

THREE TEST CASE HISTORIES

The following case histories of an eleven and a half month old male child with chronic bronchial asthma, and of both of his parents, are presented as examples of the genesis of this disease in a child because of an acquired but labile inherited biochemical defect. This case of chronic asthma is also presented as an example of one of other diseases of obscure etiology, such as allergy and auto-immunity, which I have related to chronic deficiency of ionic calcium and vitamin D created by defects of lifestyle, including dietary deficiency and deficiency of outdoor exposure.

This presentation largely concerns two heretofore undefined physiological processes that I define as "biochemical inheritance" and "mal-adaption" and the amalgamation of common clinical findings into an undefined deficiency syndrome that I define as the "ionic calcium deficiency syndrome".

This common factor of deficiency of calcium that has been ionized by an adequate amount of vitamin D, which is described as part of a unified concept of disease, and these processes, are presented as the only logical explanation for the complex clinical observations that I have made over many years.

CLINICAL STUDIES

These observations concern the unstudied relationship of certain clinical findings that are presented : (A) in a diseased patient, (B) in different patients suffering from the same or different classes of disease, and (C) as in the cases presented here, between a seriously diseased child and their non diseased parents.

These observations include:

- (A) the definition of defects of lifestyle that can give rise to a deficiency of calcium which has been ionized by an adequate amount of vitamin D,
- (B) the presence in deficient individuals of the functional and physical stigma of an undefined deficiency syndrome arising because of this deficiency,
- (C) the association, with the above, of certain diseases that are considered as arising because of either the direct or the indirect effects of the deficiency state, or a combination of these effects, and
- (D) the relief of these diseases, and of stigma of the deficiency syndrome which are not related to these diseases, by therapy with specific nutritional factors.

THE CONCEPT

As stated the concept presented is a unified concept of disease based on a common defects of lifestyle which give rise to a specific deficiency, namely that of ionic calcium.

THE PHYSIOLOGICAL PROCESSES INVOLVED IN THE CONCEPT ARE:

A) LIFESTYLE DEFECTS GIVING RISE TO A SPECIFIC DEFICIENCY.

These defects are of diet and lifestyle which gives rise to dietary deficiency of calcium, dietary deficiency of vitamin D, and deficiency of sun on skin generated vitamin D. The net result of these synergistic deficiencies is deficiency of ionic calcium.

In the case of the child to be described a borderline level of this deficiency that had been acquired in utero was likely accentuated, as the mother switched from breast feeding to Soyalac when the child was 4 months of age. This accentuated an adaptive function of the lung and direct effects of the deficiency to precipitate the illness.

B) ADAPTIVE FUNCTION .

This represents asymptomatic function of one or several organs and tissues the design of which is to produce biochemical compensation for the ionic calcium deficiency state. In the instance of the individual who develops chronic asthma the autonomic nervous system had selected and stimulated an ancillary lung function, involving mucous membrane and smooth muscle, that would induce increased acidity of body fluids. In turn this would facilitate the ionization of residual non ionized stores of calcium.

C) BIOCHEMICAL INHERITANCE

This is the donation of the above biochemical defect present in the sperm and ova of deficient parents, to the zygote or future embryo. This defect, moreover, may be aggravated in the embryo as it matures during its in utero life in a deficient mother. The aggravation of this defect may proceed in utero to the degree that, even prior to birth, the unborn child may have developed the basis of an acidifying adaptive function.

The reason why the child in question developed bronchial infections 2 months after being switched from breast milk to Soyalac, and developed asthma 4 months after that date was that this feeding imposed an additional weight of deficiency of either calcium and vitamin D alone, or a combination of these factors with a deficiency of vitamin A.

(D) MAL-ADAPTIVE DISEASE.

The occurrence of asthma represented the breakdown of this adaptive function in the child either due to over load of this function or the additional direct effect of the same deficiency on the smooth muscle, secretory and nerve elements of the adapting unit, the bronchial tree.

THE CASE HISTORIES

1) KALEN H. age 11 1/2 mos.

