

The Treatment of Immune System Dysfunction

by
W. John Diamond, M.D.

S.O.H.A.T Congress
August 1994

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THE IMMUNE SYSTEM: A TOTAL ONSLAUGHT REQUIRES A TOTAL DEFENSE

INTRODUCTION:

1. The Crisis in Modern Medicine

" The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."

- Thomas Edison.

It is evident that our contemporary Western medical system is in a state of disarray. Though conventional medicine excels in the management of medical emergencies, certain bacterial infections, trauma care, and many often heroically complex surgical techniques, it seems to have failed miserably in the areas of disease prevention and the management of the myriad of new and chronic diseases that fill our hospitals and doctors offices. In America we pay more for our medical care and accomplish less than most other nations of comparable living standards, while health care costs continue to spiral out of control. The health care budget currently consumes 12% of the National Gross Product. The United States Senate and House of Representatives has spent more time on considering health legislation than any other issue during the last two years. Treatment of chronic disease currently accounts for 85% of the national health care bill. Over 60% of all costs are spent on 10% of patients in the last three months of life. This state of affairs is due to the fact that we spend almost nothing to treat the causes of chronic disease before major illness develops and then spend huge sums on heroic measures to maintain life until the very end. The changes that are necessary, however, will not be implemented as long as physicians earn their living and win renown primarily by delivering rescue medicine (interventions that simply treat symptoms), since it is in this area and not prevention that physicians benefit the most. Doctors are confronted daily with patients suffering from illnesses for which conventional medicine offers only superficial treatment of symptoms. The magic of antibiotics is vanishing as a host of resistant strains emerge, diseases such as AIDS and CFIDS have shown us clearly that our present treatments are simply not the whole answer.

The metaphor of a modern plague may be appropriate. Growing numbers of people lack vitality and suffer from a host of complaints difficult to define. Most adults, and now many children, suffer from complaints including allergies, headaches, lack of energy, excessive fatigue and various digestive and respiratory disorders, along with a variety of emotional states ranging from mild depression to mood swings and anxiety. They are manifesting what Jeffrey Bland, Ph.D. calls a state of "vertical ill health". They are not sick enough to lie down (then they would be the horizontally ill) and yet consider themselves normal because most of the people they know are equally unhealthy. They rely on a barrage of antihistamines, anti-inflammatories, analgesics, antidepressants and tranquilizers to maintain adequate daily homeostasis. The side effects they develop from these drugs only add to their problems.

2. Where Did We Go Wrong?

"It is more important to know what sort of person has a disease than to know what sort of disease a person has".

- Hippocrates (460-377 BC)

In the mid-nineteenth century, following the discovery of disease causing microbes, a departure from the philosophy of health occurred due to rival theories concerning the cause of disease. One theory was that infecting microbes were the cause of illness. The opposing theory maintained that these microbes only became infectious if conditions inside the body were right for them. According to this theory, by keeping the internal environment of the body healthy, these potential agents of infection will remain dormant. When the germ theory of medicine became dominant, the birth of contemporary medicine, with its emphasis on infectious causes of disease, rather than physiological balance or harmony, occurred. The concept of having power over the invader as representative of healing led to other arrogant attitudes. The splitting up of the body into manageable departments to dissect out still further the physiology to be directed and manipulated, then became the norm. Doctors then specialized in one or another part of the body. The concept that the parts worked together as a whole was lost. The individual organs could thus be controlled by suppressing them, stimulating them or removing or ablating them. These concepts were further entrenched by the miraculous speed of some of the therapies in the short term and the lack of original thought in the students that were selected for medical school. Medical students are selected on grades, not their questioning or original ideas and thus the status quo is readily accepted and propagated. The departmentalization of the body prevents any interdepartmental relationships developing between organ departments and the whole is lost again. The young doctor then finds himself in a system that rewards "rescue medicine" and ridicules and scoffs at other systems as being inferior, old fashioned or plain quackery. Any movement towards new or innovative treatments or modalities leads to professional censure and loss of licensure. Thus, movement towards a more holistic and natural biological approach to patient healing is done by the single physician with great personal danger, and only the committed and dedicated healers prevail.

