

ARE MOST DISEASES CAUSED BY THE MEDICAL SYSTEM?

Medical treatments, pharmaceutical drugs and decisions based on wrong information are responsible for causing an epidemic of disease throughout the western world.

by Walter Last © 2007

Website:
<http://www.health-science-spirit.com>

I do not want to pretend that this is an impartial investigation. Instead, I am now completely convinced that most diseases are indeed caused by the medical system, and in the following pages I state my reasons for this conclusion. Increasingly over the years, my health beliefs have been turned around.

I started out by working as a biochemist and toxicologist in university medical departments, fully believing that all these chronic and incurable diseases are indeed incurable and generally of unknown origin, but that pharmaceutical drugs make life easier for patients and often are even curative. My re-education started after immigrating to New Zealand and learning about natural healing and living; this made me realise that disease is mainly caused by unnatural living conditions and can be overcome by natural methods of living and healing.

While I learned about the harmful nature of drug treatment, I was still thinking of it as being ineffective and causing side effects rather than as a main cause of our diseases. Diseases caused by medical treatment are called *iatrogenic* diseases. The total number of iatrogenic deaths in the USA for 2001 is estimated to be 783,936; these were due to fatal drug reactions, medical error and unnecessary medical and surgical procedures. With this, the medical system is the leading cause of death and injury in the United States. In comparison, the 2001 heart disease death rate was 699,697 and the annual cancer death rate 553,251.¹

This is also the reason why it is so beneficial for patients when doctors go on strike. Statistics show that whenever there has been a strike by doctors, the death rate in the affected population has fallen dramatically. In 1976, the death rate fell by 35 per cent in Bogotá, Colombia, and by 18 per cent in Los Angeles County, California, during doctors' strikes. In Israel in 1973, the death rate fell by 50 per cent during a strike. Only once before was there a similar drop in the death rate in Israel and that was during another doctors' strike 20 years earlier. After each strike, the death rate jumped again to its normal level.²

However, these figures for iatrogenic deaths do not take into account iatrogenic diseases from the long-term harm done by medical treatments where patients survive but with a chronic disease. My real awakening to this problem started when I became aware of the story of Orian Truss who discovered the candidiasis-causing potential of antibiotics.

Dr Orian Truss's Candida Discovery

In 1953, in a hospital in Alabama, USA, Dr Orian Truss discovered the devastating effects of antibiotics.³ During a ward round, Truss was intrigued by a gaunt, apparently elderly, man who was obviously dying. However, he was only in his forties and had been in hospital for four months. No specialist had been able to make a diagnosis. Out of curiosity, Truss asked the patient when he was last completely well. The man answered that he was well until six months before when he had cut his finger. He had received antibiotics for this. Shortly afterwards, he developed diarrhoea and his health deteriorated. Truss had seen before how antibiotics cause diarrhoea. It was known that *Candida* was opportunistic and thrived in debilitated patients, but now Truss wondered if it might not be the other way around—that candida actually *caused* the debilitated condition. Truss had read that potassium iodide solution could be used to treat candida infestation of the blood, so he put the patient on six to eight drops of Lugol's solution four times a day for three weeks and soon the patient was completely well again.

Soon afterwards, Dr Truss had a female patient with a stuffy nose, a throbbing headache, vaginitis and severe depression. To his amazement, all her problems immediately cleared with treatment for candida. Some time later, he saw a female patient

who had been schizophrenic for six years and had had hundreds of electroshock treatments and massive drug dosages. He started treating the woman for sinus allergies with a candida remedy. Soon she had recovered mentally and physically, and remained well.

From then on he treated his patients against candida at the slightest indication of its presence. Many of his patients made remarkable recoveries from most unusual conditions, including menstrual problems, hyperactivity, learning disabilities, autism, schizophrenia, multiple sclerosis and auto-immune diseases such as Crohn's disease and lupus erythematosus.

Every experienced naturopath can relate similar success stories. Also, some alternative medical practitioners have realised the curative potential of anti-candida therapy, as for instance Dr William Crook who wrote several books about the successful treatment of allergies and hyperactivity in children.⁴

The Antibiotic Syndrome

Candidiasis is not the only side effect of antibiotic treatment, and antibiotics are not the only drugs that cause such problems. Drugs used in chemotherapy, anti-inflammatory steroidal drugs and other long-term drug therapies tend to kill or suppress the natural intestinal bacteria, and so yeast, parasites and harmful bacteria start taking over. This condition is called *dysbiosis*. Most patients receive such drugs in hospitals and can be expected to develop systemic candida overgrowth as a result.

Our natural intestinal flora, mainly based on lactobacteria, not only help to digest and absorb food but also protect us against ingested harmful bacteria that otherwise might cause food poisoning. With a healthy intestinal flora, millions of salmonella bacteria might be needed to cause an infection; but with dysbiosis, only tens of salmonella would be required.

