

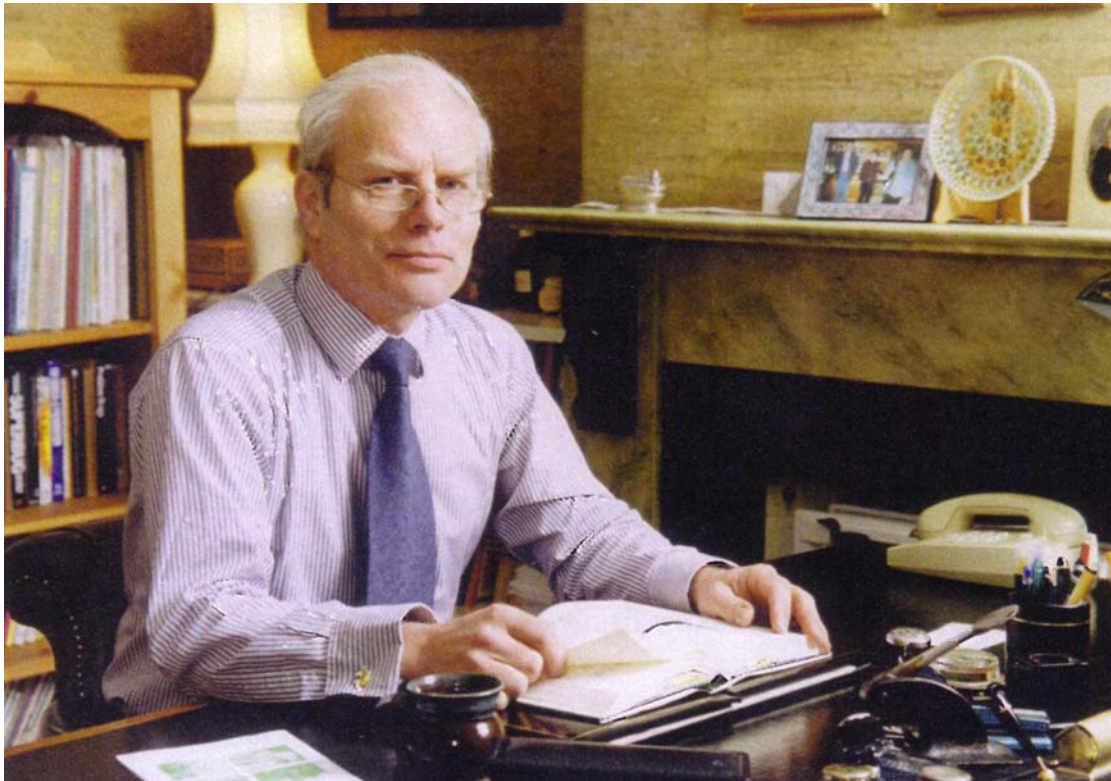
**COUNTING THE COST  
OF THE WAY WE CHOOSE  
TO LIVE**

**THE DAMAGE TO HEALTH**

Dr Peter Mansfield

Autumn 2006

“The task we set ourselves in this report is  
not to cost one system of medicine against another,  
but to cost all disease, pathology and medical care on the one hand,  
against the cost of an infrastructure for health on the other.”



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He has produced numerous publications, broadcasts, magazine articles, lectures and a network television series "Health Experiment" for Anglia TV in 1991. His titles include "Common Sense About Health" (1982), "Chemical Children" (1987), "The Good Health Handbook" (1988), "The State of Our Food" (2000) and "Stop Belly-aching" (2001). He acted as adviser to the York Review of water fluoridation and participated in the Medical Research Council working group on that subject.

# COUNTING THE COST OF THE WAY WE CHOOSE TO LIVE

## THE DAMAGE TO HEALTH

Dr Peter Mansfield<sup>1</sup>

### *EXECUTIVE SUMMARY*

*We have adopted a way of life that*

- undermines the natural foundations of personal health
- grows less sustaining food when we need more and more sustenance
- undermines the confidence with which we should think independently, act daringly, and live vividly
- undermines the confidence and competence of parents in rearing children
- ignores disease so that major pathology and physical disability have the chance to develop
- pays uncritical respect to disability but undervalues self-reliance
- cannot get death into perspective.

*Our collective response has been*

- business as usual but much more of it
- endless rumination over unimportant details

*The consequences are*

- a cost to our economy of £180bn or £3000 per person per year, most of it wasted
- personal and collective desperation to survive, however frail and dependent
- complete unreadiness to cope with present and urgent future challenges
  - water shortage
  - global climate change
  - intercultural strife and political inequity
- a cultural inability to savour life or cope with death.

## ***Framing Our Thoughts***

*If we forsake biological instincts for economic ambitions, we lose contact with our appetites. Required appetites keep us in the orbit called health. If we defy them they continue to crave, but are never gratified. Instead they segue into gluttony and remorseless yearning that drink, drugs, perverted sex and escapist fantasy fail to satisfy. We trade ease and happiness for disease and discontent.*

### **So Long as It's Brown**

At school in the '50s, the first job every autumn was to take home the year's textbooks and protect them with a paper cover. The masters stipulated that any colour paper would do, so long as it was brown. A big joke, we all thought.

By the '60s I was shopping in supermarkets, deciding which to choose from the huge selection of goods on offer. I was trying to avoid food additives and pesticide residues, and could not find anything in the glittering array to suit me. The message this time was – any kind of food you want, as long as it's not fresh, whole or organically grown. Not so much of a joke now. I joined the local whole-food co-op and traded outside the system.

Then Tony on Radio 4's "The Archers" went organic, and in the '90s it was OK to expect the organic option. So we have made a bit of progress on food over the past few decades.

If only we could say the same for health. Even if we choose to eat better, the pace and intensity of our lives have for many of us swamped the benefit. We have forsaken quality for quantity, which has turned living into a rat-race.

And striving for quantity has little to recommend it. The more we have, the more we envy those with more. The more we have, the more we feel threatened by those with less.

Before you ask, this has everything to do with health. If we forsake biological instincts for economic ambitions, we lose contact with our appetites. Required appetites keep us in the orbit called health. If we defy them they continue to crave, but are never gratified. Instead they segue into gluttony and remorseless yearning that drink, drugs, perverted sex and escapist fantasy fail to satisfy. We trade ease and happiness for disease and discontent.

And we call in the doctor.

This report sets out the price we pay for the life we have chosen. It is not a pretty sight. And we are still in that primitive frame of mind, that any kind of health service will do so long as it's giving us medicine.

## **Disease is Not Inevitable**

Most of us have been unhealthy for so long now that we no longer believe in health. Fatigue, headache, indigestion and irritation are what we know, not ease or wellbeing.

These symptoms demand action. They are strong and urgent appetites. We are inclined, if not compelled, to seek help. Tracing its ancestry through apothecaries, herbalists and healers back to witch-doctors, oracles and sorcerers, medicine is the help our present culture offers.

Doctors remove pain, mitigate disease, limit damage. They hold no brief for health.

Nowhere in medical textbooks is health adequately defined, far less treated at length. No institution of the National Health Service (NHS) actually fosters health. Instead, the word "health" has been adopted as a synonym for "disease" or "illness". Sane people don't use mental health hospitals. "Healthcare" is useless to healthy people. Health Visitors offer nothing to healthy children.

