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VARIOUS ARTICLES BY DR. SHELTON

Disease Is Remedial Activity - HM Shelton

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Disease Is Remedial Activity
by Herbert M. Shelton

"Polio has struck twice within six days in the family of.... " These words formed the first part of a statement in a news item published a few years ago, and bring up the question once again: "What is disease?" This language implies that disease is an entity, a thing that has an existence, per se, that is capable of striking. It struck one child and, not being satisfied with the havoc it wrought, it struck another child in the same family six days later. In this instance, the disease was the variety or species known as poliomyelitis.

The ancient idea that the sick are possessed of devils lingered on in the minds of the people and in the practices "of the priests and physicians for ages after it should have passed into oblivion. All during the Middle Ages and even today in some sects of America and Europe, this doctrine of demonic possession was held to be abundantly proved by the Bible. Jesus is said to have cast out devils and during the Middle Ages it was held that to doubt demonical possession was to overthrow the entire structure of Christian doctrine. The doctrine of demonic possession was as well grounded in the Scriptures as was a belief in witches and witchcraft. This belief in demons that infest the air and take possession of the bodies of man and beast is far older than the Bible.

Paracelsus, the vagabond quack of a little over four hundred years ago, whose star of popularity is again rising, held that the air was so full of devils that you could not get a hair between them. Paracelsus was a Cabalist and held to a lot of other ancient and mystical nonsense. He believed devils to be more plentiful than his modem medical successor believes microbes to be.

During the long dark night of Christian ascendancy, it was held that the insane are possessed of devils and the only care these miserable beings received was intended to scare away or drive out the devils that had taken possession of them. They were chained in loathsome dungeons and tortured and beaten with a brutality that we do not understand today. Sometimes they were kept awake for a week or more in the effort to exorcize the demon. The demons were cursed in the most elaborate theological blasphemy ever devised, and the mentally sick were compelled to drink the most nauseating and disgusting compounds.

Exorcizing devils was done by priests, cabalists, physicians and others. The Jesuits of Vienna, in 1583, boasted that they had cast out no less than 12, 652 devils. Devil-chasers were common in those benighted days and devil-chasing was as popular as microbe slaying is today. Historically and psychologically, the words possession and infection represent only different rationalizations of the same superstition; they stand for identical delusional mental processes and deluding etiological speculations. The medieval wizard who chased devils has evolved into the modem serologist who chases microbes.

The belief in devils or demons is by no means dead. Millions pf people in Africa, China, India, Burma, Tibet, and other parts of the world believe in the existence of these "unseen powers and principalities of the air, " and the practice of devil-chasing is as popular among these people as it was two thousand years ago. But we do not have to go to the more backward sections of the earth to find a belief in devils and

witchcraft still surviving. We have plenty of people in America who believe in witchery or "hexing, " in haunted houses, spirit communications, and in the existence of great numbers of demons that infest earth's atmosphere and seek to gain control of the bodies and minds of man. The founder of one of the newer sects, some years ago published a book on spiritism, in which he showed from the Scriptures, that spirit mediums do not talk with the spirits of the departed dead, but with demons or "fallen angels" that inhabit the atmosphere. In this book, he describes the procedures adopted by him to exorcize devils from the bodies of those who were possessed. This man was a well-educated ex-atheist, who lived and wrote in the early years of this century. He lived, not in far away superstition-ridden Tibet, but in enlightened America. I am assured by one of the members of this sect, which now numbers many thousands of adherents throughout the world, that its members still believe in demons and in demonical possession. This reminds me of the little Sunday-school boy's statement that, "Faith means believing what you know ain't true. "

This very old idea that disease is an entity that attacks the body and wreaks as much havoc therein as possible has taken several forms through the ages and is incarnated in the germ theory that holds sway today. Hippocrates was the first to break away from the theory that disease is a divine punishment, but he was unable to fully emancipate himself from the belief that it is an attacking entity. His humoral pathology was a crude biochemistry and he sought for the cause of disease in an unbalanced chemistry of the body, but at the same time, he held that disease is a positive entity or substance which has to be expelled by hammer and tongs.

According to Pliny, Acron was the first to apply philosophical reasoning to the problems of disease. He held that there is an "active cause" of disease possessed of a riotous disposition. Galen regarded disease as "additional forces, foreign and inimical to the animal, with a birth, prime, and decline, like those of a physiological nature. " He is supposed to have borrowed the idea from Plato, but, since the idea was ancient when Plato was born, this presumption seems unnecessary.

In the seventeenth and eighteenth centuries the idea still prevailed that disease is a positive and organized entity. Hufland said: "The intestinal canal is, in the great majority of cases, the battle-field where the issue of most disorders is decided. " Hufland declared: "We must introduce the only medicine of which we are thoroughly convinced that it possesses the power of efficiently striving with the enemy, who, by subtle means, has now effected an entrance within our stronghold. " Stille asserted that "the whole of life is a perpetual struggle with an enemy to whom we must at last succumb. " The present day physician would say: "The whole of life is a perpetual struggle with malignant microbes that will eventually destroy us. "

A hundred years ago it was freely admitted that the nature and essence of disease was unknown. Many leaders of medical thought frankly expressed the opinion that its nature can never be understood. Prof. George B. Wood, of Jefferson Medical College said in Wood's Practice of Medicine: "Efforts have been made to reach the elements

of disease; but not very successfully; because we have not learned the essential nature of the healthy actions, and cannot understand their derangements. " There is inherent in this statement the idea that disease is "disordered physiology. " It was so defined by certain medical authorities in Wood's time.

The present views of the profession on the nature of disease are not easy to determine. The subject is never discussed in their text-books of pathology, nor in their works on the practice of medicine. By common consent they seem to have agreed to ignore the subject. Disease is now listed among the "seven modern mysteries. " Sir James McKenzie, one of the greatest clinicians of modem times, said a few years ago: "The knowledge of disease is so incomplete that we do not yet even know what steps should be taken to advance our knowledge. "

In spite of this, medical men do have some idea of what disease is, as may be gained from their statements concerning it. It is said to attack us, to run its course, to be very malignant, or quite mild, to ravish the patient, to persistently resist all treatment, to yield readily to treatment, to be seated within us, to be self-limited, to supervene, to retreat, to set in, to travel from part to part, to stimulate each other, to change type, to sweep over the country like a fire, to travel from one place to another, to ride the air lanes, to be carried about, etc. They talk of banishing a disease, of wiping it out, of conquering it, or of destroying it. They meet its onslaught with active measures.

All of these expressions and many more like them refer to disease as an entity or thing that exists per se. They are consistent with the ancient theory that disease is an organized substance or force existing outside the organic domain and that is at war with life. Even if, at present, they be regarded as metaphorical they indicate the kinds of operations sought to be carried out in treating the sick. Medical men are still at war with unseen principalities and powers of the air.

The medical historian, Shyrock, tells us in his The Development of Modern Medicine, that a new etiology based on bacteriology "showed that the cause of tuberculosis-if not the malady itself-were indeed definite realities. It proved that there was, in the case of tuberculosis, some thing there that acted as if it were an entity. " He also points out that today a diphtheria epidemic in a community is interpreted by the board of health to indicate the presence of a definite intruder. Thus the old idea of disease as an entity is still with us, and the foregoing expressions about disease are not to be regarded as metaphors today, any more than they were when they were first used. They accurately express prevailing medical views of the nature and essence of disease.

The medical profession never had a theory of the essential nature of disease that would bear criticism. It never had one that it could stand by. It never had a theory of disease that somebody did not explode. No sooner did some distinguished professor present them with a new theory, which had cost him the work of half a lifetime to evolve, than some ambitious rival would demolish it in a criticism that required but half an hour to write. The profession seems content today to "rock along" without any well-defined theory of the essential nature of

disease, while continuing to treat the patient as though he is the victim of an attack by malignant entities.

The nearest approach to an explanation of the nature of disease that has been offered by medical men within recent years is the one that a few years ago came out of Russia. Although it represents a step in the right direction, this one is very incomplete. The Russian experimenters have found that the disease is the body's own actions-they say "reaction. " But, having failed to discern the purposive or remedial character of these actions, they are working on the development of a mode of treatment that represents a return to the deadly narcotic practice of a hundred years ago. Instead of malignant spirits or malignant bacteria, they are fighting malignant reflexes. Mary Baker Eddy tussled with malignant animal magnetism.

It is the law of life that the body resists and expels whatever it cannot use. Disease is vital resistance to non-usable, therefore, injurious substances. The living body grows and reproduces itself. It develops its parts and extends itself by selecting from its environment such materials as it has the capacity to incorporate into its own structures, and rejects and refuses all others, as both unnecessary and injurious. The power of refusal and rejection is a necessary condition of its vital integrity. Refusal and rejection are constant actions in both the plant and animal world. The organism equally serves its own interest by either act.

A plate of strawberries and cream, when taken into the stomach, occasions the vital actions called digestion. Following digestion, the food is absorbed, circulated and assimilated. When used so that its elements are no longer useful, the waste is carried to the eliminating organs and eliminated. This is physiological or healthy action.

A dose of lobelia, when swallowed, occasions the vital actions called vomiting. This is the means by which the body expels it. A dose of salts occasions the vital action called diarrhea. This is the means! by which the body expels the salts. By diuresis, the body expels other substances. Now the acts of digestion and of vomiting are equally vital and they differ only as the objects to which they relate differ. One is conservative, the other remedial. One is physiology, the other pathology. One has as its object the expulsion of noxious substances.

All the actions performed by the vital organs are vital actions. Vital actions are either normal or abnormal. The difference between health and disease is simply this: Health is the regular or normal performance of the functions of the body, it is normal action-physiology. Disease is irregular and abnormal action of the body in expelling injurious substances and repairing damages-pathology. Health expresses the aggregate of vital actions and processes that nourish and develop the body and all its organs and structures and provide for reproduction; in other words, health is the action of the vital powers in building up and replenishing the organic structures; or in still plainer words, the conversion of the elements of food into the elements of the body's tissues, and the elimination of waste. Disease is the aggregate of vital actions and processes by which poisons are expelled and damages repaired; it is the action of the same powers that are active in health, in defending the organism against injurious or

abnormal agencies and conditions.

The nature of disease is explained in the same way that the modus operandi of drugs is explained. The immediate effect of the introduction of a poison into the body is morbid vital action. This is disease. The action of the organism against any repugnant or poisonous substance is defensive-it is an effort to dispose of the offending material. Purging occasioned by a drug is a perfect illustration of diarrhea and dysentery. Vomiting from an emetic is carried on in the same way, and for the same purpose, that vomiting from any other cause is carried on. The excitement occasioned by alcohol is precisely similar to the excitement occasioned by danger, by the cry of fire at midnight, or the discovery of a burglar in the house.

Symptoms are evidences of vitality-dead bodies do not produce symptoms. Deprive the living organism of its ability to manifest its repugnance to incompatible things, its power to reject and resist these, in the defensive manner that we call disease, and you deprive it of life itself. If the organism does not act abnormally under sufficiently powerful abnormal conditions, this will be proof positive that it has lost its vitality and is dead, or nearly so. Disease is a product of life. Vitality is as necessary an element of disease as water is of steam. Existing only where life exists, it does so subject to the great laws of life. It is not "disordered physiology" but re-directed vital activity. Its essential nature is not altered one bit by the fact that it often fails of its object. If a man fails in his object to acquire a million dollars, this does not alter the nature of his acquisitiveness.

The word disease is a generic term and covers a multitude of phenomena, some of these being of opposite character to others. It is quite obvious that blindness, deafness, paralysis, emphysema, cancer and other degenerative diseases are not remedial activities. This does not invalidate our theory of the essential nature of disease but it does emphasize the need for a new terminology, one that more precisely classifies the different phenomena that are now confusingly jumbled together under the rubric disease. I have suggested the term, which I coined, biogony, for those elements of disease as now understood that are remedial in character. Biogony is a combination of two Greek roots-bios meaning life and agony meaning struggle. Although I coined this word and gave it to the world nearly forty years ago, it has not been accepted, perhaps because our theory of the essential nature of disease has not been accepted.

Herbert M. Shelton

I am not Scientific

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Herbert Shelton

When "science" divorces herself from her capitalistic masters and ceases to play the part of bawd, when she discards her stultifying axiom that only conventions are acceptable as data, when she seeks for truth without fear or favor, when she discards her burden of prejudices and throws off her prepossessions, when she empties her inflated body of its gaseous vanity and odoriferous pride, when she becomes willing to learn of all who have knowledge,when she places more stock in fact and prinicple than she does in captivating speculations garbed in a flowery array of technical gibberish, and neither last nor least, when she unburdens herself of accumulated load of methodological puerilities, then, and not until then , will she be able to say to me, you are scientifically and demonstrably wrong.

I am far from being infallible. I will learn more as I go along. But as between my world and that of the "science of medicine" and the " science of dietetics" I'll await the verdict of time with calmness and without fear, I am not "scientific" and in the present state of " science" I would be a fool if I were. I'd rather be right than to be " scientific".

Typhoid
by Dr. Herbert Shelton

Typhoid fever patients become comfortable in three to four days if the fast is instituted at the "onset" of the "disease," and in from seven to ten days are convalescing. The patient will have such a comfortable sickness and recover so speedily that friends and relatives will declare he was not sick. And, indeed, he will not be very sick.

It requires feeding and drugging to convert those simple natural processes we call acute "diseases" into serious and complicated troubles. It is not possible to have a typical case of typhoid fever, as described in allopathic text-books, without typical text-book treatment. Unthwarted nature never builds such complications and such serious "diseases" as are described in allopathic works. All this mass of pathology is built by drugging, serum squirting and feeding.

In a voluminous work on diet, contributed to by a number of medical authorities in dietetics and edited by G. A. Sutherland, M.D., F.R.C.E., and entitled A System of Diet and Dietetics (published by the Physicians and Surgeons Book Co., of New York City) I find a few interesting paragraphs in the chapter on Diet In Fever and Acute Infectious Disease, contributed by Claude E. Ker, M.D., F.R.C.P., Ed., which are worth quoting. He says, in discussing the "starvation treatment" in enteric fever (typhoid fever):

"The same idea which underlies the empty bowel theory is no doubt responsible for the attempts made to treat enteric fever with either no food by the mouth at all, or at the most with very little quantities. Thus Queirolo has recommended that feeding should be entirely rectal, a lemonade made up with a little hydrochloric acid being the only drink allowed, provided that the bowel of a patient so treated was first emptied by a dose of calomel, or other suitable purgative. Such method of dieting should secure complete rest for the affected parts and absolutely exclude the possibility of fermenting masses of partially digested material lying in the gut. The nutritive value, however, of rectal feeding in a prolonged disease is so limited that this method may be fairly regarded as a treatment by starvation.

"Similar in its objects and effects is the method suggested by Williams, who, believing that the exhausting diarrhea of the fever is due to improper feeding, endeavors to secure that the bowels shall, as far as possible, remain empty. Only water is allowed in severe cases, sometimes for days at a time, and he regards half a pint of milk in twenty-four hours as a liberal diet, seldom apparently exceeding this amount until the temperature is normal. The method seems drastic, but I have reason to know that the cases do remarkably well. I have often marvelled at the amount of starvation which a typhoid case can safely tolerate after a hemorrhage, and it is only rational to suppose that the patient would support starvation even better before such a depressing complication had occurred. Under such a regime Williams probably more nearly attains the ideal of the 'empty bowel' than any other observer. It seems almost incredible that patients so treated should occasionally gain weight and that they do not in any case waste more than patients more liberally fed; but it is, after all, obvious that, if food is not assimilated there is no benefit to be derived from it, and in many cases of enteric fever assimilation is undoubtedly extremely poor.

"The theoretical objection to both these methods of treatment is that, if ulceration has once started such a remarkably low diet would apparently give the intestinal lesions only a poor chance of repair. On the other hand, it is possible that the absence of irritation would go far to counterbalance this defect, apparently as the patient seems to stand the starvation so well. If plenty of water was supplied this would be more easily understood, but some of Williams' patients were limited, for a time at least, to one pint of water per diem, which seems to be a most inadequate amount."

Dr. Ker is unwilling to recommend what he mistakenly calls the "starvation treatment," but thinks there is much to be learned from such things and adds: "It encourages us to starve for two or three days, if necessary, severe cases with marked gastric and intestinal disturbances, probably very much to their advantage. It is, however, unnecessarily severe for the average patient, even while we admit that in enteric fever there is no certainty as to what may happen from day to day."

- We have it stated that the exhausting diarrhea of typhoid is probably due to improper feeding.

- We have it admitted that a "starvation treatment" seems complete rest for the affected parts of the intestine.

- We have it admitted that typhoid patients may "starve" for days and make remarkable improvement during this time.

- We have it admitted that they may do this even after a hemorrhage.

- We also have it admitted that in this "disease" "assimilation is undoubtedly extremely poor." (It is so poor that there is none). We have it admitted that "starvation" leaves no rotting food in the intestines to irritate and poison the inflamed and ulcerated intestinal wall.

Every one of these things, Hygienists have been pointing out for a hundred years. We have been denounced as "quacks" and "ignorant pretenders" for so doing and our methods have been rejected by the medical profession as a whole, and, even now, the authorities, in adopting our methods in part, and in reporting favorably upon them, neglect to give credit where credit is plainly due.

Dr. Ker overlooks the important fact that where typhoid patients are not fed, ulceration is not likely to occur, and that hemorrhages are extremely rare, while he seems to be wholly unaware of the body's ability to heal wounds, broken bones, open sores, ulcers, etc., while fasting.

The theoretical objection offered to fasting, in enteric fever, is based on ignorance. It completely ignores the preceding statement that "assimilation is undoubtedly extremely poor," and it appears to be made in utter ignorance of the body's own internal resources. The author does not seem to be cognizant of the fact that repair of tissues does go on during a fast. What is more, he overlooks the fact that if feeding is stopped at the "onset" of the "disease" there is not likely to be any ulceration or any hemorrhage. Besides this, the patient is more comfortable and the "disease" of shorter duration--providing no drugging is resorted to. It is encouraging to note that he does not offer, as an objection, the old notion that fasting lowers one's resistance to germs.

The fault I find with the method of Queirolo is that he does not stop feeding at the outset instead of waiting until the "disease" becomes well developed and not that it is "too severe for the average patient." On the contrary, it is the easiest, safest and best plan. The feeding and drugging plan is the drastic plan; the plan than intensifies and prolongs the patient's suffering. It is no ordeal to do without food in acute illness. The ordeal consists in eating at such times. All we ask when acutely sick is to be let alone and to be free of worry of any kind.

Herbert M. Shelton

We are not reformers

Hygienic Review
Herbert Shelton

WE ARE NOT reformers; we are revolutionists. Medical reform -- the world has had quite enough of that. Reforming the drug system by substituting one set of drugs for another is a ridiculous farce. It may, to be sure, substitute a lesser for a greater evil, in many cases, but is like reforming big lies with little falsehoods. It is like reforming swearing with obscene language; or like reforming robbing with cheating. Reforming allopathy with homeopathy and both with physio-medicalism, and all these with eclecticism, is like promoting temperance by substituting cider and lager for rum, brandy, gin, wine, or flesh eating by substituting milk, butter, cheese, for animal food.

The Life of Primitives - HM Shelton

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The Life of Primitives
by Herbert M. Shelton

The non-literate peoples whom we variously style savages, primitives, etc., are as modern in all respects save their culture as the most civilized person and they are as old as civilized man. They are referred to as primitive for no other reason than that their culture is rude and simple. Some of them are still in the Stone Age culturally, although we know from numerous examples that potentially they are the equivalent of the most highly civilized peoples. We have the habit of looking upon them as being in the same stages of culture as were our prehistoric ancestors or, in some cases, of our non-literate, but historic ancestors. Thus we think that in studying their ways of life, we are studying the life of primitive man.

I have dealt with this assumption elsewhere in these pages and need only at this point state that, insofar as these people are human and tend to behave as such, they do not doubt, in many particulars, represent our ancestors. On the other hand, inasmuch as their culture, their traditions, their Customs, their tabus, etc., represent the accumulations of ages, many of the elements of these various cultures having been borrowed from others, they cannot possibly represent in a greater part of their culture, our primitive fore-bearers. However, insofar as they present living examples of the simpler forms of human behavior, they do have valuable lessons for us. As I intend to devote a separate article to the American

Indians, in this article I shall briefly consider a few general characteristics of other rude peoples.

We often think of the non-literate peoples as living principally by hunting and fishing, whereas, this is rarely true. Certain of the African natives, such as those of the Amban district, are not hunters, but support themselves by their crops, commonly raising more food than they can use. The maize, banana and yam plantations of Africa constitute but part of the foods they raise. Although in certain sections the Gorillas play havoc with the plantations of sugar cane and bananas, these people seem to have enough to eat. Game is difficult to find and harder to kill in the jungle and many of the tribes rarely have flesh to eat.

Fred G. Merfield, in his book Gorillas Were My Neighbors, says that "African villagers go crazy for meat when they find a dead elephant or hippo. Opening up the carcass, they crawl right inside, indifferent to the blood and mess, in search of the choicest pieces. " Of one tribe among whom he hunted, he says, "their taste for food was revolting. Once they extracted the stomach of a hartebeast I had just shot and squeezed the liquid contents of it into their mouths, assuring me that it was a most nourishing and appetizing dish. The intestines were also eaten raw, after their contents had been squeezed out. " They drank a liquor made from fermented sap of the palm tree, which they call mimbo. Telling of the raid of one tribe by another he says that many of the attacked were killed; many were captured. Captured girls were sold; captured boys were kept as slaves. The men were killed, their stomaches and hearts being removed, as these were thought to be the best parts of an animal, including man. These were eaten. Some of the men were tied up and their throats cut so that the blood could be drained off and drunk. Everyone tried to get the sexual organs, which were regarded as the nicest parts, being full of fat. Among some tribes gorilla flesh is forbidden the women, the men eating it with gusto. Some of the Negroes eat beetle grubs; others eat a soup made of ground nuts, with plantains. They nurse their babies for two years.

Merfield tells us of one tribe among whom he hunted that "they were sturdy, almost naked men who were reliable and hard workers. " The men of most of the tribes have great speed and vigor. One author describes the "magnificent physique: a broad hard-muscled back, narrow hips and long, brawny legs" of one of the contestants in a wrestling match. Wrestling tournaments seem to be very popular among them. Great feats of strength are exhibited in these wrestling matches. They are also fond of handstands. Africans are said to be able to keep up their frenzied dances hour after hour with no signs of fatigue. A dance of African natives is thus described: "The girls danced round in a circle, making undulating muscular movements of wonderful skill and grace... " All of these are but indications of the active life lived by these simple peoples, living largely outdoors and often entirely nude.

African villages, we are informed, are usually clean and well kept; although their huts are often dirty and contain no furniture. African burden carriers welcome a bath while on the march. The boys of many of the tribes are circumcised while the clitorises of the girls are incised.

Travelers in Africa say that the natives of the present are, on the whole, very clean. Commonly they bathe in rivers and lakes, but among some of the tribes the men have a hot bath each day at sunset. The Negroes also clean their teeth. Their huts are usually kept clean and tidy. Indeed travellers say that it is striking to see how clean and tidy the native huts are kept while the housing developments for the mixed groups (White-Negro crosses) are soon run down.

Let us go to the opposite extreme, so far as location and climate are concerned. From the tropics, let us journey to the frigid regions and note the Eskimos and some of their ways of life. They have traditions of better times when their men were large and powerful; so powerful, indeed, that one of them could drag a walrus across the ice as easily as an Eskimo of today can drag a seal. These powerful ancestors they call Tunits. This may indicate that they have known better days, perhaps before their forced migration into the frigid north. If they migrated to the Arctic region, either because of population pressures or because they were driven from their homes by stronger tribes, they must have gone there from some region to the south, where they were surrounded by natural advantages of which they are now deprived. Their ancestors may have been larger and stronger men and women, and they may have been further advanced in the arts and sciences. The Eskimo represents, not a case of progressive evolution, but one of deterioration. When Arctic snows become the last refuge of the victims of population pressures and wars, we cannot expect the people thus thrust into such an inhospitable environment to maintain the dignity and greatness they possessed before being forced out of more favorable conditions.

The Eskimos are a gentle, inoffensive, hospitable and truthful people, thus showing that there is no necessary connection between a backward state of knowledge of the useful arts and violent dispositions, ferocious and cruel habits. They are confined by the exigencies of their habitat to a largely flesh diet, thus showing that there is no necessary connection between flesh-eating and ferociousness.

Short of stature and short lived, they manifest a great amount of strength and endurance. Their life, except during the winter season, when they all but hibernate, is very active and spent largely in the open. The Eskimos have always manifested a frank enthusiastic interest in gymnastics, performing on ropes made of seal skin.

Writing of the Eskimos and their foods, an author says with surprising naiveness: "But when newtypes of food, clothing and shelter were introduced, the resulting deterioration among the Eskimos indicated that they had known better than the white man how to meet the stern chal-lange of their harsh environment. " They had met the challenge with the only means the environment afforded; the new foods, which were highly refined and processed, were not good for the white man under any environment, but our author never senses this fact. The deterioration of the white man escaped his attention.

The fact that the South Sea Islands were populated, some of them thickly so, and that on some of them there existed rather advanced cultures, proves that man did reach these islands. How? Certainly he

did not walk on the waters of the sea. He must have found another way to reach them. If we may think that more than one wave of migrations reached the islands, a thing that is indicated by the differences in the peoples and by their different customs, we may think that the way was open to many others who did not remain, but returned to the mainlands. The peoples of these islands were still living in the "Stone Age" when discovered by white explorers.

When Easter Island was first visited by White men, the inhabitants were found to be stark naked. They were cheerful, peaceful and well-mannered. They were fishermen, according to our carnivorous anthropologists, but they were farmers as well. They cultivated bananas, sugar cane, sweet potatoes and many other plant foods. Fowls were the only animals they kept.

Of the inhabitants of Pitcairn's Island we learn that they bathed their babies in cold water three times a day (in that latitude it could not have been real cold). They suckled their babies for an extended period. When the babies were weaned they were fed on ripe plantains and boiled taro root rubbed into a paste. The children were uniformly in good health. They were outdoors all their lives and enjoyed the sun and fresh air. as well as an active existence. Captain Cook tells us of the natives of Otaheite that "both the men and the women, constantly wash their whole bodies in running water three times every day; once as soon as they rise in the morning, once at noon, and again before they sleep at night, whether the sea or river be near or at a distance. They wash not only the mouth, but the hands at their meals, almost between every morsel; and their clothes as well as their persons, are kept without spot or stain. "

An American physician who spent some time in New Zealand in 1839 gave Dr. Joel Shew the following account of the habits of the people of this island. The women generally follow some active outdoor employment much of the day. They are healthy and strong, and have their babies without assistance and with ease. The babies, upon being born, are never swathed, but for the first few days after birth are dressed in one light flaxen garment. The extremities are left free and, after a few days, are exposed to light and air. A few more days and they are left entirely naked, being allowed to roll about freely and exercise their limbs upon a mat of smooth texture. Babies are left much of the time in the open air in the shade. At other times, while the mothers are working, planting or hoeing, they are allowed, even when not more than a week old, to roll among the potatoes and corn. The babies are bathed frequently in the streams of pure water that abound on the island.

Consequent upon an active outdoor life, the mothers are strong and there is great freedom from disease and deformity among them. Their food, especially in those regions where the finest specimens are found, consists wholly of vegetable products-corn, pumpkins, potatoes (common and sweet), peaches and various other fruits. These New Zealanders wear but a single garment of flax sometimes thrown loosely over the shoulders and sometimes only about the loins.

A few significant generalizations may sum up the lessons learned from this all too brief consideration of the ways of life of so-called living

primitives. Although living in different climates and necessarily forced to live upon different diets, there is much in common in their ways of life:

1. They all keep clean, bathing themselves and bathing their babies and children often.

2. They are actively engaged in outdoor occupations, whether farming, hunting or fishing.

3. Their lives are simple and free from the rush and anxiety of civilized life.

4. Where fruits and vegetables are abundant, these constitute the greater part of their diet.

5. Whether flesh eaters or plant-food eaters, their fare is simple, largely uncooked, unrefined and unprocessed.

6. They are largely nude so that they get the daily advantages of exposure to the sun.

7. They are cheerful and happy and are not cursed with the cares and tensions of civilized life.

8. Their babies are permitted freedom of action from the beginning and, what is of equal importance, they are not vaccinated or inoculated.

9. Babies are nursed for long periods of time, thus providing them with the best possible nutritional start in life.

Among the Mano, when a child is weaned, the leaves of certain plants are added to its food, but we are assured that the mother has no particular thought about this. This is to say, these leaves are not those of a magic plant. Unfortunately, I have no information about these plants, that we may judge how much food value they possess. It may be taken for granted, that, like all green leaves, they possess vitamins and minerals and, from the fact that they are commonly given, we may assume that their use is not followed by any signs of distress-that they are not poisonous herbs. Indeed, everywhere on the earth, these primitives seem to do a good job feeding their young after they are weaned.

Many tribes that we call native are exceedingly poor physical specimens. This is evidence of the inferiority of their diet. It is not to be thought that the diets eaten by primitives are always of equal value. The soil is poor in some portions of the world, the sources of food are not abundant, the labor of procuring it is often great. On the whole, these primitives seem to fare better than we do in civilized life.

Civilized man, as he spreads over the earth, takes the lands away from the natives who have long occupied them. He has received from them many native foods that have long served the primitives, but which were formerly unknown in civilized countries. The potato, tomato and Indian Maize are examples of such foods that we derived

from the American Indians. Before the discovery of America by Columbus, the Indians also cultivated such foods that are now popular among us as Lima and kidney beans, sweet potatoes, squash, peanuts, pineapple and the alligator pear. Okra or gumbo we received from the Africans.

Herbert M. Shelton

Observations of Nature - HM Shelton

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Observations of Nature
by Herbert M. Shelton

Recently a very intelligent young lady spent a few weeks at the Health School. Born and reared in New York City she had completed High School and spent a few years in College in that city. At the time she was here, two girls were working here who had been born and reared on farms in Texas and neither of them had had much formal education. One of them, indeed, due to illness during most of her younger life, had been in school but little.

The young college bred lady considered herself superior to the two corn-fed belles and openly deprecated their ignorance. It's an old story that "knowledge puffeth up. "

Then, one day, while gazing out the window, she saw a hen fly up into a tree. She was afraid to believe her own eyes. She did not know that hens could fly. She asked the two "ignorant" girls about it and they assured her that hens can fly. Discovering her lack of knowledge of animal life, they told her that cows can also fly. She did not want to believe this, but she was afraid to doubt it. She later asked me about the matter.

A few days thereafter she caught a glimpse of what she thought might be an udder on a mare. First she asked the girls and then she asked me if mares have udders and if they suckle their young like cows. This, too, she had discussed with the "ignorant" girls, but after their kidding about cows flying, she did not know whether or not to believe them.

A few days later this young lady confessed to me that she envied the two girls - that though they had little formal education, they knew many things she did not know. Girls that are born and brought up in the country, she added, just naturally learn things without effort. "I sometimes feel ashamed of myself when I hear them talking about things of which I know nothing. "

This young woman had studied biology in school. But some of the simplest facts of animal life were unknown to her. She was ignorant of facts about the life and habits of animals that even mere children of the country are well acquainted with.

I recite this instance, not to discredit formal education, but to point out it's limitations and shortcomings. It was not the fault of the above mentioned young woman that the most commonplace facts of life in nature were unknown to her. She had been brought up out of contact with nature and her schooling had not given her much of the knowledge she would have "grown into" in a natural environment.

In a recent article entitled This is my Faith Louis Bromfield, briefly mentions his early life close to nature and then remarks: " It was from the beginning just a part of my education and of my spirit. *** It was only as I became older that I became self-conscious about it and understood with objectivity the great value of the knowledge I had drunk in without thinking about it. I began to understand what Shake-spear meant when he wrote of 'sermons in sticks and stones. ' "

Years spent in observation of Nature provides a wealth of knowledge and a form of education that is not obtained in any other manner. The child of nature may truly be said to drink in knowledge without thinking about it. Only later in life does he tend to integrate what he has absorbed. Only then does the value of a first-hand knowledge of living nature begin to be realized. The person who has not had first hand contact with nature is not conscious of his shortcomings until he gets out into contact with her and begins to learn how little he really knows.

Life, itself, life in the raw, holds many valuable lessons for us. The great outdoors is a classroom. Living out in the fields and forests and coming in constant contact with untamed, unchanged, unperverted, uncontaminated and uninfluenced nature teaches those who observe and think a wisdom that cannot be surpassed by the teacher and the text-book in the class room. Let no one disparage the teacher and the text-book; but let all of us recognize their limitations. Let us go to nature; let us learn of her ways and be wise.

Biologists have more or less unconsciously converted the "science of life" into necrology. I have a library of text-books and other books on biology. There is little life in them. In the schools there is much gathering, mounting and dissecting of butterflies, insects, rats, rabbits, cats, fish, frogs, etc. The student studies the corps-he learns the structure of the organism. He learns little of life.

While Dr. Harry Clements, British Natural Therapist, was in this country I had much contact with him. On one occasion while we sat in my office in New York City he told me of being asked by two women (both of them mothers) who were graduates of Columbia University, both of them had had the course in biology, if cows suckle their young like mothers do-or, perhaps, it were more correct to say, as mothers once did.

We discussed the inadequacies of the courses in biology given in the schools and colleges and we reached the conclusion that instead of the three years pre-medical work medical students are required to

undergo, between High School and Medical College, they would be better equipped for caring for patients if they spent this time on a farm or a ranch instead of spending it in college. We thought and still think that two or three years spent in close contact with and in study and observation of living nature will supply the future physician, Naturopath, Natural Therapist, Osteopath, Chiropractor, Hygienist, etc, with better training for his work than three years spent in pouring over diagrammatic drawing of "typical" vertebrates, "typical" worms, "typical" insects, etc., and in dissecting corpses.

Books are valuable. The school room has it's place. The laboratory supplies information that is not gained elsewhere. Dissection is of great value. The instructor is of tremendous importance. But all of these things combined cannot take the place of first-hand observation of living nature.

A few years ago a bewhiskered and long haired ascetic in New York conceived the idea that sexual reproduction is the source of degeneracy. He put forth the idea that parthenogenetic reproduction (virgin birth) is possible and that through this means a race of supermen and super-women could be produced.

To prove that sex is an evil and a source of evil he told audiences in the big city that cows refuse relations with bulls and that bulls rape the cows. He succeeded in inducing many people to believe this nonsense. Only a little firsthand observation of living nature would have revealed to all of his dupes that there was no truth in his assertion.

Hunters in the north woods learned many things about bears. They noticed their eating habits, the winter hibernation and the fact that, though they sleep through four or five months of winter, they do not foul their dens with bowel movements. Enema advocates should take notice of this four and five months without bowel movement.

The hunters noticed two other significant facts that have been fully confirmed by scientists. When they killed the bears in the spring, they always found a plug, which they called a "tappin" or a "dottle" in the rectum. They thought the bear prepared this stopper and placed it in the rectum before going to sleep for winter to prevent the escape of any of the food in the intestine.

Biologists, studying the matter, found this "tappin" to be a hardened piece of feces. It occurs automatically and not by intent. I have seen the same thing more than once in fasting patients. Except in cases of hemorrhoids or incipient hemorrhoids, these plugs never give any trouble.

The second feature noticed by the hunters is that when a bear just settled for the winter is shot and the bowel opened the stench is "overpowering", the flesh "nauseating, fishy and unfit for food. " Jan Welzl, a hunter, says, in his Thirty 'Years in the Golden North, "It is useless to shoot him (the bear) at the beginning of his winter sleep, because he is then very fat, and has a disgusting smell of fish oil. The meat smells just as bad. "

But the picture is different at the end of the winter's sleep. Welzl says: "But at the end of the winter sleep he has used it (the fat) all up and then bear's meat is a delicious treat. " Canadian government biologists confirm this, saying, that by spring the bears flesh has undergone a complete and remarkable change. It has then become "the most sought after of all northern foods. " Very little residue is found in the alimentary tract. "The bowel was odorless" say the biologists, "and quite sterile. No cultures of any of the intestinal flora or bacilli could be obtained. "

Enema advocates are especially requested to notice the contrast between the foulness of the intestines and the unsavoriness of the flesh at the beginning of winter when regular bowel movements have been experienced and the odorlessness and sterility of the intestines and savoriness of the flesh after four to five months without a bowel movement.

I repeat: There is a wealth of valuable information to be gained by observing living nature. We cannot hope to learn about life by going always to the morgue. Dissecting frogs and cats and mounting butterflies is a poor introduction to the science of life.

When I first read an article on fasting (back in 1911), I had been previously prepared to accept fasting by having seen many sick animals fast. I was not prepared to accept the supposed need for lots of water drinking in sickness and especially in acute illness. For, I had repeatedly observed that the acutely sick animal refuses water. I had actually attempted to force side cows to drink by taking them to the water and sticking their noses in it. Sometimes a sick animal will take a sip or two of water, but it does not drink much or often.

