Contents

Chapter 1 The Nature of Chronic Disease

I commenced practice in 1987. In the early days I practised manual medicine, largely osteopathy, having been schooled in a classical osteopathic approach, which states that much of the functional disease can be corrected by structural treatment. To paraphrase the words of the founder of osteopathy, Dr Andrew Taylor Still: 'structure governs function'.

As years went by, I began to practise more ingestive medicine, largely with broad naturopathic principles, however homeopathic medicine eventually became my main modality for prescription. All the while, my question was, if our sophisticated system of western medicine is working well, why do people come to see me, a practitioner outside the government endorsed health care system?

The disease-name box

If you have an identifiable pathology, then you have a *disease-name box*. If you have a disease-name box, then there are a list of pharmaceuticals that ameliorate symptoms that arise from that disease name box. But what if none of those pharmaceuticals are effective? What if other symptoms are then caused by the pharmaceutical prescription? What if the patient cannot be placed into a disease name box because pathology results shed no light on the cause of symptoms? What if dysfunction in one body system is causing dysfunction in another? Does that mean you now have two disease-name boxes, and that you need two types of pharmaceutical prescription?

All these questions address my initial question: why do patients come and see someone like me? My early training in osteopathy, and in naturopathic principles, taught me to look beyond the symptom picture. The patient is far more than the expression of his symptoms. The only meaningful answer to chronic disease is to know its causes. This is described by Dr S Hahnemann in his *Organon of Medicine,* back in the 1840s : to cure chronic disease one must know (a) what is to be cured in diseases; (b) how to adapt a medicine which is curative; and (c) any obstacles to recovery. To do this one must be an unprejudiced observer, free from the futility of 'transcendental speculations'.[1]

---

[1] S. Hahnemann, *Organon of Medicine, 5th & 6th eds, translated by Dudgeon, B Jain Publishers, New Delhi, 1990, aphorisms 3, 5, 6*

What are symptoms?

Symptoms are the language of the body. The body cannot speak in words, so it shows what it needs to heal itself through symptom expression. This means if we ameliorate symptoms with medication, without identifying the underlying cause, we simply tell the body to be quiet. However, successful treatment of chronic disease requires attention to both symptoms and their underlying causes.

With a set of symptoms comes a medical history. Therein tells us much of what we need to know, or where we need to look, to understand the nature of the patient's suffering, hopefully to make an assessment followed by a viable treatment plan.

Symptoms are ameliorated, ignored or obscured

Let us take a common symptom which we have all had: fever. Parents are educated to fear fever: *paracetamol* is given to the child immediately. Whilst distressing, the fever is not the only issue, the cause of the fever is more important. By subduing the fever, the body cannot show us as quickly the source of the infection; acute disease management is delayed, sometimes misdiagnosed, because the language of the body is quickly ameliorated or obscured.

In chronic disease, non-critical symptoms may be ignored. The patient is handed a referral for a blood analysis or other pathology tests and those test results are used to determine what course of action will follow. But what if conventional pathology fails to yield satisfactory answers? The patient cannot be placed into a disease name box. More tests are tried; specialist are called in, perhaps some medications are prescribed, which might be antidepressants, yet still the patient feels no better. The patient is told what he does not have, rather than what he has. Eventually the patient is told he has "failed all his medicines," a curious expression which implies it is the patient's fault he has not recovered.

Example

> *After trying several medicines, undergoing a gastroscopy and colonoscopy, the patient is told he has Irritable Bowel Syndrome (IBS). This diagnosis is made by excluding everything else, including physical*

pathologies of the gut. With that diagnosis his advice is- take more fibre and learn some stress management techniques.

His symptoms include bloating, discomfort, flatulence, loose stools, sometimes constipation. Let us drill down into these typical symptoms to understand them. This is important because the disease name, Irritable Bowel Syndrome, is diagnosed by excluding everything else. It is not an entity in its own right, but an assortment of possible morbidities. Below are a set of different IBS presentations and possible common causes of those symptom sets.

- *Symptoms are worse with fatty, oily or spicy food. This indicates gallbladder dysfunction (sludge, not calculi, so ultrasound does not assist a diagnosis here).*
- *Symptoms are worse for sugar. This indicates Small Intestine Bacterial or Yeast Overgrowth.*
- *There are no food triggers - or triggers seem to change from one day to the next. This implies it is likely a parasitic infection, particularly if offensive flatulence and nausea.*
- *What colour is the stool? If the stool is pale in colour this indicates insufficient bile.*
- *Is the flatulence offensive? If so, it is either infection or food sensitivity.*
- *Is the diarrhoea urgent - accidents can happen if not close to a toilet? This will indicate infection or inflammatory bowel disease.*
- *Is there burping after food, with a white tongue? This might indicate low stomach acid (hypochlorhydria).*

Already, just by drilling into the symptom particulars, we have formed an approximate idea of where to look for an answer. Each cause of theses symptoms will require a different treatment. If you have only one treatment for Irritable Bowel Syndrome, that will not succeed with all cases, because IBS is many illnesses with one name. The symptoms are the language of the body which provide direct insight into the precise cause of the disease.