3. What Is Illness?

Health is far more than the absence of disease. When we are healthy all our bodily systems and functions are harmoniously balanced and integrated with each other and we are also in balance with our environment. In this state of equilibrium our defense mechanisms and our immune mechanisms can efficiently handle most of the hazards that life presents, whether these are pathogenic organisms, toxic substances, or stress factors of various kinds. Illness represents an internal imbalance that will manifest in order to keep balance in the body. The body will sacrifice one part for the good of the whole. Treatment then, should be focused at correcting the imbalance or internal disturbance, not at suppressing the body's balancing external manifestation. The correcting of the internal problem can only be accomplished using techniques that are able to change the balance in the body. These are the tools of holistic or biological medicine.

4. Susceptibility Versus Disease Versus Symptoms Versus Health

"It is the soil not the seed".

- Louis Pasteur.

susceptibility is the ability of an external or foreign agent to act upon or impress the human body. It is our interaction with our environment. It is the ability to react both to pathogenic agents as well as curative remedies. Susceptibility is the missing information of adaptability to some morbidic stimulus. It is both what makes us sick and what makes us able to respond to a curative remedy. Nothing is intrinsically morbidic, it is our susceptibility that makes it morbidic. It is different in every human being. Everyone has their own expression of their reactivity to their environment. That is why there is a different remedy for each patient. All physiology and pathology depends upon it. Susceptibility may show some commonalities related to the Human Race e.g. radiation, trauma, heat and cold, anoxia; Group susceptibility e.g. epidemics, natural disasters, political happenings, race, location, nationality, cultural; Familial e.g. disease patterns, hereditary tendencies, miasmatic conditioning. Morbid susceptibility is experienced as disease. Normal susceptibility is experienced as health. The purpose of Biological Medicine is to modify your susceptibility such that you are less susceptible to morbidic stimuli. Conventional medicine is more concerned with ablating the morbidic stimulus. Low susceptibility is due to immunological competence or tolerance. Emotions should not make you sick if you are healthy. It is only in a situation of increased susceptibility that emotions become a morbidic stimulus e.g. grief. It is our susceptibility to our remedy that enables us to respond to it and be cured. The remedy satisfies the body's susceptibility and provides the missing adaptation information. It is in competition with the morbidic stimulus to satisfy the body's susceptibility energy void. But, the remedy is harmless, the morbidic stimulus is pathogenic. Susceptibility of an individual is a compilation of hereditary (miasms), acquired or learned susceptibility and the present status of the person.

Disease is a state of manifesting susceptibility. It is a state of sacrifice and personal limitation to preserve the whole. It is the external or subjectively perceived representation (symptoms and signs) of an internal imbalance (blocked homeostatic response) or the direct homeostatic response to a high stimulus morbidic agent. The former is often seen in chronic and emotional disease, the latter in acute disease and intoxications. Disease only occurs if the susceptibility is high or the morbidic stimulus is high or the ratio of the two exceeds a individual threshold in the patient. The disease may be removed by lessening the morbidic stimulus or by lowering the susceptibility or a combination of both. The origin of disease in any patient may have immediate causes or have its origin many years previously. The concept of longitudinal disease patterns needs to be highlighted in the treatment of chronic disease. Immunological manifestations of acute disease relate to the inability to respond adequately to acute infectious insults; in chronic disease this relates to repetitive patterns of infectious disease or to the appearance of autoimmune disease. repetitive hits by a morbidic stimulus in a susceptible patient will produce more symptoms (defensive reactions) and more limitations (disease). The appearance of strong symptomatology in a patient is not a bad sign, but an indication of reactive ability. It is the passive patient with few symptoms that dies quickly.