I accepted the enema, especially as a measure to be employed during the fast, and employed it for the first five years of my practice. But I could not close my eyes to it's many evils and it's unpleasantness. Finally, I began to think the matter over. I recalled that fasting animals did not use enemas. If they do not need them, I asked, why do my fasting patients need them.

I began a search of fasting literature. I discovered that Jennings, Graham, Trall, Dewey, Tanner and others had not employed it in caring for their fasting patients. I was told that their patients would have recovered sooner had they employed the enema. In view of the known and admitted enervating effect of enemas, this did not seem reasonable.

I still employed the enema. When I wrote Fundamentals as Nature Cure (1922) I advised the enema during the fast. When Dr. Claunch reviewed this book in Health First, he questioned the use of the enema. It is not a natural method, he pointed out. This was obvious. I decided to try omitting the enema during the fast. I did so cautiously at first, and for only short periods. Gradually I lengthened the periods between the enemas. Then, at the end of 1924, I discontinued their use.

Did I find that my patients required longer time in which to get well? Did I find that they developed symptoms of intestinal poisoning? No. I

found they recovered in less time, that they are more comfortable without than with the enema, and that bowel function after the fast is much more efficient if enemas have not been used.

If the fast has not been long, the first movement is often very foul. But this foulness never gets into the blood stream as is popularly believed. I once cared for a man who had used enemas so long they no longer induced bowel movements. He would take an enema one morning and expel the water the following morning. There was never any evidence that any of this water was absorbed. There were no symptoms of poisoning. There was no decrease in the sense of thirst. There was no increase in urination. The amount of water expelled the following morning was the same as that injected the morning before. If toxins are absorbed from the colon they would certainly be more readily and more abundantly absorbed when the feces are liquified, as in the above case, than when the feces are in semi-solid form. There is no more reason why the colon should (or does) absorb fecal matter held in it for some time than there is why the bladder should absorb urine held in it for hours before being voided.

The facts revealed by the study of the bears show that the fasting body is capable of breaking up (digesting) all germs, viruses and parasites, visible and invisible and using them as food. It is fully capable of protecting itself.

Observations of nature, both in the wild state, in the domestic state and in human beings are sufficient to show beyond doubt that the enema is not a necessary or a helpful expedient. Despite all the propaganda that has been employed to popularize the enema and all the claims that have been made for it, the enema is an evil.

Herbert M. Shelton

How Far Is Too Far? - HM Shelton

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How Far Is Too Far?
Herbert M. Shelton

On the next and succeeding pages we are presenting an article from the last four chapters of Forty Years in the Wilderness of Pills and Powders, by Dr. William A Alcott, first published in 1859. In this will be found a brief biographical sketch of the life and activities of Dr. Isaac Jennings. The story as given therein, about Dr. Jennings' desertion of the drugging practice and his adoption of what he called the "no-medicine plan" of caring for the sick, is all too brief, but enough quotations from other medical men of the period and enough facts about the practices of many of them are recounted to demonstrate the

fact that there was much skepticism among medical men of that time. That there was more skepticism of the value of drugs in treating the sick among the professionals than among the laity is quite evident from the manner in which Dr. Jennings' former patients treated him when he revealed the secret of his unparalleled success. It will be noted, however, that he did not receive understanding treatment from his medical brethren. Instead of eagerly grasping the truth he had unfolded to them and using these in caring for their patients, they appealed to the ignorance, prejudices, and fears of his patients in order to discredit him.

A few physicians agreed with him in part but they were unwilling or unable to go all the way. They were willing to admit that too many drugs were often given, but unwilling to concede that no drugs at all was the ideal. Their most common complaint against Jennings was that he went "too far. "

In the preface of his second book The Philosophy of Human Life (1852), Jennings briefly discusses this objection in the following words:

"'You go too far. We have all been on one extreme, have given too much medicine, and have not trusted sufficiently to the curative efforts of nature. But you have gone over to the other extreme.'

"Very well; there are but two extremes the extreme of right, and the extreme of wrong; and who would not prefer standing on one of these extremes to occupying a position about halfway between them? Fundamental truth and fundamental error, as general principles, are the extremes here referred to.

"It may be true under given circumstances, that no medicine on one hand, and much medicine on the other are extremes, and that moderate medication is 'the golden, happy medium,' but that is not the great fundamental question now pending. The first and main point to be settled is this: Is man so constituted in his structural arrangement, the organic and functional laws of his system, the nature, mode of supply, application and operation of the principle of life, that when he is prostrate under what is called disease, his restoration to health can be secured by the agency of medicine, as a general rule, founded on a general principle in pathology, such as wrong action, wrong tendency, or the like?

"That medicine has been pushed to one extreme is quite certain, and that this extreme lies in the domain of delusion and error, there is good reason for believing.

Whether the other extreme of no medicine presents the truth as a general truth, remains to be elucidated and confirmed. One thing however is clear: Physicians must find a 'solid bottom' somewhere before they can establish a just and reliable system of practice. And this foundation must be laid in a thorough and correct knowledge of general pathology. Physicians must understand the true nature and tendency of that state of the vital organism which is denominated disease."

Dr. Trall repeated over and over again that "truth never lies between two extremes. It is always one extreme or the other. " In the foregoing quotation from Dr. Jenning's work he substantially agrees with Trall. At one extreme he places good, at the other extreme he places evil. At what point between these two extremes can one find a desirable place to stand? In like manner at one extreme he places heavy drugging, at the other extreme, no drugging. At what point between these two extremes can one find a point on which to rest a practice of moderate drugging? Either drugs are useful or they are not; they either heal or they don't; they either do mischief, or they do good. There is no middle ground.

Continuing in his discussion, Jennings says: "It will be the object of the following pages, in a plain familiar way, under a variety of aspects, by deductions from the Science of Physiology and reference to facts and the laws and analogies of nature, to show the unity of human physical life; that its tendency is always upward towards the highest point of health, in the lowest as well as in the highest state of vital funds; that what is called disease is nothing more nor less than impaired health, feeble vitality; that recovery from this state is effected, when effected at all, by a restorative principle, identical with life itself, susceptible of aid only from proper attention to air, diet, motion, and rest, affections of the mind, regulation of the temperature, &c., with occasional aid from what may justly be denominated surgical operations and appliances; and that medicine has no adaptation nor tendency to 'help nature' in her restorative work."

A proper recognition of the unity of organic life leads inevitably to the conclusion that what the body does not need and cannot use in health is equally unneeded and unusable in disease. For example, a drug that was as popular when Jennings wrote, as penicillin is today and was used in as wide a variety of diseases as the latter drug, is mercury. Mercury is not a constituent of any of the fluids and tissues of the body and is not usable in the performance of any of the body's functions. It is equally as unusable in a state of illness as in health. The recognition of the unity of life led equally inevitably to a recognition of the fact that only those things that are useful in health can be useful in disease. The proper care of the sick organism is, therefore, not a collection of treatments with adventitious and exotic substances, but the adjustment of the normal means of life to the needs and capacities of the sick. These needs and means are Hygienic, not therapeutic.

Further continuing his explanation, Jennings says: "An assumption that disease is antagonistic to health, involving some quality or property that tends to the destruction of life, something that must be counteracted by nature or art, or both, or life will be the forfeit. On this foundation, the whole fabric of Medicine in all its multitudinous forms, has ever rested. As often as new systems have been erected on the ruins of old ones, they have been reared on this unstable foundation as their common basis. Indeed, the correctness of this assumption seems never to have been called in question, and the difficulties that have constantly obstructed the course, and frustrated the designs of physicians, in their endeavors to raise 'therapeutics' from 'its merest infancy,' or drag it from 'the domain of empiricism,' have been sought for in all other sources, while this, the true source of all their

embarrassment, has remained unsuspected. "

Herbert M. Shelton

Hygiene Consciousness Needed - HM Shelton

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Hygiene Consciousness Needed
by Herbert M. Shelton

A number of years ago Simon Gould went to Florida (from New York) and underwent a fast of about twenty days. I believe he fasted at Dr. Esser's Hygienic Health Ranch in Lake Worth, Florida. Several days after the fast was broken and, while the experience was still fresh in his mind, he wrote me urging me to proclaim in the Review that fasting is Hygiene and that all else is merely an adjunct. I had run into this idea many times before; I have encountered it many times since. The idea that some one factor of Hygiene is Hygiene does not always cluster around the fast. Sometimes the thought is expressed that diet is Hygiene, at other times the opinion is voiced that happiness is Hygiene, or that physical exercise is Hygiene.

A recent example of the idea that fasting is Hygiene was carried in the Hygienews, March, 1973 under the heading "Some of the Instructors Teaching at the Convention," where we were told the names of the following speakers and informed that they conducted fasts: "Dr. Keki R. Sidhwa of England, Director of his own fasting institution; Dr. William L. Esser, practitioner of Lake Worth, Florida, who has been conducting fasting for over 35 years; Dr. D. J. Scott, practitioner of Cleveland, Ohio, with over twenty-five years of experience in the science of fasting people for the recovery of innumerable ailments; . . . Dr. J. M. Brosious, St. Petersburg, Florida, who has supervised fasting for the recovery of health since 1942 . . . . The informed Hygienist will know that people do not fast for the "recovery of illness." Who wants to recover illness, anyhow?

I doubt very much that the writer of the foregoing item about the convention speakers intended to convey to the readers of Hygienews the idea that fasting and Hygiene are synonymous terms, but this is precisely the idea that is conveyed by the language used. Each of the men named wants to be known as a Hygienist and wants his institution known as a Hygienic institution, not as a mere fasting place. By putting all the emphasis on fasting and excluding all mention of Hygiene and the other Hygienic factors, readers cannot but get the idea that fasting is Hygiene—diet, exercise, and other Hygienic factors are mere adjuncts.

The fast is an essential factor element in a total plan of life that, in its

wholeness constitutes the only valid means of restoring, as it is the only valid means of preserving health. The whole plan of life constitutes Hygiene. What we have just said of the fast may be said, and indeed we do say it, of every other Hygienic factor. For example, we may say that exercise is an essenial factor element in a total plan of life, that in its wholeness constitutes the only valid means of restoring, as it is the only valid means of preserving health.

It may be understandable that food is the element of Natural Hygiene that has the strongest appeal to the neophyte in Hygiene and that he is inclined to think primarily of this subject when he thinks of Hygiene. Unless he or she is young and athletically inclined the importance of exercise is likely to be overlooked, as is also sunshine, if there is a strong inclination towards prudishnss. Rest and sleep are factors that may not receive due consideration, especially by the young. A realization of individual responsibility is also difficult in people who have been taught, from infancy up, to depend on the physician and his bag of tricks. They are likely to want somebody to do for them what they can do for themselves and no one else can.

An urgent heed among Hygienists is that of developing Hygiene consciousness. We need to learn to think of Hygiene as an integrated whole, each factor of which is correlated with every other factor and cease to think of Hygiene in terms of particular fragments. When a Hygienic practitioner or Hygienic establishment is mentioned we need to be able to think of Hygiene in its wholeness and not think of the institution as a fasting place or the practitioner as one who conducts fasts. Not everyone who goes to a Hygienic institution is given a fast, but everyone eats, rests, exercises and seeks to acquire emotional poise. Fasting is conducted in many places that are not Hygienic. A place is not Hygienic merely because fasts are conducted therein. To label Hygienic institutions as fasting places will inevitably lead to the confused idea that fasting places- are Hygienic institutions. Hygienists, of all people, should avoid this mistake. We should begin today to develop a deeper and broader understanding of the Hygienic System; we (should learn to think of Hygiene as bionomy and not as a mere program of fasting. Each factor element in nature's grand system of Hygiene should be given its proper place in the integrated whole and thought of as of equal importance with every other factor, not merely as something that is an adjunct to the fast but as an essential integer within a vital synthesis. It is also important that we learn to think of Hygiene as a means of keeping well and not merely as a means of getting well. It is in its role as a preserver of health that it assumes highest importance. It performs no function in the work of restoration that is different from the work it performs in the work of preserving health.

Herbert M. Shelton

Should Women Menstruate? - Herbert M. Shelton

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Should Women Menstruate?
by Herbert M. Shelton

What is called by the editor of She "a challenge to science" appears in the January issue of that magazine in the form of an article by Tora Selander Nelson, under the title: "Is Woman's Cycle Necessary?" She's editor assures us that "There is positive evidence to warrant the hope that the menses can be eventually eliminated". In a box the editor says: "The author spent many months of intensive study in exploring this subject and is well qualified to offer her fascinating hypothesis. .Information and advice was obtained from the Museum of Natural. History, the New York City Medical Center and the Academy of Medicine, but the views expressed are the author's own."

Let us first answer the question that forms the title of her article before turning to the article itself, which does not even discuss the question in its title. "Is Woman's Cycle Necessary?" To answer this question, it is first necessary that we understand what is meant by woman's cycle. This is the term applied to a whole complex series of phenomena included in the changes in the ovaries and womb during the maturation of an ovum, its expulsion from the ovary and, finally, if impregnation does not occur, its expulsion from the womb.

This cycle has two possible endings: (1) It may end in pregnancy, birth and lactation; or (2) it may end in the expulsion of the unimpregnated ovum and the casting off of the temporary "lining" of the womb. Obviously the first of these cycles may be interrupted by abortion (spontaneous or induced) or by miscarriage.

Mrs. Nelson does not discuss the necessity for this cycle of events in her article. The question is hardly discussible. It would be like discussing the necessity of the peach tree to put forth blossoms before it can produce peaches. The cycle is essential and can be avoided only by greatly impairing or completely wrecking the female reproductive system.

What, then, does Mrs. Nelson discuss? The reader will find the answer to this in the editor's statement that "there is positive evidence to warrant the hope that the menses can eventually be eliminated". She discusses the necessity for the customary loss of blood, or hemorrhage, that marks the end of a cycle that does not end in pregnancy.

Woman's complete ovulation cycle covers a period of twenty-eight days (there are cases that run longer and some that run less time than this) and, if pregnancy does not intervene, ends with the sloughing off of the temporary lining of the uterus and, commonly, with more or less loss of blood. What Mrs. Nelson wants to know, is this: is the loss of

blood necessary.

She presumes to speak for her sex when she says: "all of us (women) have resented this ignominious interruption of our normal lives as a beastly injustice." "Nature", she says, "is cruel and stupid". For this nature has laid upon woman the entire "burden" of pregnancy and childbirth and has so arranged matters that "for some thirty years of our lives, all the goals we set for ourselves" are "divided".

She resents the fact that "nature" ignores woman's petty social, political, artistic and commercial schemes. These trivial artificialities loom larger in her mind than the fundamental processes of life and she resents the fact that child-bearing interferes with cock-tail hour and theatre-going. This attitude toward the phenomena of life makes it impossible to understand these phenomena or to find a true solution for the problems presented by abnormal phenomena.

For years we have been saying in our lectures and writings that menstruation (Mrs. Nelson calls it, after the medical fashion, a "periodic function", though questioning its normally) is an abnormal phenomenon, that it belongs in the category of disease and can be remedied in all, or nearly all, cases.

Mrs. Nelson discovers, in her questioning of Science, that ovulation and menstruation are two separate processes and that while ovulation is essential to reproduction, menstruation is not. She says: "There are women who never menstruate, and yet bear children. Besides, the overwhelming majority of lower mammals, with reproductive organs astonishingly like our own, do not". But when she asks "science" what is the reason for this "function" of menstruation, she learns to her astonishment that, "strangely enough, science today does not profess to know".

Briefly reviewing the ripening and release of an ovum and the uterine changes necessary to the beginning of a possible pregnancy she says: "So far, then, the animal and the human processes, are entirely alike, but here the similarity ends. In the lower animals as soon as the climax of the cycle is over, the enlarged blood vessels slowly shrink to their normal size and the accumulated blood, not being needed by any lodging embryo, is redistributed in the general blood stream. In the human, to the contrary, the overfilled capillaries break under the strain and the blood drains into the womb, to appear, eventually, as the menstrual flow."

"Why this general mess, discomfort and often severe pain?" she asks. "What is accomplished through this regular and repeated wounding?" "Why, after Nature has perfected the mammalian reproductive system for hundreds of millions of years, with everything running smoothly up a constantly refined scale of evolution, does she start to complicate matters?"

She turns to her "authorities". Metchnikoff and Francis Marshall suggest that there is "something amiss," but they do not seem to know what. "Research scientists", when asked why women hemorrhage each month, "merely say that their knowledge is incomplete". She feels that the "scientists" who are practically all men (the remainder

are all masculinoids) do not consider the matter of pressing importance because "they are never, in the midst of some exciting experiment, doubled up with an agonizing ache".

The question comes to us: If these men are not interested in women's problems, why don't women solve their own problems? Did Mrs. Nelson go to the men and does she resent their apparent lack of interest because she feels that women are incapable of solving their own problems? Shame upon these imitators of men! If they can drink like men, and smoke like men, and philander like men', and become welders and riveters like men, why ask men to solve their problems for them?

Mrs. Nelson makes another startling discovery. She says: "Take, for instance, the nature of the hemorrhage. With the one exception of childbirth, all kinds of bleeding, be it nasal, pulmonary or intestinal, are considered a symptom of disease". Why is the bleeding accompanying childbirth not also considered abnormal? Why does even Mrs. Nelson assume that this bleeding is normal? Does she find it in the lower mammals at birth?

She adds: "If to any such bleeding you add a rising temperature, an irregular pulse-beat, changes in blood pressure, pain, and a general lowering of-muscular tone, you certainly would have any patient worried. As for any physician calling the whole a 'natural' process, the chances are remote. "Nor do these recognized features of menstruation stand alone. There are physical changes as well. No woman needs to be told about the extra effort needed to remain up to par in her work at such times, or about her feelings of depression or elation. Her temperament, for a few days, becomes undeniably mercurial".

To these physical and nervous symptoms let us add the frequent headaches, pains in the back and legs, pimples on the face, constipation or diarrhea and peculiar body odor. She tells us that investigations of crime records in many countries show "the percentage of feminine crime is incomparably higher during the menstrual period; and as far as suicide is concerned, the evidence of serious mental disturbance is simply terrifying". We ourselves have noted, in dealing with insane patients, that all their symptoms of insanity are much worse during menstruation.

Mrs. Nelson makes out a good case for the idea that menstruation is an evidence of disease, but she does not draw the necessary inference there from. She is simply not willing to face the facts in the case and point to its true causes. She finds instead, that menstruation is simply the outgrowth of an evolutionary short-coming. We will come to this later.

In our book, "Menstruation - Its Cause and Cure (out of print) first published over ten years ago, parts of it published much earlier, we say:

Ovulation is a normal process and is not necessarily accompanied with any sanguineous flow -bloody flux- or "show of blood". It is quite true that there is usually a loss of blood during part of the period of

ovulation, but it is also equally true that with almost all women in civilized society, the period is marked by other morbid symptoms. We have no more right to consider the loss of blood to be an essential part of the process of ovulation than we have to regard the accompanying pain to be so.* * * My studies and experiences have led me inevitably to the conclusion that the loss of blood is pathological and that it is in no sense a natural (normal) or necessary part of the physiological process of ovulation.

The fact was pointed out by Dr. Trail over seventy-five years ago that in practically all cases the loss of blood "is in almost exact inverse ratio to the constitutional tone and vigor." In Menstruation Its Cause and Cure, we say:

* * * in what are termed1" civilized countries, women oscillate between great extremes. In some there is no menstrual flux, in others it is very scanty and lasts but a few hours, or for a day or two, while in others it lasts seven or eight days, accompanied with much pain and discomfort, and the flow is so profuse as to be almost hemorrhagic. These marked variations in menstruation correspond in exact ratio with the varying degrees of health of different women, or In the same woman at different times. There does not exist a greater difference between the human female and the female among the lower animals in this matter, than exists between some women and other women.

Turning to the other side of the picture she says: "Those of us who go in for sports, exploration and other physically demanding activities, know, that the length of the period usually stands in direct proportion to our physical condition. If the latter is top-notch, as it is apt (likely) to be after systematic training, the menstrual time is shortened and the loss of blood reduced to a minimum. Every so often, under such conditions, the menses disappear altogether, and this disappearance invariably corresponds with our highest peak of health."

Here, Mrs. Nelson finds the key to the solution of her problems, but she rejects it. Ten years ago, we pointed out these facts, plus the further fact, that, as physical vigor increases the pain and other symptoms accompanying menstruation also lessen and finally disappear.

After briefly discussing a lot of hokum about thyroid deficiency increasing menstruation and thyroid sufficiency decreasing the flow (she fails to see these two conditions as part of the general health or lack of it) she comes to her hypothesis of the cause of menstruation.

She starts with the hypothesis that man is descended from an ape, and that the ape is descended from a quadruped. Instead of walking on all four of our feet, we stand and walk on our hind legs. While we have been in this unnatural position a long time, evolution has failed to adjust our internal organs to the upright position; they are still adjusted to the horizontal position of quadrupeds. This allows our organs to crowd down into the -pelvis and the small "extra" pressure thus put upon the blood vessels of the pelvis results in menstruation.

This is a hopeless picture. If menstruation is a disease we may hope to remedy it. If improved health lessens or abolishes it, we may even

hope to interest a few women in improved health. But if it is due to an evolutionary mal-adjustment, the trouble can never be remedied. According to the apostles of transformism (miscalled evolution) man has been man and has undergone no change in his biological equipment for at least five-hundred thousand years, probably much longer. If evolutionary adjustments are so slow Mrs. Nelson will never live long enough to see her problem solved. She approaches the true solution, but she runs away from it.

In Menstruation-Its Cause and Cure we also considered the circulatory interference caused by sagging abdominal organs, which we estimated exist in well over ninety per cent of women, over fourteen years old. We say:

When we consider that in the average woman, due to lack of their normal support, the abdominal organs gravitate toward and rest upon the pelvic organs, and thus interfere with the return circulation from the pelvis, we easily understand why the hyperemia (excess of blood) becomes great enough to result in a leakage of blood and blood serum through the lax tissues of the uterus.

We did not attribute this sagging of organs to evolutional short-comings, but to a failure of the normal supports. We pointed out that only where there is unantagonized gravitation does ptosis occur and that the healthy organism effectually opposes gravitation. We attributed pelvic laxness and loss of tone to the same causes that produce 'laxness and loss of tone throughout the body to which are added, "weight from above-weight of a clogged colon in constipation, pressure from gas distention of the intestines, sagging of the abdominal organs due to faulty posture, muscular weakness and lack of exercise, pressure of belts, corsets, tight and heavy clothing, etc."

Here are causes that may be understood and removed and here are conditions that we can remedy. Ptosis may be both prevented and remedied. One cannot hope to prevent or remedy u normal condition that has resulted from the hypothetical slow evolution of man from a quadruped, no matter how faulty it may be.

Suffice it to say that our experiences have convinced us that the periodic blood-loss sustained by woman is due solely to a loss of integrity in her tissues (the local loss of integrity is merely part of the general loss of integrity) and not to any failure of adjustment. We deplore the too frequent use of the hypothesis of transformism to account for defects that are more easily accounted for by facts close at home. Evolutional failings (lack of adjustments) are remediable only by more ages of slow evolutionary process; failings due to factors over which we have control are remediable now.

She sees a way out. Or, did some manufacturer of endocrine products see it for her? She wants some of our endocrinologists to find a glandular product - "be it thyroid or pituitary- which, if given in an individually adjusted dose, would cause woman's menstrual process to stop short just before the breaking-point of her uterine capillaries."

This is a commercial program that ignores the harm that may result from the procedure. It is a voodoo program that seeks to control the

forces of nature but does not seek to remove the cause of the abnormality. Mrs. Nelson spent too much time with the museum of "Natural" history, the New York City Medical Center and the Academy of Medicine.

She wants a substitute for health. She will be satisfied with a crutch rather than a correction. She does not desire improved health and increased vigor in women, She does not want a means of normalizing female function. She is a pitiable victim of current medical and commercial thinking.

We do not share her view that some substitute for good health and the things upon which this depends should be devised to suppress menstruation. Our modern trend is to seek substitutes for normal functions rather than for normalization of function. We prefer arch supports to normal arches, eye-glasses to normalization of visual function, dental plates to good teeth, abdominal supports to normal abdominal muscles, vaccines and serums to natural resistance, artificial vitamins to natural foods, insulin to a good pancreas, cathartics to normal bowel function, "twilight sleep and Caeserean section to the pleasures of normal childbirth. Our love of ersatz physiology and anatomy (substitutes for normal function and structure) grows out of our ready acceptance of and satisfaction with a low standard of health and our lazy compliance with low conditions. This is a threefold source of mischief-first, there is the neglect of those positive natural conditions upon which normal function depends; second, there is the disregard of the impairing influences that are primarily responsible for deterioration of function and structures; and third, there are the harmful effects of the substitutes, themselves.

Herbert M. Shelton

Fasting and MS - Herbert M Shelton

Fasting Can Save Your Life
by Herbert M. Shelton
20 - Multiple Sclerosis

Widespread fund-raising campaigns to fight the crippling effects of this disease, and to perform research into its cause and treatment, have made multiple sclerosis familiar to the public. Yet there may be some basic causes already known in terms of diet and activities of the individual and even possible avenues of recovery in the fast.

I recall a case of an optometrist whose condition became so bad that he had to give up his work and turn his office over to someone else. For a few years he had been under the care of several of the best neurologists of the East and, as they had warned him at the outset, had grown progressively worse. They had frankly told him that they had no cure for multiple sclerosis.

They were telling him the truth, yet after seven weeks in a Hygienic institution, he walked out under his own power, returned home and resumed his professional activities.

He was not a well man at the end of seven weeks. It is too much to expect a full recovery in such a short time. But he had made such great improvement that he felt justified in returning home and getting back to work. This is often a wrong position to take, especially with a condition like multiple sclerosis, but it is a mistake that the sick frequently make.

Many patients seem to be satisfied to stop their efforts in recovering health when they have been freed of their most annoying symptoms. They are often unwilling to go on to full health, and are convinced they can take care of themselves. After having made a certain amount of initial improvement they expect to take charge and they feel they can carry on, from that point, as well as their professional adviser. In a few cases it works out; generally they fail.

In cases watched and controlled, results of fasting can be established.

Sclerosis means induration or hardening. It has special reference to hardening of a part due to inflammation. In the nervous system the term denotes an overgrowth of connective tissue (hyperplasia of connective tissue) in the nerve tissue.

Multiple sclerosis—also called disseminated sclerosis and sometimes known as Charcot's disease—is characterized by hardening (sclerosis) occurring in sporadic patches through the brain and spinal cord or both. These hardened patches range from the size of a pin head to that of a pea and are scattered irregularly through the brain and cord.

At autopsy, it is found that the insulating sheath of the

nerves is broken down and the nerve cells and fibers have fused together. I have emphasized that this is what is found at autopsy for the reason that the trouble does not start as a sclerosis (hardening), but as an inflammation.

A man dies after suffering with multiple sclerosis for fifteen or twenty years and an autopsy is performed. His brain and nervous system are subjected to the closest scrutiny and certain pathological changes are found. But this is the end-point. What was the condition of his nerves five years, ten years or fifteen years prior to death? It is reasonable to think that if the condition of the nerves was the same five years or ten years prior to death that they are found to be in at death, he would have died five to ten years earlier.

The disease is said to be "incurable." It may last for years before the patient dies. The end-point, as found at death, is certainly irreversible, but can we be sure that the earlier stages of the disease are irreversible? The very progress of the disease would seem to negate such an assumption. In the inflammatory stage of the disease it would certainly seem to be remediable.

Indeed, spontaneous remissions are known that may last for weeks or even years. Once the hardening has occurred, there would seem to be no possibility that the disease could intermit, or that recovery could be effected.

A fatty insulating material called the myelin sheath, which surrounds the nerves, is lost and this is said to cause abnormal nerve behavior. Some of the nerves work energetically, some work very weakly and others fail to work at all.

No two cases are alike because in no two cases are the same parts of the brain and nervous system affected. The development of the hardening does not progress at the same rate in each case, and does not take place at the same rate at all points in the body of the same patient. For the reason that no two cases are identical, no description of the disease will fit any particular case.

Among the leading symptoms of the disease are weakness, strong jerky movements, incoordination of the extremities that is often more marked in the arms than in the legs, and amemomania, which is a form of insanity

with agreeable hallucinations. Also other abnormal mental exaltations, scanning speech and an involuntary rapid movement of the eyes, called nyastagmus are evident. The tremor is jerky, is increased by voluntary efforts to restrain it, and is entirely absent during complete rest and sleep, returning when movements are resumed.

The nature of the symptoms in each case will depend on the locations and severity of the changes in the nervous tissues. A sudden loss of vision in one eye or a period of double vision may be an early symptom. The eye symptoms usually clear up in a short time and they may not recur for months or years. The patient may develop peculiar feelings, with tingling and numbness in various parts of the limbs and body.

Weakness in the legs and difficulty in walking may later develop. There may be trembling, jerking of the legs, difficulty in talking, a hand may become clumsy or useless. Tremor of the hand may develop when the individual attempts to pick up something. Trouble with the rectum and the urinary bladder may also develop.

These symptoms may remain mild for a number of years or they may clear up and not recur for long periods. It is this remission of symptoms that indicates that

in the early stages of the disease the developments are not irreversible. About half of these patients are still able to work after twenty-five years, a fact which indicates the slowness of the development of the disease. This certainly provides ample time for something constructive to be done.

Many cases are so mild and the symptoms so evanescent that they are not diagnosed as sclerosis for years. The tendency of the symptoms to cease for periods of time is said to be one of the basic characteristics of the disease, the other being the scattered character of the symptomatic developments, as the hardening is scattered.

I have previously pointed out that no two cases are alike in their symptoms or in their development, each patient lending his own individuality to the disease; but this is no more true of multiple sclerosis than of any other disease.

No germ or virus has been found upon which to lay the blame for the development of the disease and it is freely confessed that "the cause is unknown. " It is, however, thought to be "probably of infectious origin. "

No treatment has proved satisfactory. This is true in so many diseases that it is almost the rule. How can there be satisfactory treatment of a disease the cause of which is unrecognized? Standard works on the disease say: "The cause of the disease is entirely unknown... there is no specific or really effective treatment... always a long-standing disease, total recovery from it is very doubtful. "

Certainly we cannot expect total recovery if the cause is unrecognized. The failure to recognize the general impairing influences in the life and environment of the patient as the true cause of functional and organic deterioration blinds us to the causes of disease.

The search for specific causes has about reached its end. The time has arrived when we must find in wrong living habits the cause of the failures of the organism and the evolution of its diseases. When these are recognized and removed, there is a possibility of recovery in thousands of individuals who are now regarded as hopelessly incurable.

I have never had opportunity to care for a case of multiple sclerosis in the early stages, hence I can only suggest that if these cases were given Hygienic care at the outset of their trouble, the percentage of recoveries would be high.

All of the cases I have had the privilege of caring for have been in advanced stages and I do not consider these favorable cases.

The fact that I have been able to return some of these, even in helpless conditions, to a state of usefulness speaks volumes for the efficiency of the Hygienic program in restoring normal tissue and functional condition.

Let us review the general picture of the fasting experience, as applied to a multiple sclerosis case. The first fast brings about remarkable improvement in the general health of the individual with considerable increase in his control and use of his limbs, often enabling the bed-ridden patient to get up and walk about. He manages to hold this improvement

and not infrequently to add to it, while eating a carefully planned diet and taking regular exercise and sun baths following the fast.

A second fast adds to his control and use of his limbs. I have employed as many as three fasts in these cases. Each fast has resulted in increased control of the limbs and has made it possible for them to be used with greater ease.

I continue the rest in bed following the fast, adding a period or two of daily light exercise of a type that requires increasing skill in their performance. The purpose of the exercise in these cases is not so much that of increasing the size and strength of the muscles as to increase the individual's skill in their use. Heavier exercise may come later if desired.

I am convinced that daily sunbathing in these cases is especially helpful in furthering the evolution of nerve health. The diet is one of fresh fruits and vegetables with only moderate quantities of fats, sugars, starches and proteins.

I prefer the vegetable proteins—nuts and sunflower seeds are good in these cases.

The important thing for us to remember is that the sclerosis does not belong to the initial stages of the disease. In these early stages recovery is most likely to take place, providing only that all impairing influences are removed from the life of the individual and his blood and flesh are freed of their toxic load.

It is in the initial stage that full recovery is or should be possible, not in the advanced stages when irreversible changes in the nerve structures have taken place. The ancient adage: "A stitch in time"—in this case, action in time, can make the difference.

Herbert M. Shelton

Man's Dietetic Character

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Man's Dietetic Character
Herbert M. Shelton

The correlation between food habits and the structure of the digestive system is very apparent in the vertebrate animals — those having a back bone. For convenience these may be divided, with reference to their dietetic habits, into frugivorous, herbivorous, omnivorous and carnivorous types. For our present purposes, we need consider only the higher vertebrates or mammals for, while man is often referred to a "poor fish", we can learn little about his dietetic status by studying fish.

Comparative anatomists tell us that "there is an excellent, although not perfect correlation between the food habits of the animal and the length and shape of the intestine." It is my opinion that where this correlation is not perfect, it is due to the fact that the "adaptation" is not completed. I shall refer to this again towards the end of this article.

The herbivores possess a complex stomach, a long intestine, usually a large caecum and a large intestine that is not continuous with the small intestine. In these animals the small intestine enters the large intestine at approximately right angles some distance from its anterior or blind end. This blind end, or blind pouch, the caecum, is large in herbivores and is a functional part of the intestine.

The digestive tract of the carnivores is much simpler in structure and decidedly shorter than that of the herbivores. The stomach is simple, the esophagus is relatively larger and the intestine much shorter.

The order of bats shows the correlation of the digestive tract with the dietary habits. These run all the way from pure frugivores at one end to parasites at the other. The fruit eating bats have longer intestines than the carnivorous ones, while the shortest intestine known among mammals is seen in the blood eating (parasitic) bats.

Comparing the relative lengths of the digestive tracts of the various dietetic classes, it is found that in carnivores it is three times the length of the body (there are a few exceptions); in the herbivores, as in the sheep, it is thirty times the length of the body; in the omnivores ten times; in the frugivores ten to twelve times.

Let us pause a minute and view the human digestive tract and compare it with the above. Comparative anatomists tell us that "the human mouth cavity and esophagus are typically mammalian. The stomach is a simple sac slightly divided into two regions. "Man possesses a simple pouch-like stomach." hence cannot be classed with the herbivores which have a complex stomach, the cud chewing herbivores having a stomach divided into four distinct regions.

His (man's) digestive tract is twelve times the length of his body, the same as is found in the frugivores. In man, the higher apes and the

herbivores the colon is sacculated, while in the carnivores the colon is smooth. Man does not therefore, fall properly into the class carnivora.

It is commonly thought by vegetarians and fruitarians that the diet of an animal is determined by the internal adaptations of the animal — that an animal eats what he does because he is what he is. The lion, for instance, eats flesh because he is constructed and constituted for such a diet, his claws, his teeth, his digestive tract, his instincts fit him for this bill-of-fare.

That this is true today seems evident enough; but has this always been so? Was the lion always a flesh-eater, a killer, and was he always adapted to the flesh diet?

We do not think so. We think that internal and external adaptations are largely determined by feeding habits. We think that a change of feeding habits results in a change in adaptations, so that, in the end, feeding habits determine not only the anatomy and physiology of the organism, but even its status and its survival.

Specializations that are based on bio-immoral conduct tend towards death. They are negative compensations and belong more properly in the field of pathology rather than in that of physiology.

We said that man's digestive tract is twelve times the length of his body. This is not always so for, the same correlation of structure with habit is seen in the human species as is found in the order of bats. The Eskimos have a shorter digestive tract, the difference being found chiefly in a shorter intestine, than the white races.

Are the Eskimos carnivorous because they possess a shorter digestive tract, or do they possess a shorter digestive tract because they practice carnivorism? Which comes first, habit or adaptation?

Were the primitive ancestors of the Eskimos carnivorous, or were they frugivorous or omnivorous? Have the Eskimos acquired a shorter digestive tract since they were driven into the far North and forced to live largely on flesh food, or did their ancestors from the South bequeath to them their shorter digestive tracts?

It is my view that the shortening of the digestive tract resulted from the adoption of a flesh diet: that it is a negative compensation for violation of the fundamental symbiotic requirements of life. I believe, also, that all carnivores are descended from once noble ancestors who lived without stealth and murder. They have undergone modifications of structure and function (chiefly losses) to adapt themselves to their changed way of life and anti-symbiotic diet.

To return to bats, which have been previously mentioned, I think we can get a better picture of the correlation of food and food-getting with structure than the various tribes of man can supply.