With chronic dysbiosis the intestinal wall becomes inflamed, causing ulcers, appendicitis, malabsorption and Crohn's disease, and, as the intestinal membrane erodes, the patient develops multiple food allergies, arthritis and autoimmune diseases. In addition to candida, other pathogens and parasites now invade the bloodstream and various organs. With live-cell analysis, natural therapists can see and show their patients the fungi in their blood. This invasion greatly weakens the immune system so that people now become susceptible to frequent or chronic infections. Commonly these are then treated with more antibiotics—a practice which continues to intensify the symptoms.

Actually, the problem is not with the antibiotics. You can take a course if you feel it is needed, provided that you take a fungicide, such as fresh garlic, at the same time and have some probiotics after the antibiotics and before you ingest any carbohydrates. This will prevent most diseases that are caused by the careless medical method of using antibiotics. For more details, see "Candida and the Antibiotic Syndrome" (<http://www.health-science-spirit.com/candida.html>).

Autoimmune Diseases and Asthma

Autoimmune diseases, including psoriasis, lupus erythematosus and pancreatitis, have been linked to dysbiosis. When remedies are given that bind bacterial endotoxins, these conditions usually improve. In addition, autoimmune diseases have been shown to

be linked to mycoplasmas or nanobacteria which start to develop from diseased red blood cells in the presence of toxic chemicals and systemic candida. The weaker our immune system becomes, the more these mycoplasmas start to develop into bacterial and, finally, fungal forms. They have been found in all autoimmune diseases, cancers and AIDS.⁵

Antibiotics are also a major contributing cause of asthma. According to a study, children who received broad-spectrum antibiotics were about nine times more likely to suffer from asthma.⁶ A recent research paper confirmed dysbiosis as a main cause of asthma.⁷

In the 1980s, New Zealand had the highest rate of asthma deaths in the world. This rate was drastically reduced when in 1991 the inhaler drug Fenoterol was banned, as it caused a 13-times higher risk of dying.⁸ This reduction in the asthma death rate was generally hailed as a great triumph for medical science. Other studies revealed that asthmatics using more than one bronchodilator inhaler a month had a 50-fold increased risk of suffering a fatal asthma attack.

In addition to asthma, I also see the combination of pasteurised cow's milk with antibiotic-induced dysbiosis in babies and infants as the main cause of their frequent infections and glue ear and greatly contributing to cot death. Because health authorities insist on pasteurising milk, and doctors prescribe antibiotics without the

most basic precautions, I regard asthma and most childhood infections as predominantly iatrogenic diseases.

In the "good old days", people ingested a lot of lactic-acid-fermented foods and raw milk products that replenished our "good" bacteria; and because antibiotics had not been invented, dysbiosis and therefore chronic diseases were rare. Instead, people mainly died from acute infections due to unhygienic living conditions, and in the slums also from malnutrition.

Staphylococcus aureus, or golden staph, causes serious infections in hospital patients. It has been found that not only golden staph but also other infections are greatly potentiated when they occur in combination with candida overgrowth. As candida overgrowth is a natural outcome of the standard hospital treatment, it is easy to see why golden staph is so deadly in hospitals.

A similar picture emerges with AIDS. People do not die from the AIDS virus but from candida or fungus-potentiated bacterial and mycoplasma infections. The end stage of AIDS is the same as the end stage of cancer. It is called *cachexia*, a wasting condition mainly caused by fungal overgrowth. Lugol's iodine solution and other systemic fungicides should do wonders for it. Presently MMS, a 28% solution of sodium chlorite, is also gaining acceptance as an effective antimicrobial remedy (see <http://miraclemineal.org>).

All of this shows that antibiotic-induced dysbiosis and candida are not isolated and relatively harmless problems, as the medical profession prefers to believe, but, rather, are the underlying cause of most of our modern diseases.

Cancer and Leukaemia

One hundred years ago, the rate of cancer was very low. I have no doubt that the phenomenal increase in the use of agricultural and industrial chemicals as well as pharmaceutical drugs has

Most patients receive such drugs in hospitals and can be expected to develop systemic candida overgrowth as a result.

greatly accelerated the increase in the cancer rate, and there is also a link to the consumption of sugar. Even stronger is the link to dysbiosis and candida.

Chemotherapy commonly leads to systemic candida infections, which greatly limit the success rate of the treatment. Long-term follow-up studies show that children develop 18 times more secondary malignant tumours later in life, that girls face a 75-times higher risk of breast cancer by the time they are forty,⁹ and that the risk of developing leukaemia after chemotherapy for ovarian cancer increases 21-fold. Also, other tumours commonly develop after treating malignancies with chemotherapy.¹⁰ A main problem appears to be the development of deep or systemic candida infections shortly after starting chemotherapy.¹¹

Only recently have oncologists started to acknowledge what patients called "chemo-brain", a distressing loss of memory and other cognitive functions. Psychiatrists have now found that the conventional treatment of cancer causes serious depression in 15 to 25 per cent of patients. "The depression itself can often be worse than the disease," they say.¹² Brain fog and depression are common with systemic candida.