Symptoms

Symptoms are any manifestation of a deviation from a previous pattern of health perceptible by the patient, individuals around him/her, or by a physician. It is manifestation of disordered internal homeostasis and represents the symbolic language of the problem. It is evoked by the body to protect the weakness or heightened susceptibility of the organism and to maintain its integrity. They represent a disturbance of sensation and function i.e. a deviation from the normal state of perceived state of being. Symptoms are observable by the senses (no testing necessary) and are constant over time from eon to eon. Symptoms are an indication of the internal state of the patient, an indication of where they are "at" in their evolution and where they are "stuck" (a form of avoidance). Symptoms are always a sacrifice or limitation in some way or something. They are never exactly the same in any two individuals; should be put together to form a totality; they do not lie; and they exist in time - each symptom has a time span. There are 3 questions to ask about symptoms: 1. what are the symptoms protecting in the patient? 2. what is being sacrificed by having these symptoms? 3. what would happen if these symptoms weren't there? Remember symptoms are always logical, they have to make sense, the body is a highly intelligent and sophisticated organism. The natural order of sacrifice is external organs (skin); internal organs (hollow then solid) and then the brain. The deepest form of disease involves the preservation of the ego with the wish for death representing the ultimate sacrifice. The correct remedy lessens the sacrifice e.g. in diarrhea the remedy decreases the sacrifice of fluids.

Health

As stated before, health, is not the absence of disease. There is a progressive movement from disease to health. In each patient it presents a wider or narrower spectrum of biological reactivity or movement. If you follow the progression of a patient from disease to health, you can see any of the following stages manifesting: 1. suppression, with disappearance of symptoms (what regular medicine usually accomplishes). The disease process is suppressed, the symptoms disappear and the patient appears well. This wellness is only temporary, the symptoms are driven deeper into the organism and will manifest at a later date in a more critical organ; 2. recovery, return to a previous state of health with removal of major symptoms. This can be spontaneous, after treatment or after removal of maintaining cause. 3. cure, which is a much deeper and more significant process. There are 4 aspects to cure: a. the whole process is cured, b. it cures the patient not the disease, c. there is complete restoration of health, d. it is permanent with no relapses. 4. Change of susceptibility - the patient's susceptibility is lowered. This often represents removal of a miasmatic layer. 5. The physical changes may be seen adhering to Hering's Law of Cure: life is a centrifugal and organizing force, whilst disease is a centripetal disorganizing force. Disease disappears from above downwards, within outward, in reverse order of appearance, and from a more critical organ to a less critical organ. 6. Total cure, culminating in health, represents removal of all obstacles for the full expression of the potentiality of the organism at all levels. Hygienics will cure 50% of all disease. This includes nutrition, activity, environment, creativity and psychosocial encounters.

EMBRYOLOGY

Embryology, the science of fetal development is given scant attention after the early days of medical school, but the study of embryology makes obvious many of the relationships that are evident in biological medicine. The segmental development of the fetus into 32 segments allows relationships at the segmental level between organs, muscle groups and skin dermatomes. Disease is always manifested in all components of the dermatome and, conversely, treatment of any one segment must encompass treatment of the other components or cure will not be complete, or relapse will occur. The entoderm or primitive gut gives rise to many structures. The pharyngeal gut forms the ossicles, eustachian tube, inner ear, mandible, palatine tonsils, parathyroid glands, thymus, thyroid gland, larynx, trachea, bronchi and lungs. The caudal part of the foregut forms the esophagus, stomach, duodenum, liver and gall bladder, and pancreas. The midgut produces the remainder of the duodenum, jejunum, ileum, caecum and appendix, ascending colon and proximal two thirds of the transverse colon. The hindgut produces the distal one third of the transverse colon, the descending colon, sigmoid, rectum and upper portion of the anal canal.

The gut as a whole extends the full length of the 32 segments of the body, is exposed to more antigens, toxins and flora, produces more hormones and neurochemicals and has more lymphatics and lymph nodes than any other organ in the body. It is the prime immunological interface of the body with its environment. A problem in the bowel is a problem with immunity.

The other system impacting the whole body and its regulation is the Autonomic Nervous System.

THE AUTONOMIC NERVOUS SYSTEM

This integrated system extends from the head to the sacrum and is the brain's sensor and executor at a distance. The sympathetic system originates from the brain via the spinal cord and paraspinal sympathetic ganglia and innervates every organ, every blood vessel and sweat gland in your body. It is turned on during emergencies and mediates vigilance, arousal, activation and mobilization.