There are a great number of kinds of bats in the world and they are of various sizes. In their dietetic habits they range all the way from strict frugivores to rank carnivores and cannibals. One variety of bat has actually become a blood sucker — a vampire. Some of them have not

completely abandoned their fruit diet, but eat both fruit and flesh. Some are insectivorous, others are known to catch fish. It is interesting to note that the intestines of the vampire bat is shorter in proportion than that of any other beast, while its stomach is prolonged into a long tubular pouch. Its teeth are unlike that of any other bat - in bats generally the incisors are small and the "canines" are large, but in the blood-sucker the upper incisors and "canines" are both large and very sharp edged, while its grinders, not being required by its blood-diet, have degenerated into small and unimportant vestiges. The fruit eating bats are larger than their meat eating relatives.

It may not be amiss to point out that the repellent features and odor of insectivorous, carnivorous, cannibalistic and vampire bats are lacking in the fruit eating bats. Indeed, one naturalist says of the fruit eating bats that "with their keen, intelligent-looking, doe-like heads." they "inspire nothing but friendly interest when seen at close hand, and might quite probably be popular as pets if they were better known." The hammer-head bat of the Gabu district of French Equatorial Africa, a fruit eater with a great partiality for figs, is an exception to the better-looking qualities of the frugivorae. He is described as hideous, though in his photograph he is not as hideous as the carnivore. Monstrosity is everywhere the outgrowth of illegitimate food and food-getting.

The bats show us an unbroken descent from strict frugivorae to frugo-carnivorae. to carni-vorae, to cannibals, to near parasites with a corresponding degeneration of form and loss of status with each step of their dietary degradation. They suffer negative compensations — losses and modifications of structures and functions—which are entailed by their illegitimate food supplies and methods of food-getting. The vampire bat has actually undergone some of the modifications seen in parasites.

It would be possible to extend our study of comparative anatomy to cover many other parts of the body, but space limitations do not permit. It must suffice for the present that we say that among the higher apes there are several species of them whose alimentary organs in all respects very nearly resemble those of man and in that species which approaches closest to man in general organization and appearance, the alimentary organs, in almost every particular, so closely resemble those of man, that they are easily mistaken for them.

Sylvester Graham used the alimentary organs of the orang-outang as "the true type with which we are to compare those of the human body, in order to ascertain the natural dietetic character of man. He pointed out that "in all that the organs of the orang differ from those of man, they bring the orang between man and carnivorous animals; and thus, as it were, push man still further from a carnivorous character."

Graham wrote several years before Darwin derived man from an "ape-like arboreal ancestor." It has always seemed unaccountable to the present writer that transformationists (they have stolen the term evolution, and miscall themselves evolutionists), while insisting that man and the apes are brothers (or cousins) and are descended from a common ancestor and that man (or his ancestor) formerly lived in the trees (frugivorous) also at the same time, insist that primitive man was carnivorous, even cannibalistic. For, while his organization places him

at the apex of creation and shows him to be the arch-type of the frugivorae, they have pictured him as more beastly than any beast."

In his Outline of History, H. G. Wells, following the "scientific" pattern (or line) describes our early ancestor, just after he had emerged from the ape-stage, and says: "When he found dead animals, semi-putrid, he would relish them nonetheless. He would eat his unworthy children. He would seek larger animals in a weak and dying state. Failing to find them, dead and half-rotten examples would be made to suffice."

This is the crowning achievement of our carnivorous biology. This "early man" who has been created by biological speculation, should have descended from a jackal or a hyena, not from an ape. His dietary habits as "described" by Wells, relate him to saprophytes (scavengers) and carnivorae and not to the frugivorae from which, according to the hypothesis, he sprung.

It is our contention that, instead of early man being the degraded beast that Wells and most Darwinians picture him, the carnivores and saprophytes of the present and past have "fallen" from their once high estate to their present state of degradation.

Herbert M. Shelton

What is Normal Bowel Activity?

Herbert M. Shelton
Hygienic Review

Few, if any, organs of man's body are subjected to as much abuse as his colon. For ages it has been the object of attack by all schools of so-called healing and by all manners of means.

The colon has been accused of being lazy; it has been claimed to be superfluous and its removal advocated; it has been blamed as the source of almost all the so-called diseases with which man suffers. As a consequence of this, it has been goaded and pricked with laxatives, cathartics, and purges, cut with knives, filled by injection, with plain water, soapsuds, molasses, oils,and other substances to force it to act. It has been filled from above withstand, wheat bran, rough, bulky vegetables, psyllium seed, agar-agar, mineral oil, olive oil, etc.

All of these and many more agents have been employed to force the colon to empty itself. They have been employed by those who cannot trust the functions of life to the laws and forces of life, but who feel that they must constantly interfere with the functions of life if life is to continue. They either irritate the bowels and cause them to act vigorously to eject the source of irritation, or fill them so full of bulk that

they are forced to "move" to make room for the succeeding load of bulk. This plan works on the same principle as that of the hay bailer. One bail of hay is forced out by the one that comes after. It is a plan of remedying sluggish bowels by giving them more work to perform.

All that the various "cures" for constipation ever succeed in doing is to increase the constipation, weaken the walls of the colon and produce visceroptosis and other troubles. Not one of them even remotely touches the original cause of constipation. The enema and colonic irrigation produce as much trouble as other palliatives of constipation and leave the cause of constipation untouched.

The colon functions automatically. Its activities are sub-consciously controlled. Only the final act of expelling the feces is partially subject to conscious control. Conscious meddling with the body's sub-conscious activities is always injurious. There is no more reason for regularly meddling with the function of the colon than there is for habitually intervening in the activities of the heart. Indeed, we can trust the colon to faithfully perform its function just as much as we can trust the heart to faithfully perform its work.

People who regularly take heart stimulants or heart depressants pay for their meddlesome interference with the function of this organ with increasing heart trouble. In like manner, people who habitually force or retard bowel action pay for their folly by increasing bowel impairment. Bowel action, being spontaneous and automatic, does not require to be consciously regulated any more than does any other of the body's subconscious or automatic functions.

There are thousands who live constantly with their minds in their colons.They are never satisfied with the function of their colons. Their movements are never complete enough, or never frequent enough, or they are never the proper color, or thy do not occur soon enough after their eating. These people are obsessed with their colons and live for their daily passage or passages. They seem to think that man's chief function in life is to be constantly filling up and emptying out again. Their very worry and apprehension over their bowel function tends to produce the very trouble they fear or to perpetuate and intensify the troubles they have.

If these people can only learn that the normal bowel supplies its own lubricant and 'acts' normally when there is a need for action and the abnormal bowel is injured by artificial lubricants and by all forcing measures, they maybe taught to follow the sage advice of Dr. Charles E. Page, who says, instead of badgering the bowels into unusual activity: "A good rule for many who suffer tortures of mind because of constipation would be: mind your own business and let your bowels mind theirs. Try not to have movements, but rather to deserve them. That is, attend to the general health by living hygienically, and the bowels, if given regular opportunity, move when there is anything to move for."

The principle that normal bowel function depends upon good general health is the very antithesis of that generally held; namely, that good health depends on regular (if not normal) bowel action. Also, the principle that normal bowel action rests upon right living is the very

opposite of the one generally followed; namely, that normal bowel action depends upon special attention to the bowels.

There are so-called dietitians whose main object in feeding seems to be to prepare food mixtures to increase peristalsis. They feed, not to nourish the body, but to make the bowels move. They feed laxatives, not nutrients. Their"dietetics" is a simulacrum of the drug system.

The impaired colon needs less work, not more; rest, not stimulation; more nerve energy, not increased enervation; nourishment, not bulk. Instead of giving the colon more material to move, give them more energy to move with.

A normal bowel action is never forced. It comes as a response to a spontaneous urge to go to stool. It is never difficult and does not require straining and grunting. It is free of effort. The normal movement is so easy and is so quickly over that one hardly realizes he has had a movement. The movement requires from five to ten seconds to completely empty the rectum and is accompanied by a distinctly pleasurable sensation. The normal stool is free of all odor.

If movement is forced when there is no urge; if it is accomplished only by much training; if it is painful; if the stools are foul; the movement is not normal. If the stools are very large and hard; if they are thin, ribbon-like strands; if they are composed of little balls: if they are loose and watery; they are not normal.

Much has been written about the proper position to assume at stool. There is little doubt that primitive man assumed the squatting position, a position that renders the use of toilet paper superfluous if the movement is normal; but it has been my observation that the normal bowel will move easily and freely in any position; whereas, the abnormal one may not move easily in any position. I cared for a child that could have a bowel movement in a standing position only. Of more importance than position is nerve energy. If nerve energy is low, no position will compensate for its lack.

Few people ever have a normal stool, for the reason that most people habitually over eat to such an extent that their stools are made up largely of undigested food and this is almost always in an advanced state of decomposition.Such people are usually constipated from overworking their colons.

Even though they have regular movements, the egesta is often one to three days behind the time it normally should have been expelled.

Most animals have a bowel movement immediately upon arising. Most men and women tend to do the same. This would seem to be one of the established rhythms of the body.

There is also a tendency for a movement to follow immediately upon the ingestion of a meal. However, this is by no means invariable and depends upon the amount and character of food previously eaten and the time that has elapsed since taking the prior meals.

There is no doubt that a small quantity of bulk in the food eaten offers

the bowels a better opportunity to move the feces along, but it must be recognized that truly normal bowels will move efficiently on a bulk less diet of bananas and water. Too much bulk is commonly prescribed and used. If your bowels move regularly only because you eat lots of bulk, you are constipated.

It is good health that insures normal bowel movements and not daily movements that insure good health. Normal bowel action is, therefore, based on healthful living.

Herbert M. Shelton

Is Your Boon My Bane?

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Is Your Boon My Bane?
Herbert M. Shelton

The old fallacy that "what is one man's meat (food) is another man's poison" has served and misled people so long and is, today, so often repeated even by men who should know better, that I deem it wise to say a few words in combating it. I am frequently "reminded" by some wise patient, one of those fellows who has the little knowledge that is dangerous, that "you cannot feed all patients alike, for 'what is one man's meat is another man's poison.'" I once saw a man to whom water was a poison. He drank a glass of coca-cola about every thirty minutes during the day to satisfy his thirst. The caffeine in this slop did not hurt him. In fact, he explained to me, that by his athletic activities he "burned up" the caffeine. But he was afraid of plain water.

I have never yet met a person to whom air is a poison, but have met several who were "poisoned" by fresh air. Fresh air gave them colds, or headaches, or other trouble; foul air agreed with them perfectly. For the most part, however, the claim that what is food for one is poison for another is applied to those articles of food that are derived directly or indirectly from the soil. Even here, it is not claimed that calcium is food for one and poison for another, or that carbohydrates are food for one and poison for another. I have never seen it stated that vitamin C nourishes one man and poisons a second. The claim is not made against the food factors or food elements as such, but against the food products that contain these elements. And yet, such foods never enter the body of any one. Cabbage does not circulate in the blood stream. Potatoes are not rolled through the arteries and veins like marbles. Imagine a fish-eater having little fish swimming around in his blood stream!

Foods are broken down in the processes of digestion into a few

uniform and acceptable substances and these alone enter the blood stream. "But we are not all constituted alike" protests our wise man. It may be true that life is as chaotic as this implies, but, if it is, physiologists have not found any evidence of it. Each of us starts life as a fertilized ovum and follows in the course of our evolution the same lines of development. We arrive at maturity with the same number of bones and same number of muscles in our bodies. We possess the same glands and have the same digestive and excretory systems.

Each of us secretes saliva containing pytalin; each of us secretes gastric juice containing pepsin. The liver of each of us turns out bile, while the pancreas of each one produces pancreatic juice with the same enzymes. The glands of the intestines of each of us turn out the same juice containing the same enzymes. Structurally and functionally our digestive systems are so much alike that the physiologist can't find that different constitution we hear so much about. At the same time we all require the same food factors to nourish our bodies. Everything points to the suggestion that we are constituted upon the same principles, are constructed alike, have the same nutritive needs and are equipped to digest and utilize the same kinds and classes of food substances.

I have never seen a man whose constitution was that of a dog, or that of a cow. They have all possessed human constitutions and, so far as human observation can go, they are all subject to same laws. Did anyone ever proclaim that cows, for instance, are so differently constituted that some cows need and must have grasses and herbs and others cannot use these, but must eat flesh? Or, has anyone ever declared that, whereas most lions live on flesh, blood and bones, some lions are so differently constituted that flesh is their poison and they must graze like the ox?

All this nonsense about different constitutions is prated by people who haven't the slightest idea about what is meant by constitution. By constitution is meant the composition of the body. It is, in other words, the tout ensemble of organs and functions that constitute an organism. Man's constitution differs from that of the horse or the wolf, but not from that of another man.

Man is in subjection to natural law. Every organ and every function in his body renders unceasing obedience to natural law. His whole organism is constituted according to and upon immutable law. Will it be claimed that the laws that govern one man's structures and functions differ from those that govern the laws and functions of another man? Are all men subject to the law of gravity? Then all men are subject, and in the same degree, to all other natural laws.

The laws of nature are such that everything we do or fail to do either conforms to law or runs counter to it. There is no neutral ground. It is ridiculous to say that the laws of nature require one kind of practice in one man and another and opposite kind of practice in another. Habits and circumstances that are precisely adapted to the laws of life in one man are habits and practices that are precisely adapted to these same laws in another man. Because of this false doctrine that there are many kinds of human constitutions, requiring different habits and

circumstances to conform to the laws of life, we are misled into all kinds of errors. "Tobacco does not harm my constitution" says one, while another confidently asserts, that "coffee agrees with my constitution." Another possesses a constitution that requires large quantities of food, while another is so constituted that he requires very little sleep. There is hardly an injurious practice and indulgence in the whole long catalogue of man's abuses of himself, that is not defended by those who practice them, or indulge, on the ground that it agrees with their particular and peculiar constitution. None of them, so far as I have been able to ascertain, have ever found that jumping from the top of the Empire State Building agrees with their constitutions. But if life is as chaotic as they seem to think, there seems to be no reason why some constitutions should not be found that would need and require such jumps. Life being what it is and natural laws being what they are, what is really and permanently best for one is best for all; and what is injurious for one, is so for all.

None of the above is to be interpreted to mean that human needs do not vary under different conditions and circumstances of life. No one would be foolish enough to declare that the three days old infant and the fifty years old man have identical needs; or that the needs of man in the tropics and his needs in frigid regions are identical. Nor are the needs of the sick and those of the healthy identical. This is not due to any change in the law, but to change in conditions.

There are individual weaknesses and differences, in resistance that call for temporary modifications of any program of living, but it is essential that the modification comply with the laws of life. All programs or parts of programs that violate these laws are ultimately ruinous. Variations within the law are legitimate. No variations that step outside the law are ever permissible.

Herbert M. Shelton

Dr. Shelton comments on this article below.

Principles or Men. Which?

by Eugene A. Bergholz, M.D.

Natures Path
Dr. Benedict Lust, Editor
February, 1941
Principles or Men. Which?
Eugene A. Bergholz, M.D.

WITH THE RECENT DEATH OF DR. Wm. Hay of "Hay-Diet" fame, at the seemingly unseasonal age of 70, came many comments as to the efficacy of the system he proposed because he did not apparently, with his early passing, demonstrate the greater life-expectancy he attributed to following a program of diet stressing moderation and restricted food combinations.
This, so frequent a comment raised every time an authority on health is called into the great beyond, voiced particularly by those who, though they recognize the great benefits that can only accrue from a life of self-discipline but themselves lack the necessary "spine" to follow such a restricting regimen of living, brings to mind again a point that we have repeatedly stressed, that a philosophy based in truth is not dependent upon any man, procedure, experimental evidence, or any other agent that man may devise, but will ever stand by ITSELF in its OWN right, indisputable, unalterable, irrevocable, invincible, and eternal!

It's Human-Nature!
WE HUMAN BEINGS, HOWEVER, ARE SO taken up with ourselves, that we feel MEN are the originators of principles and philosophies, rather than that they are merely DISCOVERERS of facts which were in existence long before even their own birthday appearance on the horizon, in fact, eternally so!
Therefore, we are enamored by the performance of MEN, we lean on THEIR beliefs, we give ear to THEIR interpretations and philosophies, and so we judge by men and performance, forgetting usually that they are but executors of either the truth they adhere to or the error they practice (or a mixture of both), and can only demonstrate to the limit of their own depth of knowledge, gifts, revelation, and to the DEGREE TO WHICH THEY THEMSELVES ACTUALLY DISCHARGE THEIR BETTER UNDERSTANDING!
Men may not, for these reasons, even seem to demonstrate the very doctrine which they teach and know to be inviolably right, so, let us, therefore, not forget that the correctness of the principle should not be judged in the light of fallible men, for the principle is NOT dependent upon the MAN, but upon the PRINCIPLE itself.
Principles, laws, truth, came first . . . Men either accept or reject them, and they demonstrate the facts involved to the degree that they accept and practice them. Law cannot change. Man ALONE confuses the picture through his interpretations of it and by his inability to obey it to the letter.
Other men are foolish merely to judge such men who CLAIM superior knowledge of truth, from purely external performance without themselves investigating and UNDERSTANDING the PRINCIPLES actually involved.

Twill Ever Be Thus!
BUT WHAT DO WE USUALLY FIND? MAN sick unto death in his youth or prime, learns the eternal truth of health through the observance of natural law and begets certain results which inspire him to tell others of his precious findings. Factors in his own life, however, make it impossible to fulfill the irreparable breakage of the law he previously brought about, and he must be satisfied in his life of active humanitarian service with an ordinary "three score

and ten" as his lease on earthly existence. But, because HE did not live beyond a century, which the law promises under IDEAL conditions, the principles proclaimed are entirely wrong or at least to be seriously questioned.
How fickle the opinions of men with their mechanical interpretations judged from outward appearances! What about the laws involved?
We could list many men of prominence in the field of health and natural living who have passed on at the appointed time in the execution of eternal law-and usually do we find the question raised, "Why didn't he live longer?" (The many others who did through long life prove their philosophy, of course, do not count. "Haven't others reached the same age seemingly without a life of adherence to those laws?")

What Are The Laws?
SINCE there seems to be such a confusion in the outward picture displayed through the performance of men, let us review briefly once more the principles really involved when it comes to life, health, disease, cure, and death, and let us determine the factors of circumstance which bring about the confusion in the demonstrations of men ascribing to certain philosophies of life. Without any personal interpretation entering in, the LAW of Nature says this about life and the other subjects mentioned:

- LIFE expresses itself as a building up and discharge of energy in the functions of our bodies, their organs, and finally the cells.
- HEALTH is that estate of life when its expression is not interfered with or obstructed by any outside agent, mechanical (as an injury), chemical (as toxins), or biological (emotions, etc.).
- DISEASE is that estate of body function resulting when the normal expression of life is obstructed by one or another aforementioned agents; the name or "diagnosis," as appendicitis, giving the locality, the ORGANS involved, and the KIND of involvement; and the seriousness, as acute, sub-acute, ruptured, etc., reflecting the DEGREE of obstruction present.
- DEATH is that estate when obstruction is so great as to prevent the normal discharge of energy behind the life-process.
- CURE can only be realized with or without assistance, through the action of inherent vitality which always reacts in an attempt to free itself of any encumbrance, or obstruction, that the energy of life may again express itself in a normal, unobstructed manner.
- THERAPEUTICS or treatment can, therefore, only be of true assistance if they naturally help in the removal of the mechanical, chemical, or biological interference. Thus, all healing by application re solves itself in assisting the body's own inherent, self-restorative powers to act freely. The Natural Agent employed does not perform the actual

CURING. ONLY THE BODY CAN DO THIS. The agent merely assists.

In Interpretations Thus Far

THE above six principles are not interpretations by any man, myself, or anyone else. They are axioms of Nature, laws that are immediately self-explanatory, have been since the dawn of history, and will be at its termination. There can NEVER be argument about them because they are merely definitions, simple statements, culled from Nature, immediately acceptable by the rational mind and, furthermore, are indisputably borne out by the daily experiences of everyone. We are all living in a world of cause and effect, action and reaction, crisis and anti-crisis. Any kind of effect is always determined by the cause behind it and if it be a good or evil one, must, sooner or later, manifest itself in like manner, for good or evil. We know that through our experiences. And so it is with life, health, disease, death, cure and therapeutics. They are but studies in causes and effects.

So far everything sounds simple enough. It is, however, in the application of the principles where man steps in, and through multiple personal opinions and experiences of fallible natures, is all too apt to bring confusion into the picture.

How much confusion arises will necessitate a little further analysis of the aforegoing principles.

The Principles Developed

THE function of life reveals itself in a two-fold manner, namely, in an INTAKE and an OUTPUT, a combined process which we call metabolism or the process of life.

Now, since life expresses itself as such, it follows that so long as the INTAKE is NORMAL and the OUTPUT is NORMAL, the process of life must be NORMAL. HEALTH, then, is the estate of that body.

On the other hand, if the INTAKE is ABNORMAL, obstructive, toxic and in addition, the OUTPUT is ABNORMAL, inefficient, congested, then the process of life will NOT find smooth expression because of a piling up of obstruction (more coming in, but elimination retarded). We thus shall have disturbance in, or ABNORMAL function resulting. DISEASE is the estate of that body.

Once this latter condition has been allowed to occur, in attempting to restore order, it definitely and logically MUST follow that only two things are open for us to do, either one or the other, or both: First, improve, bring the INTAKE back to NORMAL, and, second, encourage the OUTPUT to more NORMAL and efficient function.

Factors Involved

THE INTAKE involves air, light, food and other factors. The OUTPUT involves eliminations by way of bowels, kidneys, lungs and skin.

If we on the one hand, improve the quality and quantity of air breathed in, obtain plenty of sunlight and other outdoor natural forces, and, perhaps as important as all else, eliminate all obstructive tendencies from the food intake and change it to a

normal or natural one, then we shall be assisting the body in a maximum manner to restore a normal flow of living energy as far as INTAKE is concerned.
If we now also, on the other hand, improve the elimination from bowels, kidneys, lungs and skin through assistive agents designated as natural therapeutics, examples being fasting, colon irrigations, manipulations, herbs, hydrotherapy, physical culture, deep breathing exercises, etc., then we, by improving OUTPUT, further assist the natural function of life to have freedom of expression.
THE COMBINED CORRECTION OF INTAKE AND ASSISTANCE TO OUTPUT GIVES MAN THE ONLY EXTERNAL MEANS TO HELP IN THE RESTORATION OF SICK BODIES TO HEALTH. THE BODY MUST DO THE REST.

Where Confusion Arises

NOW, it is the degree to which the above procedures are carried and personally understood in individual cases, and conducted in the light of experience, that will either demonstrate the principles unequivocally, partially, or confusedly. And it is to the degree that the man teaching these truths has been enlightened himself which will determine how exemplary he will be in his execution of the same, how complete his philosophy, and how thorough his advice to others in uncon-fused manner.

HERE ARE SOME FACTORS THAT must be considered in determining the whys and wherefores in the judgment of any individual being considered in the light of his response to the execution of natural law.
1. What kind of body did he inherit? Did he have a vital one or one already heavily encumbered with obstructions of sundry nature?
2. What was his state of health prior to his own adopting a program of health restoration?
3. How strict did he have to become in order to bring back lost energies? Was he able to do so physically, psychologically, socially, economically, etc.?
4. How complete was the understanding of his counselors, associates, relatives, friends? Did they help or add confusion?
5. Could the individual discipline himself sufficiently on all scores?
6. What harm of a surgical- or drug-nature was done to his body prior to his embracing the natural mode of living?
7. Did he feel that physical health was not so important to warrant a perfect program, spiritual health being the more desirable?
8. What about the inability of others to discipline themselves whose experiences force him to adopt a "middle" course in his teachings?
9. Was it possible for him to execute the laws himself as actually understood? How about his work, his rest, sleep, time for play, vacations? What about his social estate, the demands of his wife, who may not understand, his friends, his environment?
10. How about the continuous persecution by the enemies of truth he invariably must face?

Men Are Subjects of Law

THERE ARE A THOUSAND AND ONE other factors that might be given. These are but a few and must suffice. It will be seen from these, however, that merely judging the principles a man upheld, by his life, health, death, practice, and performance, cannot be rapidly done without analyzing the individual factors involved. Always will it be found that every single being, without exception, must absolutely and irretrievably, reveal an irrevocable discharge of natural law. Men, all men, are subjects of laws. They are not their 'makers. Laws, principles were there always, man merely is an agent under their realm and influence, and they are not dependent upon him. Laws for that matter should be judged as of themselves and not by the men who may have the knowledge of them but by reason of certain impossible circumstances do not reveal satisfactory evidence in demonstration of the principles regardless of what they may be teaching. Man is a passing, fallible creature. Laws are irrevocable and eternal. First comes law, then man. Let us judge man in terms of the law, but never principles in terms of man alone.

Examples

YOU should now see perhaps why:

1. Father Kneipp, 1821 to 1897, of water-cure fame, starting with tuberculosis of the lungs, and going through a persecuted life *of great self-sacrifice for others, not, however, able to discharge dietary rules completely, died of Cancer of the bladder at 76.
2. Dr. Bircher-Benner, a world renowned Swiss raw food advocate, recently died at 73. He was an inveterate smoker.
3. Dr. Henry Lindlahr, born in 1861, was afflicted with tuberculosis and
diabetes in his prime, went to Germany and became imbued with Nature Cure after restoration of his health. He returned to this country and midst much antagonism erected a great monument to his newly learned principles, the Lindlahr Sanitarium, College, Clinic, and Resort in and near Chicago. He began in 1905 and in less than 20 years became the most successful in the field in America. Internal "double-crossing" of his own helpers, however, gave him so much concern and grief that this, plus his other super-human activities, combined with persecution by outside forces, brought on gangrenous complications in limbs. He died in 1924 at 63.
4. Vincenz Priessnitz, born in 1801, father of hydrotherapy, was in search
of lost health, learned of the benefits of cold water application. He had such an active practice after founding a Sanitarium in 1829 that his correspondence from all parts of the world from sick patients seeking advice, kept many secretaries busy taking dictations. He had to neglect his own health, became the victim of much legal prosecution and finally succumbed in 1851 at 50. He did not have an understanding of natural dietetics.
5. Louis Kuhne, Leipzig, Germany, born in 1844, "the greatest champion of drugless healing humanity ever possessed" became world renowned as a result of his "New Science of Healing" with unity of disease and cure as the outstanding doctrine. His Sanitarium began in 1883, his "Sitz-Bath" being a famous

application, and the natural diet the usual food prescribed. At 20 he was a physical wreck. His father and mother had died of Cancer and Tuberculosis. He himself could obtain no help from both Allopaths and the then existing Nature Curists. The "New Science" brought the prayed for results, and he embarked upon his grueling and renowned career. His last two years were so grief-striking, when thousands of the misunderstanding allopaths of the time, because of his great success, together through their attempts to collect evidence against him, kept him in continuous legal litigation and he finally died broken-hearted at the age of 57 in 1901.

Scientific Fools

IT should be clear by now to the critical onlooker who judges only by a life-span, that he is decidedly unjust in his observations and actually makes a scientific fool of himself to be so simple-minded in his hasty, ill-considered conclusions. A review of the history of individuals who preach self-discipline will usually find them adhering to the rules themselves to the best of their ability, circumstances, and knowledge, and, in defending the truth, will have the enemies of truth arrayed against them, plus the imposition on their vitality of the rigors of an abnormally active life in the humanitarian care of, generally, the sickest of the sick, who seek Nature Cure as a last resort. The human machine, however, has limitations. No Nature Curist has ever denied that. Only he who himself cannot discipline himself to truth, expects the impossible of others. In the impersonal analysis for Science' sake, though, we should at least be fair if we do not, from the standpoint of purely egotistical, stubborn personal motives, wish to accept what is so plainly to be seen. Drs. Barter, Trall, Tilden, Hay, and others as well as those just listed, also had individual habits, handicaps, etc. All, however, reveal in their own lives, when thoroughly analyzed, an absolute performance of natural laws to the degree that they executed them.

Ye Editor As Example

THE writer, himself, has frequently been accosted as not representing the principles he believes and teaches because of a predisposing tendency toward leanness which is not particularly demonstrative of a gorilla-specimen of physical strength. Yet he maintains that he is, nevertheless, a living example of the principles given before. With every year, now going on fourteen, he is adding another to a life virtually decreed without much further lease in 1927, following a subtotal thyroidectomy (goiter operation), which he attributes entirely to obedience to principle as best as circumstances permitted. He is discharging an active sanitarium practice and that of a clinic; publishing a magazine, writing books, lecturing and teaching, spreading the principles far and wide and incidentally influencing the lives of thousands in also becoming acquainted with their universal benefit, none of which would have been possible without a revelation of such principles and a discharge of the same.

An Historical Point

YET, the writer does not expect to live into ripe old age, unless, God-willing, he be in error. Physically there has not been a vital inheritance, and a subtotal operation on so vital a gland as the thyroid in relative youth, usually precludes old age. He wishes, therefore, to state right here and now, as a matter of record, if in the wisdom of the Almighty should be called to rest prior to his allotted three score and ten, that no man judge the principles by his seemingly early passing. The principles are there and not dependent upon him, I hope, to verify their validity. He will discharge them to his best ability and a thorough analysis of his physical estate will vindicate them entirely. But to judge by casual, external appearance, or by the date of passing would be entirely unfair to the principles. He is but another man, fallible and of temporal existence. Law, truth, principles are infallible and eternal. Learn to follow them first, then if you are sincere and not just trying to criticize to cover your own weakness, study the men too, for under investigation they will prove the law to every satisfaction.

No Exceptions!

EACH and everyone, in their own lives, will display indisputable evidence of the absolute reliance upon natural laws' inviolable operation. (We have purposely not mentioned the thousands who by their health and longevity proved beyond any doubt the absolute reliance that can be placed upon the principles; because even these men's lives do not prove the principles. They merely demonstrate their truth. The principles, you see, need no proof, for they are proof unto themselves.) Health results when we live in accord with natural law, disease when we do not. There are no exceptions. "Natural" death results because of an impossibility of obeying the law in all its precepts continuously. Even the most perfect health must end up in death. We, by the degree of our observance of law, can only discourage the obstructive factors that invite early disease and premature death.

And this brings us to a closing thought. Why be so concerned about the seeming infrequency of men living beyond the century mark, a lease on life often promised to others by such men adhering to the Natural Philosophy? Usually their principles are criticized, and rightly so, when they do not reach the five score mark themselves. But do we not here have another factor to contend with?

An Inheritance We Cannot Overcome Ourselves

I BELIEVE we have. Man may have ever so profound an understanding of the principles but there is a strain of human weakness in every living being to discipline ourselves to the every letter of the law. Men are not gods, but fallible, weak humans no matter how proudly they may speak, and they cannot, any more than anyone else, escape the just discharge of such natural law themselves.

Let's be honest with ourselves and realize this universal weakness and not with egotistical pride claim superior powers of supernatural nature.

Let us, however, go beyond this. There must be a reason even for this. We do not want to be left dangling in mid-air with incomplete

explanations.
There is but one source of information that I know of, which speaks the voice of authority to answer this question to entire satisfaction. It is our Book of Eternal Wisdom. There we learn of man's original, immortal perfection, subsequent sin and its wages with disease, imperfection, and human weakness as resulting curses, and death the final penalty. Man, we learn, cannot by his own power obey the Law of God, moral or physical. Then, let us admit it! For men, all men, including naturists, prove it by their own demonstrations in their very life, day after day, time and time again. All have weaknesses! All must die sooner or later! We all inherit death which we by ourselves can never overcome. A gloomy picture to be sure!

The Glorious Light of Life!
LET us, however, go further. The Scriptures also speak of grace, repentance, justification by faith, resulting good works, exemplary life, and, finally, death, yes, but a death through redemption unto salvation and eternal LIFE! A happy picture, indeed!
Yes, and an important one. In fact, the important one! Spiritual health you see is so far more important than all else, that we are apt to forget this in trying to live the perfect existence in this less important, temporal life. Indeed, because men seemingly so infrequently reveal a full demonstration of their philosophy, they do thus by their lives always show the relative unimportance of this present existence, as far as God is concerned. He, you know, alone made and preserves our every life. He places values where they truly belong. A life of eternity is so indescribably more important than this present one whether it be one or three hundred years in duration! Let us learn that indisputable fact. It will forever keep us clear on any question involving principles, men, and their inherent, inexorable weaknesses.
Men will come and men will go. The principles stay on forever. Learn them all, fully understand each and every one. Then, whether you study the principles or the men, neither will ever be found wanting as indisputably demonstrative of eternal, irrevocable Law!

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Principles or Men, Which?

Herbert M. Shelton
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Principles or Men, Which?
Herbert M. Shelton

I borrowed the title for this article from the late Dr. Bergholtz of Milwaukee. Immediately after the death of Dr. Wm. H. Hay, Dr. Bergholtz wrote an article under this title. It was published in the Therapeutic Digest for Feb. 1941. The article was reproduced in the Aug.-Sept. 1945 issue of the Journal of Balanced Living issued by the Bergholtz Health Institute. As there is so much in the article that is good, I am going to do more than merely borrow the title, I am also going to borrow some of the material.
Dr. Bergholtz points out that every time a leader in the nature cure field dies, doubts are raised as to the efficacy of the nature cure system. Questions are asked and much criticism is offered. Dr. Hay was only 70 when he died, yet his system had promised longer life. Since he failed to attain the "greater-expectancy he attributed to following a program of diet stressing moderation and restricted food combinations" doubts were thrown upon the validity of his program.

It was ever thus. Sylvester Graham died in 1851 at the age of 55. He had promised longer life by adhering to a Hygienic way of life. His early death is still referred to by the enemies of living reform as an evidence that there was something radically wrong with the mode of living he advocated. Dr. Trall's death at the age of 66 caused much criticism of him and the plan of living he advocated. His discussions of longevity had promised a much longer life to those who lived a rational Hygienic life. The recent death of Dr. Benedict Lust at the age of 73 has brought many comments to my desk and to my ears. If the principles Dr. Lust advocated were correct, why did he not live longer?

The purpose of Dr. Bergholtz's article is to point out that the correctness of a principle is not dependent upon the success of an individual in carrying it out in his own living. He says that "a philosophy based on truth is not dependent upon any man, procedure, experimental evidence, or any other agent that man may devise, but will stand by itself in its own right, indisputable, irrevocable, invincible and eternal."

It may be objected that we have no way of determining the truth of a philosophy or a principle except by its results in operation, that, "by their fruits ye shall know them." This is true. We cannot properly evaluate the results of a principle unless we take into account every factor in the experience of experiment. It is one thing to recognize and advocate a principle, it is another to make full application of it in your own life. "Not every one who cries Lord, Lord, but he that doeth the will of the Father," can expect to reap the rewards of right living. It has long been recognized that men may fail, even if their principles are correct. • The New Testament writer, Paul, found himself doing the things he would not do and not doing the things he would do. Men may recognize the great benefits that flow from a life of self-discipline but not be able to follow such a course as much as they would like to. There are many reasons for failure. All of these must be considered.

Dr. Bergholtz says that we are so wrapped up in ourselves that we

feel men are the originators of principles, rather than that they were merely discoverers of the facts which were in existence long before they were born. We are enamoured by the performances of men, we lean on their beliefs, we give ear to their interpretations and philosophies, and so we judge by men and performance. He says we forget that they but carry out well or partially the truths they adhere to, while their lives are usually a mixture of both truth and error, and they can only demonstrate to the limit of their depth of knowledge, understanding and abilities under the circumstances of life, the truths which they advocate. For several reasons a man or several men may not even seem to demonstrate the correctness of principles which they know to be inviolably right.

"Principles, laws, truths, come first . . . Men either accept or reject them, and they demonstrate the facts involved to the degree that they accept and practice them. Law cannot change. Man alone confuses the picture through his interpretations of it and by his inability to obey it to the letter."

Sylvester Graham severely condemned the effort to discover how to live long by studying the lives of old men and women. It was, then as now, the practice of reporters to ask old men and women to what they attributed their long lives. Graham pointed out that these old people did not know why they lived to advanced ages. Their replies to the questions of the reporters were usually silly. Graham said we must first learn, from a true physiology, the laws of life and, then, we can say to the individual: here is how you must live to acquire long life. This is the law. Always he placed the emphasis on law.

Laws always work, but they are not always required to work under identical conditions. Conditions vary, hence results vary. Dr. Bergholtz enumerates a few of the many factors that vitally affect the results of the operations of the principles of living in the lives of different individuals. Let us look at these, one by one.

" 1. What kind of a body did he inherit?" I have repeatedly pointed out that some babies are born into the world so weak they do not live more than a few hours to a few days and some are so rugged that you can't kill them with a club. Between these two extremes, everybody comes forth at birth. This is to say, some are born with fine, vigorous, stable organisms; others are born with poor, feeble and unstable organisms. Some have good constitutions, some have poor constitutions. Everything else being equal, the individual with a rugged organism will greatly outlive the individual of feeble organism.

Graham frequently pointed out that the constitutional powers of living generations vary so much that no program of living, universally adopted and rigidly adhered to would enable everybody to reach an advanced age. He also declared that present generations cannot hope to attain the maximum age to which man is capable of living. We are too badly impaired at the outset to" ever hope to do what better organisms could do. Fortunately, a program of right living will give each succeeding generation a better start than its predecessor had.