HISTORY: A first child born by Caesarian operation developed a mild upper respiratory infection in hospital. This resolved completely in several days.

Was breast fed for the first 4 months then his feeding was changed to Soyalac. At 6 mos. of age developed a cold, was hospitalized with an attack of tracheo-bronchitis. At age of 8 mos. became very ill with another upper respiratory infection to become very sick and experience severe respiratory distress. On discharge from hospital he was prescribed Ventolin and Cholelyl. Over the past three months he "has not been great". He had an ear infection and three weeks ago developed another cold following which his respirations has been continually noisy and mildly distressed during the daytime. He sleeps well but awakes with a severely plugged nose.

EXAMINATION: Noisy respiration while asleep in parents arms. Less distressed when awake. Nose runny.
Salivary pH 6.0 to 6.5 .

THERAPY: The child was given A and D vitamins in oily and aqueous preparations totalling approximately 1,000 IU of D-2 plus D-3, and 7,000 IU of vitamin A, and 1/8th of a gram of bone meal powder daily.

PROGRESS Three weeks later the father reported by phone that the child's respiration improved "almost immediately" and he has remained well. The child's pH remains in the 6.5 range.

MOTHER, age 36.

HISTORY: Energy low, frequent headaches, frequent chiropractic manipulation for neck pain.

She drinks 3 glasses of 1% milk daily and her butter and marg. are equally divided.

Other history is negative. There is a strong history of osteoporosis in her family.

EXAMINATION: Trapezius moderately tender to palpation. Her salivary pH was 6.0

THERAPY: She was advised to eat a diet that emphasized the alkaline producing foods. This included the recommendation of 2% milk and vegetable juice. She was also advised to take 2/3 of a gram of calcium and four halibut liver oil capsules daily that provided 2,400 IU of D-3, and 20,000 IU of vitamin A.

PROGRESS: Within 1 to 2 weeks she noted a diminution in her morning fatigue, headaches and neck tension. Her pH is now in the 6.5 range.

FATHER, age 36.

HISTORY: Recently experiencing occasional fatigue, "kink" in his neck and muscle aches. He drinks little milk and gets little exposure to the sun in summer times.

EXAMINATION: Moderate tenderness of trapezius on palpation, salivary pH 5.5

Therapy: The same as his wife.

Progress: The same as his wife, experiencing a diminution in chronic fatigue and of neck tension, except that he never had experienced headaches. His pH apparently is now in the 6.5 range

DISCUSSION

Both parents are pursuing lifestyles, including diet, which in a vast majority of cases can give rise to ionic calcium deficiency.

Both parents revealed complaints and physical signs of this deficiency and both experienced rapid resolution of these complaints on specific therapy.

The questions I raise concerning these parents and this child are these:

- a) Did both father and mother donate this biochemical deficiency state to the zygote at conception?
- b) Was this deficiency accentuated in the child firstly because of the maturation of the child in the womb of a deficient mother to the degree that an asymptomatic adaptive function of the lung was in effect after the child was born?
- c) Was the ionic calcium, and possibly an associated vitamin A deficiency, accentuated in the child as it was changed from breast feeding to Soyalac?
- d) Was this deficiency responsible for the fact that two and four months after this feeding change the child developed upper respiratory infections, the last of which persisted as chronic asthma? Did this disease represent the breakdown of an adaptive function of the lung?
- e) Did therapy resolve the direct and indirect-adaptive effects of ionic calcium deficiency, and simultaneously an associated vitamin A deficiency, to cause the resolution of the asthmatic state and rhinitis?
- f) Does the change of pH of saliva towards alkalinity represent a means of monitoring therapy of I.C.D. disease?

CONCLUSION

Three case histories are presented which suggest that :

(1) A child who experienced asthma at age 11 months acquired the basis of this disease from ionic calcium deficient parents as an acquired inherited biochemical defect, donated in sperm and ova.

(2) The father's donation to the zygote may have been equal or greater than that of the mother.