All of this shows that chemotherapy tends to cause leukaemia and cancer many years later, mainly as a result of dysbiosis and systemic candida infection. The reason for the widespread use of chemotherapy despite its lack of effectiveness, severe side effects and long-term cancer promotion can be seen in the fact that private-practice oncologists in the USA typically derive two-thirds of their income from selling chemotherapy to patients.¹³

This chemotherapy connection makes it very likely that dysbiosis and systemic candida also promote cancer and leukaemia when they are caused as a result of antibiotic treatment. The rate of cancer really accelerated only after the use of antibiotics became widespread.

There is also more direct evidence that candida and other fungi are a cause of leukaemia. Meinolf Karthaus, MD, reported on several children with leukaemia going into remission upon receiving antifungal remedies for their "secondary" fungal infections.¹⁴ In his lifetime of work, Milton White, MD, found fungal spores in every sample of cancer tissue he studied.¹⁵

Fungal infections have been diagnosed and treated as leukaemia, and leukaemia has disappeared on grain-free diets, presumably because of the high content of mycotoxins in grains.¹⁶

The Italian oncologist Dr Tullio Simoncini claims a success rate of up to 90 per cent by treating cancer as a fungus. He infuses tumours with sodium bicarbonate solution and recommends taking bicarbonate in water to get rid of gastro-intestinal cancer.¹⁷

Recently I received a personal communication that a large stomach tumour had unexpectedly shrunk after some mouthwash was swallowed for a few weeks for a different problem. The main ingredient of this mouthwash was benzoic acid, a strong fungicide that inhibits the metabolism of fungal cells. Cancer cells have the same fungal-type metabolism which thrives on high levels of glucose and insulin, and they may therefore be regarded as types of fungal cells.

While the work of the German doctor Ryke Geerd Hamer¹⁸ shows that emotional shock is a major trigger for the development of cancer, a weak immune system as caused by intestinal

dysbiosis, systemic candidiasis, toxic chemicals and root canal treatments appears to be an essential co-factor. After all, a century ago people must have had a similar number of emotional shocks as at present, but cancer was very rare. Conversely, there are lots of people with dysbiosis and filled root canals that do not have cancer, but add emotional shock and *voilà!*

Root Canal Fillings

Root-canal-filled teeth are a variation on the theme of intestinal dysbiosis. They, too, appear to be a major contributing factor in many health problems, including cancer, heart disease, arthritis, kidney disease and auto-immune diseases. This is due to microbes that multiply in the multitude of tiny canals or tubules in the dentine and gradually leach out into the lymph system. Even normally harmless microbes become very dangerous and more virulent and toxic under the anaerobic conditions in dead teeth.

Dr Weston Price,¹⁹ a former Director of Research for the American Dental Association, observed that the removal of root-filled teeth from patients with kidney or heart disease would in most cases lead to an improvement. When he inserted a removed root-filled tooth under the skin of a rabbit, the animal would die within two days. When he implanted normal teeth, there was no adverse health effect. In some experiments he implanted the same fragments of root-filled teeth in succession under the skins of up

to 100 rabbits and they all died within two weeks of the same disease that the human donor had!

Dr Price conducted about 5,000 experiments over 25 years. He did not find a reliable method to disinfect dead teeth and make them safe. His research has been suppressed, and if at all mentioned by our dental associations then it is described as "dated" because this research was conducted and published over 70 years ago but has never been repeated or otherwise investigated and root canal fillings have never been shown

to be safe. The main argument for the supposed safety of root-canal-filled teeth is that millions of people have them and are still alive many years later. The question of root canal fillings causing widespread degenerative diseases is not discussed or researched. Dr Price found that about 30 per cent of individuals have such a strong immune system that they do not develop problems from root canal fillings until they become old, but the remaining 70 per cent develop problems much sooner.

I regard root canal fillings, even more so than intestinal dysbiosis, as a major cause of autoimmune diseases. In 1993, George E. Meinig, DDS, a former root canal specialist in the USA, republished the dental research of Dr Price in a popular version and included his own experiences.²⁰

Iatrogenic Heart Attacks and the Chlorine Link

One hundred years ago, heart attacks were almost unknown despite diets generally being high in saturated fats. The ascent of heart attacks began with the pasteurisation of milk and the use of chlorine to kill bacteria in public water supplies. This began around 1900 and was generally accepted in western countries in the 1920s. From 1920 onwards, the explosive increase in the incidence of cardiovascular disease and fatal heart attacks began, but only in countries that chlorinated their water supplies. These diseases remained unknown in, for instance, Africa, China, Japan

All of this shows that chemotherapy tends to cause leukaemia and cancer many years later, mainly as a result of dysbiosis and systemic candida infection.