Our culture has, tacitly, adopted the axiom that health is the zero point on a scale of disease, with death scoring top marks. If people have no disease, we regard them as healthy. However in practise, treating diseases does not lift a veil, revealing health. Instead treatment creates a vacuum that other diseases are apt to fill - supposing the original does not relapse. Removing symptoms gets nowhere without installing health.

Neglect health for decades, and advanced pathology such as cancer and heart failure are the consequences. These late consequences are all that our medical system can deal with. It mops up, long after the spillage began, and does nothing to turn off the tap.

This state of affairs need not be, but becomes inevitable if we defy the natural ebb and flow of life. A wider world, in which health is the animating process, contains the real possibility of virtually no disease, and little or no advanced pathology.

So the task we set ourselves in this report is not to cost one system of medicine against another, but to cost all disease, pathology and medical care on the one hand, against the cost of an infrastructure for health on the other.

Is there any point to this? Can we ever persuade our politicians to act strongly and urgently enough on our behalf? It is not politics that should concern us, but ourselves. Global factors require collective policy-making and action that take decades. Personal choice can, however, change circumstance quite quickly. Coherent personal choices by thousands or millions of individuals wield much more influence than most of us believe. Apart from correcting a large proportion of the prevalent disease processes, without the need for public action, they realign public opinion and make bold political change possible. The world has already seen several encouraging examples of how effective this can be. We suggest that altering health policy may be easier than it appears.

# The Statistics <sup>2</sup>

## Medical Workload

*Only 7% of our people stay off this treadmill. The vast majority consult a GP every year. Taken as a very crude indication of self-reliance if not health, 7% is alarmingly few.*

*Sickness causing incapacity for work and lasting longer than 4 working days is certified by GPs in Britain. The total of these certificates was 875 million working days in 2002, more than 3 weeks a year for each person of working age. This had risen by 52% in the previous decade.*

*Some 12-26% of the British public completed a Hospital Consultant Episode in 2004, depending on which source you believe<sup>3</sup> – up 25% in the last 10 years.*

Death is the bottom line. We all die of something, but death rates measure the contribution made by various causes at different ages.

Death rates are rising for hard-core consequences of our lifestyle such as cancer, digestive disease, mental illness, nervous diseases (multiple sclerosis, Parkinson's disease, Alzheimer's disease and motor neurone disease). A nebulous "ill-defined" category, presumably of deaths which are hard to classify, is increasing steeply. Environmental pollution plays a significant part in most of these conditions. We haven't yet realised that we can reduce this significantly by personal choice.

But there is progress. Death rates are already down in conditions that are easiest to prevent or treat, such as those affecting heart and arteries, lungs, muscles and joints, bladder kidneys and genital organs. We are exercising more, inhaling less smoke, eating more carefully and taking more precautions against air pollution and industrial hazards.

Long-term illness is a different matter. This affected 24% of the population in 1975, 15% if we only count illness that restricted the victim's life. By 1996 the total had risen to 35%, or 22% who were restricted by it. The rates had fallen, thankfully, to 31% (18% restricted) by 2003. The youngest age-groups improved the least. These figures are probably affected by changes of definition over the years, but to have nearly one in five restricted by long-term illness is a disaster.

In Britain the first port of call in medical need has traditionally been the GP. Changes in the system have made GP consultations harder to arrange since the mid-nineties, when one in six of us saw a GP in any two-week period, with an average rate of five consultations per year. Nearly half of these contacts are now for "health-related" matters, which means looking for disease before it causes trouble. This in turn results in many offers of pre-emptive treatment. Visit your GP about anything and you may come home with tablets for blood pressure. Pre-emptive treatment of slightly raised blood pressure is the second commonest reason for GP consultation.

Only 7% of our people stay off this treadmill. The vast majority consult a GP every year. Taken as a very crude indication of self-reliance if not health, 7% is alarmingly few.

Visiting the GP may mean very little, but more convincing measures of real debility are available. For example, sickness causing incapacity for work and lasting longer than 4 working days is certified by GPs in Britain. The total of these certificates was 875 million working days in 2002, more than 3 weeks a year for each person of working age. This had risen by 52% in the previous decade. Mental illness was given as the cause in nearly a third of cases (up from under a fifth) and ill-defined conditions such as chronic fatigue were up three-fold to 12%. Remember, this does not include sickness absences of less than a week, which are not certifiable if they do not recur within a few weeks of each other.

Firmer evidence still is the proportion of people referred each year by their GPs to a hospital consultant. Each referral is recorded as a single Episode, regardless of how many appointments are required between referral and a final report to the GP. Each sequence from referral to final report is called a Finished Consultant Episode.

There were in total 12.63 million Finished Consultant Episodes in the UK in 2004, up fourfold in 50 years. Most of these involved inpatient care. Some 12-26% of the British public completed a Hospital Consultant Episode in 2004, depending on which source you believe<sup>3</sup> – up 25% in the last 10 years.

In summary then, of the British population,

- All but 7% consult their GP each year, on average about 4 times
- A third are affected by long-term illness
- A fifth are judged to be restricted by illness in what they can do
- Up to a quarter attend hospital (usually several times) each year
- Around 6% of working days are lost each year because of illnesses of more than a week. If shorter absences are taken into account, the figure is probably nearer 10%.

This picture gives no reason for thinking we are getting any healthier or happier. On the contrary, the fastest-growing causes of illness suggest the opposite. We are not enjoying life as much as we did.

Medicine offers no remedy for that. We are barking up the wrong tree.

## Medical Costs

Against this formidable tide of need we pitch the NHS, supported increasingly by private services for those who can afford them and choose to.

To begin with, consider UK public expenditure (UKPE) as a whole over the past 50 years. It has burgeoned, from £4bn to £400bn each year. The proportion spent on the NHS rose in the interval from 12 to 18% while Education rose from 9% to 14% and Defence dropped from 21 to 6%. Only Social Security benefits took a larger share, rising from 17% to 35% in the 50 years. Sickness and long-term incapacity benefits were a substantial part of the increase – we estimate 45%<sup>4</sup>. Even that does not feel generous, say the beneficiaries.

In 2005 the NHS cost the nation £94bn. Private services (including over-the-counter medicines) added £15bn, or 13% of the total spent. That was 9% of the Gross Domestic Product of the UK (GDP) last year. Thirty years previously the NHS cost just over a quarter of that in real terms, around 5% of the GDP at that time. Private medicine was virtually non-existent.

During the interval two sectors of cost have become more prominent – general pharmaceutical prescriptions at 12.5% and management at 20.5%. Only the hospital service costs a larger proportion of the total, 47% (down from 67% 30 years ago).

So NHS expenditure has risen as a proportion of UKPE and GDP, both of which have risen massively. Hospital staffing levels per 100,000 of population have risen during those 50 years from 29 to 143 and GPs from 45 to 67. Real expenditure per head has gone up five-fold.

Why do so many people see things as getting worse? None of this effort is stemming the cause of our problems, that's why.