The Medical Timeline

All cases of chronic disease require a detailed examination of the patient's medical time line. We are looking for any relevant disease event no matter how many years ago it occurred. Time is irrelevant because serious disease events, sometimes events which did not seem serious at the time, may result in a 'glitch,' or an affectation, that remains within the nervous system. If the event was strong enough, the nervous system behaves in ways that suggest the event is still occurring, even though many years have passed. You need only think back to your most stressful event: going for your driving licence, sitting your university exams, witnessing a terrible accident, to feel your heart rate increasing, or maybe you are holding your breath. This is because the nervous system cannot always tell the difference between the real event and the memory of it.

The same protective responses, affectations or ‘glitches’, in the nervous system, remain part of the body’s vocabulary. If these glitches cause ongoing functional symptoms, this means the body is asking for help. This is the essence of chronic disease. Now there is an opportunity to identify and treat each glitch or affectation in our patients.

Example

Let us return to our patient with IBS. We looked carefully at his symptom particulars, now let’s look at the history.

If we ask ‘When did the symptoms start?’ here are some potential answers:

- *Since I had travellers diarrhoea while overseas (likely post infective IBS)*
- *Since I started taking the Oral Contraceptive - (likely gall bladder is affected by the synthetic hormones - see Chapter 2).*
- *Since I did that three day fruit fast - Likely a bacterial or yeast overgrowth has been created.*
- *Since I took antibiotics - Likely a yeast or bacterial overgrowth.*

Observing the language of the body, we can now add up three elements

- Presenting Symptoms +
- History +
- What makes the most clinical sense.

Now we are in a better position to order the indicated pathology test, if it is needed, and indeed if such a test exists to validate the initial assessment.

In Chapters 2, 6, 12, and particularly in Chapters 13 and 14, I discuss the medical time line and its relevance in contemporary chronic disease. We are intimately connected to all that has gone before, no matter how long ago that might have been and whether something happened to us in our lifetime or to one of our forefathers in their lifetime. The linear concept of time we know from Western civilisation, gets in the way of seeing the manifestations of the past which endure in the symptom expression of the patient.

Drilling Down into Chronic Disease

To what kind of disease events do I refer? Apart from emotional or psychological stresses, or shocks, it is useful to divide up what we are searching for into three main categories: Toxicity, Deficiency and Infection.

Toxicity

Toxicity includes chemicals, such as pesticides, xenoestrogens, medical drugs and the side effects that these leave behind. One middle aged woman who started having migraines many years ago in her teens, when she started taking the Oral Contraceptive, still gets those same migraines decades later. To help this patient, we have to undo what has been done by the taking of that medication. Even though it was many years ago, we still may have to detox that drug from the liver, or attend to some other affectation that it has caused. Another patient who was exposed to the organophosphate poison, *Lindane,* 40 years ago, still suffers from chronic health problems, which do not completely resolve until the specific toxin has been dealt with. Organophosphates are Persistent Organic Pollutants, which means they endure, whether in the physical environment or in the body.

Other types of toxicity

Heavy Metals - one patient had lifelong headaches and brain fog, arising from a high genetic inheritance of lead.

Electro-magnetic Radiation - some patients are sensitive to EMR. The patient may be woken from that smart meter which is activated in the early hours of the morning, or may be unable to use a mobile phone. One patient I recall could not enter any metropolitan area and suffered the added stress of her family thinking she only had a psychiatric disorder.

Deficiency

Potential vitamin and mineral deficiency must always be checked. This includes relative deficiency, as discussed in Chapter 2. For example: there is no point giving a person only an iron supplement for their fatigue if they are chronically deficient in their Vitamin B12.

Infection

Infection includes organisms from many different groups: viruses, bacteria, mycotoxins, amoebas, helminths and spirochetes (such as those found in many tick borne illnesses).

Some of the above can be found in routine pathology. Many however, require a combination of careful history taking and appropriate specialised functional pathology:

- Microbiome stool tests
- Mycotoxin urine panels

- Krytopyrroluria tests via urine
- Chemical panels
- Western Blot Lyme panels
- Heavy metal analysis via Oligoscan[2] or other
- Genetic testing.

In this book you will find an in depth discussion of toxicity, deficiency and infection, the underlying causes in chronic disease investigation and treatment. I have included some of the case studies which have educated me along the way. Thus you can see what lessons I have learnt even though I may have been rather slow to do so.

I found that the symptoms that make the least sense are the ones which may hold the key to understanding the case. Many cases whose diagnosis evades conventional pathology end up in our clinics. Sometimes the patient is almost apologetic, because their doctor has not been able to understand what is causing the disturbance: because all else has failed, finally the patient is recommended anti-depressants. Misdiagnosis of a chronic disease as depression is a common scenario. If we explore the unusual symptoms and ignore the textbook then we can directly perceive and experience the patient's suffering, without prejudice. In the end, it will make its own sense to us even if it is not found in the textbook.

A Word on Treatment Modality

You will see in the case examples that I prescribe a lot of homeopathy. If you do not use homeopathy, don't worry! The purpose of this book is to share my methodology of assessment, diagnosis and case management of chronic disease. All treatment modalities have their place in chronic disease management, including the one that you practise.

[2] Oligoscan uses spectrophotometry to check for toxic element load