and other parts of Asia. However, when Japanese citizens immigrated to Hawaii where water was chlorinated, they suffered the same rate of heart attacks as the Americans. And the black population in the US has the average US rate of heart attacks, but not so their brothers in Africa. Residents of the non-chlorinated Roseto in Pennsylvania remained free of heart attacks unless they moved to a chlorinated area.²¹

Some of the chlorine reacts with organic impurities in water to form organochlorines (DDT is an organochlorine), while the rest remains as residual free-chlorine in the water. It may then react either with food chemicals or with parts of our digestive tract. In 1967, Dr Joseph Price in the USA performed a decisive experiment. With one group of 50 three-month-old chickens (cockerels), he added one-third of a teaspoon of chlorine bleach to about one litre of their drinking water whilst another group of 50 chickens served as controls. Seven months later, over 95 per cent of the chlorinated group had advanced atherosclerosis, yet none of the control group showed any such evidence. In the following years Dr Price repeated his experiment many times, always with the same results, and more recently even researchers funded by the US Environmental Protection Agency have confirmed atherosclerotic-type changes in other animals, including monkeys, when exposed to chlorinated water.²²

Drug and Chemical Cocktails

Basically all drugs are more or less toxic: the more so, the more "powerful" they are. Natural remedies cannot be patented; therefore, in order to maximise profits, the pharmaceutical industry routinely makes and sells synthetic versions of effective natural remedies. Synthetic substances are usually more difficult to detoxify than natural remedies and tend to create more problems the longer they are taken. Often they become highly addictive and after some time may cause the symptoms that they originally alleviated. However, this is rarely acknowledged by drug companies or medical practitioners; instead, when a problem arises, alternative or additional drugs are prescribed.

A main problem is that drugs are tested individually for relatively short periods, but then prescribed as drug cocktails for very long periods. Drugs have not been tested under these conditions and therefore all drug use, except as individual drugs for short periods, is unscientific and unsafe. As a result of this, there are countless dangerous and fatal drug interactions and side effects, as reported in numerous books, articles and statistics.

It is similar with the thousands of synthetic chemicals and heavy metals that are allowed by health authorities to contaminate our living space. These are even less tested than drugs but also react with each other and with drugs in a brew that is impossible to disentangle.

I want to mention just one instance of such a combination. The herbicide paraquat and the fungicide maneb are widely used in farming and may remain present as residues in crops. Each on its own did not cause a problem, but if rats and mice were exposed to both together, even at very low rates, they developed symptoms of Parkinson's disease. The leader of the research team said: "No one has looked at the effects of studying together some of these compounds that, taken by themselves, have little effect. This has

enormous implications" and "it's a huge problem to start thinking about a nearly infinite array of mixtures of chemicals, instead of the risk that a single chemical might pose".²³

We have similar problems with fluoride and chlorine as well as mercury, aluminium, nickel and other heavy and toxic metals being deliberately put into vaccines and used in dentistry. For detailed documentation of the problems associated with heavy metals and endocrine-disrupting chemicals, see articles by Bernard Windham.²⁴

Lack of Sunlight Implicated in Diseases

Health authorities and medical associations have campaigned strongly on avoiding sun exposure to the skin. Presumably such exposure causes skin cancer, including melanoma that can kill. However, the vast majority of incidences is normal skin cancer that almost never kills, and there is widespread doubt that melanomas are really caused by normal sun exposure, although there seems to be a link with sunburn. Generally, outdoors workers with the most sun exposure have the lowest rates of skin cancer and melanoma, while melanomas often show up in office workers. Melanoma often occurs on areas of the skin that have not been exposed to sunlight. Other studies show a strong link between long-term exposure to fluorescent lighting and melanoma.²⁵ With the present campaign in Australia to replace all

incandescent light bulbs with fluorescent ones by 2009–10, I expect a melanoma epidemic in 10 to 20 years' time.²⁶

Now, more and more research papers show that a vast number of diseases, and especially cancer, could be avoided by greatly increasing our level of vitamin D with suitable foods, supplements and frequent or daily short exposure of sunshine to the skin. Sunlight is our main source of vitamin D. Research shows that there is a strong negative correlation between available sunlight and breast

cancer death rates, and that living in a sunny area is associated with lower cancer rates. Even skin cancer is inhibited by regular low-level sunlight exposure; only sunburn is a strong skin cancer promoter. It has now been calculated that worldwide, with these measures, about 600,000 cases of colon and breast cancer could be prevented.²⁷ Furthermore, the researchers pointed out that by increasing levels of vitamin D3 by regular sunlight exposure and other measures, we could prevent diseases that claim nearly one million lives throughout the world each year.^{28, 29}

The irony of all this is that the present skin cancer epidemic, in my opinion, has been manufactured by our health authorities and medical experts. There are three conditions that make us susceptible to developing skin cancers with high sunlight exposure. These are overacidity, a high ratio of omega-6 to omega-3 fatty acids and a lack of antioxidants. The most common cause of overacidity is candida overgrowth, especially in combination with the officially recommended diet high in cereals. Our omega-6 to omega-3 ratio was always somewhat too high, but it went off the chart when our health authorities recommended replacing saturated fats with seed oils high in omega-6 fatty acids. This increased inflammatory conditions of all kinds, including tumours and skin cancers. To make matters worse, health authorities also discourage and legally minimise the use of antioxidant nutrients.

