized to measure pathological changes, e.g. a liver biopsy
2) Tests utilized to measure functional efficiency e.g. hemoglobin A1C, adrenal stress test
3) Tests utilized to name a "disease entity", e.g. AIDS, T.B., Hepatitis
4) Tests utilized to identify genetic factors, e.g. hemochomatosis, phenylketonuria, blood typing.

With hundreds of tests available, they must be selected judiciously in accordance with the history and examination results. Laboratory testing is a valuable tool but requires experience, training and judgment in its application.

A Look At Man's Best Friend

A convincing way to appreciate our individuality is to consider different breeds of dogs, from the Chihuahua to the Great Dane.

All domestic dogs belong to a single species, *Canis familiaris*. The many breeds are descended from a small subspecies of wolf, *Canis lupus pallipes*.1 Selective breeding has produced a wide variation of different canine appearances, strengths, weaknesses and personalities. It is difficult to imagine, when one looks at different breeds that all share a common ancestry. All the breeds are dogs yet their health problems differ widely based on unique traits related to their breed and as an individual within that breed.

The dachshund is subject to inter-vertebral disc disease and diabetes, the Rhodesian Ridgeback to dermoid sinuses (cysts), the Scottish Deerhound to gastric torsion, the Chihuahua to incomplete closure of its skull, the Toy Poodle to early tooth loss, the Bulldog to heat stroke, the German Shepherd to hip dysplasia, etc. Life spans differ also. The Schipperke from Belgium commonly lives to 20 years of age, while the Irish Wolfhound averages only about five to six years. As with humans, environmental factors e.g. diet, exercise, etc., greatly affect the propensity of each breed to develop the genetic weaknesses it is subject to as well as determining how long the lifespan will be, within the boundaries of its genetic heritage.

Working With The Hand of Cards We Were Dealt

To understand each patient's uniqueness is to be able to maximize their health potential to a degree many thought not possible. Our patients have recovered from numerous so called “incurable” chronic conditions by understanding their makeup, the reasons they became ill and addressing the causal factors in each case while simultaneously creating the conditions for health to flourish. Part of the challenge is to help patients understand they need not accept the dismal outlook painted for them by so many doctors nor accept symptomatic treatments whether from standard or “alternative” doctors as their only solution.

I was born somewhat a runt and I had to learn to live within certain runt limitations. Yet as I round the corner on sixty I look back with satisfaction at what I have been able to achieve, at being able to reverse a chronic disease condition and enjoy my life as an adult. A Chihuahua cannot become a Great Dane…but the Chihuahua that I was born as, with right knowledge and effort overcame chronic disease and become like a Jack Russell Terrier. I am enormously thankful for having learned from doctors who were pioneers in Natural Hygiene, Clinical Nutrition and Clinical Epidemiology as well as from my own trials and errors how to understand my

unique attributes and achieve my potential as one of six billion unique individuals on planet earth.

I have read the hand of cards nature dealt me and learned how to play them in a productive manner. I have also been blessed in having the opportunity to assist many wonderful patients who were once chronically ill do the same.

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