The nation invests heavily in pharmaceuticals, partly as magic answers to illness and partly as trendy business opportunities. Their cost has risen sharply – nearly ten-fold in 50 years, at 2003 prices. This is now more than the cost of all other family health services combined – GPs, dentists and opticians. And that excludes the cost of drugs given in hospital.

Detailed prescription statistics only date back to 1995, since when our average consumption has risen from 10 to 13.4 prescription items per person in 2003. The cost per item has risen from £7.81 to £11.57 so the cost per person has exactly doubled in the interval – only 8 years. Drugs for cancer are the most expensive, 5 times more than their nearest rivals (inhalers for respiratory ailments such as asthma).

*In summary, of the £466bn spent on behalf of the public in 2005, something like 33% or £155bn was directly or indirectly in response to demand arising from ill-health. That amounts to over £2800 per person spent on our behalf. A further £15bn was spent privately, another £237 each, making over £3000 in all. And the figure is heading steeply off the chart.*

*None of this actually deals with ill-health. It is directed against symptoms and pathology, which is not the same thing. Symptoms and pathology will not go away whilst we ignore health. So where else might we direct our efforts?*

## **Food Value**

Our principal ally in health is generally agreed to be food<sup>5</sup>. What has modern life done to food quality?

The drive for low-cost food production on a relentlessly increasing scale has drastically altered what we eat<sup>6, 7, 8, 9</sup>. The references listed are only the most salient, and not the most recent. While our medical needs have been increasing, our food has been declining in quality.

In Britain we have a particularly meticulous record of the decline in nutritional content of foods since 1930<sup>10</sup>. The decline in the mineral content this documents during the past 50 years amounts to over 30%. Since these minerals facilitate rapid function in most of the chemical machinery of the body, their deficiency has an insidious but dramatic impact on health.

Vitamin content has not fared any better. Whatever foods contain when fresh is diminished when these are frozen, dried or canned. Pasteurisation of dairy produce must make its minerals much less accessible, or there would be no such disease as osteoporosis.<sup>11</sup>

Foods are routinely robbed of their high-value constituents and the “refined” article palmed off as the real thing. Novel foods are concocted from the residues left over after high-value items have been removed. Since they never truly satisfy appetite, refined and novel foods are perfect marketing opportunities. Progressively fatter consumers keep coming back for more.

Chemicals contaminate food as residues from farming, or as additives to prolong shelf life, facilitate manufacturing or storage, or enhance taste. Many of these chemicals dissolve in body fat and accumulate throughout life. They alter hormone balance and immune function. Some provoke bowel irritation or cancerous change. Each one may be regulated but nobody regulates the cocktail. Last time we counted<sup>12</sup> there were over 4000 separate contaminants totalling 210,000 tonnes per annum in the UK, the equivalent of 10 grams daily for each of us. That dose of Paracetamol would be slowly lethal.

Pollution has taken its toll. Water struggles to cope with effluents from industry and agriculture. Water purification cannot remove some of the contaminants at any cost we can afford. Hormones and halogenated hydrocarbons – dry-cleaning chemicals! – get through to the water we drink. Monomers that imitate hormones leech into soft drinks bottled in plastic. We have known since the 1980s that these hormones produce a net oestrogen dominance, responsible among other things for the reduction in human sperm count<sup>13</sup>.

Air quality has improved considerably since the '60s, but at the expense of water. Emissions such as fluorides, forbidden under the Clean Air Acts, are now scrubbed from smoke before it is discharged to the atmosphere, ending up as solutions of extremely toxic and corrosive hexafluorosilicate that require disposal. Populations across the world are being persuaded to accept this diluted in their water supply, supposedly to prevent dental decay. Actually fluoride does little good to teeth and about as much harm<sup>14</sup>. It accumulates in bones and pineal gland throughout life, with consequences that have not been researched adequately. We do not even monitor personal fluoride intake, which should in our opinion be as routine as checking urine for sugar.

These examples are not comprehensive. They indicate, nevertheless, that

- Health is declining, in step with...
- ...declining quality of our food and environment.
- Medical care cannot compensate for this
- We are not treating food production as the health service it is.

Even at best, medicine cannot rebuild healthy replacements for worn-out or disordered parts<sup>15</sup>. Food, on the other hand, enables the body to maintain and heal itself. Furthermore your body does not require expensive training, equipment or specialist buildings, and does not have to be paid.

## ***Issues Arising***

### **Mining, the Medical Industry and Patent Law**

We owe much of modern prosperity to the successful and statesmanlike exploitation of chemicals. This goes back a long way.

During the First World War the mining of commodities such as saltpetre and iron ore for explosives and armaments manufacture increased hugely, and made immense fortunes for the industrialists involved. Then peace came, and these industries collapsed. The depression of the '30s in the USA and Europe was a direct result.

With the advent of the Second World War industry revived, became more sophisticated and expanded far more rapidly still. But peace was not this time allowed to threaten it. Instead, its products were skilfully diversified into agriculture, medicine and public utilities. This was the age of the great civil engineering projects – new roads, reservoirs, pipelines, refineries, power stations. Machines rapidly took the drudge out of household chores and gardening. Biochemistry created new bio-active substances for human and agricultural use.

As an interim measure this transformation was a genius stroke. It prevented a depression in the '50s, allowing Harold Macmillan to claim instead “you’ve never had it so good”. Because all the resources required are finite, however, it could not go on indefinitely. But the brakes were never applied because we were all doing too well. We began painting ourselves into a corner.

This hiding-to-nothing was sharpened by patent law, a measure designed in the USA in the 18<sup>th</sup> century to protect inventors and since enacted across the world. Applied to medicine, it had a pernicious effect.

Once patented, a new drug-to-be is required to be tested for safety and effectiveness in order to be licensed as a medicine. This process can take up to 12 years, or most of the term of the patent. Only then can the inventor market the drug, refund his outlay and profit from it within the few years of patent protection remaining. Once a patent lapses, it does not take long for competitors to introduce cut-price versions of the most successful drugs, causing a price war that kills the inventor’s advantage.

Patent law has worked for the medicines industry, but been bad for everyone else:

- It makes companies quest always after new substances, never natural ones which cannot be patented.
- Research into natural, unaltered medicines never takes place – the push is always for active ingredients that can be purified and patented.
- Once their patents expire, even good well-known medicines are quickly dropped in favour of the next new and relatively unknown patent to win a medicines licence.
- In the race for a licence, corners are cut. Safety testing is done on animals for speed, despite the inherent unreliability for humans of the results. The consequences were recently disastrous for the first five human recipients at Northwick Park Hospital of a new immune-enhancing substance.

Patents, not health, rule the lives of drug company executives. Expiring patents on perfectly satisfactory single vaccines against measles and rubella drove the invention of MMR – the first vaccine to pose an immune challenge that could not occur in nature. But its medical merits were not the issue – winning a new patent was all that mattered. Public Health authorities across the world failed lamentably to think critically on behalf of their public, simply bowing to the will of the manufacturers. They have been covering that up ever since.

## Marketing and Received Truth

Doctors benefit from a legacy of trust, dating from a time that ended 10 years ago, when their only motive was to help each person who consulted them.