Some years ago, I walked into the Hall of The Age of Man in the Museum of Natural History, in New York City. Inside the entrance, on

a table, was a display of skulls. In the middle was a beautiful skull. It was larger than the other two, was beautifully proportioned and very symmetrical. The two smaller skulls were disproportionate and asymmetrical. I stopped and surveyed them a minute and remarked to my wife, who was with me, "The one in the middle is a human skull! The other two must be the skulls of apes—perhaps a gorilla and an orangutan." Now there are great differences between the skulls of man and ape, but the contrast between these skulls was so great, that I was fooled for the time. Imagine my chagrin when, upon approaching the table, I found that those two skulls were the skulls of modern European and American white men. The one in the middle was the skull of an old Cro-magnon man. What a fine head that old man had! If the rest of his organism was as much superior to the bodies of modern man as his head is superior to the heads of living man, what a super-man he must have been! We have come a long way down the slope since those far off days when the men of Cro-magnon painted and carved in their caves. The Hygienic System alone holds out to us the possibility of re-ascending that hill and re-attaining the position once occupied by the men of Cro-magnon. It has been suggested that the Greek gods and goddesses were Cro-magnon. Perhaps.

Graham was born a weakling. He was ailing all of his childhood and up to maturity. More than once his life was dispared of. It was not expected that he would live to maturity. Trall was sick most of his young life. Indeed, it was the failure of his many physicians to restore him to health that caused him to decide to study medicine. He undertook the study in the hope that he could find a way to restore his own health. Many men of more rugged constitutions have outlived these two men in spite of many abuses Graham and Trall avoided after they learned to avoid them.

2. What was his state of health prior to his own adopting a program of health restoration?" He says elsewhere: "what do we usually find? Man sick unto death in his youth or prime, learns the eternal truth of health through the observance of natural law and gets certain results which inspire him to tell others of his precious findings." It is all too true that we start with sick men and women. Few who enjoy ordinary health ever break away from the conventional ways of life. We tend to go along with the crowd until circumstances force us to do otherwise. Alcott was tubercular before he learned anything about living. Yet he succeeded in living to the age of 61. Robert Walter was a wreck with a bad heart before he turned from medical methods to the Hygienic System. He died at the age of 80. Dr. Tilden was a sickly lad and was sick until he was 50 years old. He learned how to live after he had lived half a century. Dr. Henry Lindlahr was a diabetic and a tubercular. His medical advisors could not help him. After years of suffering he turned to Louis Kuhne of Germany and recovered. Wm. H. Hay lived thirty or more years longer than he should. With a bad heart, Bright's disease, high blood pressure and great dropsy of the lower limbs, he would sit in his chair and consult with his patients. His physicians told him to wind up his earthly affairs for he had but six months to live. Dr. Hay told me that he had said the same thing to many of his own patients who had been in the same condition. He had always fought Nature Cure, but now, that he knew medicine could offer him nothing, he decided to try it. If, even with a limited application of its principles to his own life, he lived another thirty years instead of

six months, why question the correctness of the principles? Dr. Elmer Lee told me more than once that he was a wreck before he learned how to live.

3. How strict did he have to become in order to bring back lost energies? Was he able to do so physically, psychologically, economically?" It is all to true that many of those who advocate simple and abstemious living for others are inclined to indulge themselves almost without limit. The late Dr. Henry Lindlahr was a very fat man who excused his fat on the grounds that he was iodine poisoned when a young man. Although he advocated vegetarianism he was not a very strict vegetarian himself. Others he told to avoid alcoholic drinks. He was not too careful to avoid them. Dr. Hay smoked heavily, used coffee and drank alcoholics. His advice to others was far better than his own example. This is often true. Many of them like the hypocritical preacher could well have said: "Don't do as I do, do as I say."

4. How complete was the understanding of his counselors, associates, relatives, friends? Did they help or add confusion?" To this may be added the question: "how complete was his own understanding?" Men do not always understand all that they appear to. I have frequently said that Dr. Lindlahar was guilty of repeating principles that he did not understand. He would say or write a thing and in the very next statement or paragraph contradict it. It is not to be thought that complete understanding exists anywhere, still less in the earlier pioneers of the Hygienic movement. Knowledge and understanding come slowly. There is still much to be learned. We have learned much since the days of Graham, Trall and Jennings. Unfortunately, very few have complete understanding of what is now known.

5. Could the individual discipline himself sufficiently on all scores?" Dr. Bergholtz says of Dr. Bircher-Benner, a world renown Swiss raw food advocate "who died at the age of 73," that "he was an inveterate smoker." If he was an inveterate smoker, he was probably guilty of other associated habits that tend to shorten life. It would be interesting to know how much wine or beer he drank daily. The late Arnold Ehert, so loudly proclaimed in many quarters even now, as the greatest health teacher of any age, died before reaching an advanced age, of heart disease. He was a heavy smoker, a wine drinker and a heavy consumer of strong coffee. Dr. Lust, who recently died at the age of 73 had two or more apoplectic strokes during the five years proceeding his death, from what was stated in the press to have been a "heart attack." His knowledge was superficial, his understanding meagre, his mode of living not one to be emulated. He was overweight for years, was a heavy eater, not always the vegetarian he would be expected to be from his teachings, and was a heavy user of homeopathic drugs. When I was associated with Dr. Lust, I saw him on more than one occasion, sitting in his store, then located on 41st. St., New York City, eating homeopathic pills by the handfulls. He had offered them to me more than once and upon my declining them, he would say: "These are not drugs, they are foods." There was a lack of discipline in the life of Dr. Lindlahr as well as in that of Dr. Hay. We find real discipline in the lives of Drs. Jennings, Jackson, Alcott, Walter, Page and Tilden. These men, despite their handicaps, lived to advanced ages.

6. What harm of a surgical or drug nature was done to his body prior

to his embracing the natural mode of living?" Dr. Tilden had been greatly damaged by drugging, especially in his early life. Dr. Lindlahr attributed much of his troubles to early drugging. Trall and Graham had both been heroically drugged in their early lives. Dr. Walter had been much abused by the medical men. Surgically, Dr. Walter was the victim of a serious accident that crippled him for years, leaving his heart in serious condition. Dr. Bergholtz's own case is an example in evidence. He died a comparatively young man. He was thin and not too strong. He was often accused of not being a good representative of the principles for which he stood. In 1927, before he knew better, he underwent a subtotal thyroidectomy for goitre, which left him a physiological cripple and the effects of which he had to fight at arms length for the remainder of his life. He maintained that instead of being a poor example of the virtues of his teachings, he was an outstanding example of their worth. It was his thought that, despite a death sentence imposed upon him by his physicians in 1927, he succeeded in adding a number of years to his life by following those very teachings. I think there was not complete understanding in the mind of the doctor, else he might have added a few more years to his life.

7. Did he feel that physical health was not so important to warrant a perfect program, spiritual health being the more desirable?" I have met such individuals and have heard of others. I know of no outstanding examples in the Hygienic field that I can offer. Men in other fields who do not adhere to Hygienic principles, are of no particular concern to us in this discussion.

8. What about the inability of others to discipline themselves whose experiences force them to adopt a 'middle' course in their teachings?" I think the "middle" course may be seen more in the lives of some of these men than in their teachings. Some of them have had wives that made it impossible for them to live as they would, unless, of course, they first murdered their wives, and this is no longer legal.

I am of the opinion that those who adopt a middle course in their teachings do not fully understand—this is to say, they have a "middle course" understanding. They do not understand, as Trall said, that "the truth is never between two extremes, it is always one extreme or the other."

A middle course life based on a middle course understanding can but give middle course results.

" 9. Was it possible for him to execute the laws himself as actually understood? How about his work, his rest, sleep, time for play, vacations? What about his social state, the demands of his wife, who may not understand, his friends, his environment?" Social and economic factors over which the individual has but limited control are involved in these questions. Dr. Tilden advised rest, rest, rest and worked himself to death. Graham broke down from overwork more than once. Dr. Trall had the idea that there is no such thing as mental overwork and overlooked the fact that, while this may be so, he overworked his body by his long hours of arduous mental work. I advise everybody to get plenty of rest and fail to get sufficient rest myself. I believe everybody should have a vacation once or twice a year. I have not had a vacation in over twenty years. In my work there

are no Sundays, no holidays, no vacations. I work every day and every night, way into the night. During the recent world-wide murder-fest staged by the rulers of earth, when help was scarce, because murder comes first and constructive work can go to the devil during the periodic spasms of bloodletting the rulers delight in, I had double work to do. If I had been triplets, I could have done all I had to do.

When I first became acquainted with Nature Cure I lived in a small Texas town. I was born on a farm and I had spent practically all of my life in the open. The woods and prairie had been my background. All the "Back to Nature" people seemed to live in Chicago and New York. I went to both these two cities. I was amazed at the advocates of "back to nature." I said of them, after watching them for a few months: "they go back to nature for three days and back to the city for life." It was like pulling a tooth to get Dr. Lust to go to Butler on Saturday mornings. He was back at the store early Monday morning. The store was low, dirty, dusty and full of unpleasant odors. Here he spent his days. For the past several years his store has been a great improvement over what he had on 41st St.

They preached the "back to nature" and lived in crowded, noisy, gassy, odoriferous cities that are unfit for even bugs and mice to live in. For some reason or other they were not able to get away from the environment they appeared to detest and which they condemned so roundly and rightly in their writings and lectures. Often it was their work that would not let them get away. Paradoxical as it may seem, the work of leading people away from the city, often keeps the leader in the city. This is a case of the leader sacrificing himself for the good of others.

"10. How about the continuous persecution of the enemies of truth he invariably must face?" How about it? It is as big as a mountain and not every man, despite his courage, can face it with calmness and poise. They are greatly affected by it. Jennings finally gave up practice because of it. Trall was subjected to a continuous barrage of it. Graham not only had to face it, he was even the object of a mob on one occasion, but he was a sensitive individual who was greatly affected by all of the unkind and cutting things that were said about him. He did not have the thick skin of your editor, who has learned to laugh at the barbs of his enemies. Jackson, Walter, Tilden, Dewey, Lindlahr, Lust—they all went through years of the most intense persecution. Dr. Lust is, I believe, however, the only man among them who was arrested more times than I have been. Some of them were never arrested. The arrests and persecution of Dr. Gian-Cursio have been recounted in the Review.

There are many ways to put to death those who father new ideas and new movements or act as midwives at the birth of a new truth. Burning such benefactors of the race has gone out of fashion, but the more subtle and more refined, but long-drawn out, methods of killing them are still in vogue. Herward Carrington once advised that we learn to laugh at those who laugh at and ridicule us. This I have learned to do, but there are arrests, trials at which stool pigeons try to lie your life away, periods spent in jail, and many other annoyances that can't be shoved aside with a laugh and a shrug of the shoulder.

Dr. Bergholtz says: "The human machine has limitations. No nature curist has ever denied this." As he so truly says: "A review of the history of individuals who preach self-discipline will usually find them adhering, and, in defending the truth, will have the enemies of truth arrayed against them, plus the imposition on their vitality of the rigors of an abnormally active life in the humanitarian care of, generally, the sickest of the sick, who seek Nature Cure as a last resort."

Dr. Bergholtz died shortly after his article was first published. It is of interest to note, therefore, that he made it clear that he did not expect to live to a ripe old age. He stated that he was not possessed of a vital physical inheritance, that he had had his thyroid gland removed and that this alone precluded all possibility of living long. "Right here and now as a matter of record," he says, should he die before he reached the "alloted three score and ten" he wished that "no man judge the principles by his seemingly early passing." He added: "The principles are there and not dependent upon him" to "verify their validity."

There is no doubt, however, that he did verify their validity as far as he understood and correctly applied them in his life. The fact that he lived as long as he did after he was made into a physiological cripple by the surgeons is a verification of those principles. Longevity is not alone the criterion of the correctness of the principles. All factors must be considered. He says truly: "It should be clear by now to the critical onlooker who judges only by a lifespan, that he is decidedly unjust in his observations and actually makes a scientific fool of himself to be so simple minded in his hasty, ill considered conclusions."

In her book, Freedom in Education, Mrs. Firm says that no man is good enough to serve as a model for the rest of us. With this statement I agree. It, therefore, becomes essential that we follow principles rather than men. Leaders often have feet of clay. They are often misleaders. They make mistakes. True principles should, therefore, guide us. The lives of others are of value to us only insofar as they exemplify the working of principles. In this connection it is well to emphasize that no man's life is an exception to the operation of natural law. Whatever their mode of living, if we fully understand all the details, we would find that each man kills himself according to law.

Herbert M. Shelton

What is a Poison?

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Chapter XLII

What is a poison? What is a medicine? How do drugs act on the living organism? It is vitally important that we distinguish scientifically between food and poison, because they are confounded in the popular mind and employed indiscriminately by physicians, it being frequently asserted, as a justification for the employment of drugs, that "there is poison in everything." Due to the fact that the question: what is a poison? has not been satisfactorily settled, there is much ambiguity of language indulged by speakers and writers who are unable to distinguish between a poison and a Hygienic means.

Who does not know that for over 200 years physicians, chemists, pharmacologists, etc., have sought to prove that alcohol (a protoplasmic poison) is both poison and food, or either, according to circumstance? Of this substance it was said: "Alcohol is like every other chemical, whether it be a poison like strychnine or a food like protein--that is, there is an amount below which it is not a poison, and above which, it is a poison. Too much table salt is a poison; a little is not." Thus, one fallacy is used to support another; in reality, the fallacy is the same in each instance. It is the fallacy that poisons are such by quantity and not by quality. Salt is a poison only because we get too much of it and not because it is intrinsically a poison, so with alcohol. Even if alcohol is partially oxidized in the body, all evidence is still lacking that this provides the body with any energy or usable substance or that it takes part in the useful functions of life.

As vital structure can be evolved only out of food, air, water and sunshine, we can distinguish between food and poison without reference to popular opinions. Every substance in the earth has a definite relation to the living organism; either it may be used with which to build and maintain the organism and carry on its functions or it may not. If it is usable, it is food; if it is not usable, it is, so far as its relation to the organism is concerned, a poison. This principle was early arrived at by Hygienists.

As Wm. Bailey Potter, M.D., said in an article entitled "Health Reform" (third in a series, the Journal, June 1859): "Eat a pound of bread--it will not injure a well person. The natural appetite craves it. The stomach digests it, and it is assimilated and becomes a part of the living organism. It is a food. Eat a pound of tobacco--it will kill you. The natural appetite rejects it. It is not digested by the stomach, nor assimilated, nor changed in the system. It is a poison. If you drink a pound of alcohol--it will kill you or at least seriously injure you. The natural appetite rejects it. Early navigators found that savages at first disliked it. So do children who have never used it; but such are scarce. It is not digested in the stomach, not made into tissue. It is certainly a poison. A pound of tea, cooked and eaten as food would kill any person." Thus, the distinction between usable substances (foods) and nonusable substances (poisons) is made quite clear.

We may now answer our question: what is a poison? Everything is poison that cannot be assimilated by the living organism and used by it to sustain life. Every substance that can have no place in the normal metabolic processes of the body wastes the body's energies in resisting and expelling it, thus inevitably inducing debility and premature death. In other words, poisons are those substances which

the living organism cannot use, but must resist and expel.

That which cannot be appropriated to the growth and strength of tissue is neither food nor drink, but poison. If a substance cannot be appropriated to the development of living tissue and employed in healthy action, it is hurtful to the structures of the body. Poisons are such substances that are chemically incompatible with the structures and physiologically incompatible with the functions of the living organism. They are those substances which are not in any form or quantity, convertible into any of the structures of the human body, nor employed by the organism in the performance of any of its functions. This definition is true in itself; it lets all substances take care of themselves.

To reiterate: all things in existence are, in their relations to the vital organism, either foods or poisons. Foods are those things which the organism uses by appropriating them into the formation of tissue; poisons are those things which the organism cannot use in the formation of tissue and, hence, rejects. On the basis of this principle, we unhesitatingly declare that all those substances (drugs) that are employed as medicines are destructive of the structural integrity and functional vigor of the organs and tissues of the body.

All drugs are physiologically incompatible with the functions of the human body. Take epsom salts as an example: when a dose of these is taken into the stomach, there is immediate and great disturbance of function. Fluid is poured out to dilute it and to protect the tissues against its chemical incompatibilities, while the alimentary canal and the abdominal muscles contract violently to expel it. It is not conceivable that such a violent disturbance would follow the salts if they were compatible with or in friendly relation to the vital structures and functions.

When opium is first given, the preternatural excitement which is followed by stupor, delirium, convulsions and, if the dose is large enough, death, and in smaller doses, a lesser degree of the same symptoms, it is impossible to miss the physiologic incompatibility of the drug with the vital organism. A whole catalogue of drugs could be listed and the same and similar disturbances of function would indicate their physiologic incompatibility with the vital organism.

What phenomena indicate the alleged modus operandi of drugs? Pain, agitation, disorder of body, derangement of mind, nausea, vomiting, griping, spasms, trembling, dizziness, drunkenness, staggering, blindness, deafness, prostration, and so on to the end of the catalogue of abnormalities. Certainly these symptoms, feelings, effects, phenomena, operations, or whatever else one chooses to call them, are no part of the healthy or natural state. They are symptoms of disease, symptoms of poisoning.

When drugs are "chemically incompatible," as are all the metalic or mineral poisons, with the structures of the body, they corrode, decompose and destroy some portion of some of the constituents of some of the fluids and solids of some organ or structure. Take these examples from among the older drugs: carbonate of potassa resulted in ulceration and in corrosion in the stomach; an application of

Spanish fly to the skin occasioned vesication (blistering), followed by corrosion or decomposition of the skin; tartar emetic or ipecec, applied to the skin, destroyed the cuticle and corroded or destroyed the true skin, leaving large scars where they were applied; calomel and mercury in other forms produced salivation, decay of the teeth, violent diarrhea and many other effects; sulphuric acid burned or corroded the structures like fire. Such results prove to a positive demonstration that drugs or apothecary stuffs are not assimilable by the living body, that they cannot be transformed into the substances of the tissues and that they are chemically incompatible with the structures of life.

It will now be readily seen that drugs interrupt the functional harmony of the body, first, by their chemical incompatibility, and second, by their non-usableness, which renders their immediate removal an object of particular concern to the living tissues, and third, by the fact that their very presence occasions vital resistance in direct proportion to the difficulty of expelling them. Drugs assassinate the human constitution.

None of the medical schools existing at the time the Hygienic System came into being was able to make valid distinctions between drug poisons and Hygienic means nor between food and poison. Poison is poison and food is food and they are as distinct from each other as life and death. They cannot be used interchangeably and any effort to so use them must result in evil consequences. The prescription of a physician lacks all power to convert one into the other; they remain the same under all conditions and circumstances. Poisons are poisons by virtue of their own elemental character. They are not poisons by virtue of their simple relations to some individual organism.

Substances that cannot be metabolized, and this means substances that cannot be transformed into cell substance, are of no possible use to the living organism in either a state of health or in a state of disease. The presence of such substances in the body can serve only as disturbing elements. They are foreign bodies and must be expelled, often at great expense to the organism.

Metabolism is defined as "tissue change, the sum of all the physical and chemical processes by which living organized substance is produced and maintained and also the transformation by which energy is made available for use by the organism." Metabolism is the sum of the biological processes upon which the processes of growth and repair of the cells and tissues depend. As it is common to confine the process to the cell, it has been said that "metabolism is the cell; the cell is metabolism." This, however, is a mere play on words. The process of metabolism is comprised of three activities, as follows:

The preliminary stage of taking food substances. The transformation of these materials into cell substance. The elimination from the cell of products resulting from cellular activities and which are not to be retained in the cell as part of its protoplasm. From the foregoing it may be seen that metabolism may be defined as the sum of the processes by which nutritive materials are utilized and ultimately discarded. As substances are discarded, they require to be replaced-hence the need for a more or less constant supply of food materials to the cell. All of this involves another consideration that is not commonly noted by

physiologists: namely, the kind of materials that can be metabolized. Metabolism refers to the changes that foods undergo in being appropriated and used by the body. It involves the actual incorporation of food materials into the substances of the cell. It is a large part of the process by which we live and grow and develop.

Substances which are not adapted to the normal processes of metabolism, whether introduced into the body from the outside or generated within the organism itself, are not usable by the body and nvaribly prove to be harmful. A sane method of caring for the sick will not attempt to force the body to utilize substances that are not subject to its metabolic processes.

The metabolism of the human organism is radically different from that of the plant. Whereas plants can appropriate and utilize elements from the soil, the animal organism is unable to do so. As a matter of fact, the animal organism will not tolerate the presence of soil elements in inorganic form, but resists and expels them to the limit of its capacity. Iron, for example, can be assimilated by the animal organism only as it comes to us in the organic combinations found in food. Otherwise, it is a poison. Although for many decades drug preparations containing iron have been fed to anemic patients in large amounts, no cases of anemia have ever been remedied by this type of drugging. It is stated by a writer in the Scientific American, May 1966, that: "At least 12 children a year in the U.S. die of eating the sugar-coated iron-containing pills (ferrous sulphate) that their mothers may be taking for anemia. In Britain this raiding of the medicine cabinet for ferrous sulphate tablets accounts for about 10 per cent of all the fatal poisonings of children. In South Africa, the Bantu, who drink a beer made in iron vessels and thus ingest 50 to 100 milligrams of iron daily, commonly suffer from many ailments partly induced by iron, including cirrhosis of the liver, by the time they reach middle age." These are merely a few examples of many evidences that iron is a poison when taken in inorganic, hence, non-metabolizable form. What is true of iron is equally true of sulphur, phosphorus, iodine, calcium and other minerals that form normal constituents of the living body.

Pharmacologists and biochemists have developed the habit of talking of the metabolism of drugs. For example, one man says that some "apparently normal individuals" have impaired ability to metabolize "certain chemical agents" and suggests that this may be due to "inherent defects in their cellular metabolism." Pharmacologists speak of the "concentration of the metabolite," meaning an end-product of drug metabolism. They speak of drug metabolites in the same way that physiologists speak of the metabolites that are the normal end-products of the metabolism of food. They also speak of the "capacity to metabolize the drugs," and of "drug-enzymes" that exist in the microsomes.

Some drugs are said to have "variable rates of metabolism" and it is said that "each person seems to have his own pattern of metabolism for these drugs" and that "the consequences of individual differences in drug metabolism are exaggerated in long-term therapy and may account for the variable time of onset for side effects." The pharmacologists have developed the habit of speaking of "drug-metabolizing enzymes" and of saying that "the importance of the drug-

metabolizing enzymes in drug therapy is demonstrated by the prolonged action and high toxicity of many drugs in new-born infants, whose microsomal enzyme systems are not developed during their very early days of life." This simply means that because infants are "ill-equipped to metabolize drugs," they have less power to defend themselves than do adults.

It is becoming quite a habit among physicians and pharmacologists to talk learnedly of the metabolism of drugs when what they are talking about is not metabolism at all, but the mere chemical changes that drugs undergo in the organism as the body defends itself against them or prepares them for excretion. They speak not only of drug metabolites and of the body's capacity to metabolize drugs, just as though drugs were handled by the living organism in the same way as food is handled, but they speak of drugs that are slowly metabolized and of those that are quickly metabolized and of variability in the ability of different animals and of different individuals to metabolize drugs.

We are told that recent studies suggest that enzymes which metabolize drugs are not the usual enzymes of intermediary metabolism. Rather, it is speculated that they are the results of evolutionary developments that had to take place before animals could migrate from water onto the land in order that the organism could protect itself from a multitude of fat-soluble compounds which it would receive in its food. We are also informed that, in general, drugs are not metabolized by processes acting on substances normally present in the body and that usually they are not even metabolized in the organ where they are supposed to act. Instead, so we are told, their action is terminated by specialized microsynes which have a predilection for fat-soluble compounds. It is customary to go further in this discussion of drug metabolism and speak not only of the metabolism of drugs, but of their tissue distribution. For example, they talk of the tissue distribution of thalidomide. Distribution is the action of distributing, apportioning, arranging or disposing. To distribute is to divide among a number, a portion; share; make a distribution; to classify or arrange; to separate, as from a collection.

Within the broad meaning of this definition, drugs are not distributed. It is true that they are carried by the blood to various tissuesbut they are not apportioned; they are not allocated. They are not divided among the tissues; they are not shared by the tissues. As the tissues have no need for them, can make no use of them and must reject and expel them and, as they are poisonous to every tissue in the body, they have to be met with resistance. To speak of the mere carrying of toxic substances by the blood stream throughout the body as their distribution is to misuse the term and to mislead the unwary reader.

That drugs undergo chemical changes in the body, in the digestive tract, in the blood stream, in the liver and elsewhere, as the body seeks to protect itself from them, that is, as it seeks to lessen their toxicity and to render them more easily excreted, has long been known. But this is a far cry from the biochemical process by which food substances are metabolized. Drugs do not, as a consequence of these changes, become cell constituants and they are not used in performing the functions of life. They provide the body with no energy.

There is nothing in the changes that drugs undergo in the body that contribute to tissue change or that help to build and maintain organized substance or that provides energy for the use of the organism. The drugs are simply "detoxified," altered and expelled. They never become part of the body's tissues; they are never used in performing any of the functions of the body; they form no part of any of the body's functional results. Drugs are not, in other words, metabolized in the body and all efforts to confuse the changes they undergo in the body, as the body seeks to protect itself from their chemical union with its tissues, with the metabolic processes by which foods are assimilated and disassimilated, can only lead to greater confusion.

It would be proper to speak of drug changes as metabolism if the cell could actually incorporate drugs into their substance as integral parts of their protoplasm and make use of them in the same way they do food substance. Inasmuch as this transformation of drug substance into living protoplasm is not possible, but as drug substance must be expelled as foreign material, it is not proper to talk of the chemical changes that may take place in the drugs while in the body as metabolism. If they could be metabolized, they would be classed as foods and not as medicines.

It is not enough to understand the normal relations of various substances to living organisms as a whole, for many organisms can metabolize substances that other organisms cannot make the slightest use of. Soil is food for plants, but is useless to animals. The tobacco leaf is food for certain forms of insect life; it is a virulent poison to man. Belladonna is poison to man, but is food for the rabbit. We need, most of all, to understand what has a normal relation to man. If certain types of organisms flourish in sunless caves, this is no clue to the needs of man.

It is so appropriate to judge of things in their relations to life by their effects, rather than by their names, that it is a matter of wonder to us that the principle has been so long overlooked. A substance is not beneficial or injurious because of its name, but because of its effects on the living structure. Without reference to its name, a substance is to be regarded as good or bad in its relation to the living organism in exact ratio to the beneficial or injurious effects it produces. All things must be measured by the same standard and accepted or condemned under the same rule.

It is stupid for physicians and pharmaceutical chemists to speak of the physiological effects of toxic substances. Their effects are always pathologic and experiments to determine their pathological effects are understandable.

It is not difficult to demonstrate that drugs that are poisonous to man are also poisonous to animals; that if a dose is large enough it will kill the animal if it will kill man. Chloral will hypnotize a rabbit or a pigeon; bromide or potassium will render the pigeon stupid; alcohol will do the same for birds; strychnia will induce spasms, coma, paralysis; chloroform will anesthetize a gold fish--but what has all this production of disease in animals to do with curing the sick? That poisons will sicken and kill both men and animals is well known. We want

something that will restore health.

There is a large element of stupidity in the belief that when it is demonstrated that drugs will produce disease (coma, paralysis, narcosis, etc.) and death in animals, this demonstrates that they are valuable in the treatment of sick human beings. We must learn to respect that which saves life, not that which destroys it. Anything that finds its way into the organism or that evolves within the organism that is unusable and must, therefore, be expelled may necessitate greater than usual or modified vital actions for its removal-this is disease.

It was demonstrated by Hygienists more than a century and a quarter ago that the living organism seeks to repel or expel anything that is harmful to its constitution. This is to say, it rejects and expels anything that it cannot transform into living structure. Whatever is not a normal constituent of the fluids and tissues of the body is foreign to the organic constitution and must be resisted and expelled. As we will learn later, the actions of resistance and expulsion that follow the ingestion of a drug are mistaken for the actions of the drug; whereas, the drug is just as inert and passive in the body as in the bottle on the druggist's shelf. Perhaps now we can answer the question: what is a medicine? The body wants and can make use of only such substances as it can assimilate and use as food. There are no substances that can be so used in disease that cannot be used in health. This is to say, anything that is to be used remediably must bear a normal or physiological relation to the living organism and must be useful and needed in a state of health. When the public learns the truth, it will see the absurdity of talking about the physiological influence of drugs on the human body and will understand that no drug can have a physiological effect or influence, but that its influence is always and invariably pathological and that no man who understands the nature of disease or the so-called modus operandi of drugs will ever apply the term physiological to any disease-causing substance. Then the public will abandon the nonsensical and frankly contradictory facts of the medical profession and the practices built thereon.

Can a logical reason be provided why a person should swallow or permit to be sent into his blood and tissues by injection, a nauseous, noxious substance because he is sick? No such reason has ever been given; if it can be done, is it not high time somebody did it? It is everywhere admitted that drugs are poisons, that they are always poisons to persons in health. All of us are very careful to exclude them from our food and drink; we are well aware that if we take them into the body while we are well, we will become sick as a consequence. What person would dare to take an ordinary dose of penicillin, streptomycin or cortisone while in health? Yet, let him become sick and he swallows them, not only without fear, but as the essential condition of safety and recovery. It should be obvious that there is a terrible delusion abroad on this subject.

W. T. Vail, M.D., writing in the Journal (October 1858) asks how could one in wisdom and goodness "invite you to embrace and press to the very bosom of your life, the most deadly enemies of your being?"

He thought that "a demon might take upon himself to persuade you

that the fair and innocent look of some poisonous element, so disorganizing in its nature that a simple drop placed upon the tip of your tongue should destroy your life in a few moments, might, under form of certain reductions and combinations, in consequence of some delusive temporary effects, be good for you to introduce into the life currents of your bodies, there to be diffused in contact with all the delicate tissues and minute fibers of your wondrous composition . . . ;" but he thought it difficult to conceive of an intelligent and philantropic man doing this.

The practice of poisoning a person because he is ill is based on erroneous notions of the essential nature of disease. In all the teachings of the medical schools, disease is regarded as something foreign to the system, as an attacking entity, and poisons are administered to war upon, drive out or destroy the enemy. But, as the truth is the exact contrary to this ancient notion, all poisoning practice is exactly wrong; it is nothing more nor less than a blind war upon the human constitution. When the great, grand, glorious and revolutionary truth that disease is remedial action, that it is the action of the living system itself instead of a foreign something making war upon the body, is generally understood, then the whole poisoning practice will be viewed with disgust and horror.

It is the general opinion that men die of disease and that they are sometimes saved from dying by taking poisons. There is no evidence that these are the facts. There is no valid authority for saying that disease is a crippler, a destroyer, a killer. No one has any evidence that poison is a savior. There is no evidence to controvert, but much to sustain the opinion that poison is always destructive to man and that disease is a conservative effort of the living organism to free itself of poison. It is by no means certain that anyone ever died of disease. There is strong reason, however, to think that all who have not died of violence or exhaustion have died of poisoning and that all who have died of exhaustion did so prematurely by being robbed of life by poisons.

Can organic function be restored and organic structure be repaired by means and measures that are destructive of structure and subversive of function? Can the exhausting narcotics and deadly chemical poisons of physicians, choking and irritating the bodies of the sick, the pungent, smarting compounds, the caustics, corrosives, stupefyers, the bowel-rasping, stomach-emptying, blood-poisoning, brain-disordering medley of poisons that dose the sick into a state of lethargy, muttering delirium and phrenetic excitement be expected to restore the sick to health? Let the truthful answer be: these things are all health destroying and too many deaths from slow poisoning are passed off as deaths from disease. Viewed in this light, the administration of drugs is seen to be a crime.

There is no mystery in this. It is not difficult to understand why poisons do not save us from suffering and death. The mystery lies in the fact that, after the truth is demonstrated, the mass of mankind go on to their destruction nevertheless. When one considers the immense masses of poisons that are merchandized in the drug trade, some of it so toxic that a small drop of it will kill an ordinary pig in a matter of minutes, one cannot help but think that human life is shortened under

the drugging practice. It is a bit foolish to think that all of this poison can be diluted and swallowed at intervals in such a way as to promote health instead of impairing and destroying life.

Drugs never have a remedial influence, but their administration is always and necessarily attended by a loss of constitutional power. To bring disorganizing poisons into contact with the living tissues of the body is to damage and destroy, not to build and renew. The fact that these poisons are prescribed by a physician does not alter their relationship to the tissues nor render them adaptable to the purposes of life. Prof. Martin Paine said in the latter half of the nineteenth century, after admitting that all drugs are poisons: "In a remedial sense, however, we do not know them as poisons, but as among the choicest blessings bestowed upon man." How actually absurd!

However good and benevolent the motive that leads to the administration of poisons as medicines, it cannot alter their actual qualities, nor mitigate their hurtful, even deadly, effects on the powers of life. If they are poisons before they enter the living system, they must of necessity be poisons after they enter. As soon as the people fully understand the intrinsically poisonous character of all drugs, they will convict the medical profession of manslaughter and destroy their fame as healers and their character as useful citizens.

Medical men cling to their implanted fixations which were developed in advance of all experimental verification and before the development of biologic, physiologic and pathologic knowledge. The only relation which a true interpretation of facts shows drugs to have to the human organism is that of poison and no amount of falsification of nature can make this relation any different. What recent discoveries in physiology have been made which show that drugs (poisons) have the same relations to the human organism as foods? Medical authors neglect to give us even a brief account of such discoveries. The relation of all drugs to the living organism, even in those cases in which they may be useful, as in anesthesia, is always anti-vital. It may be thought that so-called sleeping drugs serve some good purpose, but it should be known that stupefaction is not slumber. The barbiturate physician might as well benumb his patient by a blow on the head.

It is not true that substances which are poisonous in health become innoxious in disease. Nothing changes its relations to the human organism when it is well or sick. If it is a poison, it is so once and always--under all possible circumstances. If it will corrode the tissues of a well person, it will corrode the tissues of a sick man. The unceasing clash of the organism with these unassimilable substances gives rise to pathologies galore. The body must maintain a state of perpetual vigilance against poisons and this reduces it to the status of a maladept.

When poison is taken, the powers of life are excited to increased actions to resist and expel it. This will be followed by reaction, more or less severe, depending on the prior expenditure. The introduction of foreign elements into the blood stream is sufficiently guarded against by the living organism and only men of science recklessly disregard these safeguards of internal purity and break through the defenses and deliberately introduce foreign materials, some of them highly

toxic, into the blood. Many drugs produce no appreciable immediate damage but are retained, as they are eliminated with difficulty, and accumulate in the body and it is said by toxicologists of some of these that small amounts of such drugs may be retained in the body for months and even years.

Most people think that it is necessary to take drugs when ill; they must take them, if not for cure, at least for relief from discomforts and pains, so many of us once thought. But millions today are rejoicing in better health because they have learned that there is no balm in poison; they have been emancipated from the belief in the necessity of drugs and have been freed from their diseases. It is possible for every reader of this book to free himself from his slavery to drugs. The daily consumption of drugs as mere palliatives or subterfuges, to paralyze some aching nerve or to goad some faltering organ into renewed (increased) activity, is a practice that cannot be justified on any scientific ground. Today, the American public is practically pickled in drugs. Anodynes, analgesics, antacids, laxatives, cathartics, sedatives, soporifics, tranquilizers, for headaches, gastric distress, constipation, emotional disturbances, sleeplessness, etc. are swallowed by almost everybody. Indeed, drugging has become a way of life. For the reader to free himself from his slavery to drugs, it will cost him a little effort, a little resolution, some persevering effort, the exercise of some faith in the powers of his own body, some transient sacrifice; but the rewards are well worth the cost.

To call this poisoning of the life currents and the body's tissues a rational, scientific mode of treating disease is to do violence to human reason. Taking poison, so far from diminishing disease, always makes more work for it to do. There is no surer means of evolving chronic disease than that of treating acute disease with poisons. There never can be and never ought to be any congenial relationship between the living organism and rank, disorganizing poisons, no matter how these are sugar coated.

Man must disabuse his mind of the fallacy that when he is ill or that when we call drugs medicines and take them upon the directions of the physician, that poisons are transformed from deadly foes into kindly friends, ready to do him good in his time of need. When, with all the gravity they can command, the professors of medicine assure us that there is no other source under heaven whereunto we may turn when ill with any hope of succor, than the myriads of poisons that exist throughout the earth, we must think them to be laboring under a delusion.

Instead of the most poisonous and deadly substances being good for us in the days of our suffering, only the friendly and congenial substances can be of genuine service to us. These are serviceable in restoring health as they are serviceable in preserving health. It is false to think that what is poisonous in one circumstance or condition of our being is the very supporter of life in another, that what will destroy health when we are well can be made to build it up and establish it when we are sick. There is no more harmony between drugs and the sick body than between drugs and the healthy body. There is never a circumstance in which there is a genial relationship and adaptability between drugs and the living organism.