Generally, outdoors workers with the most sun exposure have the lowest rates of skin cancer and melanoma, while melanomas often show up in office workers.

With these measures, health authorities created the conditions for an epidemic of skin cancers. Then they tried to prevent skin cancers by recommending complete avoidance of sunlight exposure, which in turn caused large-scale vitamin D deficiency with an estimated loss of one million lives each year. I sometimes ask myself if it is simply ignorance and incompetence or if there is something more sinister to it.

Obesity and Diabetes Epidemics

I could write a book about all the health problems caused by the medical–pharmaceutical complex and the neglectful way in which health authorities contribute to our diseases. In addition to directly causing diseases, these same forces also prevent the healing of these same diseases by restricting, suppressing and persecuting the practitioners of natural medicine as well as giving disease-causing nutritional advice.

Until 1980, the rate of obesity and type 2 diabetes was fairly stable. However, when health authorities in the USA started vilifying foods containing fats and cholesterol and recommended eating more carbohydrates instead, obesity increased from 15 per cent of the US adult population in 1976–1980 to 32.9 per cent in 2003–2004.³⁰ Type 2 diabetes became an epidemic as well. In addition, for the first time in history, a large number of obese children developed type 2 diabetes—so much so, it is no longer called maturity-onset diabetes. Also, children are now developing type 1 and type 2 diabetes simultaneously.^{31–33} These are iatrogenic diseases, caused by the medical system.

Natural health practitioners are experts in preventing and successfully treating chronic diseases with nutrition and other natural methods—diseases that include the metabolic syndrome which leads to diabetes, heart disease and overweight. It is routinely and quickly remedied with proper nutrition, but with accepted medical practice it becomes a lifelong condition managed with drugs that are more or less toxic. Surgery is used for a wide range of conditions, and patients are severely traumatised or mutilated for life when these problems could be successfully treated with natural therapies.

Side Effects of Vaccinations

Vaccinations are the proud showpiece of drug medicine in eliminating the dreaded childhood infections of previous centuries. However, long-term statistics and diagrams tell a different story.

Starting between 1850 and 1900, scarlet fever, diphtheria, whooping cough and measles had declined by about 90 per cent by the time general vaccination was introduced for each disease. While statistics vary between different countries, this is generally true for England, the United States and Australia. Whooping cough had declined in England and Wales by about 98.5 per cent before a vaccine became generally available, and measles had declined by over 99 per cent. Tuberculosis had declined by 87 per cent when antibiotics first became available and by 93 per cent before the introduction of the BCG vaccine. The death rate from rheumatic fever had declined by 86 per cent when penicillin was introduced.³⁴ All of this has obviously more to do with better plumbing than with vaccinations.

There are also statistics showing that death rates from targeted diseases rose with the introduction of vaccines. Other side effects ascribed to modern vaccines are cot or crib death (SIDS) and a strong rise in autism and shaken baby syndrome (spot bleeding in the brain), which apparently landed innocent parents in prison. Experts strongly deny that there is a connection between vaccines and autism, but it is strange nevertheless that the rates of autism have suddenly exploded without an obvious reason. Interestingly, there is no autism in Amish children, who are generally not vaccinated. In addition, vaccinated children have about 150 per cent more neurological disorders such as ADHD and autism compared to unvaccinated children.³⁵

Another curious aspect of vaccine safety statistics was highlighted by Dr Archie Kalokerinos.³⁶ Working in the remote Australian outback with Aboriginal people, he found that every second child died as a result of vaccinations. Because deaths commonly occurred about three weeks after vaccination, they were not recorded as vaccine related; officially, reactions were limited to occurring only for up to two weeks after vaccination. However, Dr Kalokerinos eventually solved the problem by giving babies high doses of vitamin C before vaccinations, and no more vaccination deaths occurred. Also, SIDS incidence disappeared. Naturally, he encountered ridicule and hostility from his medical colleagues, and babies are still dying needlessly.

In addition, vaccinated children have about 150 per cent more neurological disorders such as ADHD and autism compared to unvaccinated children.