(3) The essential factor in this defect was ionic calcium deficiency

(4) This defect excited adaptive function either in the unborn child or after birth.

(5) This defect was accentuated in utero and by faulty infant feeding.

(6) The asthmatic state represents the breakdown of an autonomically excited pulmonary adaptive function the design of which was to exert biochemical compensation for the deficiency state.

FOUR CASE HISTORIES

These four case histories are presented to illustrate the occurrence of clinical data other than that which concerns a presenting disease. The suggestion is made that this other data provides information concerning the inter relationship of symptoms and disease, their origin and therapy.

1) CHRONIC ASTHMA-ADULT---DONNA E.,--- age 25 ---Seen 4 /'88.

HISTORY : Chronic asthma since age 10, constant and worse in pollen season and in cold weather. Brought by her husband who was fearful she would die in one of her attacks.

Therapy of Quibron anti-spasmodic tablets, nebulizing Beclovent sprays, and a home Ventolin inhalation machine treatments up to 8 times daily.

FUNCTIONAL ENQUIRY:

General: chronic fatigue despite 10 hours sleep, obese
Nose : constantly stuffed, dry, and with sores
Nervous : frequent head aches, several migraine attacks a year, postural dizziness, very restless sleep
Muscular: Severe neck tension with menstrual periods.
Gastric-Int: stomach gas, diarrhoea with m. periods
Skeleton: Recently developed severe pains in fingers.

PHYSICAL EXAM:

Salivary pH : 6.0 moderate obesity
Marked trapezius tenderness on pressure

DIET: Drinks no milk. Eats excessive sugar and starches

IMPRESSION: Chronic ionic calcium deficiency.

General body, muscle, nerve, and intestinal symptoms of deficiency.

Two ionic calcium deficiency diseases, namely chronic asthma and chronic rhinitis

A threatening third such disease, namely rheumatoid arthritis.

THERAPY: Alkaline producing diet

Cal-Mag-Zinc tabs 3 daily providing 1 Gm. calcium

"A.A. and D Drops" 7 twice daily plus

Halibut Liver Oil Caps. 6 daily. Together these A and D

Vits. provide 6,400 I.U. of D-2 and D-3, plus 50,000 I.U. of Vit.A.

19 MONTHS LATER ON

PROGRESS: Phoned, October '89 to enquire about dosages of vitamins now that she was pregnant. States that she improved rapidly to now be almost totally free of asthma. She uses the Beclovent nebulizer only rarely takes one half of a Ventolin treatment each second day "to loosen the phlegm". Her hand pains were relieved. I advised that she carry on at least one half the initial dosage.

2) RHEUMATOID ARTHRITIS--HAROLD S. --male age 64--Seen 7 /'87

HISTORY: In April '86 he developed acute back pain. All muscles and tendons became very stiff and sore, worse at nights. Within 3 months other joints, particularly knees which became swollen and painful, were involved. He had difficulty on stairs. He was hospitalized for 1 and 1/2 months where blood tests were positive and following a bone biopsy he was diagnosed as having "poly-arthritis". He was prescribed anti-inflammatory therapy.

OTHER FUNCTIONAL ENQUIRY:

Muscle: Recent chest and thigh aches and pain.
Occasional cramp of left leg.
G.I.T.: Drinks 2 glasses 2 % milk daily. Vegetable intake good. Eats excessive amount of honey.

PHYSICAL EXAM:

Salivary pH 6.0 Knees moderately swollen.
Walks and gets out of a chair slowly and painfully.

THERAPY;

Alkaline producing diet, restricting honey.
Cal-Mag-Zinc : 3 daily.
"A.A. and D. Drops" : 7 twice daily.
Halibut Liver Oil Caps.: six daily. Together these provided 6,400 I.U. of Vit. D 2+3 and 50,000 of Vit. A.
Alfalfa tablets 18 daily. "Green Wonder" twice daily.

PROGRESS: In a phone call 2 and 1/2 years later he advised that within several months he was near perfectly well free of most pains. His knees resolved completely and now his back aches only mildly if he is on his feet and active all day. Of the A and D vitamins he had continued to take 7 drops and two capsules twice daily five days of the week. This provides an average of 4,000 I.U. of D 2 + D 3, and 30,000 of A daily.