To invalids of every age and description, who are subjects of disease, suffering, weakness, irritability or despondency, who hope to secure a return to the normal vigor of their organization or to realize the joys and rich blessings of uninterrupted health through the agency of poisonous and disorganizing substances, I address this important question: is it logical to think that the causes of disease and death are also the causes of health and renewed life?

Explaining The Apparent Actions of Drugs

Herbert M. Shelton Ph.d.,D.C.
Hygienic Review

Why is one substance poisonous and another not? Why do the actions of the body in relation to different substances differ so greatly? Why does not an apple occasion vomiting and bread occasion purging? Why does not a baked potato occasion profuse sweating and brown rice copious urination? Why are these substances, when taken into the stomach, treated so differently from the way in which a drug is treated? We know that normally they are digested and taken into the bloodstream and utilized in the replenishment of the tissues of the body. We class them as foods, because they may be used for tissue replenishment.

Why are not drugs digested and used? Why does one drug occasion catharsis, another emesis, a third diuresis, etc? Why do some drugs, when applied to the skin, cause vesication, others rubification and others corrosion? Why is one drug, when swallowed, followed by stimulation and another by narcosis? Why do foods not occasion stimulation or narcosis? It is customary to say that vesication, diarrhea, diuresis, emesis, narcosis, etc., are actions of the drugs. This, however, is no different from saying that digestion is the action of foods. We know that emesis, diarrhea, diuresis, etc., are actions of the living organism, not of the drugs, just as digestion is a physiological process and is not done by foods.

But the swallowing of different drugs is followed by different actions. Castor oil, for example, is commonly expelled by diarrhea, tartar emetic is commonly expelled by vomiting. Aloes and rhubarb occasion sweating. Why do different drugs occasion so many different actions? It is not to be thought that these drugs go through the organism seeking out, from choice, the different organs and tissues for which they have an affinity. They do not possess even this rudimentary type of intelligence that enables them to seek for and act only on certain structures.

Let us try to answer our first question first. Certain substances, such as an apple or a nut, can be utilized by the body in the replenishment of tissue. These substances are foods. Certain substances cannot be utilized by the body in the production of tissue. These substances are not foods. The answer to our question seems to lie, then, in the

usability and nonusability of a substance. A substance is not a poison if it is usable, it is a poison if it is not usable. We define food as any substance that can be transformed into living 'structure'. This is to say, food is any material that the cells of the body can take into and incorporate into their substances as integral parts of themselves. If it can be transformed into cell substance, it is food. Anything that cannot be transformed into cell substance is not food.

This last statement leaves us with a whole world of matter, both. Organic and inorganic that is not food, at least, not for man. It leaves us with far more nonusable than usable materials in the universe. If a substance is not usable, it must be expelled. But substances that are nonusable are not merely nonusable; they are also chemical substances governed by all the laws of matter. They tend to unite with other chemical substances. They tend to unite with the elements of the cells. Such unions would be destructive of the cells. In plain English, the union of a drug with the substance of a cell would result in the death of the cell. This creates the urgent necessity to resist the union and to hurriedly expel the substance.

Substances that tend to form chemical unions with the substances of the cells and thus destroy the life of the cell are incompatible with life. Toxicity may be defined as the degree of incompatibility between a drug and the cells of the body. Some substances are highly toxic, others are only slightly so. Two forms of incompatibility must be recognized: namely, chemical incompatibility with the structures of the body and physiological incompatibility with the functions of life.

The actions that occur following the swallowing of a substance that is incompatible with life are very varied. They depend in part upon the character of the substance, but for the most part they vary with the tissues with which they come in contact. Each tissue acts in keeping with its own powers. A drug that is expelled before it reaches the kidneys will not occasion any kidney action. A drug that the kidneys excrete with great difficulty, may be expelled through the skin or through some other channel. It was the view of Dr. Trail that drugs are expelled through those channels and by those means that cause the least wear and tear on the system. This gives the body a certain power of selection in its work of expelling drugs.

But there are drugs that are resisted at every point and that are expelled through a number of channels. It would seem that, as a matter of necessity, every tissue in the body must resist and expel, as far as it can, nonusable substances with which it comes in contact. But not every tissue is so constituted that it can expel drugs from the body. It can expel them only from itself. It can offer local resistance. It would seem to be correct to say that the tissue must offer resistance if the drug comes into contact with it. This seems to be the explanation of the alleged "side efects" that are so often mentioned today.

But why is one drug an emetic, another a purgative, another a diuretic, another an expectorant, another a stimulant, another a nar cotic, etc.? Do these different apparent actions of different drugs represent actions of the drugs, as is taught and believed, or-are they different actions of the living organism in relation to different drugs? If so, why does the body behave differently in the presence of one poison from

what it does in the presence of another?

If we attempt to answer our last question first, it seems that there is no basic difference between the actions of the body in relation to one drug and its actions in relation to another. The differences are more apparent than real and are the results of the structural and functional differences of the organs and tissues involved in the actions. Basically, the action is one of resistance and expulsion and this is not radically different in any tissue.

In a work published in 1874 by the office of the Health Reformer, apparently from the of M. G. Kellogg, M.D., who says that he derived his views from Graham, Trall, Alcott, Shew and Tanner, the idea is presented that different organs excrete different drugs because the presence of the different substances is perceived by different nerves. He draws a parallel between the nerves of the organ-systems and the nerves of special sense. Just as the nerves of the eyes perceive objects and light and the nerves of the ears perceive sounds, those of the nose perceive odors, those Of the tongue perceive flavors, etc., so the different nerves of the organsystems perceive one drug and not another. The different ganglia perceiving a certain substance to be such that "it cannot be used to replenish any of the tissues of the body," causes activities to be instituted to secure the expulsion of the drug. He suggests that the different ganglia differ in their perceptions, just as do different parts of the brain, hence the action following the taking of a drug will be determined by the particular ganglion that perceives its presence.

Assuming that there is a grain of truth in this idea, it does not seem to cover the whole of the phenomena that follow the taking of drugs. Although, he is probably right in saying that "all matter does not possess the same sensible properties; if it did, we would know of but one kind of matter," and he is probably correct in saying that it is through the "various senses" that we can recognize various nronerties of matter, 'there seems to be a necessity that the useless and harmful be recognized by all of the tissues and by all of the 'nerves. There would seem to be, as a matter of fact, a cellular recognition of the unsuitableness of drug substances.

He but echoes the words of Trall when he says that "instead of medicines (drugs) having special affinities for certain organs and tissues of the body, the vital organism has a special dislike for drugs, and makes a special effort to eliminate them as rapidly as possible. "It is not amity, but antagonism that gives rise to those vital actions of defense, resistance, expulsion and repair that are mistaken for the actions of drugs. But he may have hit upon a vital element in the explanation of the different actions that follow the taking of drugs in his suggestion that, due to the fact that we recognize different substances through the media of different nerves, we act according to that recognition. For example, it would seem to be the part of organic wisdom to expel all drugs, when swallowed, either by vomiting or by diarrhea. Why should any of them be permitted to be absorbed into the bloodstream? Why send some of them to the. Kidneys, for instance, for excretion? Why excrete others by diaphoresis and others by expectoration; why excrete some through the liver?

Can this be because the nerves of the intestinal tract do not adequately recognize the useless or injurious character of some substances? Do drugs slip past the sentinels of the prima via because they do not "appear" to the nerve end endings in the gastrointestinal canal to be of a specially hurtful nature? Must their injuriousness be perceived by other nerves and must they then be appropriately dealt with by other organs and sent out through other channels? Why, when a certain drug is taken, is it later expelled by the kidneys (diuretic)? Was its useless and hurtful character not perceived in the stomach and why was it not expelled by emesis or diarrhea? Perhaps the explanation lies in the suggestion of Kellogg.

He is certainly wrong, however, when he says, after giving the actions that follow certain drugs, "if each of the medicines named above is given in proper doses, it will occasion the effects named, and no other." There is no known drug that occasions but one action on the part of the body in resisting and expelling it. Perhaps but one effect will be produced if it is all expelled by the primary effort at expulsion, as when vomiting may expel all of a drug that is swallowed. But if it is not all thus expelled, it may occasion a diarrhea or small amounts of it may be absorbed into the bloodstream and it may then be expelled by diuresis or by diaphoresis or by expectoration or by all three of these processes.

The secretion of digestive juices upon the food eaten is controlled by the nervous system. We get one kind of juice or another kind of of juice depending on the character of the food eaten and this is appreciated and appropriate nerve and glandular action instituted, when the food comes into contact with the nerve endings (taste buds) in the tongue. The character of the saliva, as well as of the gastric juice, is thus determined. If we eat a potato we have the outpouring of one type of gastric juice; if we eat a beefsteak we have the outpouring of another type of digestive juice. If we swallow a marble there is no outpouring of digestive juice. If we take sugar there will be a copious outpouring of saliva, but it will contain no ptyalin. Control of action here lies in the nervous stem and its perceptions of the character of the food eaten.

Suppose, instead of food, we swallow a teaspoon full of castor oil. This is a poisonous oil that must be expelled. Its presence and its character are recognized by the same nervous system that appreciates the differences between foods. There is again a copious outpouring of juice into the stomach, but it is not a digestivee. It is a watery mucus. The muscles of the stomach also act, but their action is somewhat different to what goes on in digestion. They hasten the mucus and oil to the pyloric orifice of the stomach and the valve opens and the mixture (oil and mucus) is expelled into the intestine, where, instead of being met with digestive juices, it is met with more mucus. Here, also, instead of the regular movements of peristalsis and antiperistalsis, there is only a hurried peristalsis, thus hurrying the mixture along towards the colon. When it reaches the ileocecal valve, this opens and the mixture is expelled into the colon, which, in turn, hastens it to the rectum, where it is expelled from the vital domain.

What part did the oil play in all this activity? It did not perceive its own toxic character. It did not pour out mucus to dilute it and flush it along.

It did not perform the muscular work of the stomach, small intestine and colon. It did not expel itself. Indeed, being lifeless, inert and as incapable of any action as a dry stick or clod of earth, it was passive in the hands of the forces of life. It no more acted in the stomach than it acted in being poured into a spoon and taken to the mouth for ingestion. It was as passive and actionless during the whole of its journey through the alvine canal as while resting in the bottle on the shelf.

Living hands poured it from the bottle; living hands took it to the mouth; living organs of deglutition swallowed' it living nerves percieved its presence and its character; living glands poured out mucus upon it; living muscles propelled it through the digestive tract; living muscles expelled it from the rectum. The living organism was the actor from start to finish. The living organism alone possesses the instruments of action and the energy of action. It is specialized in myriads of ways for the performance of myriads of actions.

Kellogg suggests that certain drugs are diuretics, this is to say, they are expelled through the kidneys, because "the properties of this class of poisons are not recognized by the nerve centers which preside over the stomach, hence vomiting does not occur." They are thus permitted to enter the bloodstream and circulate in the blood to all parts of the body. But their useless character is immediately recognized by other nerves and they are excreted through the kidneys. There is increased action, diuresis, to expel the poison Here, again, it is the living organism that does all the acting. Diuresis is as much an action of the living organism as is diarrhea. In diuresis the kidneys and bladder and the other parts of the urinary apparatus are the actors rather than the intestinal tract.

Kellogg may be correct when he says of the diuretic that it did not occasion vomiting "simply because they (the diuretic drugs) were not recognizable by the nerve centers which preside over the stomach." But there is reason to think that this may not be the whole explanation. Ipecac is classed as an emetic. In a dose of a certain size it occasions vomiting. In a much smaller dose it occasions diaphoresis and expectoration. It may be that in small doses the nerves of the stomach fail to recognize the poison; it may be that when sufficiently camouflaged with food or other substances, they fail to appreciate its character.

This drug can be classed according to the faulty classifications that have been adopted by pharmacologists and physicians, as an emetic, an expectorant and a diaphoretic. Applied locally, it can be given other classifications. It is entitled to but one classification-it is poison. Its presence in the body is resented; it is expelled, not through one channel, but through several.

Trall indicated that just as the special senses take cognizance of external elements in our environment, so the nerves of organic life take cognizance of things that find their way into the body. Kellogg followed this thought in his suggestion that different drugs occasion different actions due to the fact that their presence and character is detected by different nerves. Graham had previously indicated such explanation, calling the perceptive faculties of the nerves of organic

life, organic instincts.

Graham and Trall and later Kellogg took the position that, just as the brain sets in action the organs of voluntary motion and causes these to act, according to its recognition (through the special senses) of external objects, so the nerves of organic life (the organic instincts, to use Graham's term) set in motion the appropriate glandular and muscular activity in accordance with the character of the substances that are within-actions designed to use one type of substances and actions designed to expel another type. As every organ and tissue is under the control of the nervous system, there is nothing illogical in thinking that the nervous system is the controlling mechanism in determining the actions of the body in relation to not only foods but poisons. Thus it is that the presence of poisons in the body occasions unusual vital activities in the various organs of the body. We commonly, refer to such unusual betivities as disease; at other times we simply recognize them as symptoms of poisoning.

Each organ is capable of a certain kind or kinds of activity, depending on its structure or structures. Each organ acts in relation to toxins in accordance with its functional capabilities, as determined by its structural adaptations. The number and varied assortments of actions of the human body are possible only because of its almost infinite structural complexity and the resulting functional capacities. Drugs are simple substances, lacking both structural specializations and functional abilities. They not only lack the instruments of action, but they are also lacking in the energy of action. We are correct, then, in saying that the body acts; the drugs are acted upon.

Herbert M. Shelton

The Unity of Normal and Abnormal Processes

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The Unity of Normal and Abnormal Processes
Herbert M. Shelton

Most of the early Hygienists held to the principle of the unity of disease. Jennings and Nichols were perhaps the most outspoken in affirming this principle. Jennings was not the first to suggest that the seeming multiplicity of diseases represents a unity. Dr. Benjamin Rush, who was Surgeon General of the Continental Armies during the Revolutionary War, stressed the importance of the principle. Samuel Thompson, founder of the medical system known as Physio-medicalism made the principle a fundamental part of his system. Dr. Samuel Dickson, of England, founder of the medical system known as Chrono-thermalism, published his book The Unity of Disease in 1838. He later defended this theory in his book, Fallacies of the Faculty. The allopathic medical profession rejected the principle of unity of disease

and adhered to the notion that there are many diseases. When I was a student the textbooks listed 407 diseases, but the process of fragmentation was already under way and today many thousands of diseases are listed.

Today, when the effort is being made with more or less success to interpret all natural phenomena as parts of one pattern, or as expressions of one universal form of progress, the medical profession still clings to its dualisms about health and disease and to its old belief that there are hundreds of diseases. They refuse to recognize the single underlying phenomenon of which their many diseases are but varied and evanescent expressions.

Life, health, disease are ultimately to be interpreted as different aspects of an underlying process. It is our own shortsightedness that blurs for us the wholeness and unity of life. The terms and expressions of contemporary medical literature which we have inherited from the past carry implicit assumptions regarding the general nature of disease, and one of our main tasks is to show where they are invalid.

Man is not always sick despite the fact that he lives in a sea of extraneous causes that are said to cause disease. Indeed, these extraneous causes fail more often than they succeed. Yet we know that disease is always a potential in man. Abnormal though it is, it is just as natural as health. In fact, if we can ever escape from our dualisms of thought we will recognize that health and disease are but two phases of the same living processes. We will discover that there is no distinct line of demarkation between health and disease and that they are not so unlike as we now believe. We will readily understand that disease is a manifestation of life itself and that there is a fundamental unity in all of life's manifestationsnormal or abnormal.

The principle of continuity and unity becomes a guide to the correct organization of pathological knowledge, which is already vast, in conformity with the laws of nature. This principle provides for a major and all important reorientation which eliminates the prejudices and false views that have hitherto obscured our vision and made it impossible for us to see the woods for the trees. The change of position thus produced transforms the interrelations of everything so that a simple order is revealed.

Change is as constant in pathology as in all other departments of existence, yet the change is not arbitrary; each change develops continuously out of the preceding developmentearlier and later developments do not confront each other as the senseless juxtaposition of one chaos beside another, but are linked by similarities which pervade all change. The meaningful order which underlies the progressive changes seen in pathological evolution is realized in the continuity of the sequence of change.

Fundamentally, there are but few pathological changes, both of structure and function, that can occur in even the most complex organism. Great and complex variations in the appearance of these fundamental changes are possible, due to the many differentiations of tissues and to the wide variety of functions subserved by them. The

basic pathology (atrophy) in atrophy of the liver and atrophy of the pancreas is the same, but the complex of systemic changes of functional aberrations that is based on this atrophy varies as the functions of the two organs vary. Basically, the "special pathology" in the lungs in pneumonia and that in the kidneys in acute nephritis, is the same. Differentiating symptoms and changes relate to the differences of structure and function of the two organs. Inflammation of the stomach may check the secretion of gastric juice and inflammation of the pancreas may check the secretion of insulin, but in both cases the fundamental change is the checking of secretion. The kind of secretion that will be checked will depend upon the kind of secretion turned out by the inflamed organ. Duly considered, this simply means that the many different so-called diseases are not different diseases. They are but different locations and different stages in one and the same process.

The diagnoses and classifications of diseases listed in medical textbooks are all illusions that grow out of the medical man's notions that the symptom-complexes, though richly variable even for the same so-called disease, represent entities instead of being symptomatic of an underlying substratum common to all symptom-complexes. The same unity of the body is preserved in disease as in health. We deal with a sick whole, not merely a sick part. Just as in physiology the whole widely extended state of function is a unit, so in pathology the whole widely extended state of processes that constitute the remedial process is a unity.

When there is irritation of the nose, throat, sinuses, and elsewhere, this represents a systemic condition, not a series of local infections. Should any part of the digestive tract from the mouth to the anus become inflamed the name given the "disease" will correspond to the part involved, and the state of the inflammation will be: first irritation or inflammation, then ulceration, then induration and cancer. All pathologic change is named in keeping with the part involved. Inflammation of the stomach is called gastritis; when ulceration develops out of inflammation, it is called gastric ulcer; when the ulceration takes on induration (hardening), it is called gastric cancer; if the development involves the pyloris, it is named pyloric cancer. If the inflammation extends to the duodenum, it is called duodenitis; if the duodenum ulcerates, it is called duodenal ulcer; if induration follows, it is duodenal cancer.

While we tend to think of so-called diseases as local affections, the entire body is always involved in the process. This is not to give utterance to the stupid prevalent notion that every "local disorder" deranges all the functions of the body; rather, it is meant to express the idea that the whole organism is involved in every remedial process. In the case of a diarrhea, for instance, it is a disturbance only in relation to a larger and otherwise unitary whole which it interrupts. There is no thought of derangement, but of redirection. The central and basic powers of life are those engaged in nutrition, including those of digestion, respiration, circulation, assimilation, excretion, and reproduction. The normal performance of these functions is health. When any or many of these powers are much modified to meet abnormal conditions, the modification is disease. The modification is protective, reparative, expulsive, remedial. All such modifications are

in the service of life, not in the service of death. These modifications are integral to life, not foreign agents at work in the body. Disease is a vital process, not an entity.

A local disease is an impossibility. Every so-called local disease is but the local manifestation of a general condition. Every local pathological manifestation is an expression of a systemic pathological condition. This is so because the body is a unit. Local diseases, so-called, are the local expressions of general states. For the successful care of the sick, therefore, it is not sufficient to confine our attention to the organ or part affectedwe must care for the whole organism. When indigestion produces irritation of the stomach lining, inflammation, or gastritis develops. When irritation occurs to the point of irritation it becomes a point of toxemic crisis. The hairsplitting seen in differential diagnosis is made necessary by a lack of knowledge of cause. It is a compensation for ignorance, an effort to appear scientific when there is no science.

When we know that the processes and elements of disease are the same as the processes and elements of health, is it probable, nay, is it possible that disease, any disease should have no order in its seeming disorder, that diseases should present no unity in their seeming multiplicity, should suffer no explanation by the discovery of some central and sublime law of mutual connection? If all organs of the body are governed by the same laws why such a multiplicity of diseases as are recognized by so-called medical science? Each organ has its own peculiar histology (tissue or structure peculiarity) and each has its own peculiar function to perform. Every organ of the body, and this includes the brain, is under the same physiological and pathological laws. By the co-operating principles of causation and differentiation do we derive the many so-called diseases out of a common source. The many so-called diseases of the medical nosology are but symptom-complexes of a constitutional toxemic state; they are the effects of accumulated waste products of metabolism.

Every inflammation has symptoms all its own, yet all inflammations are basically the same. Although the symptoms of tonsillitis differ greatly from those of acute gastritis, the inflammation is identical in the two organs; although the symptoms of pneumonia are greatly different from those of hepatitis, the inflammation in the liver is the same as the inflammation in the lungs. The dissimilarity of these so-called diseases is due to the varying functions of the organs inflamed and to the differences in histologieal (tissue) structure of these different organs. Why do professional pathologists, trained also in histology and physiology, continue to view inflammation in many different parts of the body and imagine that each inflammation is a specific disease?

The shades of differences existing in the different so-called disease are apparent because of the different tissues involved. It is our confirmed opinion that too much attention is given to minute pathological distinctions and too great value is placed upon these. Every part of the body, when irritated, gives rise to its own symptom-complex, or what is known as a special disease. The brain and nervous system have their own complexes; the liver, kidneys, lungs, etc., each has its own complex. Singling out one or more of the

pronounced symptom-complexes that make up the composite of the sick man's symptoms, diseases, complications, etc., all of which arise out of the one and only efficient cause-toxemiaand specializing in its treatment, is an important procedure in what is known as "modern scientific medicine."

Congestion and inflammation may develop simultaneously in different organs; or, what is more frequently the case, one organ may become congested and inflamed; and, as time passes and the general health of the individual declines, one after another of several structures may be-come congested or inflamed. It is in this manner, in part, that complications always develop in longstanding chronic castes. As the chronic disease continues due to the persistence and intensification of the cause of the disease, one after another of the organs of the body is brought into the pathological field; the complications become more numerous. Thus, it is true that many complications are due to the persistence and increase of cause. The sick man sets out, at the beginning of his suffering with dyspepsia. After ten or twenty years he finds that he has disease of the throat and lungs, bowels, liver, kidneys, heart and perhaps of the spine. If the individual is a woman she probably finds that she also has one or more "female diseases."

All so-called diseases are but varying symptom-complexes growing out of a common cause. True, there are many causes, but if they are carefully studied, it will be found that they are all auxiliary to one universal, efficient cause-toxemia. Disease-inducing habits are responsible for many symptoms. Many complexes of symptoms are given distinctive names and listed as specific diseases. The regular profession labels almost every symptom inducted by bad habits as a separate diseaseunless they decide to call them "syphilis." Add to the symptoms induced by bad habits, those induced by drug poisoning, and you have about all the symptoms that man presents when he is sick.

Herbert M. Shelton

The Hygienic Etiology

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The Hygienic Etiology
Herbert M. Shelton

In this article I desire to set forth the formulation of the cause of disease contained in the writings of Dr. T. L. Nichols. In doing this let me re-emphasize the fact that Dr. Nichols, who was a contemporary of and co-worker with Jennings, Graham, Trail, et. al., but expressed the generally accepted Hygienic theory of the cause of disease. Let me begin with the following quotation from Nichols' book, Esoteric

Anthropology, for in this paragraph he clearly states the essential unity of the many diseases. He says:

"Medical books are filled with the names of vast numbers of diseases, as a precisely similar affection of each organ of the body receives a corresponding name. Thus we have encephalitis, meningitis, arachnitis, parotitis, otitis, iritis, glossitis, pharyngitis, laryngitis, tracheitis, bronchitis, pleuritis, pericarditis, carditis, gastritis, enteritis, peritonitis, hepatitis, nephritis, cystitis, etc., etc., and all these hard words ending in ITIS, mean simply an inflammation of the brain, its membranes, the parotid gland, ear, tongue, throat, etc. The laws of one of these affections govern all. Everywhere we have nearly the same phenomena, the same causes, and similar modes of treatment."

In tracing the cause of disease he says: "As all the functions of life are carried on by the nervous energy, a loss of that is not only a direct cause of functional debility, but by diminished vigor of excretion, it prevents the waste matter being carried out of the system; and this matter, thus retained, acts as a poison, and is a cause of almost every kind of disease. This reacts again; exhaustion causes impurity, and impurity produces exhaustion.

"Consequently, anything which exhausts the power of the organic and animal systemanything which destroys the nervous energy, is in many ways a cause of disease . . ."

Here is a very clear and concise statement of the development of enervation and toxemia and their basic importance in the development of the many diseases. He says, "All disease is attended by a lack of nervous energy, or the presence of morbid matter in the system, or both combined."

Among the causes of nervous exhaustion (enervation) and contributors to the general poisoning (toxemia) of the body, he lists the following: "Intense labor, care and anxiety, protracted watchings, domestic unhappiness, any source of grief, may exhaust the nervous energy, and be a cause of disease. Sedentary employments, or monotonous labors, overtaxing one set of organs and leaving the others without employment, may have the same effect.

"The undue, and, therefore, disordered activity of any passion or appetite, is a cause of disease by turning aside or exhausting the nervous energy that should be given to the whole system. Inordinate eating and drinking, avarice, ambition, all single and excessive passions, destroy the equilibrium of the system. But there is no passion so exhausting as amativeness. Its abuses are in proportion to its use. The nervous exhaustion from its excess is the cause of most cases of dyspepsia, rheumatism, consumption, palsy, epilepsy, apoplexy, the nervous and uterine disease of women and, in fact a large proportion of all the diseases of mankind."

Nichols lays much stress upon the exhausting effect of all forms of sexual excess, both in and out of marriage in young and old and both sexes alike. There seems, however, no reason to single out this form of excess and attribute a whole catalogue of particular so-called diseases to it. Enervation is enervation by whatever habit or

combination of habits produced. The toxemia thus resulting is the real disease producer.

He mentions among the causes of exhaustion and poisoning, overcrowding, lack of cleanliness, foul air, "diseased foodas the flesh of diseased animals; the milk of distillery fed cows; fish and flesh in the process of putrefaction; sausages made of offensive materials; measly pork, narcotics and stimulating drinks; beer and porter, made worse by drugs; tobacco . . . Uncleanly habits, wearing filthy clothes, the neglect of daily bathing . . .

"The stimulants I have just mentioned, whether taken to relieve this or any other debility, are all exhausting to the nervous system from the reaction of their stimulating effects, and they are also poisons, which are retained in the system, acting upon the nerves, as a direct cause of disease. The concentrated extract of coffee, and tobacco, will kill small animals like so much prussic acid. Tobacco is one of the most insidious and debilitating of narcotics, stupefying and gradually weakening the nervous system. When used by the young its tendency is to stupefy the brain and bring on early impotence."

Flesh eating, wrong dress, lack of light, monotonous and exhausting labor and working under improper conditions are listed by him among the causes of exhaustionenervation. To list all the causes mentioned by him would unduly extend this article.

We pause here to summarize briefly what has gone before: Bad physical and emotional habits, the use of stimulants and narcotics, wrong diet, and all unfavorable influences exhaust nervous energy. Nervous exhaustion lowers functional powers. Lowered functional powers permit the accumulation of morbid matter (toxins) in the body.

These toxins produce disease of all kinds. As he puts it: "All the waste matter of the body, arising from the action and consequent disintegration, combustion, or destruction of all the tissues, which are continually renewed by nutrition, becomes, if retained, a cause of disease, a real virus, a true poison. This is known to be true of urea, or the solid matter of the urine, bile, the faecal matter, the matter of perspiration, and the carbon excreted by the lungs. Any interruption of the functions of the skin, liver, kidneys, intestines, or lungs, is, therefore, a cause of disease by the retention of morbid matter."

It will be interesting to follow Dr. Nichols a little further and note briefly how he proposes to prevent -and remedy disease. He says: " 'Prevention is better than cure.' Even the ratio in which it is better is sometimes set forth; and we are told that 'an ounce of prevention is worth a pound of cure.' Doctors find that prevention is in no demand, or that it is too cheap to afford them any profit; for they do not deal in the article. Quacks advertise their nostrums as preventives of disease, especially when there is some prevailing epidemic. Doctors are generally in favor of vaccination, for they are paid for it; and if disease, as many believe, is thereby propagated and even the smallpox but little, if any diminished, it is a profitable preventive."

This is to say, the prevention of disease would put physicians out of jobs; therefore, they are not interested in its prevention. They have

cures to sell and if there is no disease there is no demand for their wares. It is for this reason that they have made the prevention of disease seem difficult and mysterious and taught the people that disease prevention depends upon physicians with their expensive technical processes.

"How can disease be prevented?" asks Dr. Nichols. He answers: "Simply in two ways: by living, as far as possible, in accordance with all the conditions of health; and by avoiding, in like manner, every cause of disease. By keeping up the strength and purity of the system; by avoiding all excesses, and every means of exhaustion; and by living so as to keep free from all matter of disease."

Remedy is equally as simple as prevention. Nichols says: "As diseases consist of exhaustion and impurity; as exhaustion causes impurity and impurity produces exhaustion, two things are requisite to a cure. These two should be written in letters of gold-INVIGORATION and PURIFICATION.

"Let me make this emphatic by two definitions:
"Pathology"Exhaustion and impurity resulting in disease and death.
"TherapeuticsInvigoration and purification resulting in health and life."

Today we say that health follows when toxemia is eliminated and nerve energy is restored to normal. The terms are different; the meaning is the same. In the days that have elapsed since the pioneer Hygienists lived and worked we have been able to fill in many details and correct many errors, but the broad outlines as constructed by these men and women have not been altered. Often, today, we are able to state our principles and theories with greater clearness or with more accuracy, but we cannot justly claim to have added much to the real fundamentals of the science of Natural Hygiene.

The present day Hygienist rejects a few of the measures employed by many, or most, of the early Hygienists. We cannot say that we reject any of those employed by Jennings, for his practice, after he abandoned the use of bread pills, was pure Hygiene. Perhaps we know more about the emotional and social causes of disease than the pioneers knew, but we must acknowledge that they were not far behind. Dr. Jackson placed so much emphasis upon psychological factors in health and disease that he preferred to call his work psycho-Hygiene.

Dr. Nichols enumerated a whole group of social causes of disease and then pointed out that "some of the benefits which patients receive" at institutions and resorts "come from their having left such causes of disease behind them; but when they go back (home), they are apt to relapse," because they go back to the same causes a scolding, nagging wife, an irritable, domineering husband who demands too much of his wife in the sexual sphere, etc.

It has long been recognized in Hygienic circles that many people do not get well until they get away from home; away from their well-meaning, but misguided and often selfish friends and relatives; away from old associates and influences and into a new and different environment with its inspiration to right living. Once well, all too many

of these people tend, upon returning home, to slip back into old ruts, old habits and practices often only because old associates and influences impel them in these directions.

We know more of diet, of fasting, of exercise and of sunshine than did these men. We have a greater knowledge of physiology. Some admirable progress has been made since these men lived and labored. But we do well always to remember that they laid the foundation and erected much of the superstructure.

Herbert M. Shelton

Health Education vs. Treatment

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Health Education vs. Treatment
Herbert M. Shelton

More than three million people in this country are incapacitated by illness every day. Great numbers of these are cared for in hospitals. New hospitals are continually being built and older ones are enlarged. We are always preparing to care for an increasing number of sick people; all the while the story goes out that "preventive medicine" is such a howling success. It is obvious, however, that the art of keeping well is not well understood and that knowledge of how to stay well is not spreading very fast. The great amount of sickness observed among those who are closest adherents of the schools of so-called healing reveals that they are not receiving the right kind of health education. If our people knew how to keep well we could do with fewer rather than more institutions for the care of the sick.

But if we look at the living habits of the practitioners of the various schools of so-called healing, we shall soon discover that they are not doing any better in preventing disease in themselves and in the members of their families than are the supposedly more ignorant laymen. Not only do we see a great amount of sickness, both acute and chronic, among medical men and the members of their families, with relatively early passing of most medical men, among osteopaths and their families, among chiropractors and their families, among naturopaths and their families; but when we observe the manner in which these men and their families live, we see that they do not, on the whole, live any better than their patients.

The great majority of medical men, osteopaths, chiropractors and naturopaths smoke or use tobacco in some other form. Great numbers of the members of these professions drink alcoholic liquors. A sizable percentage of them are addicted to other drugs. Most of them use tea and coffee and drink soda fountain slops. Go into their homes and

watch them eat and you soon discover that they eat, for the most part, a conventional fare prepared in the conventional manner and combined as indiscriminately and haphazardly as the foods of the laity are combined. Note that they are fat and plethoric or skinny, just as are the people in general. They use "antacids" after eating and take laxatives or enemas and colonic irrigations as much as their patients. The members of their families are not examples of good health and their length of life is often much less than that of the lay folk.

In the medical profession we often see the paradox of a cancer specialist dying of cancer, a heart specialist dying of heart disease, a tubercular specialist with tuberculosis, an asthma specialist with asthma, an allergist with hay fever, an alienist becoming insane, a gastro-enterologist with peptic ulcer, a genito-urinary specialist dying of cancer of the prostate. When the specialists do not know enough about the causes and patho-genesis of the diseases in which they specialize to present the evolution of these diseases in themselves, how can they prevent or remedy them in other people? Have we not a situation in which the ancient advice, "physician, heal thyself," is apropos? If a heart specialist dies of heart disease in his forties, what can he know of the cause and prevention, not to say the cure of heart disease? If a cancer specialist dies of cancer at a comparatively early age, how much can the public depend upon early diagnosis and treatment?

Is it not patently obvious to everyone, when such facts are considered, that the schools of so-called healing taken collectively, are helpless in the face of the mounting incidence of chronic disease? Whether they remove organs or administer antibiotics, pull legs and twist and contort the patient, bake and boil and electrocute the patient, give herbs, peddle vitamins, or in other ways treat symptoms and ignore causes, their approaches to the problems of sickness are superficial, irrational and illusory. Therapeutics is tremendously overworked and, as carried out today, amounts to a stupendous confusion.

Although the allopathic profession is continually boasting of its monopoly of medical science, it is a curing system that merely palliates and pretends to cure without removing cause. They boast of their great institutions of research and of the mighty work that is being done in these. But the intelligent observer, watching the results of this research over a period of several years, soon discovers that these mountains labor and bring forth only a mouse a dead one, a stillbirth. They provide more treatment for the sick, but no better health. They devise newer and often more novel techniques of treatment, but the sick continue to suffer and die as of yore. Medicine makes great progress, but it is progress in the dealing art, not in the healing art.

The belief in diseases and cures stands as an effective barrier to a true education in healthful living. The medical profession is not teaching the people how to live. In fact, as already pointed out, it does not know how to live. The same is true of the other schools of so-called healing. They are all busily engaged in treating the effects of wrong life and ignoring the cause. The medical profession has opposed every effort at improvement in living. The only prevention they have fostered is that of immunization by means of vaccines and serums. True, after the people have adopted something that they

opposed and it has proved to possess genuine merit, they have championed it, called it their own and the short memories of the people forget their original opposition. Thus they are today receiving credit for innovations that they had nothing to do with, except to oppose.

Our schools and colleges are not teaching the people how to live. Our school textbooks are carefully censored. Not a line, not a word can vary from standard authority. There is no possibility of a new and revolutionary truth reaching the school child or the older scholar by way of the educational institution. The teachers and instructors are also kept closeted behind the iron curtain that prevents all variant ideas from filtering into them and that prevents them from giving expression to an idea that is not "sound." The mind is thus enclosed in a carapace, which, unlike that of the lobster, turtle or crab, cannot be shed as the mind grows larger. Mental fixation is the inevitable result of this process of intellectual canning.

To whom does the teaching profession turn when it wants a new textbook? Does it turn to the man who knows; to the man who has broken society's mental fetters and blazed new trails? It does not. It gets its texts from men and women who are guaranteed incapables; individuals who never had an original idea in their lives. This is the, reason that the teaching profession is doing nothing to free the world from its religious, medical, legal, economic, financial and political superstitions. The "home fires" of orthodoxy must be kept burning and all hetero-doxical ideas must be kept from the students. This is not altogether the fault of the teachers, but of the powers that hold the whip hand over their heads.

No better example of this slavery of the educational system to the superstitions that exist around us can be found than in the high school and college texts of biology. Biology has, from its origin, sucked the teats of the medical profession; much of their intellectual pap has been drawn from this source. The biologist does not know anything about the subject of medicine. He derives all of his "facts" and opinions from the profession. What he thinks and does not think is a subject of no importance, for he is intellectually enslaved by the pill rollers. His textbooks are crammed with paragraphs and pages about pathogenic bacteria, viruses, antibodies, allergy, serums, vaccines, immunization, curing, etc. He will discuss the antibiotics with an air of authority and, when these have passed to the limbo reserved for the cures that pass in the night, he will revise his texts and discuss with an equal authority the newer cures that have replaced the antibiotics. He is but a phonograph talking out what has been talked into his head. It is no laughing matter that he so often plays on a cracked record.