Bias against Natural Therapies

It has become a habit that any successful natural cancer remedy or treatment is quickly outlawed by our health authorities. Many natural health practitioners have been dragged before the courts and often imprisoned, especially in the area of cancer treatment.³⁷ This is especially regrettable because there is no evidence that the methods of orthodox cancer therapy are in any way successful.³⁸

One of the methods increasingly used to denigrate natural therapies is for the pharmaceutical industry to finance shoddy research on natural remedies and then proclaim the remedies to be ineffective or harmful. This is only partly intended to influence the general public, but mainly to provide the justification for health authorities to outlaw and greatly restrict natural remedies.³⁹

Another strategy is not to list favourable vitamin studies in the Medline database which is taxpayer-funded and operated by the US National Library of Medicine. It lists all articles by medical research journals, including *Time* magazine and *Reader's Digest*, but not the peer-reviewed *Journal of Orthomolecular Medicine* (<http://www.orthomed.org/jom/jomlist.htm>) which specialises in vitamin research. Now the *British Medical Journal* has published a letter about Medline bias,⁴⁰ and this has forced Medline to index articles on Medline bias. However, because all these favourable vitamin studies are not indexed by Medline, proponents of drug medicine can claim that there are no studies that show that vitamins are useful in the treatment of diseases or that they are safe in high doses and therefore they seek to restrict them to very low doses. Of course, yearly fatalities worldwide due to vitamins are zero; in comparison, drug fatalities are infinitely higher.

Thirty years ago, Linus Pauling, PhD, showed that high doses of vitamin C are beneficial in cancer treatment. This has been "disproved" by the orthodoxy ever since. But now, a study by

conventional scientists at Johns Hopkins University has shown that he was right.⁴¹

In addition, the *Journal of Orthomolecular Medicine* has just published a double-blind, randomised clinical trial showing that HIV-positive patients given supplemental nutrients can stop their decline into AIDS.⁴² This poses a big threat to the medical-pharmaceutical complex and is one more reason not to index this journal on Medline.

There exists a systemic culture of suppression of dissenting views in science and medicine, and frequently a vicious persecution with "Gestapo-like" methods.^{43,44} Recently in the USA, a mother was even imprisoned and brutalised for illegally using natural methods to cure her son of malignant melanoma.⁴⁵

Of course, this assault by the medical-pharmaceutical complex on natural healing methods is not illegal. On the contrary, in a capitalist system the industry has a duty to maximise profits by eliminating the competition and generating a steady supply of patients with chronic diseases who can be managed indefinitely with drugs. The question is: just why do government health authorities make and enforce laws on behalf of drug medicine and against natural medicine? Theoretically, they should be impartial and ensure the best outcome for the population. I believe the answer can be found in some good lateral thinking by the pharmaceutical industry. By paying for and influencing much of the medical education,^{46,47,48} it automatically produces health officials who are steeped in pharmaceutical thinking. No bribery is needed, but health officials always know that there is a well-paid job waiting if and when they want to retire from government service.

Natural Medicine to the Rescue

Health authorities so far have ignored the claims and evidence that natural medicine is the superior form of treatment for chronic and medically incurable diseases. The very fact of a high rate of chronic disease in our society attests to the inability of the medical profession to treat these diseases successfully. I have no doubt that natural medicine could eliminate most chronic diseases within a decade, needing only a few per cent of the money that is spent on conventional medicine. The knowledge is already available; no expensive high-tech research is needed that may or may not give results some time in the future.

There is a simple low-cost solution for bringing about the healing of our society:

1. Phase out public assistance for pharmaceutical companies and their research, and require research to show that a drug is safe with long-term use in combination with other common drugs and chemicals and with old or fragile patients, or alternatively that it is superior in the long term to available natural treatments.

2. Make it illegal for pharmaceutical companies to fund medical education or provide drug information, marketing or incentives directly to the public or to medical practitioners, or to employ former health officials. Information to medical practitioners should be provided by an independent and impartial body.

3. Except for unethical conduct according to society's general standards, make it illegal for medical associations to restrict the therapies used by their members.

4. Afford qualified practitioners of natural medicine the same recognition and opportunities as in drug medicine, including in hospitals, rehabilitation, research and publications, health departments and regulating authorities.

So far, our medical and economic leaders do not want to face reality. They brainwash the public into believing that the present health situation is completely normal. Importantly, the whole

economic structure of western civilisation is based on the production and distribution of goods and services that are contributing to poor health. These include chemicalised agriculture and food processing, the pharmaceutical industry, technological medicine and the petrochemical and plastics industries.

The guiding motto for industry is "profit", while for the consumer it is "convenience". The price for all to pay is the loss of health. This situation is the natural outcome of a society based on selfish motivation. A change for the better can only come when more and more people realise that ultimately they harm themselves with selfish attitudes and start electing leaders who are prepared to act in a compassionate and cooperative way in the interest of the whole society. We get what we choose: natural health or enduring drug management.

About the Author:

Walter Last worked as a biochemist and research chemist in the medical departments of several German universities and at Bio-Science Laboratories in Los Angeles, USA. Later he worked as a nutritionist and natural therapist in New Zealand and in Australia, where he is now based.