The nerve endings of the sympathetic system secrete adrenaline to the adrenal gland and noradrenalin to the nerve endings. The sympathetic nervous system is turned on during stress. The other half of the autonomic nervous system is the parasympathetic nervous system which balances and opposes the activity of the sympathetic nervous system. The parasympathetic component mediates growth, energy storage, calm and other vegetative properties, such as digestion and procreation. The parasympathetic outflow has two major outlets, the cranium (vagal outflow) and the sacrum (pelvic plexus). It is the imbalance of these two systems that leads to the majority of physical complaints and manifestations seen day to day. The emotional stressors that we subject ourselves to on a day to day basis produce a chronic firing of the sympathetic component of the system, mainly through hormones secreted from the adrenal gland. The body does not distinguish between real or imaginary danger. It is in the sympathetic and parasympathetic nervous system and its limbic and cortical connections that we store emotional reactive defense mechanisms that "protect" us for the rest of our lives. This memory exists at the level of the brain, hypothalamus, limbic system and ganglia, and will be evoked non specifically by many stimuli until the relationships are restored by physician intervention.

CHILDHOOD DEVELOPMENT

One comes into life with a complement of genes governing your susceptibility, weaknesses, strengths and any acquired problems from your mother during the pregnancy. The hereditary problems are miasmatic in nature and relate more to your grandparents than your parents. But, taking this as a biological starting point, the first six months of life tend to indicate the pattern for the future. Problems with feeding and milk or formula intolerance, infections and fussy behavior usually portend troubles with immunity for the life of the individual. These are expressed as a heightened susceptibility to infection or allergies as the child ages. The premature introduction of milk, or solid foods without breast feeding tends to be a major culprit. The child is then subjected to parental patterns and pressures and develops a reciprocal survivalistic response, which if successful, will be the primary response to all stress in the individual's life and colors his self concept and chances for true health as described above. Many further overlying layers of protective reactionary behavior and "stuck" patterns may accumulate over time. Each time the emotional component is integrated with a physical component that is recorded in the autonomic ganglia and higher centers, as well as the segmental muscle and Chinese meridians and associated acupuncture points. It is the unlayering of the emotional and physical component of each protective shield that biological medicine must accomplish.

DOMINANT FOCUS THERAPEUTICS

Many patients with chronic disease are refractory to all treatment, both conventional and biological. In these therapy resistant chronic patients a "focus" with associated disturbance field is the cause of the problem. A focus or an interference field are synonymous terms that describe a localized area of the body that has lost its homeostatic regulating capacities. These areas of tissue are cut off from the normal neurological, vascular and nutritional pathways that maintain normal healthy cellular functioning. The German literature mostly ascribes the focal disturbance to being a failure in the "neurovegetative system". This a commonly used term in Europe to encompass the autonomic nervous system and the connective tissue or mesenchyme. The connective tissue acts as an "undivided syncytial cell system". Based on research using hundreds of biopsies and electron microscopy, it has been found that the autonomic nerves do not directly innervate the organs but lie outside and use the connective tissue as a conduit for the passage of neurotransmitters. (Nor do the capillaries actually infiltrate the organs, but also lie free in the extracellular fluid within the mesenchyme. The latest research indicates that the autonomic nervous system neurons are actually outcroppings of the fascia, and since both are derived from fibroblasts, are one and the same tissue. Therefor, a disturbance within the neurovegetative system from a focal injury causes chronic and continuous bioelectric and biochemical dysfunction to every cell within the body. This also precipitates blockage within the lymphatic channels and vascular ischemia. Over time this "short circuit" within the neurovegetative system can allow opportunistic microbes to infiltrate and the area can then become a pathogenic bacterial or fungal focus.