The physiological juggernauts that cloud, suppress, pervert and distort the minds of young and old of our age are everywhere and, so fully convinced are we that the "authorities" know what they are talking about and doing, we dare not question the prevailing fashions in thought. The psychologists have taught us that intelligence is the ability to adjust ourselves, which is merely another term for the old tyranny that demanded conformity. The nonconformist is as deadly to the powers that be in our era as in any past era.

We have a large standing army of physicians and surgeons and We have another large army of Ph.D.'s engaged in "research," and these men are all thinking, planning and coordinating their work, exchanging ideas and knowledge, not only among themselves, but with similar armies abroad; but where are the results? They are still carrying on in the same old way searching for entitative diseases or entitative causes, searching for cures and immunizers removing appendices, excising tonsils, poisoning the sick, vaccinating the well, ignoring the cause of disease and trying to cure disease without removing its cause. After many years devoted to a wholesale slaughter of the tonsils they have no more idea today about what causes tonsillar enlargement than they had thirty years ago. Every year they remove thousands upon thousands of the reproductive organs of women and not one of them can explain the cause of a fibroid tumor or a cancer. Indeed, with all their searching and researching, they have not yet discovered the cause of the common cold.

Their only conception of cause is that germs and viruses cause all disease. They are cutting out cancers the same as they did fifty years ago; they follow the operation with X-rays and radium as they have been doing for years and the undertaker is still completing the job for them as he has been doing for years. They are "researching" for everything except truth. The pathologist spends a lifetime studying the endpoints of pathological processes and ends with no more knowledge of cause than when he started. Cause is not to be found in the morgue, but he will never grasp this simple fact.

We have a great army of invalids and semi-invalids who are going from specialist to specialist, from hospital to hospital, from sanitarium to sanitarium, from one health resort to another, from climate to climate, from the seashore to the mountains, or vice versa, seeking, ever seeking for health. They go from one school of curing to another! School of curing, but they never find health. They spend time and money in their search for health, but all in vain. What is wrong? If the drugs and operations and sea bathing and sunshine and mountain air and different climates and the great specialists and the famous hospitals and clinics and sanitariums and the practitioners of the different schools of curing cannot cure them, what is the reason? If "modern scientific medicine" with all of its great wealth of cures-its old drugs, its miracle drugs, its antibiotics, its gland extracts, vitamins, X-rays, radium rays, operations, etc. fails them and they turn to the lesser schools of curing, and these also fail them, what shall they do?

The answers to all of these questions are simple ones. These people are not getting well for the reason that the causes of their illnesses are not being removed. Enervating habits are being permitted to sap their functioning power. Enervating treatments are adding their share to the depleting influences to which they are subjected. The consequence is that they remain toxemic. They continue to eat in a manner to maintain a constant and seething mass of putridity in their digestive tracts. They do not need to change climate. They do not need to go to the mountains or to the seashore. They need to change their modes of living. They can get well as soon as they cease to build disease. When they learn a correct way of life and conform to it, they can have health. Until then, they are destined to go on suffering and chasing cures until the undertaker relieves them of the necessity of further

chasing. What then, is their greatest need? Knowledge they need to be taught the simple, wholesome ways of life that build and maintain vigorous health.

Health schools and not hospitals, health teachers and not symptom-treaters these are the needs of the people. If they will substitute an orderly and lawful way of life for the treatment of disease, obedience to the laws of life for plans of immunization, knowledge for superstition, they may substitute health for disease. We need a more radical approach to the problems that con front the sick and less superficial and enervating palliation. Let us get at the root of the troubles that afflict mankind and cease trying to cure effects without removing causes.

Herbert M. Shelton

Is Ours a Faith Cure?

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Is Ours a Faith Cure?
Herbert M. Shelton

Is the Hygienic System a "faith cure"? We have been accused of having only a "faith cure" by many who have only noted what we reject and have not investigated what we stand for. One man objected that our faith in nature and nature cure is identical with Christian Science - is Christian Science, as a matter of fact, in a new dress. We never knew whether, by this statement, he wanted us to understand that he has no faith in nature, that he believes only in the unnatural and anti-natural.

What is nature? Let us define it as the existing cosmos. The universe is cosmic and not chaotic. There is an all-pervading orderliness, nor can we conceive of the universe existing except in an orderly state. What is wrong with faith in this system of order?
The bodies and properties of living things are also orderly, that is, cosmic, and not chaotic. There is an all-pervading orderliness in life and we cannot conceive of an organism existing for one moment in any other state.

For us, then, nature is the orderly universe with all of its relations and interdependencies. Science, as well as religion, directs men's minds to the eternal aspect of things and our faith in the unchangeable uniformities of nature is well founded.
Nature cure, which is not something that the Hygienist does with his hygienic agencies, but something nature does, is the result of the lawful and orderly operations of the forces and processes of life, working with the regular, normal elements of livingness.

Our faith in this nature and its work is no blind or dead faith. It is rather a faith that leads to work, a faith based on knowledge. These - knowledge and faith - lead to reform and intelligent cooperation with the forces of life. It is not a matter of folding our arms and sitting down and waiting for nature to do for us what we, as parts of nature, can only do for ourselves. We do not expect the laws of nature to be violated because we pray for them to be violated, nor do we expect them to cease to exist because we deny their existence.

However we have no objection to being called "faith curists" if we may be allowed to define our faith. Ours is a faith in the orderly, invariable laws of nature. All science is a study of the fixed laws of nature. So far as man's senses can reach, we always find nature orderly and as faith is "confidence, reliance, trust," and as we find no exceptions to the orderly sequences in the processes of nature, we can certainly have: faith in these. Faith in the uniformities of nature is not a mystical conviction that has never been verified, nor is it the power to say we believe things that are incredible.

We know that water always runs down hill; we know that a magnetized needle points to the magnetic pole; we know that when hydrogen and oxygen unite in certain proportions the product is always water; we know that two times two are four. We have faith in the compass; we have faith in the mathematical processes; we have faith in chemical processes; we have a whole science of hydrostatics built upon the invariable conduct of water under exact conditions.

Faith describes the confidence we feel that the sun will "rise" tomorrow, that it will "rise" in the East, for it always has done so. We do not doubt that iron will continue to rust if exposed to moisture, for this is what it has always done. We do not expect to see brick of certain sizes and density and composed of certain materials become lighter or heavier than brick of these sizes and materials have always been.

That unbroken and cosmic order has reigned throughout the universe throughout its duration is something we cannot prove. We cannot prove that there is a law that water must run down hill when we get out beyond the reach of our senses. But we accept it as a truth because of our faith in the universality of law and order.

Now, cure (healing) is the same yesterday, today and forever. Healing is the same today as that which has taken place from the beginning of time. It will take place in the same old way as long as time lasts. Theories of cure may change, as they have in the past. The methods of "cure" may continue to change ceaselessly. But the real, orderly and lawful healing processes of nature are as changeless as are the laws of gravity, of chemistry, of hydrostatics, of mathematics.

We have the same faith in these lawful, orderly and invariable processes of cure - natural processes - as we do in the lawful, orderly and invariable processes of nature in all other parts of the cosmic order. The processes of life are not chaotic, capricious, changeable, unlawful, disorderly. They do not change from country to country, nor from age to age.

Faith in the orderly processes of life is not a makeshift to serve us where knowledge fails. Rather it is confidence in the facts and laws of which we have knowledge. We have no knowledge of a "natural law" except as an invariable and orderly sequence. The term "law" is a very unfortunate one. Our faith is in the fixed and orderly sequences of nature.

If life were not as orderly and lawful as the non-living world about us, we could expect to gather figs from thistles or to sow to the wind and reap not the whirl-wind, but a gentle zephyr. If there were no fixed order in life we might plant a peach seed and have a pecan tree spring therefrom. We insist upon the "reign of law" in the organic (the living) world; we insist that order is supreme and that chaos and "old night" are figments of primitive man's minds. What is wrong with a faith cure that depends, not upon faith to cure, but "upon the orderly processes of nature?

That person who takes a drug has faith that it will cure him but his faith is not based upon any demonstrable orderly, sequence an unfailing curative process set up by the drug. The physician who administers the drug may have faith in the curative powers of his drugs, but his so-called faith is a mere superstition - a hangover from primitive times. It is not a faith based-on a knowledge of the orderly processes of life. True, he claims a knowledge of the drug; but what he knows about the drug from a study of its chemistry and toxicology is the exact opposite of what he believes about it under what has been dignified with the name pharmacology. His faith and his knowledge are in conflict.

He knows that poisoning does not heal, that it does not produce health. He believes that it does. He received his knowledge as a result of modern scientific study; his faith from his ancient forebears.

The physician that expects to restore health with agents that always destroy health and attempts to save life with the foes of life, may have full confidence in his agents; but his faith is in a reversal of the laws of nature. It is a faith in disorder, in chaos, He believes he can reverse, or annul, or suspend, or change the laws of nature. As well attempt to make two and two equal three or five, or expect to destroy any other realm of fixed law.

The body always rejects drugs. It has its choice of several methods of rejecting them, but it never appropriates them. This is a universal experience to which there is no known exception. The physician who puts his trust in drugs has a faith that flies in the face of law and order and beats its brains out against the unyielding solid rock of immutable "law." He is exceedingly superstitious.

The man who takes a sweat bath may have faith in it. But such faith is not based upon knowledge. The man who gives the bath may explain that sweating eliminates toxins from the body. This, too, is a blind faith. If the man knows physiology, he knows that sweating is not an eliminating process and that the sweat bath does not eliminate toxins. Faith in the sweat bath is merely a lingering superstition we derived from those who used it originally to sweat out evil spirits.

Faith of some degree may be said to enter into everything we do. But

faith, per-se, is not the thing that does. Faith does not cure; though it may enable us to rely upon the forces and processes that do heal. Nor can faith cause a thing to heal that does not otherwise heal; although it is often affirmed that it does so.

Nature has always built flesh out of food and we are convinced that she will always do so. She has never built flesh out of drugs and we do not believe she will ever do so. Exercise and not drugs has always been essential to the development of the body and we don't believe that we can ever use drugs for this purpose and dispense with exercise. In plain English, we place our faith in the ancient and invariable order of nature.

Rest, and not stimulation, has always been essential to the reinvigoration of tired, fatigued or exhausted organs or organisms. Stimulation has always lashed them into impotency. This has always been the order of nature - it has not changed. We impose our faith in this fixed order and not in theories and practices that are "at variance with this invariable order."

The Hygienic System uses the same agents and forces that nature now uses and always has used to build up and maintain the whole of both the vegetable and animal kingdoms. It rejects those forces and agents that have never been used in this process. It rejects those things that have no vital relation to life - things that are anti-vital - that have no normal part in life's plan.

Using the term cure (Latin cura, care) in its original and proper sense and not as a synonym for the word healing, there is only one proper cure for any abnormal condition of the living body; namely, remove the cause. When the cause of the "disease" is removed, health returns by virtue of the normal, orderly, lawful operations of the processes and functions of life. This is nature cure. This is a cure such as has taken place since the beginning of time.

Nature, the great restorer, the only healer, helps those who help themselves. This is not a "faith cure" as commonly understood. The so-called "faith cures" around us ignore causes. They seek to heal by faith without removing causes. This kind of faith is a slap in the face of law and order. It is not a faith that "worketh repentance," nor is it known by its works. It is a faith that only talks.

The Hygienic System is nature's system understood and applied carefully and intelligently both in health and in sickness. It is simply an enlightened compliance with the laws or uniformities of life, as these have been revealed by study and experience. For, we have no knowledge of what a natural law is, beyond the fact of universal and undisputed experience.

Herbert M. Shelton

Vital Action vs. Drug Action

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Vital Action vs. Drug Action
Herbert M. Shelton

Dr. Trall was in the habit of talking much about what he called the "law of vitality." If he ever tried to define or formulate this law I have been unable to find the definition or formulation. However, he frequently gave examples of its operation, especially in explaining the modus operandi of drugs, or so-called medicines.

It was the medical theory of the time, and the theory is not quite dead, that drugs, by virtue of their "inherent affinity" for some part, organ or structure of the living body, act on or make "impressions" on such part, organ or structure, and this affinity, or action, or impression, was termed its "property". Drugs were supposed to possess inherently in themselves certain special properties or affinities (which constitute their "remedial virtues," or in which these virtues reside), for certain parts, organs, structures, or tissues, of the living organism, and these supposed or assumed properties were termed "elective" and "selective" because they were supposed to be "exerted" on or to "have an effect on" some parts or organs in preference to others. They were supposed to act "preferentially", that is, to select or elect the part upon which they act. Thus:

Emetics were said to act on the stomach, because they have a "special affinity" for that organ.
Cathartics were said to act on the bowels, in virtue of an "elective affinity" for these organs.
Diaphoretics were presumed to "select" the skin as a place of action.
Diuretics "selected" the kidneys as the theatre of their "operative effects."
Nervines and narcotics were said to "exert their influences" especially on the brain and nervous system.
Stimulants, tonics and antiphlogistics were said to make "affinities preferentially on the muscular and circulatory" systems.

One needs only a slight acquaintance with the most recent standard works on materia medica to know that these classifications of drugs and ideas of their "actions" are far from being merely interesting bits of medical history.

Drugs are said to have both local and general effects. They are still said to have "selective action." A standard text-book of materia medica tells us that "no drug effects all the organs or tissues of the body. The ability of a drug to affect chiefly certain organs or tissues is called selective action. Thus strichnine usually acts chiefly upon the cells of the spinal cord, morphine upon the cells of the brain, etc."

Some drugs are supposed to aid other drugs. This is called their synergistic action. Some drugs are supposed to antagonize others. This is called their antagonistic action. Drugs are supposed to have different effects in diseased and in healthy conditions. Their effects in

disease are called their therapeutic actions; their effects in health are called their physiological actions. They are supposed to act differently in different quantities, and the effects resulting from an "overdose" are called their poisonous or toxicological actions. Empiric action is the "effect that results from the use of a medicine (drug) in disease but which has not been corroborated by laboratory experiments." When the drug has other effects than those the doctor desires, these are called its side actions. Drugs that are excreted slowly, so that they tend to accumulate in the body if repeatedly given, are said to have cumulative actions.

It will be noticed that all actions are attributed to the drugs. The drugs act on the liver, or stomach, or bowels, or kidneys, or skin, or glands, or nerves, or muscles, etc. As an instance of this, the text-book of materia medica previously quoted from tells us that "verifuges are drugs which expel worms."

Now, vermifuges don't expel anything. Vermifuges are expelled and if the worms are expelled with them, they are expelled in the same way and by the same actions that the vermifuges are expelled. It was this idea that drugs act and the body is acted upon that Trall fought all his life. He insisted, and rightly, that it is the body that acts and the drug that is acted upon. He proclaimed the obvious fact that the truth about the so-called "action of remedies" is the exact contrary to what medical men teach.

He declared "it is the living system which acts" and not the lifeless drug. He declared also that "the 'property' is in the living system; and that property is not 'affinity' but antagonism." Medical authors he said, by their theories and terms "endow these dead (lifeless), inorganic, and actionless substances (actionless except in the mechanical or chemical sense) with instinct, if not with intelligence." "Such teachings reverse the order of Nature. There is no affinity between poisons and the living system." He affirmed that any "relation of affinity" in "any approved or conceivable sense of the word between a vital structure and a poison," since it would result in the ruin or destruction of the vital structure, "would be in derogation of the very first law of Nature, that of self-preservation." Hence "there cannot, in the very nature of things, be any relation but that of absolute and eternal antipathy between vital organs and poisons."

He did not mean, either, that the drug had a special antipathy for the vital organism, but that the vital organism had an antipathy for all poisons. Physicians explained that drugs acted on tissues and organs for which they had special affinities, while the body "responded" to or "reacted" to the drug. He replied that the action was all on the part of the body while the drug does "just nothing at all." The drug is "just as quiescent, inert, inactive, actionless, affinityless and propertyless, in the mouth, nose, throat, lungs, stomach, bowels, blood, and brain, of a human being, as it is in the box, bottle, paper etc., in which it came. "And it would remain quiescent in the vital domain forever if the vital organs would let it alone. But this they will not do. This they cannot do. So long as they possess life, vitality, so long they will and must war upon all noxious matters."

Living matter is active, and lifeless matter is passive, in their relations

to each other. Living matter acts on lifeless matter to expel it or to render it harmless, and not contrariwise, as is popularly taught and believed. We may attempt to state Trall's "law of vitality" thus: "Whenever action occurs in the living organism, as the result of extraneous influence, the action must be ascribed to the living thing which has the power of action and not to the lifeless thing whose leading characteristic is intertia." This formulation was made by Dr. Robt. Walter, one of Trall's most distinguished pupils, and called by him the "Law of Action."

To illustrate this law, suppose an emetic is given to a patient. The drug is in a bottle and the bottle sits on the "medicine" shelf. Neither the drug nor the bottle can get off the shelf. The doctor, nurse or attendant must take it down, uncork the bottle, pour the drug into a spoon and carry the spoon to the patient's mouth. Up to this point, at least the drug has done nothing. All the action has been by a living organism.

At this point the patient takes the drug into his mouth, he swallows it, it is carried down the esophagus to the stomach by the peristaltic action of the muscles of the esophagus. Up to this point the drug has still done nothing. The act of taking the drug into the mouth is not drug action. The act of swallowing is not drug action. The action is still action by the living organism.

Soon vomiting ensues. The drug is ejected — or does the drug eject itself? Which is it that acts, the stomach or the drug? Which is ejected? The drug is cast out, the stomach remains. It is evident that the expulsive effort by which the drug is vomited is as much action by the living organism as was the action by which the drug was-swallowed.

When vomiting follows a dose of ipecac, this does not mean that the drug has acted (or is acting) beneficially upon the stomach to enable it to eject something else; it indicates that the stomach "recognizing" the presence of a foe of life, acts to eject the ipecac. Epsom salts, C. C. pills, calomel, milk of magnesia, etc., do not act on the bowels to move these or to enable them to move. The bowels do not eject the drugs because of any beneficial action the drugs may be supposed to have, but because they "recognize" in them foes of life. The actions of the body in the presence of poisons are not due to any supposed affinity between its organs and the drug, but to the eternal antagonism that exists in these organs against the drugs. (The "affinity" of drugs is chemical, not organic.) Their action in relation to drugs are first, last and all the time, true to the instinct of self-preservation.

There is no modus operandi of "medicines." They don't operate by any method. They are operated on. The drugs do not act at all. The living body acts — acts on or against them to expel them.
The power of selective action also belongs to the body, not to the drug. Emetics are not drugs that act on the stomach to produce vomiting — they are drugs that are acted on by the stomach to expel them — the expulsive process is vomiting.

Purgatives, cathartics, laxatives, do not act on the bowels to produce diarrhea, the bowels expel the drugs by means of diarrhea. Diuretics do not act on the kidneys, but are expelled by the kidneys. Drugs are

expelled through such channels and by such means as produce the least wear and tear on the system.

What, then, are those "physiological actions" of poisons we read about in materia medica? They are figments of the medical imagination. Drugs do not have physiological actions. Poisons are pathogenetic — disease producing. They are never anything else. Medical men "might as well talk of the living principles of death, or of the eternal laws of non-existence" as to talk of the "physiological action" of poisons. There are no such things as physiological poison or pathological health.

The only legitimate study of drugs in their relation to the body is that of toxicology. The local, general, synergistic, antagonistic, therapeutic and physiological "actions" of drugs are myths, equally with their "empiric actions." That they accumulate in the body, that they occasion "side actions" that they poison and injure, we do not deny. We only deny that they ever do anything else.

The integrity of the vital structures can be maintained only by preventing chemical union between the elements of the living structures and elements external to them. It is precisely because this chemical action must be prevented that the body must act to rid itself of drugs, chemicals, dye stuffs, etc., that are foolishly introduced into it to "cure" it of disease —that is, to "cure" it of its actions and processes designed and- instituted to rid it of other deleterious substances.

The vital organs, therefore, resist and expel all foreign substances from the organic domain with an intensity proportioned to the chemical affinities existing between the elements within and the elements without the living structures. All so-called morbid or abnormal vital actions relate to the expulsion of injurious substances from the body and the repair of damages. They are as truly vital actions as the regular, normal or physiological actions.

"What difference does it make," asks some reader, "whether the drugs act on the body or the body acts on the drugs, so long as actions and effects result?"
It makes all the difference in the world. When we understand that the action is vital action and that it is accomplished by a waste of vital power and, as is frequently the case, by a determination of power to one organ when it is urgently needed elsewhere, we can see that the drug must inevitably produce harm. Using drugs to provoke action — the action of violent resistance — not only disturbs the whole vital machinery and takes its attention off the task in hand, but it inevitably expends the funds of life. It draws fearfully upon the capital stock of energy and, even if it does not result fatally, it prolongs the disease or prevents complete recovery, leaving the patient with chronic disease.

It makes a vast difference in results whether the drug acts to vomit itself or purge itself or urinate itself, or the body is forced to waste its energies and divide its efforts in ejecting the drug. If it is drug energy that is expended in the vomiting or purging, the body's energies are conserved; but if it is the body's energies that are expended, a more profound enervation is produced, hence a crippling of the healing processes results. If the body is busily engaged in freeing itself of the

toxins that cause disease and is forced to divert part of its energy and attention from this work to that of expelling poisonous drugs, recovery is retarded, even if it is not prevented altogether.

If coughing is checked by the depression of the nerves of respiration that follows the taking of certain drugs; if diarrhea is checked by the depression of the nerves of the bowels which follows the taking of certain drugs, then, the very substances in the respiratory tract or bowels that the coughing and diarrhea were intended to remove are left in these structures to produce the very harm their removal would have prevented. Suppression of the body's efforts at elimination and self-defense is the most frequent cause of death.

Herbert M. Shelton

Enervation — Toxemia

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Enervation — Toxemia
Herbert M. Shelton

In line with the old concept of disease as something imposed from without, an attacking entity, medical men and the public have been taught to think of causation in terms of germs, viruses, parasites; resistance as the capacity of the body to marshal its phagocytes to overcome or repel an invader or to marshal antitoxins to neutralize the toxins of germ activity; cure in terms of antagonists, antidotes, antitoxins. They employ the term toxemia, but they mean by it poisoning by germ activity. No germs, no toxemia, is their general attitude.

Our concept of toxemia is fundamentally different from that held by the medical profession. To us toxemia is the result of the accumulation in the blood, lymph, and tissues of retained metabolin—metabolic waste. It is an autogenerated state, the toxin arising as a normal by-product of the regular and necessary activities of life. Toxin accumulates as a result of inhibited excretion (checked elimination). Basically, we hold that any influence, whether physical or mental, that results in an excessive expenditure of nerve energy leads to toxemia. This means that the chief causes of enervation are found in the voluntary habits of the individual.

What is meant by the term enervation? It means the reduction of nerve energy sufficient to interfere with or reduce the organic activities of the body. The nervous system presides over and controls the functions of the many and various organs of the body—secretion, excretion, circulation, digestion, respiration, absorption, etc., etc. Hence the term enervation simply means a reduction of the capacity

of the nervous system below the level required to maintain a normal level of physiological activity.

As man in civilized life does not possess perfect health, we hold that everyone is more or less enervated, hence more or less toxemic. This lowering of the body's capacity to function on a high physiological level is what we mean by lowered or broken resistance. But we have a different concept of what is resisted. We resist heat, cold, poisons, fatigue, and other inimical influences. When our energy is sufficiently low that we present inadequate resistance to cold, for example, exposure to severe or prolonged stress by cold, results in a sufficient added check being placed upon excretion that there is a sudden increase of the body's toxic load, thus precipitating a crisis.

A gradual accumulation of waste (toxin) occurs when continual draughts upon the nerve energy of the body are made by various activities, stresses and exigencies of life that prevent the maintenance of complete elimination. This accumulated waste constitutes what we understand as toxemia. This is not to say that there are no other sources of intoxication (such as drug poisoning, toxins absorbed from decomposition processes going on in the intestine, etc.) but we prefer to differentiate between poisons of en-dogeneous origin and those of exogeneous origin, by calling the one toxemia and the other poisoning.

Poisoning from any source causes suffering-disease—so that we have also defined toxemia as the presence in the fluids and tissues of toxins from any source. Tobacco poisoning causes disease; acute disease when the tobacco is first taken, chronic disease after toleration has been established. The same facts are true of all poisons. Bacteria produce toxins in their activities, but they are as helpless as a feather in a whirlwind in a healthy body. The body must first be enervated and toxemic before bacteria can gain a foothold therein and thrive. This means that we must first be sick before bacteria can add a complicating and, perhaps, differentiating toxemia to the primary or metabolic intoxication.

It should be borne in mind that there can be no toxemia, as we have here defined it, without a previous checking of elimination and that this is due to lowering of functioning power-enervation. The order of events (sequence) in the evolution of cause is habits of mind and body and environmental influences that use up nerve energy in excess of the body's power to regenerate it during the hours allotted to rest and repose, enervation, checked secretion and excretion (indeed a lowering of the power of function in general), retention and accumulation of body waste, toxemia. In the last analysis toxemia is the result of fatigue of the nervous system to a sufficient degree to lessen the functioning power of life and cripple the effort to maintain normal functions.

While we may speak of an absorptive-toxemia arising from gastro-intestinal decomposition or from an abscess, or we may speak of a toxemia resulting from great emotional stress or from profound physical fatigue, in the final analysis these are results of enervation. Intoxication (alcoholic, narcotic, tobacco, etc.) may occur even in those of perfect health, if poisons are deliberately introduced into the

body, but let us keep this variety of poisoning separate in our thinking from the toxemia that is the result of habits of life and environmental influences that reduce nerve energy; all the while keeping in mind that indulgence in poison habits add a profoundly enervating influence to their poisoning.

Enervation may grow out of any possible combination of the following practices and influences:
Such emotional stresses as fright, grief, worry, apprehension, anxiety, hurry, anger, irritability, hate, resentment, jealousy, over ambition leading to overwork (mental or physical); physical overexertion, excessive venery, lasciviousness, pain and shock, injuries, loss or blood, surgical operations, disease processes, constant coughing, loss of sleep, lack of rest and relaxation, drug treatments, the stimulations and inhibitions of osteopathic, chiropractic, naprapathic, hydropathic, electrical, thermal (heat and cold), and similar treatments, the digestive strain caused by overeating, wrong food combinations, condiments, drinking with meals; exposure to cold, and wet, exposure to heat and humidity; eye-strain, malpositions anywhere in the body; a lack of exercise, of fresh air, of warmth and comfort, lack of cleanliness, lack of sunlight, inadequate food; in short, the universal excesses and deficiencies of which mankind is guilty and the treatments which are heaped upon the sick, are the most common causes of enervation.

Another great source of enervation is the almost universal indulgence in poisons of one kind or another—the various alcoholic beverages and soft drinks, tobacco (smoking and chewing), betel chewing, arsenic eating, drinking of tea and coffee, the taking of narcotics and other drugs, poisons absorbed from the intestinal tract, chemical and bacterial poisons taken in by mouth, lungs, mucous membrane or by injection. Poisoning of any nature and from any source causes a waste of nerve energy in resisting and expelling the poison. Toxemia, once it is established, causes a waste of nerve energy in the activities needed to resist and expel the toxin.

Thus it will be seen that enervation results in toxemia, toxemia increases enervation, thus increasing the toxemia; enervation causes the individual to resort to enervating depressants and stimulants for relief of discomforts and the enervation thus caused calls for more enervating means of relief. Soon the individual finds himself in a complex of vicious cycles, from which he sees no way of escape. The more he resorts to the treatments, the more enervated he becomes. The more enervated, the more toxemic and the more he thinks he needs treatment. The more he lashes himself with stimulants, the weaker he grows and the more he resorts to stimulation.

How do we break up this complex of vicious cycles? Certainly not by resort to more enervating treatments, not by surgical vandalism, not by more of the hair of the dog that bit you. A radical, a revolutionary change in the way of life is the only way out. Every cause of enervation must be abandoned or corrected. Every bad habit of mind and body must be abandoned and good habits of life substituted therefor. Anything short of a radical change in the way of life will fail to enable the man or woman to evolve into a state of good health.

A housecleaning is in order. Toxin must be eliminated. This is not to be accomplished by the artificial and forcing methods that have been employed for ages by the curing cults, for the effect of these is to produce more enervation while failing to secure toxin elimination. The body has its own blood purifiers and these will do the work if they are given an opportunity and supplied with adequate functioning power. Where is functioning power to come from in a body that is already profoundly enervated? It can come only by hoarding what one has; this is, by ceasing all unnecessary expenditure. Energy saved from one activity is available for use in other activities. This is the reason physical and mental rest result in an immediate increase in excretion.

It is also important that we look toward stopping the absorption of toxic materials from the digestive tract and from drug habits. An empty digestive tract and discontinuance of all drug habits enable the body to free itself of poisons already accumulated. The fundamental error of all the curing systems lies in their effort to force the sick organism to act in accordance with the practitioners' conceptions of how it ought to act, ignoring all study and observations of how it is constituted to act. They try to force healthy action upon the sick body and cause more suffering by their very efforts.

Herbert M. Shelton

Super-Foods

Super-Foods
Herbert M. Shelton
From "Superior Nutrition"

The Devil builds chapels wherever God erects a house of prayer, and, as Defoe has it, "it will be found, upon examination, the Devil has the largest congregation." This is strangely true in the realm of diet. It is not only true that the great majority of people eat and prefer the common denatured and inferior foodstuffs that are everywhere eaten, but it is also true that, when some of them break away from the conventional diet and make an attempt to find a more wholesome mode of eating, the majority of them are misled by the claims made for the superiority of the many substitutes for natural foods that are now offered the public by manufacturers and salesmen.

One of my correspondents once very seriously urged me to give more attention, in the Hygienic Review to such "high pressure vital foods" as cod-liver oil, brewer's yeast, wheat germ, blackstrap molasses, and yogurt. Today certain of these foods, among which is powdered skim milk, are now frequently referred to as "wonder foods." Honey and apple cider vinegar are also included by some among the "wonder foods." The many exaggerated claims made for the healing virtues of these foods are made by those whose motives are purely commercial.

Like synthetic vitamins and mineral concentrates, they are offered to the public as supplements to their diet of white sugar, white bread, white rice, denatured cereals, canned vegetables, sulphured fruits, embalmed meats, pasteurized milk, candy, cake, pie, etc. Instead of teaching the people the truth about their diet and trying to lead them into rational eating practices, they offer them supplements," so that their diet of foodless foods may be rendered adequate. There are diet compounds, also, that are said to "contain all the minerals for the body in organic form," which are offered to the people as a substitute for a much needed dietary revolution.

There is also a search for long-life foods and the people are being led to believe that they can prolong their lives by eating freely of high grade proteins, brewer's yeast, powdered skimmed milk, yogurt, black strap molasses, honey, vinegar, etc. The modern Ponce de Leons search, not for a magic spring, the waters of which restore and prolong youth, but for foods that have this magic power. This search is of a piece with the ancient search for an elixir vitae that would enable man to live for hundreds of years, if not forever. It is the same as the search for the Fountain of Youth. As soon as men give up the effort to discover special chemical compounds, or a special pool that will guarantee them long life in spite of every possible reason why they should die young, they turn to something else in their age-long quest for some holy grail. Gland extracts, gland transplantations, rays of various kinds and foods, have been looked to as sources of length of life. Perhaps Metchnikoff started this food way to long life when he popularized the sour milk fad. He asserted that it was responsible for the long life-span of the Bulgarians, who actually take but little sour milk and are not a long lived people.

Not until the present frenzied search for food specifics and food panaceas has run itself out can we hope for sanity in the approach to food and feeding. Food is now the new magic-it is the mysterious compound that will do what we once expected drugs to do. Foods now cure without the necessity of removing cause; they now prevent, also without the necessity of avoiding cause. They are replacing drugs and serums in the armamentarium of the magician. This absurd eulogizing of special articles of food in each case, being greatly altered products, and imputing to them peculiar virtues, is, when not a purely commercial trick, the expression of childish credulity.

One of these peddlers of "wonder foods" urges proteins and more proteins-emphasizing, with the exception of yeast, only animal proteins: meat, egg, milk, cheese. He stresses the fact that powdered skim milk is a rich source of protein and points out that besides being a rich source of protein, yeast also contains seventeen vitamins. He also stresses the richness in minerals and vitamins of blackstrap molasses. But, with all the vitamins contained in these foods, he urges fortifying the diet with vitamin extracts taken daily. He urges vitamins and more vitamins. His scheme of feeding is to get a redundancy of amino acids, vitamins and minerals, it seems not to matter what kind of minerals, into the body. Take the proteins and vitamins in great quantities, even if you do not need them. As nature made no provision for us to get adequate vitamin D, he advises fish-liver oil in capsules.

The idea is rapidly gaining ground that, if a thing is good, we must over-eat of it. We must have a super-abundance of this or that vitamin, or of this or that amino-acid, or of this or that mineral in order to get enough. The evils of redundancy are being. Completely ignored by the new school of overfeeding. Today, they dose their patients with special foods or special food factors as the medico's dose theirs with drugs, and for the same reason. They are not feeding people to nourish them but to cure them. Foods are no longer nutritive substances, but medicines. They are elixirs of one kind or another.

Your gum-willies, who write and talk about diet, have decided that all human ailments are the results of deficiencies. To prevent them, to remedy them, we need only provide ourselves with a super abundance of the vitamins, minerals or amino-acids that are deficient and, presto! we can live longer and look younger. They have created a fool's paradise in which they sport themselves for a brief time and then pass to that bourne from which no man returns.

That life is more than food and the body more than raiment, that man shall not live by bread alone, is a principle that these men never heard of. That living is more than eating, that we cannot eat ourselves into the millennium, that we need something in life other than the B complex and amino-acids-these are matters that these men seem incapable of thinking about. In their works they talk only of foods and they write about their foods as a De Kruif might write about an anti-biotic.

These miscalled dietitians offer the people only altered and denatured food products. Not only this, but one of them actually declares that natural foods are dangerous and unusable. One man declares that salads are harmful to many people, acid fruits are harmful to many more, spinach robs the body of lime, coffee stimulates the adrenals and is needed by many people, sunbaths are harmful to many more. He finds that at least seventy-percent of people are harmed by salads. Of course, if nature's products are hurtful, we must depend on the manufacturers for their "superior" products.

Honey, which is a poor food and much inferior to sweet fruits as a source of sugar, is urged upon the gullible public as a miracle' food. Yogurt, which is an inferior form of sour milk (having been pasteurized and boiled before culturing), is another "superior-food, that is sold at big profits. Cider vinegar, the poisonous product of fermentation of apple juice, is urged in certain quarters as a superior source of food values.

A large part of the nutritional problems of both the North and the South grow out of our refusal to eat natural foods. Our preference for the manufactured articles-those that have been demineralized, devitaminized, denatured, standardized, pasteurized, homogenized, cooked, canned, frozen, and in other ways rendered less valuable as foods-creates dietary problems that are not adequately solved by the present reliance upon supplements and substitutes. We go to great lengths to spoil our foods and then complain about the climate. We live on a diet of white flour products, degerminated and! demineralized corn meal, denatured cereals ("breakfast foods" that stick to your ribs), white sugar, pasteurized milk, embalmed flesh l foods, canned fruits

and vegetables, candies, cakes, pies, etc., and expect to render such diets adequate by "supplementing" them with' oils, brewer's yeast, wheat germ, black strap molasses, honey, yogurt, powdered skimmed milk, cider vinegar, etc.

If we purchase fresh fruits and vegetables from the stores and vegetable and fruit markets, or if we take these from our own gardens and orchards, we refuse to eat them until they have been cooked out of all resemblance to food. Spinach is cooked until it is black and mushy and no one is able to tell from its taste, what it was before cooking; cabbage is boiled until it is unrecognizable; potatoes are peeled, boiled and mashed, apples are baked and then drowned in sugar (white sugar), peaches are stewed and plenty of white sugar added, nuts are roasted, perhaps salted. We eat so little unchanged, unspoiled foods that we can't possibly have optimum nutrition and, then, we blame our poor nutrition upon the climate. If it were not for the so obvious fact that the same kind of diets produce poor nutrition in warm climates, it might be possible to sustain such a position.

How true it is that he who fills his belly with substitutes often abolishes his hunger for real foods. The food manufacturers and the physicians feed people on counterfeit "foods" so that the people know not the value of the genuine article. It is like the receipt of truth-people reject truth because they are so filled with fallacy that they cannot receive truth- "there was no room at the inn" for the mother pregnant with the savior child. Truth is often born in a manger (and all too often left there to languish) because the inn is so filled with crowds of thoughtless revelers that there is no room there for its birth.

We are offered all manners of supplementary food factors ranging all the way from supplementary roughage to supplementary vitamins, minerals, amino acids, chlorophyll etc. Even if these things possessed all the value their manufacturers say they possess, their use would not make the conventional diet of denatured foods adequate. On the other hand, natural foods will be adequate without the addition of the supplements. It is important that we teach people how to get back to a normal mode of eating rather than that we offer them substitutes for a natural diet. The "compensatory" program is a commercial program, not a program of sane nutritional practice.