He has written numerous health-related journal articles as well as several books, including *Heal Yourself* and *Healing Foods* (Penguin). Presently in print are *The Natural Way to Heal* (Hampton Roads, 2004; see review in NEXUS 11/04) and the *Heal Yourself Series*—seven small books about overcoming specific diseases such as arthritis, asthma, cancer, candida, diabetes and weight problems; see web page http://www.theartof-life.com/Products_02.html. His two-part article "Sexual Energy in Health and Spirituality" was published in NEXUS 14/03-04; his article on "The New Medicine of Dr Hamer", about Dr Ryke Geerd Hamer's discovery of the shock-conflict mechanism underlying cancer development, was published in NEXUS 10/05; and his article "How Scientific Are Orthodox Cancer Treatments?" was run in NEXUS 11/04.

Walter Last no longer has a clinic. For information on health questions, see his website <http://www.health-science-spirit.com>.

Endnotes

1. Null, G., Dean, C. et al., *Death by Medicine*, Nutrition Institute of America, November 2003, <http://www.NutritionInstituteOfAmerica.org>
2. Mendelsohn, R.S., *Confessions of a Medical Heretic*, McGraw-Hill, 1990, first published by Contemporary Books, Chicago, 1979
3. Truss, C.O., *The Missing Diagnosis*, Truss, Birmingham, Alabama, 1983
4. Crook, W.G., *The Yeast Connection*, Vintage Books, New York, 1986
5. Cantwell, A., *The Cancer Microbe*, Aries Rising Press, Los Angeles, 1990 (Alan Cantwell's website is also at <http://ariesrisingpress.com>)
6. Motluk, Alison, "Baby study links antibiotics to asthma", *New Scientist*, 30 September 2003
7. Huffnagle, G. and Noverr, M.C. in *Infection and Immunity* 2005 Jan; 73(1):30-38
8. Crane J., Pearce, N. et al., "Prescribed fenoterol and death from asthma in New Zealand, 1981-83: case-control study", *Lancet* 1989 Apr 29; 1(8644):917-22
9. Bhatia, S., Robison, L.L. et al., "Breast cancer and other second neoplasms after childhood Hodgkin's disease", *New England Journal of Medicine* 1996 Mar 21; 334(12):745-51
10. Klein-Szanto, A.J.P., "Carcinogenic effects of