Medical rules of engagement have changed rapidly since then. Doctors are now expected to fulfil statistical targets set by managers and politicians, none of whom appreciate the variety of individual needs these targets mask. To add to the burden, doctors are required not only to do the job but also to prove that they have. This leaves them too little time to check the validity of policy briefings they receive, which they nevertheless relay – usually in good faith - to the people consulting them.

So half-truths and misconceptions enter the culture, at odds with our instincts and common sense. We the public are confused, and have not yet decided whom to believe.

Most of these misleading messages arise ultimately from pharmaceutical companies, with profits to spend and something to sell. They fund university research departments, determining what scientific questions get asked. They sponsor conferences to present the results of research they have inspired. They brief public health officials. They brief doctors directly. Always the message must be – to cure the public's many ills, use our patent products.

Pharmaceuticals have been under pressure themselves in recent years. With fewer promising substances in development, fewer successful patents and more suits for damages from adverse effects, their stock is now lower than it has ever been. Drugs such as the contraceptive Pill and its menopausal equivalent, HRT, enjoyed 40 years of huge demand. They were the first “blockbusters”. But they fell from favour because of their influence on cancer – facts that took a long time to surface, against fierce commercial resistance. As they decline, the search is on for new blockbusters to replace them.

Statins<sup>16</sup> and blood pressure treatments have been pushed into the breach. Doctors have been urged to move the goalposts – treat milder blood pressure, treat lower cholesterol. The mantra is now – “whatever your blood pressure or cholesterol value, they could do with being lower”.

There is very little scientific evidence to justify this bullish message. Its logical conclusion is absurd, that we should all take treatments to prevent diseases we don't have - treatments that will themselves cause significant diseases in some people. But it would be good for business.

We have watchdog committees, of course, who should keep commercialism in check. But these have been largely supine and compliant. Many committee members are nominated for their commercial rather than public interest credentials. Their pronouncements seem always to give companies the benefit of any doubt. Public safety seems always on the back foot.

We suggest that, for decades now, public health policy in the UK has been determined by pharmaceutical share price. All health messages point to a drug

solution. Common sense, old-fashioned hygiene and natural remedies may be safe and cheap, but they are unmarketable or unpatentable, which means unprofitable. They are competition to be suppressed.

So when the sales of the pharmaceutical Fluoxetine were dented by a proven natural remedy for mild to moderate depression, the herb St John's Wort, it was immediately demonised as an untested drug. Articles appeared everywhere, warning people of its potential interactions with other medicines. The message was always to stop the St John's Wort. Why not simply adjust the dose of the other medicines? – because such common sense would not restore sales of Fluoxetine.

Most private citizens find this hard to believe. It urges them to conclusions too daunting to contemplate. If doctors cannot be trusted, then who can? Dare we decide for ourselves? How scary is that? And the most cunning manipulators of public opinion know that fear is the best way to keep people in line.

But for this, we could set about living for health. That only takes simple choices and inexpensive actions. Practice makes perfect, and within about two years we are transformed. Reliance on medicines of any kind is at least halved<sup>17</sup>, and most prescriptions we then use would cost pennies rather than £11.

## **Modern Treatments – Products of Their Time**

No-one living can remember anything before modern medical methods. Most believe they are all there is: paper only comes in brown. The traditional methods<sup>18</sup> they superseded are (if considered at all) thought primitive and pre-scientific – even though systematic scientific reviews of their effects sometimes show consistent benefit<sup>19</sup>.

This prejudice is an inevitable result of modern thought and culture. These define limits around what is acceptable and permitted, or defined by commercial imperatives. They exclude everything else that is or could be, but which require wider thought or a different culture to comprehend them.

Medical methods that today appear comprehensive are only those that arise within and sit easily with modern culture, of which medical culture is part. That culture, as we have seen, has strict boundaries<sup>20</sup>. It excludes health, which originates beyond the envelope of modern thinking. Seen from within the prevailing culture, health is a myth and death is a shameful defeat.

Modern medical treatments, targeted upon pathologies doctors can see and understand, are only evaluated within the bounds of the culture they serve. They must have unpredictable effects beyond those bounds, invisible to adherents of the culture – specifically on health, and the timing and mode of death. At best the “in” treatments help to reconcile patients to inevitable disease and disorder by adjusting the way these manifest. But, so long as the patient subscribes (consciously or by default) to modern culture and its medical thinking, any real health improvement is accidental.

Rarely, modern doctors buy time for patients to recover health truly. For this, however, the patient (and sometimes the doctor) must break out of the modern mould, appreciate health as a wider reality, and start to live in it. This is a genuine transformation, or transcendence, of perception and action, from the constraints of modern thinking towards the universal. It can radically change the time and manner of eventual death. The reborn ex-patient<sup>21</sup> sees modern doctors and their medical culture as a special case within a wider frame, of which those doctors are completely unaware. Their offerings are, for new citizens of the larger world, appropriate far less often; when previously they seemed to be all there was.

On this point practitioners of holistic medical disciplines<sup>22</sup> distinguish themselves, in both senses. All pay at least lip-service to health and the world it animates. However badly their traditions may have survived the prevailing culture, they still work from health and for it. They are often the witting or unwitting agents by which their clients transform to healthy lives.

## Case Studies

Here are some instances of what can be achieved. The examples chosen are confined to the more prosaic possibilities of nutrition and simple self-management, let alone holistic therapies. They are also confined to physical benefits recognisable by modern cultural standards, and exclude other life-enhancing factors discussed in the previous section.

There is a large measure of supposition in these examples, which are presented in no particular order. Assertions are made that await justification. They represent the author's considered opinion based on 30 years' medical and health practice. They are justified by the results in numerous individual cases. At the very least, they represent a vast potential waiting to be explored.

### Allergies & Intolerance

Most exaggerated immune symptoms (including asthma) now result from general clumsiness and inefficiency of immune function rather than from true allergy, which is mercifully rare. The symptoms are usually suppressed using antihistamines and steroids costing at least £10 per month, usually for years at a time.

Permanent restoration of immune function by nutritional supplementation and dietary improvement would cost about the same each month but for 6 months only.

A remedy using doses of histamine to provoke normal glandular response to any allergic challenge was invented during the '30s in Germany and practised by a few doctors in USA until the '60s and two in Britain to this day. Attempts to publish its results in scientific journals were rejected, so it never became generally known – except perhaps to the most senior executives in certain pharmaceutical houses. A course costs a few pence and three 15-minute consultations, and provides a safe cure lasting up to 20 years.

## Cancer

Cancer is getting more common, particularly those encouraged by oestrogen dominance (breast<sup>23</sup> and prostate) and others more related to toxic exposure (lung and bowel<sup>24</sup>).

Oestrogen dominance can be successfully neutralised by an appropriate dose of progesterone<sup>25</sup> - much safer and cheaper than drugs like Tamoxifen, which simply block oestrogen and are not suitable for preventive use<sup>26</sup>.

All cancers can be prevented, and deterred from their malignancy, by avoiding toxic exposure as far as sensibly possible, and neutralising the rest with a high consumption of antioxidant foods. Antioxidants mop up rogue energy and free radicals, rendering them harmless. They prevent wasteful abuse of oxygen. They contribute to the vivid colours of many fruits and vegetables, which we are encouraged to eat for this reason. They have been shown to deter and even reverse cancerous change in bowel polyps<sup>27</sup>.