It must be emphasized that science does not yet know all of the factors essential to human nutrition, nor does it understand all of the correlations of the various food factors, so that it cannot, at least in its present state of ignorance, put together arbitrarily, a balanced system of diet.

Herbert M. Shelton

Eating and Cancer

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Eating and Cancer
Herbert M. Shelton

Lawrence Lamb, M.D., authors a syndicated isn't too surprising, medical newspaper column that appears in many newspapers over the land. How many physicians he has associated with him in the production of this column, I shall not try to guess. I shall, however, assume that there is a sufficient number of physicians at his side to give his article the stamp of medical authority. In his column dated February 6, 1972, Lamb quotes the following words contained in a letter from one of his readers: "Dear Dr. Lamb What precautions do doctors take with their families? We never hear of any of them having cancer."

To this query Lamb makes the following significant reply: "Dear ReaderUnfortunately, doctors and doctors' families have just about as many cancers as other people. I suspect that you are just not acquainted with that many physicians and their families. There are really no secrets about preventing cancer. Almost anything that a doctor and his family might do, you can do as well. One thing is regular checkups and I might add that doctors aren't always too good about this in reference to their own families. Many a doctor's wife has complained that she needed to make an appointment at the office to find out what her own medical status was.

Incidentally, doctors as a group are not the most healthy segment of our population. This A good many of them, like other middle class Americans, eat entirely too much of the wrong foods. Their profession, as such, does not permit them to enjoy a lot of physical activity."

Aside from tacitly admitting that physicians do not know how to maintain health in themselves and their families and suffer more disease than many other groups in our country, Lamb admits that the profession and its families suffer with cancer about as often, if not more so, as other segments of the population. He tries to excuse the profession by saying that they tend to eat too much of the wrong food and fail to get enough exercise, as though these factors taken together constitute a healthy program.

Has Lamb joined the ranks of the faddists and quacks? Does overeating on wrong foods and insufficient exercise cause or aid in causing cancer? His reply to his reader's question would seem to imply as much. If this is what it means and if he knows what are right and wrong foods, why does he not give this information to his readers?

So physicians tend to eat too much, do they? I wonder, by what valid standard, Lamb or some other member of his profession determines when a man has had too much to eat. When did physicians ever give enough attention to the subject of food and feeding to cause them to assume that they know how much food is enough.

So they eat the wrong kind of food, do they? What is the right kind of food? What are the wrong foods? Physicians customarily advise their patients to eat what agrees with them or to eat what they like. They commonly tell them not to worry about their diet, a piece of advice that would be well heeded if by worry they really mean worry. Unfortunately what they mean is that one should give no intelligent attention to what one eats, but should just eat as haphazardly and indiscriminately as his friends and relatives.

When and where did and do physicians study the subject of diet? How do they know when they are eating the wrong kind of food? If they do know when they are eating the wrong land, why do they continue to do so?

A few days before we entered World War II, I was in the office of a physician friend here in San Antonio. His office was on the eleventh floor of the Medical Arts Building and I arrived just before his office girl brought in his noon lunch from the cafeteria on the first floor. On the tray was a stack of white bread, an oversized helping of mashed potatoes, a liberal dish of cheese and spaghetti, a small dish of spinach, a half pint of cream and a few other items. The physician explained to me that he was eating all of that gooey mess of starch and grease in an effort to gain weight. He was underweight, he said, and had been trying for some time to gain.

I suggested that a more adequate form of diet would be more likely to enable him to gain weight than the one he was eating. Before eating this lunch, he indulged in his customary smoking of a cigarette. I suggested that if he would give up smoking he would probably gain more readily. He agreed, saying, "I know I should give them up. I don't know why I don't."

A few days later we entered the war and he attempted to volunteer for medical service in the army. He had been rejected and I met him as he came from the army medical center. He was staggering like a drunk man, although I knew he did not drink. He fell into my arms and I think would have fallen had I not held him. To my query: "What is wrong, doctor?", he stated, that he had been turned down for medical service in the army because of a small hernia. This was not enough to account for the state he was in. He regained his composure after a few minutes of talk with me and returned to his office. A few days later I was informed by his office girl that he had gone away to the country for a rest. He returned at the end of six weeks and attempted to resume his practice but after two weeks of this he gave up and retired to his home, where he died after another three or four weeksof heart disease.

In view of the present thought about fat in causing heart and arterial diseases, we are constrained to wonder how much his cream drinking to gain weight had to do with hastening his death. Also, we may add: what was the office of cigarette smoking in which he had indulged since his student days, in producing his heart disease. The heart disease had gone unnoticed and unsuspected until uncovered by the army medical examiners. How much influence did the emotional state created by this disclosure have in hastening his death? When he was

told he had heart disease (the exact diagnosis is unknown to me) it was like a blow on the head, hence his staggering which I previously described. A few years before the death of this physician I had another experience with him. We were driving in early one morning from attending a birth in a suburban home. As we drove along he said to me: "Dr. Shelton, when you feed a woman through her pregnancy, we have no trouble. The birth is soon over and there are no complications. The woman rapidly recuperates and she always has plenty of milk for the baby." Then, he added: "I know nothing about diet." To my question, why don't you learn something about it?, he gave the stock reply: "I don't have time." A few years passed, and I called him one evening to attend a birth. On the telephone, he said to me: "I am sorry, Dr. Shelton, but I'll have to send my assistant. I'd like to come myself, but I am taking my thirty-third degree in Masonry this evening, and I've got to be present." Immediately my mind ran back to the time when he said he did not have time to study diet. I thought of all the time he had to waste in study, and in ritual exercise to become a thirty-third degree mason. I believe the real answer was given to me by a woman physician who lived in and practiced in Ohio. I met her in New York, where she was attending special classes in Columbia University. Our conversation turned to diet and, after saying that she believed that there is much value in diet, she added that she did not know anything about it. To my question, why do you not learn something about it, she gave the stock reply: "I do not have time." I pointed out to her, that while she was in New York with a lot of spare time on her hands would be an excellent time to devote some attention to the study of diet. Then she said: "My profession regards dietetics as quackery and I cannot afford to get the reputation of being a quack."

Now the answer was out in the open: It is scientific to poison the sick; it is quackery to attempt to feed them correctly. So long as this is the accepted view of the profession, there is no hope that they will ever give any intelligent attention to the subject of food and feeding. They will continue to overfeed their patients, their families and themselves on "wrong food."

Herbert M. Shelton

Reforming the Unreformable

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Reforming The Unreformable
Herbert M. Shelton

I am indebted to Harry Clements, N.D., D.O., of London for the following quotation from Medical News-Tribune (May 1, 1972), which he carried in his column in Health For All (July, 1972): "Every doctor

who prescribes drugs must be aware of the possibility that the remedy might be worse than the disease for which it is prescribed, warns a leading Dutch pharmacologist. These drug-induced diseases are so varied that there are indeed few pathological conditions that may not be brought about by some drug, Professor L. Meyler, Professor of Clinical Pharmacology at Groningen University, told the International Meeting of Medical Advisers to the Pharmaceutical Industry in London."

After calling attention to the fact that Professor Meyler "does not use the euphemism 'side-effect' which may mean much or little: he talks of drug-induced disease, which makes the matter perfectly clear," and that Meyler "makes it plain, also, how complicated the subject is and warns doctors (physicians) to be on the lookout for symptoms of such induced diseases every time they are confronted by a patient, since the symptoms may be the result of drugs prescribed by other doctors (physicians) or by remedies (drugs) used in self-medication (self-drugging)," Dr. Clements further quotes Meyler as saying: "some drugs produce immediate effects after administration, such as anaphylactic shock. Others cause reactions only after weeks or months, such as aplastic anaemia after chloramphenicol. Sometimes, the effect can only be discerned after several years, such as retinitis pigmentosa, caused by chloroquine and some phenothiazines, and interstitial nephritis caused by analgesics."

So far as I am aware I am the only writer in the world who has consistently and persistently, for more than twenty-five years, stressed the fact that the so-called side effects of drugs, are part of their regular effects. They are simply effects of poisoning and have been called side-effects only because they are not the effects which the prescribing physician seeks to produce. It is surprising therefore to have Clements say that "Just how complicated the whole matter is becoming must be clear to everyone and it is perfectly obvious that the doctors (physicians) are as much in the dark about the subject of drug-induced disease as anyone." As soon as physicians and "everyone," including even Dr. Clements, become willing to recognize that every drug is a poison and that it poisons every tissue in the body as it circulates in the blood stream all this alleged mystery about drug-induced diseases will become clear. So long as it continues to be believed by physicians and their imitators in the other healing professions that drugs may have physiological and therapeutic effects and that drug-induced disease is something separate and apart from these physiological and therapeutic effects, the whole thing will continue to be shrouded in mystery.

Dr. Clements says that Professor Meyler emphasizes the complexity of the subject of drug-induced diseases when he says: "study of adverse reactions is in its infancy, but progress is being made. The main factor is that the prescribing doctor must be aware of the possible effects of what he prescribes. He must not only look for the known adverse reactions, but he must also be prepared for unknown reactions hitherto not described anywhere."

The confusion exists in the minds of men who can speak of the adverse reactions of drugs in such a manner as to imply that drugs may have favorable reactions. All the alleged actions of drugs,

whether they are termed physiological, therapeutic, synergistic, antagonistic, side, or by some other term that hides the essential character of the drug effects are the direct outgrowth of the "toxic quality of the drug or drugs. Instead of the actions which follow the ingestion of a drug being drug actions, they are one and all actions of the living organism designed to resist, reject and expel the drug. There is no such thing as pharmaco-dynamics. There is only bio-dynamics. No amount of study of so-called adverse reactions can lead to anything except greater confusion so long as the basic character of alleged drug actions is unrecognized.

In this same column in July Health For All, Dr. Clements writes: "The British Medical Journal paper read by Dr. D. Stafford-Clark, summarized it in part as follows: 'The public was disillusioned with the medical profession because the doctor had little time to listen, understand, and perhaps give affection. Today's medical student was arrogant and ignorant. For years people had turned to doctors as men of education and broad background, but today frequently this was not true. It was essential that all doctors look on themselves as teachers. He reminded them that, like parents, much was taught by example and that it should be the aim of every doctor firstly to set an example for all those he came into contact with, and only secondly to be a technician."

Nothing emphasizes the mind beclouding effects of medical tradition and a medical education as much as does the fact that man can observe and study all the disease-inducing effects of drugs and continue to believe that the same drugs, in the same dosages and in the bodies of the same patients, can also produce beneficial or curative effects. It is a strange delusion long hugged by the men of medicine that poisons can be both our bane and our boon. Instead of seeking to restore the sick to health by the employment of beneficial substances and conditions, medical men seek for all of their curative agents in the most toxic substances which they can discover. There is a mountain of evidence, accumulated during the past thirty years, that aspirin has produced more damage and killed more people during this time than has penicillin, yet a cure-deluded profession continues to prescribe this poison on a large scale and to encourage self-drugging with aspirin. The drug induced diseases resulting from the use of aspirin should be enough to cause any intelligent man to condemn its use for any beneficial purpose. Aspirin is but one of many thousands of rank poisons that the medical profession is sending down the throats or injecting directly into the blood and tissues of their victims in the name of healing and then expressing wonder and mystification over what they term their side-effects.

Commenting upon this item from the British Medical Journal, Dr. Clements says that "the most significant part of this summary is not the criticism of the attitude of the doctors, but the proposition that they should regard themselves as teachers, since this raises a very important question: To what extent, and how effectively are they taught to be teachers and what are they taught to teach? Surely, no one would expect that a doctor practicing drug-therapy would want to teach his patients about it. The millions of patients who go to the consulting rooms go for their prescriptions, and little else.

"However, if the doctor is to become a teacher, presumably of matters appertaining to health and disease, his whole curriculum will have to undergo radical changes with more emphasis being placed on food and nutrition and the other environmental factors which play so important a part in the maintenance and recovery of health. In short, it will have to embrace a good deal of the nature cure philosophy, and if the doctor is to become an example of healthful living for his patients we can foresee the need for some big changes. It looks as if Dr. Stafford-Clark is setting the stage for what could be some sort of medical revolution."

Is Dr. Clements kidding when he suggests that Stafford-Clark is setting the stage for a revolution? Dr. Clements is too well aware of the fact that revolutions arise spontaneously out of revolutionary situations and do not occur because somebody sets the stage for them. He must know that Stafford-Clark has in mind nothing more significant than a few petty reforms. Like Meyler, who suggests more study of adverse-reactions rather than a discontinuance of practices that inevitably and necessarily give rise to so-called adverse-reactions, Stafford-Clark would not think of suggesting anything that would deprive him and his profession of their pills and potions. Revolution is the farthest thing from his mind that is conceivable. A revolution in medicine, long overdue, will destroy it, root and branch, and this no leader in the medical profession would dare to suggest.

Dr. Clements heads this part of his column "Doctor or Teacher," as though there is a difference. He continually used the word doctor, which means teacher, as a synonym for the term physician. A physician is one learned in or skilled in the art of physics. Physic is a drug, particularly a purgative drug. It is what Shakespeare had in mind when he put the words "Throw physic to the dogs," into the mouth of one of his characters. "Where can you find a dog that will take it," asked one of his contemporaries. I am sure that it is known to Dr. Clements that at first the schools of physic conferred the degree Dr. of Physic only upon men who were to be teachers of physic. Men who administered drugs at the bedside were not doctors, but practitioners, and were not called doctors but were known as practitioners.

I am constrained to wonder just what Dr. Clements himself means by revolution in this instance. In this same column in this same issue of Health For All, under the subtitle "Worth Quoting" he quotes the following words from a recent work entitled Cure or Heal by E. Graham Howe, M.D., in which Dr. Clements says Howe has given to the vis medicatrix its proper significance and that Howe reaffirms his confidence in the healing power of nature: "given the right attitude on the part of both patients and therapist and a sufficiency of time, our old friend the vis medicatrix naturae, which mends our broken bones and heals the common ailments of our bodies (with some help maybe, but also sometimes in spite of more than a little hindrance from the doctor), works on every level, and all the time, to heal us of our ills."

If a statement of this kind which gives the healing power of nature a subordinate position gives to the healing power of nature its proper significance, there still remains a lot of healing or curing to be done by the therapist with his "bag of tricks." There is no room in a statement of this kind for a revolution. There remains only the work of trying to

reform the unreformable.

Herbert M. Shelton

A Salad A Day

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A Salad A Day
Herbert M. Shelton

I coined the slogan "a salad a day keeps acidosis away." It is rare that a slogan is strictly accurate, but this one came as near being fully accurate as slogans do. It is true, however, only if the salad is of the right kind. Shrimp salad, potato salad, egg salad and salad covered with oil or vinegar will not answer the purpose assigned to salads.

The word salad is from a Latin word meaning salt, and our salad vegetables are abundant sources of mineral salts in their most readily assimilated form. There is no substitute for green foods in our diet. It is important that these be taken, largely if not wholly, in the raw or uncooked state. In general the green leaves of plants are our richest sources of organic salts (minerals), are rich sources of vitamins, are sources of small quantities of the highest grade proteins and are the best sources of chlorophyll, which, while it will not deodorize your breath and body, is essential in animal nutrition.

Salads are not so important in the diet of one who lives largely on uncooked foods and whose diet is made up largely of fruits and vegetables. One who eats largely of flesh, cereals, legumes and other starchy and high protein foods has an urgent need for one or two large green salads daily.

A British author says that "two or three hunderd years ago our meat-gorging ancestors, if they happened to be wealthy enough to gorge on meat, went through a fifteen course meal without the mention of fruit, from duck to chicken, to pork and pheasant, then fish and meat again, 'till they gasped and often passed out in surfeit or apoplexy. Some Red Indian tribes, living almost entirely on meat, scorned fruit and vegetables as woman's food, and the hunters of Asia and Africa, though there are really only few of them, do not make much fuss over fruit." Taking a salad with a meal of that kind is somewhat on the order of taking an antedote with a poison.

Of the number of green foods that are commonly eaten in this country, the following is not a complete list, but contains a sufficient number to show the variety of such foods that we use: spinach, kale, chard, turnip greens, beet greens, cabbage, broccoli, okra, green beans, fresh peas, asparagus, collards, lettuce, celery, Chinese cabbage,

boctoy, mustard greens, etc. All of these vegetables are palatable in the raw state and may profitably be added to a salad. There are several varieties of lettuce that may be used, often two or more kinds at a time. In some parts of the nation escarole, endive and other green vegetables are obtainable. The cucumber makes a very delightful addition to a salad and may be eaten whole.

The variety of different salads that may be made is great and one or more of these may be had at ail seasons of the year. Indeed, it is important to have some fresh green food every day of the year and not take salads only at intervals. It is well to eat a large salad and not skimp on this part of the meal. The salads served in most homes, restaurants, cafeterias, hotels, and other eating places are commonly too small to adequately meet the needs of the persons eating them. A big salad should be the rule.

I get complaints from many people that they cannot take so much of what they call "roughage." Dr. Kellogg pointed out years ago that this so-called "roughage" were better termed "bulk." The fact is that the small amount of indigestible cellulose in these foods is not rough. It is, on the contrary, rather soft and filled with water. On the other hand, if a large salad is run through a juice extractor and all the water extracted from it, it will be seen at once that the amount of bulk in what looks like an enormous salad is but a small measure. The cry that they contain too much "roughage" is not based on fact.

The widespread practice of cutting, chopping, and shredding salad vegetables and serving them with dressings of one kind or another cannot be too strongly condemned. Dr. Tilden used to advise his readers to make such a salad and then he would add that the salad should be "dressed with lemon juice, oil and salt to taste." If cabbage was the only vegetable to be procured, as at certain seasons of the year it often is in some parts of the country, he advised eating it in the form of cabbage slaw. "The slaw may be dressed with salt and lemon or vinegar; or a sweet, sour dressing may be used; vinegar and lemon juice, sugar, salt, and a little sweet or sour cream." Both of these are bad dietetic practices and must be looked upon as concessions by Tilden to the popular taste.

When vegetables and fruits are sliced, cut small, ground, shredded, or otherwise broken into small particles, so that the oxygen of the air gets to them, much food value is lost through oxidation. The longer they are permitted to stand before eating, after they have been thus treated, the greater is the loss of food value. The loss of certain vitamins through oxidation is especially rapid. Such practices are permissible only when feeding the toothless individual who is unable to chew whole foods. Then the food should be fed immediately after preparing, so that a minimum of loss through oxidation is sustained.

The dressings added to salads are not incompatible with the salads per se, but they do interfere with the digestion of other foods. Acids used in the dressings interfere with the digestion of both starches and proteins. Oils added to the salad interfere with the digestion of proteins. Whether cream is sweet or sour, its addition to the salad will interfere with protein digestion. Sugar added to the salad dressing inhibits protein digestion. Thus, while there is no serious reason why

oil or cream may not be added to a salad when it is to be taken with a starch meal, it should not be added to a salad that is to be taken with a protein meal. Lemon juice and vinegar should not be added with either meal. There can be no objection to the addition of lemon juice or oil or both to the salad if a salad is to be taken alone as we often like to do, or, as often happens, the salad and a cooked green vegetable is to be eaten as the meal.

Herbert M. Shelton

Hygienic Purity

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Hygienic Purity
Herbert M. Shelton

Men and institutions are springing up here and there that are called Hygienic that do not deserve the name, because they are not faithful to the principles of Hygiene. They do not yield themselves gratefully and in full conformity to it. They do not believe in Hygiene strongly enough to live by it. We demonstrate our fealty to a principle by living by it, not by doing lip service to it. When we are controlled by a principle and do not try to warp it to suit our financial interests, we pursue a course of action that is the exact opposite of that pursued by these men. If we are possessed by a principle, we follow it to its ultimate end; we do not try to use it merely for our convenience.

I do not deny the right of these men and institutions to the designation Hygienic from any low, base, mean or sordid motive, while they believe in the curative powers of their drugs and treatment or administer them in their practice, but for the reason that I am bound to give my supreme loyalty to that great and fundamental truth that recovery of health corresponds and coincides with the law of creation or, if you prefer, the law of evolution. This means, simply, that the processes by which we recover health are the same processes by which we came into being; that the materials which may be legitimately employed in recovery of health are identical with those by which health is built and preserved in the first place. Only those materials and influences which are useful in the preservation of health are useful in the restoration of health. To this principle Hygienists make but one exception: namely, constructive surgery, as employed in wounds, broken bones, accidents, dislocations, etc. I cannot consent to demean so glorious a truth as that which underlies the Hygienic System by approving of those who connect its practice with the drugs of the physician or the various modalities of the drugless practitioners.

These practitioners unwittingly, perhaps, constitute a class of "go-

betweens." They take for their motto the old Latin aphorism, "Medio tutissimus ibis." Translated into English, this means: "The safest road is the middle road." They take this road, when not impelled by baser motives, because they are afraid of "extremes." "Truth lies between extremes," they often repeat. This is a poor job, pitiful sophism. When it was first declared that the earth is round and revolves on its axis and goes around the sun, this new idea was contrary to the older idea that the earth is flat, stationary and the center of things, with the sun, moon and stars going around it. These were the two extremes: how could a middle ground "between these two extremes" have been found as a resting place for truth?

All revolutions, and Hygiene is a revolution, have been beset by this same conservatism, this same compromising spirit. They have been besieged from all four sides by those who would ostensibly preserve from ruin the new idea. These would-be friends of the revolution, these conservators and conservatives have always constituted, not the vanguard of the revolution, but advance-agents of the counter-revolution. Their influence has always been to retard and to even wipe out the gains made. Truth is always extreme; truth is never on the fence; it never faces both ways. It is in the heart of this conservative spirit that the egg is formed which hatches treason. Truth is not between two extremes, but is one extreme or the other. It is not between a flat earth or a round earth, but is one or the other.

Whether we can see it, feel it or know it, this is true: Truth is always an extremist. Instead of fearing it, from all considerations of caution, of self-respect, of self-preservation and of success, we must accept the truth in its entirety and reject all that falls outside that truth. Applied to Hygiene, we must be as radical as the principles that underlie it. Its practitioners, to entitle them to the name, should, both in their lives and practices, conform to its principles as earnestly and truthfully, as sincerely and unremittingly, as undoubtingly and uncompromisingly as do the devotees of any other established science and art. Just as one is not a Christian who mixes his Christianity with demonism, so one is not a Hygienist who mixes his Hygiene with the therapeutic modalities of the drugless schools or with the poisons of the drug schools.

The few Hygienists who are now in the vanguard of Hygienic work have sedulously labored to keep for the people, the great truths which belong to them, and to keep these vital truths above ground to the end that they may see them, and seeing them, can appreciate them. We have surrendered to principles of such magnitude, of such glory, of such strength and life, that they will revolutionize the lives of all who accept them and live by them and we shall not compromise these glorious principles by subordinating them to or mingling them with the fallacies and wrong practices of the schools of curing. For years we have followed the straight and narrow path of Hygiene. Where the truths of Hygiene have led, thither have we gone. Trustingly, confidently, humbly, have we followed and we have not been disappointed. Hygiene has never let us down.

The schools of curing are all devoid of fixed principles. The intricacies and complexities of the systems are as unstable as quicksand and as changeable as the wind. The theory of today is supplanted by that of tomorrow; the practice of today gives way to a new one tomorrow.

Practices that are greatly in vogue in one generation are strongly condemned by the succeeding. All is chaos; all is confusion; all is uncertainty; all is rapid change. Doubt envelops all their theories and distrust surrounds all their modalities. We cannot afford to mingle the eternal certainties of Hygiene with the evanescent fallacies of the schools of curing. We know that law and order rule in the biological realm and we base our practices on the unchanging principles of nature. These are our authorities and they are supreme.

The laws of nature are greater than the greatest men of all the schools of curing. We study the human organism from the point of view of natural law and (normal) need, and we have faith in the normal means of life. We stand in this matter, as it were, where we can summon the mighty forces of organic existence, to the aid of the sick and to the aid of the well, for whoever corresponds in his work and activity to the course of law, by so doing secures the force and strength of that law to himself.

If the practitioners of the schools of curing cannot comprehend the simple principles that underlie Hygiene, if they cannot know the superior effectiveness of the normal elements of healthy existence; if they continue to scout nature and adopt art, if they reject the glorious truths of Hygiene and continue to hug their therapeutic delusions, we cannot stop them, but we must keep the fair name of Hygiene free from contamination with any admixtures. If they take the "wisdom of man" as it has accumulated through the ages, and attempt to guide themselves by it; we take the principles of nature, as they were at the beginning, and conform to them.

They seem unable to understand that a true art of care, both of the well and the sick, must be marked by simplicity of means. They cannot comprehend the simple and fundamental fact that to the extent that the practitioner adjusts himself and his charge to the employment only of those means which are established in nature for the uses of the living organism, will his strength and usefulness increase. Men who do not have an unswerving confidence in the foundation-principles of Hygiene, a confidence that that knows no abatement, that deepens with time and experience, and that teaches them that healing is the prerogative of the living organism, such men are not fit to bear the name Hygienist. They may be good men, honest, truthful, sincere; they are not Hygienists.

Do I assert that Hygiene has reached maturity; that we are now in possession of all the knowledge of principles and of the application of means to ends that we shall ever have? By no means. Beyond our present knowledge lies an arcanum, the greatness of which will astound the sharpest and the dullest comprehension. What we know is but a sand-grain of the sum-total which is yet to be known upon this vast subject. But the fact that there is yet much to be learned does not justify us in abandoning what we do know for the fallacies and hurtful practices of the schools of curing. Our knowledge is to be extended and increased, not by a search in the fields of fallacy, but by a more intensive cultivation of the truths that now belong to us. Let us dig a little deeper, analyze a little more, separate the truth from the dross to an ever greater degree, but let us not soil pur hands and our work by digging in the muck of therapeutic fallacies.

Let us all be loyal to the principles and practices of Hygiene and seek to extend these. Let us honor our system and proclaim it from the housetops. Under no temptation let us swerve. Let those who have faith in poisons use them, but let us not consent to the addition of any part of the poisoning practice to Hygiene. Let those who trust in the curative virtues of electricity, water applications, baking and freezing, manipulations and adjustings, etc., have these to their heart's content, but let us not admit such practices and the false theories upon which they are predicated into Hygiene.

It is not needful that we should speak harshly, either of practitioners of these various curing systems or of their devotees, but we must keep before the people the fact that the Hygienist gives no drugs, employs no treatments and does no manipulating; that he has a much better way, a way that is found in the natural order and will not pass away with the passing of the present generation of disease-treaters. What a glorious work we have to do! If we can educate the people to the extent that they can realize the harmfulness of drugs and treatments and the helpfulness of the normal elements of health, we shall have worked the mightiest revolution that has ever taken place in human existence. We must demand more Hygiene, not less. Those practitioners who, posing as Hygienists, merely employ some Hygiene as a weak adjunct to their therapeutic modalities should be made to realize that they are damaging a system to which they render homage, and are retarding the progress of a revolution that will, when it is finished, sweep all such into oblivion.

Herbert M. Shelton

Breathing

Orthopathic Home Study Course
Lesson 8
Breathing
Herbert M. Shelton

There are numerous magic breathing methods being exploited. We have "deep breathing", "costal breathing" "diaphramatic breathing," "full breathing," the 'Yogi breath," "dynamic breathing," "superdynamic breathing," "rythmic breathing," "brain breathing," "vitalic breathing," etc. We hear of the "head breath," the "bowel breath," the "lung breath," the "kidney breath," the "regenerative breath," and other breaths and also "air massage."

The exploiters of this form of hocus pocus claim wonderful, even miraculous things for their methods of breathing. The great virtue in

their methods lies in the peculiar way you fix your lips or your tongue in breathing, or the funny noise yon make in exhaling, or in the positions you get your body into or the motions you go through while breathing. This brand of bunk appeals to that element in human nature which loves the weird, the mysterious, the ceremonial.

The purpose of breathing is to supply the body's need for oxygen. When the chest wall is raised, by the action of the muscles of the chest and the diaphragm is depressed, the chest cavity is enlarged. A vacuum is formed into which the air rushes, as into any vacuum. When the chest in contracted and the diaphragm raised, the air is forced out of the lungs. The blood flows through the lungs and gives off, in exchange for oxygen, which it carries to the cells, carbon dioxide, which it has brought from the cells.

This whole process is automatic. The rising and falling of the chest is automatic, The rapidity of breathing is automatically controlled. The respiratory center in the medulla is stimulated by carbon dioxide. The more carbon there is in the blood, the more stimulation the respiratory center receives and the faster we breathe. Oxygen inhibits this center so that the more oxygen me blood possesses the slower we breathe. Thus the breath rate and volume is always automatically adjusted to the body's actual needs.

If the lungs are forcefully and perhaps rapidly expanded and contracted, no more of this air can get into the body than the blood, takes up and it can only take up what the body needs. So-called deep breathing, which is not the result of an internal need for more oxygen is a snare and a delusion. All the claims made for it are false.

Deep breathing forces nothing out of the body. It burns up nothing in the body. It does not feed the nerves. The breath cannot be forced into the head, or the kidneys, or the bowels, or in any organ of the body, except the lungs. There is no "regenerative breath," Air does not stagnate in the lungs and become poisonous, the lungs cells do not collapse and become diseased due to "shallow breathing."

We learn to breathe a few seconds after we are born. When we forget how to breath we die. We begin to breathe naturally from the start and we keep it up throughout life, unless the process is interfered with.

The things which interfere with breathing are. Disease of the nose and throat; (2) disease of the lungs and chest; (3) disease In the abdomen; (4) tight bands (belts, corsets, brazzier,, etc.) around the chest and abdomen; (5) faulty positions of sitting and standing which cramp the chest; (6) "breathing courses" which deliberately cultivate wrong habits of breathing, among these the habit of breathing through the mouth and the habit of holding the breath.

Proper and sufficient breathing depends on: (1) Health of nose, throat, chest lungs and abdomen; (2) Proper body posture; (3) Freedom of movement (lack of restricting bands) of the chest and abdomen; (4) pure air — well ventilated homes, bed rooms, offices, shops—and out door life. Given these few simple conditions and breathing will take care of itself.

Chest gymnastics to develop the chest, to expand the chest and increase its capacity; to develop its muscles and strengthen its frame work, are commendable and advisable. The majority of men and women in civilized life are flat chested and weak for lack of these. Their chests when fully expanded are about the size they should be and give the appearance they should present, when passive. Modern life does not develop the chest. For this reason the modern individual's BREATHING RESERVE is small compared to that of savages and animals.

Herbert M. Shelton

The Value of Good Digestion

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The Value of Good Digestion
Herbert M. Shelton

What shall we eat for health? The old advice to "eat nothing for breakfast and something you don't like for dinner" is a false approach. The wholesome foods of nature are as delicious and delightful to the sense of taste as anything can conceivably be. We can eat things that we like and be healthy. It is true that we can learn to like things that are far from wholesome, and once we have acquired a perversion of the sense of taste, we may no longer relish wholesome foods, but it is not difficult to re-acquire a relish for that which is wholesome.

The subject of food and feeding has been fully studied and the many foods we eat have been thoroughly tested and analyzed and there can no longer be any excuse for any man pleading ignorance of diet. If he is ignorant, this is because he has chosen to be so. The food which a man eats, though very important, is no more so than the efficiency of his digestion; for poor digestion will fail to prepare the best of food for nutrition.

Many factors or conditions impair or retard the process of digestion and thus interfere with the work of preparing what may otherwise be wholesome foods for entrance into the body. Extensive tests have shown that the residues left in bread by baking powders, retard the digestion of proteins. Although most of these tests were made with cream of tartar powders, there does not seem to be any powders that are exempt from this effect. Strong alkalies in food must go far to neutralize the acid of the gastric juice and thus annul the digestive power. The food eaten is then left to ferment instead of digesting. Baking soda, milk of magnesia or other alkali taken following a meal retard the digestion of the meal. The resort to alkalies as "medicines" is a patent abuse of the body. Physicians with their drugs as well as cooks with their concoctions make dyspeptics. Indigestion is

frequently caused by taking laxative and cathartic drugs. This eternal swallowing of drugs ruins many constitutions.

The sour stomach, sour eructations, heavy stomachs, gas, distress and discomfort that are so common after the conventional meals do not teach our deluded people that their ways of life and particularly their ways of eating are out of harmony with the laws of being. They think that if they can take a dose of baking soda, or an aspirin and "relieve" their distress, all of the evil consequences of their wrong eating are wiped out and they may go on in continual violation of the laws of life.

These drugs are advertised to give absolution of our daily gastronomic sins and free indulgences for repetitions of this agreeable weakness. This use of alkalies is of modern and comparatively recent origin; in fact the indiscriminate use of them dates back not more than a hundred years.

Would you eat rotten apples? Of course you couldn't. It borders on insult to even imply that you would condescend to take such an unwholesome substance into your mouth. Do you drink hard cider? Do you use cider vinegar? If you take either of these substances you are taking rotten apples. You may properly be classed with a person who eats ripened (rotted) poultry or spoiled cabbage (sauerkraut).

In the production of cider and vinegar we start with a good apple, which is wholesome food. The apple juice begins to undergo decomposition as soon as it is extracted from the apple and soon becomes loaded with decomposition products. The two most abundant of these products are alcohol, which is a protoplasmic poison, and acetic acid, which is more toxic than alcohol. Alcohol precipitates pepsin and thus interrupts and retards protein digestion. Acetic acid chiefly retards starch digestion. Both alcohol and acetic acid occasion irritation of the stomach and thus impair digestion in general.

Experiments have shown that even as small a proportion of vinegar as one part in 5,000 appreciably diminishes the digestion of starch by its inhibiting or destructive effect upon salivary amylase. One part in 1,000 renders starch digestion very slow and twice this quantity arrests it altogether. From these facts it becomes evident that vinegar, pickles, salads on which vinegar has been sprinkled and salad dressings containing vinegar and other foods to which vinegar is added are unwholesome, especially when taken with starchy foods such as cereals, bread, legumes, potatoes and the like.

As I dictated this article, my secretary, who is taking down the dictation in shorthand, asked me if I had ever eaten sauerkraut. She stated that she had tried it once in her life and could not remember how it tasted. She remembers only that it was repulsive. It probably is repulsive to everybody the first time it is tried, but by repeated eating one can acquire a relish for the rotten cabbage and the brine in which it is pickled. Just as one may acquire a liking for sauerkraut or for tobacco, which is even more repugnant to the unperverted taste, so one may acquire a relish for the repulsive taste of vinegar. By frequent repetition we thus succeed in beating down our instinctive warnings

against unwholesome substances.

I recall my boyhood experiences in trying to eat cucumbers and beets pickled in vinegar and my efforts to use pepper sauce, which was made by pickling pods in vinegar. I was never quite successful in learning to relish these unwholesome "foods." In those days many housewives made their own vinegar so. that it was free of adulteration and chemical additives, but its taste was nonetheless repugnant. The only way I was ever able to eat it was as the filler in the vinegar pies my mother used to make. In these pies the repulsiveness of the vinegar was camouflaged by an abundance of sugar. The whole concoction was unwholesome and I do not recommend it as an article of diet.

Other acids, even wholesome ones such as those of the lemon, lime, orange, grapefruit, tangerine, pineapple and other fruit acids, destroy the salivary amylase and retard or suspend starch digestion. It is unwise to eat acid foods and starches at the same meal. As the hydrochloric acid of the gastric juice, so essential to protein digestion in the stomach, also destroys ptyalin or salivary amylase and thus retards starch digestion, it is not wise to eat protein foods and starch foods at the same meal. Bread, potatoes, cereals, beans, peas, and other starchy foods are best eaten at meals separate from nuts, cheese, eggs or flesh foods.

In the largest sense no food is digestible or indigestible per se, but according to persons, times and circumstances. Overeating is among the chief causes of indigestion. The competition of our public dining rooms tempts us to eat three big meals a day, often two of them at a time.

The rate of action of the digestion enzymes depends not alone upon the pH of the medium in which they act, but also upon the temperature of the medium. They are most efficient at the normal internal temperature of the body. Making the contents of the stomach cold by drinking cold water or other cold drink or by eating ice inevitably reduces the activity of the digestive enzymes. Very hot liquids raise the temperature of the mouth and stomach above the normal temperature and bring about certain equally undesirable changes in the enzymes. Neither hot nor cold drinks or foods should be taken. Ice cream, ice, sherberts, etc., taken at the end of the meal, play havoc with digestion.

The stomach has been termed the "center of sympathies." Certain it is, irritation of the digestive tract can occasion more vertigo, trembling, muscular weaknesses, etc., than irritation of almost any other region of the body. Indigestion is among the most common causes of physical discomfort and emotional stresses. Palliating these discomforts with drugs instead of removing the causes of the indigestion leads to ruinous consequences.