A dominant focus, by definition, must also cause a disturbance field - a remote or distal area of tissue - that is secondarily affected adversely by the focus. Korr's neurological research has shown that axonal transport of nutrient information along the neurone can also include pathogenic microbes as well as normal indigenous biochemicals. A focus, therefore, can transport altered bioelectric impulses, microbes, or after 2-3 months of disturbance, breakdown chemicals such as Substance P through the sensory nerves, to the spinal cord, and then into the autonomic ganglia additionally, these pathogenic chemicals and disturbed bioelectric impulses cause a secondary disturbance through the communication between the autonomic nerves with the hypothalamus and connective tissue to any place in the body. Thus the theory of axonal transport explains why the disturbance field can be in the pelvis from a focus in the tonsils. Not only does the disturbed focal tissue cause this neuropathogenic reflex dysfunction, but it also alters the cellular functioning bioelectrically. The normal cellular membrane millivolt potential is approximately -90 millivolts. A focal disturbance can change this potential to -10 to -20 millivolts in degenerative disease, or raise it to 1,500 millivolts in scars. In either case, the regulatory mechanisms of the cell are out of balance, and the surrounding extracellular fluid within the connective tissue also becomes bioelectrically altered. Since the connective tissue communicates with every cell within the body, this cell membrane millivolt potential can also cause very distal and sometimes puzzling disturbance fields.

In summary, foci or interference fields can cause disturbance fields distally through alteration and dysfunction of the neurovegetative system. The neurovegetative system consists of the autonomic nervous system and hypothalamus and the connective tissue or mesenchyme can:

1. set up a negative bioelectric and biochemical loop between the focus and the autonomic ganglia, and then secondarily disturb a remote area through the hypothalamic or spinal ganglia neurons,
2. alter the negative millivolt potential of the focal cells and communicate this bioelectric and biomagnetic disturbance through the connective tissue to a distal disturbance field.

Causes of Foci -

Many foci arise from unsuccessfully treated or suppressed infections with the use of antibiotics. Others arise from surgical procedures that do not completely clear out the infection or dysfunction. Finally, modern dental procedures such as root canals or high speed drilling create probably the most numerous and toxic foci within the body. In short any insult to the body in which the disturbance is greater than the system can defend or repair itself, can develop into a focus.

The following is a list of typical foci found in patients:

Dental Foci:

- Root canal teeth
- Devitalized teeth, without rootcanals
- Impacted teeth
- Foreign bodies such as bit of metal from high speed drills
- Corrosion of dental metals in teeth, gum and bone
- Incompatible dental materials
- Dissimilar metals setting up currents in the mouth
- Remains of teeth and nerve roots from incomplete extractions
- Gingivitis, periodontitis
- Root cysts
- Granulomas
- Jaw osteitis, acute or chronic, bacterial or non bacterial

Non Dental:

- Scars from surgery or trauma
- Unresolved tonsillitis
- Tonsillectomies and adenoidectomies
- Unresolved sinus infections
- Sinus surgery
- Reproductive and unresolved STDs, hysterectomies, abortions, past IUDs and prostatitis
- Unresolved appendicitis
- Appendectomies
- Hernias, umbilical or inguinal, and surgery to attempt repair
- Chronic unresolved or suppressed infections
- Unresolved cholecystitis
- Cholecystectomy

Treatment of Foci:

The treatment of foci includes neural therapy (use of injected local anaesthetics), laser or electroblock. In the mouth extraction or debridement may be necessary and in the abdomen removal of the appendix or gall bladder may be necessary.

EMOTIONAL DISORDERS AND BLOCKS

Many patients still experience ongoing disease despite adequate biological treatment for their physical ailments. In these patients, if focal problems have been ruled out, an emotional block must be entertained. The block and its emotion will often correlate with the associated organ that is demonstrating ongoing pathology.

Organ-Emotion Correlations:

ORGAN	MAJOR EMOTION
Bladder	Irritation
Gallbladder	Resentment
Heart	Shock-Joy-Guilt
Kidney	Fear
Large Intestine	Stuck
Liver	Anger
Lung	Grief
Small Intestine	Vulnerable
Spleen-Pancreas	Low Self Esteem
Stomach	Disgust
Thyroid-Adrenal	Confusion
Female	Unresponsive
Male	Unresponsive

These emotional blocks may be elicited by psychotherapy, hypnosis, a good history, direct enquiry or by kinesiology.