Cancer is above all a disease to prevent. Doing so with food costs the state nothing, and only asks the consumer to choose food differently. Prescribed<sup>28</sup> progesterone need only cost about £2.16 per month, or hypothetically £394m per year for every mature woman<sup>29</sup> in Britain.

Instead we have to deal with the consequences of 161,000 cancer deaths each year, and another 160,000 new cases requiring anything up to £7,000<sup>30</sup> worth of treatment each, or over £1.1bn per year.

So an all-out cancer prevention strategy would cost, say, a third of what we spend on treatment, leaving aside the social cost of dependency and premature death.

## Coronary Disease

A little-known body of research<sup>31</sup> conducted during the 1930-40s around Chicago suggested a 90+% correlation between slowed metabolic rate and premature disease of the heart and major arteries. This is mediated by slight reduction of thyroid activity, affecting 10% of Americans in 1940 but around 30% of people in Midland Britain now<sup>32</sup>. Raised cholesterol is another consequence of this, and not the direct cause of coronary disease. This metabolic slowing may be due to a partial ability to hibernate, triggered by lower physical activity and associated principally with people of Arctic descent who contribute proportionately more to the British inheritance.

Treating metabolic insufficiency is easy, safe and inexpensive – once it is identified. Current medical understanding of thyroid function refuses, however, to take seriously the possibility of hibernation. The author's offer of a thesis on this subject was treated as a joke in the Doctor of Medicine Committee of Cambridge University.

So instead of vigorous daily exercise for everybody (to prevent hibernation) and inexpensive GP hormone treatment for the few worst affected, we spend up to £10,000 on each of 35,000 Finished Consultant Episodes per year, plus another £1000 each on 66,000 cases a year of cardiac insufficiency not requiring surgery. That is £270m per year of money wasted.

## Rheumatoid Arthritis and Autoimmune Disease

Bircher-Benner demonstrated at the turn of the 20<sup>th</sup> century that even the most severe arthritics could be cured – yes, completely cured – by dietary measures taking only weeks to complete. Dr Dorothy Hare visited his Zurich clinic, adopted his methods and within weeks cured 7 out of her 12 most bed-ridden cases. These 7 walked out of the ward carrying their own suitcases, and were filmed doing so. Her report to the Royal Society of Medicine is documented in Proceedings of the RSM Volume XXX of 1937.

The same applies to most diseases representing immune reactions against ones own flesh.

What works in the cure of advanced pathology would also prevent it occurring in the first place. This would be at no measurable public expense.

Instead, we allow the illness to progress, medicating only to relieve the pain or reduce the inflammatory reaction<sup>33</sup>. This results eventually in about 7% each of GP consultations, medically certified incapacity for work and hospital consultations, respectively. 30 million prescriptions costing £363m were dispensed for these and related conditions in 2003.

Dietary cure of established rheumatism takes time and effort, which would translate into considerable medical cost but no complicating side effects or premature deaths. It costs nothing, however, to prevent these diseases from occurring in the first place.

## Dental Health

Almost all dental disease is preventable by good diet including no refined sugars or starches and calling for a lot of chewing on fibre. Fluoride may, as a licensed medicine, help some of the worst cases, but the producers should be paying us to use it. Fluoridation of water and dental toiletries offer nothing but free dumping of a dangerous industrial waste. It is the worst example of public health officials' supine acquiescence in commercial imperatives.

I wish all public health issues were that simple, but dentistry is.

Instead we spent nearly £220m on dentistry in 2003, just under 3% of the cost of the NHS. Most of that could have been saved.

## Fever

This instances another sort of saving.

Fever is a natural mechanism for accelerating the immune system, enabling it to beat challenges (e.g. infections) very much faster and so prevent serious complications. It developed when we conducted our entire lives out of doors. Against a centrally-heated background, fever may rise to a far higher temperature than nature intended, which in children under 3½ may provoke a convulsion.

So we have learned to fear fever, and abolish it with anti-inflammatory medicines at the first opportunity. This may prevent fits in the susceptible few but prolongs the need for fever, weakens healing, permits complications to develop and generally exhausts the child. If instead the child were taken out of doors or treated appropriately with water<sup>34</sup>, the fever would be controlled at an acceptable level in the day, when it can do useful work. Medication only at bedtime would prevent relapses in the night, when fever does nothing useful anyway.

The cash saving is small, but the effect on parents' confidence and competence is huge. This is the single most empowering and useful piece of *medical* wisdom a doctor or health educator can impart. But they have first to learn it themselves.

## Hormone Imbalance

We have referred already to the implications of oestrogen dominance. In nature oestrogen, the hormone of womanhood, is counterbalanced by progesterone, the hormone of pregnancy. Women can with complete confidence use human-identical progesterone to neutralise excess oestrogen. We know from centuries of pre-contraceptive history that most married women spent up to 15 years almost permanently pregnant and exposed to progesterone at 20 times the level necessary to counterbalance oestrogen today. Cancers of the breast, ovary and womb are (so far as we can tell) much more common today in the contraception era, than previously.

In the '60s Dr Katharina Dalton researched and wrote extensively about the suffering caused (both to women and their families) by premenstrual syndrome, which she attributed to progesterone deficiency. Dr John Lee in the '90s refined and extended the use of progesterone to deal with menopausal symptoms and osteoporosis.

At a cost of £2.16 per month in the UK, many women can be relieved of distressing monthly symptoms throughout their fertile years, with prevention of menopausal misery thrown in. The potential effect on common cancers has been referred to already.

Human-identical progesterone is cheaply manufactured from soya. It is hauled around in tankers from one pharmaceutical company to another, as a raw material for the manufacture of all the patented look-alikes licensed for medical use. None of them works, but progesterone is natural so cannot itself be patented. Only at the insistence of Dr Dalton – a large woman, and not to be denied – did Locatel Chemists in Stoke Newington begin to make progesterone ampoules and pessaries for her use. The license is now held by Alpharma. They see no reason to advertise their product.

## Immunisation

Though commonly cited as one of the great successes of 20<sup>th</sup> Century medicine, immunisation is vastly over-rated.

Jenner's experiments with smallpox vaccination were a huge abuse of the children he experimented on, some of whom died. They would be criminal today.

Mass vaccination against smallpox nevertheless became fashionable. Introduced in 1840, it became compulsory in 1853 and by 1867 evading vaccination against smallpox was virtually a criminal offence.

As a result, the death rates in Britain from smallpox rocketed during the remainder of the 19<sup>th</sup> Century, far outstripping the increase in population <sup>35</sup>.

This was not mere association. In several instances across the world, persons vaccinated died in droves during outbreaks (45%), whilst 80% of unvaccinated victims of the same outbreak survived. Such “natural experiments” were documented in Manilla by the US Army Medical Service, and in military camps in the south of England.

The city of Leicester held out against vaccination and refused to enforce the prosecution of evaders. Their smallpox death rate in the outbreak of 1871-2 remained at 12%, whilst in the vaccinated Army and Navy it rose to 37%. Heated dialogues of the deaf took place in the public and medical press, with no discernible change in received opinion.