What is the extent of the role played in the evolution of disease by impaired function of the digestive tract? The fouling of the food supply and the deterioration of the tissues of the body that results from poisoning by absorption of septic materials from a digestive tract that is reeking with decomposition, this largely, if not wholly from the small

intestines, are factors that we must reckon with in any consideration of etiology, even of the simplest as well as of the most complex diseases.<

Herbert M. Shelton

Herbal Medicine — Phytotherapy

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Herbal Medicine — Phytotherapy
Herbert M. Shelton

The worst type of blindness is intellectual blindness—"There are none so blind as those who can see and won't." Modern man likes to think of himself as "enlightened" despite the fact that his intellectual equipment contains a preponderant admixture of ancient errors and superstitions. The survival in modern times, of the ancient herbal practice is a case in point. Here we have an ancient method of treating the sick that has as its sole claim to superior merit, the fact that it is less lethal in its effects than the virulent poisons employed by the modern physician. The two superstitions are of a piece and it is not to be forgotten that "modern medicine" is a direct outgrowth of the ancient herbal practice. The physician regards his present practice as an improvement on the ancient practice; the herbalist or "natural therapist" looks upon "modern medicine" as a perversion and departure from what he likes to think of as the "natural cure." It is difficult to differentiate between the two superstitions.

Herbalists attempt to rationalize their herbal practices by discussing their use in the light of modern nutritional science. As an example of this, one writer on "natural therapeutics" says that, "as an aid to the natural cure, some positively beneficial herbs and herbal juices may be used. These should be such as are locally available and of such nature as to make up for the known deficiencies of the sick—the various organic minerals and vitamins. These are not strictly medicines; they must be considered as part of the curative diet." If the herbs so used are nonpoisonous, they are true foods; but it will be observed by the student of these practices, that nonpoisonous herbs do not give rise to the alleged physiological actions that they seek to produce. Only poisonous herbs are considered "medicinal."

I frequently find the herbal practice designated a "Nature Cure method." That herbs, all of them, the nonpoisonous as well as the poisonous ones, are natural is true. But they are no more natural than mercury and arsenic. All that is, is natural. The bite of a

rattlesnake or the sting of the nettle are both natural. The venom of the cobra is as natural as the opium of the poppy. A stroke of lightning is as natural as the digitalis of foxglove. The eruption of a volcano with its poisonous gases, is as natural as the prussic acid of the bitter almond. The cyclone and tidal wave are as natural as the nicotine of tobacco. That a thing is natural does not mean that it has any normal relationship to the living organism. It does not belong in the human body merely because it is natural. The various molds from which the antibiotics are derived are as natural as any herb that grows. It is objected that the medical man does not use the whole herb, but extracts of the herb, I reply that the herbalist uses teas, infusions, extracted juices, and in other ways, employs, not the whole herb, but extracts of it. But I deny that his use of the whole herb is any more rational than his use of infusions and juices made from the herb.

One could easily get the idea, after listening to the fulsome eulogy lavished upon aloe by certain of the herbalists, that, this plant is some kind of king or queen of the plant world and a real wonder drug among the medicinal herbs. A genus of plants of the lily family, of which there are several species, the dried juices of the leaves of several of these species provides the herbalist and the physician with a laxative. An aloetic is defined as "a medicine containing aloes." Time was, and this was in the not distant past, when aloetic pills were very popular and were prescribed by physicians in a variety of so-called diseases. It is difficult to understand why so much praise is lavished on this "laxative" herb. Any other laxative would do as much mischief, indeed, some of the more poisonous herbs are purgatives and drastics.

Some of the self-styled "natural therapists" never tire of extolling the virtues of the simple "home remedies," by which they mean herbs, that were employed in the past, and which they tell us were "harmless." The so-called "medicinal" herbs were not harmless. Many of them, on the contrary, can be deadly, as deadly as any drug the physicians now use. None of them removed the cause of the patient's trouble; all * of them were directed at the suppression of symptoms; all of them gave rise to evils of their own. The herbal practice was the original drugging practice and only those drugs were used that occasioned marked defensive actions on the part of the body. They were given to produce vomiting, purging, diuresis, diaphoresis and expectoration, to reduce fever, relieve pain, allay coughing, to produce blistering, as sedatives, stimulants, narcotics, etc., etc. They are still employed for the same purposes, despite all the loose talk about their alleged richness in minerals and vitamins. Few of them have ever been analyzed to determine their mineral and vitamin content. That they are possessed of these food factors, as all plants are, is not denied; that they are superior sources of such nutrients has not been proved. Certainly a drug that induces vomiting and one that occasions purging does not yield up any minerals and vitamins to the sick organism.

The sick organism is suffering from poisoning, not from deficiency.

Deficiencies do exist, but the so-called deficiency diseases are not numerous. The acutely sick patient is as unable to digest and assimilate medicinal herbs as he is to digest and assimilate the nonpoisonous herbs. The presence of poisons in herbs renders their digestion all but impossible. Imagine trying to digest a salad of fresh green tobacco leaves!

I have taken the following examples of the "medicinal" use of herbs from but one issue of a magazine devoted to what its editor and publisher and its contributors all agree in calling "Nature Cure" and "Natural Therapeutics." Were I to take time to go through several issues of this same journal or to go through several issues of several similar journals and take out the great wealth of similar examples that could easily be collected I could fill a book with them. The few that I have offered here, however, will be enough to reveal to the reader that the herbal practice is not a nutritional program but a drugging practice. Herbs are used to suppress symptoms and not as a means of supplying nutritive deficiencies. The fact is, as every student of the subject is well aware, that the herbal practice antedates our knowledge of nutritional deficiencies by several hundreds of years and grew, not out of any effort to supply the nutritive needs of the body, but out of the assumed necessity of driving evil spirits out of the sick. Under the spell of this ancient etiology, the more of nausea, griping, purging and convulsions a drug occasioned the more effective was it supposed to be in exorcising the malignant imp that had taken up housekeeping in the body of the sick. Spikenard may serve as our first example of the way in which herbs are used as nutritive substances. This herb is described as a "good stimulant, digestant, carminative, diuretic, expectorant, and a good antispasmodic and nervous tonic in hysteria, chorea, convulsions and epilepsy." In India this herb is said to be good in "leprosy, old fever, internal heat, diarrhea, diseases of the eye, asthma, dyspnoea or difficulty of breathing, rheumatism." Penicillin will have to move over and make room for a new wonder drug. All the "therapeutic" classes into which this drug falls, prove it to be poisonous. Certainly none of these alleged "medicinal" qualities have anything to do with nutrition. Like all herbal "medication," the use of this herb is purely symptomatic. Not only is the use designed to "treat the symptoms as they arise," but its use is on the allopathic principle. As an antispasmodic it is used to suppress spasm, not to remove cause.

After talking of the vitamins and minerals in herbs, they offer us pastes made from herbs that are applied externally. It is a carminative. It is a good rubefacient "linament." If all this has anything to do with nutrition, I fail to understand the relationship. Of another plant we read that "the leaves are astringent, detergent and deodorant. The flower is refrigerant and soporific. The seed is deodorant. The bark is astringent." What have vitamins and minerals to do with all these effects?

Here is another herb of which it is said: "its nutritional value is very little." But it is declared to be a "beneficial stomachic. It aids

digestion . It is given even to feverish patients." It is said to be useful in asthma, bronchitis, consumption, fever, dullness of digestive fire, rheumatism, paralysis, etc. It is an expectorant, diuretic, and carminative. Its seed is a drastic purgative." Its alleged therapeutic actions are evidences of its poisonous character.

Here is another herb that is said to be "cathartic, anthelmintic, aphrodisiac, lithontriptic." It is useful in "tapeworm, chronic skin disease and hookworm." It is said to kill the tapeworm. Another herb is described as a "good purgative" and causes small thread worms to "come out." Here is another herb that is described as "sedative" in its effect and is advised in cases of irritation in the digestive tract. It is said to form a coating between the lining of the intestines and the food and feces, thus protecting the surface of the stomach and intestine from irritation. Here is another herb that is described as "a mild astringent, refrigerant, diuretic, demulcent and emollient." It is taken internally and applied externally. It is "useful" in a wide variety of diseases, ranging all the way from headache (in this complaint it is applied to the forehead so that the minerals and vitamins may be absorbed through the cranium, I suppose), biliousness, dysentery, scalds, burns and skin diseases, to "syphilis." Certainly this herb should be kept in every "medicine" cabinet in the land. It is almost as "good" as penicillin.

A self-styled "natural therapist" who uses and advocates a great medley of herbs, many of them highly poisonous, so far forgets the basic tenets of his herbal practice as to parrot (repeat without understanding) the Hygienic principle that people are sick because of their errors in living and that they can escape from their ills only by correcting their ways of life. He goes so far as to repeat the Hygienic teaching that responsibility for disease rests squarely upon the shoulders of the sick and suffering and that responsibility for recovery rests upon the same shoulders. After he has repeated these Hygienic teachings, he offers his readers a great array of herbal "remedies." Can he give herbs to stop sexual excesses and abuses; will herbs correct gluttony; will they cause the patient to control his emotional life or to secure more sleep; will they render white bread adequate or make unclean living safe? What have herbs to do with right and wrong living? He speaks of the necessity for making "amends for past transgressions." Perhaps the herbal "remedies" will make amends.

Too many of the "natural therapists" are trying the impossible task of riding two horses at once, the horses going in opposite directions. The mental gymnastics and logical somersaults that they perform in trying to reconcile their two opposite courses of action fill all rings of a five ring circus. But their antics are neither amusing nor entertaining. To be intelligent and informed, these things are saddening. Here we have a large group of men, represented in almost all parts of the world, who have hibernated in antiquity and who seem unable to free themselves from fallacies that were born in the fecund brain of the ancient shaman.

Physically, they live in the second half of the twentieth century; intellectually they are with the cave man.

Herbert M. Shelton

Suffering In Cancer

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Suffering In Cancer
Herbert M. Shelton

Cancer sufferers are said to die fiendish deaths. Their suffering is persistent and almost unbearable. This intense suffering lasts for days or weeks, or until death puts a merciful end to the horror. This tragical ending results from the usual treatment, which is about as follows: the surgeon amputates, excises or extirpates a cancer and gives X-ray treatments to prevent a return. Such treatment renders the patient exquisitely sensitive, requiring (according to "medical science") mild anodynes, which are all too soon supplanted by the king "painkiller," opium or morphine—a habit-forming drug which in a short time produces more pain than it relieves. Drugs are the chief cause of these fiendish deaths.

The two chief causes of intolerable suffering in cancer are:

1. anodynes (drugs to "relieve" pain), and

2. eating any food at all when uncomfortable.

As both of these procedures are regular parts of standard medical practice, it is not amiss to say that most of the suffering of cancer patients is caused by their physicians. When, through feeding and drugging, pain is established and intensified, a drug habit is established. From this point on pain is dictator. Day and night, patient, physician, nurse, family and friends must dance attendance on this tyrant. Unless feeding and drugging are discontinued, the pains must persist and grow in intensity until the cancer patient pleads for death as a "relief" from his intolerable suffering.

The most terrible pains are induced by drugs to "relieve" suffering. These are continued until a drug habit is formed after which, the amount required to relieve must be continuously increased until the most "potent" anodyne will no longer afford respite from suffering. When this point is reached, the poor sufferer clamors for a gun or for sufficient drug to kill. What a dreadful penalty to have to pay at the end of life—a penalty that is made necessary by feeding and drugging, after physicians and surgeons have cut, slashed, X-rayed, and

radium-ized to their hearts' content.

If there were no physicians with their dreadful disease-breeding influence on the people and their deadly disease-producing drugs and prophylactic measures, good health and long life would be as common as disease and early death are today. When the patient realizes that his or her case is hopeless, when hope is gone, there is no longer any courage to fight. The desire for "relief" increases day by day and the patient will use all of his or her persuasive powers to get enough drug to end it all. All who have cancer must die of that disease plus scientific treatment.

There is but one logical and successful way to stop pain and this is to cease feeding and drugging. No food until comfortable, then fruit juices for a few days, then raw fruits and vegetables, with due attention to bathing and exercise. If there is pain, another fast until comfortable with warm water to control the pain, drinking hot water ad libitum. This done, in a reasonable time, the patient will be comfortable. This assures keenness enough of mind to enjoy friends to the end. If the end is near, the patient can remain rational to the last minute of life; if the end is some weeks or months away, light eating of fruits and vegetables will maintain comfort during this period. How truly did Tilden speak when he wrote: "The end of a cancer patient under food and drug poisoning is like the wailing of lost souls as depicted by writers of an earlier age when describing the tragedy of perdition."

Few such patients are willing to eat sparingly enough to live comfortably—friends arid relatives usually take the position that "she has but a few days to live anyway, she may as well enjoy herself while she can." What they overlook is the fact that she does not enjoy herself, but greatly intensifies her misery. Most people prefer to go to their death drunk on food, alcohol, or drugs. I saw one woman deliberately prepare and "enjoy" a meal she wanted and, then, take enough pain-"relieving" drug to kill herself, rather than persist with the dietary restrictions that were enabling her to live in comfort. I saw a man deliberately cast aside the dietary restrictions that had kept him free of pain for an extended period, return to eating habits that he had been warned would result in suffering, and, then, when he suffered, refused another short fast and a return to dietary restrictions, but demanded an operation he had been warned would kill him. He died on the operating table.

I saw another man in his middle thirties with two inoperable cancers, who had grown stronger, was free of pain for an extended period, and had discarded drugs, eat a forbidden meal (a meal of dove) which was followed in two hours by intense pain. He took another three day fast and became comfortable. By adhering to the prescribed dietary restrictions he was free of pain for another month. Then he repeated his former offense which brought immediate suffering. He refused another fast, refused another period of dietary restrictions, returned to his use of anodynes and was soon numbered among those who had been but are no more.

These three patients chose death rather than life without their favorite indulgences. The first of them wanted pie and coffee, the second

wanted salt and bread, the third wanted flesh foods. None of them wanted to live without these things, which they valued higher than life itself. Old Mother Nature has a way of accommodating those who choose death.

Our people do not know the meaning of self-restraint. They are unable to interpret the language of their senses. They have been taught to "go the limit" and, then, when they suffer, to palliate their suffering with drugs. Thus they become slaves to habits that destroy them. They lose all desire to break their fetters and be free again. The unbearable suffering that grows out of their incorrigibility and drugging ends only at death.

The ancient admonition: "Choose life that ye may live," is as unintelligible to men and women of today as it was to those to whom it was given. Today we choose suffering and premature death.

Herbert M. Shelton

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The Importance of Rest in Disease

Christopher Gian-Cursio

Though sleep and rest are important to the healthy, they are more essential to those who are ill. A sick man must not only sleep and rest sufficiently to recover from the daily wear and tear, but must also rest more than the amount necessary to balance current expenditure so as to facilitate curative action. During sleep, and in a lesser degree while resting, the body makes the greatest advances in removing the immediate causes of disease. Also, during periods of complete relaxation the body accumulates potential energy which can be used at some future period. Therefore, rest is not only important for the immediate welfare of the organism but also for some future state.

Individuals who are not sick enough to be forced to bed by nature will learn that a voluntary increase of sleep and bed-rest requires effort and is not as simple as it appears, especially if distressing reactions occur. Illustrative of this is the recent experience of an acquaintance. He complained that getting eight hours sleep made him feel listless and less at ease than when he only slept six hours a day. He could not comprehend why, with the increase of rest, he should feel less refreshed. Like many others he concluded that too much sleep was not conducive to bodily comfort. Why this happened is explanable; this person's organism had become adjusted to a six hour cycle without perturbation to the individual, even though the amount of sleep was insufficient. By sleeping two hours more for a few nights the organism was given an opportunity to better itself. As part of this

program of betterment Nature began to remove the deleterious effects that had occurred from years of insuffici

In On Regimen In Acute Diseases, an ancient book of medicine supposed to have been written by Hippocrates, not only is the sanatory benefits resulting from enforced rest described but also the resultant temporary uneasiness following the "rest cure. " Therein it is stated, that "if a person having received a wound in the leg, neither very serious nor very trifling, and he being neither in a condition very favorable to its healing nor the contrary, at first betakes himself to bed, in order to promote the cure, and never raises iris leg, it will thus be much less disposed to inflammation, and be much sooner well, than it would have been if he had strolled about during the process of healing; but if upon the fifth or sixth day, or even earlier, he should get up and attempt to walk, he will suffer much more than if he had walked about from the commencement of the cure, and if he should suddenly make many laborious exertions, he will suffer much more than if, when the treatment was conduc

Those who have rested completely during a fast will find that the resumption of activity, when eating is resumed, will be associated with a feebleness and unease that some attribute to the fast. The fast is only partly responsible for the apparent weakness, for complete bed-rest alone will often result in this discomfort. On the fast the body is more efficient in decreasing the expenditure of energy, and the redistribution of the vital power during the early post-fasting days is very gradual. Because energy is converted into work slowly after physiological rest, does not mean there is a lack of potential. The person who does not rest during a fast appears and acts stronger, but has less potential energy for future development. The deleterious effects often ascribed to physiological rest, are fleeting and always the consequence of an organismal effort that is beneficent.

The individual who is unable to adjust himself to inactivity will sometimes become unruly and difficult to manage. The common complaint of those who need bed-rest is that they are not accustomed to staying in bed. The fact that the patient acts so contrary to what is right indicates that he is in dire need of recuperation. Lack of balance within an individual is shown by erratic behavior and is indicative of orgamsmal deterioration. The Natural Hygienist who is often burdened with this type has to listen to many outbursts of "This resting in bed is killing; I'm not so sick that I have to stay in bed." "Don't you think I will get weaker if I stay in bed." "I will never get my strength back unless I walk around a little." Such ideas are delusions and the deluded one becomes so distorted that to him the Natural Hygienist is a jailer and the Sanatorium a prison. I have had

patients of such a rebellious nature that they refused to give Natural Hygiene a chance because they thought restin

An individual can become so habituated to squandering energy that he becomes deaf to the warnings of the body. The organism is not insensitive to a deficiency of recuperation and the innumerable forms of unrest are an indication of this. Very often to overcome disquietude, and produce temporary exhilaration a person resorts to gluttony, smoking, drinking, and other unnatural acts. Only the Natural Hygienist fully recognizes how the stimulation associated with the expenditure of energy can delude one. Dr. Robert Walter's address, Nature Cure, delivered before the Sixty-second Session of the American Institute of Homeopathy, in 1906, emphasized this fact and in this regard stated:

"We Lose power by going to bed very much as air and water lose gravity when the storm ceases and the water finds its level. The existence of both gravity and vitality is known only by their work; when the work ceases, the evidence to our senses of their existence also ceases. But who will say that the gravity is thereby lost or destroyed? Then why conclude that vitality is lost because our consciousness of it has ceased? As long as any hind of power continues in repose, whether gravity or vitality, its very existence is purely a matter of faith; it is only when it is doing work, and is consequently being expended in the work done, that it becomes evident to our senses, for which reason we are easily deluded into the belief that we are getting what we are unconsciously losing."

The mechanism of the body is a most obedient servant but it will obey no further when the destructive influences become too encroaching. The organism is very obliging and adjusts itself with facility, for how is she to know if the vital action demanded of her is for necessities or things that are not indispensable. The body is obedient to the will, even to furnish power for driving twenty miles for such a non-essential as a barbecue or some other palate tickling mixture. Since most individuals are not discerning and wise, their bodies are endangered until the preservative instinct demands a halt.

If a sick person should increase the amount of rest, to twice the amount necessary to balance the current or daily expenditures, the body will be able to convert more energy into restorative work. If nine hours sleep is all that is needed to recuperate from the previous daily work, then by staying in bed nine more hours the energy accumulated during the previous period of sleep, will be used by the body while it is resting and free from the usual stresses. Because of this there is greater efficiency in the usage of vital power. If this individual should stay in bed twenty-four limits then the energy

accumulated will be used by the body or a longer period of inactivity and with a corresponding increase in benefit.

The feeling of well-being that follows a complete rest is usually a preliminary for a period of great reaction in which there is an acceleration in the removal of encumbrances and structural impairment. The body works rhythmically, and the periods that distress are in production during the time when the individual feels well. During the periods of increased action against morbific agent there will be further prostration until this particular stage of organismal renovation is completed. This prostration is sometimes so profound that even music produces a depletive and disconcerting effect. The unusual sensations that occur during a "rest cure" are not the result of a destructive process but are due to constructive and remedial action that takes place within the living organism. With the increase of rest the body reacts with greater force against toxins. If any structural impairment exists remedial action is augmented in that particular structure.

When remedial activity is in the ascendency there is often an aversion to the perverse pleasantries that necessitated the illness. One can become so sensitive that the slightest deviation from the natural produces repulsion. The body becomes greatly intolerant especially in acute disease, a type of remedial action that will not tolerate interference.

Rest, to be complete, necessitates twenty-four hours a day in bed. During this kind of rest, not only is the musculature rested, but also all of the vital organs. By slowing the expenditure of energy the recruiting of energy is accelerated. In complete muscular and digestive immobilization the activity of many organs is decreased. Not only does a particular organ recuperate, but because it does, it decreases its demand upon other organs. Other organs, because they are resting, do not require as much from that particular organ. A defective organ when its work is lessened to a minimum increases in ability to maintain functional and structural integrity. As is becomes more efficient in this respect it becomes less tolerant of any morbific agent within its structure or found- in the blood. In complete physiological rest the whole body profits, especially when a particular impaired organ becomes more efficient and increases in ability to help the body as a whole.

By complete rest I do not intend to convey that inertia of a part ever takes place. Vital inertia only occurs upon the death of a structure. The elemental parts of an organ, the cells, when they are not discharging energy, are active in its recuperation. Vital activity Is

continuous and has two phases the discharge of energy and the recovery or recuperation of energy.

Complete rest not only requires inactivity of the musculature, but involves curtailment in the use of the auditory, visual, and vocal structures. Over-use of any of these organs interferes with the healing endeavors of the body, because energy is diverted to them; energy that could be used to greater advantage elsewhere.

Sounds are quite depleting to the sick or well. Just because one is able to resist the vibrations of sound without any sensible discomfort does not mean that energy is not lost. Resistance to a stimulus requires an expenditure of vital force, and thereby, results in a leakage of vitality. It is commonly said that noise only affects sick people because of their weakened condition. This is erroneous, for noises affect all; only in sick people because nature demands a conservation of energy, there is an increased sensitivity to anything that causes a wastage of energy. It can be said that they are hypersensitive to depletive influences. Voluntary inhibition of the actions of the many organs is not fully resorted to even by those who consider rest important. The reading of newspapers makes use of the visual energy. Also, associated with the use of the visual organs, perception takes place and this necessitates vital activity and the resultant expenditure of vital force. Books and other

The Natural Hygienist is often questioned as to what Nature can do in the cases that in the past apparently received no benefit from Nature Cure. I can say that this was not the fault of the natural forces as they exist in the living body. The failure is in man not in Nature. Unusual results will never occur unless unusual efforts are made by a person, who comprehends fully the conservation of vital energy. No limit can be set as to what can be attained in regeneration if one conserves every particle of vital power. By perfection in practice the failures of today can become the successes of tomorrow.

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Defense of Natural Hygiene
Christopher Gian-Cursio

I was accused of practicing medicine on a woman whose only chance of recovery (if recovery was possible) was an immediate fast. For this purpose she was brought to my home. Concerning this prosecutor Smith said: "anyone in the family could have administered water, why entail great expense by going to such an institution." This remark contains a double fabrication. The implication of commercialization,

and that handing a sick person a glass of water is all there is to fasting.

Those who have studied the fast know that it is not for the incompetent nor for the well versed layman in serious cases. Without knowledge of fasting and the principles of Natural Hygiene there is not enough sustaining force in the individual to conduct a fast to its proper termination. This knowledge comes by observation and the proper interpretation of what is observed. Medical doctors, with me, have watched fasting cases and have seen the organismal renovation that has occurred, especially in persons considered by them beyond the help of medicine. These doctors though above the general practitioner in intelligence, concluded that the fast is a most intricate method and one that they recognized as taking study and practice to properly master; yet Smith near the close of her summation stated: "The only person who is to determine if a person is to be given nutrition or not (fast) is a regularly licensed physician." There is no medical school in the country or in the world where physi

The recent fast of forty-five days by a conscientious objector in New Jersey was broken by medical doctors with injections of glucose. The method used to break this fast shows how little knowledge is possessed concerning the fast by the medical fraternity. The doctors assumed that the administration of the glucose was essential, for what they evidently considered a state of hypoglycemia (low in blood sugar). Yet prior to the breaking of the fast, the faster was, according to the doctors, in an amazing physical condition and in no more need of glucose than he was of the many other nutrients. Glucose taken alone after a fast, especially by the injection method, is dangerous. Nature produces glucose (dextrose or grape sugar) associated with other nutrients. It is a monosaccharide that is found in conjunction with other important nutrients in fruit. All nutritive substances needed to supply the wants of the body must enter the alimentary tract. Entrance gained elsewhere is unnatural and

In order to show that I was incompetent, the prosecution thought that with a flourish of words, she would make Allopathy replete with fasting experts. Moreover, if one was to believe the prosecution the knowledge needed to conduct a patient through a fast (through crises and minor reactions) is universal and so simple that any one can supervise a fast. Yet, when she sought to make me out as an incompetent she said that only "medical doctors" were learned in fasting.

The attorney for the prosecution was indulging in unusual mental gymnastics and acrobatics. For her selfish purpose she attempted to

show incompetency where knowledge existed, and competency were ignorance prevailed.

During the summary of my first trial she said I lacked training and that "ignorance and incompetency on the part of the defendant was a very dangerous thing to the community." This was not a new tactic; for in many of her previous trials of drugless practitioners she emphasized the lack of education and ability to help sick people. But as one individual ex-incurable, that Natural Hygiene had helped, said, "If ignorance and incompetency gave me a new lease on life, then ignorance and incompetency is a virtue that should be cultivated by all doctors."

To the prosecution, the fast was a thing insane and inhuman. She tried to sell this idea to the jury and the judge and hoped that it would be a point to sway them in her favor. In the summation of the first trial in what she thought to be one of her salient points, she said, "The drastic fast was dangerous to a sick woman, who to begin with was weak and diseased." The outburst of laughter that this statement brought from the several score, some of whom had fasted three weeks or more, vividly conveyed to the greatly astonished prosecutor that the courtroom was filled with believers in fasting.

At the second trial, in her summation, she again called the fast dangerous. This time she was more cautious. Instead of a positive statement her remarks were in the form of a question and she said concerning the fast: "Can a strong person sustain that?," and then as though the jury decided the person could not, "How can a, weak person?"

One can see that the strategy of the prosecution was not logical, for earlier in her summation she claimed that only a legally recognized Allopath was capable of conducting a fast. By this remark she admitted the possibility that the fast was proper, but not for a Natural Hygienist. This pseudo-authority on Natural Hygiene took her derisive stand against the fast without even investigating the first principles of fasting. If Smith had fasted one person for a day and observed the changes that occur and then based her conclusions as to the efficacy of the fast upon this sole experience, she would have some semblance of knowledge of what the organism does, when alimentation is suspended.

Sixty-five years ago Dr. Henry Tanner, M. D., proved for all time that a long fast is physiological. He did it in a manner filled with hardships. Many doctors have been glorified over the radio and on the screen, and in most cases the basis for glorification is fictitious. But the life of Dr. Tanner contains enough true drama to fill two movie scripts. In 1877 Dr. Tanner fasted 42 days, and what he thought

would terminate in death at the end of ten days resulted in his recovery from a severe heart condition. Prior to the fast he was so sick that seven doctors told him that his heart was apt to cease functioning at any moment. His distress was such that he could not lie down but had to sleep sitting in a chair. Tired of living he thought that to cease eating would hasten the end and therefore, embarked on what he thought was a suicidal course and as he said:

"I had found a short cut out of this vale of tears, and wilderness of woe', and had made up my mind to pack my trunk and depart to find rest from physical sufferings in the arms of death.

But instead of dying, he began to improve and on the eleventh day he was so well that he realized he had discovered a means of regeneration. On that day he went to a fellow-physician, Dr. A. Moyer, who upon examining him said: "Why doctor according to all authority, you ought to be at death's door, but you certainly look better than I ever saw you before." He was so astonished that as Dr. Tanner said "he could not believe the evidence of his own senses." Dr. Tanner then told what he had done. In an attempt to be witty Dr. Moyer said that if he kept it up he would go as long as any of the fasters as related in the Old and New Testaments. Dr. Tanner was not in a humorous mood for he had realized the importance of his great discovery prior to seeing the doctor. Dr. Tanner had expected to terminate the fast but now it had to be defended, so he decided to continue his fast, and prove that a protracted fast was possible. He fasted 42 days. Dr. Moyer was no longer a doubter and feeling that

I was not willing to run the gauntlet of the scorn, sneers and ridicule of the law-makers of medical ethics, who would if they had dared resort to all the tortures of the inquisition to compel submission to their arbitrary mandates.

Dr. Tanner's guarded secret did not stay that way long. Dr. Moyer related the fasting experience to another doctor who happened to be the editor and publisher of the Duluth Herald. From then on it was sensational news for the press of that locality. The medical doctors singly and in a group reacted to the fast with words of denunciation. Dr. Tanner was called a fraud and imposter. Realizing that his standing in the community was at stake he proposed to the Henepin County Medical Society of Minn., that he would fast again for them to observe that a long fast was possible. Instead of accepting his proposal they met it with further ridicule. Considered a mad quack Dr. Tanner said he was shunned by all classes of people high and low, cultured and uncultured. My business has gone a glimmering; reputation ditto, my old time friends upon whom I had banked,

shunned me as they would a person with the contagion of small pox in their garments.

In 1879 opportunity offered itself to clear himself of the stigma, in defense of Mollie Fancher against Dr. W. A. Hammond. Dr. Hammond had called the fasting girl a fraud and was willing to pay her one thousand dollars if she fasted 20 days. Dr. Hammond accepted Dr. Tanner as a substitute. After Dr. Tanner traveled to New York, Dr. Hammond backed out. Dr. Tanner had so much trouble and hardships during six weeks in New York that he lost 36 pounds. His troubles are too lengthy to relate here, but he finally found a group that would oversee his fast: the United States Medical College in New York City under the sponsorship of Dr. R. A. Gunn. The fast began on June 28, 1880 in Clarendon Hall. Watched at various times by sixty volunteer physicians the watch was as rigid as "satanic ingenuity could make it." He lay on a canvas cot, with six gas jets that were lit all night projecting a glare on his face. The cot was devoid of sheets and mattress, and he had only a piano spread for a coveri

On the 10th day of the fast Dr. Bradley falsely accused Dr. Tanner of taking food. The resulting disturbance was so great that as Dr. Tanner said he was so agitated that it was like fasting an additional five days. The Herald Tribune expended almost two thousand dollars after the first week to see that justice was done and named its own watch for 32 days which consisted of a double watch of 32 men in 24 hours, not only to watch the faster but also the other watchers. In an editorial at that time the Herald Tribune said that the "behaviour of the watchers was inhuman." The fast attracted so much attention that close to the end of the fast he received six hundred letters a day. The fast was broken on August 7th, as Dr. Gunn said amidst "The deafening chaos and the wild enthusiasm of the audience." It was a real holiday and Tanner writes of it:

"The hall was crowded with a throng of enthusiastic and excited people. The streets were a jam for blocks away. Thousands upon thousands who couldn't find entrance into the hall were earnest to see the breaking of the fast. Hammond had predicted my death in less than 24 hours after the breaking event, ministers congregated in numbers to offer spiritual advice and prepare me for the change. The pastor of the Strangers Church, a well meaning man, was particularly anxious to fix my attention on things pertaining to my eternal welfare, to all of which I turned a deaf ear, my thoughts were centered on the things of earth at that hour as never before."

Headlines throughout the Nation acclaimed Dr. Tanner as a hero.

With Dr. Tanner's happy ending one could think that misrepresentation would no longer exist but apparently the press

today is much more orthodox and medically inclined than it was during Tanner's day. Even today untruths are published about Dr. Tanner. A few years ago in a national weekly magazine there appeared an article on fasting, wherein it was falsely stated that Tanner attempted to fast forty days "but reconsidered after 14 days." In this same article another false remark is that Dr. Tanner, a professional faster, fasted forty days in 1890 and that he received a thousand dollars and that weakness forced him to give up. Dr. Tanner was not a professional faster. He sought to prove that a long fast was possible and, as he said in a letter that appeared in the New York Times on January 18, 1880, he wanted to awaken nations and individuals "to thought and action" concerning the fast: not for money, for all he asked was a suitable apartment to fast in, all other expenses entailed he

The Associated Press recently (July 11, 1942) in a dispatch from San Antonio, Texas, again tried to distort the truth about the fast. The fast was accused of producing a lethal effect and according to the dispatch that appeared in a Jamestown, N. Y., paper a woman "died of starvation as a result of a fasting treatment." "This woman lived on a diet of water to which a few dried vegetables were added in the final days of treatment." Charges were placed against that staunch and fearless fighter for truth, Dr. H. M. Shelton. The writing of this dispatch must have been done by a ninconpoop. Who ever heard of a water diet? A person does not die of starvation as the result of a fast. Fasting is physiological, while starvation is pathological. The object of the fast is to suspend nutrition and no food is given. Water is not a food therefore fasting is not a water diet. Water (H_2O) enters the body, stays there a certain time and is then eliminated as H_2O. Diet means according to Taber's Medic

As for the dried vegetables, no one in the history of fasting has ever advocated the use after a fast, of dried lettuce, celery, spinach, carrots, potatoes or the any other vegetables. A Natural Hygienist does not give dried vegetables in any form. To read this report one would certainly come to the conclusion, that fasting is destructive, but the truth is otherwise. To begin with the woman had what is considered in medicine as an incurable disease. Though she fasted 34 days she had been eating two months before she left Dr. Shelton's place. She died about two weeks later in a hospital. How could starvation be the cause of her death? Even if she had died on the fast, it would not have been the result of the fast, since it was conducted by one of the few authorities on the fast. The woman was discharged by Dr. Shelton because she refused to cooperate, showing that lie not only had a patient with a severe physical condition but one whose conduct was erratic.

Dr. Tanner would never have believed it possible in 1942, yet Dr. Shelton's trouble proves that pioneering is not over and that true health reformers like of yore still exist.

The unpleasantries that we as Natural Hygienists have undergone and will undergo are not unexpected for we knew before entering the work that we would have many troublesome days, for as Dr. James C. Jackson said in a speech on New Year's Day of 1859: "The man who has settled it,- that he will be faithful to his convictions happen what may to him or his, must also settle that he will have trials." And how can it be otherwise for we have before us as Jackson continues "principles sublime enough in and of themselves to make a true man glad to spend his strength in their defense." The laws that govern this universe have not gone amiss when it makes the path of the Natural Hygienist so strewn with obstacles, for truth will win even though eons must pass before victory becomes a reality.

In my trials the prosecution stressed to the jury that since it was obvious that I was guilty of a crime it was up to them to see that I could no longer plague the community with my destructive methods. For, as she stated, "The State has set a high standard as to who is to practice medicine so as to safeguard the health of the people," and then continued: "Furthermore, did this defendant have the qualifications and the right to take care of hopeless cases." Hopeless cases it is true! Often have we wished that we could get a few cases that are not hopeless so as to spare us much depletive work. But since the sick cannot be forsaken and since to starve practicing Natural Hygiene is more conducive to my equanimity than getting rich at a much easier avocation, I will never cease doing this work.

Those who have persecuted the Natural Hygienists should realize the magnitude of their wickedness. Some day Nature will demand an accounting. The laws of nature are not nullified for them. The harm that their efforts have brought to others is only momentary but the destruction to themselves is much more lasting. As Marcus Aurelius Antoninus said: "He who does wrong does wrong against himself. He who acts unjustly acts unjustly to himself, because he makes himself bad." This is an orderly universe; chaos has its day, but that day must eventually come to an end.

Those who have aligned themselves against truth must realize, as Orlando J. Smith says, that:

Everything in Nature, conscious and unconscious, animate and inanimate, is busily engaged in paying its debts. By what system is this perfect accounting made? We see no books, observe no management, and yet the numberless settlements are made with as much exactness as if each one were superintended by a group of

experts, combining more of knowledge and justice than are possessed by all of the mathematicians, scientists, thinkers, philosophers and judges in the world. We cannot explain this accounting on the theory of chance or accident; we must conclude that it is the justice which regulates the affairs of the world.

A Natural Hygienist will not allow intolerance and persecution to alter him but for the better. Moreover, oppression will only produce more determination to resist the forces of destruction. Though our enemies bring hardships, ruin can never befall us. The wise words of Seneca are fitting here:

"Why do many adversities befall good men? i No evil can happen to a good man; contraries do not unite, just as so many rivers, so many showers of rain pouring from the heavens, so great a number of medicinal fountains, do not change the taste of the sea, nor even modify it, so the shock of adversity does not affect the mind of a brave man. He remains ready for action, and whatever happens, he gives to it his own color, for he is more powerful than all I external circumstances. I do not say that he does not feel them, but he overcomes them and even quietly and calmly rises superior to their assaults."

My acquittal is not one that vindicates me, ' but Natural Hygiene, and one that shows that in this world, tormented by war, men still understand and see the good there is in Nature and men.

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