- chemotherapeutic compounds", *Progress in Clinical and Biological Research* 1992; 374:167-74
11. Klingspor, L., Stintzing, G. and Tollemar, J., "Deep *Candida* infection in children with leukaemia", *Acta Paediatrica* 1997; 86(1):30-36
 12. Moss, R.W., *The Moss Reports*, newsletter #128, April 11, 2004, <http://www.cancerdecisions.com/041104.html>
 13. Reynolds, T., "Salary a major factor for academic oncologists, study shows", *Journal of the National Cancer Institute* 2001; 93(7):491; retrieved March 12, 2004 from <http://jncicancerspectrum.oupjournals.org/cgi/content/full/jnci;93/7/491>; and Abelson, Reed, "Drug sales bring huge profits, and scrutiny to cancer doctors", *New York Times*, January 26, 2003, page A1; "Cancer scare tactics" (editorial), *New York Times*, March 22, 2004, <http://www.nytimes.com/2004/03/22/opinion/22MON2.html>; also in *The Moss Reports*, newsletter #126, March 28, 2004, <http://www.cancerdecisions.com/032804.html>
 14. Karthaus, M., "Treatment of fungal infections led to leukemia remissions", study presented on 28 September 1999 at the Interscience Conference on Antimicrobial Agents and Chemotherapy, San Francisco, reported at <http://www.freepatentsonline.com/20050049207.html>
 15. White, M.W., "Cancer is a hybrid produced by a relationship between a plant bacterium and a mammalian cell: An original concept", *Medical Hypotheses* 1996; 47(1):35-38
 16. Etzel, R.A., "Mycotoxins", *Journal of the American Medical Association (JAMA)* 2002 Jan 23; 387(4)
 17. Simoncini, Tullio, "Is the Cause of Cancer a Common Fungus?", *NEXUS* 2007; 14(5); also at <http://www.cancerfungus.com>
 18. The official English-language website of Dr Hamer is at <http://www.newmedicine.ca>; see also Last, Walter, "The New Medicine of Dr Hamer", *NEXUS*, vol. 10, no. 5, and <http://www.health-science-spirit.com/hamer.html>.
 19. Price, Weston A., *Nutrition and Physical Degeneration*, Price-Pottenger Nutrition Foundation, first published 1939, http://www.ppnf.org/catalog/product_info.php?products_id=226
 20. Meinig, G.E., *Root Canal Cover-Up*, Bion Publishing, 1993, <http://www.ppnf.org/catalog/ppnf/Articles/Rootcanal.htm>
 21. Price, Joseph M., *Coronaries/Cholesterol/Chlorine*, Jove Books, New York, 1981
 22. *ibid.*
 23. Comments by Prof. Deborah Cory-Slechta, PhD, reported 3 January 2001 at <http://www.mindfully.org/Pesticide/Paraquat-Maneb-Parkinsons.htm>
 24. Windham, Bernard, articles at <http://www.flcv.com/dams.html> and www.flcv.com/indexa.html
 25. Walter, S.D., Marrett, L.D., Shannon, H.S., From, L. and Hertzman C., "The Association of Cutaneous Malignant Melanoma and Fluorescent Light Exposure", *American Journal of Epidemiology* 1992; 135(7):749-62, <http://aje.oxfordjournals.org/cgi/content/abstract/135/7/749>
 26. <http://www.greenhouse.gov.au/energy/cfls/index.html>
 27. "Study shines more light on benefit of vitamin D in fighting cancer", press release, August 2007, at http://www.eurekalert.org/pub_releases/2007-08/uoc--ssm082107.php
 28. Mercola, Joseph (Dr), "Lack of Sunshine Causes One Million Deaths a Year", <http://articles.mercola.com/sites/articles/archive/2007/08/24/lack-of-sunshine-causes-600-000-cancers-a-year.aspx>
 29. Garland C.F., Grant W.B. et al., "What is the Dose-Response Relationship between Vitamin D and Cancer Risk?", *Nutrition Reviews* 2007 Aug; 65(5):91-95, Supplement 1
 30. Centers for Disease Control and Prevention, "Overweight and Obesity", <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>
 31. Centers for Disease Control and Prevention, "Number (in Millions) of Persons with Diagnosed Diabetes, United States, 1980–2005", <http://www.cdc.gov/diabetes/statistics/prev/national/figpersons.htm>
 32. Yale Medical Group, "Type 2 Diabetes Tough on Teens", August 2007, http://www.yalemedicalgroup.org/news/diabetes_807.html
 33. Thompson, Dennis, "Double Diabetes' a New Threat", 3 December 2006, <http://www.livescience.com/healthday/534999.html>
 34. <http://www.whale.to/a/graphs.html> and <http://www.healthsentinel.com/graphs.php>
 35. Generation Rescue, press release, 25 September 2007, http://www.generationrescue.org/survey_pr.html
 36. Kalokerinos, Archie, *Every Second Child*, Thomas Nelson, Melbourne, Australia, 1974, and Keats Publishing, CT, 1981
 37. Last, Walter, "Persecution of Natural Cancer Therapists", <http://www.health-science-spirit.com/cancerpersecution.html>
 38. Last, Walter, "How Scientific are Orthodox Cancer Treatments?", *NEXUS* 2004; 11(4); also at <http://www.health-science-spirit.com/cancerscience.html>
 39. For details, see Alliance for Natural Health website, <http://www.alliance-natural-health.org/>
 40. <http://bmj.bmjournals.com/cgi/eletters/331/7531/1487#124851>
 41. "How vitamin C stops the big 'C'", Science Blog, 10 September 2007, <http://www.scienceblog.com/cms/how-vitamin-c-stops-big-c-14162.html>
 42. Namulemia, Edith, Sparling, James and Foster, Harold D., "Nutritional supplements can delay the progression of AIDS in HIV-infected patients: results from a double-blinded, clinical trial at Mengo Hospital, Kampala, Uganda", *Journal of Orthomolecular Medicine* 2007; 22(3):129-136
 43. DeMeo, James, "The Suppression of Dissent and Innovative Ideas In Science and Medicine", <http://www.orgonelab.org/suppression.htm>
 44. Martin, Brian, "Suppression of Dissent in Science", *Research in Social Problems and Public Policy*, eds William R. Freudenburg and Ted I. K. Youn, JAI Press, Stamford, CT, 1999, vol. 7, pp. 105-135; available online at <http://www.uow.edu.au/arts/sts/bmartin/pubs/99rsppp.html>
 45. <http://angryscientist.wordpress.com/2007/10/03/mother-jailed-put-on-trial-for-curing-her-son-of-melanoma/>; and <http://www.healthsalon.org/349/melanoma-cured-by-mother-mother-and-son-go-to-jail>
 46. "Scale of pharma payments to med schools revealed", *New Scientist*, 19 October 2007, <http://www.newscientist.com/channel/opinion/mg19626263.500>
 47. Nordin, Christopher (Professor), "The pharmaceutical industry and doctors' prescribing habits", ABC Radio National, *Ockham's Razor*, 14 October 2007, <http://www.abc.net.au/rn/ockhamsrazor/stories/2007/2056879.htm>
 48. Campbell, E.G. et al., "Institutional Academic–Industry Relationships", *JAMA* 2007; 298:1779-1786, <http://www.medicalnewstoday.com/articles/86180.php?nfid=44282>