Emotions usually relate to a standard set of issues which include:

- God
- Family - Love
- Health
- Sex
- Religion
- Prosperity - Career
- Spirituality
- Money
- Self

The episode which triggered the emotion can be further pinpointed by both time and issue questions. Treatment is usually by classical homeopathy, hypnosis, counseling or Neuro Linguistic Programming.

THE GUT AND IMMUNITY

Disordered microbial ecology in the gut that causes illness is called **Dysbiosis**. In dysbiosis, organisms of low intrinsic virulence, including bacteria, yeasts and protozoa, induce disease by altering the nutrition or immune responses of their host. Published research has implicated intestinal dysbiosis as a cause of Vitamin B12 deficiency, steatorrhea, irritable bowel syndrome, inflammatory bowel disease, autoimmune arthropathies, the genesis of colon and breast cancer, psoriasis, eczema, cystic acne and chronic fatigue.

The mechanisms for these disorders are varied:

Bacteroides causes B12 deficiency by uncoupling the B12-Intrinsic factor complex;

Klebsiella and *Proteus* are thought to precipitate ankylosing spondylitis and rheumatoid arthritis in genetically susceptible individuals through mimicry of human HLA antigens.

Protozoan infestation can cause arthritis by circulating immune complexes.

Aerobic bacteria may cause irritable bowel syndrome by increasing intestinal prostaglandin synthesis.

Candida Albicans causes bowel inflammation through Type I hypersensitivity.

Colon carcinogenesis is enhanced by alterations in gut fermentation patterns and bacterial bile salt metabolism.

Altered estrogen metabolism by gut flora may account for dietary effects on mammary carcinoma.

Activation of the alternative pathway of complement by bacterial endotoxin or yeast zymosan as a result of increased intestinal permeability may underlie the pathophysiology of Crohn's disease, psoriasis, and cystic acne.

Amebic lectins can induce HIV replication in vitro.

Enteroviral antigenemia is a feature of the chronic fatigue immune dysfunction syndrome. Prolonged enteroviral replication results from local immune suppression due to intestinal dysbiosis.

The bowel flora must be normalized for normal immunity in the body. Overgrowth and predominance of organisms are caused by antibiotic usage, histamine antagonists, decreased stomach acid production, birth control pills and poor diet. Any history of bowel problems should cause you to investigate the patient for parasites, protozoans, yeast or bacterial overgrowth. Many clinical syndromes attributable to yeast may be caused by any of the above organisms. The use of grape seed extract, garlic, berberine, echinacea, caprylic acid, iodine, Chinese herbs, bowel nosodes, probiotic seeding and dietary restriction for food allergies are more successful than regular chemotherapeutics in rebalancing the flora.

TESTING THE IMMUNE SYSTEM

The first issue to consider in the immune system of the patient is whether they are **allergic** or **anergic**. Allergy is defined as an exaggerated, oversensitive **hyper**reaction of the immune system and anergy as a deficient **hypo**reaction. There is a possibility of both reactions in the same person.

Testing for all these following factors may be accomplished by Electro Acupuncture according to Voll (EAV) or what we now call Electrodermal Testing; Vega Testing (according to Schimmel - most of the test ampules are from his system) or Clinical Kinesiology (muscle testing) or use of the Bidigital -O-Ring Test of Omura.

The most important issues to ascertain in the chronically ill patient are:

1. Open or closed electrical system (palm on umbilicus)(electrical stressing).
2. If blocked - what is the focus? What is the most relevant focus if multiple (Causticum D400).
3. Energetically stressed organs (Neural Kinesiology 1 point).
4. Most stressed organ (Zincum met D200)(Thumb/little finger).
5. Most damaged organ (Phosphorus D32).
6. Key toxin - Homotoxicology (Zincum met D12).
7. Biological age - 3 layers.
8. Immunity - overactive/underactive (sycosis/psora).
9. Autoimmune disease (Allergy injectopas).
10. Allergies (Histamin D60).
11. Food allergies (Causticum D30).
12. Vitamin deficiency (Manganese D200).
13. Mineral deficiency (Cuprum D200+Cobalt D200).
14. Enzyme deficiency (Zincum met D200).
15. Hormone deficiency (Molybdenum D200).
16. Emotional stress (Epiphysis D4).
17. Psychic autonomic disturbance (Thalamus D4).
18. Causal chains.
19. Trace elements (Cobalt D200).
20. Dysbiosis colon (Skatol D32).
21. Dysbiosis small intestine (Indican D32).
22. Infection enterococci (Strep fecalis D32).
23. Fungal Dysbiosis (Monilia albicans D24).
24. Acid pH (Lithium carbonate D30).
25. Alkaline pH (Acidum oxalicum D30).