By the time Victorian engineers had completed their massive public health works in Britain’s cities, drinking water was reliably separated from drains and safely underground. Better standards were enforced in employment and in housing construction, offering dry, warm homes with more space, light and air.

In consequence all forms of infectious disease dropped dramatically both in numbers and in virulence. By 1930, diseases such as measles, diphtheria and whooping cough had ceased to be the great scourges of the past – long before vaccination against them began.<sup>36</sup> Improvements in rates of disease and death since 1950 reflect continuing improvement in public hygiene first, and the effects of immunisation second.

Whatever the contribution of immunisation may have been in the past, it is time to question routine mass infant immunisation. The schedule commences at 2 months of age, long before the infant immune system is ready to recognise what is going on. Most of the items included protect against diseases that now hardly occur in Britain. One item, the combined vaccine MMR, forces the recipient to deal simultaneously with three live viruses that in nature cannot occur at the same time, creating a threat potentially more severe than natural exposure could ever have done. This certainly creates a new bowel disorder due to persistent measles vaccine virus in the bowel lining, which may in turn relate to the relatively new condition of regressive autism<sup>37</sup>.

Vaccination should be used only to prepare children for future encounters with real threats, more safely and more conveniently than nature would have done. There is no case for inventing more difficult challenges than nature, nor for prevention of non-lethal diseases, nor for protection against diseases that are unlikely to be met.

Vaccination programmes, like fluoridation, make hands-off directors of public health medicine feel useful. As public health practice, however, they may have very little to offer apart from risk and expense. We have to think again about this.

## Infections

Antibiotics are hugely over-prescribed, not only in animal and human medicine but also in animal husbandry. The bacteria they kill are rapidly learning to live in spite of them. The antibiotic era is coming to an end.

Yet most of the infections for which they are prescribed are not caused by susceptible bacteria. Though they are occasionally life-saving, in most cases at best they abbreviate the process of recovery. They often destroy the bacteria too fast for the body to develop natural immunity to them, so that the victim remains susceptible to a second infection by the same germ.

Simple antiseptics – iodine, peroxide, permanganate – work better in many cases and germs never become resistant. They are very cheap, well-known and safe for almost everyone – but way out of patent, or never eligible.

Propolis, the substance used by bees to make their hives clinically sterile, is the most comprehensive antibiotic and antiseptic known. It is active against virtually all known pathogenic organisms. It is cheap, safe and well-researched, particularly in the former USSR<sup>38</sup> when patents were not an issue there.

## Intestinal Disease

Most peptic ulceration<sup>39</sup> and vague bowel irritation is a direct result of

- Irritant substances consumed as foods or food additives
- Disturbance of normal gut bacteria by antiseptics or antibiotic residues
- Abuse of digestive functions.
- Accidental over-consumption of fluoride from tea, dental toiletries and some water sources<sup>40</sup>.

All these are completely curable without medication, mostly by more careful choice of food and better arrangement into meals, and courses within meals.<sup>41</sup>

In 2003 615 million prescriptions were dispensed in the UK for drugs affecting the intestines, costing £813m. The vast majority were for drugs to heal ulcers that didn't exist.

## Mineral Deficiencies

The widespread use of insecticidal crop protection chemicals has resulted in the equally widespread decimation of organisms in the topsoil that are responsible for digesting subsoil minerals into a form that plants can absorb and digest. The consequences in our food have already been referred to. If most of our food is deficient in minerals, then most of us are too.

Restoration of mineral reserves to normal levels in both growing and mature humans has immense potential for the prevention of disease and restoration of vigorous health. Most chronic fatigue states and immune failures can probably be traced in

large part to this cause, since the generation of energy and efficient immune function both depend on minerals to activate and speed enzyme action.

Identifying mineral deficiencies and rebuilding reserves are now routine in several respected nutritional medicine laboratories<sup>42</sup>, and cost under £1000 to complete over about two years. Stemming thereafter the mineral deficiency in our diet need not cost more than £5 each per month. Mineral deficiency underpins many medical complaints which cost considerably more than this to treat.

## Dealing with Death

It is not very clear why death should have been marginalised in modern culture, but it certainly has. The Victorian approach to burial must have contributed, with its implicit hope for resurrection of the physical body at Christ's second coming. But Christianity has declined in Britain since then, and we do not even like to think about death. We certainly don't know how to deal with it. We put it off as long as possible, almost regardless of the quality of life that survival entails. Considering that death is the one certainty in life, this is strange and worrying.

Doctors may not have the power of life, at least to the extent that we may wish; but we expect them to postpone death. When it looms, dying is usually managed badly<sup>43</sup>. Many people die without dignity, in an atmosphere of alarm and urgency, distanced from their family and perhaps bearing injuries from vain attempts at resuscitation.

Doctors may be sued both for allowing a patient to die, and for not doing so.

We do not pretend to understand the roots of this malady, but it is real and profound. A culture that cannot manage death is unlikely to discover how to live.

## **Secondary Costs**

Using medical care as our principal strategy for dealing with defects of health not only costs a lot in the short to medium term, but has profoundly disempowering effects on us which in the long run cost much more than money.

### Complication

“More diabetics aren't a problem. We can treat them.” So said one consultant when asked by the author about prevention, and he spoke for most doctors.

But they are wrong. Once any long-term disease has developed, it begins to have knock-on complications. Diabetics require fairly intensive medical treatment and regular clinic attendance. They are more liable to heart disease, poor circulation and blindness. Asthmatics are liable to complications from any steroid medications they take. Slightly hypertensive men may become impotent as a result of medication they perhaps did not need.

Preventing causes is far more efficient than letting their effects out of the bag. Making people healthy enough to resist these causes in the first place, is both efficient and life-enhancing.

## Dependency

Disability need not diminish self-esteem and independence, or create significant social cost, but it often does.

We have gone some way towards easing life for disabled people by improving access to public places and discriminating positively in the workplace. Perhaps, however, we are setting about this in the wrong way. Legal prescriptions create “rights”, which become demands: this is not how we ought to relate to each other. When a culture focuses so much attention on the rights of a disabled minority, the able-bodied tend by default to be left to fend for themselves.

Some disabilities are of course truly inevitable, as things are. But victims vary in their responses. It cannot be acceptable for some to lapse as of right into dependency on assistance from others, if with determined application they could retain a measure of self-reliance. Yet to challenge a defeatist attitude feels politically and morally incorrect, so no one does.

Much disability results from preventable causes, such as obesity. Once incapacitated, victims should not feel excused from any effort to reverse the process. It should be OK for relatives, friends and medical advisers to cajole and question any such tendency, rather than feel they have to acquiesce in and service the dependency.

A small minority of victims become militantly assertive, claiming rights when they would do better to earn and exchange mutual respect. The able-bodied are on the defensive here, yet have exactly corresponding rights and needs.

Disability is a variant of normal life. We have all to depend on each other, if only to reach a high shelf. Uncritical respect for abject dependency is debilitating for all, and wrong-headed. Rather than rights, we all do better to think of talents, privileges and mutual responsibilities, regardless of ability.

## Distraction

Coping with illness takes up time and energy, which distract attention from the bigger picture. How many ideas and ambitions run into the sand this way? A good deal of parental discipline is sapped, letting children bring themselves up – more distractible than ever.