3) CROHN'S DISEASE----SHIRLEY R. --female age 29 ---Seen 1983

HISTORY: In 1978 after a year of constipation and colic an X Ray confirmed the diagnosis of Crohn's disease. Her pains and diarrhoea were relieved by Deltazone but she could not get along without it. Repeat X Rays in '80 and '81 showed only slightly less involvement of the ileum in the disease process.

OTHER FUNCTIONAL ENQUIRY:

GENERAL BODY: tendency to overweight.
G.I.T.: In reference to her diet she drank only skim milk and ate an excessive amount of sweets and starches.
MUSCLES: Legs ached following walking
Constant tension in trapezius-neck muscles
SKIN AND NAILS: skin excessively dry. nails layer back

PHYSICAL EXAM:

Salivary pH 5.5 Moderately obese. Otherwise negative

THERAPY: Alkaline producing diet

"A. A. and D Drops" five, Halibut Liver Oil Capsules two, and one bone meal tablet--, all three times daily. These provided 6,400 I.U. of the D Vits. and 50,000 of Vit.A. daily

PROGRESS: After 9 months had lost 18 pounds, legs no longer ached, bowel movements were normal and she had only rare abdominal pains.

After a year a repeat X Ray, which confounded her doctor, showed complete resolution of the ileum lesion.

In 1987 she returned stating that since '84 she had reduced her A and D vitamins to 5 drops and two capsules daily. These provided only 1,800 I.U. of the D Vits. and 15,000 I.U. of vit. A. She developed cramping of her calves, occasional ache of her thighs, trapezius tension, and bad back pains. She had been constipated again for the past two years and had stomach gas. She had occasional migraine. Her trapezius and soleus muscles were extremely tender to moderate pressure. Her skin was very dry and flakey. Her salivary ph was at 5.5

I warned her that she was again A and D vitamin and mineral deficient to develop these signs of muscle spasm, and that she was in danger of a recurrence of her ileitis.

I advised that she resume her former three times a day dosage of vitamins, to stay on her diet and to take "Green Wonder" twice daily.

In a phone report in '89 this had again relieved her constipation, muscle aches and cramps.

4) CHRONIC ASTHMA-CHILD---RYAN S.--AGE 5 YEARS --SEEN 2 /88

HISTORY: Constant nose blockage, ear tubes 2 years ago, and developed asthma one year ago. This required frequent oral anti spasmotics and anti biotics, nebulizing sprays, and frequent Ventolin home machine inhalation treatments. Recent admissions to hospital for severe attacks required adrenalin, IV cortisone, etc.

PHYSICAL EXAM: Salivary ph 6.0

Trapezius and soleus muscles very tender on pressure.

OTHER ENQUIRY: Is very "hyper" and has leg pains at night.

THERAPY: "A. A. and D Drops" three twice daily

Halibut L. Oil Caps. one " " . Together these provide 2,400 I.U. of Vit. D-2 plus D-3 , and 18,000 I.U. of Vit.A.

Half of a 500 Mg. bone meal tab. twice daily

PROGRESS: Phone call reports : Within one month was very well and off practically all medication. His appetite was also much improved and his teacher "couldn't believe" the change in his behavior. One year later he was on no medication and wheezed only slightly after bike riding. He continued to receive "some" vitamins

CASE HISTORIES-- OSTEO ARTHRITIS

The reader must pay particular attention to :

(a) The dietary deficiency of alkaline residue foods

(b) The functional enquiry and physical examination

that reveals the presence in each of representative findings of the "A and D vitamin and mineral deficiency syndrome"

(c) The non toxicity of the dosage of the A and D vitamins

WHICH are prescribed in dosages that are 12 to 15 times the recommended dosage. Moreover approximately 50% of the dosage is given in water soluble form.

(d) The resolution of the findings of this syndrome as the arthritis resolved.

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