See: Neural Kinesiology Flow Chart and Therapy Localization Points.

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CASE 2.

A 28 year old lady presents with pelvic inflammatory disease, chronic pelvic pain and hormonal problems for 6 years.

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Biological Terrain:

Miasms or inherited weaknesses may be pronounced in chronic disease. Psora, sycosis and syphilis are the three miasms behind every chronic disease, either jointly or separately.

CASE 1.

A 64 year old lady presents with the following complaints:

- **Chronic cough since 1987.** No previous infection, just started to cough at night and would have to sit up with pillows. It is worsened by eating yogurt. Sometimes the cough will last 15 to 20 minutes. It seems better at the sea.
- **Chronic sinusitis and allergies** all year round with post nasal drip.
- **Fatigue, excessive.** Her family has a history of goitre. She is on synthroid and it does not seem to help. She wants to change to a natural thyroid.
- **Angina and heart attack 1990.** Occurred after car accident and death of friend. Takes nitroglycerine as needed.
- **Digestion,** very poor. Lots of gas all the time. Bowels are regular.
- **Sleep** is good. She is a **hot sleeper.**
- **Weather,** loves the sun, but is **warm blooded. Loves the sea.**
- **Pelvic pain** for years on the left side.
- **Arthralgia of the small joints,** stiff in the morning, but can be worked out.
- **Foods:** loves **sour** things and **chews ice.** Also likes **spicy** things and **tart apples.**
When she eats corn bread she gets a **lump in her throat.**
- **Cold sores,** occasional.

Childhood: One of 9 children. Happy childhood, but very poor. She was very outgoing, did well at school "A" student. Mother died tragically 15 years ago after an influenza immunization, it left her devastated. She nursed her for 6 months before she died. Married at 17, lasted 5 years, husband was alcoholic and abused her mentally and physically. Came to Reno for a divorce and stayed. Had one son by that marriage. Remarried 3 years later, was with this man for 35 years when he died of a brain tumor. She nursed him for 4 years until his final demise in March of 1987. She is now remarried for 3 years to a nice man whose wife died of breast cancer. She loves to travel and has worked for United Airlines for 26 years but was laid off with one weeks notice in 1986. She loves people. She is a very pleasant lady and makes easy contact with me.

Physical Exam: Small goitre, non tender. Tongue - swollen, red with thick white coat. Pulses - abnormal spleen, lung and kidney. EAV: inflammatory readings in lung (L), allergy and kidneys. Lungs were clear to auscultation and percussion. Good air entry. Abdomen was tender in LLQ and bloated. Tender at LI 11, Sp 6, Kidney 9 and Heart 3. Hysterectomy scar.

Treatment Plan:

- Homeopathy - classical.
- Homotoxicology
- Acupuncture
- Chinese Herbs
- Counseling

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CASE 3.

A 33 year old lady presents with chronic debilitating fatigue, headaches, dizziness, palpitations, TMJ syndrome, nausea and dry heaves, myalgia and arthralgias, vaginal discharge and constipation.

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CASE 4.

A 35 year old male presents with abdominal pain, diarrhea and sinusitis.

Bibliography:

1. A Protocol for Immune Therapy in Functional Medicine - Roy Martina, M.D., Life Force Research Inc.
2. Intestinal Dysbiosis - Leo Galland, M.D. - Great Smokies Diagnostic Laboratories.
3. Neural Kinesiology and Neural Therapy - Dietrich Klinghardt, M.D., Seminars 1992.
4. A Manual of Dominant Focus Therapeutics - Robert L. Shane and Louisa L. Williams.
5. Alternative Medicine, the Definitive Guide - The Burton Goldberg Group, Future Medicine Publishing Inc, 1993.