It is impossible to measure the cost of this, and hard even to imagine it. But bad behaviour, lawlessness and political corruption only prosper when they are not checked, usually by vigorous people displaying assured and genuine examples of more sustainable ways.

## Energy Footprint

Any lapse from health reduces the efficiency of life. Sick people need more heat, more water, more fuel for transport, specialised accommodation, access to elaborate medical facilities. Needs become rights, which turn into demands.

All this adds to climate change. We have to use less water and energy, not more. We must start to think of energy as a precious privilege, not any kind of right. Self-reliance and personal economy were always virtues, and are rapidly becoming duties – if we want a future.

## Enterprise

Not only do the needs of illness distract the victim, they demoralise. The first and worst casualties are all the products of imagination, will and spirit. Vision, initiative and enterprise implode.

It is arresting to realise that, given the level of ill-health prevalent today, most of the major endeavours of the past could not have been conceived, far less fulfilled. Imagine Shackleton's band setting out on their historic Antarctic adventure in anything less than rude health! Few now could even manage the routine daily physical work their grandparents were used to.

This is not a plea for any return to pointless hardship. But without vigorous health in at least a substantial minority we have no hope of tackling the challenges posed by overpopulation and global warming. Without vigorous citizens to choose from, those we elect will remain mediocre, supine and easily corrupted. Without vigorous voters mandating them, politicians will not find the courage to act with anything like the rigour that our global situation requires.

# **Conclusions**

## **A Hiding to Nothing**

We have adopted a way of life that

- undermines the natural foundations of personal health
- grows less sustaining food when we need more and more sustenance
- undermines the confidence with which we should think independently, act daringly, and live vividly
- undermines the confidence and competence of parents in rearing children
- undervalues the mute, robust self-reliance of a dwindling minority of healthy people
- ignores disease so that major pathology and physical disability have the chance to develop
- marginalises the most economic and holistic treatment options
- pays uncritical respect to disability
- cannot get death into perspective.

Our collective response has been

- business as usual but much more of it
- endless rumination over unimportant details
- complete failure to see the wood for the trees.

The consequences are

- a cost to our economy of £180bn or £3000 per person per year, most of it wasted
- personal and collective desperation to survive, however frail and dependent
- complete unreadiness to cope with present and urgent future challenges
  - water shortage
  - global climate change
  - intercultural strife and political inequity
- a cultural inability to cope with either life or death.

## A Health Economy

The alternative to this is not some other form of medicine - not even holistic medicine - but a return to proper living. We knew all about this only 70 years ago<sup>44, 45</sup> and even designed a Health Service for the post-war era<sup>46</sup>. We can rediscover that<sup>47</sup>. And we can afford it. Most of our citizens will gladly contribute the price of a prescription per family per month to have access to the kind of information and encouragement that will enable them to rebuild their lives as they would wish<sup>48</sup>. But we need the political will and imagination to see that.

Meanwhile farming values need to focus again on nutritive quality rather than uniform products in maximum quantity. This can probably be done by much more energetic support for organic and biodynamic methods of crop and animal husbandry, but commitments to the European Union and relations with the industries that support agriculture must be revised radically. Supermarkets have in the recent past responded promptly to changes in public demand: now it is the turn of the mining, manufacturing and agribusiness industries to do the same.

Once people feel the sap rising – a matter of months for most – they will begin to engage more in their families and local communities. They will think about public issues and vote in elections. We will begin to see large savings in medical costs that enable doctors to deliver excellent care where it is still needed and yet have a decent life themselves, without facing relentless demands for services they cannot provide.

This is no real threat to medical business. Companies can still earn a respectable return for investment in real medical need. Headline-grabbing research into rarities will begin to make more sense, as a larger proportion of legitimate medical demand. If reforms to patent law as it affects medicines can abolish the rat-race and enhance the window of sales opportunity, both public and business will prosper. So, incidentally, will systems of healing that rely on natural materials, which have not in the past benefited from patent protection.

# **Recommendations**

## **Free Health**

We should

1. revisit pre-war wisdom on health and interpret it for the 21<sup>st</sup> century
2. start to value and support self-reliant life, home-making and parenthood
3. offer incentives and help to individuals, families and households to regain their self-reliance and vigour
4. assist farmers and farm suppliers to abandon farming for quantity and resume farming for quality
5. aim to fund this service – The Health Service – completely at public expense.

## **Medicine At a Cost**

We can then

1. expect medical demand to decline within a few years, potentially to less than half its present level within a decade;
2. choose, from the full range of medical and hygiene possibilities, the best response to each health challenge and underwrite its use;
3. begin to impose sanctions on those who persist in neglecting themselves. Their care should be a cost to them, not society. A system of no claims bonuses on medical insurance, or tax credits for low medical demand, should be considered;
4. expect dependency (resulting from disability) to incur responsibilities. Privileges can be earned individually, replacing automatic entitlement to perceived rights;
5. concentrate our publicly funded medical research and resources on solving real problems – environmental toxin exposure, genetic defect, trauma – rather than creating markets.

As things are, we fear infections that may get beyond our control. But health is far more infectious than germs could ever be. Once we have started on this recommended route, we will quickly come to wonder why we ever hesitated.

*Lawlessness and political corruption only prosper when they are not checked, usually by vigorous people displaying assured and impressive examples of more sustainable ways. Without vigorous health in at least a substantial minority we have no hope of tackling the challenges posed by overpopulation and global warming. Without vigorous citizens to choose from, those we elect will remain mediocre, supine and easily corrupted. Without vigorous voters mandating them, politicians will not find the courage to act with anything like the rigour that our global situation requires.*

## FOOTNOTES AND REFERENCES

1. This author is writing as a member of the New Era Coalition, a loose federation of public service broadcasters, writers and commentators sharing a view of the future. "We" includes some members of the coalition, throughout this report.
2. Compendium of Health Statistics 2005-2006. Office of Health Economics, Radcliffe Publishing, Oxford 2005. ISBN 1 84619 002 9
3. Some individuals will see more than one consultant in a year.
4. Department of Work and Pensions Report to Parliament 11th May 2006, Annexes, Financial Table 2.
5. Temple N, Burkitt D "Western Diseases - their dietary prevention and reversibility" Humana 1994 ISBN 0 89603-264-7
6. Price W "Nutrition and Physical Degeneration" Price Pottenger Foundation 1945 ISBN 0-916-764-00-1
7. Crawford M, Crawford S "What We Eat Today" Neville Spearman London 1972 ISBN 85435-360-7
8. Cleave T "The Saccharine Disease" Wright Bristol 1974 ISBN 0-7236-0368-5
9. Mount J "The Food and Health of Western Man" Halstead 1975 ISBN 0-470-61957-0
10. McCance and Widdowson's the Composition of Foods, various editions every few years until the 1990s. Summary edition published by The Food Standards Agency.
11. Dairy produce forms acid in the body, which has to be neutralised. Calcium may, according to Professor Jane Plant, be mobilized from the bone into the bloodstream to achieve this. So dairy produce, loaded with calcium, may actually remove calcium from bone.
12. Mansfield P, Monro J "Chemical Children" Century London 1987 ISBN 0-7126-1729-9
13. e.g. Sharpe R, Skakkebaek N "Are Oestrogens involved in falling sperm counts and disorders of the male reproductive tract?" Lancet 1993; 341:1392-95. The British Medical Research Council reviewed the subject and decided the answer is "yes". For a full discussion and other references see Colborn T et al "Our Stolen Future" Chapter 10. Abacus London 1997 ISBN 0-349-10878-1
14. McDonagh M et al "A Systematic Review of Public Water Fluoridation" NHS Centre for Reviews and Dissemination, University of York, 2000. ISBN 1-900640-16-3 This is the master reference on the subject. It is the only rigorous meta-analysis to date of all the other reviews and research papers. None of its critics have been anywhere near so methodical.
15. Recent successes in culturing new bladders for grafting will prove to be the exception, not the rule. Most organs require a context in which to grow - the womb, or the mature functioning body - which bestows the architectural design for complex organs and tissues. Genetics deal with the toolkit cells use to realise the architect's design - not the design itself. We know next to nothing about what organises the structure of the body.
16. Drugs to lower the concentration of fatty substances in the blood such as cholesterol.
17. Mansfield P "Twenty years' experience of a telehealth service in the UK" J of Telemedicine and Telecare 2005; 11 (Suppl 2): S2: 69-71
18. These include, but are not confined to, Ayurveda, Chinese medicine, homoeopathy, herbal remedies, hydrotherapy, manipulative therapies such as chiropractic and osteopathy, and movement therapies such as yoga and dance. Many of these are now co-opted as "complementary" to modern medical methods. They should never have been thought of as "alternative", since no methods are mutually exclusive. They are best summed up as holistic.
19. The benefit of homoeopathy has been substantiated this way in two separate systematic scientific reviews (Kleijnen J, Knipschild P, ter Roet G. Clinical trials of homoeopathy. BMJ 1991; 302: 316-23. Linde K, Clausius N et al. Are the clinical effects of homoeopathy placebo effects? A meta-analysis of placebo-controlled trials. Lancet 1997; 350: 834-43). The editor of The Lancet, publisher of the second of these, saw fit to commission two separate, simultaneous editorials denying the result - chiefly because it was considered implausible.

20. Including geographical boundaries – North America, Europe, New Zealand and Australia for the most part. Elsewhere, holistic medical systems predominate.
21. Healthy people are no longer "patients", since they now think bigger than their doctors. Patients, by definition, depend upon the skill and professionalism of their doctors. Healthy people manage their own disease, with or without assistance from doctors.
22. These include, but are not confined to, Ayurveda, Chinese medicine, homoeopathy, herbal remedies, hydrotherapy, manipulative therapies such as chiropractic and osteopathy, and movement therapies such as yoga and dance. Many of these are now co-opted as "complementary" to modern medical methods. They should never have been thought of as "alternative", since no methods are mutually exclusive. They are best summed up as holistic.
23. Some cancers are also influenced by inheritance, but fewer than we are asked to believe.
24. Some cancers are also influenced by inheritance, but fewer than we are asked to believe.
25. Meaning human-identical progesterone, the principal hormone of pregnancy. To be distinguished sharply from progestagens, patentable look-alike chemicals invented to imitate progesterone. In practice none of them mimic progesterone at all well.
26. That is, consumption by most women to prevent breast cancer occurring the first time. Currently it is used to prevent recurrence after treatment.
27. Eg Cahill R et al "Effects of vitamin antioxidant supplementation on cell kinetics of patients with adenomatous bowel polyps" Gut 1993; 34: 963-967. NOTE: findings as good as this are only obtained when antioxidants are given as legitimate foods, or as supplements derived from food tissues. They are not reproduced when purified vitamins and mineral salts are substituted, since these do not behave in the body like food.
28. Progesterone is regulated in the UK under the Medicines Act.
29. 20mg progesterone daily for half of each month, for £17M aged 30 or over, at current NHS prices.
30. Over 10% of all Finished Consultant Episodes, or about £4bn spent on cancer treatment for 2.8% of 60 million people. Conservatively £2381 per patient per year, plus any surgery. Typical cancer surgery costs £2000-5000 per operation.
31. Associated with Dr Broda Barnes and summarised accessibly in Barnes B "Solved: The Riddle of Heart Attacks" Robinson Press, Colorado 1976. Numerous scientific papers can be referenced on request.
32. This probably does not apply to populations in which people of Asian, African or Caribbean origin predominate.
33. The underlying cause of this group of diseases is, according to Bircher-Benner and others, progressive contamination of tissues with acidic mucoid or crystalline deposits from partially digested protein. Other persistent chemical residues of various kinds probably now contribute. Dietary approaches that clean out the deposits and prevent their re-accumulation do not require medication.
34. Hydrotherapy, as originated by Sebastian Kneipp and still taught to doctors at Bad Woreshofen in Austria, is a powerful medical tool. The British are unique in Europe, to our knowledge, in ignoring it.
35. Wallace A "The Wonderful Century" chapter 18, cited in Douglas Home E "Bechamp or Pasteur?" C W Daniel Co Ltd 1923
36. McKeown, T. *The Role of Medicine: Dream, Mirage or Nemesis?* (London, Nuffield Provincial Hospitals Trust, 1976).
37. Prejudice surrounding this issue prevents reliance on any single citation. See, however, [www.thoughtfulhouse.org/publications.htm](http://www.thoughtfulhouse.org/publications.htm) for contributions from Professor Andrew Wakefield, who in 1997 first drew attention to the new bowel syndrome. THE EXISTENCE OF THIS, AND ITS ASSOCIATION WITH MEASLES VACCINE VIRUS, HAS NOT BEEN CHALLENGED. Its association with regressive autism is hotly debated and as usual, where there is heat there is very little light.
38. Oxford Propolis Research Group "Propolis Research Data 1973-1994" Vols 1, 2-1 and 2-2. Data from the International Bee Research Association. Contact James Fearnley, Brereton Lodge, Goathland WHITBY YO22 SJR.

39. Infection with *Helicobacter pylori* has been blamed for peptic ulceration, but eradicating the infection (using a very unpleasant antibiotic) does not stop the infection returning. More likely, digestive abuse damages the lower stomach lining, which favours the infection.
40. Extensive experience in the Indian subcontinent makes this common knowledge amongst doctors there, for they check fluoride in patients and we do not.
41. Mansfield, P "Stop Belly-aching" Souvenir Press Ltd, London 2001, ISBN 0 285 63618 9
42. Notably Biolab Medical Unit, Weymouth Street, London
43. With the shining exception of the Hospice Movement, associated with the work of the late Dame Dr Cicely Saunders
44. The Times "The Nation's Health - a survey of the public health services of Britain" Office of the Times, London 1936
45. Pearse IH, Crocker LH. "The Peckham Experiment- a study of the living structure of society", George Allen & Unwin, London 1943.
46. Beveridge Sir William. "Social Insurance and Allied Services". Cmd. 6404 HMSO November 1942.
47. Mansfield P, "Reinstating a Culture for Health" Tromse Telehealth and Telecare Conference June 2006
48. See, for example, [www.goodhealthkeeping.co.uk](http://www.goodhealthkeeping.co.uk). This experimental service could quickly be improved.